

# **HOPE Advisory Board Meeting**

## **2/24/2021**

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 1/27/20 Minutes – roll call**
- 5. Community Updates**
- 6. Presentation on first draft of Policy Recommendations**

# 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

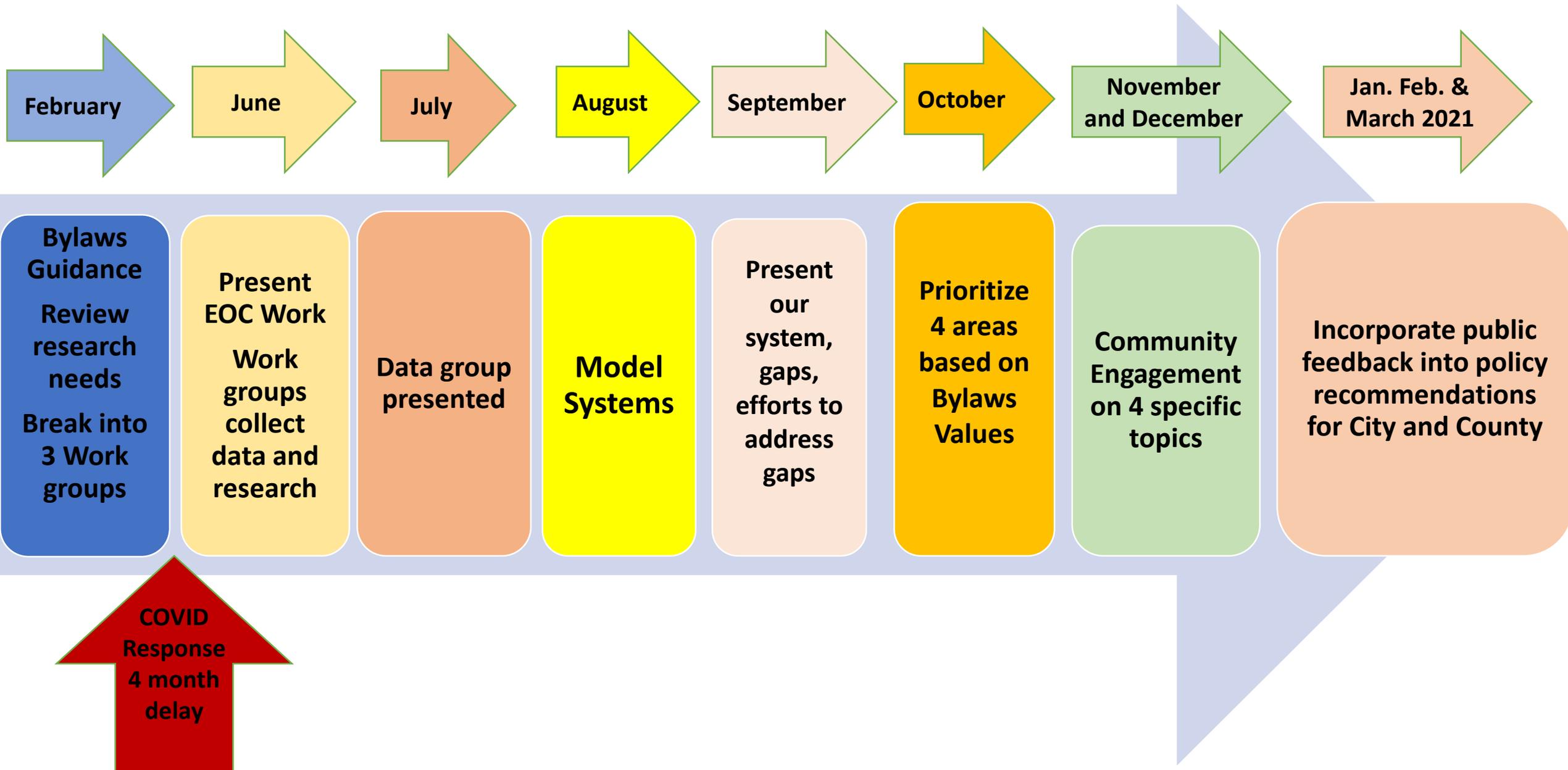
authentic

Valuing personal experience

dedication/work ethic

honor the expectations of  
the work

# HOPE Timeline – where are we now?



# 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 1/27/20 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

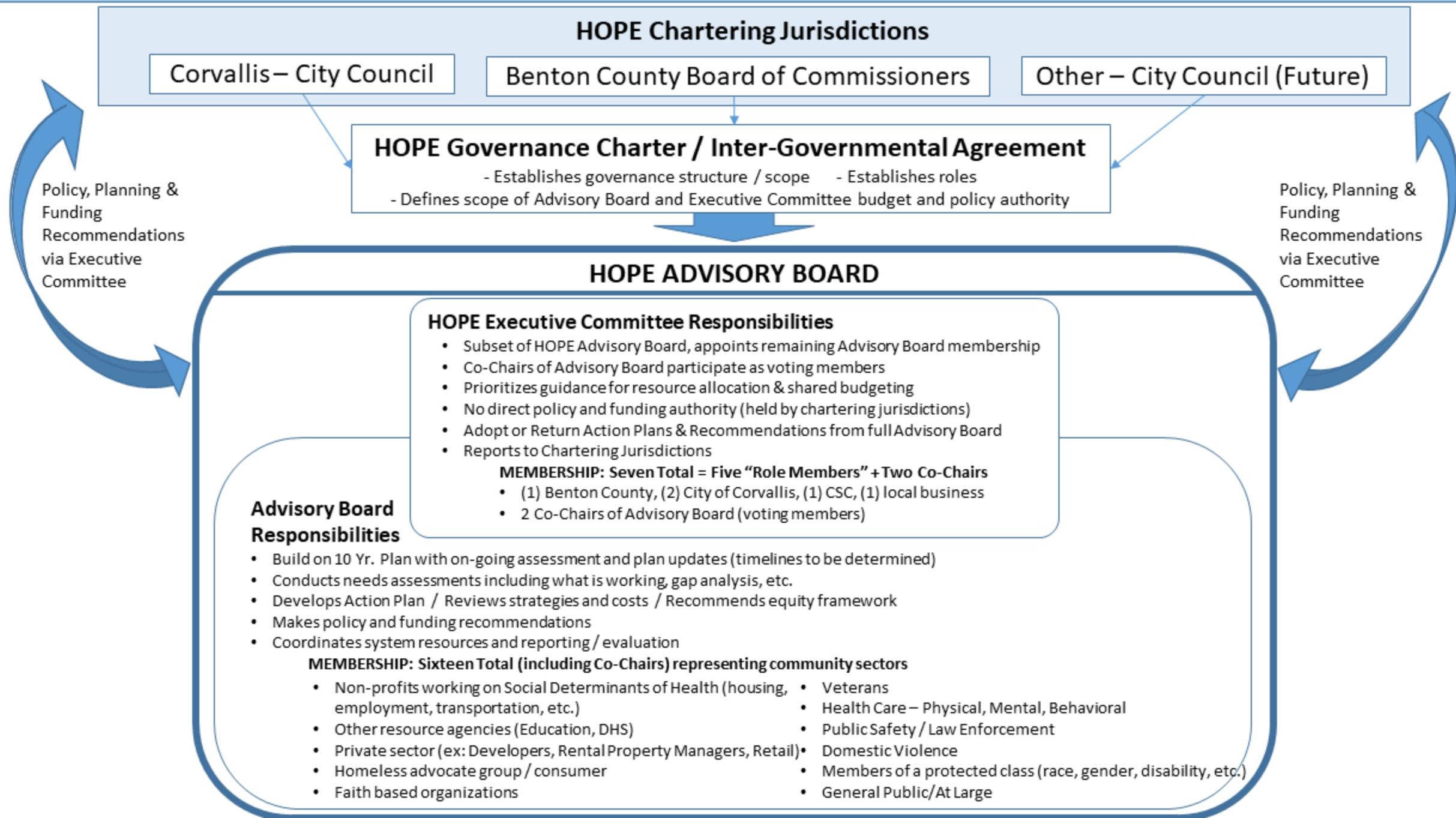
Jan Napack

Reece Stotsenberg

Linda Tucker

## Community Updates

- 1. Project Turnkey**
- 2. Point in Time (PIT) County of sheltered and unsheltered community members this week**
- 3. Willamette Criminal Justice Council – committee on crisis response, street outreach response team (SORT) or CAHOOTS model**



# 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
  - Prioritizing 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

# HOPE Policy Recommendations on First Four Priority Topics

# 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

- **Overarching goal:** end homelessness for more people by strengthening crisis response services and coordinating existing services to better address the needs of individuals in crisis in Corvallis and in Benton County as a whole.

- **Definitions:**

Crisis response services help people experiencing a crisis due to lack of housing or behavioral health by connecting them with all the services they need for stability.

Aligning and coordinating existing resources is defined as bringing together, virtually and physically, existing providers to help individuals with all their needs in a coordinated way.

# Topic 1 Recommendations:

## **I. Allocate local and state resources to programs that support these four goals:**

1. Improved data collection/tracking
2. Creating metrics for successful program goals
3. Participating in a hub model of care coordination
4. Co-locating service providers

## **II. Create a staff position for Hub Model**

## **III. Establish a physical location for the Hub**

## **IV. Institute a crisis response team**

## **V. HOPE coordinator position to facilitate and coordinate data improvement efforts with community partners.**

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

1. **Working with other providers to improve** data collection/tracking and to reduce duplicative data entry and data management.
2. **Working with other providers to create metrics for successful program goals** to track which services are successful interventions in transitioning people out of homelessness.
3. **Participating in a hub model of care** coordination with multiple providers to stabilize individuals with complex needs with the ultimate goal of stable housing.
4. **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)

# II. Create a staff position for Hub Model

An “agency navigator” is necessary to staff the Hub Model. The hub will only exist if there is a person to coordinate it. This staff position needs to be full-time and could be a health navigator, case manager, community health worker, or program coordinator. The Hub Model is a framework for doing business with existing provider coordination. This same staff position is needed to do an assessment of funding streams: do an assessment with input from city/county and providers of all available funding streams coming into Benton County that fund this work to try to blend funding streams.

