

**ASHLAND CITY COUNCIL
STUDY SESSION MINUTES
Monday August 5, 2024**

Mayor Graham called the meeting to order at 5:30 p.m.

Mayor Graham and Councilors Hyatt, Dahle, Bloom, Hansen, DuQuenne, and Kaplan were present.

1. Public Forum (Public input or comment on City business not included on the agenda)

None

2. Homeless Services Masterplan Report

Linda Reid, Housing Program Manager and Staff Liaison to the Homeless Services Masterplan Subcommittee introduced Chair Echo Fields and committee member Jan Calvin, who presented the report (included in the packet). Fields spoke of the assignment from Council to set priorities and create an agenda for how to best manage homelessness in the City of Ashland. The presentation and report consisted of five sections: Funding Streams, Services Inventory, Data, Community Perspectives, and Regional Coordination.

Funding– Most of the funding comes from government sources going to the largest organizations. Non-profit organizations depend on fundraising and some cities coordinate donor contributions.

Services Inventory– There is a great need for additional supportive services. Street outreach can provide triage for health and safety concerns as well as connections to resources. An estimated 230–320 people are experiencing homelessness in Ashland with only 117 beds available revealing a need for housing.

Data– Jackson County eviction cases result in evictions at a higher rate compared statewide. Homelessness is growing at faster rate in Jackson County compared to the rest of Oregon, and females represent a growing percentage of people experiencing homelessness in the County. Ashland has a higher percent of homeless students than Oregon and a higher percentage of homeless students living on their own than Jackson County. Kaplan clarified with Calvin this refers to students in the K-12 system who added that the report of every school district is on the State of Oregon Department of Education Website.

Community Perspectives–Calvin spoke about concerns and solutions voiced by businesses. DuQuenne asked about the survey of South Ashland and Calvin clarified that 57.32 percent of

respondents from South Ashland mentioned in the report were of the business community. Bloom asked how the numbers relate between the Point in Time (PIT) count of 181 and the report that states 230-320 people are experiencing homelessness. Calvin explained the PIT count depends on the weather, how many volunteers are available, and how many people are sequestering themselves. This results in how many people can be counted rather than a picture of how many people are homeless. The standard from the National Alliance and the US Inter-Agency Council on Homelessness is that a community has double of what can be counted. Calvin spoke of the perceived need expressed by respondents as: basic needs, case managers, outreach to navigate support systems, increased coordination, resources, and training. Fields spoke about the survey of the 282 responses to questions generated by the committee. Calvin spoke that the majority of respondents indicated the City should secure grant funding, lead plans to end homelessness, collect data and monitor efforts, and participate with the County.

Regional Coordination- Calvin spoke on the local Jackson County Continuum of Care (COC), a Housing and Urban Development (HUD) designated entity. Calvin spoke that service coordination is lacking, the Coordinated Entry System is not being well-utilized, a recent COC reorganization is helping to address shortfalls in the system, and a needs assessment is being completed intended for regional strategic planning.

Fields spoke that the Actions Summary of seven policy objectives run the gamut from meeting immediate needs to long-term solutions. These are: Triage and Manage Homelessness, Support Pathways from Homelessness to Housing, Create Long-Term Change, Maximize Resources, Foster Public Engagement, Form Strategic Alliances, and Continue to Learn & Educate. Hansen asked how to reconcile the data indicating 32 percent of respondents said the City should be providing services while 63 percent feel the City should lead the charge to end homelessness. Calvin responded that leading the charge does not necessarily mean providing the service but rather leveraging resources and partnerships to deliver those outcomes. Housing-focused homeless services and monitoring those placements and retention outcomes is a priority. Expanding street outreach services is needed for connections to resources as are educational/skill-building programs. Expanding local access to countywide Rapid Rehousing programs and a housing-focused transitional shelter with wrap-around services and case management are needed. Graham asked how the transitional shelter recommended in this report is different from the shelters the City has been working with such as Opportunities for Housing Resources, & Assistance (OHRA). Fields responded there is simply need for more that kind of housing with case management and skill building throughout the County. Fields spoke that other examples of similar work are St. Vincent de Paul, Salvation Army, and Rogue Retreat in Medford. Graham clarified further with Fields that the need was not for one large structure for housing, but rather units that afford privacy as appropriate to the individual circumstances in conjunction with wrap-around services. Bloom inquired if education or classes are required for participants to prevent the

return of housed people to the street. Fields and Calvin responded that accountability for the outcome is important and goes back to design and implementation of programming. Dahle asked what metrics can be used to measure program effectiveness. Graham spoke that the purpose of this report was to identify needs and offer a set of recommendations while the next portion of the work will be for the Council to prioritize the needs. Hyatt inquired if Fields' reference to appropriate housing identified a need to develop specific transitional housing types such as for seniors, women, and k-12 students. Fields affirmed adding that veterans comprise another group that has unique needs. Hyatt expressed this is an important consideration for the planning of 2200 Ashland Street and asked about eviction prevention. Calvin agreed eviction prevention it is an important part of homelessness prevention. Calvin spoke of the governmental role in creating long-term change by approaching the homelessness issue from a public health, mental health and social service perspective. Key components include Infrastructure development, community-building strategies, development of city and regional strategic plans and implementation of the Ashland Housing Production Strategy.

Recommendations for maximizing resources included prospecting and advocating for federal and state funding through grant writing and grant-writing assistance to homeless service providers. Graham asked if there are any business models for these services that connect with the work-force demand to reduce the cost of services. Calvin gave examples of entrepreneurial carpentry and electrician apprenticeship programs with wrap-around support for transportation and tools. Reid gave an example for a fee-for-service model for recapturing funds through the Oregon Health Authority by receiving repayments from CCO's. Calvin spoke of fostering public engagement through promoting volunteer opportunities, community education, and establishing a 'community donations portal' for donor-directed contributions. Fields spoke of the need to strengthen the City's participation in the Jackson County Continuum of Care and participating in regional coordination of all current health service providers to eliminate duplication of services or 'reinventing the wheel' when best practices may already be established. Increased communication, coordination and collaboration were stressed as important to support these efforts across organizations. DuQuenne and Bloom spoke to the need for data reporting from City grant-funded agencies in order to measure effectiveness. Graham asked what it would mean to strengthen the City's participation in the COC. Reid responded that communication throughout the levels of care including the front-line workers is important.

