



Home, Opportunity, Planning, and Equity (HOPE)

Advisory Board Meeting

Approved Minutes

April 28, 2021 from 4 pm to 6 pm

ZOOM Meeting



Members Present: Florence Anderson; Lennox Archer; *Xan Augerot (Commissioner, Benton County); Catherine Biscoe;;; 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.

Excused: Karyle Butcher; Bruce Butler

Absent:

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

Guests: *Executive Committee Members.

- I. **Welcome and Introductions.** Reminder about agreements on culture and conduct. Review of timeline and agenda. Congratulations on a year and a half of great work!
- II. **Public Comments (limited to 2-3 minutes).**
 - Blair: Good work all. There has been a significant reduction in negative comments from neighbors. Want to share amazing progress--excited to share this info with you. Survey released to neighborhood association: We received 79 to 80 percent to questions related to CACs (*Community Advisory Committees*) as very important; 21-15 percent neutral; zero percent say it's not important. At end of the day, we need community buy in to succeed and find solutions. Thanks for time and energy. We appreciate you.
- III. **Approval of Minutes: MOTION** was made by Pegge McGuire to approve the March HOPE minutes. Anita Earl seconded the motion. **MOTION** passed.
- IV. **Membership update:** Lennox Archer and Linda Tucker are no longer able to serve even though committed to the cause. Niki Hobbs will remain on the board while we do board member recruitment. Janie Tebeau will join the board in May. Recommended to the executive committee mid and end of May to start doing community-wide recruitment. Will get assistance from Diversity Coordinator John Hahn and Equity Coordinator Rocio Munoz so that recruitment is inclusive and widely disseminated.
- V. **Overview and Community Updates:** Hope timeline; how we arrived; public feedback and priority topics.
 - Project Turnkey – Corvallis Housing First has acquired the Budget Inn for emergency

sheltering and then permanent supportive housing. If people are interested in shelter at the Budget Inn, please have them contact Dan Easdale at 541-224-1170.

- Based on the efforts and work from our local NAACP Corvallis/Albany Branch in partnership with the City and County, we have some good news about proactive equity on the topic of housing. The City of Corvallis Housing Division now has a [webpage](#) of information and resources, including the [petition](#) an individual property owner can fill out and submit to state courts to have a discriminatory covenant removed from a property (it is a state court process, not a city or county process).
 - Oregon state law already has nullified the legal power of any such discriminatory covenants, but property owners may also want to directly remove such covenants from their deed records, so there is a process for doing so. Benton County's Community Development webpage will have a link to the city's webpage to direct people to these resources.
- County mental health partnership with Corvallis Police Department on co-response pilot for 911 calls with a behavioral health need. Timeframe is TBD.
- Corvallis Police Department (CPD) Crisis Intervention Training (CIT) with the Benton County mental health (MH) division. CPD's goal is to have 100% of our sworn staff CIT trained. Pre-COVID the trainings for law enforcement were happening every quarter. The CIT training is a fully collaborative training that is an entire 40-hour week that covers a variety of MH topics, including trauma-informed care, mental health first aid, NAMI, high level medication training, etc. COVID has necessitated pausing these trainings, as they are a full-week, in-person training. The goal is to resume these as soon as it is safe to do so. It is important to note Benton County Sheriff's Office (BCSO), Philomath PD, and other area law enforcement agencies similarly prioritize CIT training for their staff.

VI. Presentation of Final Draft of Policy Recommendations: 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

To implement all of the recommendations, the following three systemic changes are needed:

- Organizational capacity needs to be built within social service organizations and is needed to work on and implement these recommendations.
- New Funding Sources
- Legislative Advocacy

DISCUSSION: Julie: After the Board adopts the recommendations and vote tonight, we can go through this language with elected officials making it polished and easily readable.

Funding recommendations have not changed—no public feedback on this item. Keep in mind, the Board has recommended prioritizing investment based on public feedback that supports microshelters most highly.

Legislative Advocacy: what came out of public feedback? Worries about whether services draw people from other areas; this state level advocacy can address that worry about migration of people.

(We do not have enough data to draw conclusions about migration.) Other areas are working on increasing services – service expansion is happening all over the state.