Implementation: can be done immediately if an existing staff person is available, until an FTE can be budgeted for this role. It should be jointly funded by county, city, IHN, and Samaritan as it will be coordinated all community partners for all-community benefit and cost savings.

- Hub spokes needed at the table: BCHD, CDDC, Unity Shelter, COI, CARDV, Samaritan, IHN, JSYS when needed, DHS, case managers, CLU, Philomath Community Services, SBFP, Job training/vocational rehab, law enforcement/first responders, crisis response team members, SORT members, social security/disability advocacy, Older Adult Behavioral Health Initiative to do system-level coordination, CWCOG. Any other provider who can provide access to services for a person in need.
- Geographic hub suggestion: the details and frequency can be decided by the Hub participants, but we suggest having routine monthly Hub meetings for Corvallis-centric clients, South Benton clients, and Philomath/West Benton clients.

# III. Establish a physical location for the Hub

A one-stop location for multiple service providers to share some space to coordinate and provide immediate access for clients needing support from different providers/systems. **(Long-term Implementation)**

## IV. Institute a crisis response team

- Crisis response is a missing spoke of the Hub. We recommend a non-police intervention for non-violent crisis situations which may be, in part, due to homelessness and behavioral health issues. Pursue the feasibility and implementation of a crisis response team.
- We recognize that ongoing efforts are occurring with the Criminal Justice Systems Improvement project and the Willamette Criminal Justice Council. HOPE's research, data, and community feedback fully support the pursuit of a Crisis Response Team to divert calls from law enforcement and provide team partnerships with law enforcement when an officer is necessary.

## V. HOPE coordinator position to facilitate and coordinate data improvement efforts with community partners.

Data collection efforts will include a human services coalition model that is a statewide model: service providers come together to say what their priorities are and how they would implement them. Implementation can be immediate with existing staff person.

# Feedback on Topic 1 Recommendations:

## **I. Allocate local and state resources to programs that support these four goals:**

1. Improved data collection/tracking
2. Creating metrics for successful program goals
3. Participating in a hub model of care coordination
4. Co-locating service providers

## **II. Create a staff position for Hub Model**

## **III. Establish a physical location for the Hub**

## **IV. Institute a crisis response team**

## **V. HOPE coordinator position to facilitate and coordinate data improvement efforts with community partners.**

## 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.

# Topic 2 Recommendations:

- I. Emergency Shelter and Services Location
- II. Resource Center
- III. Invest in building organizational capacity
- IV. Prioritize investment based on public feedback
- V. Staffing: full-time case managers
- VI. Paid, full-time staff are needed to work on, coordinate, and implement these recommendations on homelessness.
- VII. A Crisis Response Team
- VIII. Funding recommendations
- IX. Legislative Advocacy

**Overarching goal:** end homelessness for more people by strengthening crisis response services and coordinating existing services to better address the needs of individuals in crisis in Corvallis and in Benton County. Getting to “functional zero” homelessness means we have a system that can address people’s needs in crisis and transition them to stable and permanent living situations.

**Definition:** crisis response services help people experiencing a crisis due to lack of housing. Part of the continuum of crisis services is a safe location open 24/7/365 where people can be that respects their individual needs and has services to meet those needs. The crisis response services must include an assessment of need and connecting people to appropriate services while staying at the emergency shelter.

# Recommendations:

**An Emergency Services Location** is needed that has two components:

1. Emergency shelter options that are onsite, adjacent, or within short walking distance of the resource center.
2. Resource center with providers.

# I. Emergency Shelter Location:

- **Congregate and non-congregate shelter:** needs separate congregate areas for men and women and also significant non-congregate capacity for people who cannot be in men/women dorms: non-binary and trans individuals, couples, people who cannot be in congregate settings due to medical fragility or behavioral health disorders (PTSD, other mental illness), and family members.
- We recommend **micro shelters** onsite to provide this non-congregate capacity for emergency sheltering based on the public feedback supporting micro shelters.
- **Individuals are assigned a bed space that is theirs 24/7** while they work with a case manager on transition. (The women's shelter has a successful model of congregate beds and micro shelters with daytime indoor living space and a case manager onsite to work on transition.)

# I. Emergency Shelter Location (cont.)

- Recommended components of this 24/7/365 emergency services location:
  - This emergency shelter is **low barrier** upon arrival to get individuals off the street. Options are available for individual involvement to support the location while they work on transitioning, such as doing laundry, cleaning, or helping to provide food.
  - Emergency shelter is **temporary and has time limits** based on availability of the next transitional option in our community. The duration of a person's stay will vary based on their needs, their progress with a case manager, and availability of an appropriate transitional or permanent option.

