



# Home, Opportunity, Planning, and Equity (HOPE) Advisory Board Meeting Draft Minutes

February 24, 2021 from 4 pm to 6 pm  
ZOOM Meeting



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**Members Present:** Florence Anderson; Lennox Archer; \*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.

**Absent:** Bryan Cotter

**Staff Present:** Julie Arena (Benton County Health, HOPE Program Coordinator); Paula Felipe (Benton County Public Health, recorder); Suzanne Hoffman, Health Department Director

**Guests:** Joe Hahn  
\*Executive Committee Members.

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- I. **Welcome and Introductions.** Reminder about agreements on culture and conduct. Review of timeline and agenda. This is the 12<sup>th</sup> meeting of the HOPE Advisory Committee.
  
- II. **Public Comments (limited to 2-3 minutes).**
  - **Maggie Cooper:** As a physical therapist and having been involved with HOPE in preliminary stages, I have an interest in homeless services. After last month's meeting I talked with patients about the COVID pandemic putting the board behind in its work, and the patients said they had to scramble to prepare for covid, so HOPE Advisory board could too. HOPE's Bylaws state an annual gaps analysis will be conducted. Reviewed last summer's minutes that brought up men's cold weather shelter and did not see any gaps analysis by HOPE. On Feb 8 a disabled man died near the car wash and he didn't like to go to camps because they were too loud, violent, and chaotic. A gaps analysis should have been performed. If HOPE is not yet ready to take on responsibilities as stated in the Bylaws, the rest of the city should be informed because you are apparently not ready.
  - **HOPE Coordinator Julie Arena** replied that she will email the gaps analysis to Maggie Cooper that work groups conducted over the summer in Corvallis and Benton county. There was an hour and a half presentation on the gaps analysis that looked at every service available and which served to inform the four priority topics. During the outbreak of the pandemic, many city and county employees including some board members were reassigned to work in the Emergency Operations Center, which did delay some of the HOPE's board work. **Catherine Biscoe** served on the gaps workgroup and added that she is aware of budget sensitivity issues and has heard concerns from other community members and recommends the board finds time in a special meeting to address those concerns. **Julie:** Policy recommendations from the workgroup on funding and ways to prioritize for success will be covered in this meeting.

III. **Approval of Minutes:** **MOTION** was made by George Grosch to approve the January 27, 2021 minutes as amended by Jan Napack’s minor grammatical corrections; Aleita Hass-Holcombe seconded the motion. **MOTION** passed as amended.

IV. **Announcements/Community Updates:**

- **Project Turnkey** (Andrea Myhre): A Project the state copied from other states to purchase hotels during pandemic for shelter and later for permanent housing. \$50 million from State EOC. Corvallis Housing First will own a hotel (Budget Inn off Hwy 99/South town); waiting on closing. Outreach to south town community. Unity Shelter will open non-congregate shelter—24 units of housing by end of March and turn units into permanent supportive housing units. Email: budgetinnproject@corvallahousingfirst.org for more information on the motel project.
- **PIT Count** (Andrea Myhre): point in time count of homeless individuals yielded a final count of about 135 individuals counted as unsheltered not counting people in microshelters, emergency shelters, motel rooms; does include people in tenting and car, RVs. Did not cover the entire county. Rural Oregon Continuum Care suspended the requirement so does not require street count. Number same as last year; we think more people on street this year; about 20-30 refused. More info coming out in couple of months. Shawn: for most shelters in Homeless management info system in Oregon, use client service for unity shelter client data, count for PIT will be drawn from that.
- **Crisis response-Willamette criminal justice** (Xan): Government, Law Enforcement, Oregon State University and Samaritan are in this group who has met twice. Looking at data and mental health issues at hospital in Corvallis and in law enforcement data in the county. Next meeting on Monday. Behavioral Health’s Director Dannielle Brown and OSU psychology services will present. Formed in response to OSU having own police department. Frame that conversation on what is vision of crisis response. It’s a continuum-- crisis responses on street or in someone’s home and how to integrate across law enforcement agencies and Behavioral health specialists. This will complement the hope advisory board work.
- **United Way** (Michelle Mayers) Good evening, I’m not on HOPE but I wanted to let you know that United Way of Linn Benton Lincoln is interested in purchasing a building and having it be a resource hub. This might be something to reach out to Blake about (if interested in researching it).