12 Policy Recommendations (List)

1. Facilitate and coordinate data improvement efforts with community partners.
2. Work with providers to create metrics for successful program goals.
3. Convene providers at routine meetings for improved care coordination facilitated by a full-time staff member.
4. Collaborate with social service and health care partners to increase the number of paid, full-time case managers to support people transitioning out of homelessness.
5. Pursue implementation of a crisis response team and collect data on scope and scale of need for crisis response.
6. Provide organizational capacity to facilitate and coordinate providers in establishing a 24/7/365 Sheltering System for all populations with onsite resources at shelter locations to transition people out of homelessness.
7. Facilitate and support the creation of a Resource Center.
8. Explore and investigate the need and the barriers to accessing housing for individuals and their families in our community whose past history has impacted their ability to secure housing.
9. Provide routine communication, notice, and opportunities for community involvement on the topic of homelessness services.
10. Increase development or acquisition of affordable housing units for permanent supportive housing (PSH) by 20 new units per year for the next eight years to add at a minimum 160 new units of PSH in Benton County.
11. Increase available rental/income assistance options.
12. Increase supportive services and stable funding streams to provide services to residents at more affordable housing locations.

Public Feedback on Draft Recommendations

- A 2-hour public forum on 4/13/21. Video posted on HOPE Community Engagement website: <https://www.co.benton.or.us/health/page/hope-community-engagement>
- 420 responses to the online survey from 4/1-4/15/21
- In-person focus groups for clients at Corvallis Housing First, Community Outreach Inc., Corvallis Daytime Drop-in Center, and SafeCamp
- Email feedback submitted to HOPE Coordinator: Julie.Arena@co.Benton.or.us

1. Facilitate and coordinate data improvement efforts with community partners.

- Public feedback: the most supported recommendation.
- Changes made: none.
- Description: Work with providers to improve data collection/tracking and to reduce duplicative data entry and data management. 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 is recommended immediately and could be accomplished with an existing staff person.
- Background: coordinated data collection and analysis of community-wide data support communities' efforts to end homelessness by understanding which individuals continue to cycle into homelessness and which providers and partners continue to interact with them. Best practices from a trauma-informed care perspective are to reduce the number of times an individual must recount their

history and circumstances to access assistance.

2. **Work with providers to create metrics for successful program goals** to track which services are successful interventions in transitioning people out of homelessness. Implementation can be immediate with existing staff person.
 - Public feedback: well-supported, no changes needed.
 - Changes made: none.
 - Description: successful program metrics assist with tracking which services deploy successful interventions in transitioning people out of homelessness. Implementation can be immediate with existing staff person.
 - Background: success metrics will help funders understand the value of their funding decisions, help us communicate with the community, and allow us to continually adapt and refine services to achieve the desired transition from homelessness for as many people as possible.

3. **Previous language:** Adopt the Hub Model of care coordination as a framework for doing business that coordinates existing partners.
 - Public feedback: the term “Hub Model” is not well understood, more explanation is needed of this model. Clients and service providers would like the flexibility for individuals to be able to attend a meeting like this if they want to and can. A pre-meeting between clients and their case manager before the main meeting can gauge the person’s desired outcomes and needs.
 - Changes made: describing the meeting and its purpose instead of using the term “hub” since it has confused clients and the general community. Adding flexibility to allow for the client to attend if they would like to be present.
 - **Updated language for #3: Convene providers at routine meetings for improved care coordination facilitated by a full-time staff member.**
 - Description: This model brings together different providers and partners at routine meetings to coordinate care for individuals with high and complex needs on a case-by-case basis. The purpose of this model is to bring together partners to improve the lives of individuals who are interacting with multiple systems. This model of care coordination has been referred to as “case conferencing,” Frequent Users Systems Engagement (FUSE), and also the “Hub model” of care coordination.
 - This model should allow for flexibility for the client to be able to attend if they would like to or not attend if they do not wish to or are unable to do so. A pre-meeting with a case manager and the client is needed prior to the all-provider meeting to assess the client’s ability and interest in attending and their goals for progress to inform the coordination.
 - The staff position to coordinate these meetings 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: with input from city/county and providers, to assess all available funding streams coming into Benton County (including Corvallis) that fund this work 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.
 - Hub spokes needed at the table should be diverse and culturally-versed: Benton County Health Department (BCHD), Corvallis Daytime Drop-in Center (CDDC), Unity Shelter, Community Outreach Inc. (COI), Unity Shelter, Corvallis Housing First (CHF), the Center Against Rape and Domestic Violence (CARDV), Samaritan, Inter-community Health Network-Coordinated Care Organization (IHN-CCO),

Jackson Street Youth Services (JSYS) when needed, the state Department of Health Service (DHS), Tribal liaisons, case managers, Casa Latinos Unidos (CLU), Philomath Community Services (PCS), South Benton Food Pantry (SBFP), Job training/vocational rehab, law enforcement/first responders, crisis response team members, Street Outreach Response Team (SORT) members, social security/disability advocacy, faith-based community volunteers, Older Adult Behavioral Health Initiative to do system-level coordination, Oregon Cascades West Council of Governments (OCWCOG). Any other provider who can provide access to services for a person in need.

