



Poverty and Homelessness Board

Executive Committee Meeting

July 16, 2020

12:00 p.m. – 1:30 p.m.

Watch live or later at <https://lanecounty.ompnetwork.org/>

To give public comment join online: <https://global.gotomeeting.com/join/784947645>

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AGENDA

Topic

1. Welcome and Agenda Review
2. Follow up from Previous Meeting and Consent Agenda
 - *Approve Minutes of May 21, 2020*
 - *Accept Statement of Revenue and Expenditures as of June 30, 2020- PRELIMINARY*
3. Membership Committee Recommendations: presented by Kris McAlister
Brittany Quick-Warner as Business Representative
4. Emergency Solutions Grant (ESG) COVID-19 Funding Proposal: *Amanda Borta, Lane County*
5. PHB Governance Structure: *Steve Manela, Human Services Division Manager, Lane County*
Leadership and Officers
6. Inclement Weather Strategies 2021: *Sarai Johnson*
7. Social Services & COVID-19 Recovery Strategies
Federal, State, and Local Resources: *Steve Manela, Human Services Division Manager, Lane County*
8. Public Comment
Individuals who plan to offer comment must register and indicate they wish to give public comment in the chat box, with name and contact information.
9. Wrap up
Summarize board decisions, assignments, next steps, planning next meeting's agenda.
10. ***Next Meeting: All-Member August 20, 2020, Executive Committee September 17, 2020***
11. Adjournment

The Poverty and Homeless Board (PHB) is an action oriented group of elected officials, community stakeholders, and individuals who represent low-income and homeless people's concerns. The purpose of the PHB is to create innovative partnerships and programs that use best practices to reduce poverty and homelessness in Lane County. The PHB will work to generate resources, community and legislative support for housing and services to achieve its goals.

INCLEMENT WEATHER STRATEGIES 20/21 OUTLOOK AND PROPOSAL

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INCLEMENT WEATHER STRATEGIES OVERVIEW

In years past, Lane County, City of Eugene, City of Springfield, and other municipalities have typically addressed oncoming winter sheltering needs in the late fall, just as wintery weather descends. This late in the game approach has resulted in a long-term continuation of a patchwork of systems that largely rely on volunteer labor and short term, weather-driven warming centers and have provided limited opportunity to explore other effective options that may meet winter sheltering and warming needs while also adding long-term capacity to the homelessness response system. This approach has also left out other inclement weather needs, including wildfire season air quality dangers and non-winter storms.

Part of this reliance on the same strategies year after year is a result of late planning, which forces us to reup and double down on strategies that get the job done, but without finding ways to strengthen and improve the sheltering system overall. It is uncertain whether existing strategies result in long-term individual or community-level outcomes and impacts beyond giving some people a place to sleep or stay warm enough to simply stay alive, one night at a time.

This year, Lane County Board of Commissioners has requested a full conversation on Inclement Weather Strategies in July, leaving enough time to bring diverse approaches that better meet our current crisis to the table. This is especially pertinent this year, as we are entering the fall and winter with an unprecedented pandemic that threatens to cause great harm to the unhoused/unsheltered community as well as the entire community. This is a time that calls for innovation, creativity, and courage, as we may have an opportunity to more thoughtfully consider how our financial investments in weather strategies might be better deployed to create lasting gains in the homelessness system for shelter, housing, and services, all leaving individuals and our community measurably better off.

The proposed strategies reflected in this report are meant to serve as a starting place for handling the housing and homelessness crisis in inclement weather during the COVID-19 crisis. While the rough budget projections included in this report reflect six months of operations, it is likely that interventions we deploy at this time will require longer-term operation for at least 12-18 months. Some of the interventions suggested in this report may be phased in over time, expanded, or contracted, and some have the potential to add capacity, resources, and assets to our community's homelessness system.

CURRENT STATE OF THE SHELTER AND WARMING/COOLING SYSTEM IN A COVID-19 ENVIRONMENT

While warming centers have provided critical, life-saving resources on the coldest days in our region, the reality is that when this pop-up, weather-driven intervention stands down, the people who had used a warming center immediately return to sleeping in places not meant for human habitation. Guests are better off, in that they are alive, but their day to day reality of living in a cold, wet, outdoor environment is damaging to their long-term health.¹ In addition, this strategy relies on a volunteer workforce primarily made up of older adults, who are considered a high-risk population for COVID-19 complications. The

¹ <https://bit.ly/3iHohs2>

congregate nature of this intervention is also challenging in a pandemic. CDC and HUD guidelines² contraindicate gathering previously unassociated people and placing them into a congregate shelter setting only to release them back to the streets the following day, as happens with warming centers.

Our Emergency Sheltering system has also received a heavy blow in the wake of COVID-19, taking about 250 beds out of service to allow for physical distancing of 6 feet between beds. The shelter beds that were once available in the system will not be back online by the time winter hits Lane County. Additionally, the Low-Barrier Shelter/Navigation Center recommended in the Lane County Shelter Feasibility Study was originally slated to launch in November 2020, a timeline that is indefinitely postponed as the facility intended for this use is operating as a COVID+ and Quarantining Alternative Care Site until COVID-19 has run its course – and is likely to continue this use until a vaccine is available.

Expanding bed counts at Dusk to Dawn and activating Egan Warming Centers are our most enduring weather strategies, both of which pose unique challenges and limitations in our current environment. In light of this stark reality, it is necessary for us to work with service providers, people with lived experience, advocates, and a cross-sector coalition of willing partners to explore and implement a wide variety of new or adapted responses. This will require political will, strength in decision-making, and honesty with ourselves and the community at large about the true state and scope of our challenge in finding ways to keep our unhoused and unsheltered neighbors safe and well during the coming winter.

Lane County has one of the highest per capita rates of homelessness in the nation, with Eugene infamously topping the list based on the 2019 Point in Time Count³. Along with that is the reality that 80% of our unhoused population is unsheltered, living in places not meant for human habitation (compared with 35% unsheltered nationally).⁴ This creates an annual life or death situation for the thousands of people who live outside year-round in our communities. Now is the time to make meaningful investments in shifting this reality, adding shelter and housing to meet the needs of our neighbors who, for myriad reasons, find themselves living outside with no legal or safe place to go.

OPPORTUNITY FOR LONG-TERM IMPACT ON HOMELESSNESS RESPONSE

From the start of this season, the number of beds we are conceptually short is 325 (250 lost from shelter capacity and 75 beds from the Navigation Center). Given the fact that more than 3300 people are unsheltered (that we know of and can count by name)⁵ in any given month, **adding 325 beds should be the bare minimum goal for the coming season**, especially non-congregate settings or longer-term congregate settings that don't see as much turnover or coming and going as warming centers would typically see. The recommendations of this report will add up to more than 325, and we believe it is our responsibility to add as much capacity to the system as we possibly can, given our current resources and the urgent public health need.

² See [Appendix](#)

³ <https://nbc16.com/news/local/we-have-a-significant-problem-eugene-leads-us-in-per-capita-homelessness>

⁴ <https://bit.ly/38yb6VM>

⁵ See [Appendix](#)

The response for this coming winter is also an opportunity to better leverage and connect our diverse group of homelessness service providers.⁶ Many, if not most, of the interventions suggested below will require collaboration across service providers, which can be supported with technical assistance, appropriate levels of funding, capacity-building support and expertise, and, as needed, mediation supports. Developing and investing in the capacity of our homegrown services system, while including people with lived experience, service providers, and advocates in the design and deployment of these efforts will go a long way toward developing the trust and impact measurement we need if we are to transform the way we design and deliver homelessness and housing interventions.

We also have an opportunity to test-drive some aspects of the future Navigation Center by creating ways to trial a “Navigation System” – putting in place Street Outreach, and the employment and housing navigation supports called for in the Navigation Center model. Along with this, we will increase Rapid Rehousing and other housing-related programming that can support individuals and households with attaining stable housing while also taking pressure off the shelter system by reducing demand.

ADDRESSING WEATHER SHELTERING NEEDS DURING COVID-19: A LOOK AT OTHER COMMUNITIES

SAN FRANCISCO

San Francisco, along with placing thousands of highly vulnerable people in hotel rooms across the city, has also developed Safe Sleeping Villages⁷ and Healthy Streets⁸ guidance to support people who are unsheltered. The recommendations integrate CDC guidance around how to support encampments with physical distancing and hygiene and creates clarity as to where people are *not* allowed to camp, leaving as much opportunity to practice distancing and hygiene recommendations. Safe Sleeping Villages come with design and screening protocols and are operated by nonprofit partners. Healthy Streets acknowledge the fact that the population of people unsheltered exceeds the resources available to them and aims to support people where individual housing options are not available, which acknowledges CDC guidelines and the Boise decision regarding sleeping in public places. Similar programming (Safe Sleeping Villages) and policy clarity (Healthy Streets) can be adapted to our community and co-created with county, cities, law enforcement, public works, and parks departments to adopt an interim approach to keeping people who are sheltered and housed neighbors safe and informed during the pandemic.

PORTLAND

The Joint Office of Homelessness Services in Multnomah County and Portland has addressed COVID-19 in many ways⁹, including expanding motel vouchers for particularly vulnerable people (those with

⁶ See [Appendix](#)

⁷ <https://bit.ly/SafeSleepSF>

⁸ <https://bit.ly/HealthyStreetsSF>

⁹ <http://ahomeforeveryone.net/covid-homelessness>

underlying health conditions and those over 65), adding new locations to replace beds lost in existing shelters due to physical distancing – ensuring nobody will lose a bed, and instituting Outdoor Emergency Shelters of 30-33 tents including restrooms, meals, handwashing stations, and shower access. Similar, smaller scale interventions were conducted at the height of Lane County and City of Eugene’s COVID-19 emergency response. It may be possible to expand upon the successes (and learn from the challenges) of these interventions to provide places for people to safely sleep at night during the pandemic.

SEATTLE

King County and Seattle quickly instituted a variety of responses to COVID-19 in the spring and continue to operate new protective measures.¹⁰ They set a goal of creating capacity for 3,000 individuals to isolate, quarantine, and to undergo assessment and recovery. The estimated need was based on CDC estimations that approximately 40% of the population of people experiencing homelessness would likely contract COVID-19 and exhibit moderate to severe symptoms. They have also added 1,400 beds at Seattle Center and King County Airport to allow for physical distancing at existing shelters and invested in additional Street Outreach and Field Assessment (resources for shelters and service providers to help them maintain capacity and continue operations in this critical time).

RECOMMENDED APPROACHES FOR LANE COUNTY

ANALYSIS OF METRO AREA APPROACHES AS THEY APPLY TO LANE COUNTY

While the aforementioned examples all come from major metropolitan areas along the West Coast, which are otherwise not typically comparable to Lane County cities, it is important to note that their interventions look similar and mirror resources and approaches we already have activated in our community. It is difficult to find a smaller city corollary that compares fairly with Lane County and City of Eugene by way of a similar population and per capita rate of homelessness. It may be most instructive for us to learn from areas that are larger to adapt these approaches in scale and span to our unique community. The following recommendations reflect the intersection of where our existing capacity and assets locally meets models that appear successful in larger communities with similar levels of per capita unsheltered homelessness.

