



Home, Opportunity, Planning, and Equity (HOPE) Advisory Board Meeting Approved Minutes January 27, 2021 from 4 pm to 6 pm ZOOM Meeting



Members Present: Florence Anderson; *Xan Augerot (Commissioner, Benton County); Catherine Biscoe; Karyle Butcher; Bruce Butler; Bryan Cotter; Anita Earl; Joel Goodwin; George Grosch; Barbara Hanley; Aleita Hass-Holcombe; Nicole Hobbs; Christina Jancila* (Business Associate); Charles Maughan* (Corvallis City Council); Pegge McGuire* (CSC); Jim Moorefield* (Co-Chair); Andrea Myhre; Jan Napack* (Corvallis City Council); Reece Stotsenberg* (Co-Chair); Linda Tucker.

Members Excused: Lennox Archer

Staff Present: Julie Arena (Benton County Health, HOPE Program Coordinator); Paula Felipe (Benton County Public Health, recorder).

Guests: Joe Hahn, Jade Aguilar

*Executive Committee Members.

- I. **Welcome and Introductions.** Reminder about agreements on culture and conduct. Reviewing public feedback and next will draft public policy recommendations in March.
- II. **Public Comments (limited to 2-3 minutes).**
 - Maggie Cooper: Looked at HOPE Bylaws in order to best use scarce resources and acknowledging limitation of funding and impact on safety and livability....I find troubling expenditures by Unity Shelter: What are we providing for the other campers? I am concerned we are spending less wise and not providing services to as broad a group as we can. Xan: we do not have oversight of City Cares Act dollars. HOPE board does not manage monies right now but may play that role down the road. Those emergency funding decisions were made by city council in response to urgent need in context of COVID-19 and they made decisions in response to cares act dollars expiring at end of 2020. This decision-making on funds occurred under pressure of pandemic—it is not ideal but want to support as many people as possible. City Council members would be best to respond to those questions.
- III. **Approval of Minutes:** **MOTION** was made by Bruce Butler to approve the December 16, 2020 minutes; Pegge McGuire seconded the motion. **MOTION** passed as amended by suggested correction under section 4 by Florence Anderson, who indicated she did not participate in the clean-up, which was done by unhoused individuals. She will email the correction to Julie for the minutes.
- IV. **Announcements/Updates:**
 - Please do doodle poll in next couple of hours.
 - The powerpoint shown today will be posted to the HOPE website.

- February and March Scheduling: Work groups draft the policy recommendations to share with the board at the February meeting.
- February full board meeting – share draft policy recommendations from each group with full board. Hear feedback from full board.
- March: work groups finalize policy recommendations based on full board feedback.
- March full board meeting – finalize policy recommendations.
- County Behavioral health Updates: Drug Treatment Court (DTC): county expanding behavioral health to do treatment component of DTC.
- Behavioral Health New Staff: Includes new qualified mental health professionals; such as a psychiatrist and mental health associates to work with Drug Treatment Court, among others.
- Corvallis City Council: Allocated funds for camp site at BMX park; pioneer park parking lot is safer--put in restrooms and moved away from flood zone. Clean out of some unmanaged camps.
- Willamette Criminal Justice Council: Feasibility study on Cahoots model of crisis response.
- Fairgrounds update: camping full; expanded number of spaces to add capacity given cold weather and need for vehicle/RV camping. Expanded contract with CHANCE for motels for medically fragile and will continue thru winter period.
- Point in Time (PIT) count of sheltered and unsheltered community members this week.
- Welcome to Joe Hahn, New County Equity, Diversity, and Inclusion Coordinator.
- Brief review of HOPE’s Chartering Jurisdictions and Governance Charter/Inter-Governmental Agreement.

V. Reminder of Priority Topic Areas: **1.** Strengthen Crisis Response Resources: Align Services – Operational Changes for Improved Care Coordination; **2.** Strengthen Crisis Response Resources: Location – Safe place to be 24/7 for all populations without housing that respects and addresses the needs of each individual; **3.** Transitional Options for Safety, Health, and Stability; and **4.** Permanent Supportive Housing Units.

