



AGENDA COVER MEMO

Memorandum Date: August 30, 2023

Order Date: September 19, 2023

TO: Board of County Commissioners

DEPARTMENT: Health & Human Services

PRESENTED BY: Kate Budd, Interim Human Services Division Manager
Brianna Rogers, Program Services Coordinator II

AGENDA ITEM TITLE: ORDER _____ IN THE MATTER OF ADOPTION OF
THE 2023 LANE COUNTY COMMUNITY NEEDS
ASSESSMENT.

I. MOTION

In the Matter of Adoption of the 2023 Lane County Community Needs Assessment.

II. AGENDA ITEM SUMMARY

The Board is being asked to adopt the 2023 Lane County Community Needs Assessment.

III. BACKGROUND/IMPLICATIONS OF ACTION

A. Board Action and Other History

Lane County Health & Human Services, Human Services Division serves as the U.S. Department of Health and Human Services designated Community Action Agency (CAA) focused on reducing poverty across regions. Lane County is one of over 1,100 CAA's across the country, all of whom receive Federal Community Service Block Grant (CSBG) funding. The Poverty and Homelessness Board (PHB) serves as the CAA board of directors. The board utilizes a tri-partite structure, consisting of one-third elected leaders, community members and people with lived experience of poverty and/or homelessness. Each CAA must assess

community needs, through a needs assessment, every three years as required by section 676(b)(11) of the Community Services Block Grant Act.

The purpose of this Community Needs Assessment (CNA) is to guide policy, program, and funding decisions for the most strategic and effective outcomes, based on direct input from people served by anti-poverty programs. Needs and services assessed in community needs assessment are not comprehensive of all needs and services in Lane County but rather among those who are low-income. The intent of this report is not just a compilation of data, but an analysis and overview of the expressed needs, findings, and perception of accessibility, strengths, and opportunities of anti-poverty services in Lane County.

The CNA will be presented for adoption by the Poverty and Homeless Board (PHB) at their September 14, 2023 meeting.

B. Policy Issues

No specific policy issues have been identified for discussion at the meeting.

C. Board Goals

The Lane County Strategic Plan calls for addressing the community's need for affordable housing and addressing homelessness. Specifically, it calls for increasing housing options for residents to reduce the incidence of homelessness and increase affordability. Specific strategies include: convening, sponsoring, and implementing a collaborative multi-jurisdictional affordable housing action plan; identifying and implementing programs for supportive housing, short-term transitional housing, and long-term and permanent solutions to address homelessness; increasing access to prevention and treatment services and developing programs; and for developing policy focused on behavioral health, community health, and youth.

D. Financial and/or Resource Considerations

Lane County will need to continue to identify, fund, facilitate resource development for grants and advocate for resources to continue to fund shelter and supportive housing development, operations and services.

E. Health Implications

Poor health can contribute to being homeless, and being homeless can lead to poor health. Limited access to health care can make it worse. That is why the health of people experiencing homelessness is worse than that of the general population. Common health problems include:

- Problems caused by being outdoors
- Bronchitis and pneumonia
- Wound and skin infections
- Mental health problems
- Substance abuse problems
- Vulnerability to community spread and complications from COVID-19

Many people experiencing homelessness are survivors of domestic violence or sexual abuse. Children experiencing homelessness have high rates of emotional and behavioral problems, often from having witnessed abuse, neglect and the trauma of experiencing homelessness.

For many, the daily struggle for food, shelter, clothing, and safety is increasingly traumatic and unstable. This reality in turn, exacerbates disease, complicates treatment, and drives high mortality rates among those who are unhoused.

F. Analysis

Brianna Rogers, Program Services Coordinator II has acted as project lead for the CNA. She will provide information on the project background, process and a summary of the findings.

The Community Needs Assessment (CNA) is an important continuous quality improvement tool for strategic planning to ensure that Community Action Agency anti-poverty programs and initiatives align with the priorities and needs of the community, as identified by the community. The intent is to evaluate service priorities to provide the most relevant and effective services for Lane County residents.

Community Action Agencies identify and analyze the needs and gaps in communities every three years, in order to effectively provide supports to those experiencing poverty. Lane County conducted a survey in three languages during the Spring of 2023. Paper and electronic surveys were utilized to ask community members about the needs and gaps in eight key areas; Affordable/Permanent Housing, Crisis Housing, Community Support Services, Physical Health, Mental/Behavioral Health, Rural Services, Education, and Employment. Surveys were distributed widely across Lane County and responses were then analyzed to create this Community Needs Assessment.

This Community Needs Assessment identified the top four service needs across the Lane County community.

- Affordable housing (79.9%)
- Affordable housing rural areas (61.7%)
- Access to mental health providers (75.8%)

- Basic needs support/service centers (45.8%)

The Community Needs Assessment also identified the largest gap in accessing services is a lack of understanding regarding what services are available, where to access services, and how to access them.

The population in Lane County, Oregon faces unique challenges, including a high poverty rate compared to Oregon and the nation, and a high number of people experiencing homelessness. The needs of our most vulnerable have ripple effects on the well-being of the entire community. Existing programs and services are vital to help people move out of poverty, as the needs will not dissipate if left alone. To ensure a vital and thriving Lane County, the entire community must come together and mobilize to address poverty and homelessness.

People who are unhoused and those living in poverty within Lane County continue to face challenges in accessing and receiving services that are vital to their well-being and survival. Rates of those who are unhoused and/or living in poverty are not decreasing, and the services available are not enough to meet the current need.

IV. ALTERNATIVES/OPTIONS

The CNA must be adopted by the Board of County Commissioners as a part of meeting organizational standards.

1. Adopt the 2023 Lane County Community Needs Assessment as presented.
2. Not adopt the 2023 Lane County Community Needs Assessment as presented. This option would result in Lane County not meeting the 2023 Community Action Agency Organization Standards. Lane County would be required to request a waiver and provide a corrective action plan to meet these standards in the following year.

V. RECOMMENDATION

Staff recommends option 1, adoption of the 2023 Lane County Community Needs Assessment.

VI. ATTACHMENTS

Draft 2023 Lane County Community Needs Assessment
Presentation Slides

BEFORE THE BOARD OF COMMISSIONERS OF LANE COUNTY, OREGON

ORDER NO: 23-09-19-09

In the Matter of Adoption
of the 2023 Lane County
Community Needs
Assessment.

WHEREAS, each Community Action Agency (CAA) must assess community needs, through a needs assessment, every three years as required by section 676(b)(11) of the Community Services Block Grant Act; and

WHEREAS, Lane County through the Department of Health & Human Services, Human Services Division serves as the U.S. Department of Health and Human Services designated CAA focused on reducing poverty across regions; and

WHEREAS, the Poverty and Homelessness Board (PHB) serves as the CAA board of directors; and

WHEREAS, a Community Needs Assessment (CAN) was conducted in Spring of 2023; and

WHEREAS, the CNA must be adopted by the Board of County Commissioners as a part of meeting organizational standards;

NOW, THEREFORE, the Board of County Commissioners of Lane County **ORDERS** as follows:

1. Adoption of the 2023 Lane County Community Needs Assessment.

ADOPTED this 19th day of September, 2023

Pat Farr, Chair
Lane County Board of Commissioners

Lane County, Oregon

Community Needs Assessment



September 2023



Executive Summary

Overview

Lane County Community Action Agency is part of a nation-wide network of Community Action Agencies that strive to combat poverty by providing services that address the causes of poverty and building strong communities. Our goal is for individuals and families in Lane County to become fully self-sufficient, by providing housing supports, basic needs, employment and education services, and connections to community based organizations. Community Action Agencies use evidence-based, best and promising practices to achieve these results and regularly measure success.

Method

Community Action Agencies identify and analyze the needs and gaps in communities every three years, in order to effectively provide supports to those experiencing poverty. Lane County conducted a survey in three languages during the Spring of 2023. Paper and electronic surveys were utilized to ask community members about the needs and gaps in eight key areas; Affordable/Permanent Housing, Crisis Housing, Community Support Services, Physical Health, Mental/Behavioral Health, Rural Services, Education, and Employment. Surveys were distributed widely across Lane County and responses were then analyzed to create this Community Needs Assessment.

Key Findings

This Community Needs Assessment identified the top four service needs across the Lane County community. The graphic below illustrates the four highest needs identified based on the individual count of survey responses.



When analyzing the top needs by survey counts, they are as follows; Access to Mental Health Providers, Affordable Housing, Affordable Housing in Rural Areas, and Basic Needs Support/Service Centers. When analyzing the percentage of need based on actual responses, the top four needs adjust to include; Childcare needs for Employment and exclude Basic Needs Support/Service Centers. This variance was notable due to how close the two needs were to one another in priority.

The Community Needs Assessment survey also identified the largest gap in accessing services is a lack of understanding regarding what services are available, where to access services, and how to access them.

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INTRODUCTION

Lane County Health & Human Services, Human Services Division serves as the U.S. Department of Health and Human Services designated Community Action Agency (CAA) focused on reducing poverty across regions. Lane County is one of over 1,100 CAA's across the country, all of whom receive Federal Community Service Block Grant (CSBG) funding. The Poverty and Homelessness Board (PHB) serves as the CAA board of directors. The board utilizes a tri-partite structure, consisting of one-third elected leaders, community members and people with lived experience of poverty and/or homelessness. Each CAA must assess community needs, through a needs assessment, every three years as required by section 676(b)(11) of the Community Services Block Grant Act.

The purpose of this Community Needs Assessment (CNA) is to guide policy, program, and funding decisions for the most strategic and effective outcomes, based on direct input from people served by anti-poverty programs. Needs and services assessed in community needs assessment are not comprehensive of all needs and services in Lane County but rather among those who are low-income. The intent of this report is not just a compilation of data, but an analysis and overview of the expressed needs, findings, and perception of accessibility, strengths, and opportunities of anti-poverty services in Lane County.

Lane County conducted a Community Needs Assessment Survey, which was open for eight weeks in the Spring of 2023. The survey asked respondents to rank the top three needs of their community in eight different service types. Hard copy versions of the survey were distributed via Lane County subcontracted providers and partner organizations. An electronic version of the survey via QR code, and direct Qualtrics website link was shared with the Poverty and Homelessness Board, social media, and through outreach to households who are low-income. The survey was available in English, Spanish and Chinese, the three most prominent languages spoken in the region. Lane County Community Action received 920 survey responses in total.

Surveys were collected from key community constituencies including advocates, consumers of health and human services, people who work in education, elected officials, faith-based representatives, law enforcement, medical practitioners, businesspeople, the public/general community members, social service providers, and community members. The survey asked respondents to identify the top three needs within eight different service areas including; Affordable/Permanent Housing, Crisis Housing, Community Support Services, Physical Health, Mental/Behavioral Health, Rural Services, Education, and Employment.

Lane County Community Action Agency also analyzed secondary assessments, studies, and resources to further the depth of understanding regarding community needs and provide a holistic report. Those sources included the Oregon Department of Education, US Department of Veteran Affairs, Oregon Housing Alliance, Live Healthy Lane's Community Health Needs Assessment (CHNA), and U.S. Census data.

The Community Needs Assessment (CNA) is an integral part of assessing the changing needs of the community, and informs our strategic planning to ensure that the Lane County Community Action Agency anti-poverty programs and initiatives align with the priorities and needs of the community, as identified by the community. The intent is to evaluate service priorities to provide the most relevant and effective services for Lane County community members.

The population in Lane County, Oregon faces challenges related to the poverty rate. Lane County's poverty rate stands at 14.4%, which is lower than the 2019 CNA reporting with an average of 18.8%, but still higher than the current national (11.6%) and statewide (12.2%) averages.¹ Households who spend more than 30% of their income on housing are considered to be rent burdened. Roughly 66% of households making between \$20,000-\$34,900 spend more than 30% of their income on housing, and households making less than \$20,000 are even more likely to spend more than 30% of their income on housing, at 88%.²

Across Lane County, housing costs have continued to increase and rental vacancy rates remain low. The median gross rent from 2017-2021 was \$1,093,³ an increase of 14% from 2015, and 21% from 2010.⁴ Renters may have experienced relief to the increasing rents during the COVID-19 pandemic, but many are facing renewed economic challenges with the lifting of eviction moratoriums in October 2022. Rental vacancy rates in 2019 were 2.01% for Lane County, compared to 4% statewide⁵ and have remain steady in the last few years.

Alongside the rest of the world, Lane County faced economic challenges brought on by the COVID-19 pandemic. Lane County received nearly \$26.5 million dollars in COVID Relief Funds in the Fiscal Year (FY) 2022-2023, to address the needs of households facing poverty and housing instability. Neighbors struggled with health, housing, employment, and basic needs over the pandemic years, many seeing a lasting effect of the economic changes. With the end of some increased public assistance and Public Health Crisis in May 2023, households in Lane County are encountering new challenges once again. Inflation, housing, and cost of living is at a high, while federal and local resources are being reduced.

Post Public Health Crisis, households are re-assessing their needs and priorities as they adjust to the new normal. The needs identified in the 2023 Community Needs Assessment Survey reflect those changes. The 920 completed surveys identified the top three needs in eight key services areas as well the barriers they face when accessing those services.

¹ <https://www.census.gov/quickfacts/fact/table/US,OR,lanecountyoregon/PST045222>

² community_health_assessment_2018-2019.pdf

³ <https://www.census.gov/quickfacts/fact/table/US,OR,lanecountyoregon/PST045222>

⁴ https://www.deptofnumbers.com/rent/oregon/lane-county/#vacancy_rate

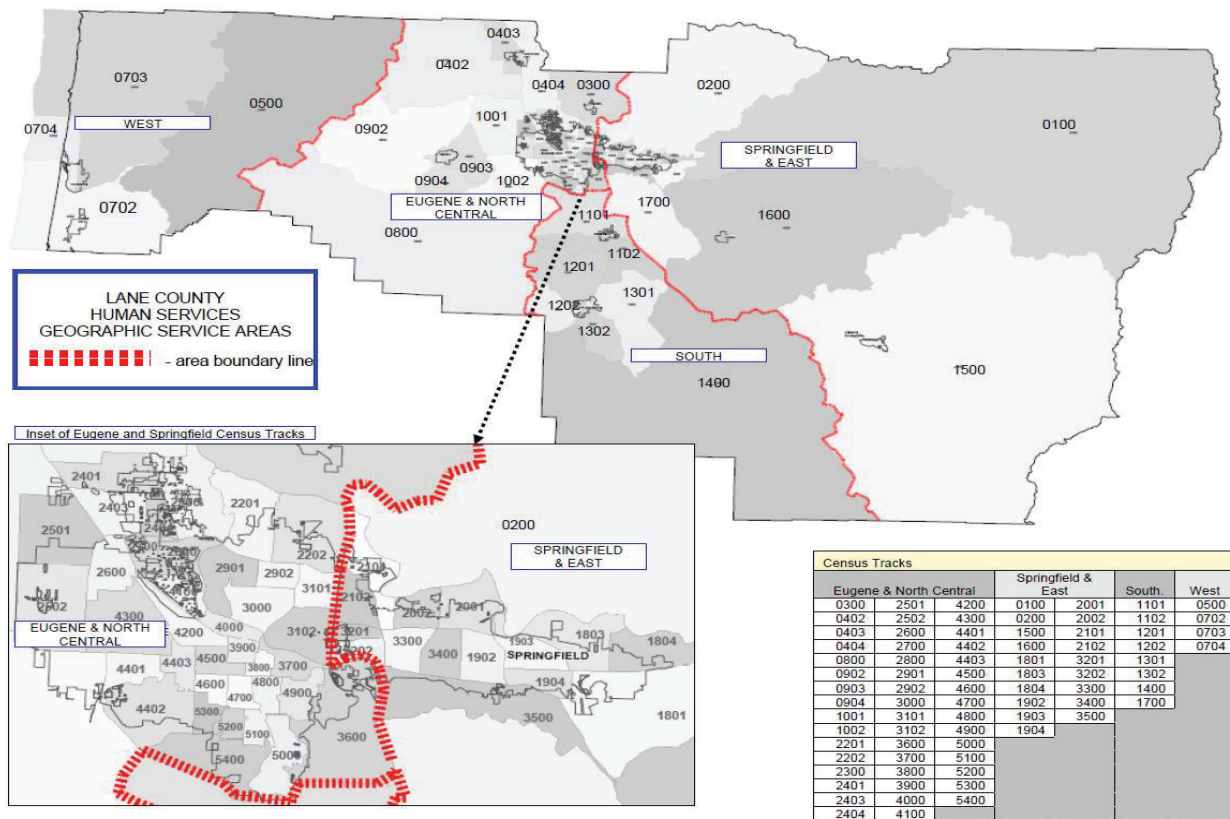
⁵ https://www.deptofnumbers.com/rent/oregon/lane-county/#vacancy_rate

LANE COUNTY OVERVIEW

Geography

Sprawling from the Pacific Ocean to the Cascades, Lane County is impressive in geography and land mass, nearing the size of Connecticut. At 4,722 square-miles, Lane County includes a large metropolitan area which encompasses Eugene and Springfield. The rest of the county is made of 37 additional incorporated cities and small towns.

