RESULTS OF THE 2005 OMHAS HOUSING SURVEY

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Office of Mental Health and Addiction Services

500 Summer Street NE, E86
Salem, OR 97301-1118

Prepared by:

Vicki Skryha, M.S.W.
Housing & Homeless Program Manager
Vicki.Skryha@state.or.us

Maile Thomas
Housing Specialist
Maile.K.Thomas@state.or.us

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Finally, the survey was supported by the Real Choice Consumer Council and is dedicated to all persons with mental health and/or addiction disorders who struggle to find decent and affordable housing. It is hoped that the results of this effort will lead to increased housing opportunities.

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EXECUTIVE SUMMARY

In August 2005, the Office of Mental Health and Addiction Services (OMHAS) of the Oregon Department of Human Services sent its 2005 housing survey to thirty-three Community Mental Health Programs (CMHPs). The survey collected data on housing capacity, needs and related issues for people receiving public mental health and addiction treatment. The 2005 survey was the second attempt to collect this information relevant to the mental health service population and the first opportunity to collect information for the alcohol and drug treatment population. The survey results provide a unique statewide view of residential services and housing needs for these populations.

Major findings include:

- A total of 1,685 adults in mental health services and 1,488 adults in alcohol and drug (A&D) treatment live in structured or specialized residential settings.

- A total of 3,585 persons with mental illness were reported to live in supportive housing, and 3,112 persons with substance use disorders were reported to reside in recovery housing.

- Vacancies in all housing types were reported at well under 5%, an indication that utilization of existing resources is high.

- Unmet housing needs were identified in all categories of housing as follows:

    - 5,270 persons receiving mental health services and 2,327 A&D clients are estimated to be in immediate need of affordable housing;
    - 2,342 individuals are estimated to need A&D recovery housing;
    - 1,940 individuals were identified as needing mental health supportive housing;
    - 1,053 persons are estimated to need A&D structured or specialized residential programs;
    - 577 people are estimated to need structured or specialized mental health residential programs; and
    - 259 people are estimated to need mental health crisis-respite housing.

- Homelessness remains a major issue. An estimated 2,972 people with mental illness and 3,062 people with substance use disorders were estimated to be "currently homeless".

- The reported percentage of people with co-occurring mental health and addiction disorders varied among housing types as follows:

  - 28% in mental health structured or specialized housing;
  - 29% in A&D structured or specialized housing settings;
  - 50% in supportive housing for mental health consumers;
  - 12% in recovery housing for A&D clients; and
  - 64% in mental health crisis-respite housing.

- Top barriers faced by CMHPs in addressing housing needs included the lack of affordable housing, insufficient income of clients, and the lack of structured and specialized residential services.

- Substantial efforts to increase housing opportunities were documented. Mental health respondents identified 92 housing projects in 24 counties that were established in the past five years and an additional 24 new projects currently under development. A&D respondents identified 27 new projects established over the past five years in 14 counties and 19 new projects under development.

- Identified technical assistance and professional development needs include training for direct service staff on a variety of best practices; increasing understanding of legal issues related to housing; providing information on housing development resources; learning how to assist clients to be more self-sufficient and successful as tenants; and educating landlords on mental health and addiction disorders.

Through their survey responses, CMHPs throughout the state provided informative and thoughtful feedback on a variety of housing and residential service issues. The information collected will be used by OMHAS to plan and prioritize housing initiatives and technical assistance activities. It will also be helpful to local housing and service providers who want to improve housing opportunities in their communities for Oregonians with mental health and addiction disorders.

INTRODUCTION

Housing is a basic need. It is virtually impossible for people with mental health and addiction disorders to recover if they do not have a safe and affordable place to live. Oregon's housing market has become increasingly unaffordable for people with limited incomes. This has contributed to increased homelessness and incarceration. It also makes it difficult for people to transition from psychiatric hospitals and structured residential programs. The Office of Mental Health and Addiction Services (OMHAS) has implemented several initiatives to address housing needs of persons served. The 2005 OMHAS Housing Survey provides data on residential service capacity and housing needs. This report presents the survey results and should be helpful for planning purposes.

METHODOLOGY

This 2005 housing survey conducted by the Office of Mental Health and Addiction Services was based upon a similar survey conducted in 2000. The 2005 survey format was updated with input from service provider staff, the Housing Technical Assistance Work Group and Alcohol and Drug Free Housing Roundtable participants.

The survey instrument contains instructions, definitions, contact information and housing questions split into two categories, one for people with mental health disorders and the other for people with alcohol and drug use disorders. Each has four main subcategories: (A) Available Housing/Residential Service Capacity, (B) Number Served and Housing Needs, (C) Housing & Residential Service Development, and (D) Additional Questions. A copy of the survey is provided as Appendix A.

The survey was mailed to all of the 33 Community Mental Health Programs (CMHPs) in Oregon in August 2005. It was also delivered electronically by email to CMHP Directors. CMHPs were required to complete the survey as part of their mandatory biennial implementation plan. CMHPs were encouraged to involve multiple staff and/or subcontract providers to obtain data. While the initial due date was September 30, 2005, this was extended to accommodate requests for additional time. A total of 33 surveys were returned resulting in a 100% response rate. However, not all surveys included responses to all items. Surveys were reviewed for completeness. Where data were missing or seemed questionable, CMHP staff were contacted to clarify or supply additional data. The results presented in this report reflect data available as of May 2006.

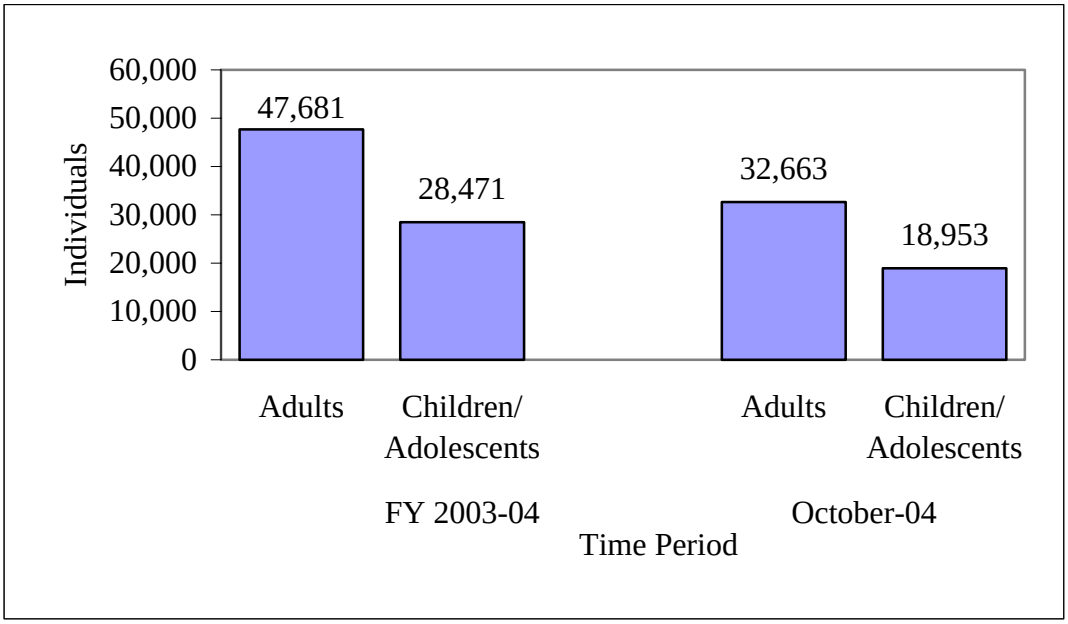
RESULTS FOR MENTAL HEALTH PORTION OF THE SURVEY

The survey findings in this section document residential service capacity, housing needs, and related information for people served in the public mental health (MH) system. It should be noted that they do not represent characteristics of people with mental illness who are not served and only minimally address needs of youth with emotional disorders. A series of tables presenting data by county are provided in Appendix B. A descriptive summary of these results from a statewide perspective is presented below.

Context. The survey findings on housing and residential services must be considered in the context of the statewide public mental health system. Figure 1 shows the unduplicated number of adults and children served in the state throughout Fiscal Year (FY) 2003-2004 and during the month of October 2004. The October 2004 figures represented the approximate number of people served at a point in time and will be used for reference throughout this report. The FY 2003-2004 figures illustrate the number of people served for any duration throughout the year. A table summarizing the number served by county is provided in Appendix B (see Table B-1).

It is generally the service participants who receive mental health services on an ongoing or long-term basis whose housing issues are addressed in the survey. These are individuals with severe and persistent mental illness.

FIGURE 1: NUMBER OF INDIVIDUALS WHO RECEIVE MENTAL HEALTH SERVICES

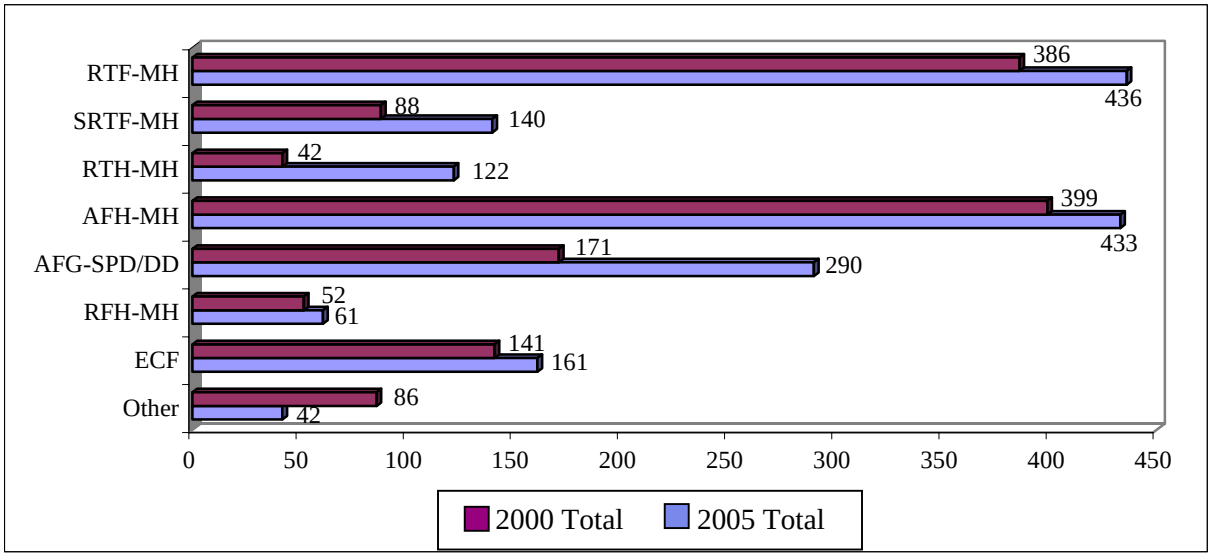


Throughout this report, data from the 2005 survey will be compared to data from the 2000 survey. It is interesting to note that the service population numbers used for the 2005 survey differed from those used to provide context for the 2000 survey results. The 2003-04 numbers represent a 22% decrease in adults served (13,441 fewer) and a 5% increase in children and adolescents served (1,289 more). The 2000 survey used service enrollment data for FY 1999-2000.

Mental Health Residential Service and Housing Capacity. Data on housing and residential service capacity were collected on four general types of housing: (1) structured/specialized residential services, (2) supportive housing, (3) crisis-respite housing, and (4) affordable housing. Definitions for these terms are provided on pages 3-5 of the survey included as Appendix A. This information was collected for the adult mental health population only. Residential services and housing capacity for children and youth are more difficult to analyze and were not included in this section of the survey since persons under age 18 typically live with their families or in residential settings operated under a variety of auspices.

"Structured/specialized residential services" are defined to include residential programs that are generally licensed and provide 24-hour supervision. They include residential treatment facilities (RTF-MH), secure residential treatment facilities (SRTF-MH), small residential treatment homes (RTH-MH), mental health adult foster homes (AFH-MH), other state-licensed adult foster homes (AFH-SPD/DD), relative foster homes (RFH-MH), and enhanced care facilities (ECF). Data are presented by county in Appendix B, Table B-2. Figure 2 shows the reported number of residents served in each residential service type for 2000 and 2005.

FIGURE 2: MH STRUCTURED/SPECIALIZED RESIDENTIAL CAPACITY FOR 2000 & 2005



- OMHAS-licensed residential treatment facilities (RTF-MHs), with a capacity of 436 residents, and OMHAS-licensed adult foster care (AFH-MH), with a capacity of 433 residents, are the residential service program types with the largest capacities. Since the 2000 survey, the number of RTF-MHs increased by 13% and the number of AFH-MHs increased by 9%.

- A sizable number of mental health clients, totaling 451 residents, reside in programs licensed by Seniors and People with Disabilities (SPD) to serve people who are elderly, physically disabled or developmentally disabled. These include SPD-licensed adult foster homes (AFH-SPD/DD), and Enhanced Care Facilities (ECFs). Since the 2000 survey, the reported number in SPD foster homes increased by 70% and the number in ECF's increased by 14%.

- Residential Treatment Homes (RTH-MHs), with a capacity of 122 residents, realized the greatest rate of increase in capacity. This represents an increase of 190% over the RTH capacity for 42 residents reported in 2000.

- Secure Residential Treatment Facilities (SRTFs) now have a capacity for 140 residents. These highly structured community residential options have existed for 15 years and were developed to accommodate persons with histories of suicidal or other challenging behaviors in rehabilitative, community settings. The 2005 total represents an increase of 59% over the 2000 survey that reported a capacity of 88 residents.

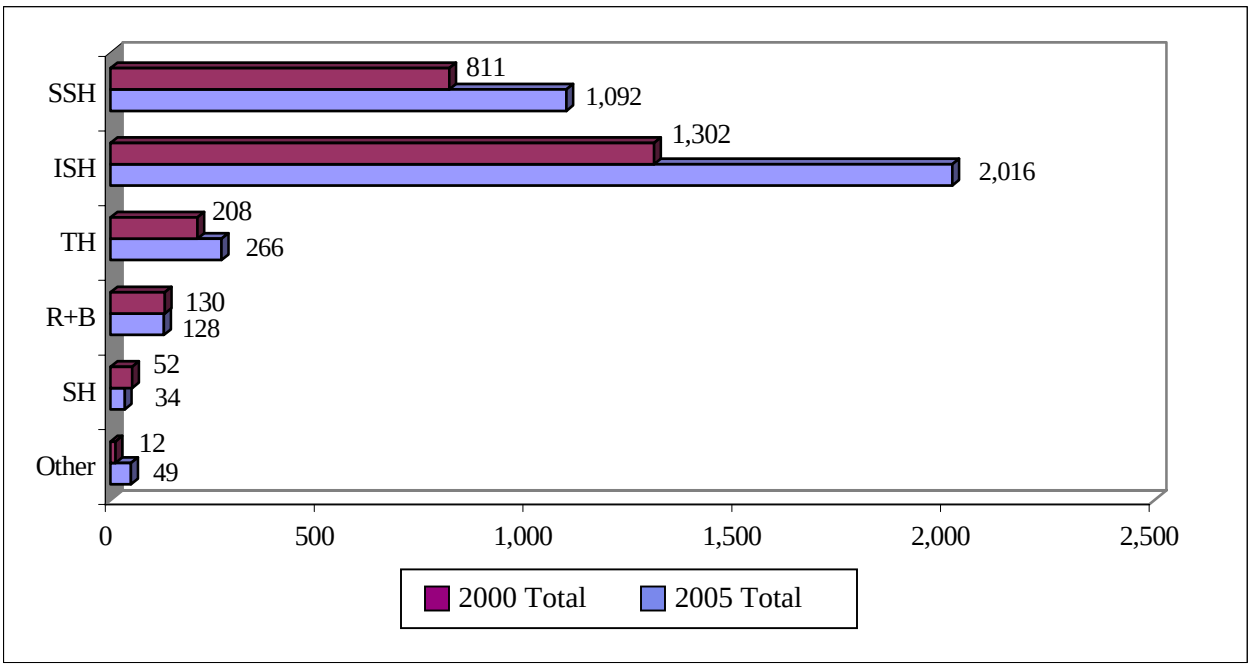
- Total reported capacity in structured/specialized resources was 1,685 residents and represented a gain of 320 residents (23%) since 2000.

Based on responses from 25 CMHPs, 55 vacancies were reported to exist in structured/specialized residential programs. This represents a vacancy rate of 3.3%. While waiting list information was not consistently available, at least 234 persons at the time of the survey were estimated to be in the referral pools for structured/specialized openings (see Table B-2 in Appendix B), and the estimated unmet need for accommodations in structured and specialized residential programs totaled 577 (see Table B-3 in Appendix B). These numbers represent a slight decrease from those reported in 2000.

"Supportive housing" is defined to include supported independent living and other minimally structured settings where services and housing are made available to persons with mental illness. These housing programs are <u>not</u> licensed and do not provide 24-hour supervision. They include site-specific supported housing

(SSH), integrated supported housing (ISH), transitional housing (TH), room and board (R+B) settings, and safe havens (SH). County level data are presented in Table B-4 (see Appendix B). Statewide, a total of 3,585 persons were reported to reside in supportive housing settings. Figure 3 illustrates the number of individuals served in each type of supportive housing.

FIGURE 3: MH SUPPORTIVE HOUSING CAPACITY FOR 2000 & 2005



- The largest number of supportive housing residents in 2005 were reported to reside in the category of integrated supported housing (ISH), with a capacity for 2,016 persons represented. These individuals live in affordable apartments or shared homes available through the open housing market and receive services that assist them to acquire and maintain their housing through a mental health program's community support or case management services. This finding represents a 55% increase over the 2000 survey results.

- A significant number of residents (1,092) reside in site-specific supported housing (SSH), defined as apartments, single rooms or shared homes designated for occupancy by persons with mental illness and sponsored by a mental health agency that provides support services. 2005 survey results indicate a 35 % increase over 2000 results.

- Findings indicate that a total of 300 persons are served in transitional housing (266) and safe havens (34), two types of housing that serve homeless persons and persons transitioning from acute psychiatric care. Reported transitional

housing capacity increased 28% and safe haven capacity decreased by 2% when compared to 2000 totals.

