HOPE Advisory Board Policy Recommendations from Spring 2021

Vision: everyone in Benton County should have the opportunity to live in decent, safe, and affordable housing.

Values: all of these policy recommendations to the City of Corvallis and Benton County support the HOPE Board's overarching goal to transition people out of homelessness. These recommendations are grounded in a data-driven approach, are supported by research on successful systems, reflect gaps in our system of housing and services, are informed by community feedback that includes clients experiencing homelessness, and prioritize our vulnerable populations, community safety for all, and racial and ethnic justice.

Background: In summer of 2020, the HOPE Board conducted a gap analysis of all available services in Corvallis and greater Benton County. The Board collected all available data from homeless service providers and social service providers working to prevent homelessness to understand where we have safety concerns, racial and ethnic inequalities, and vulnerable populations. Finally, the Board researched successful systems of housing and supportive services to transition people out of homelessness. In Fall 2020, the Board prioritized four main topic areas based on this data-driven, systems-level approach with a focus on equity:

1) Align and coordinate existing services with a focus on improving data collection and collaboration for individuals experiencing homelessness or in behavioral health crisis;
2) Establish a sheltering system for all populations that is accessible 24/7/365 days per year, as well as a Resource Center to support coordinated entry into publicly funded assistance programs;
3) Expand transitional options for housing with a focus on notice, communication, and engagement with neighborhoods and the larger community; and
4) Increase permanent supportive housing to provide stable housing for our chronically homeless community members.

Community Engagement: in November and December 2020, the Board engaged the community throughout Benton County to receive feedback on these four priority topics. The public feedback directly shaped these draft policy recommendations to incorporate community sentiments on these topics. Public engagement included online surveys, multiple virtual meetings specifically dedicated to HOPE feedback, Board attendance at various community meetings to include different sectors and perspectives, and in-person client surveying conducted by nine service providers in Benton County serving individuals in need or experiencing homelessness.

In April 2021, the Board received community feedback on the final draft of policy recommendations. Community feedback was provided via survey on the HOPE community engagement website in April 2021 and at a virtual public forum on Tuesday April 13th from 4-6pm. Homeless service providers at four different locations supported in-person focus groups with clients experiencing homelessness to provide their perspective on these draft recommendations.

Contents

Overview of Public Feedback and Edits to Draft Recommendations in Spring 2021

The Board did not conduct community engagement in April 2021 on the first three recommendations focused on capacity to implement the twelve policy recommendations. We have reorganized to highlight these three organizational, funding, and state-level components at the beginning.

- A. Organizational capacity is essential to facilitate and further develop these recommendations in partnership with community-based organizations. Organizational capacity also needs to be built within social service organizations to manage and provide the services over the long term.
- B. Funding recommendations
- C. Legislative Advocacy for statewide leadership and funding

Messaging on these first three critical components for implementation (A, B, C) is key based on the public feedback.

Original Policy Recommendations – summary of public feedback and April 2021 edits

1. Facilitate and coordinate data improvement efforts with community partners.
   a. Public feedback: the most supported recommendation.
   b. Changes made: none.
2. Work with providers to create metrics to measure program success.
   a. Public feedback: well-supported, no changes needed.
   b. Changes made: none.
3. Adopt the Hub Model of care coordination as a framework for doing business that coordinates existing partners to provide the best possible service to individuals.
   a. Public feedback: the term "Hub Model" is not well understood, more explanation is needed of this model. Clients and service providers would like the flexibility for individuals to be able to attend a meeting like this if they want to and can. A pre-meeting between clients and their case manager before the main meeting can gauge the person's desired outcomes and needs.
   b. Changes made: describing the meeting and its purpose instead of using the term "hub" since it has confused clients and the general community. Adding flexibility to allow for the client to attend if they would like to be present.
4. 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.
   a. Public feedback: clarify the city/county role and the need for case managers all over the county.
   b. Changes made: wording edited to clarify the city/county role and the need for more case managers in Corvallis and throughout the county.
5. Pursue the feasibility and implementation of a crisis response team.

a. Public feedback: resounding support for the concept. Lots of support for a non-law enforcement response and lots of support for a co-response with mental health and law enforcement together. Lots of questions about the data on this need.

b. Changes made: add a data collection recommendation to understand the magnitude of the need for crisis response and potential cost savings from this model. Add a co-response recommendation based on public feedback.