Community Action supports individuals and families who are experiencing poverty. Due to the sheer size of Lane County and its mostly rural areas, Lane County Community Action funding is distributed into four geographical service regions based on population and poverty rates. Those four regions are Eugene & North Central, South Lane, Springfield & East Lane, and West Lane County.



Population

Lane County is the fourth largest county in Oregon, and the largest county outside of the tri-county area of Multnomah, Clackamas, and Washington Counties. From 2010 to 2021, Lane County saw an overall population increase of 10.6%, on average growing 0.8% each year, then saw a slight decrease in population from 2020 to 2022 by 0.2%.⁶

People Experiencing Homelessness

Lane County conducts a Point in Time (PIT) Count each year. On the last Wednesday in January, service providers and street outreach workers take a physical count of the sheltered and unsheltered individuals and households who are homeless by conducting surveys across the county. The survey data are then cross referenced with data in the Homeless Management Information System (HMIS) By Name List. Those who have accessed a homelessness or community action support within 15 days of the PIT Count and identify as homeless, are included in the count. This data driven, survey accompanied approach requires special approval from HUD and has been found to provide more accurate numbers since Lane County began using this method in 2021.

In the most recent 2023 PIT Count, a total of 2,824 individuals and 2,422 households reported that they were homeless the night before.

PIT Count	Sheltered	% of total	Unsheltered	% of total	TOTAL
Households	619	26%	1,803	74%	2,422
Individuals	714	25%	2,110	75%	2,824

Throughout every Fiscal Year (FY), which runs July 1st to June 30th, Lane County is able to collect the housing status of each person accessing services across the 30 agencies and 230 projects that utilize HMIS. Data from HMIS for the FY22-23 shows that there were 34,538 participants enrolled in HMIS. 9,733 of these individuals experienced homelessness at some point during the year.

The Homeless By Name List (HBNL) is an additional tool available to agencies in Lane County and provides an active count of the number of individuals who are unhoused in a given month. The HBNL is updated each month using data entry from providers in HMIS. Individuals are counted if they are in a shelter or sleeping in a place not meant for habitation, like a tent, safe sleep site, or car. Lane County is able to track the inflow of individuals to the HBNL and the outflow of individuals to housing or when they no longer receive services in our area. As of June 2023, there were 4,531 active individuals on the HBNL and 640 of those were new counts to the list. Of the 4,531 active individuals, 40% of them were chronically homeless (have a disability and experienced homelessness for at least 12 months over the last 3 years, either as

⁶ <https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/oregon/county/lane-county/>

one continuous episode or several episodes). In the first half of the 2023 calendar year, there have been 7,436 individuals on the HBNL. In the entire calendar year of 2022, there were 9,627 individuals.⁷

The PIT Count captured additional information on individuals experiencing sheltered and unsheltered homelessness. Individuals were able to indicate if they experience Mental Illness, Substance Use Disorder, have HIV/AIDS, or were survivors of Domestic Violence. The additional data results show that roughly one in five individuals, or 20%, of those who experience homelessness are survivors of domestic violence, which is a 12% increase from the 2022 PIT Count, and nearly a quarter (23%) have a substance use disorder.

PIT Count	Sheltered	% of total	Unsheltered	% of total	Total with Individuals with Identified Subpopulation	Subpopulation % of All total	All Total Homeless Individuals
Adults with serious Mental Illness	261	23%	853	77%	1,114	39%	2,824
Adults with Substance use Disorder	150	23%	501	77%	651	23%	2,824
Adults with HIV/AIDS	3	21%	11	79%	14	0%	2,824
Adult Survivors of Domestic Violence	71	13%	485	87%	556	20%	2,824

Households with Children Experiencing Poverty

The most recent data available regarding the population of families with children in Lane County is from the 2017-2021 American Community Survey 5-Year estimate, compiled below.

⁷

https://public.tableau.com/app/profile/lchsd/viz/HomelessnessinLaneCountyOregon_16195399452050/SummaryDashboard

American Community Survey	Lane County, Oregon			
	All families		Married-couple families	
	Total	Percent below poverty level	Total	Percent below poverty level
Label	Estimate	Estimate	Estimate	Estimate
Families	95,520	7.4%	71,876	4.1%
With related children of householder under 18 years	38,748	12.3%	24,986	5.8%
With related children of householder under 5 years	6,334	10.7%	5,008	3.6%
With related children of householder under 5 years and 5 to 17 years	6,479	17.7%	3,993	4.6%
With related children of householder 5 to 17 years	25,935	11.3%	15,985	6.8%
RACE AND HISPANIC OR LATINO ORIGIN				
White alone	81,159	6.6%	61,253	4.1%
Black or African American alone	N	N	N	N
American Indian and Alaska Native alone	N	N	N	N
Asian alone	N	N	N	N
Native Hawaiian and Other Pacific Islander alone	N	N	N	N
Some other race alone	N	N	N	N
Two or more races	9,172	10.5%	7,057	3.4%
Hispanic or Latino origin (of any race)	7,676	16.1%	5,898	9.9%
White alone, not Hispanic or Latino	78,730	5.7%	59,340	3.2%
Working Households				
Householder worked	60,586	4.1%	44,614	2.0%
Householder worked full-time, year-round in the past 12 months	38,579	1.8%	29,221	1.5%
Householder 65 years and over	29,056	4.6%	24,472	4.4%
Family Receiving Benefits				
Supplemental Security Income (SSI) and/or cash public assistance income in the past 12 months	9,989	16.2%	6,069	8.2%

Social security income in the past 12 months	33,647	4.2%	27,390	2.4%
EDUCATIONAL ATTAINMENT OF HOUSEHOLDER				
Less than high school graduate	5,704	22.0%	3,740	7.7%
High school graduate (includes equivalency)	16,287	9.1%	10,979	6.2%
Some college, associate's degree	39,579	8.2%	28,315	4.2%
Bachelor's degree or higher	33,950	3.2%	28,842	2.8%
NUMBER OF RELATED CHILDREN OF THE HOUSEHOLDER UNDER 18 YEARS				
No child	56,772	4.0%	46,890	3.2%
1 or 2 children	31,816	11.1%	20,336	5.3%
3 or 4 children	6,566	15.3%	4,284	4.0%
5 or more children	366	57.9%	366	57.9%
NUMBER OF OWN CHILDREN OF THE HOUSEHOLDER UNDER 18 YEARS				
No own child of the householder	60,458	5.2%	48,709	3.7%
1 or 2 own children of the householder	28,725	9.6%	18,898	4.1%
3 or 4 own children of the householder	5,971	15.8%	3,903	4.4%
5 or more own children of the householder	366	57.9%	366	57.9%
NUMBER OF PEOPLE IN FAMILY				
2 people	51,736	6.4%	38,484	3.5%
3 or 4 people	34,525	9.2%	25,600	4.8%
5 or 6 people	8,151	4.0%	6,762	2.5%
7 or more people	1,108	19.1%	1,030	20.6%
ALL FAMILIES WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS				
50 percent of poverty level	3,040			
125 percent of poverty level	10,344			
150 percent of poverty level	14,146			
185 percent of poverty level	19,338			
200 percent of poverty level	21,805			
300 percent of poverty level	37,216			
400 percent of poverty level	52,163			
500 percent of poverty level	64,388			

Across the state of Oregon for the 2021-2022 school year, two of Lane County's school districts made the top 10 list of highest homeless student enrollments. The Mapleton School District had the 5th highest enrollment of homeless students at 19.3%, and Oakridge had the 9th highest enrollment at 13%.

The graph below shows school district enrollments for the 2021-2022 school year. The columns for Shelter, Doubled-Up, Unsheltered, and Motel/Hotel reflect families, while the Unaccompanied Youth are solely reflecting youth outside of a family of origin.⁸

District	Shelter	Doubled-Up	Unsheltered	Motel/Hotel	Unaccompanied Youth
Bethel SD 52	14	252	36	10	77
Creswell SD 40	15	50	*	*	9
Crow-Applegate-Lorane SD 66	0	6	0	0	6
Eugene SD 4J	105	405	91	71	179
Fern Ridge SD 28J	*	24	0	0	9
Junction City SD 69	0	33	11	*	*
Lowell SD 71	0	32	0	0	*
Mapleton SD 32	0	23	*	0	*
McKenzie SD 68	7	15	13	8	*
Oakridge SD 76	0	45	20	0	*
Pleasant Hill SD 1	0	22	*	0	*
Siuslaw SD 97J	0	28	12	*	*
South Lane SD 45J3	18	128	28	18	52
Springfield SD 19	34	340	29	44	156
Totals	193	1403	240	151	488

Each school district in Oregon is required to have a designated Homeless Student Liaison, per the McKinney-Vento Act's Education of Homeless Children and Youth Program. These liaisons provide direct services to youth and families in order to assist children to succeed in school. This may include transporting students to their school of origin, providing school supplies, resource referrals and access to public benefits. While these services are required to be provided in districts and are vital resource for youth and families, it often times is not enough support to stabilize a household.

For unhoused families who may be moving between shelters and safe sleep sites, children may reside outside of their original school district. McKinney-Vento programs will provide transportation to the child's home school. However, educational programs outside of, and in addition to, regular school hours are often difficult to access due to a family's location, working schedule, and financial resources.

Diverse Populations Experiencing Poverty & Homelessness

Race and Ethnicity

The most recent Continuum of Care (CoC) Racial Disparities report published in 2022 highlights poverty and homelessness data based on racial disparities. In Lane County, people who identify as BIPOC (Black, Indigenous, or Persons of Color) make up 13% of the total population, but 18% of the population in

⁸ <https://www.oregon.gov/ode/schools-and-districts/grants/esea/mckinney-vento/pages/default.aspx>

poverty. People who are White and Non-Hispanic were the only population of people that experience poverty at a lower rate than their overall representation in Lane County. People who identify as Asian/Pacific Islander, Black, Other/Multi-Racial, and Hispanic all experience poverty at a disproportionately higher rate than their total population in Lane County. People who identify as Native/Indigenous remain proportionate when comparing population and poverty rate; however, the overall population is small which decreases data reliability.

Poverty Rates in Lane County and Oregon by Race and Ethnicity			
Race/Ethnicity	Lane County		Oregon
	Total Population	Population in Poverty	Population in Poverty
Asian/Pacific Islander	3%	4%	5%
Black	1%	2%	4%
Native/Indigenous	1%	1%	2%
White	87%	82%	79%
Other/Multi-Racial	8%	11%	10%
Hispanic	9%	11%	20%
Non-Hispanic	91%	89%	80%

Race and ethnicity data and grouping pulled from CoC Racial Equity Analysis Tool⁹

Among individuals experiencing homelessness in Lane County, differences in racial disparities can be seen as well. For the total population of those experiencing homelessness, individuals who are Black, Other/Multi-Racial, and Non-Hispanic, are more likely to experience sheltered homelessness. While those who are Native, White, and Hispanic, are more likely to experience unsheltered homelessness.

Homelessness in Lane County			
Race/Ethnicity	Total Population Experiencing Homelessness	Experiencing Sheltered Homelessness	Experiencing Unsheltered Homelessness
Asian/Pacific Islander	1%	1%	1%
Black	3%	5%	3%
Native	3%	2%	4%
White	83%	80%	84%
Other/Multi-Racial	9%	12%	9%
Hispanic	9%	6%	9%
Non-Hispanic	91%	94%	91%

Race and ethnicity data and grouping pulled from CoC Racial Equity Analysis Tool¹⁰

⁹ <https://www.hudexchange.info/resource/5787/coc-analysis-tool-race-and-ethnicity/>

¹⁰ <https://www.hudexchange.info/resource/5787/coc-analysis-tool-race-and-ethnicity/>

Veterans

A U.S. Department of Veterans Affairs report¹¹ indicated roughly 28,369 veterans in Lane County. The majority of which (12,400) are ages 65-84. Of the total population of Veterans in Lane County, 95% are White, 3% are Other/Multi-Racial, while Black and Native American/Alaskan make up 1% each of the population. When looking at homeless Veterans, only 80% are White, while 10% are Other/Multi Racial, 7% are Black, and 3% are Native American/Alaskan. Lane County reported that in May 2023, there were 225 report homeless veterans, and 122 chronically homeless veterans.

Roughly 453 veterans accessed services through St. Vincent de Paul's two Support Services for Veterans Families programs in the FY22-23. Lane County's Veteran's Services Offices (LCVSO) processed 1,376 new veteran claims for compensation, 32 new veteran claims for pension, and 97 new surviving spouse claims in the FY22-23, totaling roughly \$203 million in benefits.

Youth

When looking at racial disparities in Youth from the 2023 PIT Count, Native Youth make up 1% of the overall population, but 5% of the population of homeless youth. White youth make up 79% of the overall population, but 80% of the population of homeless youth. Non-Hispanic Youth make up 86% of the overall population, but 91% of the population of homeless youth.

Youth Homelessness in Lane County		
Race/Ethnicity	Total Population	Experiencing Homelessness
Asian/Pacific Islander	4%	1%
Black	1%	1%
Native	1%	5%
White	79%	80%
Other/Multi-Racial	14%	14%
Hispanic	14%	9%
Non-Hispanic	86%	91%

Race and ethnicity data and grouping pulled from CoC Racial Equity Analysis Tool¹²

Youth face their own unique set of challenges when it comes to homelessness. The 2023 PIT count revealed that 429 youth under the age of 24 were unhoused. While the PIT Count is a valuable tool to understand how many unhoused individuals there are, youth who are doubled-up or couch-surfing may not be counted in the traditional PIT Count. Lane County received Youth Homelessness Demonstration Project (YHDP) funds and has its own Youth Advisory Council, both of which are working towards a youth specific PIT Count to understand the true number of sheltered and unsheltered homeless youth. Many organizations have created and seen the benefits of having their own Youth Advisory Councils. It is imperative to have youth voices heard and their experiences integrated into the work that is being done for them. The work of YHDP also expands the definition of homelessness to include those who are at imminent risk of homelessness, literally homeless, and fleeing/attempting to flee domestic violence. This allows programs to assist more youth with housing services and divert youth from entering into the homeless system.

¹¹ <https://www.va.gov/>

¹² <https://www.hudexchange.info/resource/5787/coc-analysis-tool-race-and-ethnicity/>

While low housing inventory and high housing prices affect all those of all ages, youth face additional barriers to maintaining stable housing due to their lack of credit history, rental history, and employment history. Youth may also be disconnected from their family of origin and unable to provide a co-signer on rental applications. And while there continues to be an effort to provide youth specific housing services in the urban areas of Eugene and Springfield, there is a lack of youth specific services in the rural areas that span a far larger portion of Lane County.

Current efforts to support unhoused youth in Lane County include the creation of new beds in Transitional Housing and Rapid Rehousing programs, a Host Home pilot project, and increased street outreach efforts in Oakridge and Siuslaw areas. Additionally, efforts are being made towards a Coordinated Community Plan which includes the expansion of youth serving agencies, lifting up youth voice throughout all program components, increasing youth Front Door Assessment sites, youth specific case conferencing, and a youth specific PIT Count.

Older Adults and Individuals with Disabilities

From the 2022 Census data, Lane County's percentage of individuals above age 65 is at 21.2%, slightly higher than the total of Oregon's population of 19.2%.¹³ The 2023 PIT Count shows that 28% of all those who are unhoused, are 55 years of age and older, 800 in total. Seniors are often on a fixed income and are a vulnerable population to economic inflation and the rising housing costs.

The percentage of people with disabilities is also higher in Lane County at 12.8% compared to the state total of 10.2%.¹⁴ Of all HMIS users in the FY22-23, 87% reported a Mental Health Disorder and 87% reported a Substance Use Disorder.

INCOME AND EXPENSES

Lane County has an average annual median income of \$59,016 per household. This is lower than the Oregon median income of \$70,084.¹⁵

One tool for determining if wages are adequate is to use a "living wage" model. Living wage is one where the wages of individuals and households is high enough to maintain minimum standards of living. This calculation includes averages expenses in Lane County and is updated each year to account for wage and cost of living increases. Massachusetts Institute of Technology (MIT) updates the Living Wage model annually.

The below graph shows the Lane County living wage model for 2023¹⁶ and assumes all adults in the home are working full time.

