



Oregon Housing and Community Services' Five-Year Strategic Plan Public Engagement Summary

Throughout April and into May, the Federal Planning Unit and Public Affairs Staff traveled to the following 11 cities to discuss issues related to housing and homeless services: Ontario, Coos Bay, North Bend, Medford, Klamath Falls, Tillamook, McMinnville, The Dalles, Hood River, Pendleton, and Redmond. Staff asked the same questions in each city. The questions were based on information that HUD requests in the Consolidated Plan and intended to give the department information about community housing priorities.

This document is a summary of the feedback and input the department received. This information will be used in the development of the HUD required Consolidated Plan and our strategic planning efforts.

STATUS OF HOUSING IN REGION/ NEEDS ASSESSMENT

1. What are the most common housing problems you encounter in your region?

Are units fully functional (kitchen, restrooms, and proper facilities)

Are units safe and free from health hazards? (e.g. lead paint, bed bugs)

Is there an issue with unit overcrowding?

- Not enough affordable housing or living wage jobs. "Vicious circle-we keep asking for living wage jobs, but not the education to get those jobs for when they become available".
- A lot of our students that go away and get educated don't come back.
- We have a lot of minimum wage jobs- people working multiple jobs, yet still can't survive. How to help them get a better job? Good paying jobs have been replaced by automation and lower wages.
- Employers having a hard time finding people qualified to work higher wage jobs and having to recruit employees from out of state/area.
- Lack of affordable housing units. Just don't have a lot of low income housing inventory.
- Transportation is an issue. Many buses provide limited options for low income.
- Landlords often set unrealistic expectations for market rents resulting in disparities (rents disproportionately higher than mortgages further limiting access).

- Haven't had any new housing developments in many years. Limited market stock on hand.
- Payment standards can be onerous. Often the rent meets the requirements, but once we include the high cost of utilities it goes above the payment standard. If utilities go above the payment standard, families are paying 30% (low income) plus the difference.
- If people do get housing, they can't get power service because often they are in arrears.
- Finding Housing that is adequate to house clients. Some landlords don't have the resources to fix up rentals to meet requirements of programs/inspections.
- Many families not receiving assistance are doubling or tripling up to make ends meet – leading to situations of overcrowding.
- A lot of people are coming out of corrections/recovery and it is difficult to access transitional housing. Criminal histories and debt to previous housing authorities making people ineligible for housing.
- Roach/bedbug/mold infestations have become a significant problem. Mold also becomes an issue when tenants don't turn up the heat in the winter (due to utilities costs).
- Nobody to go out to check and verify whether housing is healthy-check molds, etc. Can lead to increased health issues such as asthma. Have general HQS inspections, but can't determine extent.
- High levels of depression, mental illness and physical or intellectual disabilities.
- Substandard homes lacking adequate insulation which increases utilities, etc. 80% of homes built prior to 1970.
- Lack of security deposits to move. Application fees. Tenants do not know their rights. Many people with vouchers paying for/filling out multiple applications. Application fees restrictive. Why are landlords running screening if nothing is available? Landlords don't have control of the screening companies.
- Increase in homeless senior populations
- Extremely low vacancy rate, especially in the "affordable range."
- Housing standards are low outside of regulated housing.
- Existing affordable units being lost
- Landlords discriminating against HUD clients
- The impacts of foreclosure on those now in the rental market, previous homeowners are now renting and competing with low income persons.
- Landlords control/"monopoly" of the rental market
- "Housing First" saves system money.
- Case management /wrap around services critical.