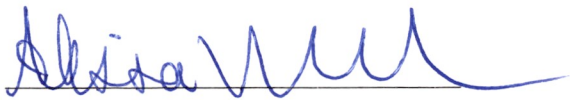
Reid proposed that after the 2200 Ashland Street Ad Hoc committee completes their master plan with recommendations for use of that site, City staff can review available resources, budget, and potential grant funding to develop short and long-term recommended actions based on both the Homeless Services and 2200 Ashland St. Master Plans. Kaplan asked about the potential for a Homelessness Services Coordinator position within the City. Cotta spoke that completion of both master plans will inform what that position would look like. Graham

spoke that the timeline for completion of the 2200 Ashland Street master plan is scheduled for the Fall. Graham suggested staff work on sorting the list of action items into what the City is already doing verses what would could be initiated while the 2200 Ashland Street master plan is finalizing. Dahle spoke of wanting this to come back to a study session rather than a decision-based business meeting. Graham agreed that it would be best scheduled for a meeting with a light agenda that could accommodate the in-depth discussion needed. Graham added the need for the Council to formally accept the Homelessness Services Masterplan Report from the committee. Graham thanked the subcommittee for their work. Graham reflected that as presented it is an assessment with a set of recommendations to begin with rather than a strategic plan and recommended changing the name of the report to reflect that. Reid suggested changing the name to the Homelessness Services Assessment Report. Bloom suggested that after Council decisions are made, they can be added as a final chapter to the report when it would then become a Master Plan. DuQuenne asked where eviction prevention would be incorporated. Reid spoke that eviction prevention as a program offered every year through the COC with eviction prevention funds received by the state. Reid spoke of a three-part strategy: homelessness prevention, emergency shelters with case management, and re-housing with stabilization services. Calvin clarified the difference between eviction prevention and homelessness prevention. Graham asked about the types of housing being discussed in the housing production strategy. Fields spoke that the City's planning department, the planning commission, land developers, and property management companies should all be involved in the communication, coordination, and collaboration on this issue, which Reid added is needed to garner the deep subsidy required to support housing for lowest income households as the private market is not going to be able to provide that.

3. Adjournment

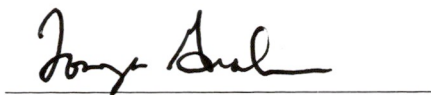
The meeting was adjourned at 7:17PM

Respectfully submitted by:

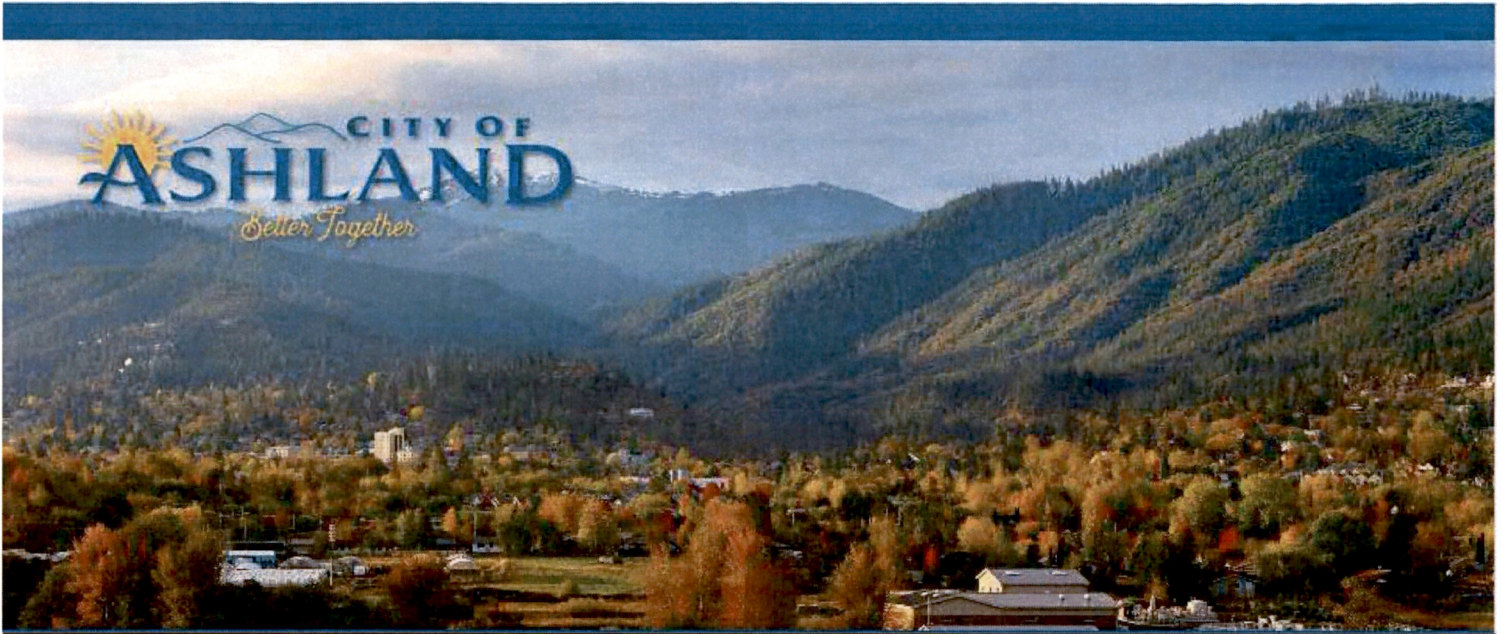
A handwritten signature in blue ink, appearing to read 'Alissa', followed by several loops and a long horizontal stroke.

City Recorder Alissa Kolodzinski

Attest:

A handwritten signature in black ink, appearing to read 'Tonya', followed by a long horizontal stroke.

Mayor Tonya Graham



Homeless Services Masterplan Subcommittee Report

City Council, Study Session
August 5, 2024

Subcommittee Members	
• Jan Calvin*	• Alexandra Reid
• Echo Fields*	• Rich Rhode
• Ro Henigson-Kann*	• Dennis Slattery
• Debra Neisewander	• Avram Sacks
• Deb Price	• Helena Turner
*Subcommittee Leadership Team	• Lawrence VanEgdom
Liaisons and City Staff	
Dylan Bloom, City Council Liaison	
Bob Kaplan, City Council Liaison	
Sgt. Robert Leonard, Ashland Police Department Liaison	
Linda Reid, Community Development, Housing Program Manager	
Veronica Allen, Community Development, Associate Planner	

- *Special Thanks to the OHSU School of Nursing / Street Nursing Team*

Acknowledgements

The combined efforts of the 11 Subcommittee members, two Council liaisons, and the OHSU Street Nursing Team to gather information, analyze the data, and create this report totaled more than **1,230 volunteer hours**, with an estimated value of more than **\$41,200**.

