

# **HOPE Advisory Board Meeting**

## **3/24/2021**

Zoom Meeting hosted by Julie Arena, HOPE Coordinator

# Zoom Housekeeping

- All attendees are muted when they join.
- All attendees can unmute themselves and choose to be seen visually by clicking “Start Video” at the bottom of the screen.
- Public comment:
  - Type your name into the “Chat” area, say you want to make a public comment, and on what topic.
    - Example: “Julie – public comment – crisis response.”
  - For those on the phone, there will be an opportunity to comment, too.
- Questions during the meeting:
  - Type into the “Chat” area and send it to host, Julie Arena.

# Meeting Logistics and Agenda

- 1. Meeting Overview**
- 2. Agreements and Culture**
- 3. Public Comment on any topics for 10 minutes**
- 4. Logistics:**
  - a. Vote to Approve 2/24/20 Minutes – roll call**
  - b. Timeline for public engagement on final draft of recommendations**
- 5. Presentation of second draft of Policy Recommendations**
- 6. Community Updates**

# Agreements for our culture + conduct:

Fun

Inclusive ✓✓

humor

Food ✓

Action/roll up sleeves

Change the face of Homelessness

honesty

Respect ✓

consensus

Think before you speak

Courtesy ✓

transparency

Recognize personal bias

Kindness ✓

time management

concise communication

Open minded ✓

opinions matter

data driven

Do your homework!

patient

authentic

Valuing personal experience

dedication/work ethic

honor the expectations of  
the work

# Public comment: 10 minutes

- **Comment limited to 2-3 minutes based on number of people wanting to comment**
- **Type into the “Chat” and say you want to make a public comment and on what topic.**
- **For those on the phone, I will ask if there are any public comments from callers.**
- **Can also submit written comments via email to [Julie.Arena@co.Benton.or.us](mailto:Julie.Arena@co.Benton.or.us)**