- ❖ What can Benton County or the City of Corvallis do with policy recommendations on these topics?
 - Make code changes
 - Allocate funding from some limited funding streams (CET, CDBG, TLT)
 - Make decisions about staff time spent on certain topics
 - Make decisions to adopt and support policies
 - Adopt a near-consensus plan, that can be used to leverage additional state, federal and private dollars
 - *Geographic equity might also help us with locating services. For example, finding space in each part of town for micro-shelters.*

VI. Presentation of All Community Feedback from online surveys, client surveys, and listening sessions

- Four Priority topics were data driven; analyzed gaps; looked at safety concerns; including racial and ethnic disparities and vulnerable populations data.
- Online HOPE surveys
- Topic 1 align services among providers: 177 responses (provider-only survey)
- Topic 2 location for resources co-located with shelter: 367 responses
- Topic 3 transitional options: 391 responses

- Topic 4 permanent supportive housing: 470 responses
- Client surveys collected in person: 244 responses
- Qualitative feedback from community listening sessions and write-in responses to surveys
- Review listening sessions and write-in responses.

- **HOPE Priority Topic 1: strengthen crisis response by aligning services and coordinate care (177 online responses---geared toward providers):**
 - Q1: Which of these services do you provide? (42 percent Medical care; 31 percent Mental health care; 28 percent Food Assistance, and 20 percent housing assistance).
 - Q2 Working with others to improve data collection/tracking, reduce duplicative data entry and data management? (25 percent very interested).
 - Q3: Interested in hub model of care coordination (24 percent very interested)
 - Q4: Interesting in collocate service with other providers. (28 percent not interested at all).

- **HOPE Priority Topic 2: Strengthen Crisis Response Resources with a 24/7 Location (367 online responses):**
 - Q1a: What services should be co-located onsite at a Resource Center? (top 4 responses: Showers and bathrooms; mental health care: Food assistance; and Laundry)
 - Q1b: What services should be co-located onsite at a Resource Center? (top 4 responses: Vital Records help; Phone/fax/copier; Veteran Services; Childcare). **See powerpoint slide for complete list of services.
 - Q2: How many different populations need separate areas for shelter to ensure safety and comfort for all populations? (Top 4 responses: Families with children; women; men; individuals needing medical respite).
 - Q3: What are the attributes of a successful geographic location for a Resource Center with safe areas for emergency and transitional living quarters? (Top 3 responses: public transportation access; safe walking routes; and physical boundary like fence).
 - Q4: What amenities could be located at or near the Resource Center to enhance the livability of the individuals? (Top 3 responses: Work opportunities; hair cuts; and community garden).
 - Q5: What services should be available to the surrounding neighborhood adjacent to this type of Resource Center? (Top 3 responses: A 24/7 phone line to call for any issues; security cameras at entrance/exit; notification of upcoming events.)

- **HOPE Priority Topic 3: Transitional Options for Safety, Stability and Health (391 responses)**
 - Level of Support for Transitional Options: Top pick: Microshelters
 - Level of concern for community safety. Topic pick of most concerned: managed camping
 - Level of concern for individual safety: Most very concerned with Managed Camping.
 - Level of concern for litter: Most very concerned about managed camping.
 - Level of concern for noise: Most very concerned about managed camping.
 - Level of concern for visibility: Most very concerned about managed camping
 - Level of concern for fire: Most very concerned about managed camping
 - *note: definition of managed camping is when people live in tents in area managed and screened with people who support it.

- **HOPE Priority Topic 4: Permanent Supportive Housing (470 online responses)**
 - Q1 Level of support for permanent supportive housing in Benton county (47.61 % strongly support).
 - Q2 Support for development for more housing units (42.82 % strongly support).