FUNDING RESOURCES

Funding resources and priority use of specific funding sources suggested below are informed by the recently published PHE report “Federal Funding Priority Order for Non-Congregate Shelter During COVID-19.”¹¹ All aggregate numbers are based on 180 days of operation. See [Appendix](#) for initial budgets.

¹⁰ <https://bit.ly/3fa6983>

¹¹ <https://www.phe.gov/emergency/events/COVID19/atrisk/Documents/HUD-Interagency-Funding-Priority-Order.pdf>

SYSTEM-WIDE TRIAGE AND REFERRAL SYSTEM

While planning for these interventions, it will be critically important to set up a system-wide triage and referral system to help place people in the best environment for them. White Bird demonstrated the value of this programming in partnership with City of Eugene and Carry it Forward when setting up Designated Temporary Shelter Sites. This approach allows us to do several things. First, we are able to identify who needs which resource and can refer them to the appropriate venue. Second, we are able to identify characteristics, needs, and personality traits that might make someone most successful in a specific village, shelter, or other environment. Third, we are able to begin a case relationship with guests upon referral, which allows us to better conduct impact assessment by recording key metrics at entry and exit. Finally, we can provide basic medical screening to scan for COVID-like symptoms and share information about how to slow the spread of the virus and mitigate personal risks in contracting it.

Key demographics and characteristics we primarily need to consider include:

- **Highly Vulnerable Individuals** with health and age-related risk factors for COVID-19
- **Families with Children** under 18 who wish to remain intact and together while seeking shelter
- **Unaccompanied Youth** (11-24 years) who require age-appropriate shelter and services
- **Chronically Homeless Individuals**¹² who are or could be on the Centralized Waitlist
- **Single or Partnered Adults** who often have pets, possessions or partners
- **People Who Are Challenging to Serve** may have criminal records or a history of being removed from other programs in the past. It is still incumbent upon us to provide as much support, safe sleeping, and survival resources as this population desires and will accept.

STAFFING NEEDS

Finally, each of these interventions will have to be adequately staffed to provide oversight, support, triage, and access to medical, mental, and behavioral health care, basic needs including food, hygiene, and transportation. See proposed program staffing levels for each intervention in the [Appendix](#).

RECOMMENDATION 1: SAFE SLEEPING VILLAGES

Similar to City of Eugene's Designated Temporary Shelter Sites that were previously located at Recreation Center locations throughout the city, Safe Sleeping Villages replicate and expand upon this model. Benefits of Safe Sleeping Villages include its rapid scalability and the advantages that a peer-led service model brings. Service providers identify natural leaders from within a village and provide paid employment to provide oversight including on-site overnight management capacity, relationship development at the village level, and the autonomy and self-directed management for the village that empowered and paid peer-staff create. By way of physical spacing, the infrastructure needs include canopies, tents, platforms for tents, mobile kitchen, portable toilets, handwashing stations, access to showers (can be offsite, and most likely will be offsite due to a shortage of available shower resources).

¹² People who are chronically homeless have experienced homelessness for at least 12 months (consecutively or sporadically over three years) while struggling with a disabling condition.

RATIONALE

City of Eugene and Lane County have already seen this style of alternative shelter work well in Rest Stops and at the Designated Temporary Shelter Sites. Impacts to neighborhoods have been minimal or even positive in most cases. This intervention can be deployed over the summer and phased into different parts of the City of Eugene and City of Springfield and may be expanded to other areas of the county relatively easily, largely because the village-based management model is wildly scalable. Villages can utilize tents to start, and may be able to later accommodate Conestoga huts, prefab or fast-build tiny homes (bonus if we can add electricity, heat, and water to these to make them HUD-standards habitable), and modular units as these resources become available. This is also one of the most cost-effective models available. While this is still an outdoor sleeping option (unless we replace tents with other units over time), we can make it more comfortable and accommodating by outfitting common areas and individual tents with heating and warming supplies and equipment.

TARGET POPULATION(S)

This intervention is most appropriate for **Single or Partnered Adults**, people who are considered **Chronically Homeless**, and can be set up to include **People Who Are Challenging to Serve**. We should set aside some portion of camps to accommodate **Families with Children**, as we only have 20 available shelter beds that allow families to stay together, and all are consistently full. If we are not able to serve all **Highly Vulnerable Individuals** with non-congregate indoor options, it may be possible to create a Safe Sleeping Village that has additional supports including more toileting (preferably per individual), uses tiny home or Conestoga structures, and are wheelchair accessible. However, it is strongly preferably to place Highly Vulnerable Individuals indoors whenever possible. It also may be possible to set up a specific camp or camps designed for **Unaccompanied Youth**.

POLICY IMPLICATIONS

Process exists at the City of Eugene level to stand up Rest Stops of up to 20 structures, which could potentially be amended or adapted in our current state of emergency. If we were to push this to 30-35 structures per tax lot for a period of time (which would be guided by spacing requirements of 144 square feet per tent, 12-foot aisles, and space for mobile kitchen and hygiene facilities), we could accommodate a relatively large number of people. Adjusting this in City of Eugene would require council action. We could bring this to City of Springfield for consideration as well, especially if we prioritize Families with Children and Highly Vulnerable People who are able to still sleep in an outdoor environment.

Siting has proved extremely difficult for these solutions, and would require some lenience on existing ordinances, particularly in Springfield, where current ordinance only allows three structures on church properties and light or medium industrial zoned lots. We will also need to put county, city, state, school district and other public lands to use in hosting these sites in a variety of locations around the county.

The recent passage of HB 4212¹³ provided a mechanism to supersede city-level zoning requirements for the placement of emergency shelters. This may be an opportunity to work with various cities in Lane County to create more places for people to sleep at night through a super-siting process.

TARGET NUMBER OF BEDS: 500

If we did sites of 30 structures to house up to 36 people per site with onsite managers for every 10 residents, we could serve several hundred people. Depending on the number of sites we could secure in partnership with faith communities, public agencies, nonprofits, and private landowners (particularly if we can offer property tax abatement or other incentives in exchange for the use of their land), we could serve at least **250 to 500 people** in this model, though we may be able to increase this target with additional sites, so long as there is available land and funding to do so.

While 500 beds may look like a very ambitious goal, Egan Warming Centers serve an average of 300+ adults and unaccompanied youth on each night of activation. Over the course of the 18-19 winter season, the centers served **1535 unduplicated individuals**. Because warming centers are a particularly risky strategy in a COVID-19 environment, it is necessary to employ different solutions that have the potential to serve as many people as possible for the duration of the cold weather season.

ESTIMATED BUDGET & POTENTIAL FINANCIAL RESOURCE: \$36 PER BED NIGHT

Proposed budgets for this type of intervention range from **\$20 to \$36** per person per night, depending on the service model, set-up costs, and scale (more people served provides a lower price per bed night, and personnel adaptations can be made to the initial budget). The initial capital investment to set up a camp ranges from \$5,000-\$25,000 per site, depending on the structures used (this includes setting up a camp kitchen). Several local agencies and governmental partners already have materials that could be used to set up these sites. The total cost to operate the villages for 180 days would be approximately **\$3.2 million**.

Funding resources can include FEMA Public Assistance Category B. The 25% match can potentially be funded with CDBG-CV¹⁴ or ESG-CV¹⁵ funds. The current sunset for FEMA Assistance is December 31, 2020. ESG-CV can be used through 2022 and could play a more prominent role in funding this intervention for the duration of the season after December 31st of this calendar year. We are also working to set up a fund in partnership with a 501c3 organization to allow community members, congregations, and businesses to donate funds to support services and case management at Rest Stops and “microsites” as well as to request foundation and other grants that will only fund 501c3 organizations.

RECOMMENDATION 2: PURSUE MOTELS FOR SHELTERING VULNERABLE INDIVIDUALS

Motels have proved a viable option in many areas to provide individual shelter to Highly Vulnerable People because some owners have come around with long-term lease offers, or even potential to sell. This is likely the most quickly deployed option for people who are at especially high-risk of severe cases

¹³ <https://bit.ly/2BJNjNg>

¹⁴ Community Development Block Grant – Coronavirus Relief Funds (Recipient: Cities of Eugene and Springfield – most of these funds will likely be encumbered very soon, and this source would only cover services)

¹⁵ Emergency Services Grant – Coronavirus Relief Funds (Recipient: Lane County)

and complications from COVID-19 (which is an increasingly large number of people per recent CDC guidelines).¹⁶ Motels with exterior room entrance and individual heating/cooling systems in each room are preferable. Several motels have recently approached Public Health staff to discuss the possibility of long-term leases, which might prove a reasonable option for people who, due to medical conditions and other health barriers, should not sleep outdoors during the pandemic. King County, San Francisco, and Operation Room Key, which spans California, have already created operational guidelines with suggested staffing, roles and responsibilities, codes of conduct for guests, and logistics, such as access to food. We could adopt such guidelines, scaled and adapted for our capacity and region.

This strategy may be interchanged with adding modular units (see [Recommendation #4](#) below). This strategy can also scale the sheltering system in a way that improves our HUD outcomes if we obtain longer-term leases of 12-18 months minimum with motels, which would in turn offer an opportunity to receive more Continuum of Care funds.

RATIONALE

The purchase of River Avenue allowed us to meet the need of COVID+ individuals who cannot return home to isolate (either because they are unhoused, or because they live with people who are high-risk). This was framed originally as a way to avoid using hotels and motels, which were not particularly interested in housing COVID+ or suspected COVID cases. If we were, however, able to access one or more entire motels with 60+ rooms, it would allow us to keep people who need immediate safe shelter due to major health concerns off the streets and in safe housing. We already know a larger proportion of people experiencing homelessness have chronic conditions including CDC-indicated ailments including COPD, serious heart conditions, Diabetes (Types 1 or 2), neurologic conditions or dementia, liver disease, and hypertension, to name a few.¹⁷ Housing people with these conditions and/or who are over 65 years of age in a non-congregate indoor setting will be crucial to keeping people alive this winter.

We have also found that many people who are unsheltered in our community are people with extraordinarily high needs, including medical, mental, and behavioral health needs that rise to the level of requiring caretaking or nursing-home level care. People in this condition, who cannot manage their own activities of daily living (ADLs), and who are medically fragile, require additional attention and support, best delivered in a non-congregate environment.

TARGET POPULATION(S)

This intervention should first prioritize **Highly Vulnerable Individuals**, followed by **Families with Children**, especially if one or more persons in the household are considered Highly Vulnerable.

¹⁶ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html>

¹⁷ <https://bit.ly/300LOMr>

POLICY IMPLICATIONS

None that we are aware of at this time, aside from the possibility of dollar amounts requiring board approval over time.

TARGET NUMBER OF BEDS: 150

We suggest a **minimum of 150 beds** under this intervention. Ideally, we would be able to create access to indoor non-congregate shelter for more of our medically vulnerable unhoused neighbors. Nearly 800 individuals on the By Name List are people are over 55, and nearly 1500 are considered chronically homeless (having had at least 12 months of homelessness *and* have a disability, which likely include some of the conditions mentioned above). 150 beds will allow us to serve those with the highest level of need.