V. **Present the First Draft of Policy Recommendations from the Four Priority Topics based on Public Feedback, Prioritizing vulnerable Populations, Safety for all, Systems level approach, Research, and Data.**

- **TOPIC 1 DRAFT POLICY: Strengthening Crisis Response Resources and Improve Care Coordination.** **Overarching Goal:** End homelessness for more people by strengthening crisis response services and coordinating existing services to better address the needs of individuals in crisis in Corvallis and in Benton County as a whole. **Definition:** Crisis response services help people experiencing a crisis due to lack of housing or behavioral health by connecting them with all the services they need for stability. Aligning and coordinating existing resources is defined as bringing together, virtually and physically, existing providers to help individuals with all their needs in a coordinated way.

## **A. RECOMMENDATIONS for Topic 1 Improving Care Coordination:**

1. Allocate local and state resources to programs that support these four goals:
  - Working with other providers to improve data collection/tracking and to reduce duplicative data entry and data management.
  - Working with other providers to create metrics for successful program goals to track which services are successful interventions in transitioning people out of homelessness.
  - Participating in a hub model of care coordination with multiple providers to stabilize individuals with complex needs with the ultimate goal of stable housing.
  - Co-locating service providers from multiple organizations to decrease the travel and number of different locations people must go to meet their needs. Having some shared space at one location does not mean that an organization entirely relocates their operation. It means that a representative from different organizations are co-located at a resource hub to coordinate care in one location. (Long-term goal)
2. Create a staff position for the Hub Model of care coordination
  - The Hub Model is a framework for doing business by coordinating existing partners. An “agency navigator” is a best practice to coordinate the Hub Model. This staff position should be full-time and could be a health navigator, case manager, community health worker, or program coordinator. This same staff position is needed to do an assessment of funding streams: do an assessment with input from city/county and providers of all available funding streams coming into Benton County that fund this work to try to blend funding streams.
  - Implementation: can be done immediately if an existing staff person is available, until an FTE can be budgeted for this role. It should be jointly supported by county, city, IHN, and Samaritan as it will coordinate all community partners for all-community benefit and cost savings.
  - Hub spokes needed at the table: BCHD, CDDC, Unity Shelter, COI, CARDV, Samaritan, IHN, JSYS when needed, DHS, case managers, CLU, Philomath Community Services, SBFP, Job training/vocational rehab, law enforcement/first responders, crisis response team members, SORT members, social security/disability advocacy, Older Adult Behavioral Health Initiative to do system-level coordination, CWCOG. Any other provider who can provide access to services for a person in need.
  - Geographic hub suggestion: the details and frequency can be decided by the Hub participants, but we suggest having routine monthly Hub meetings for Corvallis-centric clients, South Benton clients, and Philomath/West Benton clients.
3. Establish a physical location for a Resource Center: A one-stop location for multiple service providers to share some space to coordinate and provide immediate access for clients needing support from different providers/systems. (Long-term Implementation)
4. Institute a crisis response team
  - We recommend a non-police intervention for non-violent crisis situations which may be, in part, due to homelessness and behavioral health issues. Pursue the feasibility and implementation of a crisis response team.
  - We recognize that ongoing efforts are occurring with the Criminal Justice Systems Improvement project and the Willamette Criminal Justice Council. HOPE’s research, data, and community feedback fully support the pursuit of a Crisis Response Team to

divert calls from law enforcement and provide team partnerships with law enforcement when an officer is necessary.

5. HOPE coordinator position to facilitate and coordinate data improvement efforts with community partners.
  - Data collection efforts will include a human services coalition model that is a statewide model: service providers come together to say what their priorities are and how they would implement them. Implementation can be immediate with existing staff person.