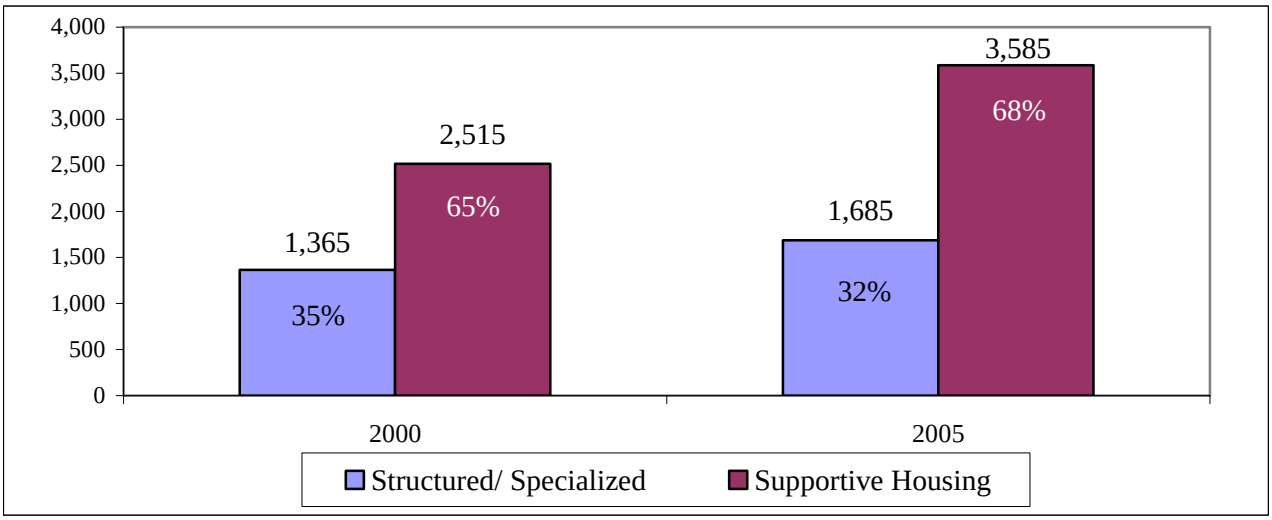
- Room and board homes, once a prevalent type of housing used by persons with mental illness in the community, were reported to accommodate only 128 residents. This is approximately the same number as reported in 2000.

- Total reported capacity in supportive housing resources for 2005 was 3,585 residents. This represents an increase of 43% over the total of 2,515 reported in 2000.

Eighty-seven vacancies were reported in supportive housing. This represents a vacancy rate of 2.4%. Twenty-five of the 33 CMHPs provided waiting list data. Based on responses from 25 CMHPs, a total of 1,494 persons are estimated to be actively waiting for a supportive housing opening (see Table B-4 in Appendix B), and 1,940 adults are estimated to need supportive housing (see Table B-3 in Appendix B).

The two types of housing discussed so far, structured/specialized and supportive, represent long term community living options where varying levels of support services accompany the residential setting. When combined, a total capacity for 5,270 residents exist in these two types. These can also be characterized as "service-accompanied housing". This total represents an increase of 36% over the capacity for 3,880 residents reported in 2000. Figure 4 illustrates that supportive housing options make up 68% of the 2005 total while structured/specialized options constitute 32% of the state's service-accompanied housing for persons with serious mental illness. This represents a slight shift in proportion toward supportive housing since 2000.

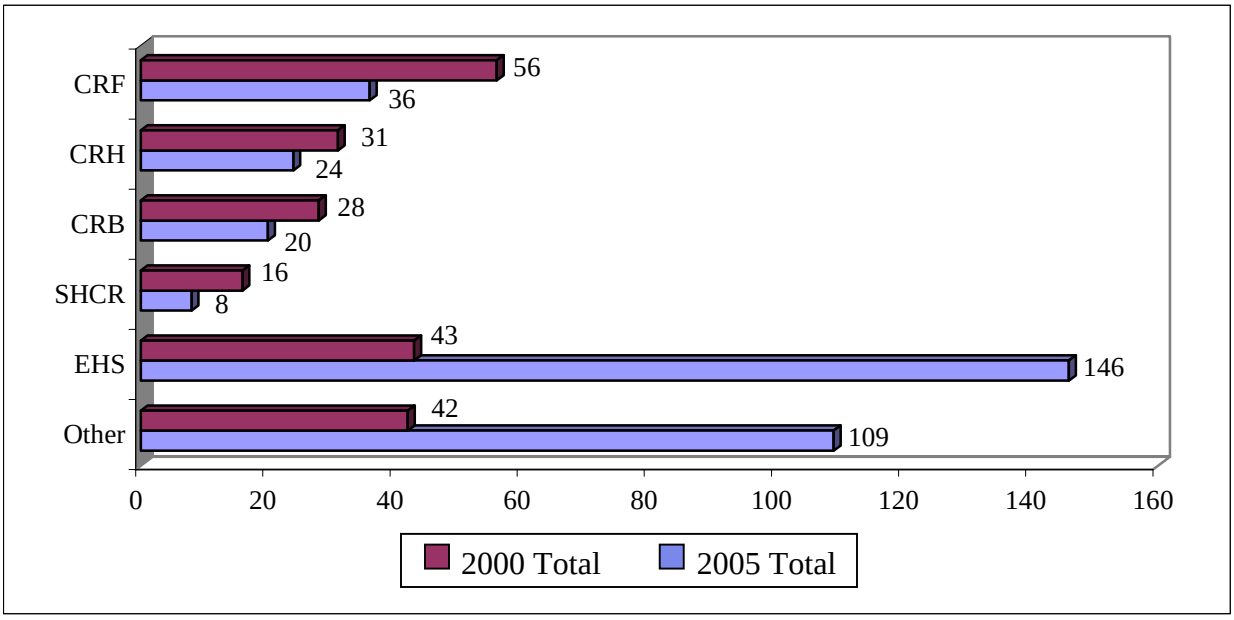
FIGURE 4: MH SERVICE-ACCOMPANIED HOUSING 2000 & 2005



"Crisis-respite housing" refers to short-term housing. It includes temporary accommodations that are available for up to one month where support services are provided to assist an individual experiencing a mental health crisis and assessed as not requiring hospitalization. Crisis-respite housing includes crisis-respite facilities (CRF), crisis-respite homes (CRH), crisis-respite beds (CRB) in licensed "long term" residential programs, crisis-respite units in supportive housing (SHCR) settings, and use of an emergency or homeless shelter (EHS) for crisis-respite purposes.

Eleven of the 33 responding CMHPs reported no crisis-respite accommodations in their service areas; these were all rural locations. Data are provided by county in Table B-5 (see Appendix B). Figure 5 portrays statewide total capacity for each type of crisis-respite alternative.

FIGURE 5: MH CRISIS-RESPITE HOUSING CAPACITY FOR 2000 & 2005



- The most common type of crisis-respite accommodation reported in 2005 is use of an emergency homeless shelter for crisis-respite (capacity of 146 beds). This category represents the largest increase (340%) since 2000, when only 43 emergency homeless shelter beds were used for crisis-respite.

- A total of 36 persons in 2005 are accommodated in crisis-respite facilities serving six or more residents. This was the most common crisis-respite type reported in 2000, and the 2005 data represents a 36% decrease in capacity.

- 2005 respondents indicated 24 persons served in crisis-respite homes for five or fewer residents. This category decreased by 23% over the 2000 total (31).

- Capacity in the remaining types of crisis-respite accommodations for 2005 were reported at lower rates – a bed reserved in licensed residential program (20) and crisis-respite units in supportive housing (8).

- The total capacity in crisis-respite alternatives for 2005 is 343 beds and represents a 59% increase over the 2000 total. Findings show a shift away from mental health-operated resources and an increased use of homeless and other facilities. This is likely due to the service reductions in 2002 and 2003 in flexible funding for non-Medicaid eligible adults.

The 2005 survey did not collect crisis-respite vacancy data. When asked to estimate how much additional crisis-respite capacity was needed, capacity for an additional 259 individuals was estimated as the unmet need (see Table B-3).

"Affordable housing" was defined to include housing for which less than 40% of income is paid toward rent and utilities. To obtain such housing, the resident often uses some form of rent subsidy, such as a Section 8 voucher from the local public housing authority. Affordable housing is obtained in the open housing market and is characterized as having no formal service provision arrangement available in conjunction with the housing.

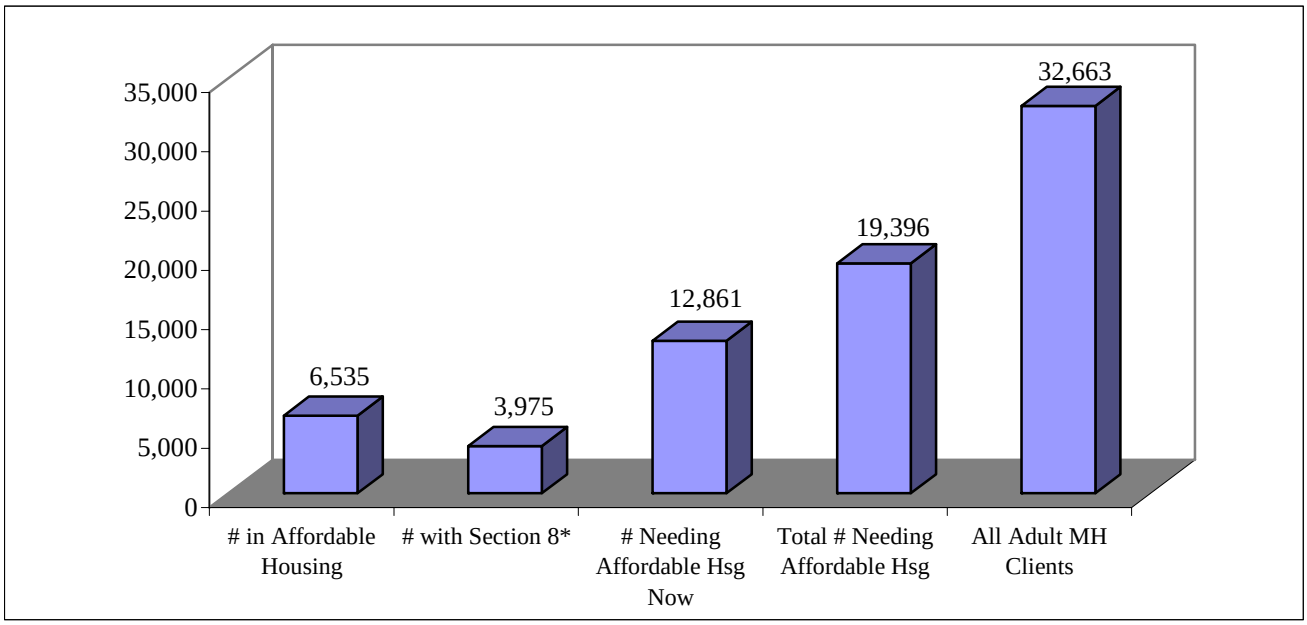
It is the absence of a coordinated service provision arrangement that differentiates "affordable" housing from some of the "supportive" housing types, especially "integrated supported housing". Since capacity in service-accompanied housing exists for only 5,270 (16%) of the 32,663 adults served at a time, the vast majority receiving mental health services can be assumed to live in mainstream community housing whether alone, with a spouse, or with other family or friends. Because most of these individuals have "below poverty level" incomes and housing costs have been increasing, it is not surprising that a large number need more affordable housing.

As was the case for the 2000 survey, several CMHPs noted in 2005 that they did not maintain data on whether clients were living in affordable housing and could only estimate. As key informants familiar with the characteristics and issues of their clients, respondents did their best to produce reasonable estimates. Where estimates were not provided, the average rate for other counties was applied to

produce an estimate. For these reasons, the data provided should be reviewed with some caution.

Figure 6 summarizes data on affordable housing availability and needs. A total of 3,975 persons were reported to have Section 8 vouchers. With an additional 2,560 living in housing made affordable through other means, a total of 6,535 persons were reported as currently living in affordable housing. These numbers contrast with an estimated 12,861 persons who were reported to need (and not currently have) affordable housing. If those who currently have affordable housing are combined with those in need of affordable housing to derive a "total need", only one-third in need (6,535 of 19,396) are reported to reside in affordable housing. Tables B-6 and B-1 in Appendix B summarize these data by county.

FIGURE 6: AFFORDABLE HOUSING FOR MH POPULATION



Additional questions were asked with respect to affordable housing (see Section II.A.4., Appendix A). It is interesting to note the following:

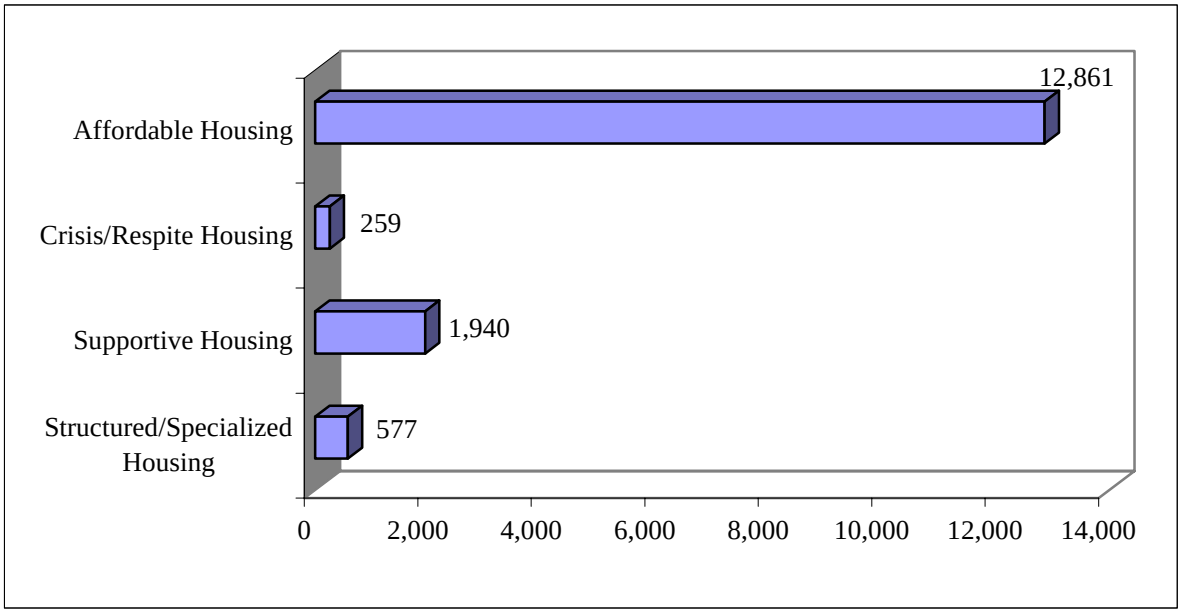
- Thirteen (43%) of the 30 CMHPs responding to a question about public housing authority (PHA) priorities indicated that their local public housing authority prioritized their clients for rental assistance. In the 2000 survey, more CMHPs (53%) indicated that local PHAs prioritized mental health clients for rent subsidies, so the 2005 results suggest a somewhat reduced access to Section 8 vouchers.

- Twenty-five (83%) of the 30 CMHPs responding to a question about privately operated, rent-subsidized developments, indicated that their clients rent such housing (including "tax credit projects' and "elderly/disabled housing"). This percentage is slightly reduced from the 91% reporting such relationships with private housing providers in 2000.

Unmet Needs. Items in Sections II.B and II.C of the survey (see Appendix A) requested data pertaining to housing and residential service needs. These questions were asked in relation to both adult (age 18 and older) and child/adolescent (under age 18) client populations.

Housing and Residential Service Needs. To identify unmet needs related to the existing housing and residential service capacity framework used in section II.A of the survey, respondents were asked how many individuals currently need (and do not have) structured/specialized housing, supportive housing, crisis-respite housing and affordable housing. Figure 7 shows the total unmet housing needs for these categories as estimated for the adult client population. The detailed county level data for adults and children are provided in Table B-3 (see Appendix B). Not all CMHPs were able to provide data on unmet housing and residential service needs for children and adolescents; this was partially due to the survey's use of terminology more familiar and appropriate to adult population needs and the manner through which housing and residential issues for children and adolescents are addressed in the context of a family living situation or an alternative array of residential providers.

FIGURE 7: UNMET MH HOUSING NEEDS FOR MH POPULATION



Looking at these unmet housing needs across the four residential categories, it is apparent that the lack of affordable housing is an overarching concern. The next greatest need is for supportive housing. While smaller numbers are indicated for the structured/specialized and crisis-respite categories, these types of residential settings serve the most vulnerable and disabled members of the mental health client population and should not be discounted.

With respect to needed housing and residential services, CMHP respondents were asked to rank which types of housing were relatively low or high needs in their counties (see question II.C.3., Appendix A). Rankings were made on a 1-5 scale ("1" indicating low need and "5" indicating high need). Thirty-one of the 33 CMHPs completed this item.

- "Supportive housing" was rated highest overall with an average score of 4.21 (range 3-5).

- "Affordable, independent housing" was rated next highest overall with scores throughout the state averaging 4.10 (range 2-5).

- Crisis-respite housing" had ratings averaging 3.68 (range 1-5).

- Structured/specialized residential services" had ratings averaging 3.42 (range 1-5).

It is notable that ratings for all categories averaged toward the high end of the scale even though individual county ratings ranged from low (rating of "1" or "2" to high (rating of "5"). Contrary to a trend in 2000 for the more populous counties to express a higher need for housing and residential service resources than the more rural and sparsely populated counties, both rural and urban counties in 2005 appear to emphasize housing needs for their clients. Several counties identified unique housing resources that did not easily fit the four categories as additional highly needed housing resources.

Subpopulation Needs. The above analysis provides an indication of **what** types of housing and residential services are needed. The survey also asked questions to determine which subpopulations, or **who**, are most in need of housing and residential services. Survey item II.C.4. (Appendix A) asked "Of the clients you serve, which subpopulations are most in need of housing or residential services?" Respondents were asked to rate the housing and residential service needs of five

subpopulations on a scale of 1-5 ("1" indicating low need and "5" indicating high need).