- We have vouchers, but no housing units available. Vouchers aren't any good if there's no housing available.
- Barriers (criminal background, etc.) are hurdles that can be overcome, but no housing stock. Those with a mark on their history live in substandard housing.
- Lot of seniors/disabled come for energy/weatherization assistance, but the grants can be restrictive (have to pay for themselves). Have to use other funding i.e.: resort to CDBG funds through partners (Housing Authorities) due to inavailability of housing stock.
- Many energy efficiency/weatherization upgrades no longer make sense. Need to look at program.
- Lots of houses that are in need of repair (lots of deferred maintenance, such as roofing, flashings, gutters, etc.), but people don't have the resources to do it on their own especially the older demographics.
- Many residents are proud, older demographics and won't ask for assistance.
- Often it's not worth looking at repairs if it doesn't make affordable housing available.
- Chronic dependence on multiple social service programs.
- Don't have the "housing police" in rural areas to ensure housing is clean, safe, etc. Requires a lot of work for each jurisdiction. Perhaps local mediation a solution? Many times disagreements are expensive and not productive (e.g.: landlords can "wait it out" until the tenants simply wear out/move out).
- What can a tenant do when a rental is finally inspected and marked as "un-occupable"-forced to move out within 48 hours and unable to find a vacant affordable alternative?
- Lack of affordable housing due to vacation rentals. People are buying second homes in destination and recreation areas. In Hood River 8-12% vacation housing. These were the more affordable homes. Hood River is 440 housing units short. Apartments were turned into condos.
- Workforce/mental health/section 8 – two year waiting list.
- Nowhere to move up from section 8.
- Young men will never be eligible because there are no programs that support them.
- When an affordable housing unit is built the criteria is so strict that most won't qualify. Issues that make them homeless preclude them from qualifying. Rigid criteria and long wait lists.
- The FMRs are an issue. State/local and federal programs. AMI is another issue. Leaves some folks out of the mix.
- Last year the housing choice voucher protection law was passed. Still see issues with discrimination. Especially with the large Spanish speaking populations. Undocumented

persons don't speak up for fear of being on the radar. Need to evaluate the success of the protections.

- A formula based on AMI is not fair.
- People are willing to put up with awful situations because the landlord will accept them.
- Families may not qualify.
- People don't have a place to live that's close to work/employers have a hard time hiring
- Tax credit housing is hard to do in Tillamook (big chunk of federal funding) (based on state or local median income – better to base it on state for Tillamook. This structure is a problem for Tillamook.
- Professionals can barely afford to live here as well.
- Weatherization/have to walk away from many because they are too far gone. Big need to rehab. Poor cannot afford to make repairs. Housing stock is slowly going away.
- Impacts every level if there is no housing available. Employers who want to expand can't house employees. Can't afford to live and work in the same community.
- Long waiting list for all programs. Not enough funding.
- Overcrowding is an issue.
- Substandard homes lacking adequate insulation, utilities, etc.
- 80% of homes built prior to 1970.
- Lack of security deposits. Landlord are requiring 3x monthly rent in income.
- Doubled and tripled up household.
- Increase in homeless senior populations
- Bedbugs, need to find a way for nurses to test before they go to shelter.
- Seven people on street because house was condemned
- Lots of substandard housing in Umatilla County
- Where do we put them, how to pay for it, ESG fair market rent does not allow (asking for a waiver from HUD)
- FMV – rents are too high, landlord's market.
- FMV - Monthly rent/utilities median for the area.
- FMV supposed to be rapid rehousing but ties their hands
- Frustrating for a landlord when tenants take advantage
- Educate tenants on rental agreement/accountability
- Hard to get landlords to work with system
- Need for one bedroom or single occupancy units.
- Undocumented unable to access many systems
- Manufactured home that was purchased really needs to be replaced
- Black mold, cockroaches (no other choice).
- Health conditions created by living conditions.

- Educate tenants on rental agreement/accountability.
- Hard to get landlords to work with system.
- Workforce has no housing.
- Reverse mortgage counseling. Foreclosure issues still remain.
- Difficult to engage Latino families in conversation about housing barriers due to cultural barriers.