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

a. Public feedback: many worries about attracting people here/being a magnet for services, location(s) that don't negatively impact businesses, neighborhoods, and parks, having a requirement to work on transitioning/self-sufficiency/responsibility once stabilized. The urgency of a place for tent and car campers to go – from the client and community-wide perspectives. If folks can stay here 24/7 while they work on transitioning, let's call this a shelter system instead of an emergency shelter.

b. Changes made: terminology updated to remove "emergency" from the Sheltering System title since individuals will be assigned that bed space for a period of time while they work with a case manager (they do not have to leave during the day like the historical emergency shelter locations). Major addition: a recommendation about the most urgent need being a place to move tent and vehicle campers where it is not illegal so they can stabilize and work on transitioning out of homelessness.

7. Facilitate and support the creation of a Resource Center.

a. Public feedback: lots of confusion about whether or not this already exists. Lots of fear about tax increases to fund it. Sentiment about attracting people here and only wanting to help people "from here." Need to stress the statewide advocacy for funding for all counties to provide services.

b. Changes made: updated description to address transit needs and working toward self-sufficiency.

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

a. Public feedback: people misinterpreted this wording to think that the Board wanted a pipeline of ex-convicts to find housing here.

b. Changes made: edited wording to mention criminal history AND other history that makes it difficult to secure housing. More investigation needed to understand the magnitude of the need and explore solutions.

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

a. Public feedback: community would like a way to give feedback directly to city and county instead of only to service providers. They would like accountability in funding decisions based on community feedback.

b. Changes made: added in a recommendation to create a mechanism for public feedback directly to city and county about funding for social service providers.

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

PSH units. PSH is necessary for a small portion of our unhoused community who need permanent support to remain stably housed.
   a. Public feedback: worries about increased utility, water, and property tax bills.
   b. Changes made: updated terminology to indicate new funding sources from grant opportunities that already exist but that the county has not had the staffing capacity to apply for, disburse, oversee, and manage.
11. Increase available rental/income assistance options.
   a. Public feedback: lots of general support. Some worries about increased utility, water, and property tax bills. The need for overall messaging about how rental support/vouchers are funded is important.
   b. Changes made: none.
12. Increase supportive services and stable funding streams to provide services to residents at more affordable housing locations.
   a. Public feedback: some worries about increased utility, water, and property tax bills. The need for overall messaging about how these services are funded is important.
   b. Changes made: none.

Recommendations to Implement Policies

The following three recommendations (A, B, C) apply to recommendations 1-12. The Board did not do community engagement on the first three recommendations to implement the policy recommendations.

A. 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.

1. **Organizational capacity to implement these recommendations means prioritizing homelessness and pro-active housing solutions within existing city and county departments and increasing capacity with additional staff 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, and grants management (grant writing, contracting, grant administration, oversight, reporting).
    i. Specifically, a team is needed to research and pursue sites for sheltering, permanent supportive housing, and service 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 city/county leadership and service providers to make informed choices about where to locate the different components of a sheltering system, resource center, transitional living options, and permanent supportive housing.
    ii. Coordination capacity is needed to routinely convene city and county staff (and community based organizations) who all interact with individuals who are experiencing homelessness: parks, public works, health department, community development department, fire, and police. For example, health department staff give out tents and supplies that are being thrown away by parks staff.
    iii. This increased capacity to manage homeless issues by the City and County also includes directing departments to prioritize coordination internally on the topic of homelessness by making homeless response part of their annual work plan.
    iv. Regional outreach and coordination with adjacent cities and counties is needed to provide communication, collaboration, and regional approaches to addressing homelessness.

2. **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 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.
    i. Other 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 Unity Shelter 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.

ii. Capacity must be built for organizations to serve Benton County residents outside of Corvallis.