- The subpopulation identified as having the highest level of unmet need is *adults with co-occurring mental illness and substance abuse*; ratings averaged 4.47 (range 2-5).

- Not surprisingly, *persons who are homeless or at risk of homelessness* were rated as having the next highest housing and residential service needs; ratings across the state averaged 3.68 (range 2-5).

- *Youth with emotional disorders transitioning to adulthood* also had relatively high ratings. They averaged 3.57 (range 1-5).

- *Persons with medical or mobility issues* had an average rating of 3.31 (range 1-5).

- *Older adults with age-related disorders* had an average rating of 3.17 (range 1-5).

Again, it is notable that all categories averaged toward the high end of the scale. Respondents could list and rate other subpopulations in their response to the survey item on housing needs of subpopulations. Examples of other subpopulations noted include those with criminal histories, youth or younger adults who need independent living skill development, and persons with traumatic brain injuries.

Co-Occurring Disorders. The 2005 survey asked respondents to estimate the number of residents in structured/specialized, supportive and crisis-respite housing who have co-occurring mental health and addiction disorders. The results (see Table MH-1) indicate that persons with these co-occurring disorders are most common in crisis-respite housing (64% reported). About half of the residents in supportive housing are reported to have co-occurring mental health and addiction disorders. The fewest individuals with co-occurring disorders (28%) were reported in the structured/specialized residential services category.

Table MH-1: MH Residents with Co-Occurring Addiction Disorders

	Structured/Specialized	Supportive	Crisis-Respite
Total 2005 Capacity	**1,685**	**3,585**	**343**
Estimated Co-Occurring	**465**	**1,786**	**219**
% Co-Occurring	**28%**	**50%**	**64%**

Homelessness. The survey asked respondents to identify the number of adults and children/adolescents who are currently homeless, were homeless in the last 5 years, and are at immediate risk of homelessness (see item II.B.3., Appendix A). CMHPs do not have the administrative resources to maintain data on the current housing status of clients in a manner that could be easily compiled, but did provide reasonable estimates. To assist their estimating, CMHPs were supplied with FY 2003-04 data from the statewide mental health data system (CPMS) indicating how many persons were homeless upon admission for mental health services, and data from the October 2004 one night shelter count. Because more accurate estimates of the extent of homelessness among persons with mental illness in Oregon was a desired outcome of the survey, considerable effort was made to review numbers and consult with respondents whose numbers were missing or appeared questionable. In some cases, estimates also took into consideration homelessness rates in demographically similar counties. This data is summarized by county in Table B-7 (see Appendix B). With data from 30 of 33 respondents, the following estimates were thus derived:

- A total of 2,972 adults were estimated to be currently homeless. A significant percentage of these individuals (56%) were identified in Multnomah County. The largest numbers of reported homeless persons were reported in the more populated counties. However, some level of homelessness among persons with mental illness was identified in all but one rural Oregon county.

- A total of 14,431 adults were estimated to have experienced homelessness in the past five years. This number is less than the estimate of 22,075 provided in 2000.

- A total of 12,845 adults were considered to be at immediate risk of becoming homeless. This 2005 number is less than the 21,625 estimated in 2000.

Estimates on the extent of homelessness among children and adolescents served by the community mental health system were even more challenging to produce. Ten of the 33 CMHPs produced estimates for the number currently homeless. These totaled 387 children and adolescents with mental health disorders who were homeless.

The survey asked respondents to specify the reasons clients become homeless (see item II.B.3.e., Appendix A). In reviewing responses, common reasons included:

- Evictions due to behavior problems or alcohol and drug use;
- Lack of income; and
- Lack of affordable housing.

The survey also asked respondents to indicate what resources were available in their communities for persons with mental illness who become homeless. There was much variability in the available resources across counties. Urban areas tended to have some specialized resources for homeless people with mental illness. Persons with mental illness also use mainstream emergency shelters to varying extents across the state. Resources were most limited in rural areas.

Housing Development Efforts. The survey attempted to quantify and describe current and past housing and residential service development activity throughout the state. Respondents were asked to list housing and residential services for persons with mental illness developed over the past five years and any housing or residential services currently under development (see items II.C.1 and 2., Appendix A). With respect to housing and residential service development efforts, findings include the following:

- Respondents reported 92 housing projects and residential service programs that were established over the past five years with a capacity for 846 residents. These ranged from new foster homes and small residential treatment homes to crisis-respite programs, transitional housing and affordable apartments.

- These resources were developed in 24 counties throughout Oregon. The nine CMHPs reporting no new development in the past five years tended to be in less populated counties.

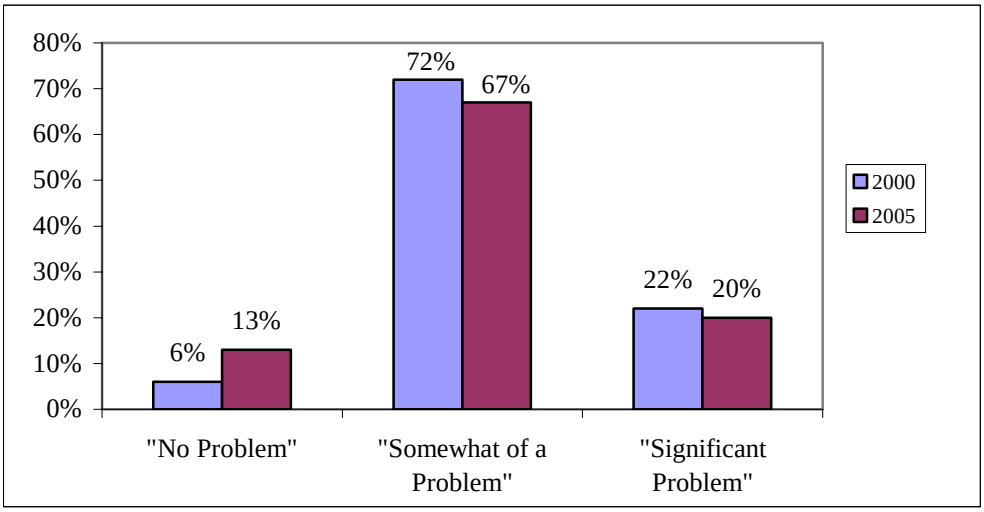
- Twenty-one CMHPs reported that a total of 24 additional housing or residential service projects were currently in various stages of development with a capacity for 296 residents.

Community Support, Discrimination and Partnerships. The development of new housing options often raises concerns about community support and/or discrimination. The survey included questions about the extent of discrimination by landlords and community opposition in response to siting of new housing (see items II.D.2 and 3., Appendix A). The survey also inquired about CMHPs' success working with private landlords to access housing and the extent of

partnerships with nonprofit housing providers (see items II.D.4 and 5., Appendix A). Thirty of the 33 CMHPs responded to these items.

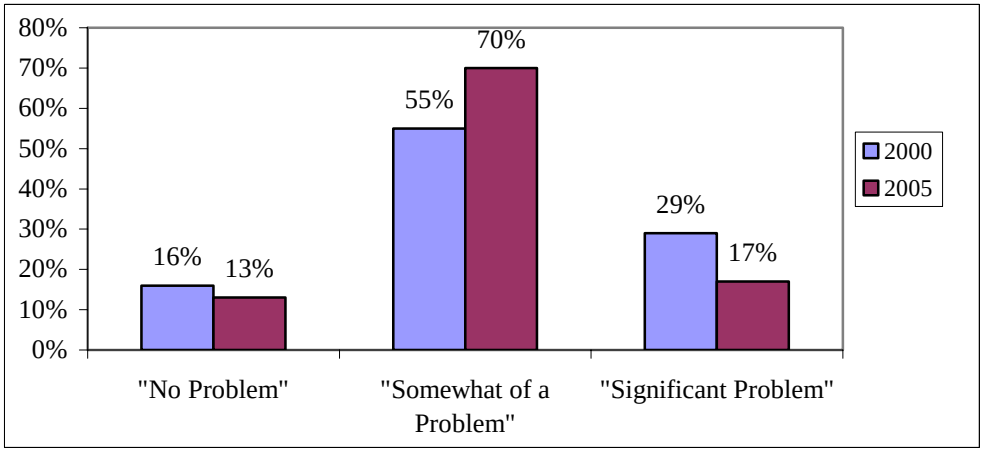
- With respect to discrimination by landlords, only 4 respondents (13%) indicated there was no problem; 67% of respondents indicated there was somewhat of a problem; and 20% reported that discrimination by landlords was a significant problem for persons with mental illness in their communities (see Figure 8).

FIGURE 8: DISCRIMINATION BY LANDLORDS FOR MH POPULATION: 2000 & 2005



- With respect to community opposition to new housing programs, 4 respondents (13%) indicated there was no problem; 70% reported community opposition was somewhat of a problem; and 17% indicated that community opposition was a significant problem in their geographic area (see Figure 9).

FIGURE 9: COMMUNITY OPPOSITION FOR MH POPULATION: 2000 & 2005



- Responses to these items in 2000 and 2005 show similar trends.

- In response to a question about working with private landlords, 30 respondents (100%) reported that they work successfully with private landlords in their communities to access housing for clients. This represents an increase from 88% in 2000.

- In regard to nonprofit housing providers, (69%) of CMHPs reported that they had partnerships with these agencies, down from 75% reporting such partnerships in 2000.

Housing Barriers. The survey asked CMHPs to review a list of common housing barriers and rank the top five categories that are barriers in their service area (see item II.D.6., Appendix A). Thirty CMHPs completed this section of the survey.

- The two most commonly selected barriers concerned lack of affordable housing and insufficient client income. Twenty-five (83%) of responding CMHPs identified "lack of affordable housing" as a top barrier; relatedly, 22 (73%) of responding CMHPs identified "insufficient income of clients" as a top barrier.

- The third and fourth most commonly selected barriers concerned availability of structured/specialized residential services and staff time available to provide support services. Twenty-one respondents (70%) indicated that there were "not enough structured/specialized residential services" in their service area. Eighteen respondents (60%) indicated that there is "insufficient staff time available to provide support services" in their service area.

- Other areas noted by the CMHPs with respect to significant barriers:

    - 47% indicated that there is "lack of organizational capacity to pursue housing development" in their service area;
    - 43% of respondents identified "too few out-of-home residential resources for children and adolescents" as a top barrier;
    - 37% of respondents identified "not enough capital funding for affordable housing" as a top barrier;
    - 33% of respondents identified "loss of housing because crisis-respite is not available" as a primary barrier;

- 17% of respondents identified “landlords were not willing to rent” as a primary barrier.

Training and Professional Development Priorities. The final survey item asked respondents to identify priorities for training and professional development relating to housing and residential services (see item II.D.7., Appendix A). Respondents identified a diverse array of training and professional development topic areas:

- Several counties identified the need for training on case management, skill development strategies, assertive community treatment and use of supports that help consumers succeed in their housing of choice.

- Many identified landlord tenant laws and fair housing as a training priority.

- Another common theme was training on funding and resource development (e.g. grant-writing, funding sources for housing, how to plan and develop housing resources).

- Training for residential service providers was also commonly cited (e.g. working with specialized problems such as polydypsia and employing a recovery model).

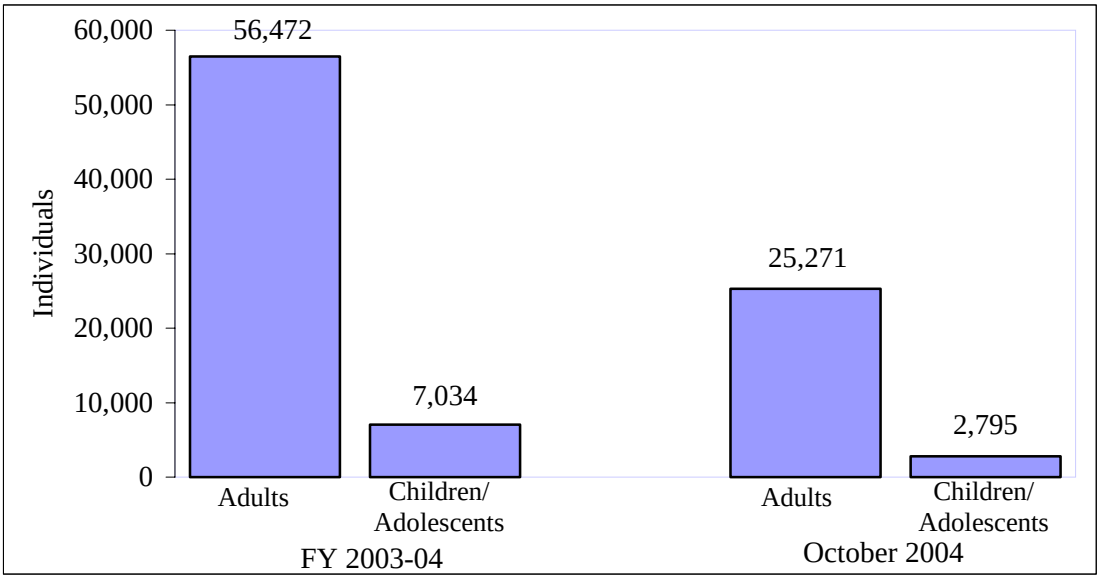
- Several counties identified the need for consultants who can help with planning and developing needed housing resources.

RESULTS FOR ALCOHOL AND DRUG PORTION OF THE SURVEY

The Alcohol and Drug (A&D) survey findings illustrate the existing range of residential services, housing needs, and related information for people with substance use disorders. A series of tables presenting data by county is provided in Appendix C. A descriptive summary of these results from a statewide perspective is presented below.

Context. The survey findings on housing and residential services must be considered in the context of the statewide public alcohol and drug treatment system. Figure 10 shows the unduplicated number of adults and children served in public alcohol and drug treatment services throughout Fiscal Year (FY) 2003-2004 and during the month of October 2004. The October 2004 figures approximate the number served at a point in time and will be used for reference throughout this section of the report. The FY 2003-2004 figures illustrate the number of people served for any duration throughout a year. A table summarizing the number served by county is provided in Appendix C, Table C-1.

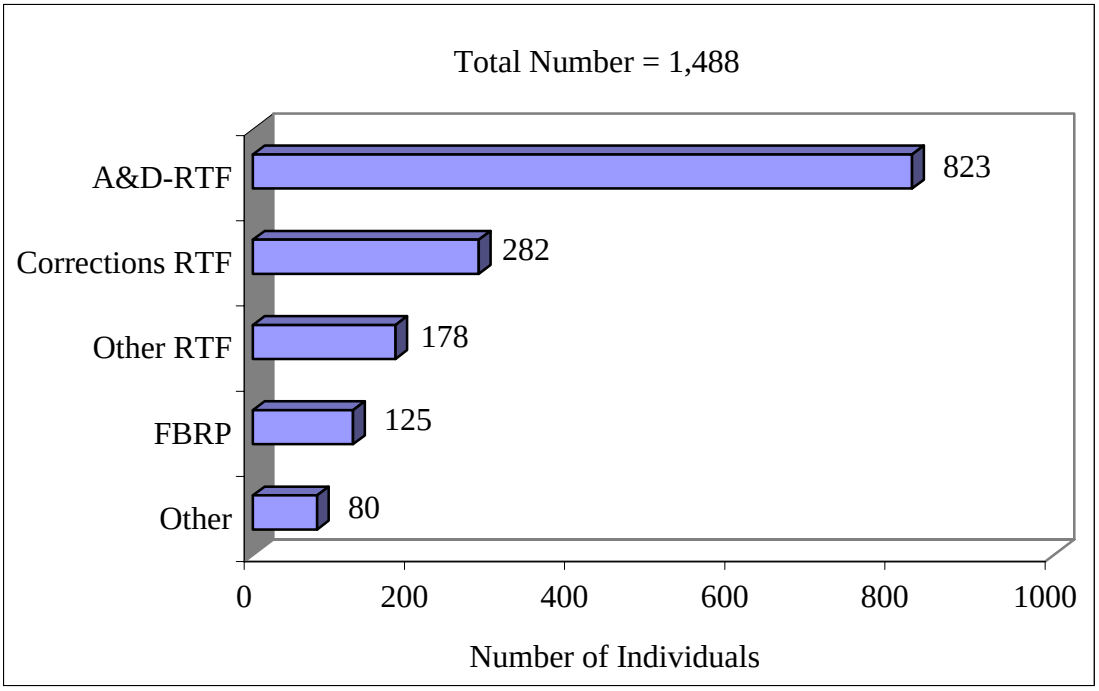
FIGURE 10: NUMBER OF INDIVIDUALS WHO RECEIVE ALCOHOL AND DRUG TREATMENT SERVICES



Alcohol and Drug Residential Service and Housing Capacity. Data on housing and residential service capacity were collected on three general types of housing: (1) structured/specialized residential services, (2) recovery housing, and (3) affordable housing. Definitions for these categories are provided on pages 3-7 of the survey included as Appendix A. This information was collected for the adult alcohol and drug treatment population only.

"Structured/specialized residential services" are defined to include residential programs that are generally licensed and provide 24-hour supervision. They include OMHAS-funded A&D residential treatment facilities (A&D-RTF), corrections residential treatment facilities (Corrections-RTF), other residential treatment facilities (Other-RTF), and faith-based residential programs (FBRP). Data are presented by county in Table C-2. Thirty-one of the thirty-three CMHPs completed this section of the survey. Figure 11 shows the number of residents served in each residential service type. A total capacity for 1,488 adults was reported in these structured and specialized community residential settings.

FIGURE 11: A&D STRUCTURED/SPECIALIZED RESIDENTIAL SERVICES CAPACITY IN 2005



- The largest number of alcohol and drug clients, totaling 823 residents, were reported to reside in OMHAS-funded A&D residential treatment facilities. This reported number is greater than the 454 beds funded by OMHAS. The reported number may include some corrections facilities and private pay beds. The discrepancy in numbers needs further analysis.