2. Describe the impact of cost burden for your area?

- Many people served by programs do not understand how to budget, or what they can afford. The population coming in asking for services don't really know what affordable housing looks like. Don't really know what percentage of their income should be spent on housing. Can lead to numerous other complications (e.g.: health- can't afford medication because they need to make rent, etc.).
- "Rent isn't lower because you make less" – rent is rent.
- Have a lot of older homes that are not well insulated resulting in higher heating costs.
- Some are opting out of assistance programs to take substandard housing.
- Some landlords will actually raise rents (in some cases double) for tenants with poor/nonexistent credit. Tight housing markets force some to pay extra (gray market).
- Teaching classes on how to take care of an apartment would be beneficial for some (e.g.: responsible renter's class). Problem is that you can't make them attend, requires intensive case management, some landlords still won't accept clients.
- Many social services are trying to work with landlords to reduce rent or pay utilities, but the market doesn't demand their participation (
- Section 8 is too restrictive: would be nice to rent a room with Section 8 funding (more flexible funding options such as HOPWA, Home at Last guarantee program <\$5,000 repairs, etc.) Section 8 won't allow rental from family members, this is especially important for persons with disabilities.
- A majority of folks are paying more than 30% of income towards rent. In many cases that can go up to 75% of income. Rents often exceed local payment standards.
- Even with assistance (e.g.: vouchers) people are not able to make ends meet. HUD utility calculations have changed for credits which has led to increased burdens and reduced voucher amounts. Reduced size of rentals available.
- Apartments cost more for a minimal apartment than many seniors/disabled with SSI get in their entire check. Making it almost impossible to find units.
- Quick to look at the percent spent on housing. There is more about transportation issues. Look at a broader definition of cost burden (housing/transportation). No

public transportation throughout the balance of state areas. . Cost burden should include transportation costs.

- Cost burden should include child care. Child care was cut for families transitioning into self-sufficiency. Fewer child care options for low income persons who have to travel great distances, without reliable transportation.
- People reluctant to leave subsidized housing. Bill in legislature to allow people to stay in the subsidized housing even when their income is raised. Need to incentivize people to move along. Have a lot of rental assistance through CARE. Families put off house payment because of other expenses.
- FMR does not match the utility allowance. Cannot find units that fit into FMR. HUD will not increase the FMR.
- Students working/their budgets are tight. Last choice and first hope (Pell Grant). Students taking just a few courses and working full time to get grants and make ends meet. There needs to be a rural factor.
- Burden of moving into an apartment is too high. First/last/security deposit. Realtors are asking for three times the amount of rent just to move in.
- All income levels affected by the rising costs.

3. Are there any populations or household types that are more affected than others by these problems?

- Families with children
- Disabled elders who are on a fixed income
- Unaccompanied youth (<18 y.o.)
- Large families (e.g.: 6+ people)
- Domestic violence/mental health issues
- Pet friendly housing
- Trends to eliminate low-income by out pricing/outourcing them to other communities. This is disastrous for families and has an exponential negative affect on our children.
- No quality low and high-end housing compounds these problems
- Single moms with inadequate incomes (TANF is not sufficient)
- Veterans
- Mentally ill persons. Mentally ill populations taking burnt of the issues.
- Lack of transitional housing units
- Elderly, disabled
- Majority in need are working poor, but not getting full time.
- Domestic Violence survivors

- Many can't find living wage or manage integration into programs – continuum.
- Folks coming out of drug and alcohol rehab, out of incarceration, mental health supportive housing, those with criminal backgrounds, high barrier folks
- Both integrated and congregated settings depending on population needs.

4. What are the needs of low income individuals and families with children who are currently housed but are at risk of becoming unsheltered or losing their housing?

- Subsidy/benefits cliff making folks no longer eligible for anything and the loss of benefits is greater than income increase, not enough income to sustain rent on their own (loss of any subsidy creates housing loss), difficulty navigating bureaucracy, lack of rental and deposit assistance, eviction prevention dollars are limited.
- Mental health, addictions, criminal background, small town (everyone knows you). The Dalles doesn't have any emergency stopover. Hood River does have a warming center. Community support is demonstrated by this project.
- In the Dalles or the surrounding four counties no drug treatment/residential facilities.
- Must serve probation where they originally committed the crime.
- Undocumented persons need a system to advocate for them.
- Foster kids aging out/discharge plans can be sleeping on someone's couch. Need more flexible tools to house them.
- Sufficient employment opportunities with adequate pay (skills seem to be sufficient for the most part)
- Increased financial education opportunities
- Rental education (Ready to Rent)
- Mailing original copies of id's to obtain birth certificates
- Program requirements can be daunting.
- Need predictable rent and stable rental environment.

5. What are the needs of low income individuals and families with children who are currently housed but are at risk of becoming unsheltered or losing their housing?