B.   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. Allocate resources to organizations that work toward implementing these policy recommendations. Prioritize resource allocation based on community feedback.

1. Grant writing capacity at the city/county is needed to access additional funds that are available but are not being applied for.
2. County pursue additional funds from Community Development Block Grant in county areas and in partnership with municipalities who have not explored this funding option.
3. County explore 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. If the state-controlled Medicaid 1115 waiver allows funding for housing case managers, county pursue additional capacity for housing case managers.
4. 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.
5. Allocate local and state resources to programs that work to implement these recommendations.
6. Prioritize investment based on public feedback and cost effective allocations of limited public resources. The community supports the following options (beyond just normal brick-and-mortar housing) in the following descending order:
    i. Microshelters
    ii. Emergency shelter
    iii. RV/car camping
    iv. Tent camping.

C.   Legislative Advocacy

1. County and City elected officials must continue to advocate for statewide leadership on local requirements for shelter beds in each county with accompanying state funding to support those required beds. This state requirement and funding is needed to address worries about migration of people to areas with services from other areas.
2. State and federal funding for all of these topics must continue to be advocated for by city and county elected officials and by the League of Cities and Association of Counties once these recommendations are adopted.
3. 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.

Policy Recommendations to the City of Corvallis and Benton County Spring 2021

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

Description: Work with providers to improve data collection/tracking and to reduce duplicative data entry and data management. Data collection efforts will include a human services coalition model that is a statewide model: service providers come together to say what their priorities are and how they would implement them. Implementation is recommended immediately and could be accomplished with an existing staff person.

Background: coordinated data collection and analysis of community-wide data support communities' efforts to end homelessness by understanding which individuals continue to cycle into homelessness and which providers and partners continue to interact with them. Best practices from a trauma-informed care perspective are to reduce the number of times an individual must recount their history and circumstances to access assistance.

2.   Work with providers to create metrics for successful program goals.

Description: successful program metrics assist with tracking which services deploy successful interventions in transitioning people out of homelessness. Implementation can be immediate with existing staff person.

Background: success metrics will help funders understand the value of their funding decisions, help us communicate with the community, and allow us to continually adapt and refine services to achieve the desired transition from homelessness for as many people as possible.

3. Prioritize collaboration and coordination of providers and partners with routine meetings for improved care coordination facilitated by a full-time staff member.

Description: The HOPE Board recommends convening providers and partners at routine meetings to coordinate care for individuals with high and complex needs on a case-by-case basis. The purpose of this coordination is to bring together partners to improve the lives of individuals who are interacting with multiple systems. This model of care coordination has been referred to as "case conferencing," Frequent Users Systems Engagement (FUSE), and also the Situation Table (previously referred to as the "Hub model" of care coordination). The Board researched these models to make an informed decision to recommend the Situation Table model.

Implementation: can be done immediately if an existing staff person is available, until an FTE can be budgeted for this role. The staff position to coordinate these meetings should be full-time and could be a health navigator, case manager, community health worker, or program coordinator. This same staff position is needed to do an assessment of funding streams: with input from city/county and providers, to assess all available funding streams coming into Benton County (including Corvallis) that fund this work to blend funding streams.

Geographic service area suggestion: the details and frequency can be decided by the participants, but based on public feedback we recommend having routine meetings for Corvallis-centric clients, South Benton clients, and Philomath/West Benton clients (and other geographic regions as needed).

Background: Hub spokes needed at the table should be diverse and culturally-versed: Benton County Health Department (BCHD), Corvallis Daytime Drop-in Center (CDDC), Unity Shelter, Community Outreach Inc. (COI), Unity Shelter, Corvallis Housing First (CHF), the Center Against Rape and Domestic Violence (CARDV), Samaritan, Inter-community Health Network-Coordinated Care Organization (IHN-CCO), Jackson Street Youth Services (JSYS) when needed, the state Department of Health Service (DHS), Tribal liaisons, case managers, Casa Latinos Unidos (CLU), Philomath Community Services (PCS), South Benton Food Pantry (SBFP), Job training/vocational rehab, law enforcement/first responders, crisis response team members, Street Outreach Response Team (SORT) members, social security/disability advocacy, faith-based community volunteers, Older Adult Behavioral Health Initiative to do system-level coordination, Oregon Cascades West Council of Governments (OCWCOG). Any other provider who can provide access to services for a person in need.

