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When times are relatively good, resources are adequate, and things are mostly working as intended, it is often said, “If it isn’t broken, don’t fix it.” In this scenario, there is often little motivation to change, and efforts to improve outcomes may receive little public, provider, or government support.

At other times, especially times of crisis when problems are escalating and resources are under threat or diminishing, it is often heard that “it would be nice to improve outcomes, but we just can’t do that now as we have to save what we got,” and there may actually be a retrenchment to lower expectations in terms of outcomes.

Change is always difficult, but striving to improve outcomes and cost efficiency on behalf of the homeless people, the public, and those doing the work should be embedded in all efforts to address complex social problems effectively.

The Homeless Strategic Initiatives (HSI) recognizes that the current environment is especially challenging for a host of reasons. However, HSI proposes that building a robust system of care that continuously works toward optimizing outcomes and efficiency for a specific high-impact subset of the homeless population is more necessary than ever. We believe that this effort must begin with aligning current capacity (perhaps even a reduced capacity in some areas) into a system of care for homeless people experiencing significant addictions, mental illness, and or acute medical conditions.

Our motivation for facilitating the attached report was driven by a constant stream of feedback from housing providers. Too many people experiencing these conditions often do not have access to adequate services, fail in their housing placements, burn out housing staff, alienate other residents, and create financial instability for their buildings.

On the other hand, it is well documented that this same homeless population is severely stressing the capacity and finances of mental health, addiction, and hospital providers and facilities. Such facilities lack access to housing for their homeless patients upon discharge. These providers are often “housing” these patients beyond the medically necessary time, for which they are not compensated, thus resulting in financial instability.

The homeless, housing, and health and behavioral health sectors need each other more than ever to assist each other in improving outcomes and attaining financial stability. Leaders from these sectors should initiate the building of a system of care for the identified population.

We should not expect access to housing and services to substitute for critical care in mental health, addiction (SUD), and hospital facilities when people need them for stabilization purposes. We should not expect behavioral health providers and facilities to be substituted for housing and shelters.

We should expect that our government leaders, the homeless and housing sectors, and the health and behavioral health sectors work together to build a system of care. It is needed more than ever.

Our mission at HSI is to promote a more effective system of care by educating decision-makers and providers with accurate and helpful information in behavioral health, housing, and homelessness in the greater Portland region.