



Portland Housing Bureau

Appendix J

PSH Definitions

as of September 2022

Assertive Engagement:

Assertive Engagement (AE) is a synthesis of evidence-based practices adopted by Multnomah County that includes elements from Motivational Interviewing, Strengths-Based Practice, and Assertive Community Treatment. It is a person-centered and strengths-based social service approach to working with people that honors the individual as experts in their own lives. AE principles will guide service design as well as how Adult Homeless Services are delivered by Suppliers.

Coordinated Access Systems:

Coordinated Access (CA) is a process designed to coordinate access to appropriate housing resources and related services for people experiencing homelessness. This includes coordinating system-wide intake, assessment and provision of referrals, such as street, site-based, and telephonic outreach and engagement, resource navigation and referral, documentation collection, barrier mitigation, coordinated access waitlist management, and flexible client assistance, to support the rapid transition of people prioritized through coordinated access to available housing resources. The intent of CA is to provide streamlined and equitable access to housing interventions. Regardless of where someone first seeks services, access is based on vulnerability, eligibility and choice. There are distinct CA processes in place for adult households unaccompanied by children, families with children, youth, survivors of domestic violence, and veterans. The Joint Office of Homeless Services is working to integrate these processes for households referred into PSH projects.

Culturally Responsive and Culturally Specific Services:

All Suppliers of supportive housing services will be expected to deliver those services in a Culturally Responsive and/or Culturally Specific manner, as those terms have been defined through a collaborative County-wide workgroup, led by the Multnomah County Chief Operating Officer and the Director of the Office of Diversity and Equity. These definitions realize the County's stated belief that **culturally responsive and culturally specific services eliminate structural barriers and provide a sense of safety and belonging which will lead to better outcomes**. For more detailed information on cultural specificity and responsiveness, please see Multnomah County's guidance on [Culturally Specific Services](#).

Disabling Condition:

HUD defines a disability as having one or more of the following impairments: physical, mental or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder (PTSD), or a brain injury that is expected to be of long-continuing or indefinite duration and substantially impedes the person's ability to live independently. For the purpose of permanent supportive housing (PSH), verification of

disability is not needed at the time of assessment but it is required before entry into a PSH program.

Family Household Eligible for PSH:

A family with minor child(ren) (under age 18) and an adult head of household with a disabling condition who meets the criteria of long-term, literal homelessness, including a family whose composition has fluctuated while the head of household has been experiencing homelessness. This includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together irrespective of age, or relationship (ie. LGBTQIA+ families, intergenerational families, families in the reunification process, etc.). A child who is temporarily away from the household because of placement in foster care is considered a member of the family.

Housing First and Low Barrier:

Supportive housing services should be designed to support the community’s commitment to Housing First. Housing First is an approach to quickly and successfully connect households experiencing homelessness to permanent housing without preconditions and barriers to entry. Housing First recognizes that with the right supports, everyone is “ready” to return to permanent housing as soon as a suitable unit becomes available. Therefore, absent very specific programmatic justifications (for example, Recovery Housing models), services should be designed to expedite and not delay a participant’s return to permanent housing. Following this approach, the utilization of services are participant-led and modified to meet the unique needs of each participant.

Imminent risk of long-term, literal homelessness: This can include circumstances that provide clear evidence that a household who is experiencing literal homelessness will not be able to end their homelessness without Permanent Supportive Housing, including but not limited to households who have experienced long-term or frequent episodes of homelessness and who have been in an institution for longer than 90 days.

Long-term, Literal Homelessness:

Literal homelessness can include staying in a tent, car, emergency shelter, transitional housing, hotel, or an institution (e.g. hospital, jail) where the individual has resided for 90 days or less and they resided in a previously listed location directly beforehand. Long-term means 12 or more months over the past 3 years.

Permanent Supportive Housing:

Permanent Supportive Housing (PSH) is deeply affordable, permanent housing with supportive services to assist persons experiencing homelessness who have significant disabling condition (s) to live independently. Supportive services are designed to meet the needs of participants and must be offered for the entire duration of program participation. PSH may be single site, scattered site, or clustered, and can be integrated with market-rate units and affordable units, including those funded by Metro’s Housing Bond and other housing development resources. Housing assistance can be project-based or tenant-based. Our community currently has PSH funded by a variety of sources including [HUD Continuum](#)

of Care (CoC), local public funds, and other resources.

Racial and Social Justice:

In order to end homelessness, we must acknowledge and address through our work the continuing role that structural and institutional racism play in causing significantly disproportionate rates of homelessness among Communities of Color.

We are often described as a progressive community. But we are, in fact, a community built on a long history of legalized and institutionalized racist and oppressive practices that have deprived generations of People of Color access to economic and social opportunity. Until 1926, Oregon’s Constitution barred African Americans from moving to or residing in Oregon. As recently as 1948, Oregon realtors affirmed their commitment to a “Code” that, “a realtor shall never introduce into a neighborhood members of any race or nationality whose presence will be detrimental to property values.” These examples of racial exclusionary laws and practices in Oregon are two of many contributors to the infrastructure of institutional racism that continues to this day.

Data shows that the inequities created by these historical practices continue to be reproduced and reinforced through institutionalized racism and prejudice in our current housing, education, criminal justice, and employment and human services systems.

As a result, African Americans, Native Americans, Latinx communities, immigrants and refugees and other Communities of Color do far worse on all social indicators of well-being than whites. And their rates of homelessness are much higher than rates of homelessness among whites

Eliminating these disparities requires an understanding among all suppliers of supportive housing services of how historical and current structural, institutional, and personal racism shape the experiences and opportunities of People of Color in our community. It requires that suppliers understand and carry out their obligations under federal, state, and local civil rights statutes designed to protect people against unlawful discrimination. It requires that resources be targeted and services be delivered in a manner that addresses these disparities (see above for discussion of culturally responsive and specific services). And it requires that individual Suppliers and the homeless services system as a whole be accountable for equitable access to and benefit from services provided.