¹³ <https://www.census.gov/quickfacts/fact/table/US,OR,lanecountyoregon/PST045222>

¹⁴ <https://www.census.gov/quickfacts/fact/table/US,OR,lanecountyoregon/PST045222>

¹⁵ <https://www.census.gov/quickfacts/fact/table/US,OR,lanecountyoregon/PST045222>

¹⁶ <https://livingwage.mit.edu/counties/41039>

Living Wage Calculations	1 Adult 0 Children	2 Adult 0 Children	1 Adult 1 Child	1 Adult 2 Child	2 Adult 1 Child	2 Adult 2 Child
Living Wage	\$ 17.46	\$ 14.19	\$ 36.92	\$ 46.99	\$ 20.66	\$ 25.89
Minimum Wage	\$ 13.50	\$ 13.50	\$ 13.50	\$ 13.50	\$ 13.50	\$ 13.50
Average Expenses	\$ 30,181	\$ 49,817	\$ 63,024	\$ 79,314	\$ 71,072	\$ 88,294
Required Annual Income Before Taxes	\$ 36,312	\$ 59,025	\$ 76,791	\$ 97,746	\$ 85,927	\$ 107,693

As of July 2023, the average one-bedroom rental unit costs \$1,195 in Eugene.¹⁷ If two adults with no children, working full-time at minimum wage were living in the one-bedroom that costs \$1,195, they would both need to work 45 hours a week to afford rental costs alone. For two adults making minimum wage and living in a two bedroom, both adults would need to work approximately 55 hours per week in order to afford the rental costs at \$1,505 per month. These numbers only account for the rent costs to renters, not the full cost of housing. Housing costs can utilities, renters insurance, and other fees.

In addition to everyday expenses, childcare costs can significantly affect a household's budget. Based on MIT's living wage model, the average yearly cost of childcare per child is \$8,551 in Lane County. This number may raise significantly depending on the age of the child/ren, type of childcare and frequency that it is needed. The number of childcare providers in Lane County post COVID, has reduced by at least 37 percent based on United Way of Lane County survey.¹⁸ Additionally, even fewer childcare providers accept state childcare vouchers, making it very difficult for people who are low-income to identify childcare for their child/ren.

Financial assistance for housing is an essential service provided to households who are in or on the verge of poverty. Housing assistance can include financial payments such as rent and utility assistance payments, security deposits, and arrears (back rent). With Lane County's remarkably low vacancy rate of 2.1%, families and individuals are often unable to afford moving out of homelessness to stable housing, to or move to another more affordable or adequate housing situation. The costs that are needed to move to more affordable housing often create another barrier for rent-burdened households. They may be able to continue making rent payments at a more affordable rate, but are unable to pay the high cost of move in fees that are required. In Lane County, for every 100 families, there are only 16 affordable units available.¹⁹

Nearly one in five (17.7%) families with children of any age are living in poverty.²⁰ When housing is not affordable for households, it has a trickle-down effect to a variety of other types of services. Households who are rent burdened may rely on supportive services outside of housing such as food boxes, clothing vouchers, basic needs, and state benefits such as SNAP or TANF. It is estimated that in 2019, 48.8% of households in Lane County were rent burdened.²¹

¹⁷ <https://www.zumper.com/rent-research/eugene-or>

¹⁸ <https://kval.com/news/local/new-strategist-hired-to-ease-childcare-crisis-in-lane-county>

¹⁹ http://www.oregonhousingalliance.org/wp-content/uploads/2021/02/Lane_County_2020.pdf

²⁰ <https://www.census.gov/quickfacts/fact/table/US,OR,lanecountyoregon/PST045222>

²¹ <http://www.livehealthylane.org/2021-25-chp-indicators.html>

Transportation

Due to the geographical size of Lane County, community members are continually faced with transportation challenges. Public transportation, such as Lane Transit District (LTD) services, is largely focused in the urban areas of Eugene and Springfield, which has a disproportionate impact on the rural areas of Lane County. When LTD service are available in rural areas, the routes mainly run from city to city, rather than within the rural city itself. This lack of options around public transportation leaves individuals and families to become car dependent and can create a financial burden for some households. Increasing fuel costs as well as car repairs and labor continue to create barriers for households who rely on their vehicles for transportation.

In the most recent survey completed by LTD in 2022, respondents disapproving of LTD services cited the following reasons; Financial concerns (27%), Empty buses/low ridership (26%), Not listening to concerns/taking people's land (20%), Bad service (17%), Not enough routes (14%), Too many lanes/big buses/oppose expansion (11%), and other (<10%). The survey also found that the two most important areas of services for LTD riders where the location of services and availability of services.²²

RideSource is another transportation option through LTD for those riders with disabilities who have OHP or Medicaid. For those with medical or employment transportation needs, this is a viable option for those who need assistance with mobility. It does come with its own challenges though. RideSource users must have insurance and be approved for RideSource services, which can take up to three weeks. Riders must also schedule ahead of time for their appointments and be ready one hour prior to their appointment. With this service often providing transportation for multiple riders and appointments, services may be delayed, leaving riders waiting for pick up. Fare based rides are available to riders with disabilities who need the transportation assistance to non-employment and medical appointments. Rides for activities such as shopping or other social activities are available for fare and create the additional freedom to those with disabilities. This service still requires that riders schedule ahead of time and are provided during specific times.

Environment

In recent years, severe weather has taken a drastic toll on those who are unhoused, whether sheltered or unsheltered. Severe weather can include both high and low temperatures, and often occurs for days at a time in Lane County. Lane County has worked to create strategies for both cold weather and extreme heat, which includes collaborative meetings among service providers, comprehensive resource sharing, and creating a stockpile for necessary items for survival.

St. Vincent de Paul has run the Egan Warming Centers since 2008, and activates on nights when the temperature dips below 30 degrees, averaged by using three different weather sites. While this option typically serves an average of 230 individuals per open night (2022/2023 data), and has saved countless lives, it is only one option that is widely known, and runs in the metro Eugene/Springfield area. Due to the vast geographical difference across Lane County, many cities may have temperatures dip below 30 degrees overnight with limited sheltering or no options for their communities. In the 2022/2023 winter

²² <https://www.ltd.org/projects-and-planning/>

season, rural warming shelters were available in Florence, Oakridge, Veneta and Cottage Grove. Each warming shelter is heavily reliant on volunteers and community support.

Alternatively, increasingly high temperatures have provided a new challenge for Lane County and its unhoused population. Cooling Centers typically do not have formal staffing or structure, they are often in public buildings opened for business as usual, or businesses that volunteer to be open for individuals needing a cool place to be during severe heat. Most Cooling Center options only run during regular business hours and along with warming shelters, like Egan, lack sufficient volunteer and staffing to support the total need of the unhoused population. Additionally, as of June 2023, there is no funding identified to support extreme heat events in Lane County.

In addition to the effects extreme heat and cold temperatures, global warming and increasing drought conditions have affected Lane County's agriculture system and instances of wildfires. As of July 2023, roughly 64% of Lane County was in a "Severe Drought" status, with conditions expected to persist. With the increase in drought conditions, livestock and cattle as well as crops like wheat and hay, are negatively impacted.²³ Hits to these agricultural goods can cause a decrease in local goods and increase in costs for farmers and local households. An increase in wildfires has created its own set of challenges for community members, especially on the Eastside of the County. Wildfires displace households when evacuation orders are activated. For those who are unhoused or in poverty, this creates an immense amount of stress and uncertainty. Households are often looking for others to stay with, trying to access shelters, or ending up on the street, if they are unable to pay for motels or hotels during evacuations. Smoke from wildfires has become an increasing and recurrent health hazard for all people as well. The air quality can quickly become unhealthy or extremely unhealthy, depending on the wind and air conditions. Seniors, children, women who are pregnant, and those with underlying health conditions are the most susceptible to unhealthy air quality and can experience serious negative effects. Those who are most vulnerable are forced to stay indoors, and rely on masks and air purifiers/filters in order to find relief from the air quality. For people who are unhoused or in poverty who lack sufficient means to filter their breathing air and seal their homes, the persistent wildfire smoke can be unescapable and detrimental to their health and wellbeing.

²³ <https://www.drought.gov/states/Oregon/county/Lane>

RESOURCES

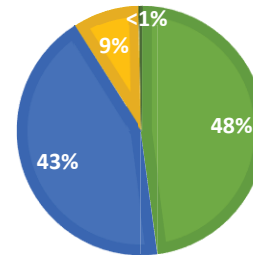
Lane County Human Services Division (HSD) receives annual funding from Federal, State, Local, and Private sources to provide the wide variety of essential services to community members. Community Action funding sits within the HSD budget and include State and Local funding that support anti-poverty programs directly.

Funding from the Human Services Commission (HSC) is also embedded within the Community Action Agency budget. The HSC is a multi-jurisdiction group and funding source that includes Lane County, City of Eugene, and City of Springfield. Each entity contributes to a single general fund, which is then interwoven with public HSD funds and distributed to social service agencies supporting community action, and homelessness focused work.

Included here, are visual representations for funding sources. HSC funding includes the contribution percentages from City of Eugene, City of Springfield, and Lane County. HSD funding represents the percentage of funding from Federal, State, Local, and Private funding streams. Private funding streams make up less than 1% of the total funding sources. HSD funding types for FY22-23 represent the percentage of funding that was stable and ongoing, funding that was one time for the year, and funding for COVID specific programs.

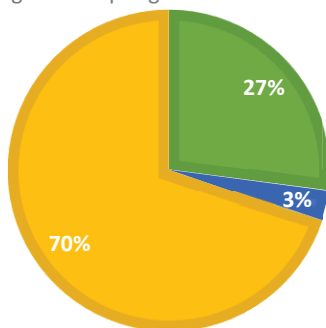
HSD FUNDING FY22-23

■ Federal ■ State ■ Local ■ Private



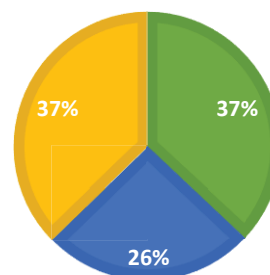
HSC FUNDING FY22-23

■ Eugene ■ Springfield ■ Lane County



HSD FUNDING TYPES FY22-23

■ Ongoing Funding ■ One Time OTHER Funding
■ One Time COVID Funding



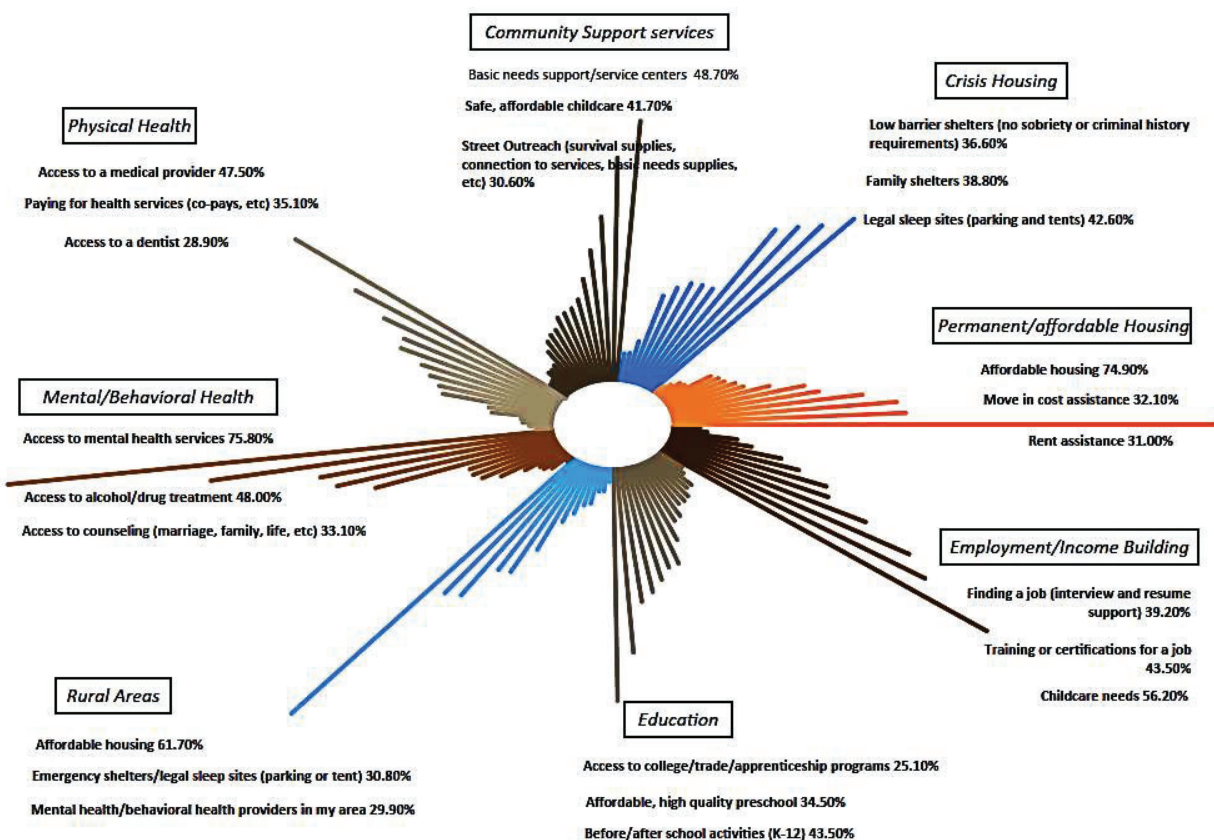
SURVEY RESULTS

All Service Areas

Lane County Community Action Agency administered a Community Needs Survey in the Spring of 2023. Surveys were distributed to and collected from advocates, consumers of health and human services, people who work in education, elected officials, faith-based representatives, law enforcement, medical practitioners, businesspeople, the public/general community members, social service providers, and community members. The survey asked respondents to choose their top three priority needs within eight different service areas. Service areas included Permanent/Affordable Housing, Crisis Housing, Community Based Needs, Physical Health, Mental/Behavioral Health, Rural Services, Education, and Employment. Respondents were also asked to identify the barriers they or others have experiences to each accessing each service type.

Across all respondents, the top four identified needs based on individual survey counts were Access to Mental Health Providers, Affordable Housing, Affordable Housing in Rural Areas, and Basic Needs Support/Service Centers (in order). Low-income households rated the same four services as the highest needs but were ranked in the following order- Affordable Housing, Access to Mental Health Providers, Affordable Housing in Rural Areas, and Basic Needs Support/Service Centers.

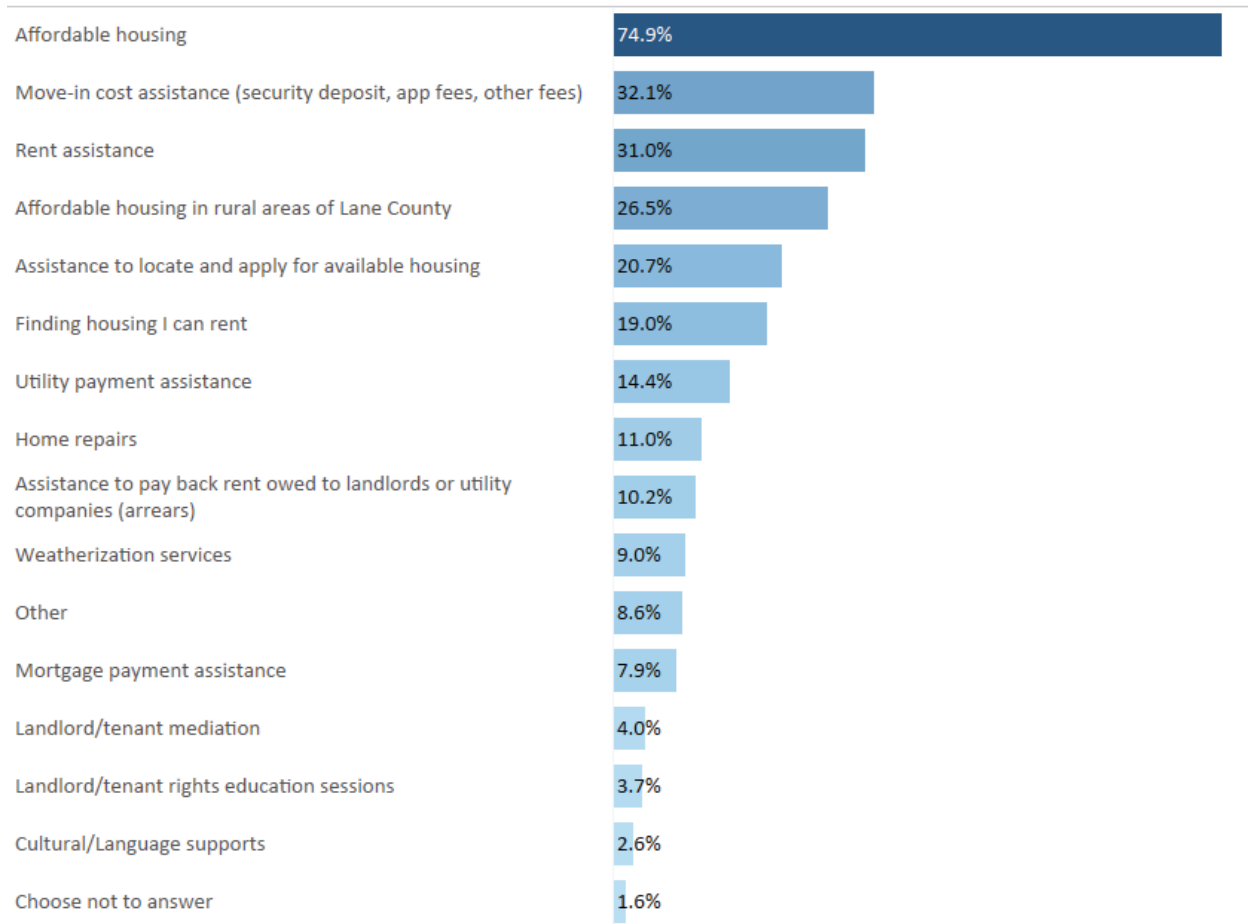
Top three most selected needs by service area



Affordable/Permanent Housing

Respondents were asked the following question regarding Affordable/Permanent Housing: *From your point of view, what are the top three (3) needs in this service area?* Response options are listed below, and in the order that they were identified as priorities.

