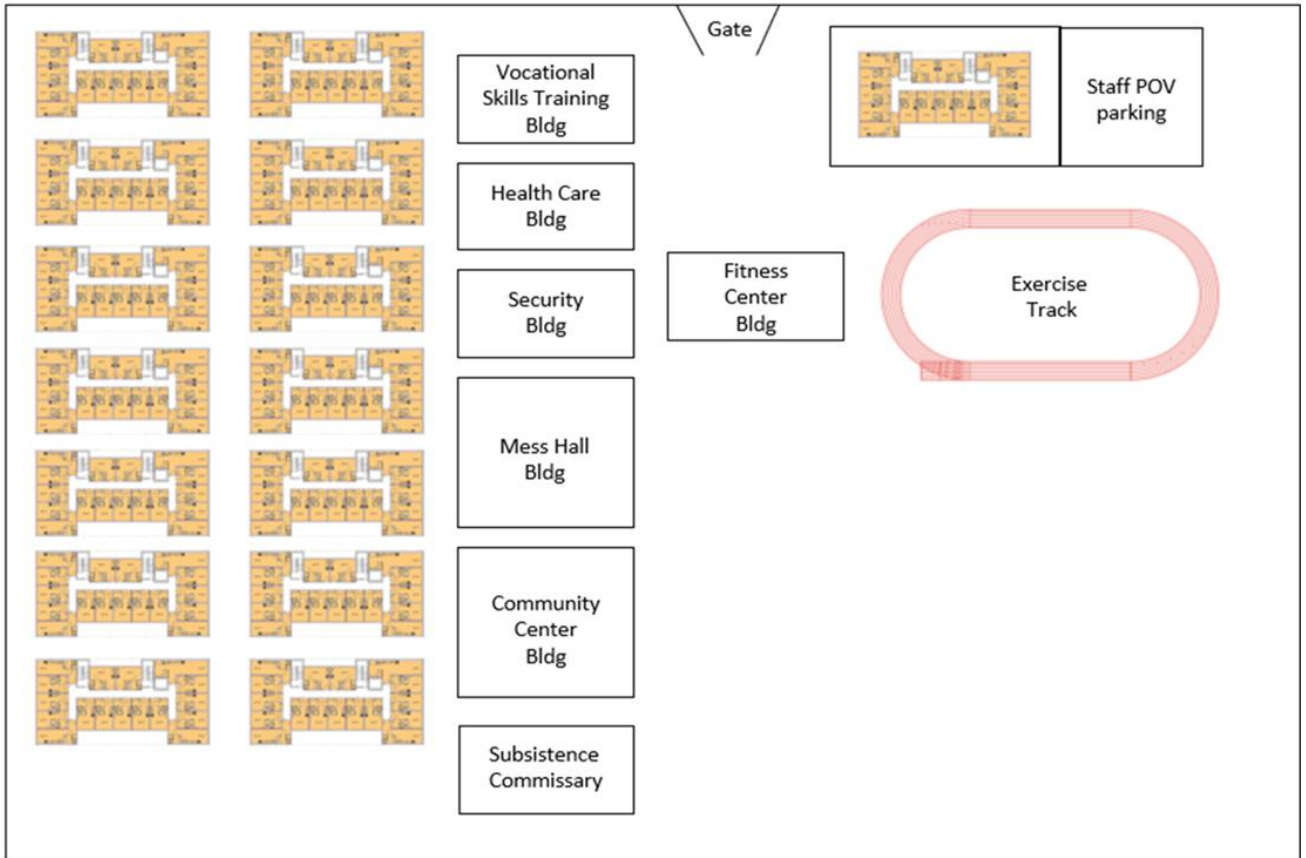


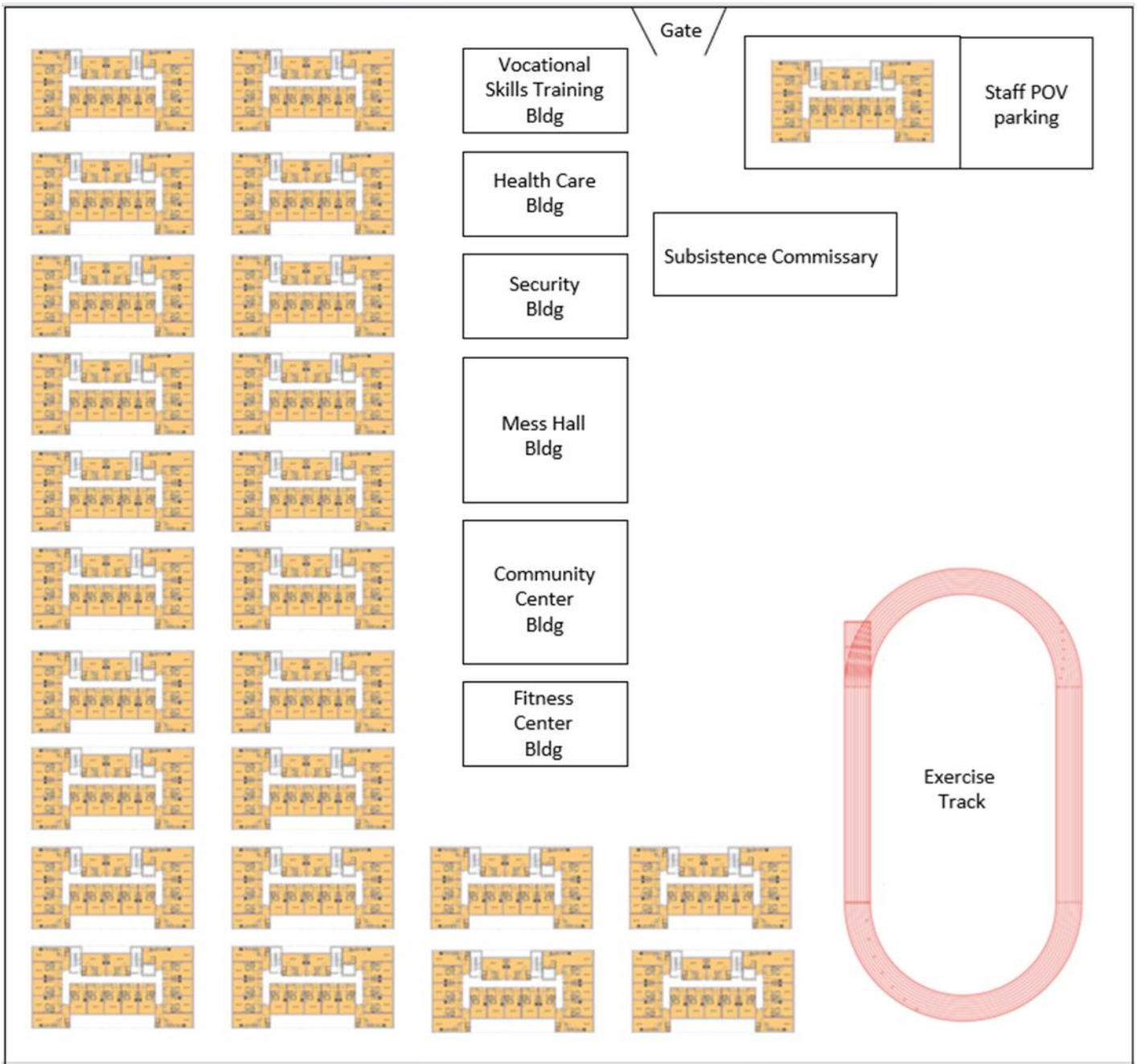
## Homeless Transition Center Plan

- Establish Transition Centers
  - Clean and Sober Transition Center
  - Addiction /Mental Health Transition Center
  - Family Unit Housing
  - Obstinate Homeless Center
  
- Triage of the Homeless Community and Identify Disposition
  - Unemployed – no addictions: Clean and Sober Transition Center – Central Oregon location
  - Unemployed – substance addictions (drugs/alcohol): Addiction /Mental Health Transition Center – Central Oregon location
  - Unemployed – mentally unstable: Addiction /Mental Health Transition Center – Central Oregon location.
  - With kids (in or out of school), unemployed: Family Unit Housing – current domiciled location, or vacated shelters once residents are moved to Transition Centers.
  - With kids (in or out of school), employed: Family Unit Housing – current domiciled location, or vacated shelters once residents are moved to Transition Centers.
  - No kids employed: Family Unit Housing – current domiciled location, or vacated shelters once residents are moved to Transition Centers.
  