- Geographic service area suggestion: the details and frequency can be decided by the Hub participants, but based on public feedback we recommend having routine monthly Hub meetings for Corvallis-centric clients, South Benton clients, and Philomath/West Benton clients (and other geographic regions as needed).
- Background: This model is similar to the former Benton County Adult Services Team and the current Homeless and Vulnerable Patients Workgroup convened by Samaritan.

4. Previous language: Paid, full-time staff are needed as case managers to support people transitioning out of homelessness. Case managers should have commensurate experience and background that reflects the people they are serving from a cultural perspective and based on lived-experience.

- Public feedback: clarify the city/county role and the need for case managers all over the county.
- Changes made: wording edited to clarify the city/county role and the need for more case managers in Corvallis and throughout the county.
- **Updated language for #4: Collaborate with social service and health care partners to increase the number of paid, full-time case managers to support people transitioning out of homelessness.**
- Description: there is a need for more case managers with experience and backgrounds 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.
- County: in addition to increased case managers in Corvallis, rural areas outside of Corvallis also need additional mobile/regional staff to support people's housing needs and transition out of homelessness.
- City and county work with OSU, LBCC, and any other local educational institutions on expanding internship workforce capacity from student populations.
- Background: case management is vital to support the transition out of homelessness. Not enough case managers are available in our community to support the need.

5. Previous language: Pursue the feasibility and implementation of a crisis response team.

- Public feedback: resounding support for the concept. Lots of support for a non-law enforcement response and lots of support for a co-response with mental health and law enforcement together. Questions about the data on this need.
- Changes made: add a data collection recommendation to understand the magnitude of the need for crisis response and potential cost savings from this model. Add a co-response recommendation based on public feedback.
- **Updated language to #5:** Pursue implementation of a crisis response team and collect data on the scope and scale of need for crisis response.
- Description: HOPE recommends a non-police intervention for crisis situations due to homelessness and behavioral health issues. A co-response with behavioral health professionals and law

enforcement is also needed depending on the situation. Coordination with street outreach and harm reduction is vital to ensure collaboration with overlapping populations.

- Background: HOPE’s research, data, and community feedback fully support ongoing efforts to implement a Crisis Response Team to redirect calls from law enforcement and provide team partnerships with law enforcement when an officer is necessary. We recognize that ongoing efforts are occurring with the Criminal Justice Systems Improvement project and the Willamette Criminal Justice Council. We recommend continuing to pursue implementation in those existing forums with experts on the topic of crisis response.

6. Previous language: Benton County needs a 24/7/365 Emergency Sheltering System for all populations with onsite resources at any shelter location to transition people out of homelessness.

- Public feedback: many worries about attracting people here/being a magnet for services, location(s) that don’t negatively impact businesses, neighborhoods, and parks, having a requirement to work on transitioning/self-sufficiency/responsibility once stabilized. The urgency of a place for tent and car campers to go – from the client and community-wide perspectives. If folks can stay here 24/7 while they work on transitioning, let’s call this a shelter system instead of an emergency shelter.
- Changes made: terminology updated to remove “emergency” from the Sheltering System title since individuals will be assigned that bed space for a period of time while they work with a case manager (they do not have to leave during the day like the historical emergency shelter locations). Major addition: a recommendation about the most urgent need being a place to move tent and vehicle campers where it is not illegal so they can stabilize and work on transitioning out of homelessness.
- **Updated language to #6: Provide organizational capacity to facilitate and coordinate providers in establishing a 24/7/365 Sheltering System for all populations with onsite resources at shelter locations to transition people out of homelessness.**
- This organizational capacity is needed to determine possible sites for sheltering, the logistics of implementation, and the ongoing funding from sources that minimize the use of general fund dollars. (See the first recommendation A for details on the organizational capacity needed in the form of project coordination, project management, land use planning, and grant writing.)
- Description: any shelter needs space for warming/cooling from the elements during the day. Individuals are assigned a bed space that is theirs 24/7 while they work with a case manager on transition. Emergency sheltering 24/7/365 with onsite resources is referred to as a “navigation center” in pending legislation (HB 2004 and HB 2006, 2021 Session).
- **We recommend the following six components of a sheltering system to address safety concerns for different populations:** congregate male, congregate female, non-congregate sheltering (like motel rooms or microshelters), managed tent camping, managed car/RV/trailer camping, and mobile service delivery to alternate locations. The team working to implement this sheltering system should look at available current and historic data to fine-tune the recommended estimates.
- **Initial Estimates of Need (long description)**

Recommended components of a Sheltering System:

- **Shelter Accessibility:**
- Shelter is accessible 24/7/365.
- Shelter is low barrier upon arrival to get individuals off the street. Options are available, but not required, for individual involvement to support the location while they work on transitioning, such as doing laundry, cleaning, or helping to provide food.
- Necessary components at any emergency sheltering 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.