ESTIMATED BUDGET & POTENTIAL FINANCIAL RESOURCE: \$85 PER BED NIGHT

Hoteliers in the area have offered the possibility of renting an entire motel for this purpose, most of which have 60-70 rooms, all at varying price points ranging from \$26-\$100 per night, depending on the length of a potential lease period. Other municipalities have created RFQs/RFIs to identify willing participants and what pricing they would be able to offer, which we could emulate here. This intervention initially prices out to **\$85 per person per night (assuming \$65/night for the hotel)**, including food, management, and related services. If we accommodate people with higher needs, we will incur additional management expenses. If we are given policy direction to pursue this option, we will conduct further research into staffing models and expenses and report back a per-bed cost as well as any additional applicable funding sources. The total to run this intervention for 180 days is \$2,302,080 according to initial budget projections.

Along with FEMA Category B funds, CDBG-CV, and/or ESG-CV, we may also be able to use some portion of Public Health funds that must be expended by December 30, 2020. These funds could start the program, with ESG or another source picking it up when the Public Health dollars sunset.

RECOMMENDATION 3: IDENTIFY LOWER-RISK CONGREGATE SHELTER

While it is ideal to place people in non-congregate settings, especially those who are in high-risk categories, it is also likely that we will need at least some level of congregate shelter to replace the probable scaling back of warming centers. In the case we need to operate congregate shelter/s, it would be best to attempt to maintain a relatively consistent population, conduct neighborhood outreach before setting these up, and create strong neighborhood/shelter guest agreements about behavior expectations and other considerations. We have learned from the initial emergency response that this approach can have major impacts for neighbors and unforeseen externalities that may negatively affect our long-term goals and the housed community's willingness to support the work with our unhoused neighbors. This may also be a good option for youth and people who do not have underlying health conditions.

RATIONALE

Within existing City of Springfield ordinances, it would be easier to set up an indoor congregate shelter than create Safe Sleeping Villages. There are a few commercial locations, including currently empty box stores, throughout the county (including Springfield) that could serve as possible temporary winter shelter locations. Because of the large footprint of such buildings, it is likely easier to create physical distancing than other shelter locations. If we pursue this option, we will need to maintain compliance with all CDC congregate shelter guidelines,¹⁸ and also create and deploy management models that may differ from previous shelter operations, such as the approach used at the fairgrounds during the Emergency Respite Shelters from March-June 2020. The main reason congregate shelter is on the table, is because it is the fastest way to provide shelter to a large number of people.

TARGET POPULATION(S)

This intervention is best used for people who are not Highly Vulnerable, including **Unaccompanied Youth** (two youth shelter locations are underway, both for immediate and long-term use and the county could support and strengthen this effort for the coming season). Congregate shelter can also work well for healthy **Single and Partnered Adults**. Efforts should be made to make the shelters low-barrier, allowing partners, pets, and possessions (which will require storage capacity). It will be ideal to set aside less crowded locations such as Safe Sleeping Villages for People Who Are Challenging to Serve, as they often have a hard time in loud or unpredictable environments like shelters, and may be best served in more tailored and quiet environments with adequate support.

POLICY IMPLICATIONS

Standing up temporary shelters will require active participation from cities and property owners to keep the efforts affordable and sustainable at least through the winter season.

TARGET NUMBER OF BEDS: 200

It would be ideal to set up congregate shelter in very large indoor spaces with 7,000-25,000 available square feet. It also would be ideal to secure space that has a good amount of open space, which reduces the cost of management and increases bed capacity. To strike a balance between management efficiencies and capacity, it is ideal to keep the population to no more than 40-50 people at each location (which would require 5,760 square feet for sleeping areas alone). Assuming we are able to secure four or five locations with about 9,000-10,000 square feet each, at least one in Eugene and one in Springfield, as well as exploring placement in Cottage Grove and Florence, we could create about **200 beds**.

ESTIMATED BUDGET & POTENTIAL FINANCIAL RESOURCE: \$49 PER BED NIGHT

If we are able to use county, city, or other public agency property/ies for this purpose, the budget will be considerably less. For management services, sanitation/hygiene, and food, the Emergency Respite Shelters cost an **average of \$79.77 per night**, with the Springfield site (only 32 people, in a building with

¹⁸ <https://bit.ly/3gCOPuK>

many nooks and crannies) ringing in at **\$180.17 per bed per night**; and Eugene at **\$66.63 per bed** per night. Costs for this type of shelter depend on scale and efficiencies, both of which are challenging in a COVID-19 pandemic reality. The price per bed night projected in the budget for this strategy is lower because it assumes one large space that can be staffed by a smaller number of people, especially if we keep the per-shelter numbers at or below 50 people.

If we choose to use retail or warehouse space for this, rent costs increase. We could also set up larger Western Shelter or Sprung Structure tents for this purpose as well.

RECOMMENDATION 4: INVEST IN SMALLER, FASTER PERMANENT HOUSING

There are several projects that are underway throughout the county, where partners are creating tiny house villages or small homes using Community Land Trusts and other models to reduce costs and expedite the development of housing. We could support the completion of these projects in the near term with additional funding and other resources.

We could also purchase of prefab or quick-built tiny homes (with heat, electricity, and water) that could be made into permanent housing and/or temporary shelter. In the Puget Sound area, Low-Income Housing Institute (LIHI) creates such homes at the cost of \$2,200, a few hundred dollars less than the cost to build a Conestoga hut (\$2,800). It may also be possible to explore other investments in housing, including master-leasing a block of units at Capstone (13th & Olive) for Single Room Occupancy/co-housing (potentially using PSH or Housing Choice Vouchers), or purchasing multi-family property if it is financially within reach.

In addition to adding physical units, it may be possible to use some funds for Rapid Rehousing, Barrier Buster funds for people to resolve their housing situation, and other rent assistance to help people transition from the streets into housing, especially those with high scores on the Centralized Waitlist.

Along with these models, it is possible to purchase modular units that can be deployed for short-term emergency housing and later repurposed into multi-story PSH/affordable/mixed use developments. If it is possible to secure funding to stand up these units for the coming season, the investment will serve the community's housing needs significantly over time. The modular units included in this assessment and recommendation have bathrooms (some shared, some private), but do not have kitchens. Additional amenities can be added to the modular over time or at initial construction. This option has the most potential to add long-term housing to our stock. Budget assumptions are based on lifecycle usage rather than the 180 operating period for this intervention.

RATIONALE

This is an approach that would rapidly expand the housing stock and potentially reduce the number of people who are literally homeless. The cost of this intervention may be similar to that of temporary congregate settings or even hotels/motels but would add a more permanent improvement to the housing capacity of our system. The up-front cost of the modular option can be amortized over time – with year one producing a higher-cost bed, but in year two offering a very affordable service model at just \$27 per bed night, assuming the facilities are installed and running well.

POLICY IMPLICATIONS

This option requires some thought and cross-collaboration among many community partners and municipalities. It will also take consideration to determine the highest and best use of any available land banked properties – including whether setting up a temporary tiny home or modular village while a larger project is planned and constructed makes sense in the interim. Moving people from the streets into an arrangement like this may also impact their eligibility for longer term Permanent Supportive Housing and other resources, as they may be considered housed, depending on the unit. More exploration is required for this option. Land use, zoning, and code considerations may also come into play on this option.

TARGET NUMBER OF BEDS: 100

It would be wise to approach this as a possible pilot to see whether and how quickly we can deploy a resource like this and how best to manage it. An initial target could be as low as 10 – 25 beds using this intervention and include clear outcome measurement in the pilot, though to take advantage of the current environment and possible funding opportunities, it may be worth investing in up to 100 units.

ESTIMATED BUDGET & POTENTIAL FINANCIAL RESOURCE: \$27-\$38 PER BED NIGHT

Depending on where interventions like this may be built, purchased, or leased, the cost per unit could be as low as **a one-time investment of \$2,200**, and case management would be added on top of that. This particular strategy may also dovetail well with Safe Sleeping Villages if appropriate zoning through super siting can be achieved. The cost for this intervention would associate with the Safe Sleeping Villages operating costs with an increased up front capital expenditure for a more permanent structure.

If we rent units at an existing apartment complex with vacancy, we can negotiate rents and use housing vouchers, but may need to support move-in costs including first & last months' rent plus deposits. This would also be a 12-24 month option, most likely, unless we can identify people with unused vouchers and help place them in these units with proper supports long term.

The most opportune option offers an actual addition to the housing stock through the purchase and immediate deployment of modular units that can be used for 12-18 months and can later be stacked into a multi-story complex for PSH, affordable and market-rate units (using a combination of these housing types allows projects to be more self-sustaining financially). The budget for this Recommendation is based on modular purchase, set up and operation, and rings in at a total of **\$13.2 million for 100 units**. Information from the Modular Mobilization Coalition, a consortium of pre-fabricated housing manufacturers throughout North America, indicates that the units have a 50+ year lifecycle, which is comparable to stick-built units. Assuming even a 15-year deployment, the annual capital-inclusive operating **cost per bed night is \$38**.

SYSTEMS REALITY CHECK: UNSANCTIONED CAMPING RESPONSE

While it would be ideal to find adequate shelter or housing for all the members of our unhoused/unsheltered community, it is unlikely to happen before winter comes this year. The reality of our current situation is that some people inevitably will live outside this winter. For those who have no

other choice or for whom other resources simply are not available, it would be helpful if we created boundaries, expectations, and supports around how this happens.

RATIONALE

Because it is unavoidable, it would be wise for us to acknowledge this situation and make decisions about how to best support people who have the fewest resources while also upholding the health and wellbeing of the entire community, many of whom are concerned and even frightened by the increase of visible camping on our area. CDC guidelines continue to indicate that encampments should be supported with assistance on physical distancing, access to hygiene facilities (including portable or park toilets, handwashing stations, and access to showers), and help with keeping camps clean with appropriate waste management services. If we can support people in creating camps that don't create public safety and public health concerns we can mitigate the biggest challenges we typically have with camps. These camps would be serviced by the new Street Outreach teams we are standing up in July 2020. The teams will be made up of well-trained, well-supervised Street Outreach workers (not people repurposed from other functions). There are a number of programmatic ways to implement this approach.

That said, it would be better for all involved if most people could be placed in non-congregate Sleeping Villages and/or motels or modular units. During this time of crisis in our community, it is important to help all of our community members feel safe and be able to take care of basic needs including hygiene, access to mental, behavioral, and medical help, and access to food. Finding a way to support every person in our unsheltered/unhoused population is daunting, but part of the process as we head into a very uncertain fall and winter season under the shadow of COVID-19 will be to establish clear agreements, supports, and guidelines between Law Enforcement, Parks and Public Works, service providers and advocates, people living unsheltered, and Public Health. If we do not have places to send people to sleep, they will have to find places we don't sanction, which creates many cascading effects in neighborhoods and generates high-cost enforcement, sweeps, and property damage. It would be smart for us to consider where our resources are going, and if we are going to spend money mitigating the effects of sanctioned camping, perhaps we can consider investing in more intentionally managed and humane sheltering instead. If we can create enough opportunities for people to sleep somewhere safe, where they can count on staying – and also operate within the law and neighborliness, we have an opportunity to come out of this pandemic better off.

TARGET POPULATION(S)

Any person experiencing unsheltered homelessness who does not have a place in a sanctioned shelter.

