Minimum Care Advisory for Homeless
April 28, 2022
Deschutes County
Public Health Advisory Board (PHAB)

Introduction

This PHAB document recommends a minimum care standard for homeless citizens of Deschutes County to minimize reduced health resulting from being homeless.

This advisory document does not identify how the care will be delivered or funded. It can be used to inform the Deschutes County Homeless Outreach Coordinator in helping community organizations meet a Deschutes County minimum standard for the homeless. Furthermore this document can be used in conjunction with the annual Point In Time (PIT) to inform the community about the size of the need, logistical planning and locations for services.

This advisory is based upon The Sphere Project, an international standard developed for humanitarian responses of displaced populations and modified for our community.

Executive Summary

- There are a number of local groups are working to shelter to homeless people.
- There were 824 persons identified during the 2021 PIT as unsheltered.
- There have been year on year increases of homeless from 2015 to 2021
- It is generally accepted that the PIT is an under-count. Some estimate 40% low.
- Lack of sewage and trash services impacts neighbors and the homeless
- Lack of adequate safe water negatively affects the health of homeless.
- Mobile clinics report that frequent clearance of homeless people negatively affects their healthcare: Clients can't be found for follow up chronic health care and often lose prescription medications in the moving process

Recommendations:

Deschutes County should work with homeless communities, NGOs, and local governments to supply:
- Safe water,
- Toilets,
- Trash collection
- Coordinate medical care working with area providers.

Background

The international NGO community assembled minimum standards in humanitarian response and published them in The Sphere Handbook in 1998. The 2018 edition is the fourth edition which has the technical chapters updated to reflect current practices.
Current Need

Deschutes County has had a homeless census for the past 7 years. The number have approximately doubled. (Table 1) There are many situations that contribute to a person losing their home, such as loss of job, an unaffordable increase in rent, medical and other unexpected bills. During the January 2021 PIT count we found 824 people were homeless, (Table 2)

The Homelessness Leadership Coalition and other community groups, have worked to re-house our homeless citizens. However, our community has not been able to keep up with the increase number of homeless. County level plans and guidelines to keep homeless citizens from deteriorating health until they can be successfully housed are in development.

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</thead>
<tbody>
<tr>
<td>All Households</td>
<td>409</td>
<td>510</td>
<td>572</td>
<td>616</td>
<td>586</td>
<td>836</td>
<td></td>
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<tr>
<td>Individuals in Families</td>
<td>211</td>
<td>284</td>
<td>199</td>
<td>243</td>
<td>360</td>
<td>165</td>
<td></td>
</tr>
<tr>
<td>Adults (18+ years old)</td>
<td>465</td>
<td>615</td>
<td>663</td>
<td>773</td>
<td>604</td>
<td>989</td>
<td></td>
</tr>
<tr>
<td>All Children (&lt;18 years old)</td>
<td>129</td>
<td>163</td>
<td>124</td>
<td>147</td>
<td>203</td>
<td>110</td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children</td>
<td>12</td>
<td>7</td>
<td>15</td>
<td>20</td>
<td>6</td>
<td>18</td>
<td></td>
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<tr>
<td>All Youth (18-24 years old)</td>
<td>55</td>
<td>78</td>
<td>94</td>
<td>76</td>
<td>71</td>
<td>175</td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Youth</td>
<td>43</td>
<td>91</td>
<td>83</td>
<td>52</td>
<td>48</td>
<td>154</td>
<td></td>
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<tr>
<td>Veterans</td>
<td>&gt;59</td>
<td>83</td>
<td>60</td>
<td>62</td>
<td>59</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>Chronically Homeless</td>
<td>30</td>
<td>49</td>
<td>22</td>
<td>22</td>
<td>27</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Chronically Homeless</td>
<td>161</td>
<td>187</td>
<td>139</td>
<td>160</td>
<td>286</td>
<td>74</td>
<td></td>
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Table 1: Point In Time (PIT) counts by year 2015 to 2021. [https://cohomeless.org/agency-tools/point-in-time-count/](https://cohomeless.org/agency-tools/point-in-time-count/)

<table>
<thead>
<tr>
<th>PIT Unsheltered</th>
<th>2021</th>
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<tbody>
<tr>
<td>Children (&lt;18)</td>
<td>75</td>
</tr>
<tr>
<td>Young Adult (18-24 years old)</td>
<td>151</td>
</tr>
<tr>
<td>Adults (18+ years old)</td>
<td>598</td>
</tr>
<tr>
<td>Total</td>
<td>824</td>
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</table>

Table 2: Point In Time (PIT) count of Un-Housed for 2021 [https://cohomeless.org/agency-tools/point-in-time-count/](https://cohomeless.org/agency-tools/point-in-time-count/)

Definition of Homeless for PIT Count:
HUD Literally Homeless Definition (§ 578.3)

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- Has a primary nighttime residence that is a public or private place not meant for human habitation; or
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- Is exiting an institution where (s) he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
Deschutes County Public Health Advisory Board 2022 Priorities

Each year the PHAB establishes a set of priorities based upon the needs of the community. One of the priorities for 2022 was to address the public health aspects of homelessness. We established a committee to review current programs operated by NGOs, health programs operated by care providers under Medicaid /Medicare system and the county's public health department. We found the largest gap in services that negatively affects the health of the homeless as well as negatively affecting community public health were those around Water, Sanitation and Hygiene (WASH).