- Shelter facilities and onsite services: necessary services at any shelter location include 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, and office space for meeting with providers like a case manager, mental health and addiction support person, and someone who can help enroll people in assistance programs.
- Shelter is temporary and is not a permanent housing solution. The duration of a person's stay will vary based on their needs, their progress with a case manager, and availability of an appropriate transitional or permanent option.
- A limited overflow area is needed at any sheltering location 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. RV sites must have gray and black water dump hookups for appropriate hygiene. The overflow area is under the supervision of the host organization.
- Hygiene and basic needs services accessible to any individuals, even those not staying in the shelter system: an area for warming/cooling from the elements where someone can be 365 days/year who is experiencing homelessness to minimize the need to go to multiple locations throughout the day to stay warm or get cool. There must be hygiene facilities, wifi, lockers, and food services that are accessible to individuals to balance the negative impacts on our natural areas and waterways for those without access to basic hygiene.
- Definitions section (long description)
- Background:
- **Challenges:** implementing this recommended emergency sheltering system will take time, resources, and political will. There are challenges with site identification, concentration of populations living in poverty, and the need for separation of some populations for safety.
- **Leadership:** there needs to be collaboration of leadership with providers and with the city and county supporting project management for project design and site planning to insure the following issues are addressed:
 - Geographic locations and siting options.
 - Adequate public transportation schedule to support client needs.
 - Service providers must be included as leaders to determine adequate spacing between populations. Suggestions from providers include separate floors, separate buildings, and/or microshelter rows for different populations.
 - Capacity is needed to research and explore available geographic areas in Corvallis, the urban growth boundary around Corvallis, and the county areas surrounding the urban growth boundary to find all possible locations for the different components for a sheltering system.
 - Phased Implementation to bolster Emergency Sheltering System: all of the components outlined for an emergency sheltering system will take staff capacity and time to be implemented. While the city and county work to build the organizational capacity and sustainable funding to support the long-term vision of implementing these components, the city and county must facilitate and support the enhancement of service capacity for these most urgent needs:
 - The men's shelter must be open 24/7/365 with additional service providers meeting with men onsite to transition them to transitional or permanent supportive housing.
 - The City of Corvallis and County, in partnership with IHN, Samaritan, and other service providers, should facilitate building the capacity for mobile service delivery to distributed microshelters, RV/trailer/car camping, and managed tent camping locations. This mobile service delivery can serve

populations both within Corvallis urban growth boundary and the greater Benton County areas that have expressed the need for access to services.

- The most urgent need voiced by clients and providers is a safe place to locate their tent or vehicle so they can stabilize, access services, secure a job, and transition out of homelessness. Basic needs of safety, sleep, food, and hygiene need to be met first before people can work on transitioning out of camping. This is also the most urgent need voiced by community members who are housed – addressing the unmanaged tent and vehicle camping throughout the community by having a place for managed camping in tents and vehicles so they do not continue to disperse and move from one street or natural area to another.

7. Previous language: Facilitate and support the creation of a Resource Center.

- Public feedback: lots of confusion about whether or not this already exists. Lots of fear about tax increases to fund it. Sentiment about attracting people here and only wanting to help people “from here.” Need to stress the statewide advocacy for funding for all counties to provide services.
- Changes made: updated description to address transit needs and working toward self-sufficiency.
- **Updated language to #7: Facilitate and support the creation of a Resource Center.**
- Description: the Resource Center should have office space for providers from different organizations to meet with people, enroll them in programs, and work on improving their economic stability with sufficient means to meet their needs. The city and county should facilitate and support the collaboration between the providers to choose the best location options and determine who will occupy and manage this Resource Center. Must have public transit, walking, and biking access. A dedicated shuttle service from shelter locations around the community will support access beyond just public transit.
- Ideal location: capacity is needed to research and explore available geographic areas in Corvallis, the urban growth boundary around Corvallis, and the county areas surrounding the urban growth boundary (similar to the work DLR has done for criminal justice components sites). Best options would be co-located adjacent to or very near some sheltering. Second best is very short walking distance. Also possible would be a shuttle system from shelter locations to the resource center.
- Background: supporting co-location of service providers from multiple organizations decreases 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 representatives from different organizations are co-located to coordinate care in one location. Most clients have to travel to multiple places (between 5-10 different geographic locations) to enroll in the numerous programs available to them.
- The Resource Center can have office space for service providers like Community Services Consortium (CSC), Council of Governments (COG), United Way, county 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, veterans programs, space for representatives from the Center Against Rape and Domestic Violence (CARDV), Jackson Street Youth Services (JSYS), Community Outreach Inc. (COI), Casa Latinos Unidos, Tribal liaison, NAACP representative, Unity Shelter, Corvallis Housing First, Linn Benton Housing Authority, other housing entities, state entities like DHS, etc.