# I. Emergency Shelter Location (cont.)

- **A tent camping area that is managed**, limited in number based on staffing capacity to provide case management, and time-limited while the person waits for a transitional option. Allowing an area for tent camping will address the safety concerns of unmanaged camping and allow for enforcement of illegal tent camping elsewhere.
  - Tent camping is the least supported by the public feedback due to concerns of fire, individual safety, community safety, litter, noise, and visibility. To transition people out of tent camping, we recommend that any emergency tent camping have time limits for every individual camper with evaluation of that person's progress towards securing transitional or permanent housing on a case-by-case basis. Case management to work on transitioning to stable housing must be provided for all persons.
  - We recognize there are individuals who will not engage in case management to transition out of homelessness. Crisis respite is needed for those who are unable to engage due to behavioral health conditions. Criminal justice systems improvement is needed to add jail capacity for those who pose a safety concern to the community. For those who refuse to work on transitioning out of homelessness and do not belong in crisis respite or jail, tent camping remains illegal and will not be tolerated once it is possible to enforce illegal tent camping given the public health situation with COVID and access to vaccination for individuals experiencing homelessness.

# I. Emergency Shelter Location (cont.)

- A limited **overflow area** for people who show up with a tent or car/RV. Tent and car/RV camping is time limited, and the individual must engage to transition to another option.
- Area for warming/cooling from the elements. This place is where someone can be 24/7 who is experiencing homelessness to minimize the need to go to multiple locations throughout the day to stay warm or get cool. **The warming/cooling areas are accessible to individuals not staying at the emergency shelter location.**
- Necessary amenities: showers, bathrooms, drinking water, food provided on-site (to minimize need to travel to multiple locations for food), laundry, wifi, lockers for items for those in congregate shelter, mail service. **These hygiene and food services are accessible to individuals not staying at the emergency shelter location.**
- Necessary components to the overall location: **walking and biking access, public transportation access, and safety:**
  - Safety concerns for everyone involved need to be addressed. Security, lighting, fire code, and immediate access for emergency personnel must be considered.

## II. Resource Center

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

# III. Invest in building organizational capacity

- Invest in building capacity at organizations that can run this emergency shelter location. Invest in building organizational capacity by supporting and collaborating with groups that have demonstrated efforts to provide emergency services in Benton County. If no local organizations wish to build and grow organizational capacity, recruit an organization to Benton County who can provide these services.
  - Suggestions: expand the capacity of organizations that successfully are stabilizing people by adding micro shelters at their locations. For example, Community Outreach Inc. (COI), Corvallis Housing First (CHF), and Unity Shelter have successful models of housing case management to transition people out of homelessness. Increase their capacity with funding for positions and micro shelters at available locations. Organizational capacity goes beyond hiring more case managers and includes building HR, IT, and Finance & Development.
  - Section VIII includes funding recommendations.

## IV. Prioritize investment based on public feedback.

The community supports the following options in descending order:

1. Micro shelters,
2. Emergency shelter,
3. RV/car camping,
4. Tent camping.

# V. Staffing: full-time case managers

- Full-time staff are needed as case managers to provide onsite services to transition people out of homelessness once they have stabilized at this emergency location. Case managers should have commensurate experience and background that reflects the people they are serving from a cultural perspective and based on lived-experience.
  - County: work with IHN-CCO and Samaritan on workforce capacity for housing case managers, peer support specialists, and social service providers to utilize funding from Medicaid and SAMHSA block grant resources.
  - Work with OSU, PSU School of Social Work, and LBCC on expanding internship workforce capacity from students.

## VI. Paid, full-time staff are needed to work on, coordinate, and implement these recommendations on homelessness.

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

## VII. A Crisis Response Team

- A Crisis Response team is needed for many reasons, and one function is to support individuals in relocating to emergency shelter. We recommend a non-police intervention for non-violent crisis situations which may be, in part, due to homelessness and behavioral health issues. Pursue the feasibility and implementation of a crisis response team.
- We recognize that ongoing efforts are occurring with the Criminal Justice Systems Improvement project and the Willamette Criminal Justice Council. HOPE's research, data, and community feedback fully support the pursuit of a Crisis Response Team to divert calls from law enforcement and provide team partnerships with law enforcement when an officer is necessary.

## VIII. Funding recommendations:

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

## IX. Legislative Advocacy:

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

# Feedback on Topic 2 Recommendations:

- I. Emergency Shelter and Services Location
- II. Resource Center
- III. Invest in building organizational capacity
- IV. Prioritize investment based on public feedback
- V. Staffing: full-time case managers
- VI. Paid, full-time staff are needed to work on, coordinate, and implement these recommendations on homelessness.
- VII. A Crisis Response Team
- VIII. Funding recommendations
- IX. Legislative Advocacy

# HOPE Topic 3 Draft Policy

## Recommendations:

Transitional options for stability,  
safety, and health

**Overarching goal:** end homelessness for more people by increasing transitional housing programs that successfully transition people out of homelessness and into stable homes to address individual and community safety for all.

**Definition:** transitional housing is a stable environment for someone to live for a period of time with supportive services to work on stability and transitioning to a permanent living situation.