Hourly Volunteer Rate Source: [Independent Sector](#)

Preface

- The City of Ashland does not have a comprehensive strategy for how it will **provide for the health and safety needs of Ashland's homeless population**
- Nor does the City have a comprehensive strategy **to address homelessness**
- **Cities can and do play different roles**

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Introduction

- **The Charge:** to develop a plan that outlines the City's role in providing and supporting resources and services that address the issues of homelessness in the Ashland community
- **The Approach:** inventory local services, gather data, outline funding sources, conduct a SWOT analysis, gather a cross-section of community perspectives, identify areas of greatest concern and potential opportunities

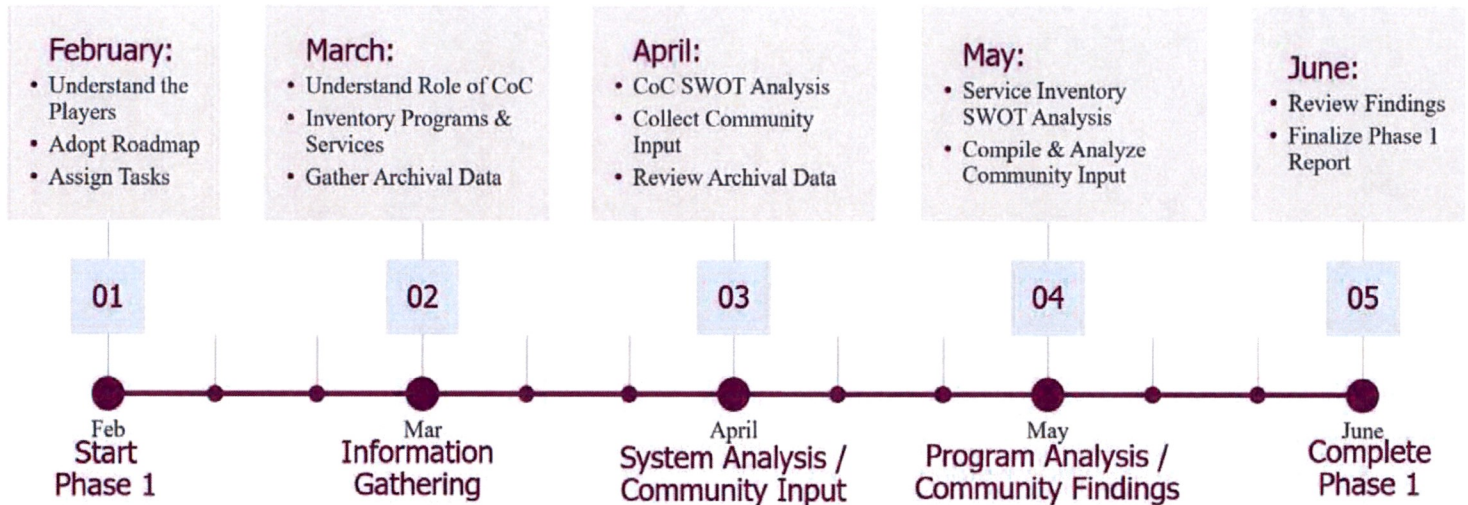
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Homeless Master Plan Subcommittee Roadmap

2024

Five Months to Provide the Foundation for Informed Decision-Making



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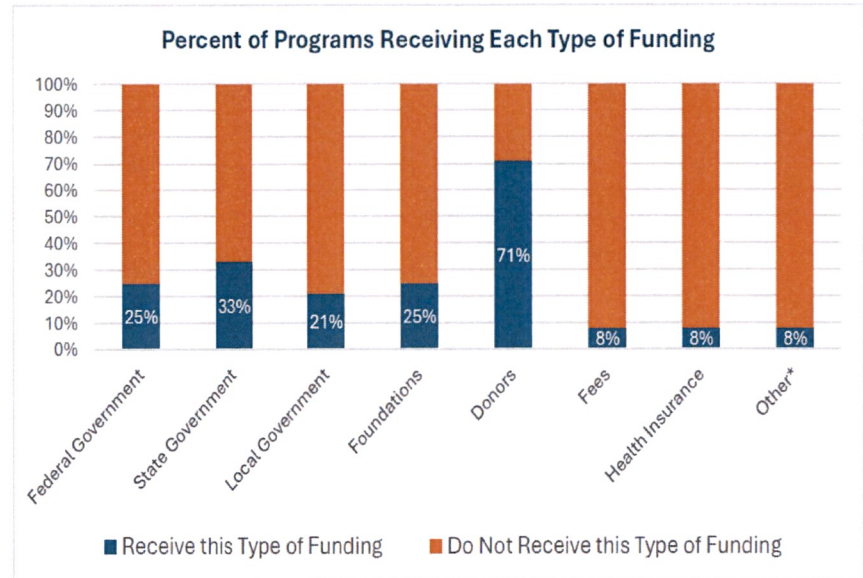
- **Funding Streams**
- **Services Inventory**
- **Data**
- **Community Perspectives**
 - Businesses
 - People Experiencing Homelessness
 - Frontline Services Staff
 - General Population
- **Regional Coordination**

Each with Take-Aways

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Take-Aways-*Funding Streams*