# Logistics: Vote to approve 2/24/20 minutes, roll call

Florence Anderson

Lennox Archer

Xan Augerot

Catherine Biscoe

Karyle Butcher

Bruce Butler

Bryan Cotter

Anita Earl

Joel Goodwin

George Grosch

Barbara Hanley

Aleita Hass-Holcombe

Nicole Hobbs

Christina Jancila

Charles Maughan

Pegge McGuire

Jim Moorefield

Andrea Myhre

Jan Napack

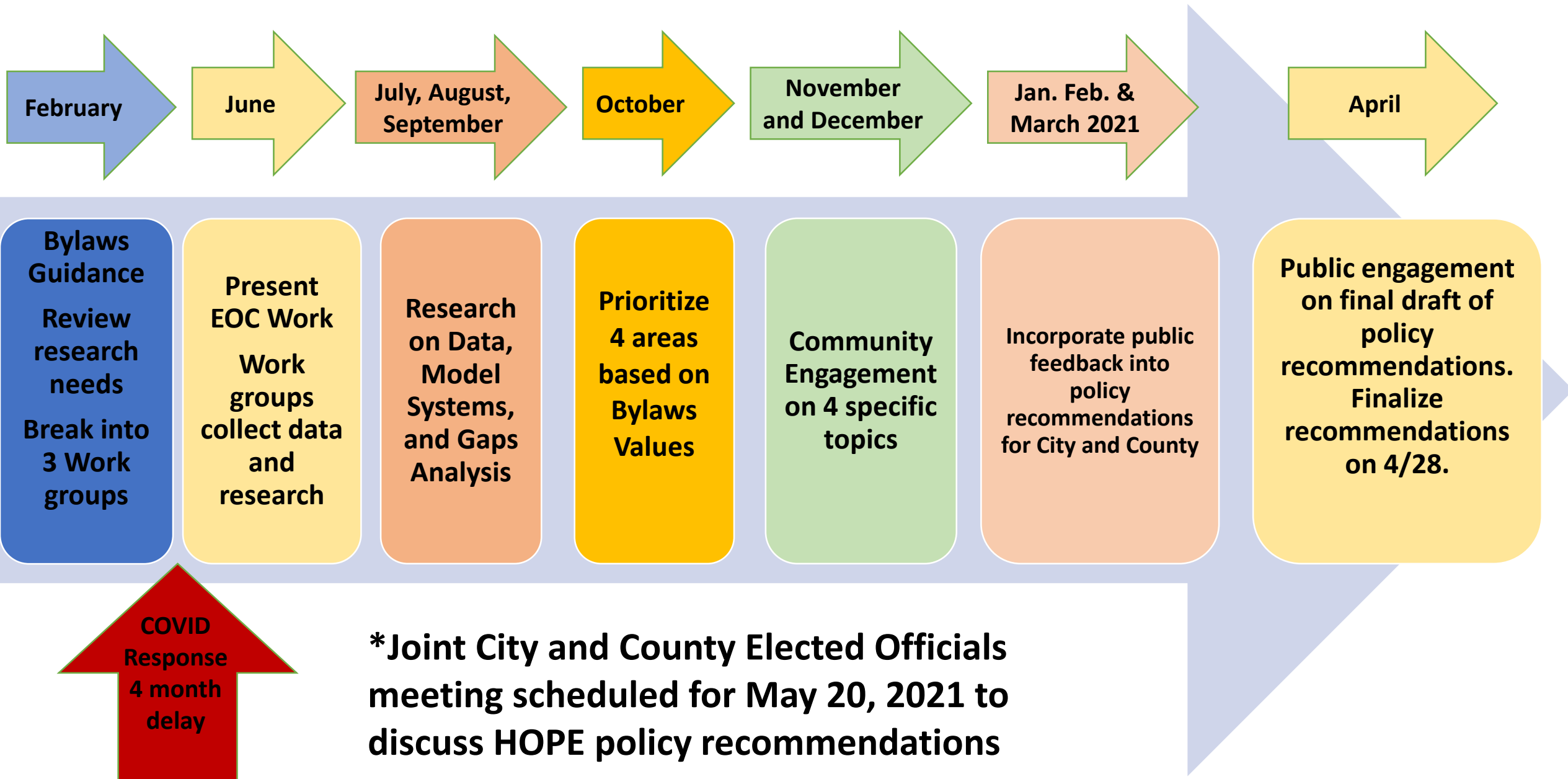
Reece Stotsenberg

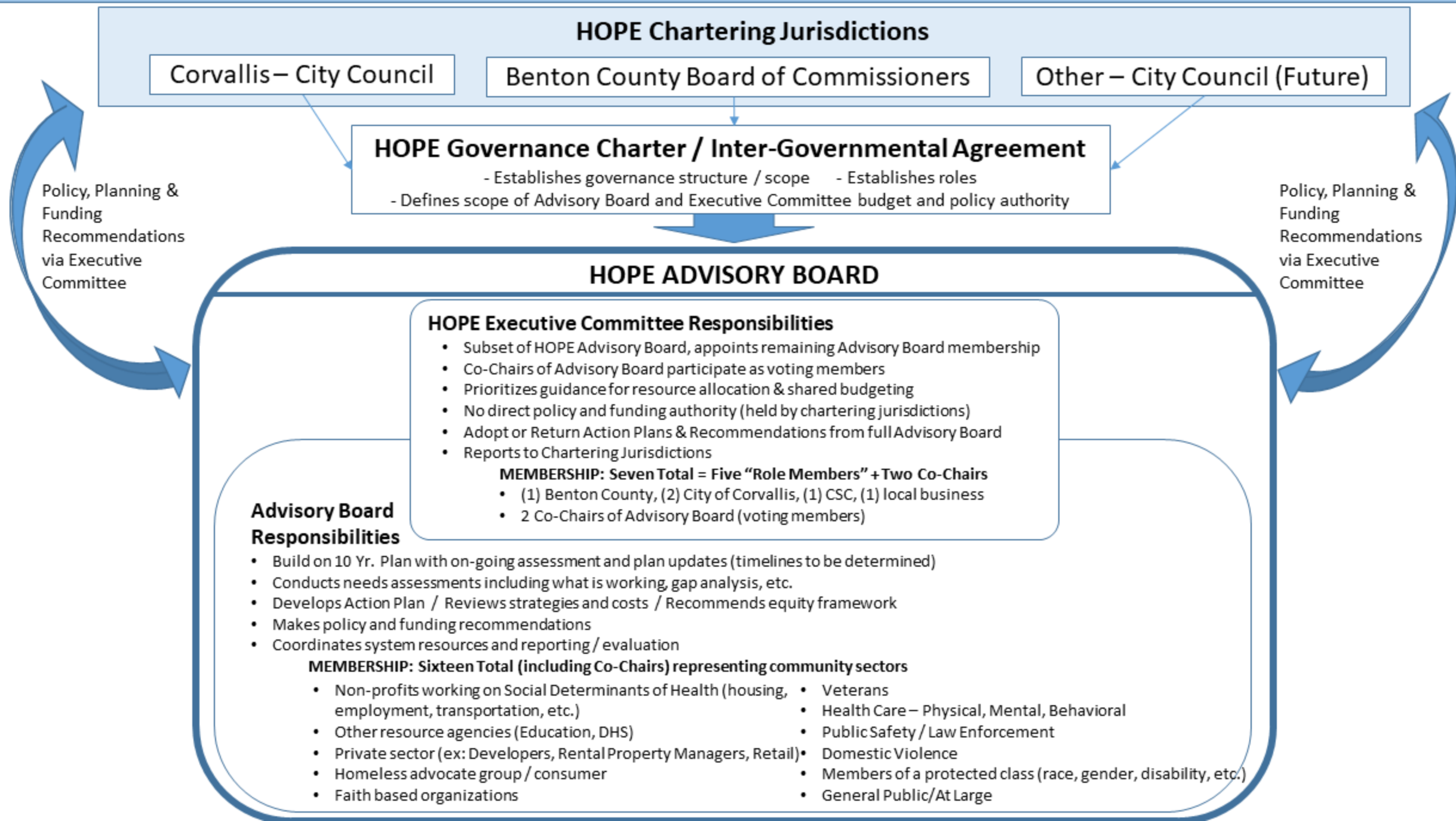
Linda Tucker

## **\*Update on Board membership**

- **April Community Engagement –  
timeline and purpose**
- **Today: focus on INTENT, not  
wordsmithing**

# HOPE Timeline – where are we now?







# Priority Topic Areas

- Keep at the forefront diversity, equity, and inclusion recognizing identified disparities in our community data.
- HOPE Bylaws value: safety, vulnerable populations, and racial and ethnic justice.

## 1. Strengthen Crisis Response Resources: Align Services – Operational Changes for Improved Care Coordination:

- Coordination between existing providers with street outreach and Hub Model of care coordination. Increased case managers to support this care coordination from entry, transition, and permanent case management support to remain in housing.
  - Follow up case management and rental assistance to stay housed in whatever environment works for the individual.
- Data tracking coordinated between providers. Data collection coordinated between providers from entry, to transition, to permanent options.

## 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

- Current providers are COI, Corvallis Housing First, and SafePlace.
- Additional examples include microshelters/conestoga huts, managed camping, RV and car camping in locations that are safe, sanitary, stable, and provide services for health.

## 4. Permanent Supportive Housing Units

- Definition: affordable, community-based housing for individuals and families who have experienced long-term or chronic homelessness and have been diagnosed as having a physical or developmental disability, a severe mental illness, substance abuse problems or HIV/AIDS; or are members of another designated group within the homeless population.
- Structures may include apartments, single-family houses, duplexes, group homes or single-room occupancy housing.
- Supportive services vary, most programs offer case management and housing support, but may also offer more intensive mental health, substance abuse, vocational, employment or other services which help promote independent living. Supportive services may be offered on-site or off-site, or be provided by a mobile service team. (LA County Taxonomy)