#### **BOARD DISCUSSION ON TOPIC 1 DRAFT POLICY:**

Karyle: Reference Paul Bilotta's note about location. Is there a backup plan in place if we don't find a place? Can we accomplish this without a specific piece of land?

Jan: Public library downtown is a hub in a way. Dashboard, remote sites, satellites could be connected virtually to access any number of places in city and county.

Xan: Look at short term; medium term; and long term: Great to have central service point for clientele—easiest for them. But short term is hub with a point person; and get people into system from anywhere, and find place where we can have an emergency shelter and food and services on one site—that is a long term 3-5 year prospect.

Jim: Not appropriate to reference staff positions/job descriptions; Julie has done a fantastic job; our job to focus on policy and not job descriptions. County administrators want to understand the policy recommendations not how staffing is structured; lots of ways to structure staff; don't want to raise that issue. To attach a responsibility to a person is operations not policy decision. Leave that to city and county if new FTE or existing FTE is needed.

Lennox: Seems normal that policy results in a position.

Catherine: Have we defined Hub model center—what is ideal building structure—conceptually we might be thinking different things. Defining it will be helpful.

Nikki: Policy Makers might find it helpful to have specific recommendations related to staffing which includes diverse racial and ethnic backgrounds; we want to reflect our community.

George: If hub model is a system-that requires people and financial resources.

Barbara: With community pressure to move forward more quickly, we need to deal with issues quickly and believe we have infrastructure in place to address those needs. Implementation can be quicker with an existing staff person.

Joel: There is value in making the recommendation in somewhat broad sense; so there is some leeway, such as site locations. We don't need to say exactly how staffing like FTE should be implemented.

Xan: I interpreted the message from Paul Bilotta to mean that we should be as specific as possible. FTE are an element of that. Not identified to a specific person!

Lennox: I thought we were just giving a general description of the role, not a job description

Andrea: More chance we could get turned down if too specific; Give them an outcome and leeway to figure out. Also, worried about hub model as panacea to solve resource coordination problem; be more specific what population we are hoping to serve with hub model and who is doing the referrals.

Catherine: to clarify, a policy maker can take partial info. More info provides them more tools; let's paint a picture this is what we envision. We cut our policy makers short without the fine details.

Karyle: Tell them what you want and they'll figure out how to do it. I feel strongly about this current

recommendation and sounds like we don't agree. How do we work this out?

George: what is desired outcome and what are we trying to accomplish? What components are necessary in policy recommendation?

Xan: Goal is hub model.

Jan: And make sure we have an improvement process.

**TOPIC 2 DRAFT POLICY: Strengthen Crisis Response Resources with a 24/7 Location for emergency sheltering.** Definition: a safe place to be 24/7/365 for all populations without housing that respects and addresses the needs of each individual and conducts an initial assessment to enter the client's data into a data system.

- **Overarching goal:** end homelessness for more people by strengthening crisis response services and coordinating existing services to better address the needs of individuals in crisis in Corvallis and in Benton County. Getting to "functional zero" homelessness means we have a system that can address people's needs in crisis and transition them to stable and permanent living situations. **Definition:** crisis response services help people experiencing a crisis due to lack of housing. Part of the continuum of crisis services is a safe location open 24/7/365 where people can be that respects their individual needs and has services to meet those needs. The crisis response services must include an assessment of need and connecting people to appropriate services while staying at the emergency shelter.