- A sizeable capacity for alcohol and drug clients was reported to exist in corrections residential treatment facilities, with a capacity of 282 residents, and other residential treatment facilities with a capacity of 178 residents. With the exception of 178 corrections RTF beds in Baker county, these resources primarily exist in the more populous counties.

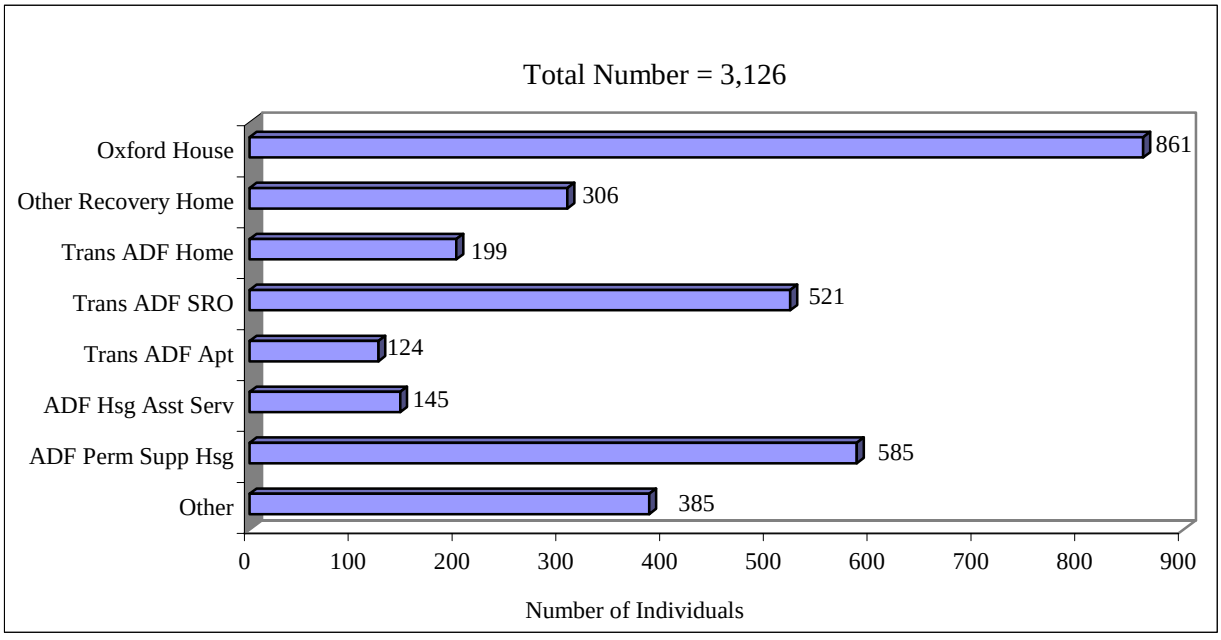
- A small number of alcohol and drug clients, totaling 205 residents, were reported to reside in faith-based residential programs and other residential programs.

A total of 63 vacancies were reported to exist in structured/specialized residential programs. This represents a vacancy rate of 4.2%. While waiting list information was not consistently available, at least 1,072 persons were estimated to be in the referral pools for structured/specialized openings (see Table C-2 in Appendix C). With responses from only 26 of the 33 CMHPs the estimated unmet need for accommodations in structured and specialized residential programs totaled 900 (see Table C-3 in Appendix C). Because this is an incomplete total, it under-represents statewide need.

"Recovery housing" is defined as housing that supports individuals with alcohol and drug disorders to maintain sobriety. This category includes Oxford Houses, Other Recovery Homes, Transitional ADF Homes, Transitional ADF Single Room Occupancy Housing, Transitional ADF Apartments, ADF Housing Assistance Services, and ADF Permanent Supportive Housing.

County level data are presented in Table C-4 in Appendix C. Thirty-one of 33 CMHPs completed this section of the survey. Statewide, a total of 3,126 persons were reported to reside in recovery housing settings. Figure 12 illustrates the number of individuals reported in each type of recovery housing.

FIGURE 12: A&D RECOVERY HOUSING CAPACITY IN 2005



- The largest reported capacity in this category is 861 residents in Oxford Houses. These individuals live in peer-run and financially self-supporting homes where residents support each other in alcohol and drug free living. This reported number is about 150 beds less than the capacity reported by Oxford Houses of Oregon. This could be due to the recent increases in the number of homes.

- A significant number of residents (585) reside in ADF permanent supportive housing, defined as housing in private apartments or other individual living units that provide long-term supportive housing for people in recovery from alcohol and drug addictions. The majority of this housing (578 units) was reported in Multnomah County.

- A significant number of residents (521) reside in transitional ADF single room occupancy housing, defined as a living environment that offers private hotel-type rooms for people who've recently completed treatment for alcohol and drug addiction. The housing is typically staffed or sponsored by an alcohol and drug treatment provider and provides support for sobriety in an alcohol and drug free environment. Again, the majority of these units (493) were reported in Multnomah County.

- A large portion of residents (306) reside in other recovery homes, defined as a peer-run home with no paid staff on site where residents support each other in alcohol and drug free living.

- A total of 323 persons are served in transitional ADF homes (199) and transitional ADF apartments (124), two types of housing that serve homeless persons and persons transitioning from alcohol and drug treatment.

- A small portion of residents (131) were reported to reside in ADF housing assistance services. It is possible this category overlapped with other types of recovery housing. Provider reports submitted to OMHAS cite larger numbers served.

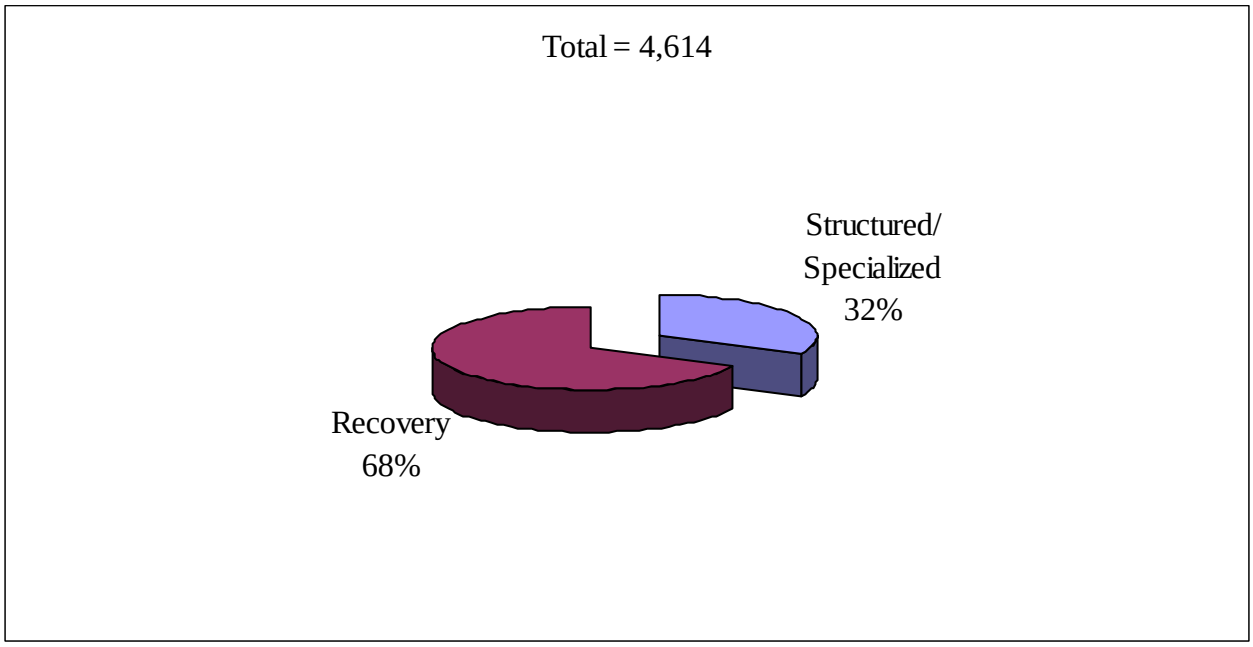
- A relatively large portion of residents (385) were categorized as residing in "other" forms of recovery housing.

A total of 89 vacancies were reported to exist in recovery housing. This represents a vacancy rate of 2.9%. While waiting list data is not consistently maintained,

fifteen CMHPs reported 188 persons to be actively waiting for a recovery housing opening (see Table C-4 in Appendix C), and 2,002 adults are estimated to need recovery housing (see Table C-3 in Appendix C). These numbers under-represent statewide need since only 27 of 33 CMHPs provided estimates.

The two types of housing discussed so far, structured/specialized and recovery, represent housing options where varying levels of support or services accompany the residential setting. When combined, a total capacity for 4,614 residents exists in these two types, which can also be characterized broadly as "service-enriched housing". Figure 13 illustrates that recovery housing options make up 68% of the total while structured/specialized options constitute 32% of the state's service-enriched housing for persons with alcohol and drug disorders. Coincidentally, the 32%-68% percentage split of structured to recovery housing for alcohol and drug treatment clients is identical to the percentage of structured to supportive housing for mental health clients.

FIGURE 13: A&D SERVICE-ENRICHED HOUSING



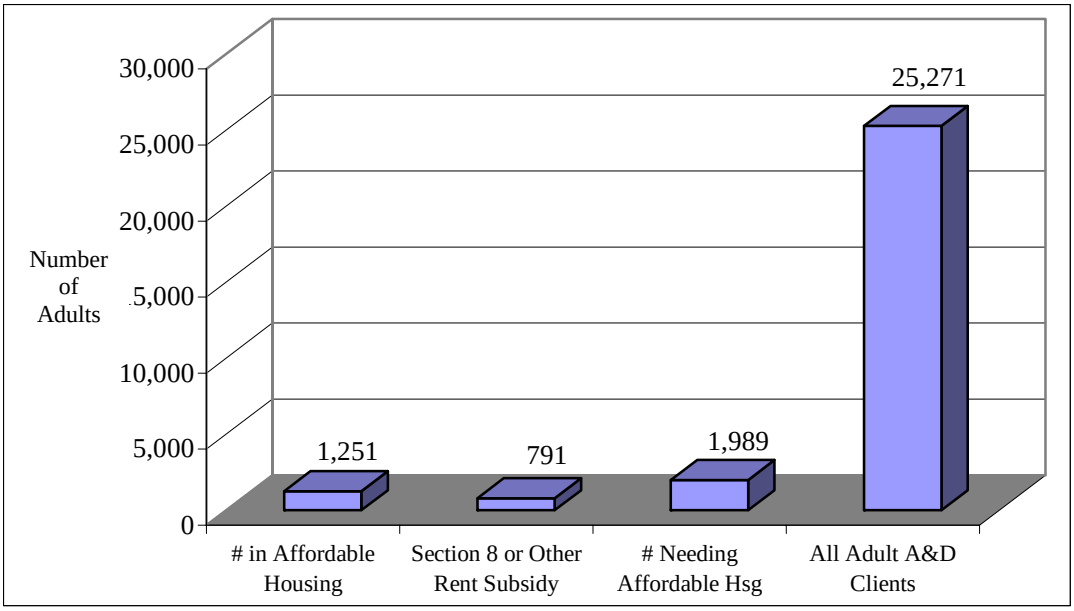
"Affordable housing" was defined to include housing for which less than 40% of income is paid toward rent and utilities. To obtain such housing, the resident often uses some form of rent subsidy, such as a Section 8 voucher form the local public housing authority. Affordable housing is obtained in the open housing market and is characterized as having no formal service provision arrangement available in conjunction with the housing. Since capacity in service-enriched housing exists for only 18% of the 25,271 people receiving alcohol and drug treatment at a point

in time, the vast majority of adults receiving alcohol and drug related services can be assumed to live in mainstream community housing whether alone, with a spouse, or with other family or friends.

Several CMHPs noted that they did not maintain data on whether clients were living in affordable housing and could not make reasonable estimates. This difficulty may derive from the nature of the alcohol and drug treatment system. There is a high volume of individuals served for relatively short durations, and it is difficult to track characteristics such as living situation.

Only 20 of 33 CMHPs could report numbers for affordable housing. The totals are not complete and therefore do not reflect statewide trends. Figure 14 summarizes this data on affordable housing availability and needs. A total of 791 persons were estimated to have Section 8 vouchers. With an additional 460 living in housing made affordable through other means, a total of 1,251 persons were estimated as currently living in affordable housing. Table C-5 in Appendix C summarizes these data by county.

FIGURE 14: INCOMPLETE AFFORDABLE HOUSING ESTIMATES FOR A&D POPULATION: 2005



Additional questions were asked with respect to affordable housing (see Section III.A.4., Appendix A). While not all CMHPs could provide answers to these items, it is interesting to note the following:

- Twenty-five (100%) of the 25 CMHPs responding to a question about public housing authority priorities indicated that their local public housing authority did not prioritize their clients with substance use disorders for rental assistance. This is probably due to strict policies excluding individuals with drug abuse histories. HUD regulations prohibit individuals with histories of drug offenses from obtaining access to Section 8 and other rent subsidized housing.

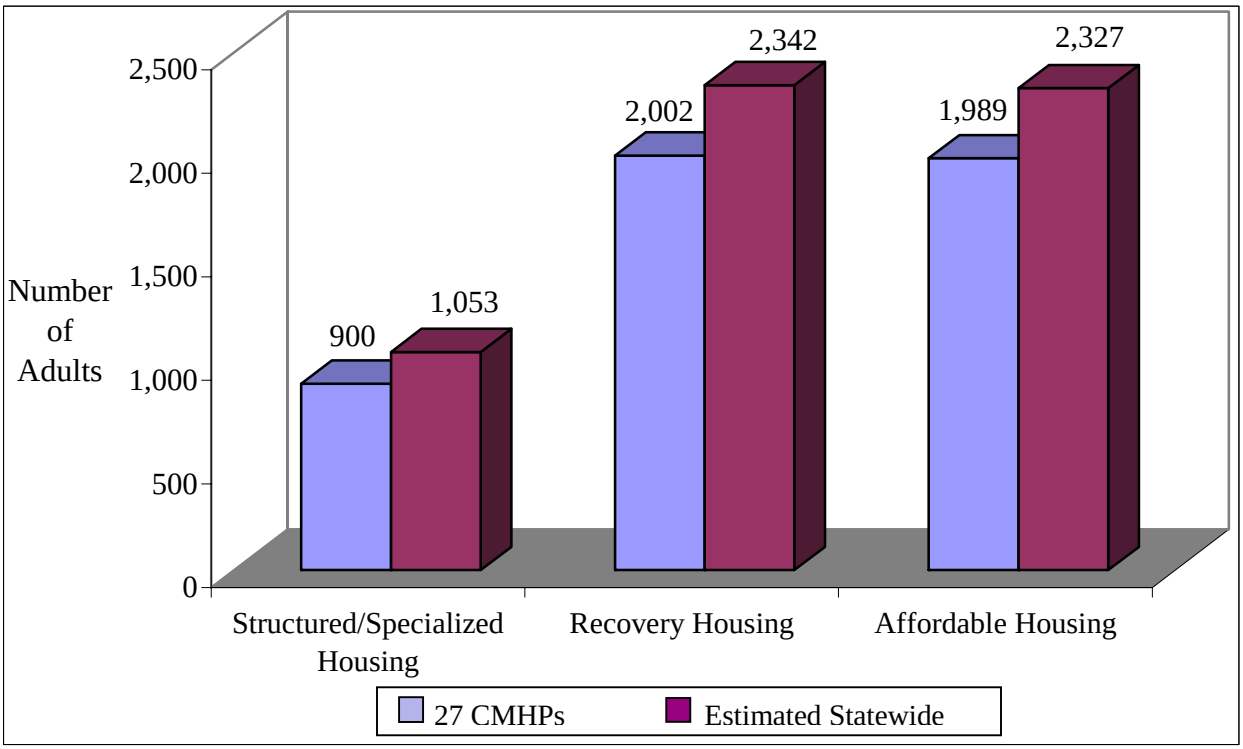
- Ten (37%) of the 27 CMHPs responding to a question about use of privately operated, rent-subsidized developments indicated that their clients rent such housing (including "tax credit projects" and "elderly/disabled housing").

Unmet Needs. Items in sections III.B and III.C of the survey (see Appendix A) requested data pertaining to housing and residential service needs. These questions were asked in relation to both adult (age 18 and older) and child/adolescent (under age 18) client populations.

Housing and Residential Service Needs. To identify unmet needs related to the existing housing and residential service capacity framework used in section III.A of the survey, respondents were asked how many individuals currently need (and do not have) structured/specialized housing, recovery housing, and affordable housing. Figure 15 shows the total unmet housing needs for these categories as estimated for the adult client population. These data summarize responses from 27 of 33 CMHPs who completed this section of the survey. Those totals, therefore, under-represent statewide needs. The 27 CMHPs that responded to this question serve 83% of the point-in-time service population. To roughly approximate statewide need, the totals from the 27 CMHPs are increased by 17%. The detailed county level data for adults and children are provided in Table C-3 (see Appendix C).

Not all CMHPs were able to provide data on unmet housing and residential service needs for children and adolescents. Responses are summarized in Table C-3. This may be due to the relatively small number of youth served in public alcohol and drug treatment.

FIGURE 15: UNMET HOUSING NEEDS FOR A&D POPULATION



Looking at these unmet housing needs across the three residential categories, it is apparent that the lack of affordable housing and recovery housing are overarching concerns. While smaller numbers are indicated for structured/specialized residential services, these types of residential settings serve people with the most urgent and intense treatment needs. The lower numbers should not diminish the importance of residential services in the structured/specialized category.

With respect to needed housing and residential services, CMHP respondents were asked to rank which types of housing were relatively low or high needs in their counties (see question III.C.3., Appendix A). Rankings were made on a 1-5 scale ("1" indicating low need and "5" indicating high need). These data are summarized in Table C-6 of Appendix C.

- "Recovery housing" and "affordable housing" rated nearly equal as the highest unmet needs overall with average scores of 4.45 (range: 3-5) and 4.58 (range: 2-5) respectively.

- "Structured/specialized residential services" was also rated as a high need with scores throughout the state averaging 4.19 (range: 2-5).