- Q3 Support for rental assistance to keep individuals in their home. (41.87 % strongly support).
 - Q4 Funding supportive services like mental health care and housing case management to support keeping people in their home. (53.58 % strongly support).
- **Client Survey Data Analysis-244 responses in person; collected by 9 providers** (see powerpoint slide pg. 45 for list of providers).
 - Housing Status: 48 % houseless now.
 - Live, work, or visit often. 73 % in Corvallis; 20.5 % in South Corvallis.
 - Would like more services: 34.4 % in Corvallis.
 - Services desired: Top 3: Housing assistance; food assistance; and bathrooms/showers.
 - Housing type preferred: Microshelters 68.9 percent; tent camping (safe w/staff and hygiene: 42.2 %); safe place to park your RV/trailer 40.2 %
 - Race and Ethnicity: 75 % white; 14.3% Hispanic; 7.8 % Native American, Indigenous or Alaskan; 5.3 % Black or African American; 3.7 % Native Hawaiian or other Pacific Islander; 0.4 % Asian or Asian American.
 - Medical Conditions: Mental health or mental disability: 37.7%
 - Gender and Gender Identity: Male 46.3%; Female 44.3%; Another gender 5.7%; No gender specified 3.7%
 - Comfort level with providers discussing their case to coordinate care. 39.3 % very comfortable.
 - Most got help from Corvallis Daytime Drop-In Center (43%)
 - Most (55.7%) interacted with Corvallis Daytime Drop-In Center.
 - **Survey data: Analysis by demographics**
 - Types of Assistance needed by race/ethnicity (Isna Waqas):
 - Housing assistance → 84.6% Black, 80% Native American and Pacific Islander
 - Job help/assistance → 63.2% Native Americans
 - Food assistance → 77.8% Pacific Islanders
 - Lockers and storage rooms → 66.7% Pacific Islanders
 - Mental healthcare → 53.8% Black
 - Medical care → 55.6% Pacific Islanders
 - Disability services → 52.6% Native Americans
 - In Types of assistance, 30% of Native Americans listed assistance “other”: case management (finding shelter), marriage counselling, needing supplies such as clothing, cell phone and camping gear, assistance in paying for medical bills and travel.
 - Types of housing preferred by race/ethnicity
 - Majority of all demographics chose micro shelters as their primary type of housing preference
 - Hispanic respondents chose fewer options across the board
 - Over 25% of Native Americans chose “other” and listed housing options such as more family shelters, a place where they and their partner can be together, room rental or small apartment and micro shelter community neighborhoods that are affordable.
 - Types of assistance needed by medical condition (see slide)
 - Types of assistance listed for ‘other’
 - Individuals with mental health condition: exercise, shelter, marriage **counselling**, recreational activities, assistance in **finding sources of housing** and hygiene, bikes, **supplies** (camping gear, power outlet, shoes etc.), cash