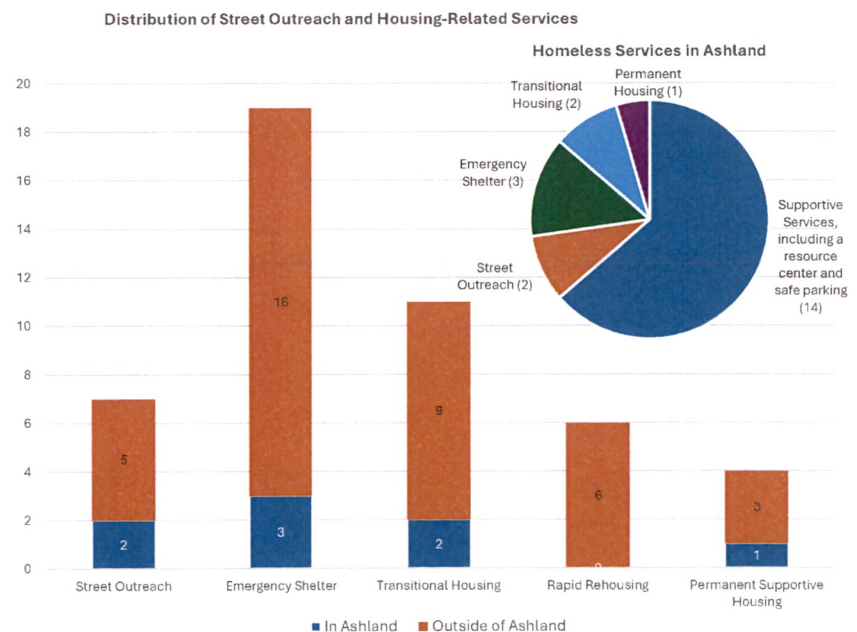
- The majority of funding comes from government sources, and most of that goes to the largest organizations
- Non-profit organizations depend on fundraising
- Some cities coordinate donor contributions



*Other includes fundraising events and store proceeds.

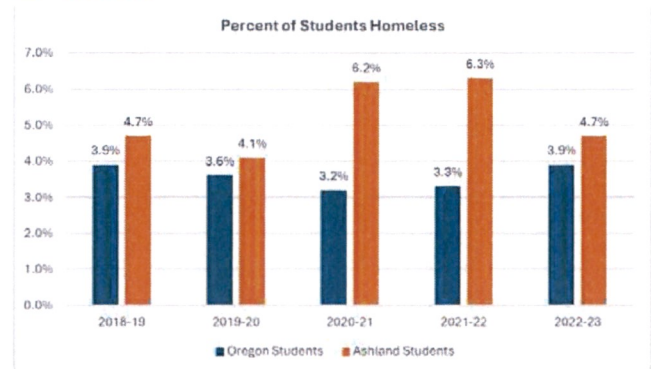
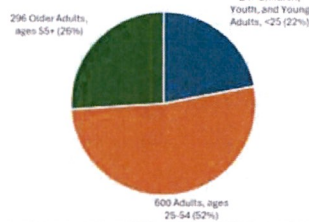
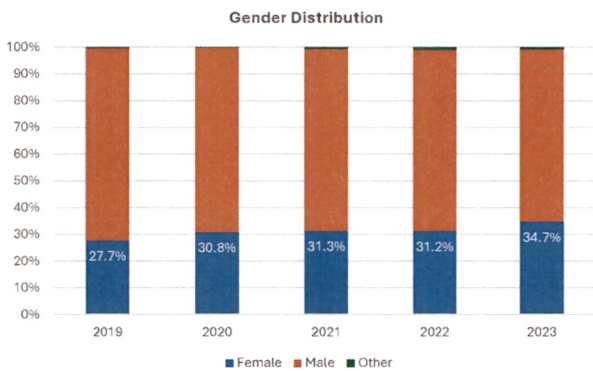
Take-Aways-*Services Inventory*

- There is a great opportunity/ need for additional supportive services
- Street outreach can provide much-needed triage for health and safety concerns, connections to resources
- An estimated 230-320 people are experiencing homelessness in Ashland, and only 117 beds, revealing a huge need along the housing continuum



Take-Aways-Data

- A higher percent of Jackson County eviction cases result in eviction compared to cases statewide
- Females represent a growing percentage of the people experiencing homelessness in the county
- Homelessness is growing at a faster rate in Jackson County than in Oregon overall



- Ashland has a higher percent of homeless students than Oregon and a higher percentage of homeless students living on their own than Jackson County or Oregon

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Take-Aways-Business Community Perspectives

- Businesspeople have a wide range of concerns – about their business, the community, and the people experiencing homelessness.



- Camping and public sleeping
- General unrest and feeling unsafe
- Trash and loitering
- Illness – mental and/or physical
- Panhandling for money and/or food
- Access to bathrooms
- Public health and safety (for all)
- Theft and vandalism
- Obstructing sidewalks
- Entering businesses to get out of the weather

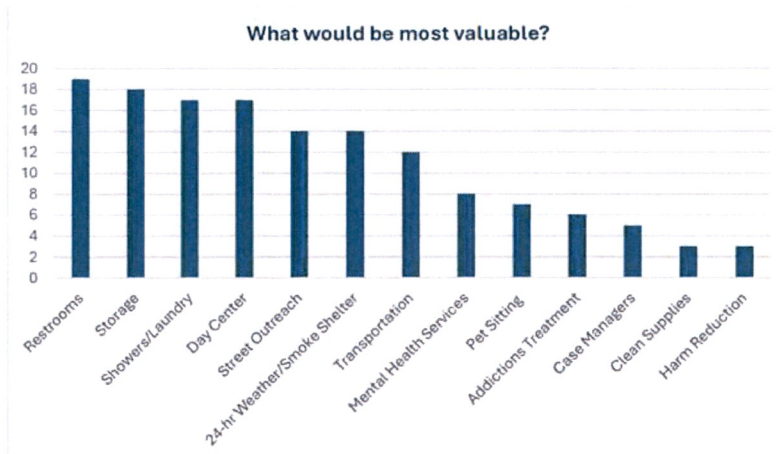
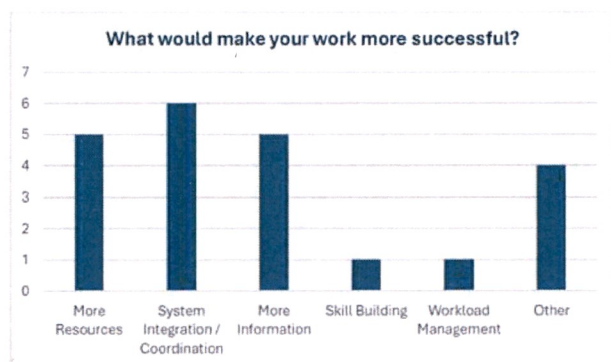


- Weed abatement
- More mental health services
- More shelter
- Increased police patrols and fines
- Fund services w/food & beverage tax
- Public restrooms & shower access
- More drug treatment services
- Affordable housing
- Job training & employment opportunities

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Take-Aways-*Staff & People Experiencing Homelessness*

- People experiencing homelessness need resources to meet basic needs, as well as case managers and street outreach to navigate