- Sufficient employment opportunities with adequate pay (skills seem to be sufficient for the most part)
- Workforce training and necessary identification is expensive. Mailing original copies of IDs to obtain birth certificates- this is expensive and challenging.
- Reliable transportation
- Increased financial education opportunities
- Rental education (Ready to Rent)

- A livable wage. Especially families with children/ electric, gas, copay, child care
- Used to have lots of rehab dollars. These dollars have diminished. These dollars help us preserve what we have.
- Health is connected to so many things. The Medicaid population has a continual need. Social determinant of health in this region is driving the health costs. Address their food supply, housing.
- Food on most people's budget is discretionary. They will pay other bills and not buy food. Speaking to groups about food nutrition
- Transportation. Head start does not have transportation. No vehicle, driver's license or car insurance. To have a stipend they must prove they can legally drive. Students who need medical evaluations for free but there is no transportation.
- Dental care for low income.
- Child care is a real barrier for low income. Not a lot of providers, expensive, many children to transport.
- Program requirements can be daunting.
- Because of a lack of resources, some see criminal activity as their only option. They develop criminal histories that further limit what options are available in the future and affects those families with children. Need living wage jobs and options.
- No housing options for people straight out of prison especially with probation requirements and restrictions on where people can live.
- Some families receiving TANF are required to participate in a jobs program but don't have the transportation to do so resulting in decreased benefits.
- Families who quit employment can be ineligible for TANF for up to 120 days. Reasons why people quit can include need for child care, help taking kids to doctors, do not have reliable transportation.
- Foster family/alternative family placements can become financial burden on struggling families.
- Seeing more people come over to Oregon from Idaho because Oregon has more benefits/higher minimum wage.
- Seeing more non-traditional households more often, but not necessarily increased access (still seeing 3-4 x per annum but more nontraditional families).
- Many families see programs as a last resort rather than supplemental and ongoing for them.
- Transitional services between programs are critical for many of these populations.
- Many are living paycheck to paycheck.
- Childcare is staggeringly expensive.
- Many do better by not accepting benefits that can be volatile or non-dependable.

- May find lower cost rentals (e.g.: older), but wind up paying more due to inefficiencies, or transportation costs.
- Some experience moving into a rental only to have the landlord raise rent.
- Permanent supportive housing units.

6. What are the needs of formerly homeless families and individuals who are receiving rapid re-housing assistance and are nearing the termination of that assistance?

- Many do better by not accepting benefits that can be volatile or non-dependable.
- Obtaining additional benefits and/or employment to maintain housing. Work to transition onto HCV waitlist.
- Time allowed on rapid re-housing program is not sufficient
- Money management skills.
- Financial assistance in overcoming barriers (DMV fees, debts owed, medical bills, etc.)
- Need living wage jobs or two minimum wage jobs/40 hours per week.
- DHS is proposing a redesign of the TANF system. When employment raised wouldn't mean the person would be kicked off as soon. Would allow up to \$1200, and then stair step down.
- Going to see rising water costs due to water shortage. Landlords raise rent to pay costs.
- More flexible dollars to assist folks in overcoming these barriers (attorney help, financial management, etc.).
- Help with clothes, job training, and education.
- Flexibility to help the whole person.
- Illegal camping fee of \$3,000, homeless low income people being fined for having nowhere to go.
- Expunge criminal histories.

7. What are the needs of formerly homeless families and individuals who have successfully moved beyond assistance?

- Help paying back loans. Medical and credit debt is detrimental to rental options.
- Better and more access to IDA's
- Learning to make better life skills education/training (regular daily household skills i.e. Laundry, dishes, paying bills) learning to make better choices
- Requires case management and collaboration amongst areas/programs-finding the "biggest bang for your investments"). e.g. DHS Differential Response
- Support from community. Lack of family or due to generational poverty, family is not a support system.