- assistance, self improvement and team leader
 - Individuals with physical disability: **transportation** to Albany, travelling, shelter, marriage **counselling**, recreational activities, cash assistance, self improvement, team leader, **supplies** such as camping gear and transit to Corvallis (hospital) and Eugene
 - Individuals with substance use condition: marriage **counselling**, bikes, day shelters, community center, power outlets, money for personal use, cash assistance and team leader
 - Individuals with chronic illness: exercise, **transportation** to Albany, shelter, recreational activities, **assistance in housing resources**, day shelters, money for personal use, team leader and **supplies** such as camping gear
 - Types of housing preferred by medical condition (See slide).
 - Housing options listed in 'other'
 - People with substance use listed places where **partner** and they can live, place that has showers, shelter with **partner**, on a farm, and sidewalk.
 - People with chronic pain listed living options such as **micro shelters for families, sharing space with relatives and community neighborhoods.**
 - People with mental illness and mental disability listed sharing spaces with relatives, **affordable micro shelters, family shelters**, a place where they and their **partner** can live, cave and sidewalk as their housing options
 - People who listed physical disability as a medical condition also listed sharing **space with relative or partner, family shelters**, a place where their **partner** and they can be together and **affordable micro shelters.**
 - Types of assistance needed for rural community members.
 - Types of housing preferred by rural members (40.7 % Microshelters)
 - *For more pics and definition of microshelters as they are being installed in Corvallis go here - <https://www.unityshelter.org/sp-microshelters.html>*
 - Types of assistance needed by gender
 - Types of housing preferred by gender (microshelter)-see slide
 - Takeaways type of housing by gender: People who did not specify their gender, listed sharing space with relative, living with friends and family and needing add-on specialties for living accommodations
- **Qualitative data: Listening sessions and write in responses: 12 Themes (see slide):**
 - Hub model of care coordination
 - Co-locating will be helpful for collaboration, but we do not need to have co-location in order to begin virtual care coordination with a Hub.
 - Use online tools (Zoom, shared databases, online collaboration tools) to begin and include rural areas.
 - Benton County Health Department (BCHD) health navigators or Community Health Workers (CHW) to coordinate a Hub model with different regions: Corvallis, Philomath/West Benton, Monroe/South Benton. Work off of Homeless Vulnerable Patients Workgroup but staff it with a full time BCHD employee who can coordinate and involve criminal justice.
 - Include faith-based community members who are serving as case manager volunteers and know the individuals.
 - Coordinate better with job training – include the Department of Health Services (DHS)/vocational rehab (VR) for job training in the hub. The HELP program to connect homeless with jobs needs to be elevated and connected with business owners.
 - Corvallis Police Dept. (CPD) and Fire Dept. (CFD) need to be included.

- Samaritan could coordinate obtaining the confidentiality agreements with the individuals who are homeless in their data system, EPIC (1300 in Benton County).
 - 17 survey write-in responses supporting this topic
- Data collection affects community safety
 - Data collection of who is staying in homeless tent encampments (BMX area and along south town bike path mentioned many times). Crime is occurring without any way to know who is committing it or pursue consequences.
 - 15 survey write-in responses supporting this topic
 - Data collection that separates out “disability” for purposes of connecting people to better funding/services. Developmental versus physical disability; substance use disorder and/or mental health is a separate type of “disability.” Depending on the disability, the person can be eligible for disability assistance income.
 - With data collection, service providers and/or city and county can release statistics of how services are succeeding. Data to share: number of people living there, intakes, evictions, people graduating to housing, # of 911 (or support calls - be it internal or calls on outsiders), so neighbors can tell how things are going.
 - Screen people so that we are working to shelter existing Benton community members and supporting people to return to where they would like to call home.
- Crisis Response (CAHOOTs model)
 - We need crisis response that is not law enforcement. It could go through 911, but a team with case manager/peer support/mental health staff should respond.
 - Crisis response is supported by all sectors of the community who were polled and many survey response write-ins.
 - Need more case managers to go where people are homeless and work to get them transitioned and connected to all needed services (housing, mental, medical, jobs, vital records, etc.).
 - Feedback from individuals, residents, and service providers is to not have law enforcement accompany the responder unless necessary.
 - 23 survey write-in responses supporting this topic
- Locate services away from existing residential neighborhoods and businesses
 - Please respect existing neighborhoods and don’t put services in existing residential neighborhoods. Prioritize tax payers safety and use of public parks for our children.
 - In particular, south Corvallis needs to stop being the only location where homeless are allowed to congregate. Community safety for all is a priority – it’s being greatly affected in south town especially along the bike path.
 - Don’t put services in business areas. Businesses are struggling for many reasons, and homeless individuals congregating downtown hurts businesses and other residents’ downtown safety.
 - This leaves industrial and urban growth boundary (UGB) where there is natural space.
 - Designate one or two locations where camping and parking can happen, and have resources there to address the litter, noise, fire, and safety concerns.
 - People support having small transitional and permanent housing scattered throughout community, but not a service delivery hub in residential area.
 - Some responses that support location downtown list access to transit and resources as the reason why – so any location should have resources on-site and transit.