8. Previous language: Establish referral pathways to transitional and permanent housing resources for serious criminal offenders (sex offenders, felony convictions, etc.).

- Public feedback: people misinterpreted this wording to think that the Board wanted a pipeline of ex-

convicts to find housing here.

- Changes made: edited wording to mention criminal history AND other history that makes it difficult to secure housing. More investigation needed to understand the magnitude of the need and explore solutions.
- **Policy Recommendation for #8: explore and investigate the need and the barriers to accessing housing for individuals and their families in our community whose past history has impacted their ability to secure housing**
- Description: people with past criminal histories, bad credit scores, and previous evictions continue to be disqualified from housing and remain unhoused. Housing assistance for people with conviction histories is lacking once they do not qualify for support from county Parole and Probation.
- Background: individuals with difficult histories end up living in their cars or RVs throughout the community. These individuals and their families are already a part of our community. There is a lack of data on the need for referrals for this population, although it is a known need based on provider feedback. Explore and investigate this issue further.

9. Previous language: Routine communication, notice, and community involvement need to happen on the topic of homelessness services.

- Public feedback: community would like a way to give feedback directly to city and county instead of only to service providers. They would like accountability in funding decisions based on community feedback.
- Changes made: added in a recommendation to create a mechanism for public feedback directly to city and county about funding for social service providers.

Communication, Notice, and Community Involvement for #9:

- **Routine monthly updates** 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. Regional updates are needed that include all of Benton County.
- **Quarterly public forum to provide verbal updates**, answer community questions about recent updates, provide dialogue, and have a community conversation beyond the 10 minute comment period at each HOPE meeting. Recommend a minimum two hours.

. [Changes to this third portion of #9 in bold]

- A notice requirement to neighborhoods and businesses with opportunities for involvement for any new services or new transitional locations approved or funded by the city or county. The intent of this notice and involvement requirement is to provide ample time and opportunity for community engagement.
- 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. **City/county establish a mechanism for community members to provide feedback on services and organizations directly to the city and county provider (via email, website, and postal option) instead of only to the service provider. City/county track community feedback for improved accountability and to make informed decisions about future funding allocations.** Organizations will forward any neighborhood feedback to city and county funders to evaluate future funding decisions and encourage resolving issues with neighbors.
- Community-wide notice should also be provided in the routine monthly community-wide communication.

10. Increase development or acquisition of affordable housing units for permanent supportive housing (PSH) by 20 new units per year for the next eight years to add at a minimum 160 new units of PSH in Benton County

- “New” can be new construction or conversion of existing units to PSH units. PSH is necessary for a small portion of our unhoused community who need permanent support to remain stably housed.
- Public feedback: worries about increased utility, water, and property tax bills.
- Changes made: updated terminology to indicate new funding sources from grant opportunities that already exist but that the county has not had the staffing capacity to apply for, disburse, oversee, and manage.
- Description: permanent supportive housing (PSH) is necessary for a small portion of our unhoused community who need permanent support to remain stably housed. “New” units can be new construction or conversion of existing units to PSH units. Increasing PSH will decrease the number of chronically homeless individuals in the community and result in cost savings. (<https://endhomelessness.org/wp-content/uploads/2017/06/Cost-Savings-from-PSH.pdf>)
- Develop a framework for awarding currently available grant funds that encourages, incentivizes, or requires, when possible, a certain percentage of PSH units in housing projects seeking affordable housing funding from the City of Corvallis.
 - County pursue additional grant funding streams to increase PSH units in greater Benton County to implement this recommendation.
- Coordination with City and County Community Development (CD) Departments is necessary to support this work. CD Departments should actively facilitate and encourage local organizations’ applications for grant funding and technical assistance from evidence-based approaches (for instance, state-level OHCS funding and technical assistance from The Corporation for Supportive Housing).
 - County collaborate with other cities in the county to increase PSH units outside of Corvallis.
- City/county evaluate non-traditional zoning and code solutions to respond to the need for more permanent living options:
 - Permanent tiny home villages.
 - Emerald Village in Eugene has 22 permanent tiny homes on 1.1 acres: <https://www.squareonevillages.org/emerald>
 - Peace village in development with 36 units on 1.7 acres: <https://www.squareonevillages.org/peace>
 - Accessory dwelling units (ADU) should be made allowable and more easily achievable. (Corvallis already allows ADUs; county code changes are needed.)
 - Motels converted to permanent living.