- Some people have been down so long and are afraid of success-affirmation. Suffering trauma.
- Having a secure base of support for potential crisis-critical time when they are desperate.
- Warmline program- Peers for Peers 24 hour peer support line (e.g.: 211 info).
- Many don't have family or no longer have those connections but still need the social connection (domestic violence, etc.) Many have lost their family.
- Struggling. Graduating young people but there are no jobs.
- DHS people can get work if they come in the door. People can't compete because of their backgrounds. Need to get the people skilled up and provide housing.
- No work readiness training. Community College has a basic program. Closed alternative program in Hood River.
- Community Health Improvement Program seems like a good resource. Use what we've learned from other assessments. (share with OHCS)
- Child care costs and transportation. DHS says there is momentum in the legislature to address the child care issue. Push to increase and improve child care quality. The needs are the same. Same platform they came in on. If they miss a week's work. Surviving on the same platform they came in on. Copay is too high to send children to child care.
- Address the benefits cliff. DHS workers are educating clients on reporting requirements. Need to get the information out to partners. DHS says that they do have transitional benefits to offer to clients to help them stabilize.
- Continuation of scaled benefits as income increases.
- Addressing increased tax liability as income increases
- Support with childcare costs

8. What are the demographic characteristics of the population at-risk of homelessness in your area?

- Lots of single men
- Single moms
- People lacking education
- Disabled
- Households with no children, no disabilities, unemployed. Populations that are not qualified or considered lower priority.
- Teenagers (in particular <18). Foster system identified (IFP system 18-24 y.o.).
- Came out of a non-traditional/multiple-family homes (e.g.: got in a fight and left/couch surfing).
- High teen pregnancy rates impact risk

- Veterans
- Youth- underage minors, foster children
- People discharged from incarceration
- People suffering from mental illness
- People who have suffered foreclosure
- Non English speaking persons
- People suffering addictions
- Domestic violence survivors
- Unemployed
- Family, single people
- Seniors
- More multigenerational families

9. What barriers exist for seniors finding and maintaining affordable places to live? What barriers exist for aging in place?

- A lot of concern because the state has cut down on skilled nursing facilities. More focused on long-term care. Home medical model. Lack of facilities.
- Many seniors are resistant to moving into a smaller unit.
- Seniors want to maintain independence.
- Hoarding/ mental illness.
- Elder abuse.
- Inability to care for the home, lack of money to repair home, pay bills
- financial limitations (real estate market, can't afford care facilities)
- Limitations on pets.
- Accessible housing.
- Move-in costs for those on fixed income.
- Transportation/physically incapacitated/can't do the physical labor required for a housing search. They don't get to use their voucher and remain homeless.
- Successful programs are the minor repair programs.
- Lack of smaller units, lack of senior housing and long waitlists.
- Not much available. Long waiting lists.
- Many units appropriate to age in place. Units are inadequate.

10. Describe coordination with systems of care that may discharge person into homelessness, such as health care, mental health, youth facilities and correction programs and institutions.

- Parole officer is supposed to help those coming out of incarceration to find housing. Corrections system has no plan on how to transfer for housing. Lack of coordination.

Persons are often dropped off at shelters, without determining if there is a bed or if they are appropriate for the facility.

- Hospitals do not discharge into an adequate environment. Very often dropping directly onto the street.
- No local drug/alcohol rehab services.
- Get calls from the hospital often because a person is homeless and there is no discharge plan.
- Jail diversion program difficult (come out homeless). Current housing has a lot of mental health clients (vulnerable) and can become complicated integrating the two populations. Then there's LRC transitions- "doesn't work well".
- Need to have a physical place to put them and a program to support them. Can't do that without money.
- No homeless shelter in the area.
- Has to be a community effort and need to include the faith community.
- There has been reluctance in the community to overcome these obstacles/stereotypes.
- Also a fear of "if we build it...they will come" - but they're already here.
- Some of the folks living on the river want to be there. They're fine with that lifestyle. When given the opportunity for something else, they just won't.
- Need for respite care.
- Lack of nursing homes.
- No real discharge planning.
- AMH's AIM High mental health program.
- EDBI (?) corrections pilot project to assist with transitional employment.
- Fast Track (DHS) with community corrections and county mental health.
- Provoking Hope corrections reentry program.
- *They are talking to each other, but there are no resources.*
- The hospital often holds clients without an appropriate discharge
- Need for respite care
- Lack of nursing homes
- CAPECO services are limited. Not a quick response.
- Drug/alcohol/felonies/no children with them yet: need more than a one bedroom, but landlords won't rent because of felony history.
- Helping Hands: Barrier; clients have no income. Organizations can't help because they can only pay first month's rent.
- Blue Mountain: Using Housing first and then look at the future outlook for clients.