- Screening for residency.
- 43 survey write-in responses supporting this topic
- Community Involvement and Transparent Communication
 - Outreach before siting somewhere – letter about the site, an invitation to participate.
 - Transparency, notice, part of decision-making.
 - Recommend a Community Advisory Committee, or a Neighborhood Action Council for residential areas adjacent to services.
 - Include neighborhood member(s) in steering committee for the service provider.
 - Community Plan for roles and responsibilities:
 - Who does what
 - Who to call in case of...
 - Involve community in strategic plan
 - Thresholds for type of services provided and number of people served
 - Must have crisis response, CAHOOTS type service to address/lessen impact on neighborhoods.
 - Must have 24/7 management onsite for places with overnight residents.
- Co-location of services AND mobile services
 - Providers want to co-locate resources at a Resource Center on a large campus with services for different populations around the campus.
 - Emergency area, that is also transitional, to camp, park a car/RV, and microshelters for individuals/couples. People do not have to leave in the morning like a traditional emergency shelter. RV living without 30 day restrictions.
 - Separate populations by functionality level/sobriety, not gender, with the single-resident or couple model of microshelters.
 - Mental health and substance use services should be provided on site.
 - Community feedback supports one location for allowed camping so that illegal camping can be enforced everywhere else. Make the camping time-limited and provide case management to work with the person on transitioning to something that is not tent camping.
 - One location for food service like Stone Soup (instead of rotating locations) with a food pantry too.
 - Mobile service delivery:
 - Providers and residents would like a mobile model of service delivery with multiple providers on a bus heading to different parts of the county on a rotating basis to deliver “co-location of services” in a mobile way to Alsea, Monroe, Kings Valley, and Philomath.
 - Survey feedback also mentions need for outposts and/or mobile services hub to go to rural areas.
 - Rural Areas: they don’t want any services located there, but they want better access to services.
 - Job training is key – bringing job training support to where people are instead of requiring them to go to DHS.
 - Concentration AND Distribution of subsidized housing: have co-locating AND dispersal of other options – spread some supported housing throughout the community in addition to having co-location with services and emergency/transitional shelter.
 - 63 survey write-in responses supporting this topic
- Staff to transition people to shelter

- We have a wonderful police force, but it is not their job to house people. We need staff whose job it is to house people.
- Need more case managers, and need to add housing case management to the job descriptions of health navigators since housing is health.
- Need coordinated trash pick up.
- Need resource or designated staff person for Native American individuals in Benton County – there is none. Tribal resources can help support individuals if there were a tribal liaison staff person to make that connection and establish referrals, do the case management.
- Need an organizational structure for a Resource Center that includes city/county representation, local neighborhood representation (local to where the facility is being sited), and representation from the organizations co-locating. Essentially a Citizen Advisory Committee with all parties that have a vested interest yet governmental oversight to ensure a harmonious environment for all.
- **13 survey write-in responses supporting this topic**
- Permanent Supportive Housing (PSH) blended with transitional housing – Villages:
 - A new neighborhood for already-established communities of people tent camping together. They have friends they don't want to leave by becoming housed separately. This feedback has come from people who are homeless or have been homeless here, as well as service providers like COI, CDDC, and men's shelter.
 - Community First! in Austin Texas has emerged as a recommended model from multiple write-in responses with RV/trailer camping in one area, car camping and microshelters in one area, and tiny permanent homes in another area. <https://mlf.org/community-first/>
 - Include individuals who would live there in the design of any community.
 - Can be done for different vulnerable populations with specific amenities: disabled and/or elderly (design with disabilities and mobility in mind), families with children (design with playground and child safety in mind), Native American sanctuary (design in partnership with Tribal input), living in recovery (sober).
 - Responsibility for some self-governance and individual responsibility for involvement/work to maintain community. Assist residents to work toward recovery and independence. Have a "job" to learn skills. "Staff" can be residents which helps with shared experience and connection. People receiving services should be responsible for the success of their neighborhood.
 - **7 survey write-in responses supporting this topic**
- Funding Ideas
 - County adopt Construction Excise Tax (CET) and apply for Community Development Block Grant (CDBG)
 - County use transient lodging tax (TLT) to build and support transitional emergency village.
 - The Medicaid Insurance Intercommunity Health Network-Coordinated Care Organization (IHN-CCO) has delivery system transformation (DST) grants for care coordination similar to the child welfare project with Dr. Cousins. Medical home concept for the Hub Model of care coordination.
 - Benton Community Foundation (BCF) could be included to help fund Hub model care coordination and crisis response work.
 - Eugene/Lane County and Corvallis/Benton County can partner with OSU and UofO to advocate at the state legislature for local flexibility for excise taxes for