# HOPE Priority Topics

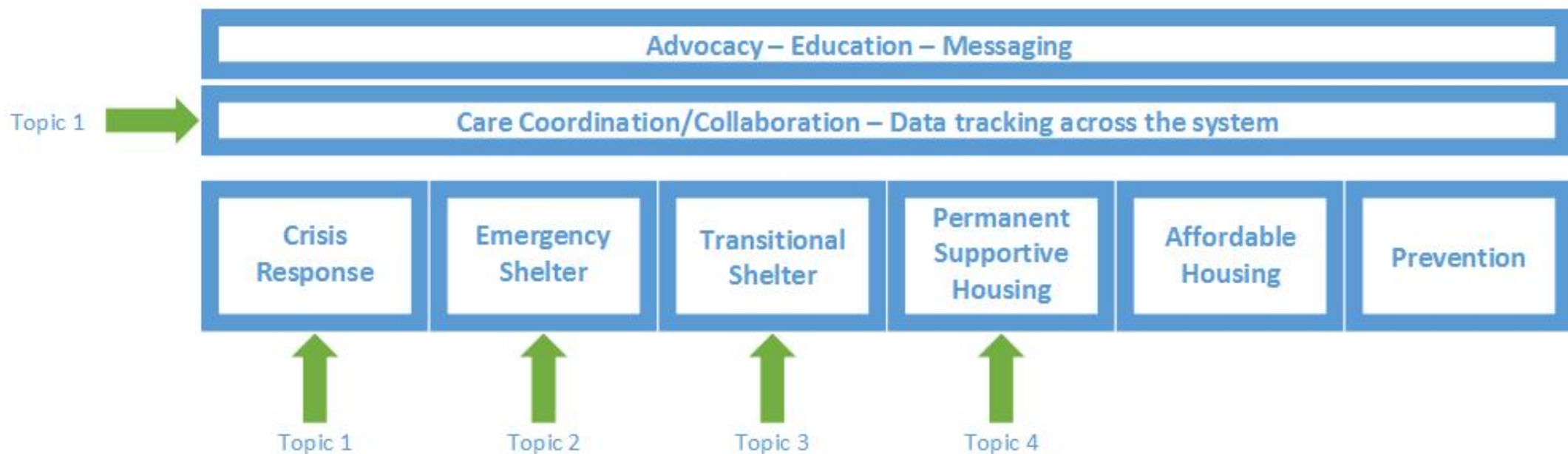
- How did we arrive at these four priority topics?
  - Data, research on model systems, analysis of the gaps in our system (summer 2020)
  - Prioritizing in October 2020 by where our data says we have the greatest:
    - Safety concerns
    - Racial and ethnic disparities
    - Vulnerable populations
- 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

# Public Feedback Summary from November and December 2020:

- 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
- Full public feedback presentation available [here](https://www.co.benton.or.us/sites/default/files/fileattachments/health_department/page/7203/hope_advisory_board_meeting_1_27_21_final.pdf) (https://www.co.benton.or.us/sites/default/files/fileattachments/health\_department/page/7203/hope\_advisory\_board\_meeting\_1\_27\_21\_final.pdf)

# HOPE Policy Recommendations on First Four Priority Topics

# HOPE Advisory Board Priority Topics – Systemic Vision



To Implement All of the Recommendations, the following three systemic changes are needed:

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

# These recommendations are grounded in the following:

- Data: our data shows we have gaps in our system of services for individuals in crisis due to homelessness. A gap is where there is a needed service or type of housing for people but that service/housing does not exist at all or does not exist for a certain population.
- Prioritizing vulnerable populations and safety for all (individual safety and community safety), while actively working to reduce racial and ethnic disparities based on where our data shows these factors exist. Vulnerable populations include people with a behavioral health condition (mental health or substance use disorder), LGBTQ community, elderly, children, veterans, and individuals with disabilities.
- A systems-level approach: all four of these topic areas are crucial to a successful system of housing and services to transition people out of homelessness and support them in remaining housed.
- Public feedback: the majority of quantitative and qualitative public feedback shows support for the following recommendations.

# HOPE Topic 1 Draft Policy

## Recommendations:

Strengthen Crisis Response  
Resources and Improve Care  
Coordination

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

- 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.