- Transition Center – Description
  - Clean and Sober Transition Center (fig.1): Established on unoccupied and isolated BLM land in Eastern Oregon. This will require potable water, electricity, waste, and sewage management. There will be no retail sales or facilities. The Subsistence Commissary, managed by social aid groups currently in existence, dispenses food, water, personal hygiene supplies, and clothing. There will be an aid station with doctors and nursing staff to provide first aid services and evaluation for off-site medical or psychological treatment as appropriate. Job training, placement, or advancement services would be available. The housing structure would be like a high-rise apartment complex. The security presence and patrol would be supplied by appropriate agencies. Access to the camp would be controlled. Visitors checked for contraband. Residents would not be allowed to leave unless they were evacuated to another Center or transferred to a confirmed offer of employment out of the area. No pets allowed.
  - Addiction /Mental Health Transition Center (fig.2): Similar facilities and procedures for the Clean and Sober Transition Center, except it would be staffed with mental health professionals and counseling services to deal with the occupants' addiction and mental health issues. An on-site medical and mental health care professional would confirm release and transfer to the Clean and Sober Transition Center. No pets allowed.
  - Family Unit Housing: Low-income housing assistance consisting of Section 8 or similar programs, using single or multifamily facilities. Priority would be given to getting recipients off the streets or out of vehicles. If needed, arrangements would be made to occupy vacated shelters once residents are moved to other remote Transition Centers. Assistance in obtaining job training, placement, or advancement services would be available. Low-cost subsistence programs would be available.
  - Obstinate Homeless Center (fig.3): For those who haven't been diagnosed with a dependency issue, who refuse occupational training or re-training, and who continually demand to be returned to the streets, transfer to a Center for the obstinate homeless will be their final disposition. These facilities will not have the amenities present in the others and would be spartan in comparison. The shelter will take the form of Quonset Huts or similar, complete with cots and sleeping bags. Sanitation will consist of portable latrines (serviced as needed), and communal sinks and showers. If well drilling isn't practical for the geographical area, water deliveries to refill an above-ground gravity-fed water tank will be made as needed. Meals will be in the form of MREs or similar, delivered once a day. No pets allowed.
  -

- Fund Site Overview
  - Transfer any municipal funds designated for homeless assistance to a new Transition Center Fund. These funds would be co-mingled with funds transferred from other municipalities that utilize the Homeless Transition Center Plan. The cost of construction for both the Clean and Sober Transition Center and Addiction /Mental Health Transition Center is estimated to be \$7 billion, and capitalized over several years, with costs for Obstinate Homeless facility significantly less. Based on homeless population data at the time of this plan's implementation, these costs would house Oregon's entire homeless population.
  - HHS and/or HUD would manage federal involvement as appropriate. Real estate would be provided by, and construction coordinated with BLM or USFS depending on location selected.
  - While this concept was visualized for the State of Oregon, it is conceivable it could be applied to any state that is dealing with even a medium-sized homeless population.
  - Annual budgets according to the latest figures available: Oregon: \$1 billion, Multnomah, Washington, and Clackamas Counties: \$531 million, Portland: \$4 billion, Marion County: \$286 million, Salem: \$5 million, Lane County: \$18 million, Eugene: \$8 million. Total for the above is \$5.8 billion. On top of that, there are an additional 238 cities and 31 counties that have an annual budget category that deals with their homeless problems that could be pooled with these dollars to make the Centers a reality. Once the Transition Centers are built, it will cost just over \$4 million per year to staff both a Clean and Sober and an Addiction/Mental Health Transition Center. Yearly electricity and water combined will cost approximately \$35 million, and the total annual subsistence will add another \$32.1 million. Bottom line: Once they're built, in round numbers, \$71.1 million will operate both Transition Centers for a year. Once the centers are built, this is \$5.7 billion each year that progressive do-gooders have convinced our legislative bodies to spend in order to preserve the right of the homeless to live in sidewalk-blocking tents surrounded by squalor and intimidate the very people whose taxes pay for their existence.
  
- Conclusions: Traditional solutions for this country's homeless have been ongoing and evasive. Millions, if not billions of dollars, have been thrown at the problem, and yet it not only persists but is getting worse. If we are to avoid the specter of disease-carrying rats, piles of human excrement, and discarded used drug syringes that exist today in our major cities, at all levels of government, we must consider the health and safety of all citizens and successfully override any challenges by those groups that place the rights of an individual above the welfare of the general population.