11. Increase available rental/income assistance options

- Public feedback: lots of general support. Some worries about increased utility, water, and property tax bills. The need for overall messaging about how rental support/vouchers are funded is important.
- Changes made: none.
- Increasing the number of place-based section 8 assistance 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.
- City/county proactively pursue all sources of rent subsidies with community partners, including

opportunities with the Veterans Administration, the state of Oregon, and rent subsidies. For example:

- 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.
- Engage with culturally specific and culturally responsive organizations to help connect communities of color to rental/income programs and ensure that program parameters are aligned with the needs of communities of color.
- 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.
- Background: place-based Section 8 assistance definition: the Section 8 program provides rent assistance to eligible households. The amount of the assistance varies with household income and is capped by HUD rules that define an area's "Fair Market Rent." The Section 8 Program can be delivered in two ways: as a voucher the recipient household uses to pay a portion of their rent, or as "placed-based" assistance in which the assistance is attached to a specific housing unit. The Section 8 voucher program involves being on a waiting list for years. Having to wait years for help doesn't work very well for people who are without housing now and have a disability that puts their health and well-being at risk. Place-based assistance works better than a voucher because an eligible person can move in as soon as there's a vacancy. For this reason, place-based Section 8 assistance is critically important to the development and provision of PSH.

12. Increase supportive services and stable funding streams to provide services to residents at more affordable housing locations

- Public feedback: some worries about increased utility, water, and property tax bills. The need for overall messaging about how these services are funded is important.
- Changes made: none.
- County facilitate and coordinate collaboration among community partner organizations to expand PSH units as part of their behavioral health responsibility. (Existing providers: DevNW, Commonwealth, Corvallis Housing First, county health staff.)
- County facilitate increasing supportive services by leveraging Medicaid funding for non-county staff to provide behavioral health support, case management, peer support, and counseling/medication assistance. Case management is the most critical component to prioritize.
- 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 facilitate collaboration with IHN and Samaritan to support more behavioral health services onsite at more permanent supportive housing units.

DISCUSSION:

- Need to clear up the HUB process. Ben from COI: We attempt to provide wrap-around services; feel like hub is more about collaboration.
- Joel: Brief recap of hub model: doesn't have to be called Hub—variety of disciplines at the table. Anyone can bring a case forward for review. No requirement for the person to be there. Create a plan of action and engage in service. There is data to support this model. More proactive approach; action based; backed with data; widely used in Canada to provide services; almost intervention style.