The issue of providing health maintaining WASH services for displaced homeless and refugees has long been recognized as vital by World Health Organization, Red Cross Red Crescent, and Doctors without Borders to name a few. These international NGOs assembled a set of minimum standards in humanitarian response and published them in The Sphere Handbook for 1998. The 2018 edition is the fourth edition and has been updated to reflect current practices. We used the Sphere WASH standard to inform our analysis of need for the homeless in our community.

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**Sphere 2018 Water Sanitation and Hygiene (WASH) Diagram**

The figure below is from the 2018 Sphere document showing the components of their WASH programs. We use this as a guide for informing what is needed within our community.

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**APPENDIX 1** Water supply, sanitation and hygiene promotion initial needs assessment checklist
**APPENDIX 2** The F diagram: Faecal–oral transmission of diarrhoeal diseases
**APPENDIX 3** Minimum water quantities: survival figures and quantifying water needs
**APPENDIX 4** Minimum numbers of toilets: community, public places and institutions
**APPENDIX 5** Water- and sanitation-related diseases
**APPENDIX 6** Household water treatment and storage decision tree
Core Minimum Care Needs

1- Water Supply (Sphere 2018 WASH pg 89ff)
Lack of access to reliable and adequate water source has a significant detrimental effect on the health of the homeless. Inadequate drinking water can cause dehydration leading to heat related diseases (heat exhaustion or heat stroke). Dehydration can also occur in colder weather. Lack of an adequate water source limits bathing and personal hygiene, including such crucial health care as cleaning of wounds and chronic diabetes foot ulcers. (Tips for Healthy Feet Summary https://www.cdc.gov/diabetes/library/features/healthy-feet.html)

The following are recommendations for water quantity used for drinking, cooking, and personal hygiene:
- Water, 2- 4 Gallons (7.5 -15 liters) per person per day (Sphere 2018 WASH Pg 107)
- Distance to water source: less than 1/3 mile (500 m)
- At least one water source per 250 people.
- Flow rate at source 2 gallon/ min (0.125 l per second)
- Provide storage containers suitable for transporting water from source.

2- Excreta Management (Sphere 2018 pg113 ff)
Where a lack of facilities exists, many homeless people will self-dehydrate to limit the frequency of urination. Dehydration leads to heat and cold related medical emergencies. People need to have a safe and sanitary place to urinate and defecate. By providing excreta management it also protects the community around homeless community as well as homeless citizens of our county. The following recommendations are:
- Maximum of 20 people per toilet (Sphere 2018 pg118)
- Toilet ratio 3:1 women to men (Sphere 2018 pg118)
- Arranged by household (Sphere 2018 pg118)
- Segregated by sex
- Safety – Locking door.
- Distance from dwellings 50 yards (50 m) (Sphere 2018 pg117)
- Hand washing stations with soap (Sphere 2018 pg118)

3- Vector Control (Sphere 2018 pg121 ff)
It is important to control flies, mosquitoes, mice and rats. Flies, rats and mice contribute contaminating food supplies and spreading disease. Our community is home to deer mice which can be a reservoir of the Hanta virus.
Provide:
- Trash and garbage containers with pick up services (pg 126 ff standard 5.1)
- Provide adequate food storage containers. (pg 209 )

4 Drainage (Sphere 2018 pg237 ff)
Homeless communities should be evaluated for drainage and to minimize standing water.
(urban pg 241, drainage of rainfall pg 252)
5- **Hygiene Promotion**  (Sphere 2018 pg96 ff)
The following hygiene supplies are usually difficult for homeless to obtain. These items should be made available:

- Soap and Laundry detergent (pg 99 - hand washing with soap also, pg 100)
- Toilet paper (pg 99 - promoting the use of toilets)
- Menstrual supplies (pg 102 standard 1.3)
- Incontinence supplies (pg 102 standard 1.3)

Safe storage for prescriptions and medical supplies. These should be locked to prevent theft and should be water tight and insulated to maintain prescription medicine efficacy.

6- **Health Care Services**  (Sphere 2018 pg289ff)
Recommend that community providers such as the Mosaic Van, urgent care, ER and county health department plan for best practices  (Standard 1.1 pg 298)
Appendix

Reference Documents

Point In Time (PIT) count central Oregon:
https://cohomeless.org/

HUD Continuum of Care (CoC) Program
https://www.hudexchange.info/programs/coc/

The Sphere Project
https://spherestandards.org/

The Sphere Handbook 2018

The Sphere COVID-19 guidance
https://spherestandards.org/coronavirus/

Related articles and videos:

UNHCR WASH Manual 2014
http://wash.unhcr.org/Cover_and_Prelims.pdf

Housing instability and food insecurity as barriers to health care among low-income Americans, Margot B Kushel 2006

The Right to WASH: Is San Francisco Willing to Ensure this Foundational Human Right?
https://www.streetsheet.org/the-right-to-wash-is-san-francisco-willing-to-ensure-this-foundational-human-right/

Homeless Leadership Coalition Annual Central Oregon PIT
https://ktvz.com/top-stories/2022/01/19/homeless-leadership-coalitions-annual-c-o-point-in-time-count-begins-monday/?fbclid=IwAR0oc--tuok87QGeg0nAG7uqfZrD_zL5NfU5qQQCADxTGNT5gSYv37gzc

Bend Bulletin: Worth your time: Bend Bulletin’s ‘Faces of Homelessness’