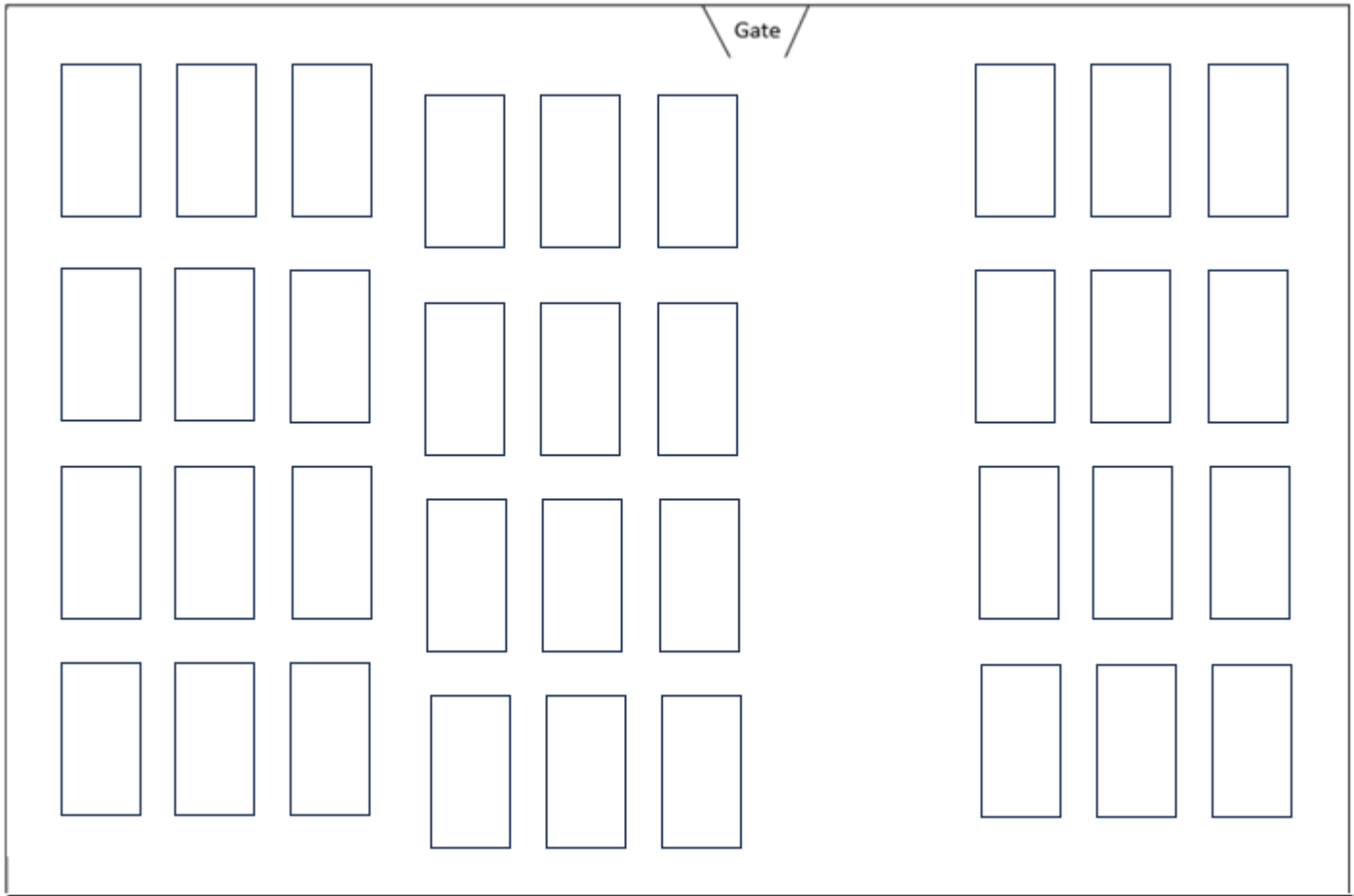


CLEAN AND SOBER TRANSITION CENTER: 14 LIVING QUARTER BUILDINGS  
 Figure 1



ADDICTION/MENTAL HEALTH TRANSITION CENTER: 24 LIVING QUARTER BUIDINGS

Figure 2



OBSTINATELY HOMELESS CAMP  
Figure 3

## PLAN FORMULATION and RESEARCH

As of 2024, the number of homeless in Oregon: 16,000.

- A. The number of homeless who are suffering mental problems: two-thirds (11,000). See B and C below.
- B. The number of homeless who are alcoholics: 38% (6,080) assumption is made these are included in A above (Addiction /Mental Health Transition Center candidates).
- C. The number of homeless who are drug addicted: 26% (4,160) assumption is made these are included in A above (Addiction /Mental Health Transition Center candidates).
- D. The remaining homeless are candidates for the Clean and Sober Transition Center (5,000).