- Aleita: we talked a lot about hub model; hub model has no client present; the other has client in the center.
- Pegge: is hub a place or virtual place?
- Joel: it is confusing talking about hub and resource hub...unfortunate that both are called hub. Massachusetts offered to do a virtual presentation on the hub model. Don't need physical space for Hub; additional info on the model would be beneficial.
- Jim: these are implementation questions; people doing work will sort through. Core idea is first recognize that no organization has all resources. It requires collaboration among organizations which is critical to problem solving.
- Jan: hub model is process of problem solving; data driven; call it whatever you want. The intention of the Hub Model is exactly what we want with some adjustments—such as client involvement possibilities; discussion of who 'runs' it, 'where' it exists, how immediate and how long term the follow up is, etc. A hybrid of immediate of action and longer term intervention.
- Andrea: We need both a specific strategy for coordinating services for especially vulnerable individuals who are touched by law enforcement, as well as a general strategy of collaboration and coordination of services for the benefit of the larger homeless population.
- Catherine: It still seems that we are looking at two different models, the one that Aleita has mentioned and the original Chelsea model that Joel has talked about. Are we still looking at two separate models (one which involves clients) and one that does not? Before we move a recommendation forward at this time, do we need more data, or can we put together enough of a recommendation to bring this before the policy makers?
- Andrea: We need a FUSE approach and then a general encouragement of collaboration among agencies to better serve clients.
- Anita: I have a sense that being a smallish community with not many avenues of 'quick' response—so I like the hybrid idea of collaboration and agree it feels like we are talking about two different models here.
- Andrea: The other important thing is that the HUB gets more resources for housing and etc. to serve the most vulnerable.
- Catherine and Julie: consensus that more research needs to be done including learning more about the hub model.
- Rapid engagement and quick turnaround response with coordinated front door entry sounds good.
- We can adopt the recommendations as proposed with Joel's comments attached and an understanding that more work is needed to clarify.
- George: how we direct services with intervention and rapid response—means something different to me than to Joel. Some homeless concerned with police and social workers; deal with difficult people but careful on how we talk about it without engaging them in person. We do need mental health professionals and options available. Some people viewed as problems so we need to be careful on how we say it--there needs to be coordination in dealing with people in ways that are trauma informed.
- Pegge: talking about several different approaches. In hub/case conference model; take hardest to house first like fuse model or do we say these are easy to house firsts and then more difficult; how do we do that. Theoretical approach to how we resolve this.
- Catherine: very generalized, great ideas, two core ideas; one clients involved the other not. How do we recommend without more data. Need type of model but research is necessary.
- Julie: most high level; need fuse approach and general encouragement of collaboration.
- Pegge: contacted by consultant working for Benton county social service agency: how to engage

the community..been around for 100 years and I barely knew they existed. Is there a table where people share? HOAC was kind of that table; closest is HOPE and Mac Gillespie's work around food/food insecurity; no entity provides coordinated approach to services; so not duplicating services but complimenting.

- Jim: services engagement ; provide technical assistance to communities; fuse being implemented in Lane county; these models like hub and fuse much more coherent than there strategy based on experience and FTE dedicated; requires commitment of resources to make it work.
- Julie: prioritize collaboration and coordination and will do more research; ask for all of you to see if you want to form a workgroup or subcommittee to look into models more. Anyone interested in being on work group: Joel, Catherine, Jan, Pegge. Email Julie if want to join this group.
- Joel: implement a crisis response team without talking about cost savings and data gathering. Julie: what about paring down languages.
- Xan: collect data on scope and scale of need; Pursue implementation of a crisis response team and collect data on scope and scale of need for crisis response.
- Barbara; making data available from law enforcement.
- Jim: Talking about data on citations and crimes; related to homelessness. When in agency's self interest to report it, they do. Joel will provide an educational portion at next meeting.
- Group to make recommendation on best approach; what we have and community has; we are identifying toolbox; managed camping is one of those tools; it is a service in the tool kit. Whether political will or not but does not change our recommendation.
- Xan: saying no to managed camping means accepting unmanaged camping scattered around the city. A lot in South Corvallis, people ready for that not to be the case throughout Avery Park along Mary's river; everyone prefers microshelters but cannot get there overnight; need a place for people who disperse.
- Reece: micorshelters could be built by winter. Pioneer park is empty; might be issue with management; managed camping might be a higher used option.
- Catherine: clarify goal is not permanent; but emergency response; necessary as contingency in future; keeping language as contingency not for long term.
- Julie: when managed it is successful for getting people off streets and out of homelessness.
- Alieta; safe camp success; a lot of people who transitioned; horizontal and vertical thinking; once place to stay move forward and get new places to live.
- Julie: can ask for data and what it looks like to have managed camping; I think including there is some disagreement on board whether managed camping should be recommended. Up to elected officials what part they adopt.
- Charles: when collected data for Pioneer and BMX park, very different entities with different rules.
- Barbara: a lot of feedback public not happy with camping; even though managed camping lowest choice in that stepping stone getting people into more stable transitional housing at same time as making camping illegal which is what the community wanted.
- Julie; up to city and county to operationalize recommendations; sheltering system with different components.
- Joel: go back to points I made in email; data driven, respectful of community input; struggle with recommended managed camping as option; best course demonstrate priorities and provide parameters; a lot of people been camping with little or no enforcement this past year. Don't think it accurately reflects data from community if we recommend managed camping.
- Charles: agree with following the data: We collected data and did poll; people mostly uncomfortable with unmanaged camping: Agree that managed camping is not the solution but good

course of action given our options but not the end goal.