**A. RECOMMENDATIONS: An Emergency Services Location is needed that has two components:** 1) resource center with providers, and 2) emergency shelter options onsite, adjacent, or within short walking distance of the resource center

**1. Emergency Shelter Location**

- ✓ Congregate and non-congregate shelter: needs separate congregate areas for men and women and also significant non-congregate capacity for people who cannot be in men/women dorms: non-binary and trans individuals, couples, people who cannot be in congregate settings due to medical fragility or behavioral health disorders (PTSD, other mental illness), and family members.
- ✓ We also recommend having some micro shelters onsite to provide some non-congregate capacity for emergency sheltering based on the public feedback supporting micro shelters.
- ✓ Individuals are assigned a bed space that is theirs 24/7 while they work with a case manager on transition. (The women's shelter has a successful model of congregate beds and micro shelters with daytime indoor living space and a case manager onsite to work on transition.)
- ✓ This emergency shelter is low barrier upon arrival to get individuals off the street. Options are available for individual involvement to support the location while they work on transitioning, such as doing laundry, cleaning, or helping to provide food.
- ✓ Emergency shelter is temporary and has time limits based on availability of the next transitional option in our community. The duration of a person's stay will vary based on their needs, their progress with a case a manager, and availability of an appropriate transitional or permanent option
- ✓ **If an emergency tent camping area is allowed, it is in an area that is managed, limited in number based on staffing capacity to provide case management, and time-limited while the person waits for a transitional option.**
  - Allowing an area for tent camping will address the safety concerns of unmanaged camping and allow for enforcement of illegal tent camping elsewhere.

- **Tent camping is the least supported by the public feedback** due to concerns of fire, individual safety, community safety, litter, noise, and visibility. To transition people out of tent camping, we recommend that any emergency tent camping have time limits for every individual camper with evaluation of that person's progress towards securing transitional or permanent housing on a case-by-case basis. Case management to work on transitioning to stable housing must be provided for all persons.
- We recognize there are individuals who will not engage in case management to transition out of homelessness. Crisis respite is needed for those who are unable to engage due to behavioral health conditions. Criminal justice systems improvement is needed to add jail capacity for those who pose a safety concern to the community. For those who refuse to work on transitioning out of homelessness and do not belong in crisis respite or jail, tent camping remains illegal and will not be tolerated once it is possible to enforce illegal tent camping given the public health situation with COVID and access to vaccination for individuals experiencing homelessness.
- ✓ A limited overflow area for people who show up with a tent or car/RV. Tent and car/RV camping is time limited, and the individual must engage to transition to another option.
- ✓ Area for warming/cooling from the elements. This place is where someone can be 24/7 who is experiencing homelessness to minimize the need to go to multiple locations throughout the day to stay warm or get cool. The warming/cooling areas are accessible to individuals not staying at the emergency shelter location.
- ✓ Necessary amenities: showers, bathrooms, drinking water, food provided on-site (to minimize need to travel to multiple locations for food), laundry, wifi, lockers for items for those in congregate shelter, mail service. These hygiene and food services are accessible to individuals not staying at the emergency shelter location.
- ✓ Necessary components to the overall location: walking and biking access, public transportation access, and safety.
- ✓ Safety concerns for everyone involved need to be addressed. Security, lighting, fire code, and immediate access for emergency personnel must be considered.

## 2. Resource Center

- ✓ Resource Center should have space for providers from different organizations to meet with people, enroll them in programs, and work on transitioning out of homelessness.
  - ❖ Office space for service providers like BCHD health navigators to enroll people in OHP, housing case managers to work on transitioning people out of homelessness, assistance with vital records (drivers license, social security card, etc.), assistance with applying for and accessing disability and social security income, job assistance, etc.

## 3. Invest in Building Organizational Capacity

- ✓ **Invest in building capacity** at organizations that can run this emergency shelter location. Invest in building organizational capacity by supporting and collaborating with groups that have demonstrated efforts to provide emergency services in Benton County. If no local organizations wish to build and grow organizational capacity, recruit an organization to Benton County who can provide these services.
  - ❖ Suggestions: expand the capacity of organizations that successfully are stabilizing people by adding micro shelters at their locations. For example, Community

Outreach Inc. (COI), Corvallis Housing First (CHF), and SafePlace have successful models of housing case management to transition people out of homelessness. Increase their capacity with funding for positions and micro shelters at available locations. Organizational capacity goes beyond hiring more case managers and includes building HR, IT, and Finance & Development.