# Topic 3 Recommendations on Transitional Options:

- I. Invest in building organizational capacity
- II. Accountability with Public Funding
- III. Prioritize investment based on public feedback and cost-effective allocation
- IV. Tent camping is the least supported transitional option
- V. Staffing: full-time case managers to support people transitioning out of homelessness.
- VI. Paid, full-time staff are needed to work on, coordinate, and implement solutions to homelessness.
- VII. Funding recommendations
- VIII. Code Language and Zoning
- IX. Referral pathway for sex offender population
- X. Communication, Notice, and Community Involvement
- XI. Legislative Advocacy

# Recommendations to achieve the goal of stabilizing people and transitioning them out of homelessness:

## I. Invest in building capacity:

- Invest in building capacity at organizations that support and successfully transition people out of homelessness. If no local organizations wish to build and grow organizational capacity, recruit an organization to Benton County who can provide these services.
  - Suggestions: expand the capacity of organizations that are successfully stabilizing people by adding micro shelters at their locations. For example, COI, CHF, and SafePlace have successful models of housing case management to transition people out of homelessness. Increase their capacity with funding for positions and micro shelters at available locations.
  - Capacity must be built for organizations to serve Benton County residents in transitional housing outside of Corvallis.

## II. Accountability with public funding:

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

### III. Prioritize investment based on public feedback and cost-effective allocations of limited public resources

The community supports the following transitional options (beyond just normal brick-and-mortar housing) in the following descending order:

- Micro shelters
- Emergency shelter
- RV/car camping
- Tent camping.

## IV. 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

We recognize that tent camping is illegal, and realistically it is also currently happening. To transition people out of tent camping, we recommend that any transitional tent camping locations have time limits for every individual camper with evaluation of that person's progress towards securing permanent housing on a case-by-case basis. Case management to work on transitioning to stable housing must be provided for all persons at any transitional camping location.

- We recognize there are individuals who will not engage in case management to transition out of homelessness.
- Crisis respite is needed for those who are unable to engage due to behavioral health conditions.
- Criminal justice systems improvement is needed to add jail capacity for those who pose a threat to community safety.
- For those who refuse to work on transitioning out of homelessness and do not belong in crisis respite or jail, tent camping remains illegal and will not be tolerated once it is possible to enforce illegal tent camping given the public health situation with COVID and access to vaccination for individuals experiencing homelessness.

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

New case managers should have commensurate experience and background that reflects the people they are serving from a cultural perspective and based on lived-experience.

- County: work with IHN-CCO and Samaritan on workforce capacity for housing case managers, peer support specialists, and social service providers to utilize funding from Medicaid and SAMHSA block grant resources.
- Rural areas outside of Corvallis need additional mobile/regional staff to support people's housing needs and transition out of homelessness.

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

No new solutions can be successfully implemented without new staff whose job it is to work on the topic of homelessness and poverty. The HOPE recommendations on increasing transitional options will need city/county organizational capacity (staff) whose job it is to work on solutions to homelessness and to implement them. No existing staff job descriptions include working on implementation of homelessness solutions.

- County staff working on solutions to the housing crisis and homelessness should develop a template, or a model “map,” to duplicate transitional programs outside of Corvallis to provide support to rural areas in the county.

## VII. Funding recommendations:

Explore state, federal, and private funding to expand organizational capacity to work on these topics. Examples include:

- County adopt Construction Excise Tax (CET) and apply for Community Development Block Grant (CDBG)
- County use transient lodging tax (TLT).
- The Medicaid Insurance Intercommunity Health Network-Coordinated Care Organization (IHN-CCO) has delivery system transformation (DST) grants for care coordination. Medical home concept for the Hub Model of care coordination.
- Medicaid 1115 waiver funding for housing case managers
- SAMHSA funding for transitional housing
- Private foundations like Meyer Memorial and Benton Community Foundation
- Eugene/Lane County and Corvallis/Benton County can partner with OSU and UofO to advocate at the state legislature for local flexibility for excise taxes for university sporting events and on-campus sales. The tax revenue can go to subsidize 1) student housing for low-income students who may otherwise become homeless, and 2) affordable housing or homeless services for non-student population.

## VIII. Code Language and Zoning:

City and County Community Development Departments need to work together to actively identify available land in the urban growth boundary to add to the land supply available for transitional housing and social services.

City/county evaluate non-traditional zoning and code solutions to respond to the need for more transitional options:

- For example, Opportunity Village in Eugene is a microshelter village for transitional housing. 30 microshelters are clustered on one acre.  
<https://www.squareonevillages.org/opportunity>
- Accessory dwelling units should be made allowable and more easily achievable.
- RV and trailer living should be made allowable and more easily achievable.

IX. Establish a referral pathway from the County Sheriff's Office and Corvallis Police Department to CHANCE to coordinate housing resources for sex offenders.