Ratings for all categories averaged toward the extreme high end of the scale. Several counties identified unique housing resources that did not easily fit the three categories. These included detox centers, transitional housing, housing for individuals not yet clean and sober, and housing for re-uniting families.

Subpopulation Needs. The above analysis provides an indication of **what** types of housing and residential services are needed. The survey also asked questions to determine which subpopulations, or **who**, are most in need of housing and residential services. Survey item III.C.4. asked "Of the clients you serve, which subpopulations are most in need of housing or residential services?" Respondents were asked to rate the housing and residential service needs of five subpopulations on a scale of 1-5 ("1" indicating low need and "5" indicating high need). Overall trends are as follows:

- Two subpopulations were rated as having the highest level of unmet needs: p*ersons who are homeless or at risk of it* had an average of 4.42 (range 1-5) and *adults with co-occurring mental illness* had an average of 4.26 (range 1-5).

- *Youth with emotional disorders transitioning to adulthood* had an average rating of 3.81 (range 1-5).

- *Older adults with age-related disorders* and persons with medical or mobility issues each had an average rating of 2.96 (range 1-5).

- Several CMHPs identified *individuals with criminal histories* as a significant other subpopulation.

Co-Occurring Disorders. As in the mental health portion of the survey, CMHPs were asked to indicate the number of residents in the various categories of housing who have co-occurring mental health and addiction disorders. Table A&D-1 summarizes these results.

Table A&D-1: A&D Residents with Co-Occurring Mental Health Disorders

	Structured/Specialized	Recovery
Total 2005 Capacity	**1,488**	**3,126**
Estimated Co-Occurring	**434**	**387**
% Co-Occurring	**29%**	**12%**

A total of 434 (29%) out of 1,488 individuals in structured/specialized residential services were estimated to have these co-occurring disorders. Fewer (12%) of the 3,126 persons with substance use disorders in recovery housing were estimated to have co-occurring mental illness.

Homelessness. The survey asked respondents to identify the number of adults and children/adolescents with substance use disorders who are currently homeless, were homeless in the last 5 years, and are at immediate risk of homelessness (see item III.B.3., Appendix A). CMHPs do not maintain data on the current housing status of clients in a manner that could be easily compiled, but provided reasonable estimates. To assist their estimating, a few CMHPs were supplied with FY 2003-04 data from the statewide alcohol and drug health data system (CPMS) indicating how many persons were homeless upon admission for alcohol and drug services, and data from an November 2004 one night shelter count completed by Oregon Housing and Community Services. Because more accurate estimates of the extent of current homelessness among persons with alcohol and drug disorders in Oregon was a desired outcome of the survey, an effort was made to review numbers and consult with respondents whose numbers were missing or appeared questionable. This data is summarized by county in Table C-7 (see Appendix C). The following estimates were thus derived:

- Based on data from 31 of 33 CMHPs, a total of 3,062 adults were estimated to be currently homeless. A significant percentage of these individuals (46%) were identified in Multnomah County. Some level of homelessness among persons with alcohol and drug disorders was identified in all but four rural Oregon counties.

- Responses on homelessness over the past five years, the number at risk of homelessness and estimates of chronic homelessness were difficult for many CMHPs. Only 24 of 33 CMHPs responded to the question on the number homeless in the last 5 years. They estimated that 2,006 individuals fell in this category but several counties with significant homeless populations declined to provide estimates.

Estimates on the extent of homelessness among children and adolescents served by the community alcohol and drug system were even more challenging to produce. However, 16 of the 33 CMHPs could produce estimates for the number currently homeless. These totaled only 22 children and adolescents with alcohol and drug disorders who were homeless youth. This number probably significantly under-

estimates the number of homeless and runaway youth with substance abuse problems. Recent survey data on underage drinking and drug abuse document high rates of substance use. However, it is unlikely that these youth, especially if they become homeless, self-refer to treatment.

The survey asked respondents to specify the reasons clients become homeless (see item III.B.3.e., Appendix A) In reviewing responses, common reasons included:

- Lack of employment and money for rent;
- Lack of affordable housing;
- Relapse and behaviors related to alcohol and drug abuse; and
- Criminal history.

The survey also asked respondents to indicate what resources were available in their communities for persons with alcohol and drug disorders who become homeless. There was much variability in the available resources across counties. Resources ranged from homeless shelters and faith-based outreach to targeted outreach and transitional programs.

Housing Development Efforts. The survey attempted to quantify and describe current and past housing development activity throughout the state. Respondents were asked to list housing and residential services for persons with alcohol and drug disorders developed over the past five years and any housing or residential services currently under development (see items III.C.1 and 2., Appendix A). With respect to housing and residential service development efforts, findings include the following:

- Respondents identified 27 housing projects and residential service programs that were established over the past five years with a capacity for 700 residents. These were mostly transitional housing projects and recovery homes. In Multnomah County, Alcohol and Drug Free community housing and a "housing first" model were included. The "housing first" services provide support services and affordable housing for homeless persons using alcohol and drugs and not yet in recovery.

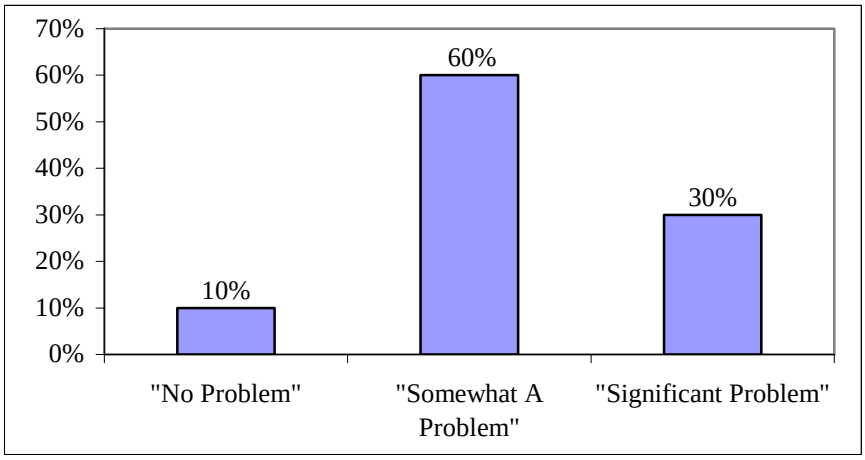
- These resources were developed in 14 CMHP service areas. The 19 CMHPs reporting no new development in the past five years tended to be in less populated counties.

- Nine CMHPs reported that a total of 19 additional housing or residential service projects were currently in various stages of development with a capacity for 992 residents.

Community Support, Discrimination and Partnerships. The development of new housing options often raises concerns about community support and/or discrimination. The survey included questions about the extent of discrimination by landlords and community opposition in response to siting new housing (see items III.D.2 and 3., Appendix A). The survey also inquired about CMHPs' success in working with private landlords to access housing and the extent of partnerships with nonprofit housing providers (see items III.D.4 and 5, Appendix A). Thirty of the 33 CMHPs responded to these items.

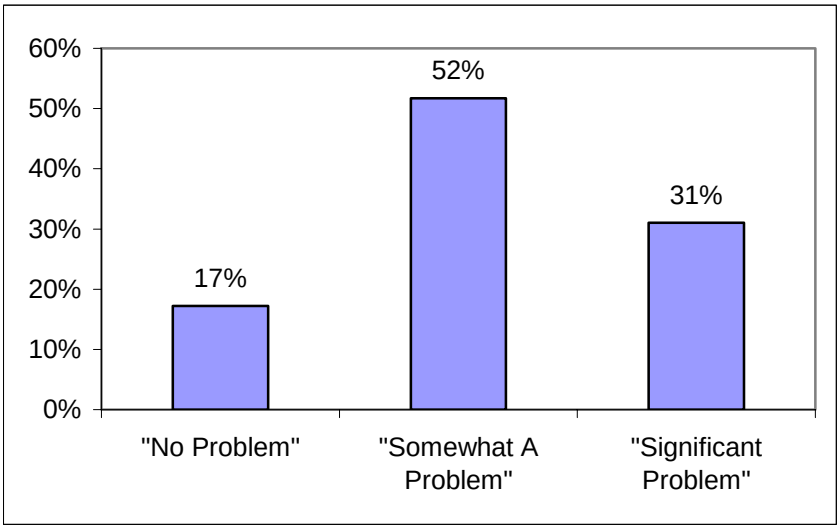
- With respect to discrimination by landlords, only 3 respondents (10%) indicated there was no problem; 60 % of respondents indicated there was somewhat of a problem; and 30% reported that discrimination by landlords was a significant problem for persons with alcohol and drug disorders in their communities (see Figure 16).

FIGURE 16: DISCRIMINATION BY LANDLORDS FOR A&D POPULATION: 2005



- With respect to community opposition to new housing programs, five respondents (17%) indicated there was no problem; 52% reported community opposition was somewhat of a problem; and 31% indicated that community opposition was a significant problem in their geographic area (see Figure 17).

FIGURE 17: COMMUNITY OPPOSITION FOR A&D POPULATION: 2005



- In response to a question about working with private landlords, 18 respondents (38%) reported that they work successfully with private landlords in their communities to access housing for clients.

- In regard to nonprofit housing providers, (60%) of CMHPs reported that they had partnerships with these agencies.

Housing Barriers. The survey asked CMHPs to review a list of common housing barriers and rank the top three categories that are barriers in their service area (see item III.D.6., Appendix A). Thirty of 33 CMHPs completed this section of the survey.

- The two most commonly selected barriers concerned lack of affordable housing and client income. Twenty-one (70%) of 30 responding CMHPs identified "lack of affordable housing" as a top barrier; relatedly, 23 (77%) of responding CMHPs identified "insufficient income of clients" as a top barrier.

- The third most commonly selected barrier concerned not enough structured/specialized residential services. Twelve respondents (40%) indicated that there were "not enough structured/specialized residential services" in their service area.

- There was less agreement across the CMHPs on other significant barriers:

    - 27% of respondents identified "insufficient staff time available to provide support services" as a top barrier in their service area.
    - 23% of respondents identified "landlords were not willing to rent" as a primary barrier.
    - 23% of respondents identified "too few out-of-home residential resources for children and adolescents" as a primary barrier;
    - 13% of respondents identified "not enough capital funding for affordable housing development" as a top barrier;
    - 13% of respondents identified "lack of organizational capacity to pursue housing development" as a primary barrier;

Training and Professional Development Priorities. The final survey item asked respondents to identify priorities for training and professional development relating to housing and residential services (see item III.D.7., Appendix A). Respondents identified a diverse array of training and professional development topic areas. Many noted limitations in staff time and funding to attend training. Topics included:

- Understanding available housing resources;
- Developing post treatment recovery housing;
- Helping clients be successful tenants;
- Increasing and supporting client self-sufficiency; and
- Working with and educating landlords.

SUMMARY AND DISCUSION

The OMHAS Housing Survey data provides a unique statewide panorama of residential service and housing capacity for people with mental health and addiction disorders. The 2005 survey was the second attempt to collect this information relevant to the mental health service population and the first opportunity to collect information pertaining to people receiving services for alcohol and drug addictions.

The findings document that 1,685 adults in mental health services and 1,488 adults in alcohol and drug (A&D) treatment live in structured or specialized residential settings. These individuals comprise about 5.2% of mental health clients and 5.9% of A&D clients receiving services at a point in time.

Those living in supportive or recovery housing make up a slightly larger portion of the service population. A total of 3,585 persons with mental illness were reported to live in supportive housing, and 3,112 persons with substance use disorders were reported to reside in recovery housing. These individuals represent 11.0% of the mental health service population and 12.3% of the A&D treatment population, respectively, at a point in time.

Vacancy data in these service-enriched settings indicated that occupancy levels are high and vacancies typically run less than 5%. Therefore, the utilization of existing resources is high. Unmet housing needs were identified in all categories of housing. For service-enriched categories,

- 2,342 individuals are estimated to need A&D recovery housing,
- 1,940 individuals were identified as needing mental health supportive housing,
- 1,053 persons are estimated to need A&D structured or specialized residential programs, and
- 577 people are estimated to need structured or specialized mental health residential programs.

The 2005 survey data on crisis-respite options for mental health consumers showed a shift toward use of homeless facilities and away from mental health operated programs since 2000. This shift in all likelihood resulted from the impact of budget reductions in 2002 and 2003 that contributed to a general increase in homelessness among persons with mental illness. These budget reductions resulted in reduced services for non-Medicaid eligible adults needing mental health, crisis and case management services.

Survey results document that affordable housing is in great demand for individuals with mental health and addiction disorders. Since mental health and A&D service systems do not collect data on affordability of client housing, estimates of affordable housing occupancy and need were difficult for responders. A total of 5,270 persons receiving mental health services (16%) and 2,327 A&D clients (9.2%) are estimated to be in immediate need of affordable housing, but these estimates may be low.

The survey provided data on the expansion of housing resources over the past five years. For mental health, the 2005 number of structured and specialized resources was 23% greater than reported in 2000, and the supportive housing capacity increased by 43%. Mental health respondents identified 92 housing projects and residential programs in 24 counties that were established in the past five years and an additional 24 new projects currently under development. A&D respondents identified 27 new projects established over the past five years in 14 counties and 19 new projects under development. Clearly, many communities are working hard to respond to housing needs.

The OMHAS Housing Survey provided an opportunity to obtain key informant estimates on the extent of homelessness among individuals with mental illness and substance use disorders. There are inherent difficulties in documenting homelessness, so these numbers represent estimates and not actual counts. When all of the local estimates were combined, a total of 2,972 people with mental illness (9%) and 3,062 people with substance use disorders (12%) were estimated to be "currently homeless". While these are relatively small percentages of the entire service population, they represent about 6,000 individuals throughout Oregon who struggle with mental health and addiction disorders on any given day with no place to call home.

While local needs varied, all types of housing were rated at the "high need" end of the scale. For mental health, “supportive housing” and “affordable, independent housing” were rated as highest needs. For A&D, “recovery housing” and “affordable housing” were rated as highest needs. While the structured/specialized residential services were rated slightly lower for both mental health and A&D respondents, these programs serve some of the most vulnerable members of the service population.

The 2005 survey inquired about the number of people with co-occurring mental health and addiction disorders accommodated in the various housing types. For structured and specialized residential programs, 28% of residents in mental health

settings and 29% in A&D settings were estimated to have co-occurring disorders. In less structured housing, a different trend emerged. In supportive housing for mental health consumers, 50% of residents were estimated to have co-occurring disorders. In recovery housing for A&D consumers, however, only 12% were estimated to have co-occurring disorders. The highest concentration of individuals with co-occurring disorders was reported in mental health crisis-respite housing where 64% were estimated to have co-occurring disorders.

The survey identified barriers to addressing housing needs. As identified in the 2000 survey, the "lack of affordable housing" and "insufficient income of clients" were identified as top barriers for both the mental health and A&D populations. The third most common barrier for both the A&D and mental health populations was a lack of "structured/specialized residential services". These barriers, and others noted in responses, point to the poverty level of service recipients and budget constraints throughout the mental health and addiction treatment systems.

While some survey items addressed the housing needs of youth, it was difficult for some CMHP respondents to supply answers. Further analysis of housing needs for youth and families with children experiencing mental health and addiction disorders is needed. More work needs to done to define housing types appropriate to these populations. A significant number (43%) of mental health respondents identified the lack of "out-of-home residential resources for children and adolescents" as a barrier.

Survey data will be useful in planning future training and professional development initiatives. Mental health respondents commonly cited training for direct service staff on best practices, legal issues, and resource development. A&D respondents identified understanding housing resources and developing housing, assisting clients to be more self-sufficient and successful as tenants and the education of landlords as top topics. The need for consultants who could help plan and develop needed housing resources was also identified.

The survey results seem to suggest a slight erosion in relationships with public housing authorities and non-profit housing providers. For example, CMHPs reported fewer PHAs prioritizing mental health clients for Section 8 vouchers and fewer clients renting subsidized housing. At the same time, all CMHPs reported working successfully with private landlords. For A&D clients, CMHPs reported that no PHAs prioritized A&D clients for subsidized housing. These results may have arisen from the reduced availability of housing subsidies and services due to

budget constraints at the federal and state level. They also suggest that strengthening relationships among service and housing providers need attention.

CMHPs throughout the state provided informative and thoughtful feedback on a variety of housing and residential service issues. The information collected will be used by OMHAS to plan and prioritize housing initiatives and technical assistance activities. It will also be helpful to local housing and service providers who want to improve housing opportunities in their communities.

APPENDIX A

2005
OFFICE OF MENTAL HEALTH AND ADDICTION SERVICES HOUSING SURVEY

Instructions, Definitions, and Mental Health and Alcohol and Drug Housing Survey Form

Office of Mental Health And Addiction Services Housing Survey 2005

Thank you for assisting with assembling data relating to current residential services and housing needs of persons with psychiatric disabilities and addiction disorders. This data will be compiled into a report and made available for review and planning purposes.

Except for quantitative data requested in Sections II and III (which may be presented in tables), your responses will be kept confidential and reported in aggregate only.

Instructions

- This survey has three parts: (I) Contact Information: (II) Mental Health Housing Capacity, Number Served, Housing Needs and Additional Questions; (III) Alcohol and Drug Housing Capacity, Number Served, Housing Needs and Additional Questions. It may be necessary to involve multiple staff and/or subcontract providers to obtain data.

- A worksheet is provided as Attachment A to facilitate completion of Sections II and III and obtain information on individual housing/residential program sites. Please return this worksheet along with your completed survey. A listing of licensed residential programs and their capacities by county is provided as Attachment B.

- Terminology is always a challenge with surveys. Housing and residential services are organized into categories including structured/specialized residential services, supportive housing, recovery housing, crisis-respite housing, and affordable housing. Categories are slightly different for Section II and Section III. Please read definitions and note specific housing types falling under each category before you complete the worksheet and survey.

Questions? Contact Maile Thomas, OMHAS, Housing Specialist, at (503) 947-5531 or maile.k.thomas@state.or.us.