- Corrections: Limited/no money/felony – Benefits are suspended and restart 30 days after release.
- Lifeways is the mental health provider, and has expanded in the area
- Many addiction issues.
- To address discharge issues, Homeless Leadership Coalition (HLC) is working on a coordinated entry system, HLC is working with the discharge planning workgroup and facilities coordination.

11. OHCS needs to provide a rationale for establishing allocation priorities for funds for rental assistance production of new units, rehabilitation of existing units, and acquisition or preservation. Please tell us your recommendation on allocating funds within these services. How would you prioritize within the priorities?

- Rehab of existing units. Losing units because landlords no longer want to participate or make those investments. Landlords don't need to participate. Can't obligate them. Even if they can't pass inspection, the market is so tight that they can find another renter.
- Acquisition or preservation
- Production of new units
- Funds for rental assistance
- Land use restrictions from the other side of the state make it difficult. Very difficult and expensive to rezone. May be agricultural, but can't grow anything anymore.
- Businesses are leaving, people are staying...there's "no services to get people off the services".
- Rural Oregon issues. Ontario community has more in common with Idaho.
- Rural areas need flexibility to take advantage of opportunities and situations.
- Some states have capped programs such as TANF to 1 year (Oregon has full 5 years) resulting in an influx of traffic from out of state. More competition for scarce resources.
- State should designate \$5-\$10 Million for a Mitigation Fund to address increased housing costs if the Liquefied Natural Gas terminal development happens.
- Expecting a housing bubble ~ 2 years before development that would melt down the local housing market.
- Encouragement of low-income tax credit development
- Expanded local permitting
- lack of interest at the community and government level/not enthusiastic about low income housing.

- Funds to address the homeless issue sex offenders. No one wants to touch or deal with them. They end up homeless.
- Gap for those with criminal background or bad credit. An incentive program. Let clients prove they are complying so they can get the help they need. Support appeals process.
- 40% employees in Bend earn minimum wage.
- SRO and smaller units for homeless singles.
- Collaboration between gap funding and equity capital.
- Unit minimums can be a barrier.

12. Do you have protocols for service for unaccompanied at risk youth? If so, do the protocols include LGBT youth, youth of color and youth exposed to sexual violence or sex trafficking?

- It's really getting on the phone and finding someone at this point. No real protocols.
- Only for the undocumented youth, but there's no money for it. Have to be working with law enforcement. Helps with short-term necessities. Running into labor trafficking more.
- Unaccompanied youth have been a priority for developing protocols and trying to develop a youth program.
- Coos Bay is starting to develop LGBT group with New Community Coalition.
- Lincoln City's 10 Year-Plan is often cited as a model.
- United Way is starting a significant community collaboration impact project.
- Need a pot of money to do a County wide approach.
- Exodus House, Transitional Living Program (TLP) serves 17-21 y.o. runaway homeless youth, self-referred youth to Community Works.
- Some questions related to LGBT and referrals are made to other agencies based on the answers. Housing option for up to 30 days for those experiencing sexual violence.
- 779-HELP line.
- Difficulty in housing youth due to legal ability to sign for utilities, leases, etc.
- Increase in youth experiencing homelessness due to LGBT.
- Many parents created barriers for their children by putting credit/assistance into the child's name and destroying the credit during that time, starting the youth in debt.
- Have two programs for young men and one for women in The Dalles. Don't prioritize by category. Recognize when these groups come through the door. The region doesn't have specific programs but are culturally sensitive to each group identified.
- Some communities do not work with youth under 18 because they need parental permission.

- Clients use Exodus House.

13. Considering the transportation needs in your community, are there places that people need to go, but cannot get to? This could be hours of operation, location or other constraints.