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.

### 3. Adopt the Hub Model of care coordination as a framework for doing business that coordinates existing partners.

- Hub model of care coordination **brings together different providers and partners at routine meetings to address the complex needs of individuals.** This model is similar to the Adult Services Team or the Homeless and Vulnerable Patients Workgroup convened by Samaritan.
- An “agency navigator” is best 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: with input from city/county and providers, assess 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.

Hub Model explanation continued:

- **Hub spokes to include at Hub meetings should be diverse and culturally-versed:** Benton County Health Department (BCHD), Corvallis Daytime Drop-in Center (CDDC), Unity Shelter, Community Outreach Inc. (COI), 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), 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.
  - Include in the Hub a representative who is 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. (This resource does not yet exist and is a recommendation from Topic 4: liaison to Tribal Authorities.)
- **Geographic hub suggestion:** the details and frequency can be decided by the Hub participants, but we recommend based on public feedback having routine monthly Hub meetings for Corvallis-centric clients, South Benton clients, and Philomath/West Benton clients (and other geographic regions as needed).

**4. Support 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 representatives from different organizations are co-located to coordinate care in one location. (Long-term implementation)

## 5. Allocate local and state resources to programs that support these first four goals:

- **Collaborating 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)

**6. 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.

- 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: rural areas outside of Corvallis need additional mobile/regional staff to support people's housing needs and transition out of homelessness.
- City and county work with OSU and LBCC on expanding internship workforce capacity from students.

## 7. Institute a crisis response team

We recommend a non-police intervention for crisis situations due to homelessness and behavioral health issues. Pursue the feasibility and implementation of a crisis response team. 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.

## HOPE Topic 2 Draft Policy

Recommendations: 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.



# Recommendations:

**An Emergency Sheltering System** is needed that has two components:

1. Emergency sheltering for all populations with onsite resources at any shelter location.
2. Resource Center with representation from providers from multiple agencies.

## 8. Emergency Sheltering System

**Benton County needs an Emergency Sheltering System with onsite resources at any shelter location to transition people out of homelessness** with 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 upcoming legislation (HB 2004 and HB 2006, 2021 Session).

# 8. Emergency Sheltering System continued...

- **Challenges:** Implementing this recommended sheltering system will take time, resources, and political will. There are challenges with identifying one or more sites, 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. Land use planning research is needed to identify all available sites so providers can make informed decisions about locations.
  - 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, separate sites, 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.

## 8. Emergency Sheltering System continued...

- **Phased Implementation Recommendations:** all of the components listed below for an emergency sheltering system will take 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 at existing locations in the interim.
  - The existing men's and women's shelters must be open 24/7/365 with additional service providers meeting onsite to transition them to transitional or permanent supportive housing.
  - In partnership with IHN, Samaritan, and service providers, the city and county or another service provider 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.

# 8. Emergency Sheltering System continued...

**The following three populations** need separate sheltering:

- Men in congregate sheltering
- Women in congregate sheltering
- Non-congregate sheltering 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, people with pets, and family units. We recommend single-unit sheltering options, such as motel room style units and/or microshelters, to provide this non-congregate capacity.
  - The microshelter design needs to be expanded to accommodate a double bed or bunk beds. (Example: the women's shelter has a successful model of congregate beds and microshelters with daytime indoor living space and a case manager onsite to work on transition.)

# 8. Emergency Sheltering System continued...

## **Recommended components of an Emergency Sheltering System:**

### **1. Shelter Accessibility:**

- Shelter is accessible 24/7/365.
- Emergency 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.

# 8. Emergency Sheltering System continued...

## **Recommended components of an Emergency Sheltering System:**

- 2. Shelter Facilities:** 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.
- 3. Shelter Services:** space is designated for providers to meet with clients to work on transitioning out of homelessness and addressing their needs onsite at the sheltering location.

# 8. Emergency Sheltering System continued...

## **Recommended components of an Emergency Sheltering System:**

4. 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 manager, and availability of an appropriate transitional or permanent option.
5. 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.