### **STAFFING ESTIMATES**

**Clean and Sober Transition Center – assumes 5,000 residents.**

Five VOTECH instructors – construction, metal working/welding, plumbing, electrical, IT/coding.

Total annual average wages: \$215,000.00.

Security for three daily shifts – three gate guards, three roving guards, three supervisors.

Total annual average wages: \$420,000.00.

One property maintenance worker.

Total annual average wages: \$51,000.00.

Dining facility Personnel – four cooks, one server, and one supervisor.

Total annual average wages: \$218,000.00.

Commissary workers – one office manager, two checkout clerks.

Total annual average wages: \$126,000.00.

Community Center workers – two workers.

Total annual average wages: \$50,000.00.

Fitness Center worker – one worker.

Total annual average wages: \$46,000.00.

Medical personnel (assumes an average of 47 office visits per day) – one physician, one nurse, one administrative.

Total annual average wages: \$480,000.00.

Annual staffing costs: \$1,606,000.00.

**Addiction /Mental Health Transition Center – assumes 11,000 residents.**

Five VOTECH instructors – construction, metal working/welding, plumbing, electrical, IT/coding.

Total annual average wages: \$215,000.00.

Security for three daily shifts – three gate guards, three roving guards, three supervisors

Total annual average wages: \$420,000.00.

Property maintenance worker – one worker.

Total annual average wages: \$51,000.00.

Dining facility Personnel – eight cooks, two servers, and one supervisor.

Total annual average wages: \$387,000.00.

Commissary workers – one office manager, two checkout clerks.

Total annual average wages: \$126,000.00.

Community Center workers – two workers.

Total annual average wages: \$50,000.00.

Fitness Center worker – one worker.

Total annual average wages: \$46,000.00

Medical personnel (assumes an average of 103 office visits per day) – two physicians two psychiatrists, two nurses, three administrative.

Total annual average wages: \$1,175,000.00.

Annual staffing costs: \$2,470,000.00.

## ANNUAL AVERAGE WAGES USED TO CALCULATE STAFFING COSTS

VOTECH Instructor: \$43,000.00.

Armed Security Gate Guard and Roving Guard: \$41,000.00.

Armed Security Supervisor: \$58,000.00.

Property Maintenance Worker: \$51,000.00.

Cook: \$37,000.00.

Cook Supervisor: \$49,000.00.

Server: \$21,000.00.

Commissary Office Manager: \$50,000.00.

Commissary Checkout Clerk: \$38,000.00.

Community Center workers: \$25,000.00.

Fitness Center worker: \$46,000.00.

Medical Doctor: \$234,000.00.

Psychiatrist: \$209,000.00.

Nurse: \$89,000.00.

Administration: \$37,000.00.

## FACILITIES COST FORMULATION

“Apartment building” configuration. 20 rooms per floor with centralized laundry room, equipped with multiple washers and dryers.

Clean and Sober Transition Center – 5,000 residents require 14 buildings, with 23 stories each.

Clean and Sober Transition Center Staff quarters – 30 residents, with two stories.

Addiction /Mental Health Transition Center – 11,000 residents require 24 buildings, with 23 stories each.

Addiction /Mental Health Transition Center Staff quarters – 41 residents, with two stories (one floor needs 21 rooms).

Annual utility costs per living quarter: electricity: \$1644.00, water \$540.00.

Annual utility costs per 460 occupant building: electricity: \$756,000.00, water \$248,000.00.

Annual utility costs for 11 buildings in the Clean and Sober Center: electricity: \$8,318,640.00, water: \$2,732,400.00.

Annual utility costs for 24 buildings in the Addiction /Mental Health Center: electricity: \$18,149,760.00, water: \$5,961,600.00.

Costs to provide meals (average 5.50 per person, per day): Clean and Sober Center – \$10,037,500.00 per year.

Addiction /Mental Health Transition Center – \$22,082,500.00 per year. Total: \$32,120,000.00

Construction costs for each residency building: 460.00 per square foot.

14 buildings for residents - Clean and Sober Transition Center – 1,481,200,000.00.

24 buildings for residents - Addiction /Mental Health Transition Center – 4,020,400,000.00.

Two buildings for staff (one for each type of center): 18,400,000.00.

Cost to construct residency buildings: 5,520,000,000.00.

Total construction costs for Training, Health Care, Security, Dining Facility, Community Center, Commissary, and Fitness Center Buildings are estimated to be \$1.5 billion.