POLICY IMPLICATIONS

Currently, camping is prohibited by cities across the county and the county itself, with limited ordinances allowing some exceptions (Car Camping Programs, Rest Stops, and Microsites, primarily). We would need to adjust this by shifting from a blanket ban to creating criteria on where people are always prohibited from camping so they can find places that are not banned to sleep at night. This is especially critical because continuing sweeps where people are moved and their possessions and supplies are bulldozed or confiscated only compounds the public health crisis we are trying to mitigate. We need cities, law

enforcement, public works, people with lived experience, advocates, and community members (including neighborhood associations and business leaders) to participate in developing this approach as well as council and BCC guidance on policy related to this item.

If it is not possible to identify places where unsanctioned camping can be even temporarily allowed, we should make every effort to create sanctioned, managed camps that are designed to ensure the success of people staying in them. This can include Safe Sleeping Villages, expanded car camping programs, and other existing solutions that have the capacity to scale their operations.

TARGET NUMBER OF BEDS

This approach would create legality in unsanctioned camps, along with better supports through Street Outreach. The number of beds could be equal to the remainder left after other strategies are deployed. Ideally, this is not a necessary step, though it likely is, given the constraints of time, space, and funding.

ESTIMATED BUDGET & POTENTIAL FINANCIAL RESOURCE: \$150,000

This approach would incur already allocated funds through Street Outreach but would also benefit from additional resources and supports including flexible funds to purchase supplies or provide other basic needs to people in encampments, access to hygiene, and laundry services. It would also be useful to engage service providers in the coordinated outreach strategy with contracts and equipment. An initial estimate for this intervention is \$50,000 for flexible funds and \$100,000 for various outreach contracts with willing providers. Additional expenses will inevitably be incurred for hygiene access, cleanup, and repair to environments damaged by camping. The staffing expense is in the approved budget as is.

CONCLUSION

We have a diverse set of opportunities for addressing winter strategies in the midst of a pandemic. It will be critical for us to set up these programs with great care and thought, and to integrate outcome measurements into each intervention so we can see what works well and which investments are most effective. This will inform not only future winter strategies but overall strategic investments in the homelessness services system and Continuum of Care in the long run.

APPENDIX

CURRENT HUD & CDC GUIDELINES

The most recent CDC guidelines for serving unhoused populations can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>

CDC guidelines for unsheltered homelessness can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>

CDC guidelines for unaccompanied youth can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/homeless-youth.html>

HUD Exchange offers a number of resources related to housing, homelessness, and COVID-19:

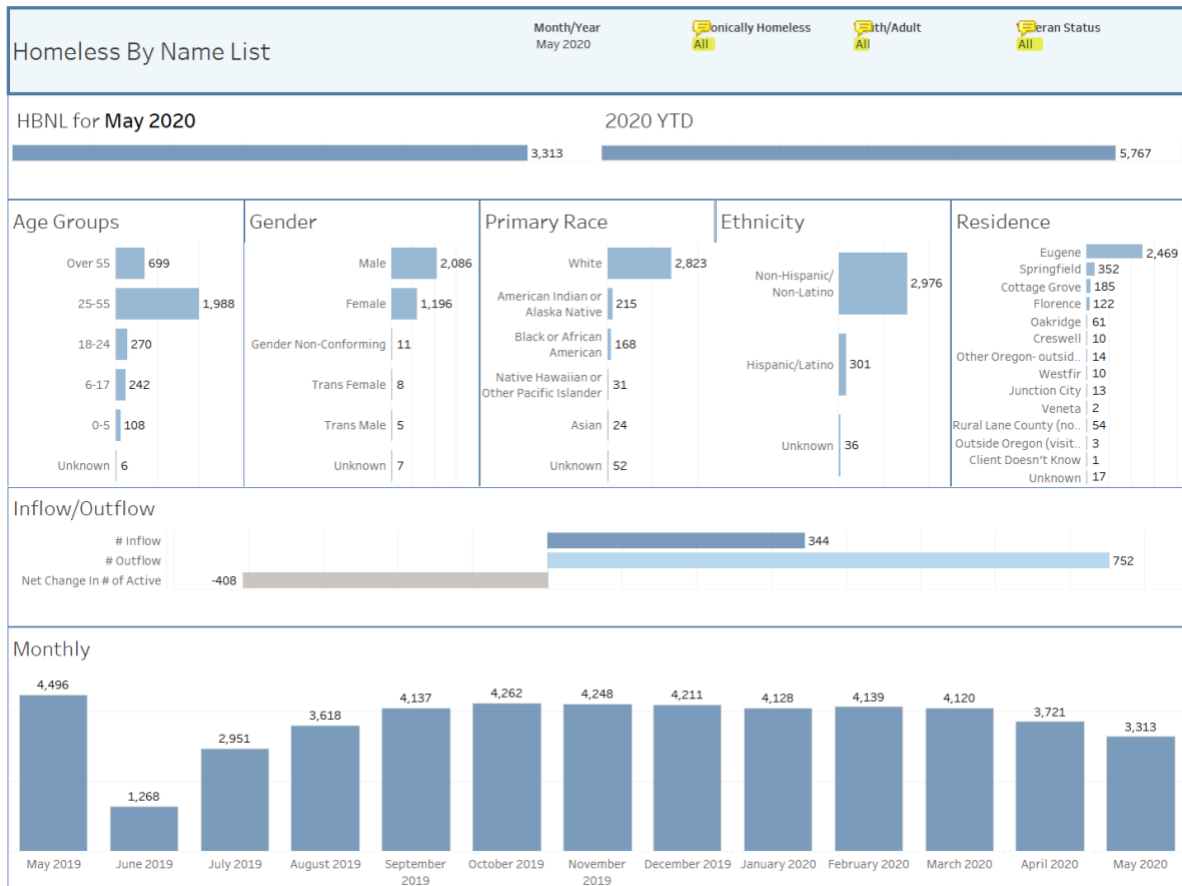
<https://www.hudexchange.info/programs/covid-19/>

USICH (United States Interagency Council on Homelessness) offers comprehensive COVID-19 resources:

<https://www.usich.gov/covid-19/>

CURRENT BY-NAME LIST INFORMATION

The most recent By-Name List shows fewer people accessing services in May year over year, likely due to the closure of most resources typically used by people who are unhoused and unsheltered.



COLLABORATIVE PARTNERS

LIKELY COMMUNITY PARTNERS

- ShelterCare
- Carry it Forward
- White Bird
- Community Supported Shelters
- SquareOne Villages
- The Eugene Mission
- St. Vincent de Paul
- Youth ERA
- 15th Night
- Looking Glass
- Nightingale
- Laurel Hill Center
- FOOD for Lane County
- Faith Communities & Kindness Campaign

LIKELY INTERGOVERNMENTAL AND DEPARTMENTAL PARTNERS

- Cities of Eugene and Springfield
- Cities of Cottage Grove, Florence, and Oakridge
- Other cities in Lane County
- Lane County and City of Eugene (and hopefully Springfield) Departments:
 - Public Works
 - Law Enforcement
 - Parks
 - CAO/CMO
 - Health & Human Services

STAFFING LEVELS AND ROLES FOR EACH INTERVENTION

POTENTIAL STEERING COMMITTEE

Incident Weather Strategies of the magnitude suggested in this report require massive coordination and collaboration between sectors, governments, agencies, community partners, and people with lived experience. The work may best be suited for a task force or steering committee that will lead the way on designing, implementing, operating, and evaluating these interventions. The committee could work as a temporary subcommittee of the Poverty and Homelessness Board, or could be an ad hoc work group that helps take concepts and get them actively into the world. Membership would be a diverse set of community partners, people with lived experience, advocates, public officials, business community members, neighborhood leaders, and others.

SAFE SLEEPING VILLAGES

County Oversight and/or Program Director: Likely a PSC who serves as the air traffic controller and oversees the program to ensure the system is working or gaps are filled. Because this is a new intervention, this role will need collaborative management with other leaders in the homelessness services work, and the ability to make decisions to persevere or pivot. Alternatively, a Program Director may oversee a portfolio of interventions or manage the overall success of multiple sites and activities.

Host/Navigator (1 for every 10 people): This person is a guest who has leadership potential. The position oversees and maintains the smooth operation and management of the Sleeping Village day to day. They receive supervision and mentoring from the sponsoring agency.

Supervisor (1 for every site): The Supervisor serves as a liaison between the sponsoring agency and the Host/Navigator onsite. This position helps support Hosts and Navigators at their assigned site to provide leadership, delegate authority, and develop leadership and job retention skills with Hosts/Navigators.

Service & Housing Navigator (1 for every 100 guests): This position supports people in their long-term goals, including ongoing planning to transition out of temporary shelter into permanent housing, ideally.

Security: This position provides security support for sites to keep guests safe.

Admin (1.25 hours/week for every site): This position supports the work at sites and provides agency leadership to maintain overall operation and success of the program.

MOTELS

County Oversight and/or Program Director: Likely a PSC who serves as the air traffic controller and oversees the program to ensure the system is working or gaps are filled. Because this is a new intervention, this role will need collaborative management with other leaders in the homelessness services work, and the ability to make decisions to persevere or pivot. Alternatively, a Program Director may oversee a portfolio of interventions or manage the overall success of multiple sites and activities.

Onsite Manager: Oversees day-to-day operation and maintains orderly service and supports for motel residents. The manager makes sure the unit turns happen with Hepa Graf or other Hazmat cleaning service and creates a welcoming and supportive environment for guests and staff. Around the clock onsite manager ensures any physical, building or after-hours needs are met and that “Knock/Drop/Walk” meals or deliveries are provided in that fashion.

Case Support & Mental Health: Provides access to behavioral and mental health supports and case management support on-site daily.

24/7 Security (2): Provides ongoing security to ensure safety of residents and properties and to support good neighbor policies.

LOWER-RISK CONGREGATE SHELTER

County Oversight and/or Program Director: Likely a PSC who serves as the air traffic controller and oversees the program to ensure the system is working or gaps are filled. Because this is a new intervention, this role will need collaborative management with other leaders in the homelessness services work, and the ability to make decisions to persevere or pivot. Alternatively, a Program Director may oversee a portfolio of interventions or manage the overall success of multiple sites and activities.

General Manager: Site-specific manager oversees day-to-day operation and oversight at the shelter. This person oversees the ordering and delivery of supplies, food, and other matters, and supervises site staff. Ensures health screening and physical distancing protocols and supports are in place and practiced.

Day Staff (4 @ each site): Shelter staff provide daily presence and supports for guests during the day shift.

Swing Staff (3 @ each site): Shelter staff covering afternoon/evenings.

Graveyard Staff (3 @ each site): Shelter staff covering the overnight shift.

Navigator (.5 @ each site): This position supports people in their long-term goals, including ongoing planning to transition out of temporary shelter into permanent housing, ideally.

Security All Shifts (3 per day per site): Provides ongoing security to ensure safety of residents and properties and to support good neighbor policies.

PERMANENT HOUSING

County Oversight and/or Program Director: Likely a PSC who serves as the air traffic controller and oversees the program to ensure the system is working or gaps are filled. Because this is a new intervention, this role will need collaborative management with other leaders in the homelessness services work, and the ability to make decisions to persevere or pivot. Alternatively, a Program Director may oversee a portfolio of interventions or manage the overall success of multiple sites and activities.