Please return the completed survey by September 30, 2005 to:

Maile Thomas
Housing Specialist/Survey Coordinator
OMHAS
500 Summer Street NE E86
Salem, OR 97301-1118

2005 OMHAS HOUSING SURVEY - DEFINITIONS

The following definitions were developed for the purpose of the 2005 Office of Mental Health and Addiction Services Housing Survey:

I. GENERAL DEFINITIONS

"AFFORDABLE HOUSING" means housing for which less than 40% of income is paid toward rent and utilities. Often, a rent subsidy (e.g. Section 8 voucher) enables an individual to live in private market housing that would otherwise be unaffordable.

"HOMELESS" means (1) an individual who lacks a fixed, regular, and adequate night-time residence; or (2) an individual whose primary night-time residence is (a) a temporary accommodation (e.g. hotel, transitional housing or crisis-respite), (b) an institution or hospital (when no permanent residence exists for this person in the community), (c) a public or private place not designed for sleeping accommodation (e.g. park bench, bus station or storefront), (d) a temporary accommodation (e.g. sleeping on a friend's couch), or (e) another inappropriate accommodation that is overcrowded and/or unsafe. "Homeless" does not include persons in prison or jail. (This definition is adapted from the federal definition for homeless assistance programs.)

"CHRONICALLY HOMELESS" means the homeless individual has a disabling condition and has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (eg., living on the streets) and/or in an emergency homeless shelter. A disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." A disabling condition limits an individual's ability to work or perform one or more activities of daily living. An episode of homelessness is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter. A chronically homeless person must be unaccompanied and disabled during each episode.

II. MENTAL HEALTH SECTION DEFINITIONS

"STRUCTURED/SPECIALIZED RESIDENTIAL SERVICES" means residential programs that are generally licensed and provide 24-hour supervision. They include residential treatment facilities, secure residential treatment facilities, residential treatment homes, adult foster homes, and enhanced care service programs.

- "Residential treatment facility" or "RTF-MH" means a program licensed by the Office of Mental Health and Addiction Services under ORS Chapter 443 to serve 6 or more adults with mental illness.

- "Secure residential treatment facility" or "SRTF", means a locked residential treatment facility licensed by the Office of Mental Health and Addiction Services under ORS Chapter 443 to serve 6 or more adults with mental illness.

- "Residential treatment home" or "RTH-MH" means a program licensed by the Office of Mental Health and Addiction Services under ORS Chapter 443 to serve 5 or fewer adults with mental illness.

- "Adult foster home" or "AFH" means a home licensed under ORS Chapter 443 to provide care to 5 or fewer adults. Adult foster homes are licensed by the Office of Mental Health and Addiction Services for persons with mental illness (AFH-MH); and by Seniors and People with Disability (SPD) for persons with developmental disabilities (AFH-DD); or for elderly and disabled persons (AFH-ED).

- "Enhanced care services program" or "ECF" means a program in a residential care facility, nursing facility or foster home licensed by Seniors and Peoples with Disabilities (SPD) in which mental health is provided.

"SUPPORTIVE HOUSING" means supported independent living and other minimally structured settings where services and housing are made available to persons with mental illness. These housing programs are generally unlicensed. They include site-specific supported housing, integrated supported housing, transitional housing, room and board settings, and safe havens.

- "Site-specific supported housing" or "SSH" means apartments, single rooms and/or homes designated for occupancy by persons with mental illness and sponsored by a mental health agency that provides supportive services to residents.

- "Integrated supported housing" or "ISH" means services provided to persons with mental illness that assist them to acquire and maintain affordable apartments or shared homes available through the open housing market. These services are often provided through a mental health program's community support or case management services.

- "Transitional housing" or "TH" means a housing program that provides on site support services for up to two years for persons who are transitioning to community living after being homeless or hospitalized.

- "Room and board" or "R+B" means the provision of shelter and meals in exchange for payment.

- "Safe haven" or "SH" means a residential program providing "low demand" support services to persons with mental illness who were previously living on the streets or other places not meant for habitation.

"CRISIS-RESPITE HOUSING" means accommodations available for up to one month where support services are provided to assist an individual experiencing a mental health or housing crisis. In some cases, crisis-respite housing provides an alternative to psychiatric hospitalization. Crisis-respite housing includes a variety of settings such as crisis-respite facility, a crisis-respite home, crisis-respite beds in licensed residential programs, crisis-respite units in supportive housing settings, and use of an emergency or homeless shelter for crisis-respite.

- "Crisis-respite facility" or "CRF" means a licensed residential treatment facility providing services for up to one month for 6 or more individuals experiencing an episode of acute mental illness.

- "Crisis-respite home" or "CRH" means a licensed residential treatment home providing services for up to one month for 5 or fewer individuals experiencing an episode of acute mental illness.

- "Emergency or homeless shelter" or "EHS" means a facility providing short-term, emergency accommodations for homeless and displaced persons.

III. ALCOHOL AND DRUG SECTION DEFINITIONS

"STRUCTURED/SPECIALIZED RESIDENTIAL RESOURCES" means residential programs that provide 24-hour staffing and are generally licensed by the state. They include OMHAS-funded A&D Residential Treatment Facilities, Corrections Residential Treatment Facilities, Other Residential Treatment Facilities and Faith-Based Residential Programs.

- "OMHAS-funded A&D Residential Treatment Facility" or "A&D RTF" means a program licensed and funded, at least in part, by the Office of Mental Health and Addiction Services (OMHAS) to provide treatment for alcohol or other drug disorders to 6 or more residents.

- "Corrections Residential Treatment Facility" or "Corrections RTF" means a residential program operated in a correctional facility to provide treatment for alcohol or other drug disorders.

- "Other Residential Treatment Facility" or "Other RTF" means a residential program licensed by the OMHAS to provide treatment for alcohol or other drug disorders but not funded by OMHAS or provided in a correctional facility.

- "Faith-Based Residential Program" or "FBRP" means a residential program with on site staff that is operated by a religious organization for people with alcohol or other drug disorders.

"RECOVERY HOUSING" means housing that supports individuals with alcohol or other drug disorders to maintain sobriety. They include Oxford Houses, Other Recovery Homes, Transitional ADF Homes, Transitional ADF Single Room Occupancy Housing, Transitional ADF Apartments, ADF Housing Assistance Services, and ADF Permanent Supportive Housing.

- "Oxford House" means a peer-run and financially self-supporting home where residents support each other in alcohol and drug free living. There are no paid staff at these homes. Oxford Houses are affiliated with and follow guidelines established by Oxford House, Inc. A listing of homes in Oregon is maintained at www.oxfordhousesoforegon.com .

- "Other Recovery Home" means a peer-run home with no paid staff on site where residents support each other in alcohol and drug free living. These homes are not affiliated with Oxford House, Inc.

- "Transitional ADF Home" means a shared living environment in a single family home setting for people who've recently completed treatment for alcohol and drug addiction. The home is typically staffed or sponsored by an alcohol and drug treatment provider and provides support for sobriety in an alcohol and drug free environment. Homes may be for single individuals or for re-uniting families.

- "Transitional ADF Single Room Occupancy Housing" means a living environment that offers private hotel-type rooms for people who've recently completed treatment for alcohol and drug addiction. The housing is typically staffed or sponsored by an alcohol and drug treatment provider and provides support for sobriety in an alcohol and drug free environment.

- "Transitional ADF Apartments" means a living environment that offers private apartment accommodations for people who've recently completed treatment for alcohol and drug addiction. The housing is typically staffed or sponsored by an alcohol and drug treatment provider and provides support for sobriety in an alcohol and drug free environment.

- "ADF Housing Assistance Services" means the provision of housing coordination services and rental subsidies for people who are completing treatment for alcohol and drug addiction. Individuals or families receive assistance with finding and maintaining decent and safe housing and living an alcohol and drug free lifestyle.

- "ADF Permanent Supportive Housing" means housing in private apartments or other individual living units that provides long-term supportive housing for people in recovery from alcohol and drug addictions. The housing environment is alcohol and drug free. The housing may be sponsored or supported by a service provider.

Mental Health & Alcohol & Drug Housing Survey (Summer 2005)

Define your geographic area (county(ies)): County Name

I. CONTACT INFORMATION

Identify the contact person(s) in your geographic area for housing and residential service issues. These individuals will be added to (or confirmed on) mailing lists used for distribution of materials pertaining to housing and residential services. Use back of page if more space is needed.

Mental Health Housing Contacts:

Name: Address: Phone# Fax# Email:	Name: Address: Phone# Fax# Email:

Alcohol & Drug Housing Contacts: (Write "Same As Above" if same as Mental Health Contact.)

Name: Address: Phone# Fax# Email:	Name: Address: Phone# Fax# Email:

II. MENTAL HEALTH SECTION

A. Available Housing/Residential Service Capacity for Mental Health Clients

Please use "worksheet" (Attachment A) to list residential sites before completing II.A.-C.
Numbers provided in 2000 are included for your reference.

1 Structured/Specialized Residential Services. These generally include licensed residences. *See definitions for more information.* Please indicate the number of beds available (or used) for adults with mental illness in the following categories in your service area (refer to Attachment B for a listing of MH-licensed capacity by county).

	# of beds 2004	2000
a. Residential Treatment Facility (RTF-MH)		
b. Secure (locked) Residential Treatment Facility (SRTF-MH)		
c. Small Residential Treatment Home (RTH-MH)		
d. MH Adult Foster Home (AFH-MH)		
e. SPD/AAA Adult Foster Home (AFH-SPD/DD)		
f. Relative Foster Home (RFH-MH)		
g. MH/SPD Enhanced Care Facility (ECF)		
h. Other (describe): _____		
i. Other (describe): _____		
Total Capacity (add # of beds in II.A.1.a-i):		
Over the last 6 months, how many vacancies were available on average per month in structured/specialized residential programs (II.A.1.a-i)?		
How many of these beds are typically occuppied by people with co-occurring mental health and addiction disorders?		
How many people are usually on "waiting lists" for these structured/specialized residential beds? (Be careful to count people on multiple lists only once.)		
How many current residents in structured/specialized residential programs could move to a more independent housing option if it were available?		

2 Supportive Housing. This category includes supported independent living and other unlicensed settings. *See definitions for more information.* Please indicate the number of adults in each of the following:

	Capacity 2004	2000
a. Site-specific supported housing (SSH)		
b. Integrated supported housing (ISH)		
c. Transitional Housing (TH)		
d. Room and board (R+B)		
e. Safe Haven (SH)		
f. Other (describe): _____		
g. Other (describe): _____		
Total Capacity (add #s in II.A.2.a-g)		
Over the last 6 months, how many vacancies were available on average per month in supportive housing programs (II.A.2.a-g)?		
How many people are usually on "waiting lists" for these supportive housing settings (II.A.2.a-g)? (Be careful to count people on multiple lists only once.)		
How many people in supportive housing have co-occurring mental health and addiction disorders?		

3 Crisis-Respite Housing. This category includes accommodations in both licensed and unlicensed settings that are available for up to one month. *See definitions for more information.* Please indicate the number of beds used in each of the following categories for adults with mental illness:

	Capacity 2004	2000
a. Crisis-Respite Facility (CRF)		
b. Crisis-Respite Home (CRH)		
c. Reserved Beds in Licensed RTF/RTH/AFH (CRB)		
d. Supportive Housing Crisis Respite (SHCR)		
e. Emergency or Homeless Shelter (EHS)		
f. Other (describe): _____		
g. Other (describe): _____		
Total Capacity (add # of beds in II.A.3.a-g)		
How many of these beds are used for people with co-occurring mental health and addiction disorders?		

Of this total, identify any duplications with Sections II.A.1 and II.A.2:

(#) also included in structured/specialized capacity (II.A.1.a-i):		
(#) also included in supportive housing capacity (II.A.2.a-g):		

4 Affordable Housing. Ideally, no one pays more than 30-40% of their income for housing (rent and utilities). Low income persons can access rent assistance programs that provide a subsidy to make housing more affordable, or perhaps, rent an apartment developed for low-income persons. Please provide the following information to determine "affordable housing capacity" for persons with mental illness in your geographic area.

	Capacity	
	2004	**2000**
a. How many clients currently live in affordable housing (i.e. pay less than 40% of their income for rent and utilities)?	_____	_____
b. How many clients currently have a Section 8 or other rent subsidy?	_____	_____
c. Are your clients prioritized by the local public housing authority for rental assistance? Please answer "Yes" or "No".	_____	_____
d. How many affordable housing vacancies currently exist in your geographic area?	_____	_____
e. Do your clients rent housing in private rent-subsidized developments (e.g. "tax credit projects", elderly/disabled housing)? Please answer "Yes" or "No".	_____	_____

Describe: _____

_____

_____

_____

_____

_____

B. Number Served and Housing Needs - Mental Health

	2004	2000

1 Number Served. How many persons with serious mental illness are served?

a. # Served in one year. The number of adults and children/adolescents served in Fiscal Year 2003/04 (over one year period) per CPMS data is as follows:

adults (age 18+): _____ _____

children/adolescents (age <18): _____ _____

b. # Served at one time. The number of adults and children/ adolescents served as of October 2004 (i.e. current caseload snapshot)per CPMS data is as

adults (age 18+): _____ _____

children/adolescents (age <18): _____ _____

2 Unmet Need. Of the totals in II.B.1.b, how many individuals would you estimate currently need (and do not have):

	2004		2000	
	Adults	*Ch/Adol.'s*	*Adults*	*Ch/Adol.'s*
a. Structured/specialized housing?				
b. Supportive housing?				
c. Crisis-respite housing?				
d. Affordable housing?				

3 Homelessness. (See definition of "homeless" and "chronically homeless"). Of the totals in II.B.1.b., how many of these individuals:

	2004		2000	
	Adults	*Ch/Adol.'s*	*Adults*	*Ch/Adol.'s*
a. Are currently homeless?				
b. Were homeless in last 5 years?				
c. Are at immediate risk of becoming homeless?				

d. How many of the currently homeless (II.B.3.a) are chronically homeless?		

e. What are the most common reasons clients become homeless in your service area: _____

_____

_____

C. Housing & Residential Service Development for Mental Health Consumers

1 Please list any housing or residential services that have been developed in your geographic area for persons with mental illness in the past 5 years.

Year Completed	Project Name	# of Residents	Housing Type

2 List and describe any housing projects currently under development that will provide housing to persons with mental illness in your service area.

Year Completed*	Project Name	# of Residents	Housing Type

*Projected

3 What kinds of housing and residential services are most needed for people with mental illness in your geographic area? (Rate the following by circling a number on the 1-5 scale.)

	Low Need				*High Need*
a. Structured/ specialized residential services	1	2	3	4	5
b. Supportive housing	1	2	3	4	5
c. Crisis-respite housing	1	2	3	4	5
d. Affordable, independent housing	1	2	3	4	5
e. Other (describe): _____	1	2	3	4	5
f. Other (describe): _____	1	2	3	4	5

4 Of the Mental Health clients you serve, which subpopulations are most in need of housing or residential services? (Rate the following by circling a number on the 1-5 scale.)

	Low Need				*High Need*
a. Persons who are homeless or at risk of it	1	2	3	4	5
b. Youth transitioning to adulthood	1	2	3	4	5
c. Adults with co-occurring substance abuse	1	2	3	4	5
d. Older adults with age-related disorders	1	2	3	4	5
e. Persons with medical or mobility issues	1	2	3	4	5
f. Other (describe): _____	1	2	3	4	5
g. Other (describe): _____					

D. Additional Questions

1 What resources exist for homeless persons with mental illness (include both those exclusively for persons with mental illness and those used by persons with mental illness and other populations)?

_____

_____

_____

_____

2 In your geographic area, how problematic is discrimination by landlords due to the stigma of mental illness? (Please check one box.)

- ☐ No Problem
- ☐ Somewhat of a Problem
- ☐ A Significant Problem

Describe problem(s) experienced: _____

_____

_____

_____

3 In your geographic area, how problematic is community opposition to housing under development for persons with mental illness? (Please check one box.)

- ☐ No Problem
- ☐ Somewhat of a Problem
- ☐ A Significant Problem

Describe problem(s) experienced: _____

_____

_____

_____

4 Are you able to work successfully with private landlords in your community to access housing for mental health clients?

☐ Yes
☐ No

Describe successes and barriers: _____

_____

_____

_____

5 Do you have partnerships with nonprofit housing providers to promote housing opportunities for consumers with mental illness?

☐ Yes
☐ No

If yes, describe partnerships: _____

_____

_____

_____

6 What are the biggest housing barriers for people with mental illness in your service area? (Indicate top five issues by ranking "1", "2", "3", "4", and "5".)

___ Overall lack of affordable housing in the community.
___ Income of clients is insufficient to access adequate housing.
___ Insufficient staff time available to provide support services to persons living in independent housing.
___ Not enough structured/ specialized residential services.
___ People lose housing because crisis-respite is not available.
___ Lack of organizational capacity to pursue housing development.
___ Not enough capital funding for affordable housing development.
___ Landlords are not willing to rent to people with mental illness.
___ Too few out-of-home residential resources for children and adolescents.
___ Other: _____
___ Other: _____

7 Please list your priorities for training and professional development relating to housing and residential services for persons with mental illness:

_____

_____

_____

_____

_____

_____

Thank you for completing the Mental Health Section of survey! Feel free to provide additional comments.

Completed by: _____ Phone #: _____ Date: _____

III. ALCOHOL AND DRUG SECTION

A. Available Housing for Alcohol and Drug Clients

Please use "worksheet" (Attachment A) to list residential sites before completing III.A.-C.
Note: This is the first survey of Alcohol and Drug housing needs: therefore no previous data is available for comparison purposes.

1 Structured/Specialized Residential Resources means residential programs that provide 24-hour staffing and are generally licensed by the state. They include OMHAS-funded A&D Residential Treatment Facilities, Corrections Residential Treatment Facilities, Other Residential Treatment Facilities and Faith-Based Residential Programs.