- Even getting our clients to the circuit courthouse (Vale) is 20-30 miles away. The bus is time consuming, very expensive, and limited timing.
- Simple resources such as laundromat, etc. can be expensive due to availability/location.
- OHP+ in some areas provides transportation (to appointments, etc.), if they are on Medicare, etc. they don't qualify for OHP+. Limits access to healthcare, produce, etc.
- Some families are driving upwards of 30-100 miles just for groceries.
- Fresh produce not available at convenience stores.
- Public Transportation is extremely limited. Will not run in evening or only once/twice a day. Some areas no weekend service.
- Bus stops may not be adequate to serve many folks with disabilities.
- Major employers have no transportation to or from locations.
- No safe walking or biking options.
- No bus service to the jail where people have to regularly go for probation meetings.
- Rural areas lack transportation (none available)
- Complicated transportation system.
- Low income families can often not afford bus fare.
- Bus stops are not covered for inclement weather events.

HOMELESSNESS

14. What is your region's strategy to move homeless and temporarily housed individuals and families into permanent housing?

- Fill the gap between being at risk of homelessness to homelessness and assist them up to 3 years to then roll them over into the Section 8 program.
- The whole premise is to case manage people into self-sufficiency so they no longer need our programs. Sometimes 36 months is not enough, but sometimes it's plenty.
- The community is starting to have this question, but no answers yet. Will be more effective if its community driven rather than agency driven
- Many regions need to develop strategies. Many Communities need more coordination.

- More flexible funding is needed.
- 10 Year Plan to End Homelessness, with regular monthly meetings of the Homeless Task Force Coordination.
- Goal to transition to permanent housing. Rapid rehousing program/direct/ESP – transition people in place. Secure successful graduation.
- Warming shelter – everyone came together to make it happen. Huge effort
- Need to establish a regional strategy
- Coordination through the Homeless Leadership Coalition.

15. What are your recommended evidence-based strategies to end homelessness in your region?

- Case management programs
- Community college collection of data (enrollment, attrition, CTE, etc.)
- Poverty to Prosperity welding program at Treasure Valley CC. May take those people out of the area but gives some skills.
- Development of life/trade skills
- Don't know if we really utilize "evidence based" strategies.
- Housing first. However, housing first does not work easily in central Oregon where the vacancy rate is low.
- More housing
- Less restrictions. Would like to use Single Room Occupancy Units or other creative housing options that are not supported by HUD. Low cost housing options.
- General budget funding
- Housing plus services
- No 10 year plan to end homelessness (10 year plan was never developed)

COORDINATION/REGULATIONS

16. Do you have any recommendations to enhance coordination among the Continuums of Care, public and assisted housing providers and private and governmental health, mental health and service agencies?

- Develop a stronger relationship amongst the faith-based community.
- Faith-based community has a tendency to do things isolated. A real need to make the relationship meaningful and relevant.
- Faith community very active in the emergency food pantry.
- Coordination with everyone at the table to facilitate regional collaboration (with help from a facilitator).

- Coordination of state funding (interagency and with other agency)
- Need local political support/participation.
- Provide healthcare at the door. Enhanced services.
- Expand healthcare certifications with non-profits.
- Shared data across health systems.
- See dollars but no admin dollars. Lost TBRA program because they didn't have enough admin dollars (\$1800 grant) Had to give money back. There was no staff dollars.
- Why does the community need to come up with a match?
- OHCS could partner with OHA. CCO flexible service/not sure it will count.
- SHAP – flexing program dollar use.
- State study how investment in one thing affects costs and outcomes in other sectors. I.E. study what an incremental investment in housing affect the costs of health care.
- More training on how to talk about the monetary incentive to rehousing people. Formula that gives a dollar and cents outcome to this problem.
- Laws around privacy – how do we share information? Creates stumbling blocks to coordination. Help support entities that have concerns about privacy. One common release.
- Tough in this area. Don't have a system in place. A few nights at a hotel.
- Winter we have warming shelters.
- Limited coordination with hospital.
- Warming station closes and people are out on the street.
- Why do they close? Pendleton closes due to lack of volunteers. The Fire Marshal mandates closure date dependent on the building. Churches could be used.
- There are places, but due to regulations and compliance issues it is difficult to use them.