Onsite Manager: Oversees day-to-day operation and maintains orderly service and supports for motel residents. The manager makes sure the unit turns happen with Hepa Graf or other Hazmat cleaning service and creates a welcoming and supportive environment for guests and staff. Around the clock onsite manager ensures any physical, building or after-hours needs are met and that “Knock/Drop/Walk” meals or deliveries are provided in that fashion.

Case Support & Mental Health: Provides access to behavioral and mental health supports and case management support on-site daily.

24/7 Security: Provides ongoing security to ensure safety of residents and properties and to support good neighbor policies.

CAMPING SUPPORTS

While we hope and prefer to house people in shelters that serve people and the community better than allowing camping, we recognize that some people will camp. The county and City of Eugene have begun to develop Street Outreach teams to deploy to support people who are living in places not meant for human habitation. We anticipate hiring the first set of teams in July and are actively creating the program with intergovernmental and service provider partners now. We believe these teams will be prepared to serve the needs of people who are unsheltered and could use better connection to resources, shelter, and housing in the coming months. While unsanctioned camping is not ideal, we do have a new support strategy that can alleviate some of the worst and hardest impacts camping creates.

BUDGET ASSUMPTIONS

ROLL-UP OF ALL STRATEGIES

All Strategies Totals	Total 180 Day Operation	Bed Night Cost
Safe Sleeping Villages	\$3,220,224	\$36
Motels	\$2,302,080	\$85
Congregate	\$1,780,440	\$49
Housing	\$13,196,080	\$38*
		<i>* Amortized based on a 15-year life-cycle, which is far less than the 50+ year rating on these units</i>
Totals	\$20,498,824	
Potential Funding		
FEMA (75%)*	\$15,374,118	<i>*this depends on FEMA flexibility on funding, and this must be completed by December 31, 2020, replace with ESG or other afterward</i>
ESG	\$2,562,353	
In-Budget (Nav Cntr?)	\$750,000.00	
TBD	\$1,812,353	

SAFE SLEEPING VILLAGES

Budget Assumes 14 Sites of 36 People Each				
	Daily Wage	\$9,168.00		
Personnel	Number Needed	Monthly Wage	Monthly Subtotal	180 Day Total
Host/Navigator (1 for every 10 people)	50.4	\$3,360.00	\$169,344.00	\$1,016,064.00
Supervisor (1 for every site)	14	\$3,360.00	\$47,040.00	\$282,240.00
Service & Housing Navigator (1 for every 100 guests)	5	\$3,360.00	\$16,800.00	\$100,800.00
Security	7	\$3,360.00	\$23,520.00	\$141,120.00
Admin (1.25 hours/week for every site)	1	\$1,050.00	\$1,050.00	\$6,300.00
Total Personnel	76.4	\$13,440.00	\$256,704.00	\$1,540,224.00
Operations		Nightly Cost	Monthly Subtotal	180 Day Total
Utilities		\$83.33	\$2,500.00	\$15,000.00
	Number of Guests	Daily Food	Monthly Food	180 Day Food
Food	500	\$5,000.00	\$150,000	\$900,000
	Number Needed	Daily Cost	Monthly Cost	180 Day Portables
Portables (one for every 6 units)	85	\$4,250	\$127,500	\$765,000
Total Operations		\$9,333	\$280,000	\$1,680,000
<i>Bed Nights</i>	<i>90000</i>			
Total Expenses	Bed Night Cost	Daily	Monthly	180 Day Total
	\$36	\$9,333	\$536,704	\$3,220,224

MOTELS

Budget Assumes Two Sites				
	Daily Wage	\$480.00	\$1,560.00	
Personnel	Number Needed	Monthly Wage	Monthly Subtotal	180 Day Total
Program Director	1	\$3,360.00	\$3,360.00	\$20,160.00
Onsite Manager	2	\$3,360.00	\$6,720.00	\$40,320.00
Case Support & Mental Health	4	\$3,360.00	\$13,440.00	\$80,640.00
24/7 Security	6	\$3,360.00	\$20,160.00	\$120,960.00
Total Personnel	13	\$13,440.00	\$43,680.00	\$262,080.00
Operations	Number Needed	Nightly Cost	Monthly Subtotal	180 Day Total
Rental Expense	150	\$65	\$292,500	\$1,755,000
		\$9,750		
Utilities		\$83.33	\$2,500.00	\$15,000.00
	Number of Guests	Daily Food	Monthly Food	180 Day Food
Food	150	\$1,500.00	\$45,000	\$270,000
Total Operations		\$11,333	\$340,000	\$2,040,000
<i>Bed Nights</i>	<i>27000</i>			
Total Expenses	Bed Night Cost	Daily	Monthly	180 Day Total
	\$85	\$12,893	\$383,680	\$2,302,080

SAFER CONGREGATE SHELTER

Budget Assumes 4 Sites of up to 50 People				
		Daily	\$6,608.00	
Personnel	Number Needed	Monthly Wage	Monthly Subtotal	180 Day Total
Program Director	1	\$3,360.00	\$3,360.00	\$20,160.00
General Manager	4	\$3,360.00	\$13,440.00	\$80,640.00
Day Staff (4 @ each site)	16	\$3,360.00	\$53,760.00	\$322,560.00
Swing Staff (3 @ each site)	12	\$3,360.00	\$40,320.00	\$241,920.00
Graveyard Staff (3 @ each site)	12	\$3,360.00	\$40,320.00	\$241,920.00
Navigator (.5 @ each site)	2	\$3,360.00	\$6,720.00	\$40,320.00
Security All Shifts (3 per day per site)	12	\$3,360.00	\$40,320.00	\$241,920.00
Personnel Total			\$198,240.00	\$1,189,440.00
Operations		Daily All Locations	Monthly Subtotal	180 Day Total
Rental Cost		\$333.33	\$10,000.00	\$60,000.00
Utilities		\$133.33	\$4,000.00	\$24,000.00
Food	200	\$2,000.00	\$60,000.00	\$360,000.00
Supplies		\$150.00	\$4,500.00	\$27,000.00
Portable Toilets/Handwashing/Shower	24	\$666.67	\$20,000.00	\$120,000.00
Operations Total		\$3,283.33	\$98,500.00	\$591,000.00
Total Expenses	Bed Night Cost	Daily	Monthly	180 Day Total
<i>Bed Nights</i>				
	36000 \$49	\$9,891	\$296,740	\$1,780,440

PERMANENT HOUSING

This budget is based on the modular units. The modules can later be stacked up to three stories to create affordable dwellings and PSH. Further research can be done to identify LIHI style \$2,200 habitable tiny homes and other immediate alternatives that can be deployed more economically.

Budget Assumes 2 Sites to Accommodate 100 total beds				
Capital	Per Module	Number Needed	Totals	
SRO Manufacture (5 beds)	\$90,000.00	65	\$5,850,000.00	
Studio Manufacture (2 beds)	\$80,000.00	35	\$2,800,000.00	
Shipping (assumes 500 miles)	\$5,500.00	100	\$550,000.00	
Foundation (pin, pile, or pier)	\$3,500.00	100	\$350,000.00	
Finishing	\$31,500.00	100	\$3,150,000.00	
Furnishings	\$1,000.00	100	\$100,000.00	
Per Bed SRO	\$26,100.00			
Per Bed Studio	\$60,250.00			
15-year amortization	\$23.92	Cost per bed per year	\$873,219.00	
Total			\$12,800,000.00	
	Daily		\$1,560.00	
Personnel		Salary	Monthly Cost	365 Day Cost
Program Director	1	\$3,360.00	\$3,360.00	\$20,160.00
Onsite Manager	2	\$3,360.00	\$6,720.00	\$40,320.00
Case Support & Mental Health	4	\$3,360.00	\$13,440.00	\$80,640.00
24/7 Security	6	\$3,360.00	\$20,160.00	\$120,960.00
Total Personnel	13	\$13,440.00	\$43,680.00	\$262,080.00
Operations	Number Needed	Nightly Cost	Monthly Subtotal	365 Day Total
Utilities		\$300.00	\$9,000.00	\$54,000.00
	Number of Guests	Daily Food	Monthly Food	365 Day Food
Food	100	\$1,000.00	\$30,000	\$180,000

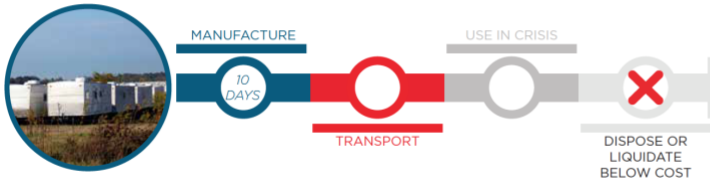
Supplies		\$150.00	\$4,500.00	\$27,000.00
Total Operations		\$1,450	\$39,000	\$234,000
<i>Bed Nights</i>	<i>36500</i>			
Total Expenses	Bed Night Cost	Daily	Monthly	365 Day Total
<i>Year One Totals</i>	\$364	\$3,010	\$82,680	\$13,296,080
<i>Year Two Total (Operations)</i>	\$27	\$3,010	\$82,680	\$992,160
<i>Capital Amortized Over 15 Years+Ops</i>	\$38			\$1,369,299

The full budget (which will change as better assumptions become available) can be found here:
<https://bit.ly/2VWZkPW>

SUPPLEMENTAL MODULAR INFORMATION FROM MMC

Typical Emergency Housing Life Cycle

up to \$65,000 per trailer



FEMA has run cost benefit models comparing refurbishment/re-use vs. the cost of selling an MHU. The results typically do not present a positive outcome for re-use when weighed against the distance travelled and the length of time a unit is occupied, which maybe up to 18 months

KBTX has learned the trailers that reportedly cost FEMA around \$65,000 each, are now being sold on a government auction website with bids starting as low as \$100.

2019 - KBTX Hearne, T By Mekena Rodriguez / Posted: Mon 9:53 AM, Feb 11, 2019

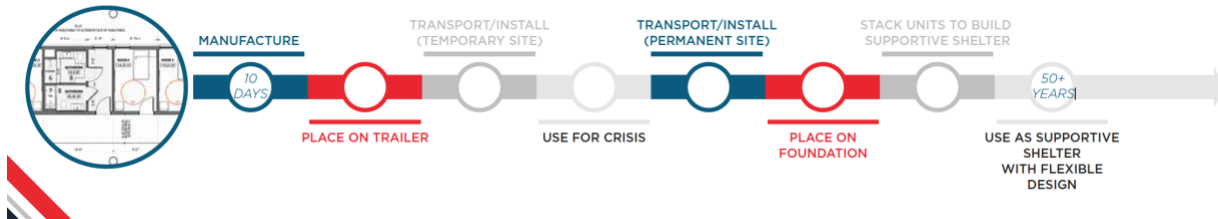
The modular solution to emergency units provides both lower up-front costs as well as structural resilience allowing for the units to be sanitized and relocated for future use. Rather than being disposed or sold at a loss, emergency modular units can be used to address the need for affordable and/or supportive housing across the nation.