## 8. Emergency Sheltering System continued...

### **Recommended components of an Emergency Sheltering System:**

6. There must be 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. The warming/cooling areas are accessible to individuals not staying in emergency shelter.
7. There must be hygiene facilities, wifi, lockers, and food services that are accessible to individuals not staying in emergency shelter.

## 8. Emergency Sheltering System continued...

**Managed Tent Camping:** the Emergency Sheltering system must include a managed tent camping area with boundaries, amenities, and direct supervision. To transition people out of tent camping, we recommend a managed, emergency tent camping area with 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. The tent camping is limited in number based on staffing capacity to provide case management. Allowing an area for tent camping will address the safety and environmental health concerns of unmanaged camping and allow for enforcement of illegal tent camping elsewhere.

1. Definition of managed tent camping: a specific, designated area where camping in tents is under the direct control of an organization. The organization provides tents and pallets to elevate the tents and is responsible for the condition of tents. The organization designates tent placement with consideration for emergency service accessibility. Campers have access to hygiene, water, trash, and resources.

## 8. Emergency Sheltering System continued...

2. Tent camping is not supported by the public feedback due to concerns of fire, individual safety, community safety, litter, noise, and visibility. Managed and supported camping addresses these community concerns. We recognize that tent camping is illegal, and yet is widespread. (Corvallis chose to cease posting during COVID pandemic, to allow people experiencing homelessness to shelter in place).
3. We recognize there are individuals who will not engage in case management to transition out of homelessness. Appropriate interventions need to be available for those who cannot engage due to behavioral health conditions, such as crisis response and respite. Pretrial justice services and additional jail capacity are needed for those who break the law. (We recognize there are current efforts to improve crisis response, respite, and additional criminal justice services.) 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 once again be posted when the pandemic statewide emergency is lifted.

## 8. Emergency Sheltering System continued...

**A managed RV, trailer, and car camping area is needed.** RV sites must have gray and black water dump hookups for appropriate hygiene.

Definition: a specific, designated area where camping in vehicles is under the direct control of an organization. The organization designates vehicle placement with consideration for emergency service accessibility. Vehicle campers have access to hygiene, water, trash, and resources. Mobile service delivery capacity can make it possible to support distributed sites at multiple smaller locations throughout the county.

# 8. Emergency Sheltering System continued...

**Initial Estimates of Need for Emergency Sheltering:** the team working to implement this emergency sheltering system should look at available current and historic data to fine-tune the recommended estimates.

- **Women: 40 congregate beds** based on historical data from the women's shelter. This estimate includes the existing 20-25 beds at the women's shelter which may not be able to remain in its existing location and cannot operate 365 days/per year at that location given church needs.
- **Men: 60 congregate beds** based on historical data from the men's shelter. This estimate includes the capacity at the men's location which may not be able to remain in its existing location given flood plain concerns and space constraints.
- **Non-congregate units** (single-unit occupancy sheltering, for example motel units and microshelters) for couples, parent/child, non-binary and trans folks: **40 units** based on HOPE survey data on trans and non-binary needs and feedback from providers regarding couples and individuals with a child. Our system currently has no permanent, non-congregate emergency sheltering for couples, trans or non-binary folks, and families needing low barrier shelter. Some limited microshelter capacity exists for transitional living in microshelters through SafeSpace. CHANCE is providing motel sheltering for 30 hotel rooms with COVID emergency funding. The Budget Inn will be adding 25 non-congregate units in April 2021, but that emergency sheltering will transition to permanent supported housing in approximately 1-2 years.

## 8. Emergency Sheltering System continued...

### **Initial Estimates of Need for Emergency Sheltering continued:**

- **Managed RV/trailer and car camping:** we do not have a good estimate of this need based on our current data system. At Pioneer Park, 30 applications (representing about 60 people) were submitted. At Pioneer Park, 15 RV spaces and 9 car spaces are being occupied. All 11 spots at the Fairgrounds were full with 21 individuals camping in cars and RVs. Based on these locations alone, at least 40 RV and car camping spaces are needed in Corvallis. The county-wide need is undetermined.
- **Managed Camping:** between 80-120 individuals are camping in Corvallis close proximity to the hygiene center, on ODOT property, and in the skate park. These estimates may change with more available shelter beds.