Permanent/Affordable Housing Needs (n = 835)



Results

Survey respondents, regardless of their income level, indicated their top three needs overall related to Affordable/Permanent Housing were- Affordable Housing, Move-In Costs, and Rent Assistance. Adequate and affordable housing continues to be a challenge for community members, whether they are housed or unhoused. Communities are considered “rent burdened” when more than 30% of their income is spent on rent. In Lane County, renters are spending on average 31.7% towards rent.

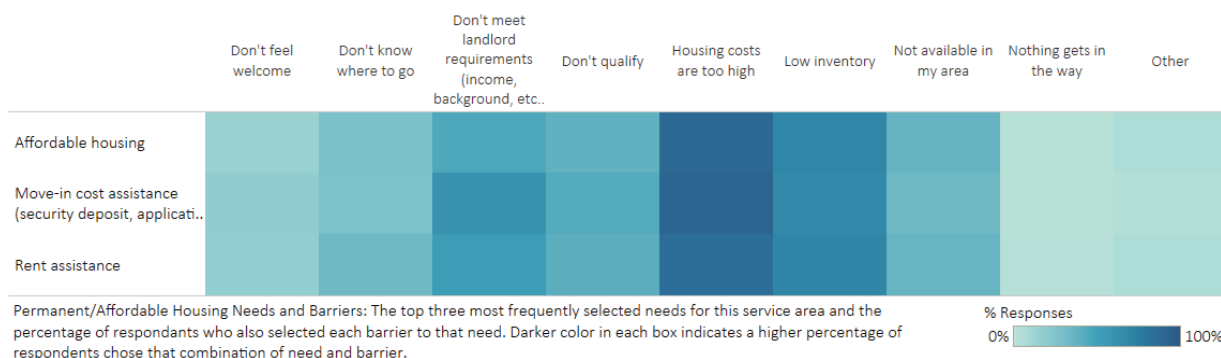
Those survey respondents, who identified their ethnicity as Latino, mostly aligned with the overall survey results by ranking the top three needs as Affordable Housing, Finding Housing I Can Rent, and Move-In Costs. Those who took the Spanish survey and identified as Latino stated the top three needs were Cultural and Language Supports, Finding Housing I Can Rent, and Landlord/Tenant Rights Education (in that order).

When accounting for differences in gender and age, respondents rated the same top four highest needs; Affordable Housing, Move-In Costs, Rental Assistance, and Affordable Housing in Rural areas. While the order of importance differed in certain demographics, they consistently rated the same top four needs.

“It’s not just the rent, it’s the additional fees, deposits - especially if you have a pet.”

-Survey Respondent

In addition to identifying the service needs in Affordable Housing, survey respondents were asked to identify what barriers they or others face. The largest barrier to Affordable Housing, Move-In Costs, and Rent Assistance was the high cost of housing. Low housing inventory was the second largest barrier identified by respondents.



Current Services

With state funding provided by the Oregon Housing and Community Services, Lane County and its partners, provide homelessness prevention services to urban and rural residents. This funding offers services such as rent assistance, utility assistance, arrearage payments, and case management to household who are unstably housed or at immediate risk of homelessness. A household is defined as “unstably housed” when they have received a notice to vacant with 22 or more days to do so, or who are at high risk of becoming unhoused due to a loss of income or are otherwise unable to pay their rental costs. A household is defined as “immediate risk of homelessness” when they have received a notice to vacant their residence within 21 days. The funding is crucial is preventing the flow of individuals to the homelessness system, and in addition to unspecified funding for households, also has dedicated funding for elderly adults over 55 and families who receive Temporary Assistance for Needy Families (TANF) through DHS.

Homelessness Prevention funding fluctuates from year to year. From October 2022 to June 2023, Lane County received state dollars that funded a Diversion program, meant to quickly identify and target households who recently became homeless, and divert them from entering the homelessness system. The foundation of this funding was in creative and collaborative conversations with the household in

“For the elderly, social security benefits do not cover housing costs.”

-Survey
Respondent

order to identify stable housing options, which included; move in costs to new housing, transportation to friends or family, or storage units for belongings. This model enabled households to identify housing solutions outside of solely rent assistance, which often circumvented the need to navigate the rental market.

Through efforts and funding provided by the Governor’s January 2023 State of Emergency Declaration due to Homelessness, funding was provided beginning in 2023, replacing previous funding provided in the 2022-2023 fiscal year, and was invested to prevent 741 households from becoming homeless. Due to the increased cost of rental units, inflation, and the

moratorium on evictions ending, more and more households are in need of prevention assistance. The overall need for assistance far outweighs the funding and programs that are current serving Lane County. As of July 2023, approximately 3,000 households are active on the Section 8 Housing Choice and 952 active households experiencing homelessness were on the Coordinated Entry Waitlist, awaiting permanent placement such as to Permanent Supportive Housing and Rapid Rehousing.

Data and Outcomes

Short-Term Homelessness Prevention Programs FY22-23	Households Served	Individuals Served
Urban Elderly Prevention	40	73
Urban Housing Stabilization for TANF Families	23	76
Urban General Prevention	41	103
Urban One-time funding	294	719
Rural Elderly Prevention	15	18
Rural Housing Stabilization for TANF Families	31	107
Rural General Prevention	66	171
Rural One-time funding	140	305
TOTAL	611	1,457

Short-Term Homelessness Prevention Programs Outcomes FY22-23	Individuals Served: 1,457
Key Performance Indicator (KPI)	Achieved Goal
100% of individuals receive assistance to resolve immediate housing crisis	100%
85% of individuals exit program to a Permanent Housing (PH) situation	96%
80% of individuals who exited to PH retained housing at 6 months after exit	47%
60% of adult participants increase income as of the end of the operating year	2%

Transitional Housing Programs FY22-23	Bed/Unit Inventory	Individuals Served
Women	15	34
Men	29	56
Youth	57	50

Veterans	24	73
TOTAL	119	213

Transitional Housing Program Outcomes FY22-23	Individuals Served 213
Key Performance Indicator (KPI)	Achieved Goal
85% of individuals exit program into a Permanent Housing situation	48%
65% of individuals age 18 and older maintained or increased their total income (from all sources) as of the end of the operating year or program exit.	96%

Rapid-Rehousing Short-Term Rental Assistance Programs FY22-23	Bed/Unit Inventory	Individuals Served
Families [non-CoC]	20	121
Families [CoC]	106	261
Family Reunification [ODHS]	11	37
Employment & Housing	32	148
Youth [CoC]	15	51
Youth	2	10
FUSE	7	16
Veterans	89	229
Singles [CoC]	7	20
Wildfire Recovery	20	47
Totals	309	932

Rapid-Rehousing Short-Term Rental Assistance Outcomes FY22-23	Individuals Served: 932
Key Performance Indicators (KPI)	Achieved Goal
85% of individuals exit from program into stable permanent housing. (HUD defn permanent)	69%
80% of individuals who exited to PH are in permanent housing 6 months after project exit	33%
60% of adult participants increase income as of the end of the operating year	27%

Permanent Supportive Housing Programs FY22-23	Bed/Unit Inventory	Individuals Served
Veterans [HUD-VASH]	339	361
Chronically Homeless	65	73
Chronically Homeless [CoC]	285	389
Chronically Homeless Veterans [CoC]	18	23
Chronically Homeless Developmental Disability [CoC]	31	34
Families	45	44
Formerly Incarcerated	173	176
FUSE	10	9
Youth	25	20
Totals	991	1,124

Permanent Supportive Housing Outcomes FY22-23	Individuals Served: 1,124
Key Performance Indicator (KPI)	Achieved Goals
85% of individuals exit from program into stable permanent housing	21%
80% of individuals exiting (Leavers) PSH remained in project for at least six months.	84%
60% of adult participants increase income as of the end of the operating year	38%
Less than 20% Persons who exit Permanent Housing projects to Permanent Housing Destinations Return to Homelessness within 2 years	9%

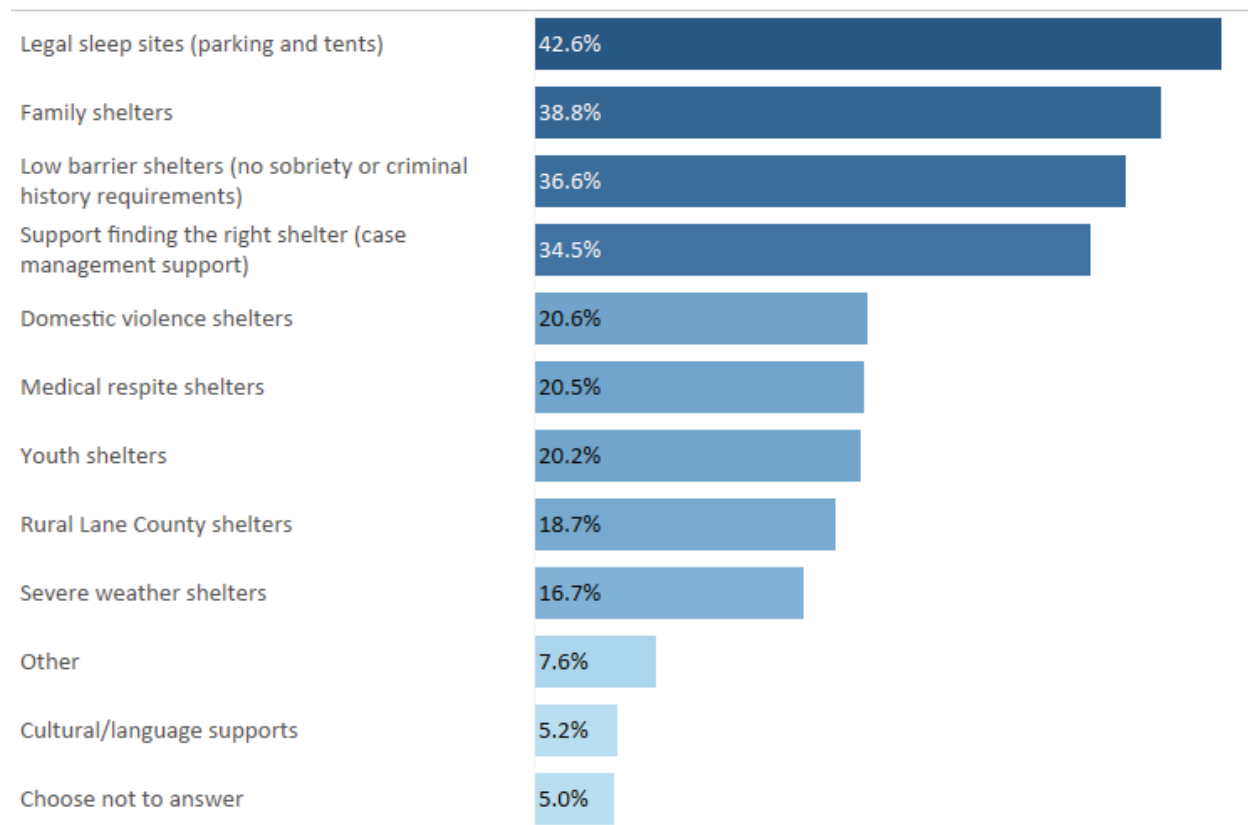
System Improvement Opportunities

- Increase Rapid Rehousing, Permanent Supported Housing, and Transitional Housing beds for individuals and families to keep up with the demand for beds.
- Implement program pathways that create long-term and stable housing options for individuals and families, including case management and wrap-around services to provide skill-building opportunities for participants.
- Increase Prevention Services available to community members in order to keep households stably housed.
- Increase Rapid Resolution Diversion programs for households who are newly homeless or about to become homeless, in order to quickly resolve housing instability and divert households from the homelessness system.
- Create more affordable housing for households living in poverty.
- Create partnerships between programs and property owners with the goal of increasing housing options available to program participants.
- Increase home sharing options to expand housing options across the community.
- Advocate for the creation of more “middle housing” and small footprint (including tiny homes) homes.

Crisis Housing

Respondents were asked the following question regarding Crisis Housing: *From your point of view, what are the top three (3) needs in this service area?* Response options are listed below, and in the order that they were identified as priorities.

Crisis Housing (n = 737)



Results

From all survey responses, the top three needs in Crisis Housing were, in order, Legal Sleep Sites, Family Shelters, and Low-Barrier Shelters.

When factoring for race, ethnicity, age, and gender, there are many different and specific needs across the demographics. Survey responses of all those who identify as Latino ranked Family Shelters, Domestic Violence Shelters, and Support Navigating Shelter Systems as the top three needs. Of the respondents whose primary language is Spanish, the second most important priority, after Family Shelters, was Culturally Specific Services.

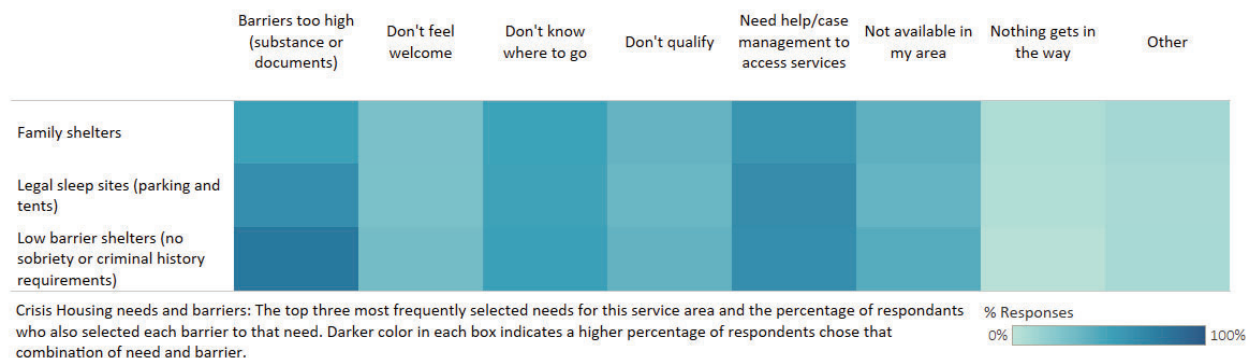
When accounting for gender, male and female respondents had the same top four needs of Family Shelters, Legal Sleep Sites, Support Navigating the Shelter System, and Low-Barrier Shelters, though they rated them in different orders. Those who identified as Non-Binary or Transgender both rated Legal Sleep Sites and Low Barrier Shelter as the top two needs. Non-binary respondents rated Support Navigating the Shelter System and Domestic Violence Shelters as the third and fourth highest needs, while those identifying as transgender rated Rural Shelters and Youth Shelters as the third and fourth highest needs.

“I was almost in this position last year. I had no idea where I could go.”

-Survey Respondent

There were no differences in the top four Crisis Housing needs based on responses under or above 55 years old, but differences arise in the highest and lowest age ranges. With age ranges of 14-24, Youth Shelter lands in the top four needs, while Medical Respite lands in the top four for those over the age of 75.

In addition to identifying the service needs in Crisis Housing, survey respondents were asked to identify what barriers they or others face. The largest barriers to Family Shelters, Legal Sleep Sites, and Low-Barrier Shelters were that the barriers were too high and that they needed assistance navigating and accessing services.



Current Services

In the FY22-23, there were four Legal Sleep sites (554 beds), seven Family Shelters (37 beds), and two Low Barrier Shelters (87 beds) across Lane County.

Legal Sleep Sites have become an alternative sheltering option for unhoused individuals and families. While they are sanctioned sites and can provide access to certain basic needs such as porta potties and garbage, those who access Legal Sleep Sites are often still considered unsheltered by HUD Minimum Standards for Emergency Shelter. Locally, through the Governor’s January 10, 2023-January 10, 2024, Emergency Declaration Due to Homelessness there is a Lane County goal to improve 115 alternative shelter beds to meet the emergency shelter standards of both HUD and the Oregon Housing and Community Services (OHCS), by January 2024.

Unhoused families continue to struggle finding appropriate family shelters in Lane County. Families face additional challenges in shelter such as, more space while keeping the family together, safety of children, domestic violence concerns, and school/employment transportation. There are many factors that families must consider when navigating the shelter system. These barriers make some shelters inaccessible. Unhoused families with children are tasked with navigating school systems, transportation to get to school, and providing basic needs for their children. In addition, many guardians are working and must

“Parking sites are too often full and don't always feel safe for a family.”

-Survey Respondent

factor in how to maintain employment and access childcare. Safe and stable shelter for families is imperative to providing a foundational and secure housing option so families can focus on their needs and long-term goals. In the FY22-23 there were 37 Family Shelter units. A shelter unit is defined by a room made up of shelter beds that a family may occupy together. In Lane County, this is typically a room inside a traditional building and in some cases this is a free standing Pallet Shelter.