Supplemental Care

from \$18,000 per room

To assist hospitals in need of immediate additional non-critical care space. With future conversion to supportive housing.

LIFE CYCLE OF MMC SUPPLEMENTAL CARE UNIT



Lane County COVID-19 Recovery Funding Information
(Revised July 6, 2020)

Source of Funds	Actual (if known)	Description
<ul style="list-style-type: none"> • COVID-19 Rent Relief Program (CVRRP) • State of Oregon (via Oregon Housing and Community Services) 	<p>\$929,025</p>	<ul style="list-style-type: none"> • State of Oregon funds for rent assistance to help people who are 50% or less Area Median Income who have unpaid rent/utilities/housing expenses from April-June 2020. Direct service dollars only, no program or administration costs allowed (program administration costs subsidized by other funding sources). Requires HMIS data entry and 6 month housing status follow-up. • Lane County released a streamlined eligibility prescreen survey which opened on June 3 at 10 a.m. and closed June 8 at 6:35 p.m. Lane County received a total of 1,295 completed surveys. Applicants are being referred to 1 of 6 providers and will be served on a first come, first served basis until funds deplete. • Providers include: Catholic Community Services, Centro Latino Americano, ShelterCare, Community Sharing Program, Siuslaw Outreach Services, and St. Vincent de Paul's First Place Family Center.
<ul style="list-style-type: none"> • Community Development Block Grant Coronavirus (CDBG-CV) • Federal 	<p>\$1,167,579 <i>(City of Eugene: \$839,940; City of Springfield, \$327,639).</i></p>	<p>Federal funding to cities to rapidly respond to COVID-19 and the economic and housing impacts caused by it. First Allocation: Eugene: \$839,940, Springfield, \$327,639. Only for within city limits. No 15% limit on social services. Anticipate additional allocations. Funding decisions ultimately made by City Councils, with input from a public process, CDBG Advisory Committees, etc. Can serve up to 80% AMI.</p>
<ul style="list-style-type: none"> • Emergency Solutions Grant (ESG) • Federal 	<p>\$990,307- <i>Lane County has not yet received these funds.</i></p>	<p>ESG funds can be used to assist individuals and families who are homeless or at risk of homelessness, and to support additional homeless assistance, prevention, and eviction prevention assistance. Eviction prevention activities including rapid rehousing, housing counseling, and rental deposit assistance to mitigate the adverse impacts of the pandemic on working families. Lane County anticipates additional allocations in the future. Requires full HMIS data entry. Can serve up to 80% AMI</p>
<ul style="list-style-type: none"> • Community Services Block Grant (CSBG) • Federal 	<p>\$792,232. <i>State of Oregon needs assessment and implementation plan due to Federal Government by end of August 2020. Funds anticipated after that.</i></p>	<p>The CARES ACT includes \$1 billion nationally for CSBG to help communities address the consequences of increasing unemployment and economic disruption for low-income households. Can be used to serve people who earn 200% or below of the Federal Poverty Level. Services must be provided on or before September 30, 2022, and liquidated on or before December 31, 2022. Lane County received an allocation of 11.04% of the state total allocation.</p>

Source of Funds	Actual (if known)	Description
<ul style="list-style-type: none"> • COVID-19 Low Income Home Energy Assistance Program (LIHEAP-CARES) • Federal 	\$778,532.	Lane County opened the LIHEAP-CARES Act fund application process on June 8. These funds are intended to be used to “prevent, prepare for, or respond to coronavirus” but beyond that will follow the current LIHEAP manual. Of these total funds, \$535,824 will be direct client to vendor. Includes \$142,442 for program delivery, \$40,106 for client education, and \$60,159 for administration. Funds may be spent through September 30, 2021. Does not cover water bills.
<ul style="list-style-type: none"> • Dislocated Worker Grant for Employment Recovery • Federal- Department of Labor 	\$390,000	Lane County was awarded a grant intended to expand service capacity for one year and will provide employment and training activities for dislocated workers and other eligible populations. Lane County Workforce Services plans to increase the current Workforce Innovation and Opportunity Act (WIOA) program by 2.0 FTE (Employment Specialists) who will provide Job Development and Career Advising services to dislocated workers. Funds will be allocated by Lane Workforce Partnership FY20 and will roll into FY21.
<ul style="list-style-type: none"> • Emergency Food and Shelter Program • Federal 	\$216,600	Lane County Emergency Food & Shelter Board (EFSB) received an additional supplemental award to respond to the COVID-19 crisis. Agencies were chosen through an RFP process and funds were used to expand or enhance a currently existing food or shelter program. Allocated through the Emergency Food and Shelter Board (EFSB).
<ul style="list-style-type: none"> • CARES Act Rent Assistance • Federal 	\$5,710,771 <i>anticipated in FY21</i>	State of Oregon CARES Act funds allocated to Lane County for homeless prevention and rapid rehousing rent assistance. Serves households up to 80% AMI. Further eligibility information, eligible expenses, planning process, community input, and distribution process information is forthcoming upon guidance from the State of Oregon.



ESG-CV Community Investment Planning – Narrative

Lane County expects to receive two allocations of one-time Emergency Solutions Grant – COVID (ESG-CV) funding. The first allocation (ESG-CV1) is anticipated at \$990,307, while the second allocation (ESG-CV2) has yet to be determined, but is anticipated anywhere between \$5 - \$7.2 million. *To date, no allocation has been received by Lane County and guidance has not yet been issued by HUD for ESG-CV funds.* This document is a summary of potential community investments or a menu of options, for use of the anticipated ESG-CV funding and accompanies the Community Investment Planning (CIP) tool. A community input process will be completed prior to making final investments and commitments of funding for ESG-CV1 and ESG-CV2. All amounts presented here are very broad estimates and are expected to change with final budget development.

Street Outreach

The following details recommendations that could potentially utilize ESG-CV funding under the Street Outreach program component:

System Wide Coordinated Outreach - \$621,570 (Y1: \$150,000, Y2: \$471,570)

Expansion and coordination of Homeless Street Outreach serving approximately 300 individuals per year. Street Outreach will take a multidisciplinary approach with two main focus areas – Connection to shelter and/or permanent housing, including Rapid Resolution, as well as Risk Mitigation (Safety, Sanitation, COVID-19 Education). This approach will involve a minimum of 4 agencies already engaged in street outreach, along with Lane County HSD staff, City of Eugene street outreach staff, and the new rural outreach staff who will participate in bi-weekly case conferences to map and better coordinated street outreach efforts system-wide.

Street Outreach may also be critical should the County and Cities allow for designated or sanctioned camping locations, as recommended while emergency shelter capacity remains reduced and inadequate to meet the need of the unsheltered population.

Street Outreach (Rural FTE) is a top priority for ESG-CV1 funding.

Emergency Health and Mental Health Services – \$183, 671 to \$487,000

ESG-CV funds can be used to provide emergency health and mental health services under the Street Outreach component. Emergency health and mental health services are eligible activities to the extent that other appropriate services and treatment are unavailable or inaccessible within the community. An example would be outpatient treatment of urgent medical conditions by licensed medical professionals in community-based settings (e.g. streets, parks, and camps) to those eligible participants unable to access emergency shelter or an appropriate healthcare facility. Proposals could include mobile clinic models, connection to health services through the Community Health Centers for homeless individuals or other

healthcare connection through Street Outreach, COVID-19 risk mitigation, or services for those with immediate medical needs. *Further concepts to be developed.*

Street Outreach, Emergency Health and Mental Health models are a recommendation for ESG-CV2 funding.

Emergency Shelter (Single Adults)

The following details recommendations that could potentially utilize ESG-CV funding under the Emergency Shelter program component:

River Ave. Facility - \$2,100,000/year

The Public Shelter Feasibility Study and System Recommendations from TAC outlined the need for a 75 Bed Emergency Shelter and Navigation Center. The current proposal is to have this shelter potentially located at the River Ave. facility upon completion of COVID-19 related activities. ESG-CV funds could potentially support operations and services to get this facility up and running as a Navigation Center. *See TAC Operational plans for Emergency Shelter/Navigation Center for more details. Note: The space at River Ave. is not anticipated to be available until at least Spring of 2021.*

This would be a proposal for a potential reserve of funds from the ESG-CV2 allocation.

Sprung Structures or Modular Units - \$547,864 (construction only)

Another option to provide congregate shelter would be to construct a sprung structure or modular units, particularly if the River Ave. site is not available within a reasonable timeframe. This cost estimate reflects a facility structure for 60 individuals. This estimate does not include staffing or operating costs, estimated at minimum \$850,000 annually. There is potential to utilize FEMA Category B funds for the initial supplies/construction costs and utilize ESG-CV funds for the operations and staffing costs. As we know the River Ave. facility may not be available before next year, this option should be explored for providing an option to shelter more individuals this upcoming winter. *See TAC Operational plans for Emergency Shelter/Navigation Center and Weather Strategies Proposal for more details.*

Some important considerations include: Quick setup; reasonable cost and return on investment; can be made as individual units (non-congregate); siting and zoning restrictions.

Hotel/Motel Vouchers (High Risk/High Needs) - \$920,000-\$2,300,000/year

Anywhere from 60-150 hotel vouchers or dedicated hotel rooms with individual bathrooms, serving a total of 60-150 individuals/couples at any given time, depending largely on what hotels can be secured and at what cost (estimates here are for six months with all nights at max capacity). This option could potentially fill a gap temporarily until permanent Medical Respite beds are available at River Ave (proposed, not yet confirmed) or another facility.

Services provided in association with the hotel rooms would include: Housing Stability Case Management and supervision; weekend hours; on-call staff; Risk Mitigation/damage fund. These beds would prioritize those at Higher Risk for COVID-19 or High Medical/Behavioral Health Needs.

Some important considerations include: high cost with little return on investment (no retention of units); dependent on cooperation of hotels/owners; purchase or long-term lease options may be available.

Hotels/Motels are a priority for ESG-CV1 and ESG-CV2 funding, particularly if we are able to leverage FEMA Category B funds for a long-term lease or purchase of motel building.

Clustered Shelter using Existing Facilities (High Medical Needs) - \$786,496/year

This recommendation calls for the development of clustered, congregate shelter (shared rooms of two) for ten individuals utilizing the Brooklyn Ave. (Formerly Shankle) building, which will be vacant January 2021 and is owned by Lane County, or other available building with units available. This option would prioritize those with immediate medical needs (medical respite) and high risk (elderly, underlying conditions). Services provided in conjunction would include: Housing Stability Case Management and supervision; overnight and weekend hours; Nursing Staff (LPN); Maintenance and Operating costs associated.

Some important considerations include: Maintenance/rehab needs of the facility are unknown, pending assessment; Lane County owned building (easily accessible); Temporary or transitional uses vs. long-term options must be deliberated.

This recommendation is a potential use for ESG-CV2 funding.

Clustered Shelter – (General populations) need cost estimates

Clustered, congregate shelter could also be developed in other settings, such as through use of trailer structures (“quints”) that provide for shared spaces of up to five individuals, for 10-30 individuals total. Services provided would include: Housing Stability Case Management and supervision; overnight and weekend hours; bathroom and garbage services; Operating costs associated.

Some important considerations include: Quick setup; small groups; could qualify as sheltered or transitional option; siting and zoning restrictions and challenges; return on investment (retain units).