[End of Emergency Sheltering recommendation]

# Feedback on Emergency Sheltering System recommendations

- Five components needed as part of our sheltering system – all need hygiene facilities, 24/7/365, and case management services provided onsite: 1) men's congregate, 2) women's congregate, 3) non-congregate units, 4) managed tent camping, and 5) managed RV/trailer/car camping.
- Two additional components for hygiene and basic needs available to anyone not staying in shelter: 1) warming and cooling area, and 2) hygiene facilities (shower, bathroom, laundry).
- Accessibility, safety, and resource access is critical for all components.

# 9. Facilitate and support the creation of a Resource Center

- The city and county should facilitate and support the collaboration between the providers who will occupy and manage this Resource Center.
  - 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.
- The Resource Center should have office 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 CSC, COG, United Way, 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, veterans programs, space for representatives from CARDV, JSYS, COI, Casa Latinos Unidos, Tribal liaison, NAACP representative, etc.
  - Ideal location: co-located adjacent to or very near some emergency sheltering. Second best is very short walking distance. Worst-case scenario would be a shuttle system from emergency shelter locations to the resource center.
  - Must have public transit, walking, and biking access.



# HOPE Topic 3 Draft Policy

## Recommendations:

Transitional options for stability,  
safety, and health

10. Prioritize investment based on public feedback and cost effective allocations of limited public resources.

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

# 10. Prioritize investment, continued

Tent camping is the least supported transitional option from 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, 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 response and crisis respite are 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.

# 11. Establish referral pathways to transitional and permanent housing resources for serious criminal offenders (sex offenders, felony convictions, etc.).

- For example, a referral pathway from Benton County Parole & Probation to CHANCE to coordinate housing resources. \*Note: there is a lack of data on the need for referrals for this population, although it is a known need. Explore and investigate this issue further.

# 12. Communication, Notice, and Community Involvement:

- **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.

# 12. Communication, Notice, and Community Involvement, continued:

- **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. Organizations will forward 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.

# Feedback on Transitional Options recommendations

- Prioritize investment based on public support for transitional options with microshelters most preferred.
- Establish referral pathways for individuals with felony convictions.
- Communication, notice, and community involvement.

HOPE Topic 4 Draft

Recommendations:

Permanent Supportive Housing (PSH)



# 13. Increase development or acquisition of affordable housing units for permanent supportive housing (PSH)

Increase the PSH units 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.

1. Develop a framework for awarding 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 funding streams to increase PSH units in greater Benton County to implement this recommendation (no dedicated funding stream at the county currently exists like CET and CDBG in Corvallis).

# 13. Increase development or acquisition of affordable housing units for permanent supportive housing (PSH) continued:

2. 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.
3. 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.

**Topic 3:** actively identify available land in the urban growth boundary to add to the land supply available for transitional housing and social services.

**City and County  
Community  
Development  
Departments  
work together  
to actively add  
available land  
and units for  
housing  
options**

**Topic 4:** Increase development or acquisition of affordable housing units for PSH

# 14. Increase available rental/income assistance options

1. 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.
  - 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.

# 14. Increase available rental/income assistance options, continued:

2. 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.
3. 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.

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

1. 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.)
2. 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.
3. County facilitate collaboration with IHN and Samaritan to support more behavioral health services onsite at more permanent supportive housing units.

# Feedback on permanent supportive housing (PSH) recommendations

- Increase PSH units
- Increase rental income options
- Increase supportive services

The last three recommendations apply to recommendations 1-15.

16. Organizational capacity is needed to work on and implement these recommendations, and organizational capacity needs to be built within social service organizations to manage and provide the services.
17. Funding recommendations
18. Legislative Advocacy



16. Organizational capacity is needed to work on and implement these recommendations, and organizational capacity needs to be built within social service organizations to manage and provide the services.