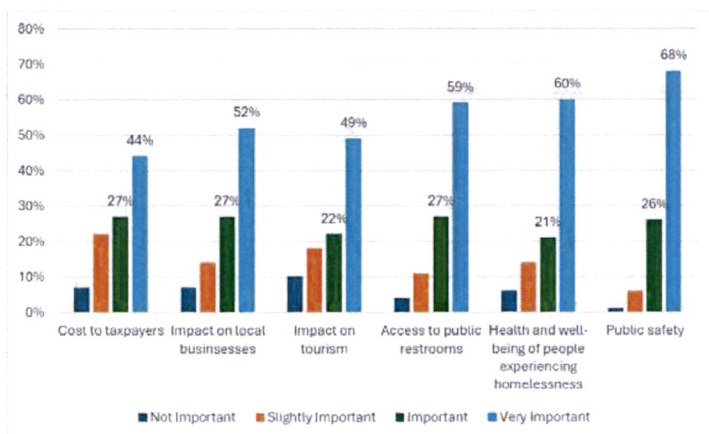


- Frontline staff called for more coordination, resources, and training

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Take-Aways-*General Community Perspectives*

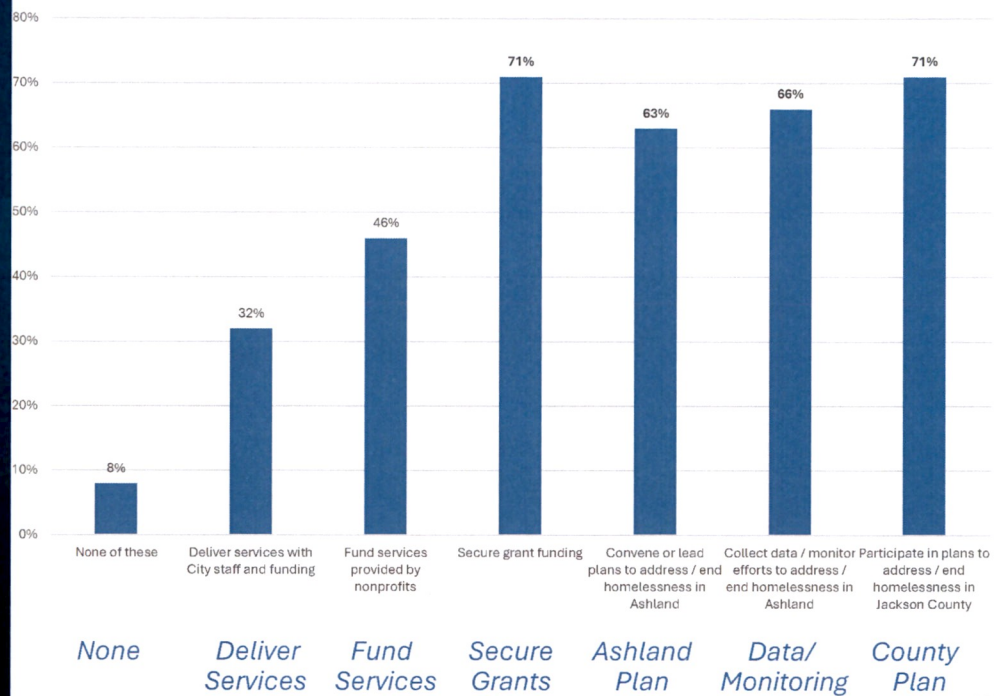
How important is it to address the following aspects of homelessness in Ashland?



- Differing viewpoints on who to help and what, if anything will be effective
- Want City involved in regional and local planning and coordination
- Want City to secure grant funds
- Funding should come from Federal, State and County resources more than City funding
- Concerned about Public Safety—for all
- Concerned about health & well-being for people experiencing homelessness
- Need for additional services to help people experiencing homelessness get out of homelessness (help, not handouts)
- Call for accountability—effective services, data, outcomes

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What role(s) do you think Ashland City Government should play in addressing homelessness



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Take-Aways-*Regional Coordination*

- Service coordination is lacking
- The Coordinated Entry System is not being well-utilized.
- HMIS is underutilized and data quality is not monitored or maintained.
- Recent CoC reorganization is helping to address shortfalls in the system.
- A needs Assessment/gaps analysis is being completed, which is intended to be used in strategic planning.



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Actions Summary

- Triage and Manage Homelessness
- Support Pathways from Homelessness to Housing
- Create Long-Term Change
- Maximize Resources
- Foster Public Engagement
- Form Strategic Alliances
- Continue to Learn & Educate

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Triage and Manage Homelessness

- Respond to community livability concerns, particularly in south Ashland; clean up unsightly areas, provide more trash receptacles and weed abatement.
- Strengthen partnerships between law enforcement, social service agencies, and volunteers to connect people with help and support.
- Provide multiple locations for electronics charging and Wi-Fi access.
- Increase the number of public restrooms and access to drinking water.
- Expand access to showers and laundry facilities.
- Develop a daytime lockable storage program where unhoused people can store their belongings while navigating other resources, employment, etc.
- Create a day center/respite from outdoors, with access to water, bathrooms, and resources.
- Establish a winter shelter for seniors and other vulnerable populations that is open 24/7 from mid-November through mid-April; explore healthcare partnerships to address chronic, acute, and emergent needs.

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Support Pathways from Homelessness to Housing

- Develop priorities for funding effective housing-focused homeless services; monitor housing placements and retention outcomes.
- Expand street outreach services; ensure seamless connections to resources.
- Provide educational/skill-building programs and meaningful employment opportunities.
- Establish a housing-focused transitional shelter with case management and access to health services, employment resources, ready-to-rent courses, and other assistance.
- Expand local access to countywide Rapid Rehousing programs.

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Create Long-term Change

- Approach issues of homelessness from a public health, mental health, and social service perspective. Advocate for quality, effective, and evaluated services.
- Improve neighborhood livability through infrastructure development and community-building strategies (both structural and social avenues).
- Participate in the development of a countywide strategic plan to address / end homelessness. Ensure research-based strategies and promising practices.
- Develop a strategic plan to address / end homelessness in Ashland; identify community goals and metrics for success.
- Implement the Ashland Housing Production Strategy.

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Maximize Resources

- Develop federal and state Legislative Agendas related to issues of homelessness, ranging from eviction prevention to homeless response to affordable housing and development.
- Educate and advocate for federal and state funding to address homelessness in Ashland and the greater region/county.
- Increase financial resources through grant writing.
- Provide grant-writing assistance to homeless service providers.
- Monitor the capacity and use of homeless service programs in an effort to maximize use.