- ❖ Section VIII includes funding recommendations.

**4. Prioritize Investment based on Public Feedback:** The community supports the following options in descending order:

- ✓ **Micro shelters,**
- ✓ **Emergency shelter,**
- ✓ **RV/car camping,**
- ✓ **Tent camping.**

**5. Staffing: Full-Time Case Managers** to provide onsite services to transition people out of homelessness once they have stabilized at this emergency location. Case managers should have commensurate experience and background that reflects the people they are serving from a cultural perspective and based on lived-experience.

- ✓ County: work with IHN-CCO and Samaritan on workforce capacity for housing case managers, peer support specialists, and social service providers to utilize funding from Medicaid and SAMHSA block grant resources.
- ✓ Work with OSU, PSU School of Social Work, and LBCC on expanding internship workforce capacity from students.

**6. Paid, Full-Time staff are needed to work on, coordinate, and implement these recommendations on homelessness.**

- ✓ No new solutions can be successfully implemented without new city/county staff whose job it is to work on the topic of homelessness and poverty.
- ✓ A team to pursue sites for emergency services locations is needed. The type of work that DLR has done for the Criminal Justice Systems Improvement Project is needed to research sites, zoning, and other parameters to provide site-specific options for city/county leadership to make informed choices.
- ✓ Organizational capacity needs to be built at the city/county to facilitate system-wide coordination along the housing continuum, leverage funding, and collect performance data for continual systems improvement. (in addition to organizational capacity being built for social service organizations to provide the services.) Funding recommendations are below in Section VIII.

**7. A Crisis Response Team** is needed for many reasons, and one function is to support individuals in relocating to emergency shelter. We recommend a non-police intervention for non-violent crisis situations which may be, in part, due to homelessness and behavioral health issues. Pursue the feasibility and implementation of a crisis response team.

- ✓ We recognize that ongoing efforts are occurring with the Criminal Justice Systems Improvement project and the Willamette Criminal Justice Council. HOPE's research, data, and community feedback fully support the pursuit of a Crisis Response Team to divert calls from law enforcement and provide team partnerships with law enforcement when an officer is necessary.

## **8. Funding Recommendations:**

- ✓ Explore state, federal, and private funding to expand organizational capacity to work on these topics and to fund the emergency shelter with areas for resource providers. Examples include Community Development Block Grant, Medicaid 1115 waiver funding for housing case managers, SAMHSA funding for transitional housing, Transient Lodging Tax funding, and private foundations such as Meyer Memorial Trust, Oregon Community Foundation, McKenzie River Gathering and Benton Community Foundation.
- ✓ Grant writing capacity at the city/county is needed to access extensive additional funds that are available but are not being applied for.

## **9. Legislative Advocacy:**

- ✓ We need statewide leadership on local requirements for available beds in each county with accompanying state funding to support those required beds. This state requirement and funding is needed to address the migration of people to areas with services from areas with no services.
- ✓ State and federal funding for these issues must be advocated for by city and county elected officials and by the League of Cities and Association of Counties.

### **BOARD DISCUSSION ON TOPIC 2 DRAFT POLICY:**

Jim: section on funding awkward and not saying anything new. Should county should develop new funding sources like construction excise tax. One technical thing: block grant state of Oregon limits ways those funds can be used; questionable if we can use for our purposes. Not recommending something new except the excise tax.

Xan: staff capacity needed to handle federal funds; might be useful to have display of current funding streams and their purpose. Some dollars flexible but others cannot; limited and proscribed functions. Help to maximum leverage between one funding stream and another.

Jan: might have untapped reservoirs in private sector; if we knew what we have now versus what we could or should have; might be matching funds...good path to go down.

Barbara: regarding emergency shelter, we had discussions on how do we make recommendation for addressing persons not able to engage in crisis response due to behavioral health status; how are we to handle it? Julie: This is part of work Xan is doing with Willamette criminal justice council and improvement project need for crisis respite.

Karyle: read Paul Bilotta's note; issues he has raised and represents city to a degree.