Roughly 75% of individuals captured in the 2023 PIT Count reported that they were unsheltered, 2,110 in total. Lane County’s Homeless By Name List, which shows the inflow and outflow of individuals and homelessness, reported that as of June 2023, there were 4,531 unhoused individuals. With 1,398 emergency and alternative shelter beds available in the June 2023 inventory, there are not enough beds on any given night to shelter those who are unsheltered.

Low-Barrier shelters are meant to serve the most vulnerable individuals, regardless of sobriety, possessions, pets, partners, or other obstacles. This model is aligned with housing first initiatives that work towards stabilizing housing for an individual or family first, before working towards other goals. This model has proven to be successful in communities, and maintains person-centered and trauma-informed practices. Many Lane County shelters are working to reduce barriers for shelter participation. Two brand new public shelters have opened in Lane County since September of 2022, the River Avenue Navigation Center, serving 75 adults, and the Shankle Brooklyn Street Shelter, serving 12 adults. The shelters are modeled based on a Housing First and Low-Barrier philosophy. The goal in each program is to help individuals obtain housing as quickly as possible, with no pre-conditions such as sobriety or no criminal background. Program services at both shelters focus around supporting this goal and the unique needs of each individual participant.

Data and Outcomes

Emergency Shelter Programs FY22-23	Bed/Unit Inventory	Individuals Served
Bridge	4	15
CAHOOTS	5	13
Families	153	418
FUSE	10	36
Medical Respite	53	281
Navigation Center	75	194
Singles	514	2,016
Veterans	5	16
Wildfire Recovery	0 (closed)	15

Youth	12	127
Unduplicated Totals	831	2,281

Emergency Shelter Year Round Permanent Programs Outcomes FY22-23	Individuals Served: 2,281
Key Performance Indicator (KPI)	Achieved Goal
Varies: 30% to 80% of individuals exit the program into a permanent housing situation	9%

Legal Sleep Sites (Alternative Shelter Programs) FY22-23	Households	Individuals
Eugene Alternative Shelter	525	531
Eugene Safe Sleep Site	508	520
Families Overnight Parking	11	35
Singles Overnight Parking	144	146
Unduplicated Total	1,141	1,181

Seasonal Shelter Programs FY22-23	Bed/Unit Inventory	Individuals Served
Egan Warming Shelter	600	1,448

Motel Voucher Programs FY22-23	Individuals Served
Singles Motel Vouchers	134
Families Motel Vouchers	259
Unduplicated Total	370

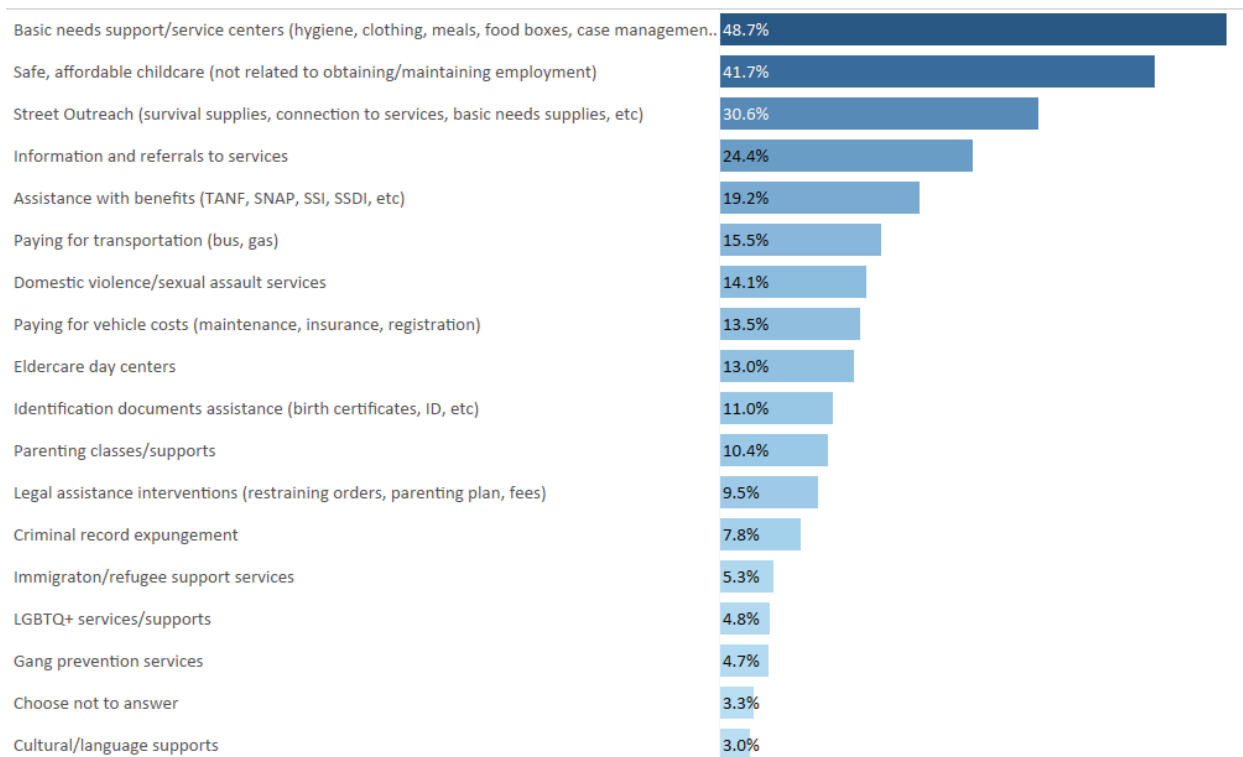
System Improvement Opportunities

- Increase the number of Family Shelter beds across Lane County in order to accommodate a variety of family sizes and increase location options for easier access to employment and school.
- Create clear pathways and assistance for households to find and access shelters and legal sleep sites that fit their needs.
- Create case management and wrap around services for families accessing shelters focused on gaining long-term stable housing and skill building.
- Increase the number of low-barrier shelters for households, following a housing focused model that does not have prerequisites for assistance based on pets, possessions, partners, or level of service engagement.
- Increase positive permanent housing exits from emergency shelter by creating direct pathways to house. This may include shared housing, master leases, SROs/motels, master leased units and other creative options.

Community Support Services

Respondents were asked the following question regarding Community Support Services: *From your point of view, what are the top three (3) needs in this service area?* Response options are listed below, and in the order that they were identified as priorities.

Community Support Services (n = 702)



Results

Survey respondents rated the following as the top three needs in Community Based Services; Basic Needs Service and Access Centers, Outreach Services, and Childcare.

Latino and Spanish speaking respondents prioritized slightly different needs. Those who identify as Latino rate Basic Needs Service Centers, Childcare, and Information and referrals as the top three needs, with

“Even if they exist in my area, programs are full and at capacity and cannot help”

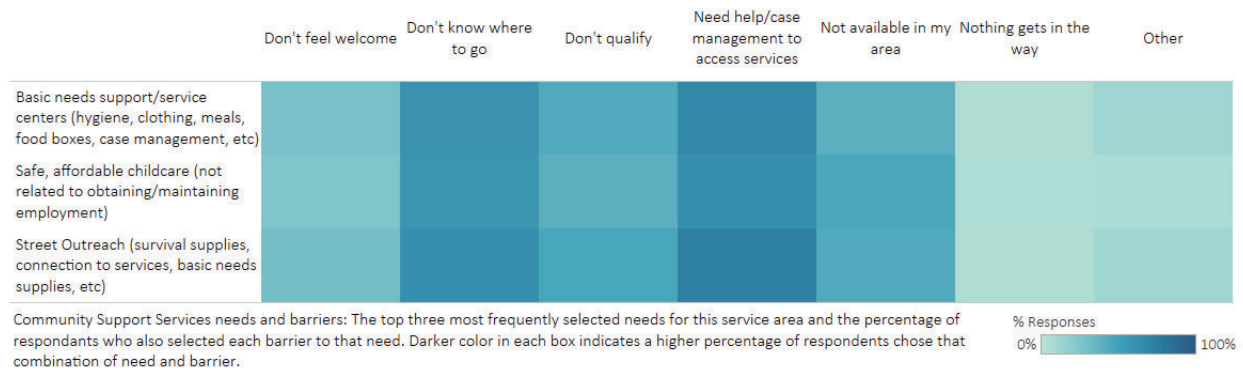
-Survey Respondent

the fourth highest need being Immigration Support. Those whose primary language is Spanish rated Cultural and Language Supports, Immigration/Refugee Supports, and Assistance with ID/Documentation as the highest needs.

There were no differences in responses based on responses from those identifying as male, female or non-binary. Respondents who identified as Transgender rated Basic Needs Service Centers and LGBTQ+ Supports tied as the highest priority, with Street Outreach rated second.

When accounting for age, there were no difference in needs for those under or over 55, but differences arise in those 14-24 and 75 and older. While Basic Needs Service Centers and Street Outreach ranked in the top four needs for both age ranges, individuals 14-24 also rated Paying for Transportation and Assistance with Benefits as top needs, while individuals over 75 rated Assistance with Benefits and Information and Referrals as the highest need.

The largest barriers to Basic Needs, Safe, Affordable Childcare, and Street Outreach were knowing where to go and needing assistance in accessing and navigating services.



Current Services

Community Service and Access Centers operate throughout Lane County to provide stabilization and basic needs to low-income and unhoused households. Services can include access to food, laundry services, clothing, hygiene items, showers, and connection to IDs, documents, and benefits such as TANF, SNAP, and SSI. While these centers are often vital to providing basic needs to those who are unhoused and unable to access food or showers otherwise, they have also been an increasingly needed service to low-income households. Individuals and families who are struggling to make ends meet due to rising housing costs and the cost of living are accessing service centers to help meet those needs.

Due to the size of Lane County and its location of services primarily in the metro Eugene/Springfield areas, and additional barriers for the unhoused including mobility and mental health issues, Outreach Services are an essential service for those in need. Few providers are funding outreach programs in the metro and rural areas to provide basic needs like food, hygiene items, clothing, and survival supplies directly to those who are unhoused, where they reside. Services also include connecting individuals to housing supports and medical care.

The rising cost of childcare has increasingly burdened families with children. Families may pay upwards of \$1,700 per month for childcare at a licensed facility. For families who are rent burdened and struggling with the current cost of living, they may be unable to afford childcare, unable to return to work full time, or rely on state funded programs. Families are often scrambling to find childcare for their children before they are even born due to the lack of adequate resources and long waitlists.

“Food sites were far, not on transit route, or closed on weekends/closed too early.”

-Survey Respondent

Data and Outcomes

Community Service Centers & Homeless Access Centers FY22-23	Service Transactions	Individuals
Eugene & North Lane Service Center	39,205	7,484
Springfield & East Lane Service Center	51,819	7,947
South Lane Service Center	2,591	781
West Lane Service Center	9,177	1,536
Eugene Family Access Center	52,997	1,419
Eugene Youth Access Center	7,485	455
Eugene Singles Access Center	929,214	3,365
Unduplicated Total	1,092,488	18,367

Food Pantries in HMIS FY22-23	Food Boxes	Individuals
Eugene Pantry	35,487	7,125
Eugene Pantry	14,225	3,834
Springfield Pantry	32,683	7,020
Cottage Grove Pantry	16,078	4,075
Oakridge Pantry	5,157	1,186
Unduplicated Total	103,916	20,017

Street Outreach Programs FY22-23	Individuals
Coordinated Entry Street Outreach	200
Eugene Street Outreach	419
FUSE Street Outreach	68
Health Focused Street Outreach	412
Housing Navigation	489
Mental Health Street Outreach	1,120
Rural	215
Youth (Metro and Rural) Street Outreach	218
Unduplicated Total	2,612

Street Outreach FY22-23	Individuals Served: 2,612
Key Performance Indicator (KPI)	Achieved Goal
50% of individuals exit program into stable permanent housing	16%

System Improvement Opportunities

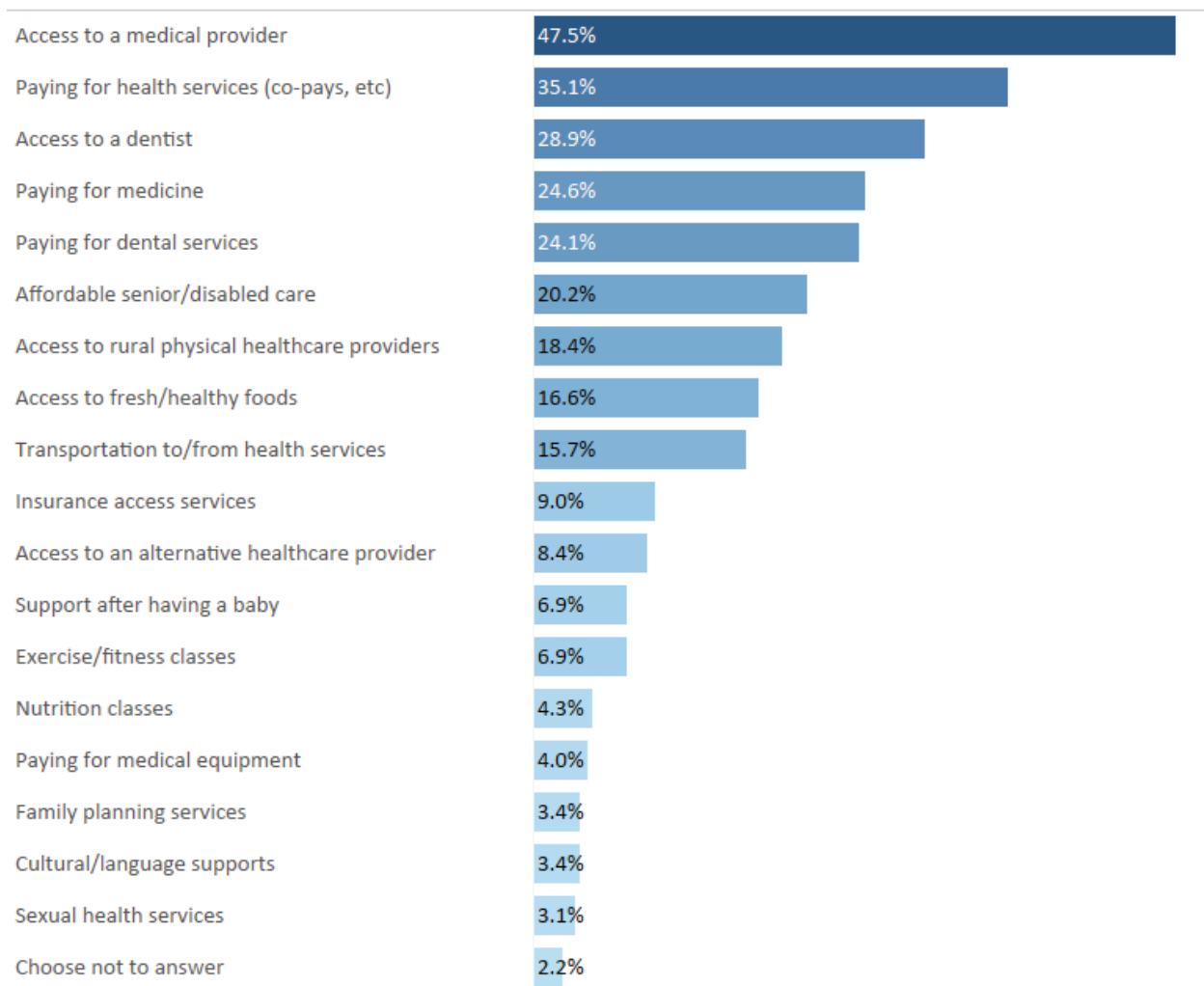
- Increase access to basic needs supports across urban and rural areas of Lane County.
- Increase the service capacity for the established Service Centers across Lane County in Eugene, Springfield, Cottage Grove, and Florence.
- Create additional access to food pantries and emergency food boxes for families living in poverty
- Increase the number of street outreach services in urban and rural areas of Lane County to provide community members with access to basic need items and mainstream supports.

- More widely share ways to connect with Service Centers, basic needs programs, and street outreach programs, to provide supports such as SNAP, TANF, housing programs, employment services, etc. so that households may gain long-term stability and move out of poverty.
- Increase the number of safe and affordable childcare programs available to households with low and moderate incomes, so that households do not fall further into poverty due to childcare barriers.
- Create safe and affordable childcare programs that have extended/non-traditional hours available to families who work outside the hours of 9am-5pm.

Physical Health

Respondents were asked the following question regarding Physical Health: *From your point of view, what are the top three (3) needs in this service area?* Response options are listed below, and in the order that they were identified as priorities.

Physical Health (n = 667)



Results

Physical Health needs varied across all demographic respondents. For those who identified as Low-Income, needs include Paying for Dental Services, Access to Providers, and Paying for Health Services. While those who identified as non-low-income rated Access to Providers, Paying for Health Services, and Access to a Dentist as the highest needs.

