Health, and Housing & Homelessness 2020: Adaptation, Resilience, and Responsiveness
Overview

• Provide a brief overview of Central City Concern and the Housing Is Health Initiative
• Describe the adaptations and response to COVID-19
• Elevate staff, client and resident voice to advance equity and anti-racism
• Lessons Learned
WHAT DRIVES HOMELESSNESS?

Individual Factors
- Early childhood adverse experiences
- Serious Mental Illness
- Substance use disorders
- Personal history of violence
- Youth: family conflict and victimizations, non-heterosexual sexual identify, having been in the childhood welfare system

Structural Factors*
- Absence of affordable housing
- Absence of meaningful-wage employment
- Structural racism and discrimination
- Criminal justice system

*When structural factors become more pronounced, individuals with fewer individual vulnerabilities become homeless and rates of homelessness rise

Fazel et al Lancet 2014
CENTRAL CITY CONCERN’S APPROACH

Direct access to housing which supports lifestyle change.

Integrated health care services that are highly effective in engaging people who are often alienated from mainstream systems.

Attainment of income through employment and/or accessing benefits.

The development of peer relationships that nurture and support personal transformation and recovery.

**HOMELESSNESS**

- Individual Factors
- Structural Factors
Housing Is Health: The Power of Collaboration

• Collective impact investment of $21.5 million → leveraged to $90M
• 385 units of Housing:
  • 0-30% MFI
  • 30-60% MFI
  • Transitional & Permanent
  • SRO and Family

• Integrated Clinic on Portland’s East Side
Charlotte B Rutherford Apartments

- 6905 N Interstate Avenue
- 51 units of housing affordable for families earning 30% to 60% MFI
- Preference for displaced households who wish to return to the community
Hazel Heights Apartments

• SE 126th and Stark Street
• 153 units of permanent housing for people exiting transitional programs
The Blackburn Center

175 affordable apartments for people with special needs:
• Medical respite care
• Recovery housing (transitional + permanent)

40,000 square foot clinic:
• Primary Care
• Substance Use Disorder Services
• Specialty Mental Health
• Employment Services
• Low barrier buprenorphine access
• Case management
• Permanent Housing placement
Adapting to the Pandemic

- All housing and 24/7 services fully open, with some space and process adaptations
- Employment Services full service, entirely virtual
- Clinical Services (SUDS, Mental Health, Primary Care);
  - Blend of virtual (video/phone) and in-person
  - Gradual re-introduction of group visits & ↑ on-site
  - Distribution of phones/tablets/broadband to clients & residents
  - Innovations such as TeleSuite
  - Attention to circumstances of staff and clients of color
- Temporary addition of food service
- Improved integration between Housing and Health Services (COVID Triage Line)
- Daily, Weekly, Bi-weekly Manager Meetings (70+ ppl)
Advancing Equity and Anti-Racism

- Led by Chief Equity Officer Freda Ceaser, MSW
- Listening Sessions, Reflection Circles, Elevating Black Voices Town Hall → Anti-Racism Organizational Commitments
- Advanced Foundations of Equity Training
- Quality Equity Roadmap
- Equity and Inclusion Governance Framework
- Public Policy & Advocacy: voices of clients, residents and staff
- Leadership Academy
- Talent Acquisition
- Expand & Strengthen Culturally Specific/Responsive Programming
- Utilized weekly, bi-weekly forums
Lessons Learned

• Remarkable resilience of staff, clients, residents (even before the wildfires)

• Regular forums for listening, learning, planning are essential and nourishing

• Our communities are looking to us for solutions now more than ever to solve complex, highly intersectional problems

• We don’t have to be perfect. We don’t even have to be innovative. We do need to be responsive.
Thank You!

Rachel Solotaroff
rachel.solotaroff@ccconcern.org
971-271-6084