Christina: on grant writing capacity; other private money; would like that explored. Find creative and innovative ways--that is already part of funding recommendations.

Jim: There are foundations monies coming into Corvallis now; but not necessarily for purposes we are talking about. Organizations giving funds already to address a related need. Gives a wrong message to give impression foundations are not contributing now.

Andrea: I also agree that the services center idea is much more doable if the focus is on providing space for providers, possibly providing shelter beds and transitional housing. I think a campus idea is not going to work given the land limitations we have.

Xan: list funding sources possible and this is an educational document too; what likely pieces to fund; encourage collaboration and coordination among providers to address the priority areas when we go to the providers.

George: define the decision space that elected leaders have; multiple streams of funding exist; they can look at this and redefine how to target resources.



### TOPIC 3 DRAFT POLICY: Transitional options for stability, safety, and health

**Overarching goal:** end homelessness for more people by increasing transitional housing programs that successfully transition people out of homelessness and into stable homes to address individual and community safety for all. **Definition:** transitional housing is a stable environment for someone to live for a period of time with supportive services to work on stability and transitioning to a permanent living situation.

**A. RECOMMENDATIONS** to achieve the goal of stabilizing people and transitioning them out of homelessness

**1. Invest in building capacity** at organizations that support and successfully transition people out of homelessness. If no local organizations wish to build and grow organizational capacity, recruit an organization to Benton County who can provide these services.

- ✓ Suggestions: expand the capacity of organizations that are successfully stabilizing people by adding micro shelters at their locations. For example, COI, CHF, and SafePlace have successful models of housing case management to transition people out of homelessness. Increase their capacity with funding for positions and micro shelters at available locations.
- ✓ Capacity must be built for organizations to serve Benton County residents in transitional housing outside of Corvallis.

**2. Accountability with public funding**

- ✓ City/county work with providers to develop metrics for successful transition out of homelessness and into housing. Use these metrics to evaluate investment in organizations who successfully transition people out of homelessness. Development of accountability metrics shall be done with an open and transparent process.

**3. Prioritize investment based on public feedback and cost-effective allocations of limited public resources**

- ✓ The community supports the following transitional options (beyond just normal brick-and-mortar housing) in the following descending order:
  - ❖ Micro shelters
  - ❖ Emergency shelter
  - ❖ RV/car camping
  - ❖ Tent camping.

**4. To transition people out of tent camping, we recommend that, if they are implemented, any transitional tent camping locations have time limits for every individual camper with evaluation of that person's progress towards securing permanent housing on a case-by-case basis.** Case management to work on transitioning to stable housing must be provided for all persons at any transitional camping location.

- We recognize there are individuals who will not engage in case management to transition out of homelessness.
- Crisis respite is needed for those who are unable to engage due to behavioral health conditions.
- Criminal justice systems improvement is needed to add jail capacity for those who pose a threat to community safety.

- For those who refuse to work on transitioning out of homelessness and do not belong in crisis respite or jail, tent camping remains illegal and will not be tolerated once it is possible to enforce illegal tent camping given the public health situation with COVID and access to vaccination for individuals experiencing homelessness.

**5. Paid, full-time staff are needed as case managers to support people transitioning out of homelessness**

- ✓ New case managers should have commensurate experience and background that reflects the people they are serving from a cultural perspective and based on lived-experience.
  - ❖ County: work with IHN-CCO and Samaritan on workforce capacity for housing case managers, peer support specialists, and social service providers to utilize funding from Medicaid and SAMHSA block grant resources.
  - ❖ Rural areas outside of Corvallis need additional mobile/regional staff to support people’s housing needs and transition out of homelessness.

**6. Paid, full-time staff are needed to work on, coordinate, and implement solutions to homelessness, like transitional options**

- ✓ No new solutions can be successfully implemented without new staff whose job it is to work on the topic of homelessness and poverty. The HOPE recommendations on increasing transitional options will need city/county organizational capacity (staff) whose job it is to work on solutions to homelessness and to implement them. No existing staff job descriptions include working on implementation of homelessness solutions.
  - ❖ County staff working on solutions to the housing crisis and homelessness should develop a template, or a model “map,” to duplicate transitional programs outside of Corvallis to provide support to rural areas in the county.