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Foster Public Engagement

- Strengthen methods for community engagement and information sharing about issues of homelessness in Ashland.
- Promote volunteer opportunities available with homeless services programs.
- Establish a “community donations portal” for donor-directed contributions to a wide range of homeless services.
- Host focus groups to gather feedback, explore new ideas, and identify hidden resources.

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Form Strategic Alliances

- Strengthen City of Ashland participation in the Jackson County Continuum of Care.
- Leverage existing relationships (intergovernmental, economic, social, etc.) to increase communication, coordination, and collaboration around issues of homelessness.
- Facilitate coordination of current health service providers (e.g. Max's Mission, ACCESS, JCMH, La Clinica, HIV Alliance, Pathfinders/other peer support); host mini summits.
- Convene an interdepartmental team to keep pace with and address issues of homelessness in Ashland.

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Continue to Learn & Educate

- Keep pace with federal and state priorities.
 - Subscribe to news from the U.S. Interagency Council on Homelessness, National Alliance to End Homelessness, HUD Exchange, and Oregon Housing and Community Services (OHCS)
 - Monitor the work of the Oregon Interagency Council on Homelessness, the Senate Interim Committee on Housing and Development, the House Interim Committee on Housing and Homelessness, and the OHCS Housing Stability Council
- Convene, sponsor, and otherwise expand access to professional development courses for frontline staff, such as Motivational Interviewing techniques, trauma informed practices, equity, and cultural responsiveness.
- Provide and collect relevant data, analyze trends, and monitor the performance of the homeless services system, as well as individual programs.
- Continuously learn about what works and what doesn't - and seek to understand why.

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Questions or Comments?

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HHSAC
Recommendation:

The City Council Accept
and approve the Report

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Potential Next Steps

Direct City staff to:

- Review the 2200 Ashland Street Ad Hoc Committee masterplan and recommendations.
- Evaluate City budgetary and staff resources, as well as potential grant funding.
- Come back to the council with a list of short- and long-term actions for review and consideration.



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Appendix

Participation & Partnerships on All Levels

- Local Community
- Region / County
- State
- National

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City of Ashland's Efforts

Examples:

- Allowances for car camping
- Space and funding for extreme weather shelter
- Federal and General Fund grants for social services
- Affordable Housing Trust Fund