Other Non-Congregate or Alternative Shelter Options (Single Adults)

The following details recommendations that could potentially utilize ESG-CV funding under the Emergency Shelter or Street Outreach program components. *Please note: ESG-CV guidance is forthcoming. It is unclear if or to what extent the concepts below will be allowed under ESG-CV, or if these concepts would meet all federal requirements for use of these funds (i.e. habitability requirements).*

“Rest Stops” or “Safe Sleeping” Model utilizing Conestoga Huts - \$367,500/year

This recommendation calls for the development of at least ten dedicated sites for Conestoga Huts (clusters of 4-6 each) with 1 bathroom per cluster, serving a total of 40-60 individuals/couples. Services provided would include: Housing Stability Case Management and supervision; weekend hours; prioritizing High Risk for Covid-19 (elderly, those with underlying conditions).

Some considerations include: Siting, zoning or ordinance restrictions and challenges; qualifies as “non-sheltered” option (not considered habitable under ESG standards); quick construction of units; minimal maintenance cost after upfront construction costs, return on investment (retain units).

Rapid Re-Housing (Single Adults)

The following details recommendations that could potentially utilize ESG-CV funding under the Rapid Re-housing program component. RRH is a housing first, permanent housing model designed to serve a broad reach of individuals with a short- to medium-term subsidy and supportive services to regain stability in housing.

RRH Expansion for Singles - \$736,050/year

The Public Shelter Feasibility Study and System Recommendations from TAC outlined a need for at least \$350,000 additional funding for RRH to serve single adults with an average assistance cost of \$4000, services and financial assistance combined, to serve up to 125 additional individuals. This proposal of \$736,050 per year provides a slightly different cost estimate and is based on local data around numbers served, budgets, and average assistance. This amount would allow the system to serve an additional 50 households *at any given time* with Housing Relocation Assistance, Housing Stability Case Management, and Financial Assistance for average 12 months (up to 24 months eligible). All households would be prioritized through the Central Waitlist (CWL) and those with the highest needs would be prioritized.

It is critical that we include resources for permanent housing in addition to adding emergency shelter or street outreach capacity in order to avoid exacerbating the creation of bottlenecks within our system, leaving too many individuals awaiting permanent housing without resources to meet that need.

RRH is a priority for ESG-CV2 Funding.

Homelessness Prevention

HUD has ***strongly advised*** communities to prioritize ESG-CV funds for those experiencing homelessness and to first utilize other resources to support homeless prevention efforts when possible. Lane County has received a significant amount of rental assistance for those at-risk of homelessness through other sources such as CVRRP and CARES Act funding (over \$6 million). This investment will support HP and rent relief for those below 80% AMI. However, these funds did not come with adequate staffing or supportive service dollars to provide case management or housing counseling to households at-risk of homelessness. It is possible to allocate a portion of ESG-CV to supplement these other funding sources with staffing costs and administrative support. *Estimates and proposals TBD.*

Rapid Resolution – \$200,000

The Public Shelter Feasibility Study and System Recommendations called for implementation of a system wide Diversion (or Rapid Resolution) strategy. While Rapid Resolution is not a separate, eligible component under ESG-CV funding, a variety of costs associated with this model may potentially be funded utilizing ESG-CV funds under the categories of HP, Street Outreach, or Emergency Shelter. For example, FTE/Staff time to conduct problem solving conversations can, and should, be included as part of the activities of a Street Outreach program or Emergency Shelter. However, Rapid Resolution typically also relies on the use of flexible funds to provide for the cost of resolving any barriers to seeking a housing solution. While some of the costs may be eligible under ESG-CV, they are only eligible to the extent that they support eligible program components and it will be important to be very clear in

budgeting for these activities and potentially useful to resource flexible funds from local sources to supplement this work.

Costs under this model include: FTE Rapid Resolution Specialists placed within SO and ES programs; Barrier removal.

Other Reserve or Non-Programmatic Costs

HSD Staffing Reserve - \$51,000/year

Lane County Human Services will need to reserve at least \$51,000 for FY 21 and \$51,000 for FY 22 of ESG-CV for in-house Staff support (i.e. Program Services Coordinator (PSC) position).

Note: There is no match requirement for ESG-CV funds.

Overall Additional Considerations

The section below outlines some strategies that are likely not eligible under ESG-CV, but nonetheless will be important, critical pieces of our system strategies that need to be implemented in order for the other recommendations presented here to be successful. Other funding sources should be considered to support these efforts. Also included below are additional considerations that are not fully outlined in any of the recommendations, but should be considered for ESG-CV funding, such as Youth, Families, and DV.

Landlord Outreach Strategies

A coordinated, system-wide landlord outreach strategy is needed for success in many of the TAC recommendations and ESG-CV considerations, particularly RRH. State Emergency Housing (EHA) program has some allowance for landlord incentives. It is recommended that LC HSD review other resources available, such as CSBG or CDBG, and potential for funding landlord strategies. Funding needs include FTE/Staffing, communication/outreach to landlords, education for tenants and landlords, as well as landlord incentives.

Winter Strategies

It is important to consider how ESG-CV funds can support additional capacity during the upcoming winter months. This could include a combination of options noted above, provided either year round or as part of a winter surge. In considering these options, we also must consider the potential impacts of COVID-19 on our existing winter strategies, namely EGAN warming centers. Given that non-congregate options and social distancing continue to be recommended, the warming centers will likely not be able to operate as they have in the past, resulting in a further reduction of system capacity. Other considerations include the at-risk volunteer base of elderly individuals and those with underlying conditions, as well as the lack of availability of the Springfield Memorial Building typically used as a site.

We also must recognize that shelter capacity has been reduced due to COVID-19 distancing protocols in both the Eugene Mission and Dusk to Dawn programs. ESG-CV can be used to support shelter options, and potentially non-congregate shelter options, that can supplement our existing winter strategies as well

as provide year-round support. *Please see Weather Strategies 20-21 Proposal for more detailed recommendations.*

Rural Options

Lane County also must consider how we are serving and meeting the needs of our rural communities with the strategies noted above. System wide Street Outreach has a specific rural component included to reach individuals staying in unsheltered locations in the rural areas. The Emergency Shelter and Navigation Center is metro-specific, and is not likely to serve those in the rural areas unless they travel to the metro area to seek services. The other options posed could include any combination of metro and rural locations and it will be important to account for both in any final recommendations. We also must consider any unique needs of those in the rural areas that are not accounted for here (i.e. transportation, access to healthcare, etc.).

Other Special Populations: Youth and Families, Domestic Violence

Many of the options here are notably specific to single adults. This is because single adults by far make up the largest percentage of those experiencing homelessness in Lane County and must remain our top priority, as outlined in the TAC System Recommendations. Still, the needs of Youth and Families should not be overlooked when determining allocations for ESG-CV. We need to better assess gaps in the system for these populations and determine the best use of funds.

Those fleeing domestic violence are also in need, and the system may see an increased need among this population, due to increased risks from COVID-19. It is possible we will want to reserve a portion of funds specifically to serve those experiencing domestic violence, particularly in the Emergency Shelter or Rapid Re-Housing categories. Current shelter capacity specific to domestic violence is reduced to zero due to COVID-19 and other necessary renovations. This is a critical gap in our service system.

Equity Lens - Underserved populations

Throughout our recommendations we want to maintain a focus on equity and analyze, anticipate, and mitigate potential disparate impacts. Targeted efforts will be required to reach underserved populations and those least likely to access assistance.

Specifically in Lane County, we know that the LatinX population is disproportionately affected by COVID-19. Steps should be taken to ensure we account for this in our ESG-CV investment planning.

Recommendations for ESG-CV1 Funding (\$990,307):

With the first allocation of ESG-CV funds, Lane County recommends focusing efforts primarily on those who are at highest risk of COVID-19 and those with the highest needs/risk remaining unsheltered. A portion will be reserved for Admin, with the remaining balance supporting efforts to add rural street outreach capacity in order to start up a coordinated, system-wide street outreach approach, as well as provide non-congregate shelter options for those at highest risk of COVID-19 complications (elderly, those with disabilities, medical needs, etc.)

- Admin Reserve (\$52,121)
 - Lane County position to support administration of the ESG funds.
- Street Outreach (\$150,000)
 - 2 Rural Street Outreach Worker FTE and Supplies, Barrier Removal
 - Rapid Resolution Activities
- Emergency Shelter for those at highest risk for COVID-19 (at least 150 Beds) (\$788,186)
 - Hotel/Motel Vouchers and/or
 - Long-term lease of entire facility/motel (preferred)
 - “Rest Stops” or “Safe Sleeping” villages with use of Conestoga Huts and Tent Platforms
 - Rapid Resolution FTE

Recommendations for ESG-CV2 Funding (\$5-7 million, not yet allocated)

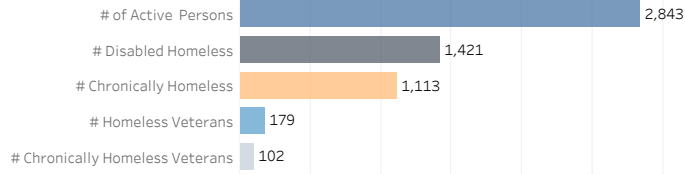
With the second allocation of ESG-CV funding, Lane County recommends continuing to focus primarily on those who are at highest risk of COVID-19 complications, as well as those who have high needs including health and mental/behavioral health needs. Under the street outreach component our system could explore mobile emergency health/mental health services to bring these services directly to those on the streets, as well as add additional FTE to expand system-wide street outreach. Under the Emergency Shelter component, more long-term investments could be supported, such as modular units, medical respite units, and more non-congregate alternative shelter options. In order to support individuals to more quickly move on to permanent housing, the system should also increase RRH capacity to serve at least 50 more individuals at any given time. *All amounts are estimates.*

- Admin Reserve
- Street Outreach
 - Continuation of Street Outreach System Wide, 2 FTE (\$471,570)
 - Emergency Health/Mental Health Services (\$487,000)
- Emergency Shelter
 - Continuation of Hotel/Motel or Long Term Lease Option (\$500,000)
 - Sprung Structures or Modulares (\$1.5 million)
 - Additional “Rest Stops” or “Safe Sleeping” Village (\$500,000)
 - Clustered Congregate (Brooklyn Ave.) for Medical Respite (\$786,500)
- Rapid Re-Housing for Singles (\$736,500)
- Targeted Assistance to Youth, Families, Rural Households, LatinX households, etc. (\$500,000)