# of beds

a. OMHAS Funded Residential Treatment Facility or "A&D RTF" _____
b. Corrections Residential Treatment Facility or "Corrections RTF" _____
c. Other Residential Treatment Facility or "Other RTF" _____
d. Faith-Based Residential Program or "FBRP" _____
e. Other (describe): _____ _____
f. Other (describe): _____ _____

Total Capacity (add # of beds in III.A.1.a-f): _____

Over the last 6 months, how many vacancies were typically available on average per month in these structured/specialized housing programs (III.A.1.a-f)? _____

How many people are usually on "waiting lists" for these structured/specialized housing beds? (Be careful to count people on multiple lists only once.) _____

How many residents currently in structured/specialized housing programs could move to a recovery housing option if it were available? _____

How many of these beds are used for people with co-occurring mental health and addiction disorders? _____

2 Recovery Housing means housing that supports individuals with alcohol or other drug disorders to maintain sobriety. They include Oxford Houses, Other Recovery Homes, Transitional ADF Homes, Transitional ADF Single Room Occupancy Housing, Transitional ADF Apartments, ADF Housing Assistance Services, and ADF Permanent Supportive Housing.

	Capacity
a. Oxford House	_____
b. Other Recovery Home	_____
c. Transitional ADF Home	_____
d. Transitional ADF Single Room Occupancy Housing	_____
e. Transitional ADF Apartments	_____
f. ADF Housing Assistance Services	_____
g. ADF Permanent Supportive Housing	_____
h. Other (describe):_____	_____
i. Other (describe):_____	_____
Total Capacity (add # of beds in III.A.2.a-i):	_____

Over the past 6 months, how many vacancies were available on average per month in recovery housing programs (III.A.2.a-i)? _____

How many people are usually on "waiting lists" for these recovery housing beds? (Be careful to count people on multiple lists only once.) _____

How many residents in recovery housing programs could move to an affordable housing option if it were available? _____

How many of these beds are used for people with co-occurring mental health and addiction disorders? _____

3 Affordable Housing means housing for which less than 40% of income is paid toward rent and utilities. Often, a rent subsidy (e.g. Section 8 voucher) enables an individual to live in private market housing that would otherwise be unaffordable.

a. How many Alcohol and Drug clients currently live in affordable housing (i.e. pay less than 40% of their income for rent and utilities)? _____
b. How many clients currently have a Section 8 or other rent subsidy? _____
c. Are your clients prioritized by the local public housing authority for rental assistance? Please answer "Yes" or "No". _____
d. How many affordable housing vacancies currently exist in your geographic area? _____
e. Do your clients rent housing in private rent subsidized developments (e.g. "tax credit projects", elderly/disabled housing)? Please answer "Yes" or "No". _____
Describe: _____

Number Served and Housing Needs - Alcohol & Drug Disorders

1 Number Served. How many persons with alcohol & drug disorders are served?

a. # Served in one year. The number of adults and children/adolescents served in Fiscal Year 2003/04 (over one year period) per CPMS data is as follows:

adults (age 18+): _____

children/adolescents (age <18): _____

b. # Served at one time. The number of adults and children/ adolescents served as of October 2004 (i.e. current caseload snapshot) per CPMS data is as follows:

adults (age 18+): _____

children/adolescents (age <18): _____

2 Unmet need. Of the totals in III.B.1.b, how many individuals would you estimate currently need (and do not have):

	2004	
	Adults	*Ch/Adol.'s*
a. Structured/specialized housing(residential treatment)?		
b. Recovery housing?		
c. Affordable housing?		

3 Homelessness. (See definition of homelessness). Of the totals in III.A.2., how many of these individuals:

	2004	
	Adults	*Ch/Adol.'s*
a. Are currently homeless?		
b. Were homeless in last 5 years?		
c. Are at immediate risk of becoming homeless?		
d. How many of currently homeless (III.B.3.a) are chronically homeless?		

e. What are the most common reasons your clients become homeless in your service area: _____

_____

_____

_____

C. Housing & Residential Service Development for Alcohol & Drug Clients

1 Please list any housing or residential services that have been developed in your geographic area for persons with alcohol and drug disorders in the past 5 years.

Year Completed	Project Name	# of Residents	Housing Type

2 List and describe any housing projects currently under development that will provide housing to persons with alcohol and drug disorders in your service area.

Year Completed*	Project Name	# of Residents	Housing Type

*Projected

3 What kinds of housing and residential services are most needed for people with alcohol and drug disorders in your geographic area? (Rate the following by circling a number on the 1-5 scale.)

	Low Need				*High Need*
a. Structured/ specialized residential services	1	2	3	4	5
b. Recovery Housing	1	2	3	4	5
c. Affordable Housing	1	2	3	4	5
c. Other (describe): _____	1	2	3	4	5
d. Other (describe): _____	1	2	3	4	5

4 Of the Alcohol and Drug clients you serve, which subpopulations are most in need of housing or residential services? (Rate the following by circling a number on the 1-5 scale.)

	Low Need				*High Need*
a. Persons who are homeless or at risk of it	1	2	3	4	5
b. Youth transitioning to adulthood	1	2	3	4	5
c. Adults with co-occurring mental illness	1	2	3	4	5
d. Older adults with age-related disorders	1	2	3	4	5
e. Persons with medical or mobility issues	1	2	3	4	5
f. Other (describe): persons using other indiv for nee	1	2	3	4	5
g. Other (describe): _____	1	2	3	4	5

D. Additional Questions

1 What resources exist for homeless persons with alcohol and drug disorders (include both those exclusively for persons with alcohol and drug disorders and those used by persons with alcohol and drug disorders and other populations)?

_____

_____

_____

_____

2 In your geographic area, how problematic is discrimination by landlords due to the stigma of alcohol and drug problems? (Please check one box.)

- ☐ No Problem
- ☐ Somewhat of a Problem
- ☐ A Significant Problem

Describe Problem(s) Experienced: _____

_____

_____

_____

3 In your geographic area, how problematic is community opposition to housing being developed for persons with alcohol and drug problems? (Please check one box.)

- ☐ No Problem
- ☐ Somewhat of a Problem
- ☐ A Significant Problem

Describe problem(s) experienced: _____

_____

_____

_____

4 Are you able to work successfully with private landlords in your community to access housing for people with alcohol and drug disorders?

- ☐ Yes
- ☐ No

Describe successes and barriers: _____

_____

_____

_____

5 Do you have partnerships with nonprofit housing providers to promote housing opportunities for consumers with alcohol and drug disorders?

- ☐ Yes
- ☐ No

If yes, describe partnerships: _____

_____

_____

_____

6 What are the biggest housing barriers in your service area? (Indicate top three issues by ranking "1", "2", and "3".)

___ Overall lack of affordable housing in the community.
___ Income of clients is insufficient to access adequate housing.
___ Insufficient staff time available to provide support services to persons living in independent housing.
___ Not enough structured/ specialized residential services.
___ People lose housing because detox is not available.
___ Lack of organizational capacity to pursue housing development.
___ Not enough capital funding for affordable housing development.
___ Landlords are not willing to rent to people with history of alcohol and drug abuse.
___ Too few out-of-home residential resources for children and adolescents.
___ Other: _____
___ Other: _____

7 Please list your priorities for training and professional development relating to housing and residential treatment for persons with alcohol and drug disorders:

_____
_____
_____
_____
_____
_____
_____

Thank you for completing the Alcohol and Drug Section of the survey! Feel free to provide additional comments.

Completed by:_____ Phone #:_____ Date: _____

APPENDIX B

2005
OFFICE OF MENTAL HEALTH AND ADDICTION SERVICES HOUSING SURVEY

Selected Data Tables for Mental Health Populations

Table B-1: Number Served in Community Mental Health Programs during Fiscal Year FY 2003-05 and October 2004

	FY 2003-04		October-04	
Area	Adults	Children/ Adolescents	Adults	Children/ Adolescents
Baker	356	210	263	160
Benton	686	567	363	403
Clackamas	2150	1302	1496	930
Clatsop	678	273	405	121
Columbia	327	181	242	87
Coos	957	540	597	286
Crook	335	187	186	81
Curry	334	99	238	63
Deschutes	1676	747	738	461
Douglas	1805	775	942	397
Gill/Hood/Sher/Wasco	650	366	368	177
Grant	99	181	84	60
Harney	68	85	44	45
Jackson	1970	1176	1376	757
Jefferson	384	251	269	179
Josephine	1430	929	774	455
Klamath	1044	482	630	261
Lake	93	47	58	28
Lane	4350	2958	3199	2162
Lincoln	962	515	564	254
Linn	1641	923	845	385
Malheur	401	250	268	173
Marion	4876	2966	3322	1855
Morrow/Wheeler	104	103	61	72
Multnomah	13198	7867	10439	5918
Polk	674	606	398	384
Tillamook	541	241	279	85
Umatilla	787	442	582	332
Union	333	211	195	143
Wallowa	137	43	95	28
Warm Springs	82	93	46	44
Washington	3600	2116	2669	1754
Yamhill	953	739	628	413
2005 Total	47,681	28,471	32,663	18,953
2000 Total	61,122	27,182	34,580	15,159
Difference 2005-2000	-13,441	1,289	-1,917	3,794
% of 2000 Total	78%	105%	94%	125%

Table B-2: Number of Adults in MH Structured/Specialized Residential Services and Related Data

Area	RTF-MH	SRTF-MH	RTH-MH	AFH-MH	AFH-SPD/DD	RFH-MH	ECF	Other	2005 Total	2000 Total	% of 2000 Total	# of Vacancies	Co-Occurring	# on Wait List	# Who Could Move to Independent Housing
Baker	0	0	0	0	0	0	0		0	0					
Benton	12	0	0	0	53	10			75	40	188%	0		3	9
Clackamas	48	0	0	22	0	0	0	5	75	53	142%	10	37	25	0
Clatsop	0	0	0	0	0	0	0		0	0					
Columbia	15	0	0	5	0	0	0		20	20	100%	1	6	2	5
Coos	0	0	0	15	9	1	0		25	45	56%	0	6		1.5
Crook	0	0	0	0	0	0	0		0	0					
Curry	8				1				9	2	450%	2	6	2	0
Deschutes				15		1	5		21	6	350%	1	16	2	4
Douglas	0	0	0	12	7	3	3	4	29	36	81%	2	10	1	3
Gill/Hood/Sher/Wasco	5	0	0	0	8	1	15		29	24	121%	2	4	0	0
Grant									0	0					
Harney	9	0	0	8	15	4	0		36	15	240%	5	10	1	2
Jackson	0	16	5	101	8	6	20		156	131	119%	15	15	2	2
Jefferson	0	0	0	0	0	0	0		0	11	0%				
Josephine	10	26		16	5				57	47	121%	0	29	3	4
Klamath	9	0	30	18	15	0	0		72	25	288%	4	11	0	3
Lake									0	3	0%				
Lane	18	42	0	83	22	12	16		193	193	100%	2	106	31	18
Lincoln	0	0	8					9	17	4	425%	1	12	5	2
Linn	4	0	0	0	0	1	0		5	3	167%	1	3	3	1
Malheur	0	0	0	14	5	1	0	3	23	22	105%	2	17	0	0
Marion	58	0	4	40	70	8	16	5	201	127	158%	3	80	5	10
Morrow/Wheeler	7	0	0	0	0	0	0		7	0					
Multnomah	156	56	43	48	16	10	19	16	364	298	122%	1	15	130	8
Polk	16	0	0	10	6	0	20		52	80	65%	0	6	9	21
Tillamook	0	0	0	5	0	0	0		5	5	100%	1	0		0
Umatilla	0	0	0	7	2	0	0		9	14	64%	0	5	2	1
Union	0	0	0	0	2	0	15		17	17	100%	0	3	0	6
Wallowa	16	0	5	5	0	0	1		27	26	104%	0	6	2	4
Warm Springs									0						
Washington	29	0	27	0	40	1	15	0	112	93	120%	1	40	4	37
Yamhill	16	0	0	9	6	2	16		49	25	196%	1	22	2	2
2005 Total	436	140	122	433	290	61	161	42	1685	N/A	N/A	55	465	234	143.5
2000 Total	386	88	42	399	171	52	141	86	1365	1365	N/A	23	N/A	256	115
Difference 2005-2000	50	52	80	34	119	9	20	-44	320	N/A	N/A	32	N/A	-22	28.5
% of 2000 Total	113%	159%	290%	109%	170%	117%	114%	49%	123%	N/A	N/A	239%	N/A	91%	125%

Table B-3: Unmet Housing Needs for Adult Mental Health Clients

	Adults				Children/Adolescents			
Area	Structured/ Specialized Housing	Supportive Housing	Crisis/ Respite Housing	Affordable Housing	Structured/ Specialized Housing	Supportive Housing	Crisis/ Respite Housing	Affordable Housing
Baker	10	50	0	200				
Benton	20	30	4	60				
Clackamas	36	60	28	255	8	0	31	5
Clatsop	9	0	2	27				
Columbia	15	25	20	100				
Coos	5	15	0	100				
Crook	20	35	10	250	10	20	15	150
Curry	3	0	1	5	3	0	1	1
Deschutes	20	8	2	6	80	130	6	225
Douglas	10	56	75	176	20	10	42	104
Gill/Hood/Sher/Wasco	1	0	2	5	0	0	2	0
Grant								
Harney	3	11	2	8	1	2	3	9
Jackson	10	50	0	70				
Jefferson	5	5	10	100	5	5	30	50
Josephine	0	30	0	705				
Klamath	50	20	0	200				
Lake								
Lane	100	75	60	700	60	20	32	50
Lincoln	5	28	5	282	16	51	89	46
Linn	12	30	0	25				
Malheur	2	2	0	10			0	
Marion	25	50	5	1500	unk	unk	unk	unk
Morrow/Wheeler	4	2	1	7	1	1	1	7
Multnomah	130	1219	0	7545				
Polk	21	21	9	unk	unk	unk	unk	unk
Tillamook	5	5	0	20				
Umatilla	10	15	10	100	5	5	5	5
Union	20	12	3	30	8		4	
Wallowa	1	3	1	0	3	1	1	0
Warm Springs								
Washington	15	75	7	350				
Yamhill	10	8	2	25	0	0	0	0
2005 Total	577	1,940	259	12,861	220	245	262	652
2000 Totals	715	1,852	150	12,146	189	147	85	334
Difference 2005-2000	-138	88	109	715	31	98	177	318
% of 2000 Total	81%	105%	173%	106%	116%	167%	308%	195%

Table B-4: Number of Adults in MH Supportive Housing and Related Data

Area	SSH	ISH	TH	R+B	SH	Other	2005 Total	2000 Total	2000 Total	# of Vacancies	# on Wait List	Co-Occurring
Baker	10	0	0	0	0		10	10	100%			
Benton	0	13	0	0	0	10	23	21	110%	1	10	6
Clackamas	86	210	0	12	0		308	241	128%	1	250	184
Clatsop		43	22				65	57	114%	10	7	15
Columbia	6	15	0	0	0		21	61	34%	1	0	2
Coos	29	7					36	31	116%	0	10	25
Crook	0	0	0	0	0		0	0				
Curry	8					5	13	12	108%	2	3	11
Deschutes	11		14			10	35	11	318%	1	15	28
Douglas	17	150	32	0	5	5	209	10	2090%	10	19	100
Gill/Hood/Sher/Wasco	6	6	0	0	0		12	29	41%	4	0	1
Grant							0	0				
Harney	0	0	0	0	0		0	0				
Jackson	33	70	29	0	0		132	128	103%	5	48	unk
Jefferson	0	0	0	0	0		0	0		0	0	0
Josephine	28	95	36	0	0		159	100	159%	0	30	80
Klamath	19	65	4	5	0		93	58	160%	3	0	30
Lake							0	1	0%			
Lane	106	310	4	0	24		444	239	186%	8	50	280
Lincoln	0	36	0	0	0		36	36	100%	0	2	12
Linn	14						14	12	117%	4		
Malheur	10	14	0	0	0	11	35	17	206%	0	2	26
Marion	61	35	4	55	5		160	110	145%	1	5	100
Morrow/Wheeler	0	0	0	0	0		0	0				
Multnomah	528	558	114	41			1241	853	145%	27	1000	700
Polk	0	0	0	1	0		1	0			21	5
Tillamook	0	45	0	0	0		45	30	150%	0	0	
Umatilla	20	0	0	0	0		20	19	105%	2	3	6
Union	10	30	0	0	0	8	48	48	100%	2	2	13
Wallowa	8	0	0	0	0		8	6	133%	0	1	4
Warm Springs							0					
Washington	55	231	6	14	0		306	252	121%	2	16	110
Yamhill	27	83	1				111	123	90%	3	0	48
2005 Total	1,092	2,016	266	128	34	49	3,585	N/A	N/A	87	1,494	1,786
2000 Totals	811	1,302	208	130	52	12	2,515	2,515	N/A	17	893	N/A
Difference 2005-2000	281	714	58	-2	-18	37	1,070	N/A	N/A	70	601	N/A
% of 2000 Total	135%	155%	128%	98%	65%	408%	143%	N/A	N/A	512%	167%	N/A