# X. Communication, Notice, and Community Involvement:

- Routine monthly updates from the HOPE Coordinator similar to the Corvallis Sustainability Coalition email updates. These updates should include news and reports about new services, new providers, decisions made on the topic of homelessness, how to get involved, etc.
- Quarterly public forum hosted by the HOPE Coordinator to answer community questions about recent updates and to provide dialogue and an opportunity to answer questions beyond the 10-minute comment period at each HOPE meeting.
- A notice requirement to neighborhoods and businesses with an opportunity for involvement for any new services or new transitional locations approved or funded by the city or county.
  - Notice can be modeled after city/county land development notice requirements for permits or zoning changes. Notice should also be provided in the routine monthly community-wide communication.
  - Organizations funded by the city or county or approved to provide social services or transitional housing must provide routine opportunities for two-way communication and a mechanism to provide feedback for neighbors and nearby businesses. Organizations will forward neighborhood feedback to city and county funders to evaluate future funding decisions and encourage resolving issues with neighbors.

## XI. Legislative Advocacy:

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

# Feedback on Topic 3 Recommendations on Transitional Options:

- I. Invest in building organizational capacity
- II. Accountability with Public Funding
- III. Prioritize investment based on public feedback and cost-effective allocation
- IV. Tent camping is the least supported transitional option
- V. Staffing: full-time case managers to support people transitioning out of homelessness.
- VI. Paid, full-time staff are needed to work on, coordinate, and implement solutions to homelessness.
- VII. Funding recommendations
- VIII. Code Language and Zoning
- IX. Referral pathway for sex offender population
- X. Communication, Notice, and Community Involvement
- XI. Legislative Advocacy

HOPE Topic 4 Draft

Recommendations:

Permanent Supportive Housing (PSH)

# These recommendations are grounded in the following:

- Data:
  - Our data shows we need 150-200 more units of PSH to support chronically homeless Benton County residents in stable housing.
  - Addressing the gaps in our system: Benton County data show a gap in PSH supply.
  - Prioritizing by vulnerable populations, safety for all, and racial and ethnic disparities based on where our data shows these factors exist.
- 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: PSH is crucial to a successful system of housing and services to prevent re-entry into homelessness
- Public feedback: most quantitative public feedback shows support and strong support for PSH being supported by local resources. Qualitative feedback from listening sessions supports prioritizing and investing in PSH.

**Overarching goal:** end homelessness for more people by increasing the number of PSH units in Corvallis and in Benton County.

**Definition:** PSH includes three main components: affordable housing units, ongoing rental assistance/income in some form, and supportive services to help the person remain stable and housed.

# Topic 4 Recommendations on Permanent Supportive Housing:

- I. Increase development or acquisition of affordable housing units for permanent supportive housing (PSH).
- II. Increase available rental/income assistance options
- VI. Increase supportive services to provide services to residents at more affordable housing locations.

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

- Encourage and incentivize inclusion of a certain percentage of PSH units in any housing project with financial incentives like waived/lowered system development charges.
- Require a certain percentage of housing units (homes, apartments, duplex/triplex/fourplex) to be PSH with additional funding streams.
  - Suggestions include Construction Excise Tax, Community Development Block Grant, and Transient Lodging Tax.
- Coordination with City and County Community Development Departments is necessary to support this work. The Corporation for Supportive Housing has technical assistance cohorts. City and County Community Development Departments can apply to be part of a cohort.
- Pursue PSH projects due to behavioral health responsibility. Utilize HOPE Coordinator staff position for community partner facilitation and coordination to support collaboration between organizations to expand PSH units. (DevNW, Commonwealth, Corvallis Housing First, county health staff)

# I. Goal: increase development or acquisition of affordable housing units for permanent supportive housing (PSH) continued:

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 should be made allowable and more easily achievable.
- RV and trailer living should be made allowable and more easily achievable.
- Motels for permanent living.