**7. Funding recommendation**

- ✓ Explore state, federal, and private funding to expand organizational capacity to work on these topics. Examples include Community Development Block Grant, Medicaid 1115 waiver funding for housing case managers, SAMHSA funding for transitional housing, Transient Lodging Tax funding, and private foundations like Meyer Memorial and Benton Community Foundation.

**8. Code Language and Zoning**

- ✓ City and County Community Development Departments need to work together to actively identify available land in the urban growth boundary to add to the land supply available for transitional housing and social services. City/county evaluate non-traditional zoning and code solutions to respond to the need for more transitional options

**9. Establish a referral pathway from Benton County Parole & Probation to CHANCE to coordinate housing resources for sex offenders.**

**10. Communication, Notice, and Community Involvement:**

- ✓ Routine monthly updates from the HOPE Coordinator similar to the Corvallis Sustainability Coalition email updates. These updates should include news and reports about new services, new providers, decisions made on the topic of homelessness, how to get involved, etc.

- ✓ Quarterly public forum hosted by the HOPE Coordinator to answer community questions about recent updates and to provide dialogue and an opportunity to answer questions beyond the 10-minute comment period at each HOPE meeting.
- ✓ A notice requirement to neighborhoods and businesses with an opportunity for involvement for any new services or new transitional locations approved or funded by the city or county.
  - ❖ Notice can be modeled after city/county land development notice requirements for permits or zoning changes. Notice should also be provided in the routine monthly community-wide communication.
  - ❖ Organizations funded by the city or county or approved to provide social services or transitional housing must provide routine opportunities for two-way communication and a mechanism to provide feedback for neighbors and nearby businesses. Organizations will forward neighborhood feedback to city and county funders to evaluate future funding decisions and encourage resolving issues with neighbors.

**11. Legislative Advocacy:** State and federal funding for these issues must be advocated for by city and county elected officials and by the League of Cities and Association of Counties.

**BOARD DISCUSSION ON TOPIC 3 DRAFT POLICY:**

Jim: Referral pathways for sex offenders could be clarified and could it be expanded to include felons? Some barriers for sex offenders apply to other felony convictions. Xan: now parole and probation provide some short term housing for folks coming out of prison or local jail. When no longer in supportive housing situation or evicted or unable to pay and no longer justice involved, then not eligible for services that we provide; we need to figure that out; most likely to camp in parks.

Catherine: on communication slide: make sure we are open to our populations whether business or 2 way conversation.

**TOPIC 4 DRAFT POLICY: Permanent Supportive Housing (PSH) Overarching goal:** end homelessness for more people by increasing the number of PSH units in Corvallis and in Benton County. **Definition:** PSH includes three main components: affordable housing units, ongoing rental assistance/income in some form, and supportive services to help the person remain stable and housed.

**A. RECOMMENDATIONS:**

**1. Goal: increase development or acquisition of affordable housing units for permanent supportive housing (PSH).**

**Specific Recommendations**

- ✓ Encourage and incentivize inclusion of a certain percentage of PSH units in any housing project with financial incentives like waived/lowered system development charges.
- ✓ Require a certain percentage of units to be PSH with additional funding streams.
  - ❖ Suggestions include Construction Excise Tax, Community Development Block Grant, and Transient Lodging Tax.
- ✓ Coordination with City and County Community Development Departments is necessary to support this work. The Corporation for Supportive Housing has technical assistance cohorts.