4. Collaborate with social service and health care partners to increase the number of paid, full-time case managers to support people transitioning out of homelessness.

Description: there is a need for more case managers with experience and backgrounds that reflects the people they are serving from a cultural perspective and based on lived-experience.

a. 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.

b. County: in addition to increased case managers in Corvallis, rural areas outside of Corvallis also need additional mobile/regional staff to support people's housing needs and transition out of homelessness.

c. City and county work with OSU, LBCC, and any other local educational institutions on expanding internship workforce capacity from student populations.

Background: case management is vital to support the transition out of homelessness. Not enough case managers are available in our community to support the need.

5. Pursue implementation of a crisis response team and collect data on the scope and scale of need for crisis response.

Description: HOPE recommends a non-police intervention for crisis situations due to homelessness and behavioral health issues. A co-response with behavioral health professionals and law enforcement is also needed depending on the situation. Coordination with street outreach and harm reduction is vital to ensure collaboration with overlapping populations.

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

6. Provide organizational capacity to facilitate and coordinate providers in establishing a 24/7/365 Sheltering System for all populations with onsite resources at shelter locations to transition people out of homelessness.

This organizational capacity is needed to determine possible sites for sheltering, the logistics of implementation, and the ongoing funding from sources that minimize the use of general fund dollars. (See the first recommendation A for details on the organizational capacity needed in the form of project coordination, project management, land use planning, and grant writing.)

Description: any shelter needs space for warming/cooling from the elements during the day. Individuals are assigned a bed space that is theirs 24/7 while they work with a case manager on transition. Emergency sheltering 24/7/365 with onsite resources is referred to as a "navigation center" in pending legislation (HB 2004 and HB 2006, 2021 Session).

a. **We recommend the following six components of a sheltering system to address safety concerns for different populations:** congregate male, congregate female, non-congregate sheltering (like motel rooms or microshelters), managed tent camping, managed car/RV/trailer camping, and mobile service delivery to alternate locations. The team working to implement this sheltering system should look at available current and historic data to fine-tune the recommended estimates.

b. **Initial Estimates of Need for Sheltering are as follows:**

1. **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 youth programming.
2. **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.
3. **Non-congregate sheltering units** 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): 40 units based on HOPE survey data on trans and non-binary needs and feedback from providers regarding couples and individuals with a child. 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 for couples and family units.
4. **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 were 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.
5. **Managed Camping**: between 80-120 individuals are camping in close proximity to the hygiene center, on ODOT property, and in the skate park. These estimates may decrease with more available shelter beds. A site for managed tent and vehicle camping is the most urgent need based on feedback from folks experiencing homelessness, providers, and the broader community of business owners and other citizens.

Recommended components of a Sheltering System:

1. **Shelter Accessibility**:
    a. Shelter is accessible 24/7/365.
    b. 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.
    c. 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.

2. **Shelter facilities and onsite services**: necessary services at any shelter location include showers, bathrooms, drinking water, food provided on-site (to minimize need to travel to multiple locations for food), laundry, wifi, lockers for items for those in congregate shelter, mail service, and office space for meeting with providers like a case manager, mental health and addiction support person, and someone who can help enroll people in assistance programs.

3. **Shelter is temporary** and is not a permanent housing solution. The duration of a person's stay will vary based on their needs, their progress with a case a manager, and availability of an appropriate transitional or permanent option.

4. **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.

5. **Hygiene and basic needs services accessible to any individuals**, even those not staying in the shelter system: an area for warming/cooling from the elements where someone can be 365 days/year who is experiencing homelessness to minimize the need to go to multiple locations throughout the day to stay warm or get cool. There must be hygiene facilities, wifi, lockers, and food services that are accessible to individuals to balance the negative impacts on our natural areas and waterways for those without access to basic hygiene.