## II. Goal: increase available rental/income assistance options

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

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

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

# Feedback on Topic 4 Recommendations on Permanent Supportive Housing:

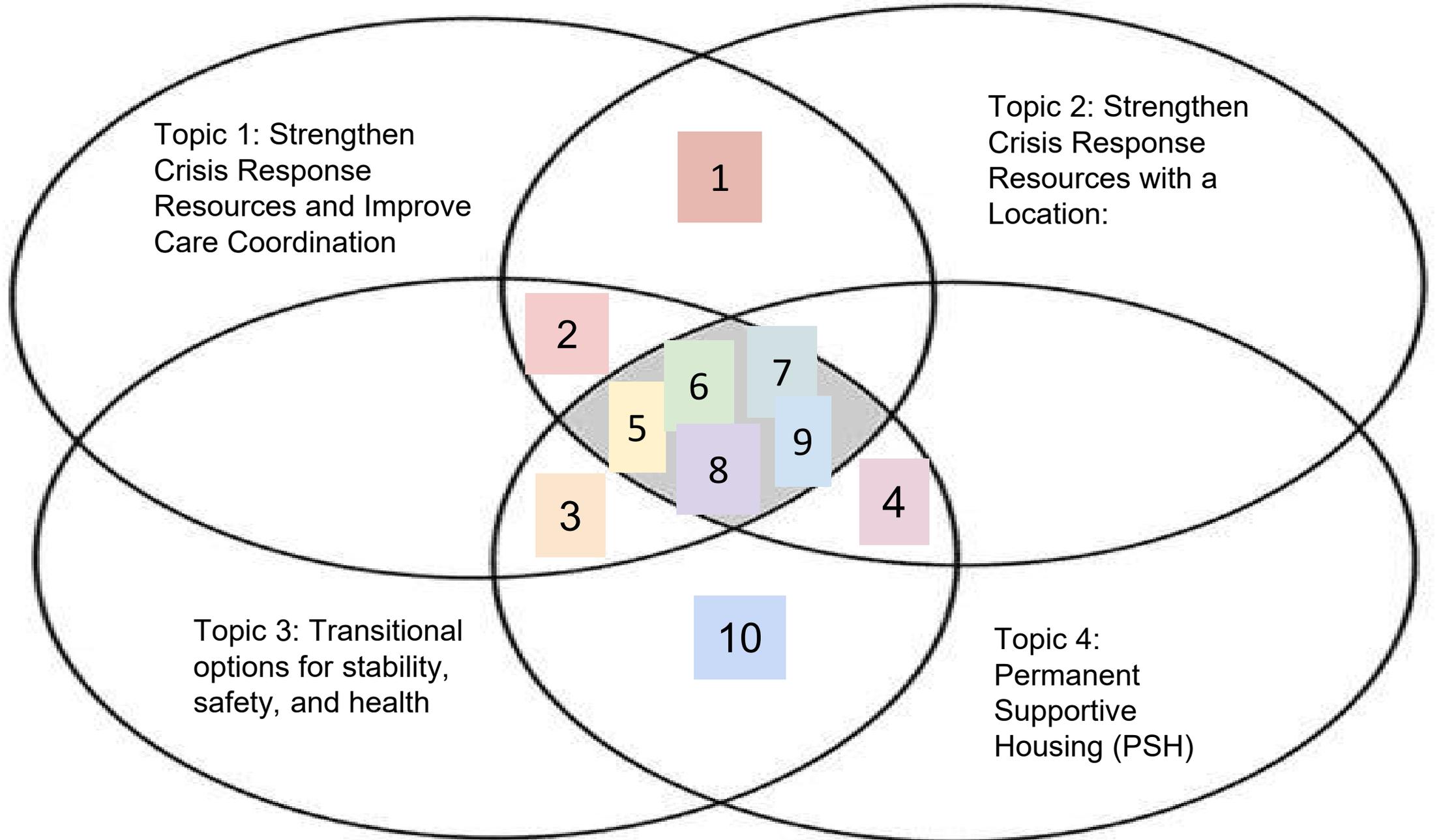
- I. Increase development or acquisition of affordable housing units for permanent supportive housing (PSH).
- II. Increase available rental/income assistance options
- VI. Increase supportive services to provide services to residents at more affordable housing locations.

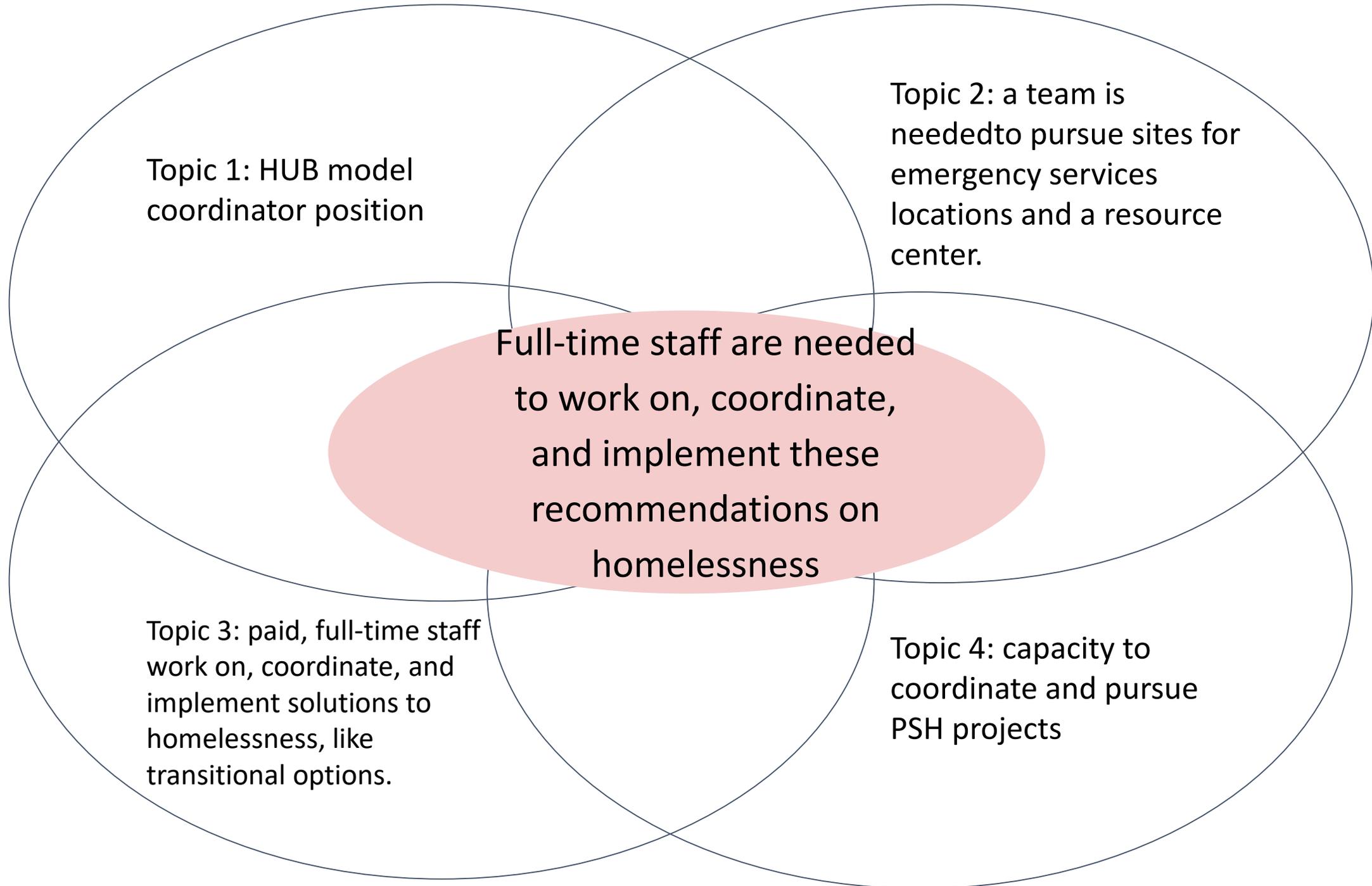
Diagrams showing the overlap between  
HOPE policy recommendations