Responses by Race and Ethnicity varied widely. Those identifying as Latino rated the top three needs Access to Medical Provider, Paying for Health Services and Access to a Dentist. Spanish Speaking respondents rated Access to Medical Provider, Paying for Dental Services, and Paying for Health Services as the top three. American Indian, Alaska Natives and Indigenous respondents rated Access to Medical Provider as the highest need, Transportation as the second, with the third highest need a three way tie between Access to Fresh, Health food, Paying for Medicine, and Access to Rural Services. Asian or Asian American respondents rated the top three needs as Paying for Health Services, Access to Medical Provider, and Paying for Medicine. Finally, Black, African American or African respondents rated the highest need as Access to Medical Provider, and there was a three-way tie in the second highest need with Access to Fresh, Healthy Food, Paying for Health Services, and Access to Dentist.

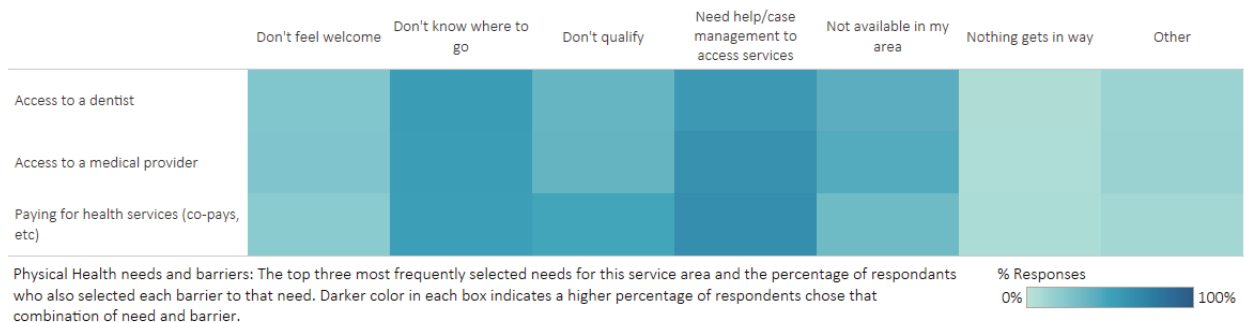
“Not enough dentists in the area that take Medicare/Medicaid does not cover all needed services”

-Survey Respondent

There are distinct differences in priority needs for Physical Health based on responses by gender. While male and female responses aligned with the overall needs, more specific needs are seen by those identifying as Non-Binary and Transgender. Non-Binary respondents had a tie in the top priority, rating Affordable Senior/Disabled Care and Paying for Health Services as the top need, and three services tied for the second highest need with Transportation to Services, Paying for Dental Services, and Access to Medical Providers. Those who identified as Transgender had a five way tie between Access to Fresh and Healthy Food, Sexual Health Services, Paying for Medicine, Paying for Health Services, and Rural Services.

Accounting for age, most ranges align with the overall needs, the only difference being that those respondents who reported being ages 55 or above rated the top three Physical Health needs as Access to a Medical Provider, Access to a Dentist, and Affordable Senior/Disabled Care.

In addition to identifying the service needs in Physical Health, survey respondents were asked to identify what barriers they or others face. Respondents identified that the largest barriers to Accessing a Dentist or Medical Provider, and Paying for Services, were not knowing where to go and needing assistance with in accessing and navigating services.



Current Services

Support with Dental and Physical Health Services remain a priority for those who are low-income and/or unhoused. Treatments come at a high cost and access to dental and health services is difficult for those on the Oregon Health Plan, with long wait times for appointments and services that may not be accessible to someone with limited transportation options. Good dental hygiene and physical health is often hard to maintain when someone is unhoused and difficult to prioritize with other immediate concerns like housing, food, and security.

In 2021, 94.9% of individuals in Lane County were insured, an increase from 81.4% in 2011. The top reason for Oregonians not having insurance are that they are uninterested or they have lost their Oregon Health Plan (OHP) coverage.²⁴ Notably, in the past three years, due to the Medicaid redetermination process, no individual has had their Medicaid coverage terminated. But this is soon changing, and those who are no longer eligible or who do not respond to requests for information from the Oregon Health Authority, will be terminated from coverage.

“A lot of clients I see have been removed from so many practices in the community because they have missed appointments they feel like they don’t have any place to go anymore. They need case management”

-Survey Respondent

The Dovetail Program consists of Community Health Workers (CHWs) that address health inequities and social determinates, remove barriers to healthcare, and assist individuals with health and social service system navigation. Dovetail’s primary clientele focus is on low-income, unhoused and Latino communities. While this is a valuable resource, referrals to this program are made by Community Health Centers of Lane County and through direct outreach to Latino communities. Of the 509 community referrals made by Dovetail CHWs, Dental Care made up 5.3%, Primary Medical Care made up 3.3%, and Public Health Insurance made up 2.8%. Along with medical, dental, and insurance assistance, Dovetail serves as a crucial access point to additional social services such as food, housing, employment, basic needs, and legal assistance.

In recent years, programs have recognized the need for additional health centered outreach programs. HIV Alliance’s Health Focused Street Outreach (HIVA HFSO) program provides health insurance enrollment assistance, harm reduction supplies, testing, and basic needs for unhoused individuals. During

²⁴ <https://www.oregon.gov/OHA/HPA/ANALYTICS/Pages/Insurance-Data.aspx>

the FY22-23, 106 participants of the 480 served, were connected to or strengthened their Primary Care Physician connection. Wound care, pains, heart and lung problems are just some of the issues that outreach workers are encountering. Often times care or supplies must be provided in the field to the unhoused communities while longer-term care is being identified. These services can be live saving to those without options to access mainstream health services.

White Bird offers dental and medical clinics to those who may be uninsured, underinsured, low-income or homeless. Services can be billed to insurance or offered on a sliding fee scale. They focusing on compassionate care and the specific needs of low-income and unhoused individuals. White Bird also provides a program called Navigating Empowerment Services Team (NEST), which is similar to Dovetail and HIVA HFSO in their focus on medical, dental, and insurance services, as well as social services resource navigation and referrals.

With the current poverty rate of 14.4% and over 4,000 individuals on the Homeless By Name List, the need for medical and dental services, as well as insurance access and paying for health services among the unhoused and low income communities, far exceeds the available resources. In Lane County, non-profit programs are utilized to fill in gaps when traditional healthcare settings are not meeting the needs of low-income, unhoused, and underserved communities. With transportation barriers, long waitlists to care, high costs of specialized care and ongoing treatment even with insurance, these communities rely on the medical and dental services and referrals provided by these organizations. Through Coordinated Care Organizations, Trillium Community Health Plan or PacificSource Community Solutions, those enrolled with Medicaid may be able to connect with Care Management Services as well as Flex Funds to supplement their covered benefits and meet their immediate needs.

Data and Outcomes

Reasons for Oregonians not having insurance (2021)	Percent uninsured at the time of the survey
Not interested in health insurance	22.2%
Lost OHP coverage	21.9%
Premiums too expensive on employer coverage	15.9%
Lost a job	11%
Employer stopped offering coverage	10.8%
Reduced work hours, no longer eligible for coverage	5.8%

Data provided by Oregon Health Authority²⁵

Dovetail Referral Types September 1 st , 2022- February 28 th 2023	Number of Referrals	Percent of Total
Dental Care	27	5.3%
Primary Medical Care	17	3.3%
Public Health Insurance	14	2.8%
COVID-19	8	1.6%
Vision Care	6	1.2%
Reproductive, Maternal, and/or Child Health	5	1.0%

²⁵ <https://visual-data.dhsosha.state.or.us/t/OHA/views/OregonUninsuranceRates/Reasons?%3Aiid=2&%3AisGuestRedirectFromVizportal=y&%3Aembed=y>

Improving Physical Activity	4	0.8%
Hypertension and/or Heart Disease Management	4	0.8%
Services for Older Adults	2	0.4%
Arthritis Management	1	0.2%
Management of Respiratory Conditions	1	0.2%
All Other: Non-Medical and/or Social Service	420	82.5%
Total Referrals	509	100%

HIV Alliance Health Focused Street Outreach FY22-23	Outcomes
Clients who received HIV, HCV, or STI testing	24
Number of Safe Injection Kits distributed	1,324
Number of Wound Care Kits distributed	103
Number of COVID-19 Vaccines Administered	39
Percentage of clients offered a medical Assessment	100%
Total Clients Served	480

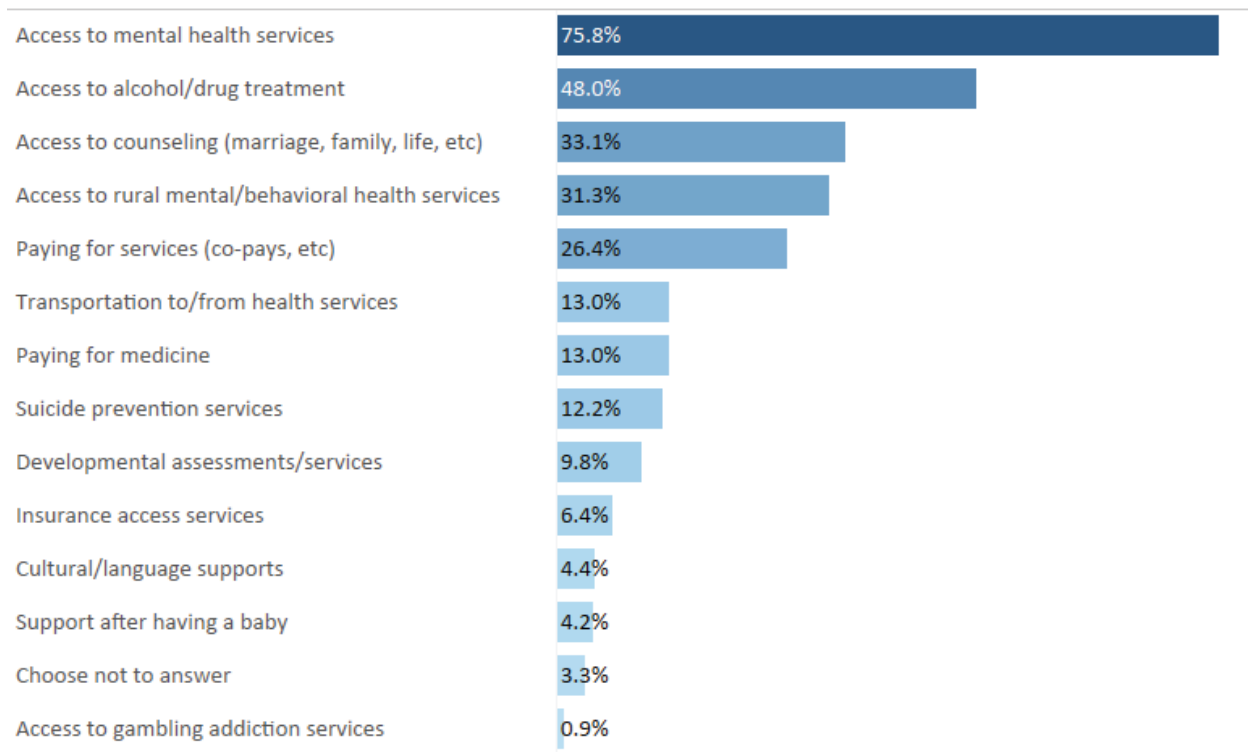
System Improvement Opportunities

- Increase access to quality dental services for individuals who are low-income and unhoused.
- Increase access to quality medical services for individuals who are low-income and unhoused.
- Create easier access for community members to enroll in insurance programs that fit their needs.
- Create payment plans and programs to provide financial assistance for individuals and families who are low-income and/or unhoused and cannot pay their bills.
- Develop health specific programs and case management to assist households with identifying available providers with openings that take the applicable insurance.

Mental/Behavioral Health

Respondents were asked the following question regarding Mental/Behavioral Health: *From your point of view, what are the top three (3) needs in this service area?* Response options are listed below, and in the order that they were identified as priorities.

Mental/Behavioral Health (n = 640)



Results

The top three needs in Mental and Behavioral Health Services by respondents were Access to Mental Health Services, Access to Alcohol/Drug Treatment, and Access to Counseling. Those who are unhoused, sheltered or unsheltered, have a more difficult time accessing Mental or Behavior Health Services due to lack of transportation and competing needs which can include prioritizing finding a place to sleep or eat.

When factoring for race and ethnicity, there was no difference in responses from the overall needs, and those who identified as any other race. When looking at the responses from those whose primary language is Spanish, two top needs are identified. Those needs are Access to Mental Health Services and Cultural/Language Supports.

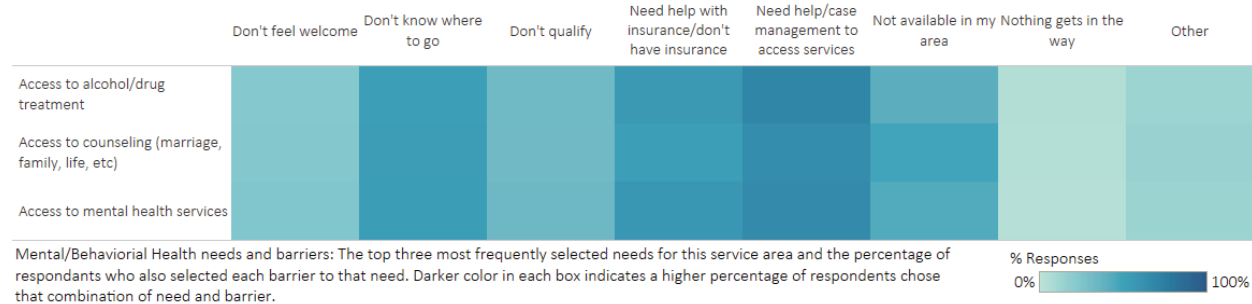
Responses by gender vary for Mental and Behavioral Health needs. While respondents who identify as Male or Female rated their top three needs as Access to Mental Health, Alcohol and Drug Treatment, and Access to Counseling. Individuals identifying as Non-Binary and Transgender rated Access to Mental Health, Access to Counseling, and Access to Rural Mental/Behavior Health in the top three needs.

“Getting access to mental health services is difficult and many can’t navigate it”

-Survey Respondent

Differences can also be seen in age, varying by age ranges. For those 14-24, Access to Mental Health Services remains the top priority, but Paying for Services is a close second. While those 60 and over rated Access to Mental Health and Alcohol/Drug Counseling as the top two needs. Looking closer at age, the third highest need for those 60-74 is Access to Rural Mental/Behavior Services, while those 75+ rate Paying for Services as the third highest need.

In addition to identifying the service needs in Mental/Behavioral Health, survey respondents were asked to identify what barriers they or others face. Respondents identified that the largest barriers to Accessing Alcohol/Drug Treatment, Counseling, and Mental Health Services, were accessing and navigating services, needing help with insurance, and knowing where to go.



Current Services

With competing priorities, someone who is low-income or facing housing instability may prioritize working more hours, or accessing supplemental services like food and clothing over Mental Health or Behavior Health supports. Someone who is unhoused may be focused on how they will survive the night or where they will eat their next meal over accessing services. There are many valid reasons someone may put off accessing mental or behavioral health services, but unfortunately, for those unhoused individuals with severe mental and behavioral health issues, the lack of shelter and housing options may contribute to their mental or behavior health challenges. In this way, this is one of the positives of the Housing First model. An individual or family is able to access stable overnight shelter in order to shift the priority from housing to other needs, like mental and behavior health services.

“Mental health issues can prevent an individual from identifying that they even NEED services, and it can prevent them from seeking and staying within services.”

-Survey Respondent

In the 2023 PIT Count, 39% of all unhoused individuals reported having a serious mental health condition, and nearly 1 in 4 (23%) reported having a substance use disorder. When assessing the HMIS participant data, 86% of participants reported having a mental health disorder or substance use disorder.

Non-profit and for-profit agencies provide Mental and Behavioral Health services throughout Lane County. These agencies provide a range of mental health services, addiction services, and general counseling, but similar to many resources in Lane County, they simply are not enough to support all of those in need.

Providers can bill insurance or offer a sliding pay scale, but for those who are uninsured, underinsured, or need frequent and intensive services, the cost of mental or behavioral health services can become overwhelming. With the high numbers of low-income and unhoused individuals with mental health or substance use disorders, those agencies who offer low cost, low barrier, and wrap around services have high caseloads or long waitlists. Many agencies have wrapped mental and behavioral health support into their medical, housing, and basic needs services.

Lane County’s Forensic Intensive Treatment Team (FITT) is a new team dedicated to working with individuals who have one or more behavioral health disorders, are booked into jail an average of four or more times during a one year period, or are high utilizers of criminal justice resources, hospital or urgent healthcare resources, or institution placements. During the 2022-2023 fiscal year, there were 156 clients engaged with FITT. Of those 156 clients, 116 identified that they needed some form of housing support. There were 16 clients referred for Temporary Housing and 7 clients referred for Permanent Housing.