Table B-5: Crisis-Respite Housing Availability for Adult Mental Health Clients

Area	CRF	CRH	CRB	SHCR	EHS	Other	2005 Total	2000 Total	2000 Total	Co-Occurring	Dup-Struc/Spec	Dup-Supp Housing
Baker		1				1	2	0		2	0	0
Benton	0	0	1	0	2	4	7	10	70%	4	0	0
Clackamas	0	0	5	0	0	31	36	11	327%	31	0	0
Clatsop				3			3	2	150%	3		3
Columbia	0	0	1	0	0		1	1	100%	1		
Coos	6	0	0	0	10		16	12	133%	10	0	0
Crook	0	0	0	0	0		0	0				
Curry	1						1	1	100%	0		
Deschutes		15			10		25	6	417%	20		
Douglas	0	0	0	0	55		55	15	367%	28	0	15
Gill/Hood/Sher/Wasco	0	0	0	0	0		0	0		0		
Grant							0	0				
Harney	0	0	0	0	0		0	1	0%			
Jackson	0	7	0	0	0	0	7	13	54%	7	7	
Jefferson	0	0	0	0	0		0	0		0	0	0
Josephine	5	0	0	0	0		5	5	100%	5	36	
Klamath	0	0	6	0	45		51	13	392%	30	11	10
Lake							0	0				
Lane	12	1	0	0		60	73	50	146%	55	0	0
Lincoln	0	0	0	0	0	2	2	3	67%	2	0	0
Linn			3		19		22	4	550%	Not exclusive	0	0
Malheur	0	0	1	0	2		3	1	300%	2	1	0
Marion	0	0	0	0	0	9	9	11	82%		0	0
Morrow/Wheeler	0	0	2	0	0		2	0				
Multnomah	12						12	26	46%	8		
Polk	0	0	0	0	0		0	0			0	0
Tillamook	0	0	0	0	0		0	14	0%	0	0	0
Umatilla	0	0	0	0	0		0	1	0%			
Union	0	0	0	0	3	2	5	5	100%	5		
Wallowa	0	0	0	0	0		0	0		0		
Warm Springs							0					
Washington	0	0	1	0	0		1	9	11%	1	0	0
Yamhill				5			5	2	250%	5		
2005 Total	36	24	20	8	146	109	343			219	55	28
2000 Total	56	31	28	16	43	42	216	216				
Difference 2005-2000	-20	-7	-8	-8	103	67	127			219	55	28
% 2000 Total	64%	77%	71%	50%	340%	260%	159%					

Table B-6: Affordable Housing Availability for Adult Mental Health Clients

Area	# in Affordable Housing	# with Section 8*	Prioritized by PHA	# of Existing Vacancies	Use Private Subsidized Housing
Baker	340	180	Yes		Yes
Benton	156	80	No		Yes
Clackamas	388	320	No	0	Yes
Clatsop	44	26	No	0	Yes
Columbia	17	11	No	0	Yes
Coos	120	100	No	0	Yes
Crook	50	20	No	0	Yes
Curry	4	4	No	0	No
Deschutes	*201*	*78*	Yes	0	Yes
Douglas	850	154	Yes	unk	Yes
Gill/Hood/Sher/Wasco	55	50	Yes	0	Yes
Grant	*12*	*19*			
Harney	25	20	No	15	No
Jackson	450	225	Yes	35	Yes
Jefferson	20	20	No	0	No
Josephine	*172*	*97*	No	0	Yes
Klamath	52	8	No	0	Yes
Lake	*11*	*5*			
Lane	1100	600	Yes	15	Yes
Lincoln	225	*54*	Yes	0	Yes
Linn	214	150	No	0	Yes
Malheur	51	50	Yes	2	Yes
Marion	84	65	No	unk	Yes
Morrow/Wheeler	10	3	No		No
Multnomah	1310	1149	No	24	Yes
Polk	19	19	No	0	Yes
Tillamook	35	25	Yes	10	No
Umatilla	60	50	No		Yes
Union	50	30	Yes	Yes	Yes
Wallowa	23	23	Yes	0	Yes
Warm Springs	*10*	*10*			
Washington	277	235	Yes	47	Yes
Yamhill	100	95	Yes	5	Yes
2005 Total	6535	3975	N/A	153	N/A
2000 Total	4275	2640	N/A	N/A	N/A
% of 2000 Total	153%	151%	N/A	N/A	N/A
2005 No	N/A	N/A	57%	N/A	17%
2005 Yes	N/A	N/A	43%	N/A	83%
2000 No	N/A	N/A	47%	N/A	9%
2000 Yes	N/A	N/A	53%	N/A	91%

*Those numbers in bold italics represent a projected number for counties who were unable to supply data.

Table B-7: Homelessness Among Adults and Children/Adolescents with Mental Health Disorders

	Adults				Children/Adolescents			
Area	Current Homeless	Homeless 5 Years	Immediate Risk	Chronically Homeless	Current Homeless	Homeless 5 Years	Immediate Risk	Chronically Homeless
Baker	6	25	4	1				
Benton	6	15	6	3				
Clackamas	104	128	176	80	24	10	19	0
Clatsop	2	30	1	2				
Columbia	20	100	21	20				
Coos	15	60	10	5				
Crook	50	125	50	35	30	100	40	20
Curry	3	10	3	2	1	1	0	1
Deschutes	21	88	2	88	55	130	5	unk
Douglas	72	86	38	28	20	42	30	4
Gill/Hood/Sher/Wasco	3	6	2	1	0		0	0
Grant								
Harney	3	5	7	1	1	2	6	0
Jackson	20	100	90	5				
Jefferson	10	50	50	15	5	10	20	5
Josephine	65	150	20	15				
Klamath	20	100	25	5				
Lake								
Lane	400	1000	100	150	200	400	50	50
Lincoln	10	84	5	5	50	20	10	15
Linn	19	40	20	19				
Malheur	1	10	2	0				
Marion	400	2000	100	150	unk	unk	unk	unk
Morrow/Wheeler	1	3	2	1	0	1	2	
Multnomah	1652	10000	12000	674				
Polk	7	76	80	2	unk	unk	unk	unk
Tillamook	1	6	2	1				
Umatilla	0	0	0	0	0	0	0	0
Union	4	30	9		1	unk	unk	unk
Wallowa	1	2	1	0	0	0	0	0
Warm Springs								
Washington	36	72	16	12				
Yamhill	20	30	3	10	0	0	0	0
2005 Total	2,972	14,431	12,845	1,330	387	716	182	95
2000 Total	2,522	22,075	21,625	N/A	611	9,876	1,385	N/A
% of 2000 Total	118%	65%	59%	N/A	63%	7%	13%	N/A

APPENDIX C

2005
OFFICE OF MENTAL HEALTH AND ADDICTION SERVICES HOUSING SURVEY

Selected Data Tables for Alcohol and Drug Population

Table C-1: Number Served in Alcohol and drug Treatment Programs during Fiscal FY 2003-05 and October 2004

	Fiscal Year 2003-04			October-04	
Area	Adults	Children/ Adolescents		Adults	Children/ Adolescents
Baker	726	194		436	63
Benton	849	272		422	96
Clackamas	2885	292		1285	176
Clatsop	421	57		277	24
Columbia	530	77		191	21
Coos	925	93		268	20
Crook	257	156		89	46
Curry	264	47		74	19
Deschutes	2035	363		954	127
Douglas	1337	219		503	69
Gill/Hood/Sher/Wasco	582	93		182	38
Grant	127	27		53	10
Harney	143	43		56	7
Jackson	3633	549		1446	170
Jefferson	436	66		162	33
Josephine	1165	159		422	59
Klamath	1000	194		354	63
Lake	87	21		43	11
Lane	6078	782		2592	333
Lincoln	996	123		427	59
Linn	1039	135		393	39
Malheur	1020	102		404	52
Marion	4928	587		2203	239
Morrow/Wheeler	175	7		66	4
Multnomah	15650	1131		7932	465
Polk	314	57		169	25
Tillamook	308	65		130	35
Umatilla	1888	220		814	99
Union	339	65		159	30
Wallowa	60	16		22	4
Warm Springs	337	86		136	28
Washington	5131	616		2266	295
Yamhill	807	120		341	36
Totals	56,472	7,034		25,271	2,795

Table C-2: Number of Adults in Structured/Specialized Residential Services and Related Data

Area	A&D-RTF	Corrections RTF	Other RTF	FBRP	Other	Total Capacity	# of Vacancies	# on Wait List	# Who Could Move to Independent Housing	Co-Occurring
Baker	38	178				216	0	304	5	108
Benton	44	0	0	0		44	unk	unk	0	44
Clackamas	11	0	50	unk		61	unk	unk	0	unk
Clatsop	4					4	1	4	3	3
Columbia	16					16	3	40	6	16
Coos	0	0	0	0		0				
Crook	20	0	0	0		20	2	75		20
Curry	0	0	0	0		0				
Deschutes	22					22	0			
Douglas	36					36	5	112	28	4
Gill/Hood/Sher/Wasco	0	0	0	15		15	3	unk		7
Grant	0	0	0	0		0	0	2	0	0
Harney	0	0	0	0		0				
Jackson	71					71	10	50	40	unk
Jefferson	10	0	0	0		10	0		0	5
Josephine	11					11		10	0	3
Klamath	22					22	0	24	0	7
Lake						0				
Lane	44	8	92	0		144	0	157	0	130
Lincoln	12					12	0	2	9	2
Linn	0	0	0	32		32	7	0	0	0
Malheur	0	0	0	0	40	40	0	0		0
Marion	47	unk	unk	unk		47	1	25	5	20
Morrow/Wheeler	0	0	0	0		0				
Multnomah	370	60	36	78	40	584	1	75		
Polk	0	0	0	0		0	N/A	N/A	N/A	N/A
Tillamook	0	0	0	0		0				
Umatilla	36					36	15	80	17	20
Union	0	0	0	0		0				
Wallowa						0		2	1	
Warm Springs						0				
Washington	9	36				45	15	110	5	45
Yamhill						0				
Totals	823	282	178	125	80	1488	63	1072	119	434

Table C-3: Unmet Housing Needs for Adult Alcohol and Drug Clients

	Adults				Children/Adolescents		
Area	Structured/ Specialized Housing	Recovery Housing	Affordable Housing		Structured/ Specialized Housing	Recovery Housing	Affordable Housing
Baker		9				6	
Benton	6	1	4		3	0	
Clackamas	28	58	120		4		
Clatsop	6	6	20		3	0	0
Columbia	unk	unk	unk		unk	unk	unk
Coos	10	30	190		unk	unk	unk
Crook	15	25	66		0	16	38
Curry	5	5	15		2	0	0
Deschutes	80	40	80				
Douglas	27	232	246		5	7	35
Gill/Hood/Sher/Wasco	50	75	160		0	0	0
Grant	3	2	5		0	0	0
Harney	4	6	20		3	1	6
Jackson	50	85	135		unk	unk	unk
Jefferson	10	10	30		5	5	20
Josephine							
Klamath	100	100	100		300	300	300
Lake							
Lane							
Lincoln	220	220	275		unk	unk	unk
Linn	37	65	65		7	No data	No data
Malheur	5	5	100		0	0	0
Marion	35	25	75		unk	unk	unk
Morrow/Wheeler	2	4	10		0	0	1
Multnomah	75	800	75				
Polk	2	3	5		1	0	0
Tillamook	50	50	50		unk	unk	unk
Umatilla							
Union	2	2	10		2	3	1
Wallowa	3	4	3		1	0	
Warm Springs							
Washington	65	100	100		15	20	20
Yamhill	10	40	30				
Totals	900	2,002	1,989		351	358	421

Table C-4: Number of Adult Alcohol and Drug Clients in Recovery Housing and Related Data

Area	Oxford House	Other Recovery Home	Trans ADF Home	Trans ADF SRO	Trans ADF Apt	ADF Hsg Asst Serv	ADF Perm Supp Hsg	Other	Total Capacity	# of Vacancies	# on Wait List	# Who Could Move to Affordable Housing	Co-Occurring
Baker		3							3	0	10	0	2
Benton	0	0	7	0	0	0	0		7	0	9	7	unk
Clackamas	110	0	5	0	0	0	0		115	unk	unk	unk	unk
Clatsop		12							12	2			
Columbia	12								12				
Coos			16		24				40	0	30	15	10
Crook	0	0	0	0	4	0	0		4	0			0
Curry	0	0	0	0	0	0	0		0				
Deschutes	30	34							64	1		64	50
Douglas	26		7	4	28			6	71	2	4	7	unk
Gill/Hood/Sher/Wasco			15		3				18	4	0		
Grant	0	0	0	0	0	0	0		0	0	0	1	0
Harney	0	0	0	0	0	0	0		0				
Jackson	58	12	23	24					117	4	85	117	0
Jefferson	0	5	0	0	0	0	0		5	1	1	4	5
Josephine		19				7			26	4	10	10	0
Klamath	6	8							14	N/A	N/A	N/A	N/A
Lake									0				
Lane	16	171	74	0	34	15	55		365				
Lincoln						7			7				
Linn	28	0	0	0	0	10	0		38	4	7	21	10
Malheur	0	0	5	0	0	0	0		5	1	0	0	3
Marion	120	unk	12		16	unk	unk		148	5	20	unk	50
Morrow/Wheeler	0	0	0	0	0	0	0		0				
Multnomah	319	24	30	493	15	85	518	289	1773				
Polk	0	0	0	0	0	0	0		0	N/A	N/A	N/A	N/A
Tillamook	0	0	0	0	0	0	0		0				
Umatilla		12					6	6	24	6	2	8	13
Union	0	0	0	0	0	0	0		0				
Wallowa									0		3		
Warm Springs									0				
Washington	131					21	6	84	242	50		?	242
Yamhill	5	6	5						16	5	7	8	2
Totals	861	306	199	521	124	145	585	385	3126	89	188	262	387

Table C-5: Affordable Housing Availability for Adult Alcohol and Drug Clients

Area	# in Affordable Housing	Section 8 or Other Rent Subsidy	Prioritized by PHA	# of Existing Vacancies	Use Private Subsidized Housing
Baker	0	0	0	0	0
Benton	8	5	No		No
Clackamas	unk	unk	No	0	Yes
Clatsop	50	20	No	unk	No
Columbia	unk	unk	unk	unk	unk
Coos	31	7	No	12	Yes
Crook	33	unk	0	0	0
Curry	unk	unk	No	0	No
Deschutes				0	
Douglas	32	3	No	unk	unk
Gill/Hood/Sher/Wasco			No		
Grant	10	10	No		No
Harney	40	25	No	15	No
Jackson	22	unk	No	unk	Yes
Jefferson	30	25	No	0	Yes
Josephine	?	?	No	0	No
Klamath	unk	unk	unk	unk	unk
Lake					
Lane	unk	unk	No	0	Yes
Lincoln	73	unk	No	0	No
Linn	108	63	No	unk	No
Malheur	180	30	No	2	No
Marion	unk	unk	No	unk	Yes
Morrow/Wheeler	10	3	No	unk	No
Multnomah	574	574	No		Yes
Polk	10	10	No	0	No
Tillamook	15	10	No	10	No
Umatilla	15	0	No	unk	No
Union	unk	unk	No	unk	Yes
Wallowa	5	3	No	0	Yes
Warm Springs					
Washington	N/A	unk	Yes	0	Yes
Yamhill	5	3	No	0	No
Totals:	1,251	791	n/a	39	n/a
Total No:	n/a	n/a	100%	0	61%
Total Yes:	n/a	n/a	4%	0	43%

Table C-6: Residential Service Needs for Adult Alcohol and Drug Clients

Area	Structured/ Specialized Residential Services	Recovery Housing	Affordable Housing	Other:	Other:
Baker	4	5	5		
Benton	4	5	5		
Clackamas	3	5	5		
Clatsop	5	5	5		
Columbia	4	4	4		
Coos	4	4	5		
Crook	4	5	5		
Curry	4	5	5		
Deschutes	5	4	5		
Douglas	5	5	5		
Gill/Hood/Sher/Wasco	5	3	5		
Grant	4	4	4		
Harney	4	5	4		
Jackson	3	5	5		
Jefferson	4	4	4		
Josephine	4	4	5		
Klamath	5	5	5	5-Non Medical Detox	5-Wet/ Damp Hsg
Lake					
Lane	5	3	5	4-Housing 1st Model	5- Subsidized ADF Housing
Lincoln	5	5	5	5-Transitional Housing	
Linn	5	4	5		
Malheur	3	5	5		
Marion	5	5	5	5-Employment opportunities to afford rent	
Morrow/Wheeler	5	5	4		
Multnomah	4	3	5	4.5-Shelters, respite units, trans	3.5-Housing for indivs caught between SRO's & family housing eligibility due to change in child welfare status
Polk	4	5	4		
Tillamook	2	4	4		
Umatilla	5	4	5		
Union	5	5	4	5- Social & Medical Detox	
Wallowa	4	5	2		
Warm Springs					
Washington	5	3	4		
Yamhill	2	5	4		
Total 1's:	0	0	0		
Total 2's:	2	0	1		
Total 3's:	3	4	0		
Total 4's:	13	9	10		
Total 5's:	13	18	20		
Average Score*:	4.19	4.45	4.58		

* Survey participants were asked to score housing and residential services in their area on a 1-5 scale. 1 being Low Need and 5 being High Need.

Table C-7: Homelessness Among Adults and Children/Adolescents with Alcohol and Drug Disorders

	Adults				Children/Adolescents			
Area	Current Homeless	Homeless 5 Years	Immediate Risk	Chronically Homeless	Current Homeless	Homeless 5 Years	Immediate Risk	Chronically Homeless
Baker		27			2	2	5	2
Benton	5	10	3	2	1			
Clackamas	6	36	31	6				
Clatsop	3	10	5	3	0	0	0	0
Columbia	25	unk	unk	unk	unk	unk	unk	unk
Coos	12	50	10	5	unk	unk	unk	unk
Crook	20	20	5	3	5	5	5	
Curry	3	15	2	3	0	0	0	0
Deschutes	77	77	25	77				
Douglas	46	150	65	12	0	7	3	0
Gill/Hood/Sher/Wasco	100	200	250	40	0	0	0	0
Grant	0	5	1	0	0	0	0	0
Harney	3	7	15	1	1	4	6	0
Jackson	198	unk	unk	unk	unk	unk	unk	unk
Jefferson	10	20	25	5	3	5	5	1
Josephine	46	46	unk	unk				
Klamath	26							
Lake								
Lane	693	693	unk	unk	unk	unk	unk	unk
Lincoln	110	220	165	165				
Linn	17		17					
Malheur	2	unk	83	unk	unk	unk	unk	unk
Marion	25	150	25	20	unk	unk	unk	unk
Morrow/Wheeler	2	7	4	2	0	0	0	0
Multnomah	1500	unk	unk	unk				
Polk	0	5	2	0	0	0	0	0
Tillamook	3	5	10	1	0	0	5	0
Umatilla	76	unk	unk	unk				
Union	1	1	1	0	1	15	2	1
Wallowa	1	0	4	0	0	0	0	0
Warm Springs	7	unk	unk	unk				
Washington	40	242	40	121	9	25	9	15
Yamhill	5	10	4	1				
Totals	3062	2006	792	467	22	63	40	19