6. **Definitions**:
   a. **Managed Emergency Tent Camping:** a specific, designated area where emergency camping in tents is under the direct control of an organization with boundaries, amenities, and direct supervision. 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. To transition people out of tent camping, emergency tent camping has 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 managed emergency tent camping will address the safety and environmental health concerns of unmanaged camping and allow for enforcement of illegal tent camping elsewhere.
      1. Unmanaged tent camping is not supported by the public feedback due to concerns of fire, individual safety, community safety, litter, noise, and visibility. Having a designated area for managed and supported camping addresses these community concerns.
      2. 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.)
   b. **Managed emergency RV, trailer, and car camping area:** a specific, designated area where emergency 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. RV sites must have gray and black water dump hookups for appropriate hygiene. Mobile service delivery capacity can make it possible to support distributed sites at multiple smaller locations throughout the county.

Background:

a. **Challenges**: implementing this recommended emergency sheltering system will take time, resources, and political will. There are challenges with site identification, concentration of populations living in poverty, and the need for separation of some populations for safety.

b. **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:
   1. Geographic locations and siting options.
   2. Adequate public transportation schedule to support client needs.
   3. Service providers must be included as leaders to determine adequate spacing between populations. Suggestions from providers include separate floors, separate buildings, and/or microshelter rows for different populations.
   4. Capacity is needed to research and explore available geographic areas in Corvallis, the urban growth boundary around Corvallis, and the county areas surrounding the urban growth boundary to find all possible locations for the different components for a sheltering system.

Phased Implementation to bolster Emergency Sheltering System: all of the components outlined for an emergency sheltering system will take staff capacity and time to be implemented. While the city and county work to build the organizational capacity and sustainable funding to support the long-term vision of implementing these components, the city and county must facilitate and support the enhancement of service capacity for these most urgent needs:

1. The men's shelter must be open 24/7/365 with additional service providers meeting with men onsite to transition them to transitional or permanent supportive housing.
2. The City of Corvallis and County, in partnership with IHN, Samaritan, and other service providers, should facilitate building the capacity for mobile service delivery to distributed microshelters, RV/trailer/car camping, and managed tent camping locations. This mobile service delivery can serve populations both within Corvallis urban growth boundary and the greater Benton County areas that have expressed the need for access to services.
3. The most urgent need voiced by clients and providers is a safe place to locate their tent or vehicle so they can stabilize, access services, secure a job, and transition out of homelessness. Basic needs of safety, sleep, food, and hygiene need to be met first before people can work on transitioning out of camping. This is also the most urgent need voiced by community members who are housed – addressing the unmanaged tent and vehicle camping throughout the community by having a place for managed camping in tents and vehicles so they do not continue to disperse and move from one street or natural area to another.

[End of Emergency Sheltering recommendation]

7. Facilitate and support the creation of a Resource Center.

Description: the Resource Center should have office space for providers from different organizations to meet with people, enroll them in programs, and work on improving their economic stability with sufficient means to meet their needs. The city and county should facilitate and support the collaboration between the providers to choose the best location options and determine who will occupy and manage this Resource Center. Must have public transit, walking, and biking access. A dedicated shuttle service from shelter locations around the community will support access beyond just public transit.

i. Ideal location: capacity is needed to research and explore available geographic areas in Corvallis, the urban growth boundary around Corvallis, and the county areas surrounding the urban growth boundary (similar to the work DLR has done for criminal justice components sites). Best options would be co-located adjacent to or very near some sheltering. Second best is very short walking distance. Also possible would be a shuttle system from shelter locations to the resource center.

Background: supporting co-location of service providers from multiple organizations decreases the travel and number of different locations people must go to meet their needs. Having some shared space at one location does not mean that an organization entirely relocates their operation. It means that representatives from different organizations are co-located to coordinate care in one location. Most clients have to travel to multiple places (between 5-10 different geographic locations) to enroll in the numerous programs available to them. The Resource Center can have office space for service providers like Community Services Consortium (CSC), Council of Governments (COG), United Way, county health navigators to enroll people in OHP, housing case managers to work on transitioning people out of homelessness, assistance with vital records (drivers license, social security card, etc.), assistance with applying for and accessing disability and social security income, job assistance, veterans programs, space for representatives from the Center Against Rape and Domestic Violence (CARDV), Jackson Street Youth Services (JSYS), Community Outreach Inc. (COI), Casa Latinos Unidos, Tribal liaison, NAACP representative, Unity Shelter, Corvallis Housing First, Linn Benton Housing Authority, other housing entities, state entities like DHS, etc.