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Supporting Direct Services



Emergency camping
and car camping



Shelters



Transitional housing



Rapid Rehousing



Permanent
Supportive Housing



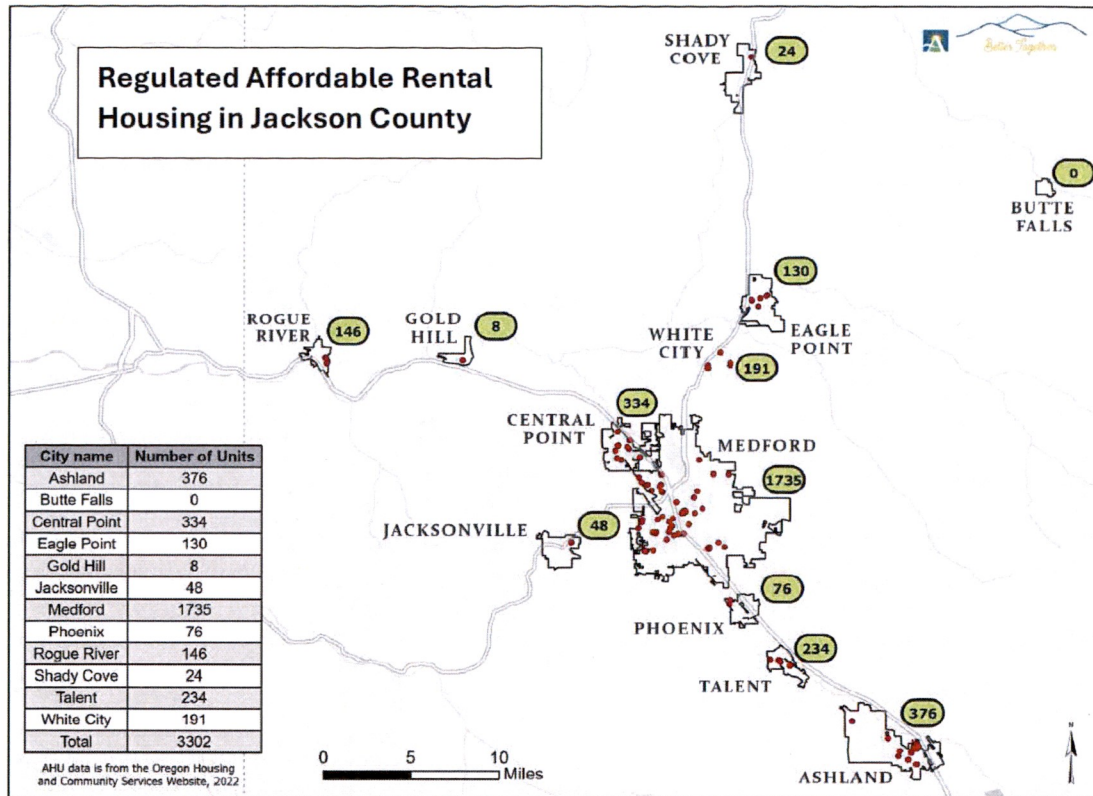
Drop-in Centers



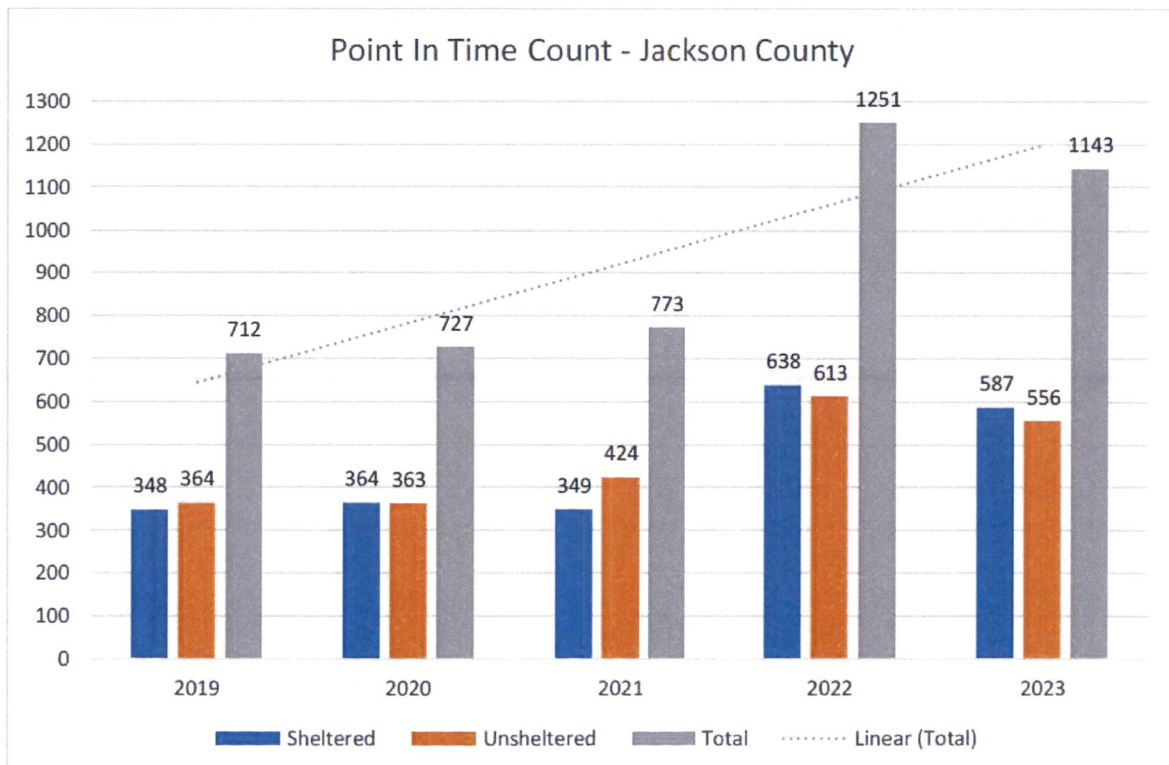
Warming/Cooling
Centers

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Facility-Based Beds				
Type	In Jackson County	# in Ashland	% in Ashland	Facility
Emergency Shelter	426	72	16.9%	OHRA Center
Transitional/Safe Haven	363	15 (all TH)	4.1%	Parker House
Permanent Supportive Housing	114	30	26.3%	Rogue Ridge
Year Around Facility-Based Beds	903	117	12.9%	
Severe Weather/Smoke Shelter Beds	78	28	35.9%	Severe Weather Shelter
Total	981	145	14.8%	

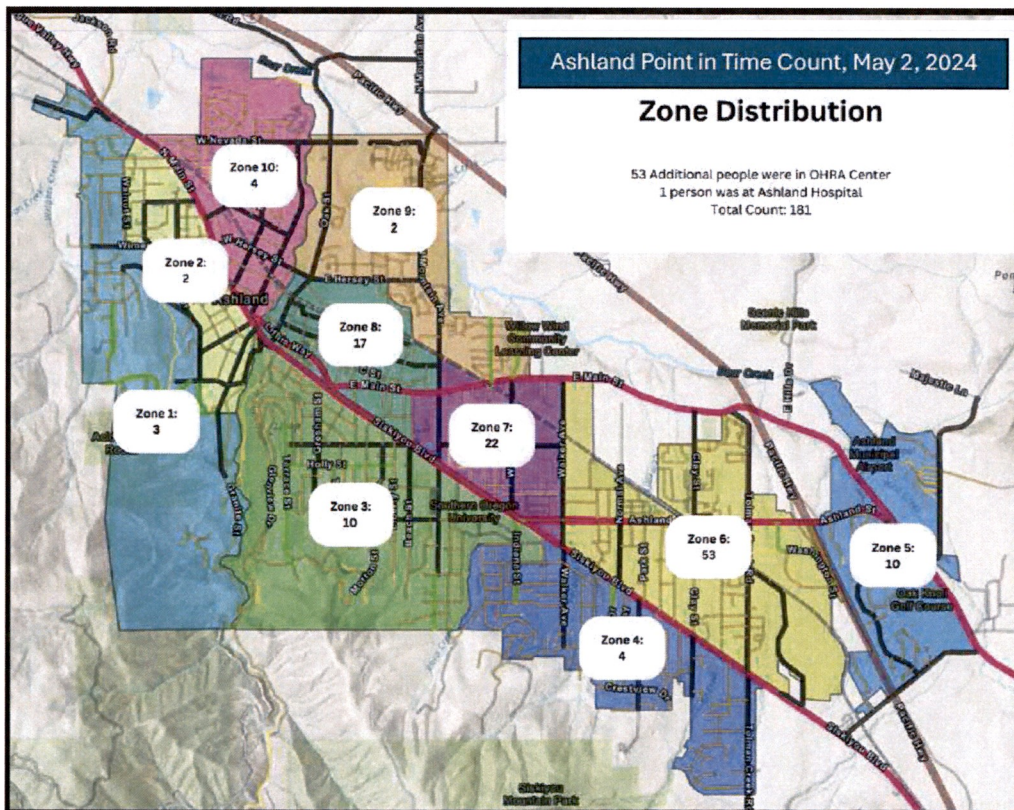
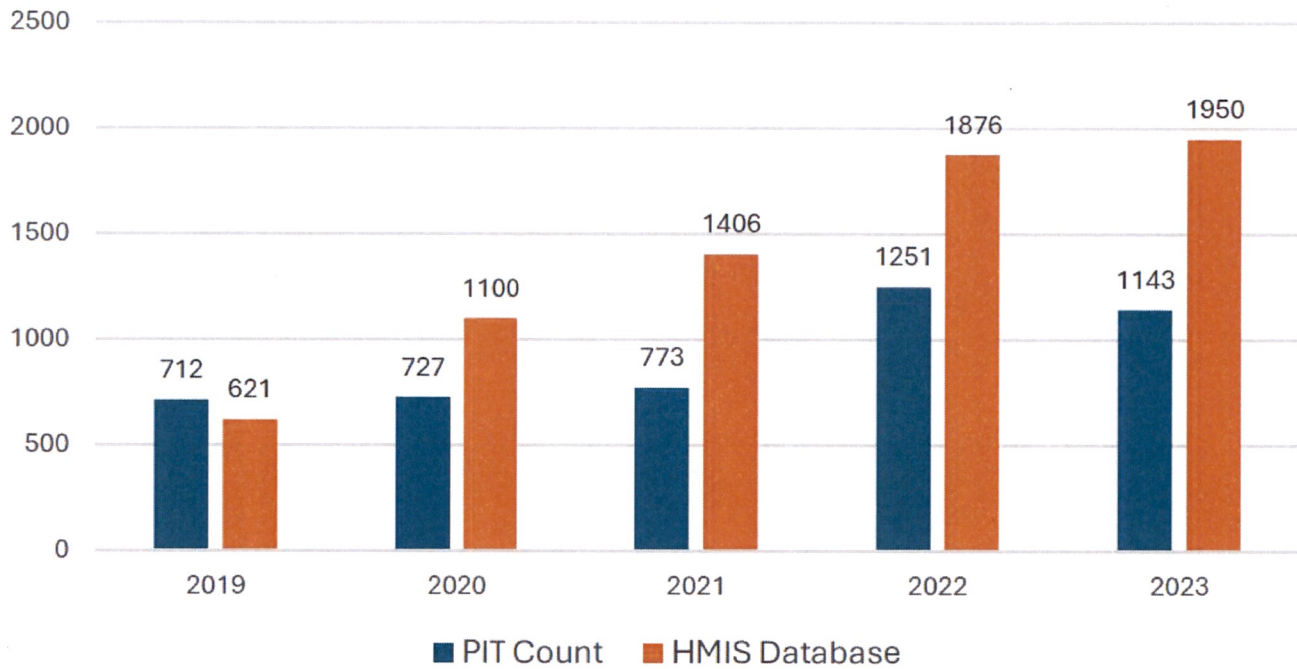