In partnership with Lane County, Laurel Hill Center and ShelterCare coordinate to provide a program called Frequent User Engagement System (FUSE). Together, these three entities provide services to some of the highest need individuals. FUSE engages those who are unhoused and have been high utilizers of hospitals, jails, courts, and who are facing significant medical, mental health, and substance use disorders. Together, they address the mental health and substance use disorders of individuals, while providing stable housing and wrap around services. This is one example of wrap around services centered on those with the highest mental health and substance use disorder needs. While there are programs and agencies, such as FUSE, FITT, Laurel Hill Center, ShelterCare, Lane County Behavior Health, and others, the needs far outweigh the current services available.

Data and Outcomes

HMIS Participant Type FY22-23	Number of Individuals
Enrolled at any point in FY22-23	34,538
Enrolled and identified having a Mental Health Disorder	29,905
Enrolled and identified having a Substance Use Disorder	29,891

FUSE Program Type FY22-23	Individuals Served	Percent Exited to Permanent Housing
Lane County FUSE By-Name List	367	N/A
Laurel Hill Center FUSE Street Outreach	68	65%
ShelterCare FUSE Emergency Shelter	36	63%
ShelterCare FUSE Permanent Supportive Housing	9	66%
ShelterCare FUSE Rapid Rehousing	16	100%

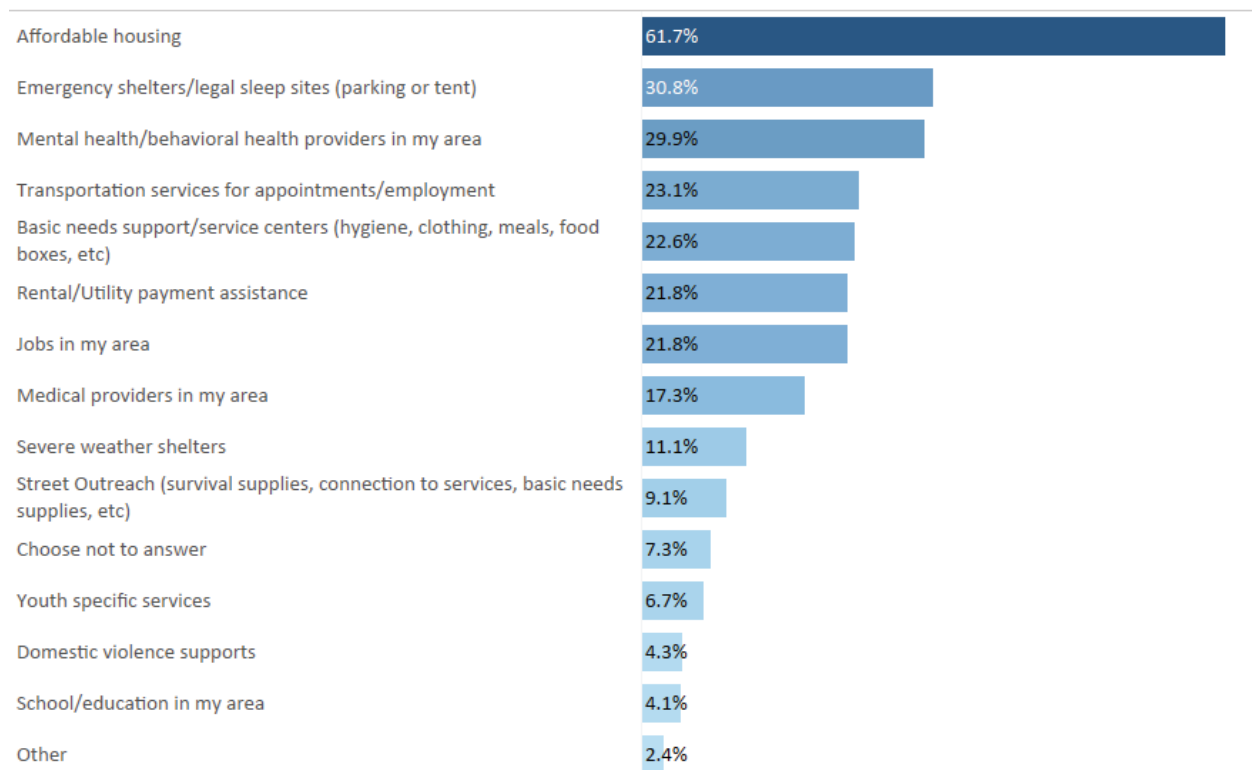
System Improvement Opportunities

- Create robust partnerships between housing and basic needs providers and mental and behavioral health services to make sure needs are addressed as they present.
- Create housing focused services to stabilize individuals while being connected to mental and behavioral health services.
- Create more options and opportunities for on demand and mobile mental and behavioral health services, including the Crisis Stabilization Center.

Rural Services

Respondents were asked the following question regarding Rural Services: *From your point of view, what are the top three (3) needs in this service area?* Response options are listed below, and in the order that they were identified as priorities.

Rural Areas (n = 629)



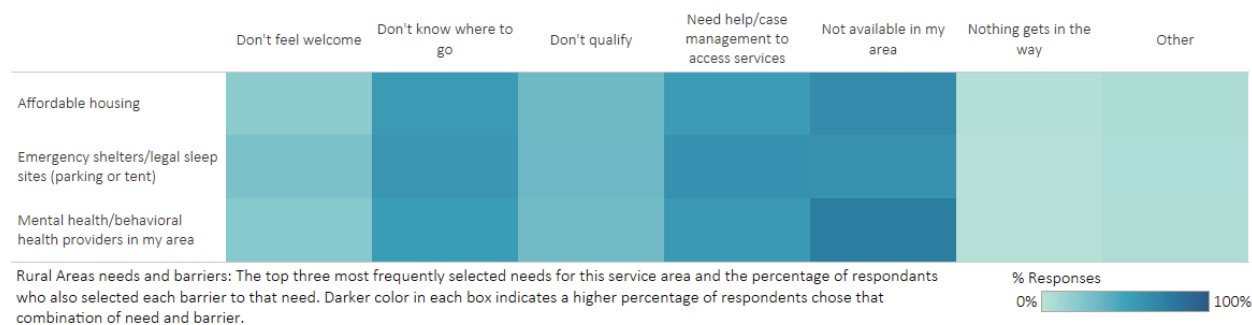
Results

Overall priorities for Rural Services across all demographics largely confirm the number one need in three previous categories. The highest three needs in Rural Services are, in order, Affordable Housing, Emergency Shelters/Legal Sleep Sites, and Mental/Behavioral Health Providers. Those living in rural Lane County are challenged with receiving the same services as their metropolitan counterparts due to the lack of services and accessibility.

When assessing results by race and ethnicity, priorities vary widely. For those who identify as Latino, the top three needs are Affordable Housing, Basic Needs/Service Centers, and Emergency Shelter/Safe Sleep Sites, while those who were primarily Spanish speaking, ranked both Transportation Services and Rent/Utility Payment Assistance as the first highest needs, and School/Education as well as Employment in the rural areas as the second. Those who identified as American Indian, Alaska native or Indigenous as well as those who identify as Asian or Asian American both ranked Affordable Housing as the highest need. But American Indian, Alaska native or Indigenous individuals ranked Employment in rural areas as the second highest need, while Asian and Asian Americans tied for the second highest need between Mental Health Access, Transportation Services, and Basic Needs/Service Centers. Black, African American, and African respondents rated Emergency Shelter as the highest need, with Affordable Housing and Severe Weather Shelter coming in second. Lastly, those identifying as Pacific Islander or Hawaiian Native ranked Domestic Violence supports the highest.

By gender, all gender categories aligned with the overall top three needs for Rural Service except for Transgender individuals. Respondents identifying as Transgender rated Mental Health Access as the highest need and Transportation Services as the second highest need for Rural Areas. Similarly, across age ranges the priorities align with the overall ranking, except within the 14-24 age range. Those in the 14-24 age range rank Affordable Housing as the highest need and Basic Needs/Service Centers as second.

In addition to identifying the service needs in Rural Areas, survey respondents were asked to identify what barriers they or others face. Respondents identified that the largest barriers to Affordable Housing, Emergency Shelters/Legal Sleep Sites, and Mental Health Providers, were not have the services available in their area, needing assistance in accessing and navigating assistance, and not knowing where to go.



Current Services

While some households in metro areas have moved to more rural areas, the increasing housing costs remain prevalent for both urban and rural areas. Access to services such as rent assistance and basic needs also poses a barrier to those living in extremely rural areas of Lane County. While the rural cities of Florence and Cottage Grove have both housing assistance and basic needs Service Centers, they are serving a large geographic range. Cottage Grove's Service Center provides housing and basic needs support to individuals and families in the nearly 2,000 square mile region of South Lane County, while Florence's Service Center provides for roughly 1,000 square miles encompassing West Lane County. With this wide spread service area, these small Service Centers are often at capacity and out of resources such as rental assistance, basic needs vouchers and food, simply due to the high demand and limited resources.

"Geographic spread makes intervention extremely difficult"

-Survey Respondent

In addition to housing assistance and basic needs, shelters are a scarce resource in rural areas of Lane County. The only year-round, non-inclement weather shelter in Lane County is ran by Carry it Forward in Cottage Grove. This shelter opened in FY22-23 and only serves unhoused community members in Cottage Grove. This lack of year-round Emergency Shelter and Legal Sleep Sites can cause those who are unhoused to choose between traveling from house to house if they are able to stay with friends or family, living unsheltered, or seeking shelter in the metro areas where they may be unfamiliar with the geography and services.

Similarly to other social services, barriers and gaps in Mental and Behavioral Health services are exacerbated in rural areas of Lane County. Often times with fewer options or smaller private practices who require insurance, mental and behavioral health agencies are hard to find or have long waitlists for patients to be seen. Telehealth and virtual appointments may be available so urban providers can see those in rural areas, but this may not be an option for those who need or prefer in person services. Additionally, more intensive mental and behavioral health services are not available in rural areas, leaving individuals with their needs unmet, or needing to find/pay for transportation to urban providers.

Data and Outcomes

Rural Short-Term Homelessness Prevention Programs FY22-23	Households Served	Individuals Served	Percentage Exited to Permanent Housing
Rural Elderly Prevention	15	18	100%
Rural Housing Stabilization for TANF Families	31	107	100%
Rural General Prevention	66	171	98.8%
Rural One-time funding	140	305	100%

Rural Community Service Centers & Homeless Access Centers FY22-23	Service Transactions	Individuals Served
South Lane Service Center	2,591	781
West Lane Service Center	9,177	1,536

Rural Food Pantries in HMIS FY22-23	Food Boxes	Individuals Served
Cottage Grove Pantry	16,078	4,075
Oakridge Pantry	5,157	1,186

Rural Street Outreach Programs FY22-23	Individuals Served
Rural	215

Rural Shelter Programs FY22-23	Bed Inventory	Individuals Served
Cottage Grove	33	41

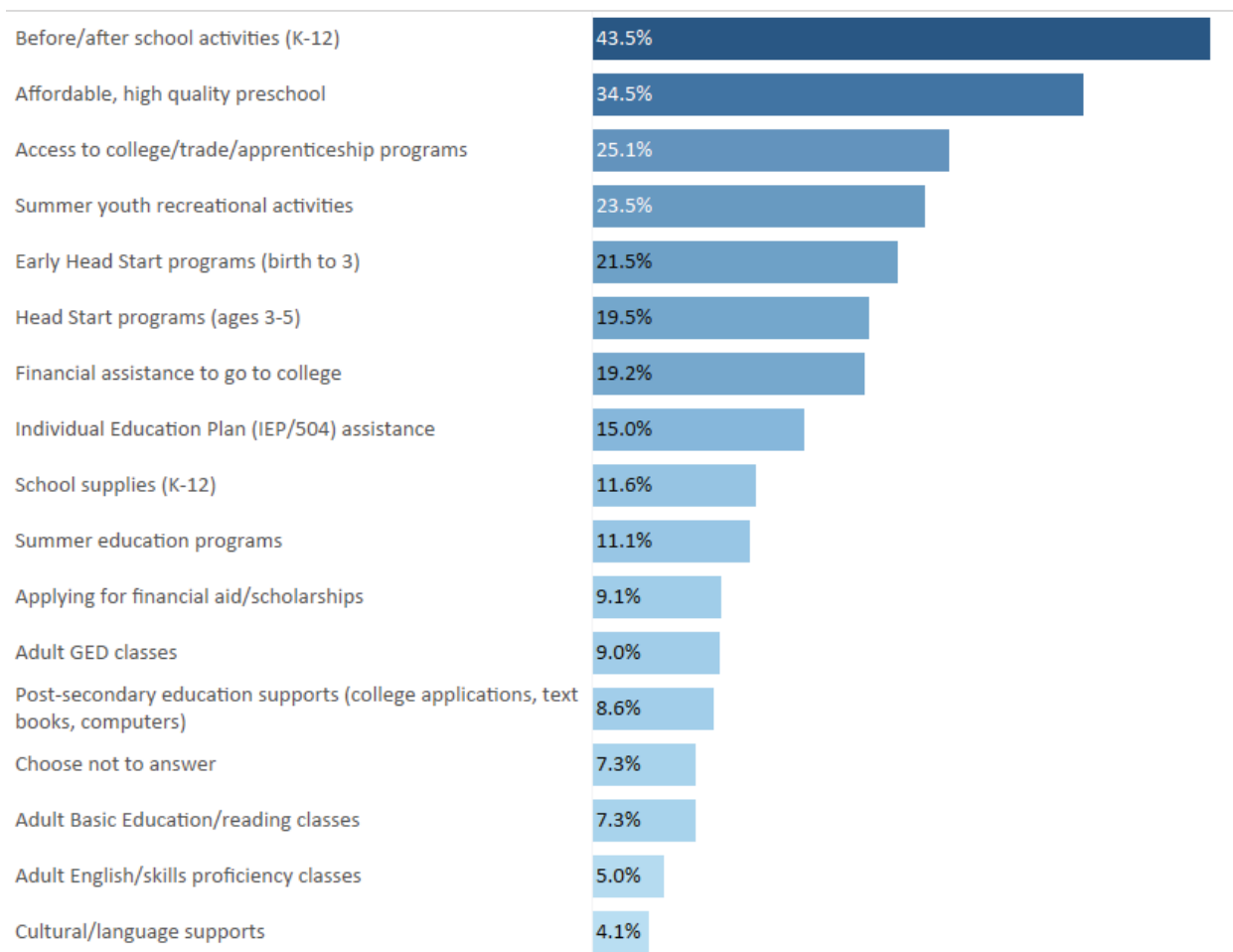
System Improvement Opportunities

- Increase rural prevention assistance, housing subsidies and Rapid Rehousing programs for individuals and families to assist with stabilizing in their community.
- Implement program pathways that create long-term and stable housing options for individuals and families, including case management and wrap-around services to provide skill building opportunities for participants.
- Increase Rapid Resolution Diversion programs for rural households who are newly homeless or about to become homeless in order to quickly resolve housing instability and divert households from the homelessness system.
- Create affordable housing in rural areas for households living in poverty.
- Increase the number of Family Shelter beds across rural Lane County in order to accommodate a variety of family sizes and increase location options for easier access to employment and school.
- Create case management and wrap around services for individuals accessing rural shelters focused on gaining long-term stable housing and skill building.
- Create more options and opportunities for mental and behavioral health services.

Education Services

Respondents were asked the following question regarding Education Services: *From your point of view, what are the top three (3) needs in this service area?* Response options are listed below, and in the order that they were identified as priorities.

Education (n = 614)



Results

Results from the CNA show that the top three needs for Lane County in Education Services are Before/After School Activities for K-12, High Quality and Affordable Preschool, and Access to College/Trade/Apprenticeship Programs. These results show a need for not only education services for children in Lane County, but also for youth and adults in accessing continued education, including non-traditional education such as trade school and apprenticeships.

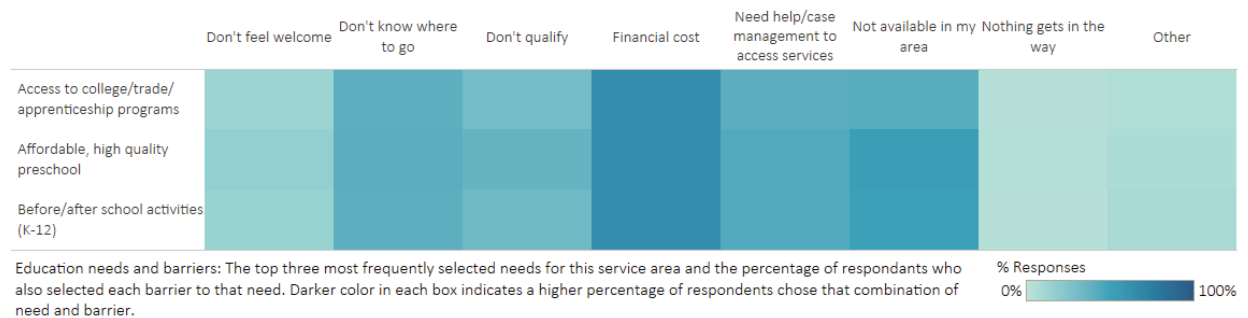
Comparing by race and ethnicity, there are many similarities in needs. Those identifying as Latino rated the top three needs all focused on children- Before/After School Activities, High Quality Affordable Preschool, and Early Head Start. Asian and Asian American respondents rated Summer Youth Recreation Activities, Before/After School Activities, and High Quality Affordable Preschool. Black, African American, and African respondents rated Summer Youth Recreation Activities as the highest need, with Access to

College/Trade/Apprenticeships, and Early Head Start (Birth-3) tied for the second highest need. There were no differences in American Indian, Alaska Native, or Indigenous responses from the overall needs.