8. Explore and investigate the need and the barriers to accessing housing for individuals and their families in our community whose past history has impacted their ability to secure housing.

Description: people with past criminal histories, bad credit scores, and previous evictions continue to be disqualified from housing and remain unhoused. Housing assistance for people with conviction histories is lacking once they do not qualify for support from county Parole and Probation.

Background: individuals with difficult histories end up living in their cars or RVs throughout the community. These individuals and their families are already a part of our community. There is a lack of data on the need for referrals for this population, although it is a known need based on provider feedback. Explore and investigate this issue further.

9. Provide routine communication, notice, and opportunities for community involvement on the topic of homelessness services.

Description: this recommendation has three components for two-way communication and community involvement:

a. Routine monthly email updates that people can sign up to receive. These updates should include news and reports about services, community-based organizations, decisions made on the topic of homelessness, how to get involved, etc. Regional updates are needed that include all of Benton County. Corresponding updates can be posted and archived on the HOPE website. Implementation should be immediate.

b. 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. Implementation should be immediate.

c. 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.

    1. Organizations funded by the city or county or approved to provide social services or transitional housing must provide routine opportunities for two-way communication and a mechanism to provide feedback for neighbors and nearby businesses. City/county establish a mechanism for community members to provide feedback on services and organizations directly to the city and county provider (via email, website, and postal option) instead of only to the service provider. City/county track community feedback for improved accountability and to make informed decisions about future funding allocations. Organizations will forward any neighborhood feedback to city and county funders to evaluate future funding decisions and encourage resolving issues with neighbors.

    2. Community-wide notice should also be provided in the routine monthly community-wide communication.

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

Description: permanent supportive housing (PSH) is necessary for a small portion of our unhoused community who need permanent support to remain stably housed. "New" units can be new construction or conversion of existing units to PSH units. Increasing PSH will decrease the number of chronically homeless individuals in the community and result in cost savings. (https://endhomelessness.org/wp-content/uploads/2017/06/Cost-Savings-from-PSH.pdf)

a. Develop a framework for awarding currently available grant funds that encourages, incentivizes, or requires, when possible, a certain percentage of PSH units in housing projects seeking affordable housing funding from the City of Corvallis.
     1. County pursue additional grant funding streams to increase PSH units in greater Benton County to implement this recommendation.
b. 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).
     1. County collaborate with other cities in the county to increase PSH units outside of Corvallis.
c. City/county evaluate non-traditional zoning and code solutions to respond to the need for more permanent living options:
     1. Permanent tiny home villages.
          a. Emerald Village in Eugene has 22 permanent tiny homes on 1.1 acres: https://www.squareonevillages.org/emerald
          b. Peace village in development with 36 units on 1.7 acres: https://www.squareonevillages.org/peace
     2. Accessory dwelling units (ADU) should be made allowable and more easily achievable. (Corvallis already allows ADUs; county code changes are needed.)
     3. Motels converted to permanent living.

11.   Increase available rental/income assistance options.

Description:

a. 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.
b. 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.
c. Engage with culturally specific and culturally responsive organizations to help connect communities of color to rental/income programs and ensure that program parameters are aligned with the needs of communities of color. Establish a consistent resource to coordinate with Tribal Housing Authorities to provide referrals and connect Native American individuals with Tribal resources, such as housing vouchers, assistance, and support services.

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

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

Description:

a. City and 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.)
b. County continue to facilitate increasing supportive services however possible 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.
    i. 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.
c. County facilitate collaboration with Medicaid insurance (IHN-CCO) and Samaritan to support more behavioral health services onsite at more permanent supportive housing units.