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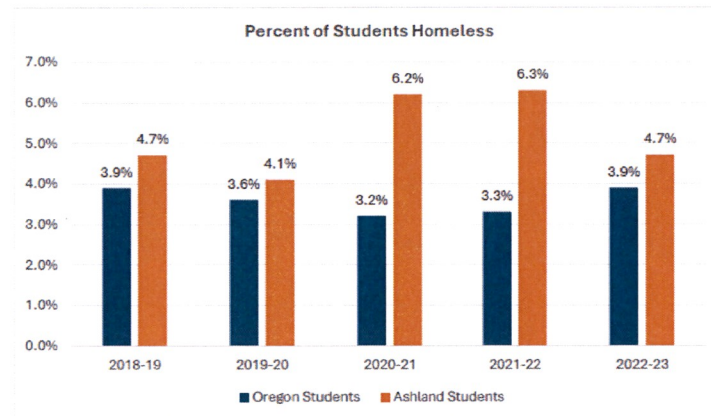
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How Many People Are Homeless in Jackson County?



The 121 Ashland students experiencing homelessness during the 2022-23 school year accounted for 4.7% of the student body, which was higher than the State average of 3.9%.

ASHLAND DISTRICT ENROLLMENT	Shelter	Doubled-Up	Unsheltered	Motel/Hotel	ASHLAND HOMELESS STUDENTS	PERCENT ASHLAND STUDENTS HOMELESS	ASHLAND UNACCOMPANIED HOMELESS STUDENTS	% of ASHLAND HOMELESS STUDENTS UNACCOMPANIED	School Year	OREGON HOMELESS STUDENTS	PERCENT OREGON STUDENTS HOMELESS
2,567	76	24	7	14	121	4.7%	30	24.8%	2022-23	21,478	3.9%
2,434	*	112	21	21	154	6.3%	25	16.2%	2021-22	18,358	3.3%
2,552	*	124	23	12	159	6.2%	22	13.8%	2020-21	17,693	3.2%
2,845	*	85	31	*	116	4.1%	24	20.7%	2019-20	21,080	3.6%
2,899	6	88	8	33	135	4.7%	25	18.5%	2018-19	22,215	3.9%



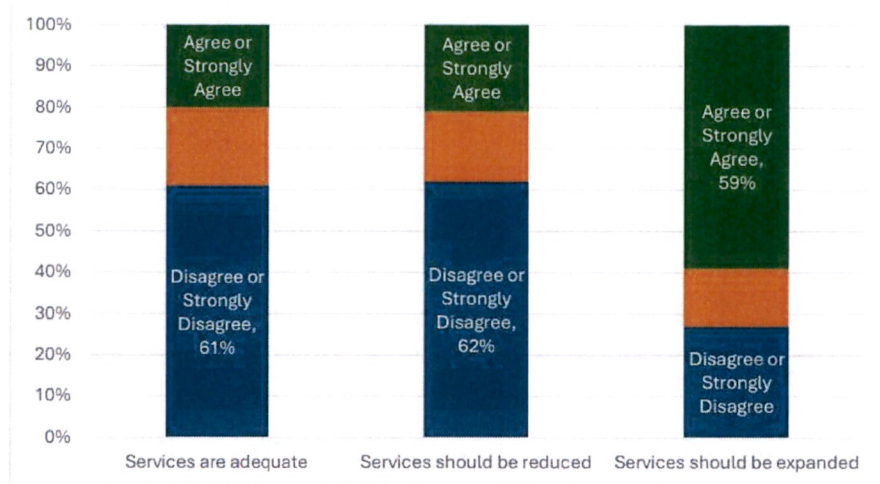
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The Coordinated Entry Assessments measure the level of vulnerability and service needs. Scores indicate the need for different types of housing resources. **The template below** is the type of information that can be generated. However, the CoC was not able to fulfill the Subcommittee's data request.

Type of Service Needed	Description	Households Assessed	
		#	%
Diversion	One-time intervention, such as rent payment to prevent eviction		
Transitional Housing	Short-term intervention, typically 3-12 months, with varied levels of case management		
Rapid Rehousing (RRH)	Short- or medium-term intervention, 6-24 months, with moderate to intensive case management. Client lease, with the option to continue renting after RRH.		
Permanent Supportive Housing	Medium- to long-term intervention with intensive support services for a minimum of two years and typically much longer.		
Total Assessments in 2023			

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How much do you agree with the following statements?



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL
Services to homeless people in Ashland are adequate to meet the need	32.36% 89	28.73% 79	18.91% 52	8.73% 24	11.27% 31	275
Services to homeless people in Ashland should be reduced	47.25% 129	14.65% 40	17.22% 47	8.79% 24	12.09% 33	273
Services to homeless people in Ashland should be expanded	16.25% 45	11.19% 31	14.44% 40	21.66% 60	36.46% 101	277