- **Paid, full-time staff are needed to work on, coordinate, and implement these recommendations on homelessness** (whether that capacity is built internally or contracted out). No new solutions can be successfully implemented without new staff whose job it is to work on the topic of homelessness. The following functions are needed to implement these recommendations: project management, coordination and outreach, land use planning, grants management (grant writing, contracting, grant administration, oversight, reporting).
  - Specifically, a team is needed to research and pursue sites for emergency and transitional sheltering, permanent supportive housing, and services locations. 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 providers and city/county leadership to make informed choices.

## 16. Organizational capacity continued:

- **Invest in building organizational capacity at organizations that can manage all components of these recommendations** and work to support and successfully transition people out of homelessness. 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 microshelters 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 microshelters at available locations.
  - Capacity must be built for organizations to serve Benton County residents outside of Corvallis.

Topic 1: data improvement, care coordination, Hub model

Topic 2: a team is needed to pursue sites for emergency services locations and a resource center.

Full-time staff are needed to work on, coordinate, and implement these recommendations on homelessness

Topic 3: paid, full-time staff work on, coordinate, and implement solutions to homelessness, like transitional options.

Topic 4: capacity to coordinate and pursue PSH projects.

Topic 1: case managers to do outreach and care coordination

Topic 2: to provide onsite services to transition people out of homelessness once they have stabilized at this emergency location

**Paid, full-time staff to support people transitioning out of homelessness.**

Topic 3: work with IHN-CCO and Samaritan on workforce capacity for housing case managers, peer support specialists, and social service providers

Topic 4: Case managers needed as part of permanent supportive housing

# 17. Funding recommendations:

Explore state, federal, and private funding to expand organizational capacity to work on these topics and to fund the implementation and permanent provision of all these recommended services. In partnership with providers, assess current funding streams to ensure funding is not being taken away from existing services but that additional funding is pursued.

- Grant writing capacity at the city/county is needed to access additional funds that are available but are not being applied for.
- County pursue additional funds from Community Development Block Grant in county areas and in partnership with municipalities who have not explored this funding option.
- County explore Medicaid 1115 waiver funding for housing case managers, SAMHSA funding for transitional housing for individuals with a behavioral health diagnosis who do not fall into the SPMI population, new Transient Lodging Tax funding, and private foundations such as Meyer Memorial Trust, Oregon Community Foundation, McKenzie River Gathering, and Benton Community Foundation.
- County explore cost/benefit of adopting a Construction Excise Tax. Local jurisdictions can levy a tax of up to 1 percent of the permit value on residential construction, and levy a tax with no cap on the permit value of commercial and industrial construction. For instance, the City of Corvallis levies a tax of 1% on residential construction and 1.5% on commercial and industrial construction. State law governs how the revenue can be used. Some is restricted for uses such as developing affordable housing and providing down payment assistance, and some is unrestricted.

# 18. Legislative Advocacy:

- County and City elected officials must advocate for 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 all of these topics must be advocated for by city and county elected officials and by the League of Cities and Association of Counties once these recommendations are adopted.
- City and County explore partnership with OSU and counterparts in Lane County (Lane, Eugene, Springfield, and University of Oregon) to lobby for a state law allowing local tax revenue from Pac-12 events and on-campus sales to address the affordable housing impacts from the university population. The tax revenue would be split between the universities and the local municipalities to fund subsidized housing for low-income students and affordable housing for the surrounding community.

## Community Updates

- 1. Project Turnkey: Budget Inn opening this month**
- 2. Emergency Service Grant – COVID (ESG-CV) funding: bringing \$2.6 million into Benton County to bolster emergency sheltering, outreach, transitioning people out of homelessness.**
- 3. Street Outreach Response Team coming under the umbrella of the Corvallis Daytime Drop-in Center**
- 4. Crisis Resource Center and Crisis Response: work continues on developing these concepts and planning programming. Willamette Criminal Justice Council subcommittee, county behavioral health department, and Criminal Justice Systems Improvement work are all collaborating.**

# Next Steps

- April: community engagement on the final draft of the policy recommendations.
- 4/28 meeting: finalize phased approaches/timelines for these recommendations
- 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.