Recommendation	Topic 1	Topic 2	Topic 3	Topic 4
<p>1. Resource Center for service providers from multiple agencies close to emergency services (sleeping, hygiene, warming/cooling, and food)</p>	<p>Establish a physical location for the Hub: a one-stop location for multiple service providers to share some space to coordinate and provide immediate access for clients needing support from different providers/systems.</p>	<p>Resource Center: this Center should have space for providers from different organizations to meet with people, enroll them in programs, and work on transitioning out of homelessness.</p>		
<p>2. Institute a crisis response team</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>	
<p>3. HOPE coordinator position facilitate and coordinate efforts with community partners.</p>	<p>Data improvement coordination</p>			<p>PSH project development</p>
<p>4. Prioritize investment based on public feedback and cost effective allocations of limited public resources. The community supports the following options in descending order: 1) microshelters, 2) emergency shelter, 3) RV/car camping, 4) tent camping.</p>		<p>Yes</p>	<p>Yes</p>	

Recommendation	Topic 1	Topic 2	Topic 3	Topic 4
<p>5. Invest in building organizational capacity at organizations that support and successfully transition people out of homelessness. Support and collaborate 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.</p>	Yes	Yes	Yes	Yes
<p>6. Paid, full-time staff are needed to work on, coordinate, and implement these recommendations on homelessness. Increase city/county organizational capacity (staff) whose job it is to work on solutions to homelessness and to implement them. No existing staff job descriptions include working on implementation of homelessness solutions.</p>	Yes: hub model coordinator	Yes: a team to pursue sites for emergency services locations is needed.	Yes: paid, full-time staff work on, coordinate, and implement solutions to homelessness, like transitional options. No new solutions can be successfully implemented without new staff whose job it is to work on the topic of homelessness and poverty.	Yes

<p>7. Paid, full-time staff are needed as case managers to support people transitioning out of homelessness. New case managers should have commensurate experience and background that reflects the people they are serving from a cultural perspective and based on lived-experience.</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>
<p>8. Funding Recommendations, Grant writing capacity</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>
<p>9. Legislative Advocacy for state leadership and funding</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>
<p>10. City and County Community Development Departments work together to actively add available land and units for housing options</p>			<p>City/county CD work together to actively identify available land in the urban growth boundary to add to the land supply available for transitional housing and social services. City/county evaluate non-traditional zoning and code solutions to respond to the need for more transitional options.</p>	<p>Increase development or acquisition of affordable housing units for PSH</p>





Topic 1: HUB model coordinator position

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 as part of the HUB model

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

**Paid, full-time case managers 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 as part of permanent supportive housing

**Topic 1:** Establish a physical location for the Hub: a one-stop location for multiple service providers to share some space to coordinate and provide immediate access for clients needing support from different providers/systems.

**Resource Center** for service providers from multiple agencies close to emergency services

**Topic 2:** Resource Center: this Center should have space for providers from different organizations to meet with people, enroll them in programs, and work on transitioning out of homelessness.

**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

# Next Steps

- Each Topic group meets in the first week of March to incorporate feedback from the full board
  - Create phased approaches/timelines for these recommendations
- March meeting: present the updated draft of the policy recommendations, vote to adopt them.
  - Executive Committee communicates the recommendations to the City and County elected officials.
  - City and County elected officials review and vote to adopt recommendations.