- Andrea: we cannot rule it out; need to provide something for people.
- Jan: concerned what law enforcement would think about this; do more exploring before we set up parameters and expectations.
- Pegge; responsible to our values; data driven input; very concerned as civil rights activist about perspective of “community” input; historically neighborhood groups did not allow people of color into neighborhoods. Worried if give too much weight to community input; value-centered altruistic determination on where we go with this.
- Jim: put community input in perspective: we asked them on input on aspects and it is our job to look at it holistically and apply moral compass. Community input is important; but if people don't like managed camping does not mean it cannot be a recommendation. Our job is create a system whereby their well being can be improved and the well being of the community.
- Xan: community perspectives: heard two things; camping least preferred; not secure; not safe; not stable; tents don't last; don't think want managed camping to be thrown out completely in case of overflow; that was broadened; least preferred tool in toolbox.
- Reece: people utilizing managed camps: better to have microshelters; change wording for designated place for people to camp; not just free camping.
- Aleita: should be continuum in the toolbox; didn't have pilot for managed camping.
- Reece: change wording from managed to designated.
- Julie: ok if not perfect agreement; note it in the vote; voice and include in email why they don't agree.
- Xan: Take a look at this article on managed camping in Santa Rosa https://khn.org/news/article/go-ahead-and-vote-me-out-what-other-places-can-learn-from-santa-rosas-tent-city/?utm_campaign=KHN%3A%20Daily%20Health%20Policy%20Report&utm_medium=email&hsmi=120278905&hsenc=p2ANqtz-6P-bRCbnCsMjAsWlhXWq43XvdNaCf1Xg2ihytAiP_ul1YgZRZZ6fa3GmHAtrXZkUTcRLBaVzSjiz7d70n7fcuDSWDUISIHQPUj4iU3vumlB2jSeA&utm_content=120278905&utm_source=hs_email
- Pegge: We need a continuum of options for people because no one solution is appropriate for everyone.
- Jan: Reece made a very good point re getting data as to how many applied to live at the BMX/MCWS managed camp.
- Andrea: Managed camping as a contingency if there are no other options for people
- George: Let's just not fool ourselves thinking that leaving managed camping out will do anything to change illegal camping. Having managed camping as an option reduces unmanaged camping.
- Andrea: If there is no place for people we have to provide an alternative. We have to say that managed camping would be an option if nothing else is available (shelter or housing)
- Pegge: Community input is not always reflective of altruistic and inclusive perspectives.
- Andrea: Managed camping is not unmanaged camping!
- Xan: We got two different community perspectives. That tenting is the least preferred option by everyone, housed and unhoused. And then, this month, we heard that we need to keep managed camping on the table, and not throw it out altogether. Let's not pit ourselves against one another!!
- Jan: We need to define success parameters / goals for managed camping.
- Pegge: Correct. Managed camping is an essential option in the continuum.
- Jan: FYI, designated parcel for unmanaged camping failed in Eugene a few years ago. Council disbanded it after a year of problems (was located at the corner of Roosevelt and Bertelsen).

VII. VOTE on Recommendations: Vote to adopt all except for Number 6 (24/7/356 – we will not vote on that right now)--Just the other 12 recommendations.

DISCUSSION: Joel: To clarify for number 3, we will do more research correct? Language will prioritize collaboration recommend more research on models. Yes.

•**MOTION:** Pegge McGuire made **MOTION** to approve all of the recommendations except for Number 6. Charles Maughan seconded. **MOTION** passed unanimously.

•**MOTION:** George Grosche made **MOTION** to adopt Number 6 on organization capacity and sheltering system. **MOTION** seconded by Pegge McGuire. **14 AYES; 4 NOS. MOTION PASSED.**

Opposed: Joel Goodwin—as per his email that stated public feedback does not fully support managed camping; Christina Jancila; Jan Napack; Reece Stotsenberg.

Question:

- Catherine: Is there an option to testify on the 20th that this is contingency emergency recommendation to make sure waters do not get muddy about managed camping. Xan: May 20 meeting there is no opportunity to testify. Catherine: those voting no can submit their reasons in writing. Xan: If we say no to managed camping, we are essentially saying that we are ok with rough, unmanaged camping and moving people along. We all prefer microshelters, but we cannot get there right away. Charles and Anita agree with Xan.
- Jan: Understood! But has managed camping been shown to be quantitatively useful for short term transitional housing? I think SafeCamp might have some data.

VIII. Next steps: May 20: joint meeting of City and County elected officials.

- Executive Committee communicates the recommendations to the City and County elected officials.
- City and County elected officials begin the process of reviewing and adopting recommendations.
- May 26 HOPE Meeting discuss next steps in the board's work, any questions the city/county leaders have about this first round of policy recommendations.

XI. Meeting was adjourned at 6:10 pm.