university sporting events and on-campus sales. The tax revenue can go to subsidize 1) student housing for low-income students who may otherwise become homeless, and 2) affordable housing or homeless services for non-student population.

- **4 survey write-in responses supporting this topic**

- Legislative advocacy

- Statewide homelessness requirements for a certain number of beds in each jurisdiction to stop the congregation of people coming from other areas to the few places where there are beds and services. Bed requirements should be accompanied by funding to support that number of minimum beds.
- Pac 12 municipalities flexibility to adopt an excise tax for university purchases (ticket sales, food, clothing on campus etc.) to subsidize low-income student housing and general community housing needs.
- CAHOOTs model funding for crisis response.
- Tax reform for rich and corporations to provide funding for social services and housing.

- **14 survey write-in responses supporting this topic**

- Messaging and Education for the public about what's happening on this topic

- Who is working on what and what's happening.
- We see constant COVID updates; we want updates about homelessness.
- Rural education on topic of homelessness and what it looks like in rural areas, in particular Monroe.
- Where is the funding for any of this coming from? A lot of fear about property taxes increasing.
- What are the success rates of any of the services that are being provided? (Daytime Drop-in Center, men's and women's shelter, SafeSpace microshelters, health navigators). Is adding services actually helping house people? It appears that homeless population is only increasing – is that from new people coming here, current residents becoming homeless here, while also having successes in housing people? Or are none of the existing services successfully housing people?

- **13 survey write-in responses supporting this topic**

- **Qualitative Data – listening sessions and write-in responses to surveys: 12 Themes**

- Hub model of care coordination
- Data collection affects community safety
- Crisis Response (CAHOOTs model)
- Locate services away from existing residential neighborhoods and businesses
- Community Involvement and Transparent Communication
- Co-location of services AND mobile services
- Village community for permanent neighborhood and transitional sheltering
- Staff to transition people to shelter
- Funding Ideas
- OSU involvement
- Legislative advocacy
- Messaging and Education for the public about what's happening on this topic

VII. Update on Board Training on Diversity, Equity, Inclusion.

Joe Hahn: plan to help bring in speakers and promote education and community building. Important to listen and understand community concerns and help people understand what we are trying to do in

promoting equity.

Dr. Jade Aguilar: Looking from equity perspective on co-location space: knowing who was disproportionately impacted by homelessness, possible need for that to rise more to the top. Appreciate the report including categories by race and gender and disability, the listening sessions, participants, and the work has solid result. Need for on-going education and outreach to overcome stereotypes. People want to support and not come from place of fear. On nimby issues: hundreds in supportive housing right now. Hold an optimistic view; people tend to be good neighbors who get into housing.

- Thanks to neighborhood Associations who sat down and shared insights with us. Important to have that as foundation in planning moving forward.

VIII. Next Steps

Meet with your topic group in Feb to develop first draft of policy recommendations to share with full board. Will be working next month on exercise on equity with Jade Aguilar who will provide an equity lens tool. Share with full board at February meeting

IX. Meeting was adjourned at 6 pm.