17. Are there impediments or constraints imposed by HUD in the ways that ESG funds are used in your region?

- Too many different rules and regulations across programs.
- Matching fund requirements.
- Lack of administrative dollars. Not a lot of money in ESG compared to the amount of work required (especially with the rural calculations). Simply not worth it. Too much paper work.
- It would be nice to have the ability to use volunteer time, in kind donations, etc. as match.
- Dealing with HUD there are always challenges: such as the 30% area median income requirement (some have lost benefits for being just \$10 over).

- Fair Market Rent Caps.
- Grant timing that affects fair market rent caps.
- The gap in our community are the working poor. They have an income and everything they need. They just don't have a lot of it. A simple thing such as a medical disaster can put them in a crisis for which services don't have the resources to help.
- Often a "one time" issue that causes a downward spiral (car breaking down/one paycheck away).
- ESG funds are so specific they might not be able to meet the need of the community.
- Target those that are "higher" low-income.
- County Commissioners had to approve ESG workplan, seemed silly.
- Not enough admin dollars with ESG.
- FMR, the match dollar, AMI requirement, can't use on a subsidized apartment complex (precludes Hood River),

18. What is needed to support a coordinated housing service system?

- One co-location for all providers
- Local political support.
- Help from the state in assessing what the community needs.
- Acknowledgement of the differences in smaller, rural communities.
- Housing.
- Rural areas housing shortages are compounded by transportation, etc.
- Local area rental vacancy rate is ~0.5%.
- Funding models are set up a little silly- "use it or lose it" for HUD Section 8 vouchers, but by using vouchers can be considered abusive of resources.
- Just not enough housing available.
- Regular coordinating meetings. Some communities have developed very coordinated efforts and others have a lot to go.
- Better research on what works (not just best practices). Many best practices don't work. Working examples of other counties that have turned themselves around.
- Clarification of data such as the one time Point in Time (PIT) count. HUD definition of homelessness is different from local school district. Makes very difficult to measure meaningful data.
- Need a "stick and carrot"- not getting buy in from local, regional, state governments (cities and counties not paying attention).
- Lots of denial and NIMBY-ism.
- Cultural stigmas entrench a prosecuting mindset for helping the homeless (e.g.: it's bad or shameful to help the homeless: county spending \$2 million a month on food stamps is looked at as bad, but it helps stimulate the economy which is good).

- Better (more accessible/timely) transportation. Even just 10 minute earlier school bus schedules can lead to 80% increases in school breakfast participation. But, does the city even know?
- Need a fundamental new paradigm shift.
- Idea: creation of a Housing/Homelessness/Attainable Housing Council to facilitate a coalition of community members committed to the issue in Coos County.

19. Are there barriers to the community accessing services from your agency or the Continuums of Care?

- Access to housing
- Lack of funding
- Volatile funding
- Waiting lists on everything (except LIHEAP) - forcing many to go elsewhere (3+ wait lists).
- Growing local populations, but does not look to be getting any more vouchers.
- Documentation systems/requirements
- Income disparities / tourism industry (wineries provide lots of migrant labor reliant on low income jobs)
- Lack of childcare providers, paperwork (intake forms)
- Cannot advertise due to lack of capacity.
- Transportation & other issues already identified
- Changes in local community leading to increased bilingual community, but seeing more refugees (Kenya, Russian, etc.)
- Waiting list is currently closed, but the word in some of these communities is that the list is really short and people are applying from outside of the area (many refugees from Boise or out of state).
- People moving here for additional public assistance resources. Creating resource scarcity and having to refuse servicing people outside the area.
- Many programs heavily dependent on volunteer base that is aging out (70's-90's), and not enough "backfill".
- Inadequate funding to serve/outreach far outlying rural communities.
- Rural nature of outlying communities.
- Zoning issues especially related to persons coming out of jail.
- The rules that must be followed. Hermiston and Walla Walla come to Pendleton and some Pendleton people go there.
- Hurdles from the city.
- Educating people on what is happening in the community.
- People move here thinking they won't be homeless.
- The Condition of housing stock.
- Need CARE Coordinators to work with schools. Have many high school students who are couch surfing.

- Shelter units often have barriers, need wet shelters with low barriers.