- City and County Community Development Departments can apply to be part of a cohort.
- ✓ Pursue PSH projects due to behavioral health responsibility. Utilize HOPE Coordinator staff position for community partner facilitation and coordination to support collaboration between organizations to expand PSH units. (DevNW, Commonwealth, Corvallis Housing First, county health staff)

## **2. Goal: increase available rental/income assistance options**

- ✓ Increasing the number of place-based vouchers in Benton County is a priority. Linn Benton Housing Authority (LBHA) needs to include place-based assistance in their annual plan to accomplish this goal. Work with LBHA to increase projects in rural parts of Benton County in support of more affordable PSH projects like the newest one in Lebanon.
- ✓ Establish a consistent resource to help people navigate the process to access social security and disability financial assistance. People with disabilities and elderly individuals are disproportionately represented in the homeless data. Programs like ASSIST and SOAR can be contracted with to expand the resources here to help people access disability and social security benefits.
- ✓ Establish a consistent resource to coordinate with Tribal Housing Authorities to provide referrals and connect Native American individuals with Tribal resources, such as housing vouchers, assistance, and support services.

## **3. Goal: increase supportive services to provide services to residents at more affordable housing locations.**

- ✓ County BH facilitate the provision of more supportive services to PSH units that are not county-run by subcontracting with providers and using BCHD's position as a BH Center to leverage Medicaid funding for non-county staff to provide BH support, peer support, and counseling/medication assistance.
  - ❖ County Alcohol and Drug resources can increase their in-the-field work to do diagnoses that will allow for more resources for case management following the 1115 waiver.
- ✓ County BH facilitate collaboration with IHN and Samaritan to provide more behavioral health support onsite at affordable housing units, for example health workers onsite at DevNW properties. IHN has to be a partner as they have care management resources. Look at their reimbursement model for case management for PSH via a county contract.

### **BOARD DISCUSSION ON TOPIC 4 DRAFT POLICY:**

Flip: about vouchers, what about landlords? Make an appeal or case for landlords to accept vouchers. With empty apartments can we consider education for landlords to see value of consistent income?

Jim: years ago, Oregon legislator made discrimination on section 8 vouchers illegal; landlords can't refuse section 8 vouchers to pay rent. If market rents are higher than HUD will pay for; landlord is not required to accept a lower rent; so may not be useable if rent is so high.

Xan: Part of the Housing Authority challenge is the federal formula for capping the amount of rental assistance per voucher. Corvallis is lumped with much of Linn County, which makes the rental reimbursement rate too low for the Corvallis-Philomath market. This is a federal lobbying issue.

Barbara: connect to topic 3 with crisis respite needed for people with behavior health status and unable to engage. Possible to coordinate with state mental health and permanent supportive housing for those who fall outside of ability to engage with services provided, so they can transition

into permanent supportive housing? Move toward state supported permanent housing?

Andrea: Some group homes for those coming out of state hospital or with severe mental illness; becoming more aware of those places where people can go. We may not be able to provide the level of care like a group home that is staffed 24/7. Xan: State hospitals are full; Counties delegated the responsibility with local mental health authority to address the needs of vulnerable people, but funding is not commensurate with the task. Trying to build crisis respite into the system; Legislative proposals to address capacity issue.

Joel: Legal ramifications if someone has mental health issues to place them somewhere unless of their own will. If immediate danger, law enforcement can take action; directors and 2 physicians can sign—it is a high threshold—we may identify mental health issues but unless willing to engage in services; we don't have ability if not meet the high threshold. Joel will give talk on limits and responsibilities and Dannielle will talk on county's role on this topic.

Jan: How to build equity into plans we are making?

Catherine: Barriers: no references; no job; no income for rent; no resume; cost; homelessness; insecure environment; what are baseline needs and how case management can help in those areas and give options to help establish secure environment. With new development, can we implement a percentage that needs to be affordable housing--making it practical and realistic?

#### **VI. Next Steps**

Julie and Isna diagramed the overlap to cut down time at next month's meeting. Some areas show different groups recommended the same things. At next month's meeting, diagrams will be shared. Work groups will meet again to incorporate feedback on all recommendations and then share an updated draft at the March 24<sup>th</sup> meeting.

#### **VII. Meeting was adjourned at 6:30 pm.**