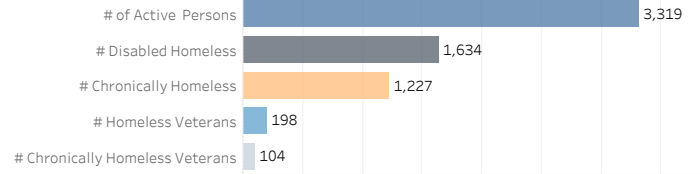
Homeless By Name List

Month/Year
June 2020

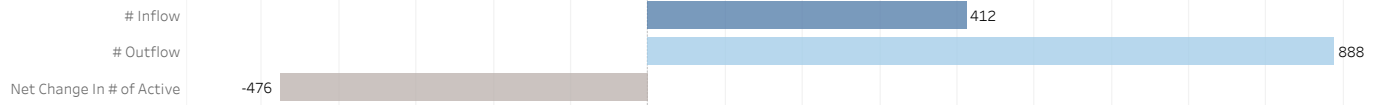
Active (90 days) for June 2020



Previous Month - May 2020

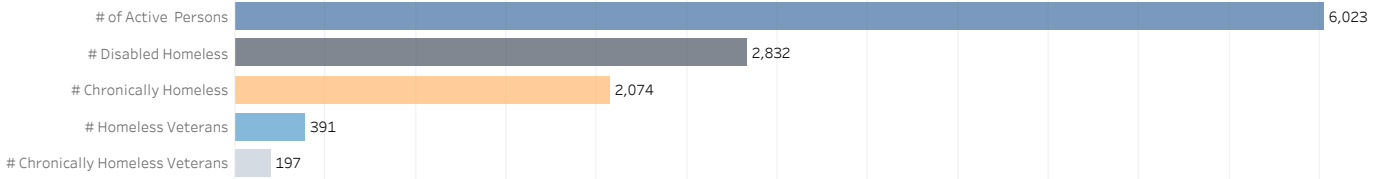


Inflow/OutFlow

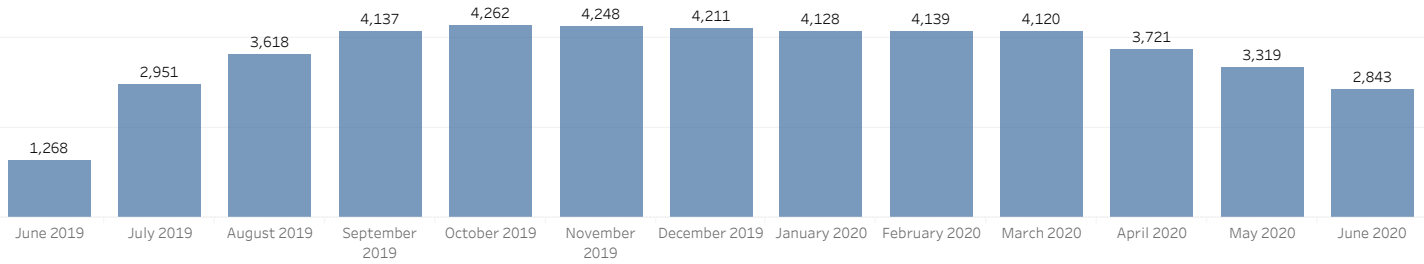


2020 YTD

Year
2020



Monthly



Homeless By Name List

Month/Year
June 2020

Chronically Homeless
All

Youth/Adult
All

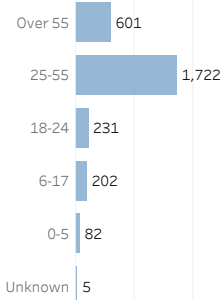
Veteran Status
All

HBNL for June 2020

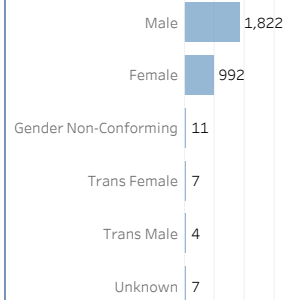
2020 YTD



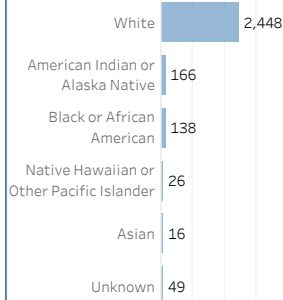
Age Groups



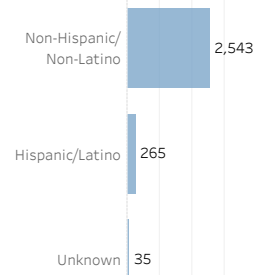
Gender



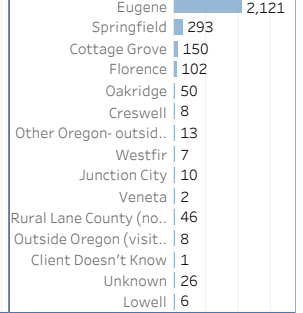
Primary Race



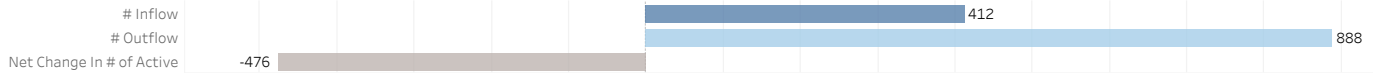
Ethnicity



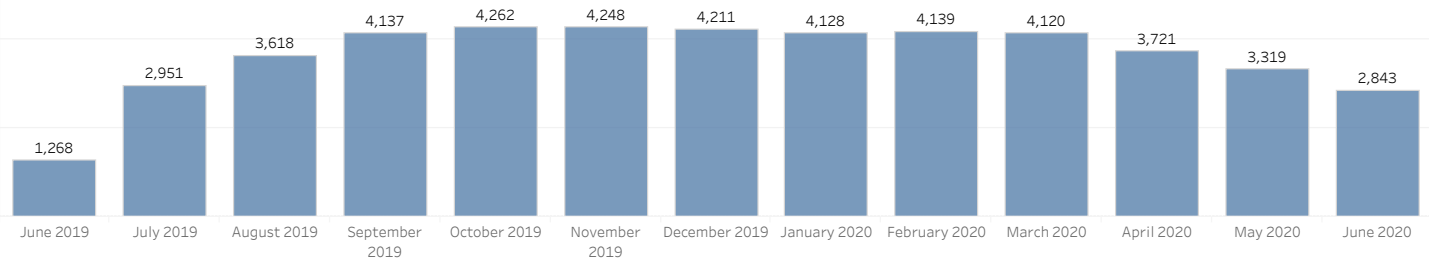
Residence



Inflow/Outflow



Monthly



Chronically Homeless Homeless By Name List

Month/Year
June 2020

Chronically Homeless
Chronic

Youth/Adult
All

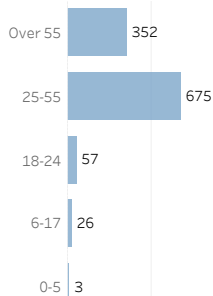
Veteran Status
All

HBNL for June 2020

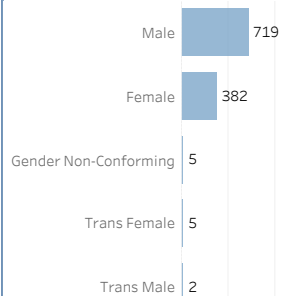
2020 YTD



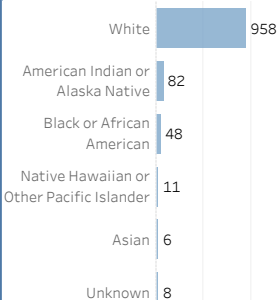
Age Groups



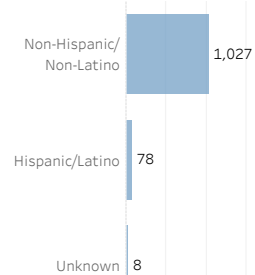
Gender



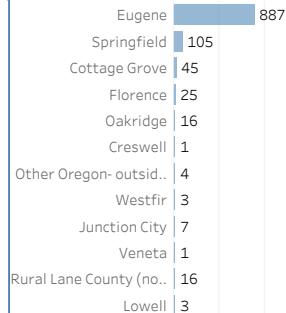
Primary Race



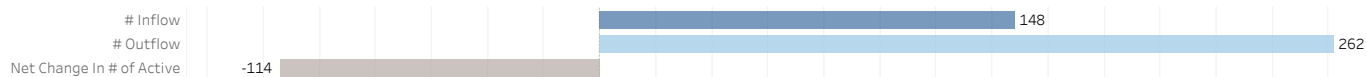
Ethnicity



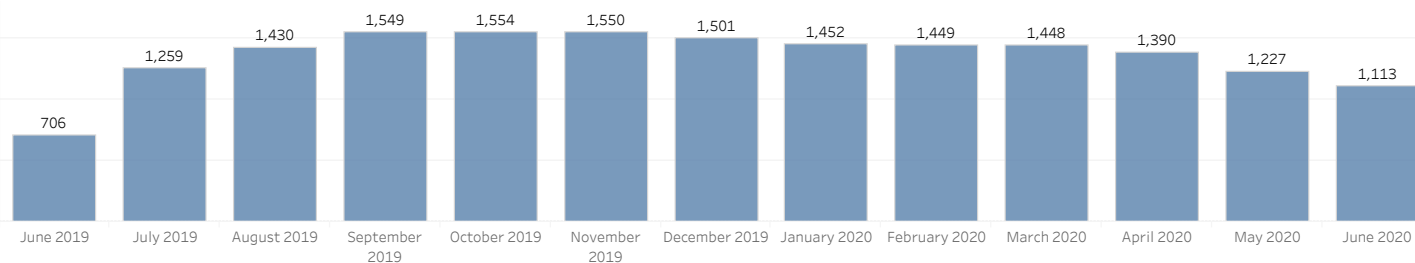
Residence



Inflow/Outflow



Monthly



Veterans Homeless By Name List

Month/Year
June 2020

Chronically Homeless
All

Youth/Adult
All

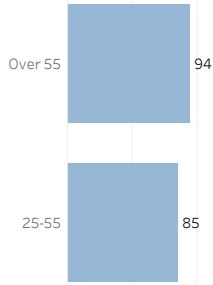
Veteran Status
Veteran

HBNL for June 2020

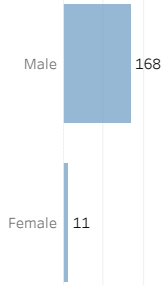
2020 YTD



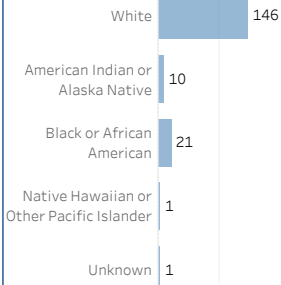
Age Groups



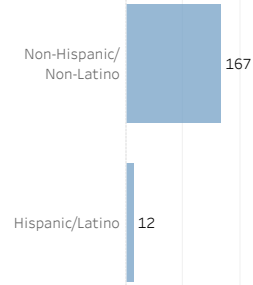
Gender



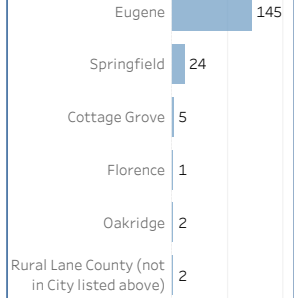
Primary Race



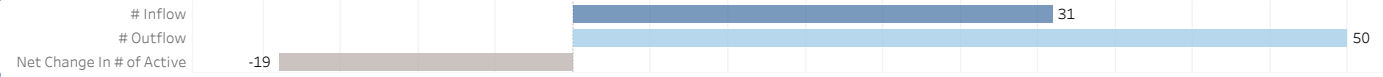
Ethnicity



Residence



Inflow/Outflow



Monthly