There was no difference in the highest-ranking needs among male and female respondents. Alternatively, those identifying as Transgender and Non-Binary did have differences. Transgender and Non-Binary respondents rated needs in the following way 1) Financial assistance to go to College, 2) High Quality Affordable Preschool, 3) tied with Access to College/Trade/Apprenticeship, Post-Secondary Education Supports, and Individual Education Plan (IEP/504) Assistance.

By age, there is no difference in the top two needs between those under and over 55, but those under 55 rated the third highest need as Access to College/Trade/Apprenticeship, and those over 55 selected Summer Youth Recreation Activities. Individuals ages 18-24 ranked High Quality Affordable Preschool and Financial Assistance to go to College as the highest needs.

In addition to identifying the service needs in Education Services, survey respondents were asked to identify what barriers they or others face. Respondents identified that financial costs were the largest barriers to Accessing College, Affordable/High Quality Preschool, and Before/After School Activities.



Current Services

Accessing education services continue to cause challenges for families in Lane County. Similar to challenges that families face with childcare, navigating education systems can be overwhelming for families. Child and youth programs can be expensive, unavailable in some areas, and have long waitlists for entry. Families who are low-income or unhoused, have an even harder time navigating these systems, due to the competing priorities they face.

Before and After School Programs are vital for families. They allow guardians to have a safe place for their children to be when they are working outside of traditional school hours. Before and After School Programs provide social and emotional learning opportunities outside of one's family system. They also provide academic support, safety, nutritious meals, and physical activity. These are all crucial factors in child development. Results of research on social and emotional learning alone show that children enrolled in programs have a higher academic achievement, decreased emotional stress, and a stronger feeling of belonging.²⁶

"(my child) switched schools three times that year and we went without many supports that I can say would have made a world of difference for her start to school."

-Survey Respondent

High Quality and Affordable Preschool have similar benefits and outcomes as Before/After School Activities and can set children up for success at an even younger age. A recent study showed that nearly half of all 3-year-olds in the US were not enrolled in preschool, in large part due to the high cost. But those children who were enrolled in preschool were 6% more likely to graduate from high school.²⁷

An important piece of Education Services includes continued education for youth and adults. This can include the traditional 2 or 4-year-college as well as trade schools and apprenticeship programs, which are often far cheaper than college tuition and provide a high-skilled and high-earning workforce. The national average cost of college tuition for a 4-year-college is \$9,410, while a 2-year-college is \$3,440 and trade school is \$5,000-\$15,000 total. This does not include the additional financial cost of books and fees that pertain mostly to 2 and 4- year colleges.²⁸ Many college graduates walk away with tens of thousands of dollars of debt. While trade schools and apprenticeships often have fewer costs and result in higher paying jobs, they can still be difficult to access and require taking specific classes and training prior to entry, as well as purchasing tools. Without adequate housing stability, financial stability, and often times someone to assist in complicated systems, youth and adults are unable to successfully navigate higher education systems.

Data and Outcomes

2021-2022 Four Year Cohort High School Graduation Rate		
Demographic	Oregon	Lane County
All Students	81%	78%
American Indian/Alaska Native	69%	63%
Asian	92%	90%
Native Hawaiian/Pacific Islander	75%	87%
Black/African American	74%	86%
Hispanic/Latino	79%	75%
Multi-Racial	80%	75%
White	82%	79%

²⁶ <https://youth.gov/youth-topics/afterschool-programs/benefits-youth-families-and-communities>

²⁷ <https://www.npr.org/sections/money/2021/05/18/997501946/the-case-for-universal-pre-k-just-got-stronger>

²⁸ <https://www.premiumschools.org/trade-school-vs-college/>

2023-2024 Tuition Costs	
University of Oregon	
Resident Students	\$ 13,013
Non-Resident Students	\$ 40,646
Lane Community College	
Resident Students	\$ 1,960
Non-Resident Students	\$ 4,161
International Students	\$ 4,245

University of Oregon²⁹ and Lane Community College³⁰ data provided by school webpages

2023 Non-Completers		
University of Oregon		
Transferred	1,148	66.4%
Dropped out	556	32.3%
Lane Community College		
Transferred	1,077	31.9%
Dropped out	2,283	67.5%

University of Oregon³¹ and Lane Community College³² data

Child Care Expenses in Lane County 2023	0 Children	1 Child	2 Children	3 Children
1 Working Adult	\$ -	\$ 8,551	\$ 17,103	\$ 25,654
Additional Household Expenses	\$ 30,181	\$ 54,473	\$ 62,211	\$ 77,655
Required Annual Income After Taxes	\$ 30,313	\$ 63,156	\$ 79,445	\$ 103,441
2 Working Adults	\$ -	\$ 8,551	\$ 17,103	\$ 25,654
Additional Household Expenses	\$ 49,817	\$ 62,521	\$ 71,191	\$ 81,265
Required Annual Income After Taxes	\$ 49,949	\$ 71,203	\$ 88,425	\$ 107,051

MIT Living Wage model

System Improvement Opportunities

- Increase the number of before and after school programs available to families in poverty in urban and rural areas.
- Increase the number of high quality and affordable preschools available to families in poverty in urban and rural areas.

²⁹ <https://president.uoregon.edu/tuition-and-fee-proposal-2023-24#:~:text=2023%20Undergraduate%20Cohort%20Tuition%20and%20Fees&text=Resident%20tuition%3A%20%24289.18%20per%20student,%2413%2C013.10%20for%20five%20cohort%20years.>

³⁰ <https://www.lanecollege.edu/costs-admission/tuition-fees-and-payments/credit-tuition>

³¹ https://www.collegefactual.com/colleges/university-of-oregon/academic-life/graduation-and-retention/#drop_outs

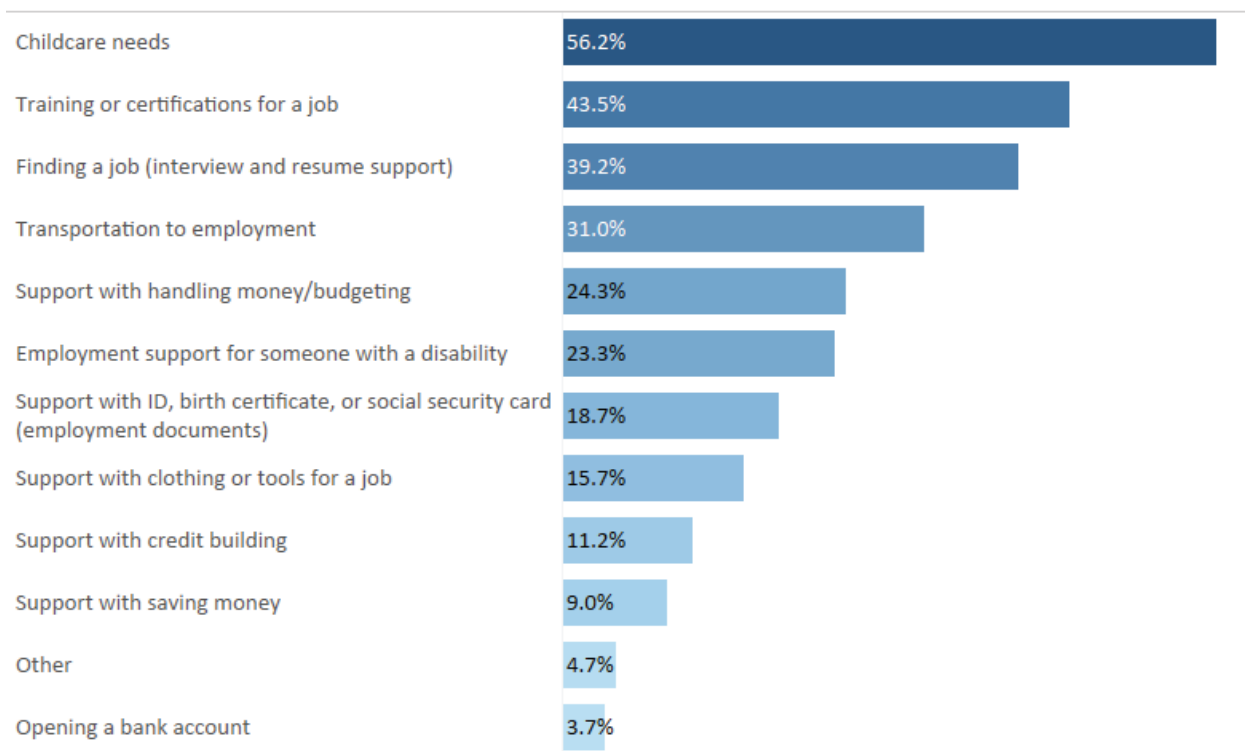
³² <https://www.collegefactual.com/colleges/lane-community-college/academic-life/graduation-and-retention/>

- Create employment opportunities and incentives for staff at before/after school programs and preschools in order to increase capacity to take enrollments.
- Create pathways and programs available to middle and high school students that focus on college, trade school, and apprenticeship program preparation.
- Increase the educational opportunities available to students in poverty.
- Create wrap around services for students in poverty who are enrolled in college, trade schools, and apprenticeship programs.

Employment/Income Building Services

Respondents were asked the following question regarding Employment Services: *From your point of view, what are the top three (3) needs in this service area?* Response options are listed below, and in the order that they were identified as priorities.

Employment/Income Building (n = 600)



Results

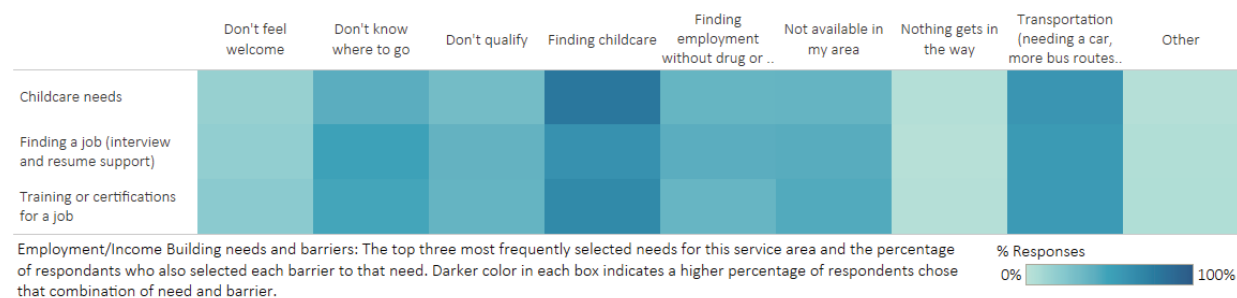
In the final service area, respondents overall rated the top three needs in Employment services as Childcare, Training/Certifications for a Job, and Finding a Job. Notable though, while the overall results reflect the top three needs in that order, when factoring for income, those who identified as low income had the same top three needs, but in a different priority order. Low-income respondents rated their needs as Finding a Job, Training/Certifications for a Job, and Childcare.

By race and ethnicity, childcare remains a common theme among respondents, but there are key differences. Latino respondents rated Childcare, Finding a Job, and Employment for someone with a Disability as the top needs, while Spanish-speaking respondents rated Training/Certificates and Finding a Job the highest. Across all other races, Childcare was the highest rated need. Coming in second for American Indian, Alaska Native or Indigenous respondents was Finding a Job. Asian and Asian American respondents rated Training/Certifications as second. Black, African American, and African respondents had a tie for the second highest need between Support with Employment Documents and Finding a Job. Finally, Native Hawaiian or Pacific Islander respondents rated Employment for Someone with a Disability as second.

By gender, male and female respondents had the same top three needs as the overall respondents. Responses differ by those respondents who identify as Transgender and Non-Binary. Transgender respondents rated the top need as Finding a Job, and rated the second highest need tied between Training/Certifications for Job and Employment Support for Someone with a Disability. For Non-Binary identifying respondents, Childcare was rated the highest need, while Transportation to Employment and Employment Services for Someone with a Disability were tied as the second highest need.

By age, there are no differences from the overall responses and those who are age 25 and over. For those ages 14-24, the top three needs identified were in order, Finding a Job, Employment for Someone with a Disability, and Transportation to Employment.

In addition to identifying the service needs in Employment Services, survey respondents were asked to identify what barriers they or others face. Respondents identified that the largest barriers to Childcare Needs, Finding a Job, and Training/Certifications for a Job were finding childcare and transportation.



Current Services

Unemployment in Lane County reached an all-time high of 13.9% in April 2020, but has drastically declined to 4%, as of March 2023. With so many positions filled, those looking to expand their employment diversity and gain higher paying, more stable jobs are often stuck waiting for opportunities to open and are seeing a competitive employment process.

For those who are able to work full or even part time, finding and maintaining stable and well-paying employment continue to be challenging in today's world. Trainings and Certifications for jobs are often necessary for professional growth, but hard to obtain due to financial status or inability to take time needed from work to access training. With more technical and expensive trainings and certifications needed for the highest paying jobs, this often feels unattainable for those living paycheck to paycheck.

Finding a Job also poses a challenge for individuals, especially low-income individuals who may not have had access to the same employment skillsets as those who are not low-income. Employment Services, which can include interview skills, resume support, and trainings on soft and hard skills, are vital to the professional success of low-income individuals in the workforce.

In 2021, Lane Workforce Partnership provided federal funding through the Workforce Innovation and Opportunity Act (WIOA) to four providers in Lane County for workforce services. Adult and Dislocated Workers are served through WorkSource Lane, and At-Risk Youth/Young Adults are served through Connected Lane County, Marcola School District, and Lane County Youth Services. Services for both adult and youth programs focus on employment, but also provide wrap-around case management services that include on the job and paid work experiences, career development, education resources for graduation and continued education, life skills, social skills, and leadership development.

Data and Outcomes

WIOA Adult Performance Measures FY21-22			
Performance Measure	Goal	Actual	Percent of Goal
% of youth employed at two quarters (6 months) after program exit	71.4%	81.0%	113%
% of youth employed at four quarters (12 months) after program exit	71.0%	68.3%	96%
Median earnings at two quarters (6 months) after program exit	\$ 6,400.00	\$ 9,105.00	142%
Credential Attainment	60.5%	76.9%	127%
Measurable Skill Gain	51.0%	74.3%	146%

WIOA Dislocated Workers Performance Measures FY21-22			
Performance Measure	Goal	Actual	Percent of Goal
% of youth employed at two quarters (6 months) after program exit	71.4%	76.4%	107%
% of youth employed at four quarters (12 months) after program exit	72.0%	67.3%	93%
Median earnings at two quarters (6 months) after program exit	\$6,800	\$9,105	134%
Credential Attainment	63.0%	69.2%	110%

Measurable Skill Gain	51.0%	72.3%	142%
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WIOA Youth Performance Measures FY21-22			
Performance Measure	Goal	Actual	Percent of Goal
% of youth employed at two quarters (6 months) after program exit	63.5%	75.0%	118%
% of youth employed at four quarters (12 months) after program exit	63.0%	68.3%	108%
Median earnings at two quarters (6 months) after program exit	\$3,477	\$4,676	134%
Credential Attainment	68.4%	46.2%	68%
Measurable Skill Gain	51.0%	31.1%	61%

Credentials are defined as Secondary School Diplomas, Recognized Equivalent, or Recognized Postsecondary Credential.

Measurable Skill Gain are defined as a Credential Attainment, educational transcript meeting state academic standards, progress in occupational skills, passage of an occupational exam, or achievement in at least one educational functional level.

WIOA Adult Program by Numbers FY21-22	
Total Participants	446
Career Services Participants	406
Training Services Participants	141
Unhoused Participants	48
Low Income Participants	256
Single Parent or Pregnant Women	109
Funding Provided	\$393,463

WIOA Dislocated Worker Program by Numbers FY21-22	
Total Participants	294
Career Services Participants	294
Training Services Participants	89
Unhoused Participants	43
Low Income Participants	193
Single Parent or Pregnant Women	82
Funding Provided	\$576,314

WIOA Youth Program by Numbers FY21-22	
Total Participants	222

Career Services Participants	222
Training Services Participants	38
Unhoused Participants	57
Low Income Participants	210
Single Parent or Pregnant Women	13
Funding Provided	\$897,129

All WIOA data provided by the Lane Workforce Partnership³³

System Improvement Opportunities

- Increase childcare options for families including before and after school programs and high quality preschool for families in poverty.
- Create childcare opportunities for families who work non-traditional work hours.
- Increase reliable transportation options for working individuals including bus routes.
- Create programs for working individuals to obtain vehicles and alternative transportation, including financial assistance to save and purchase transportation.
- Incorporate employment services to housing programs and basic needs services.
- Create robust referral systems between employment services, housing programs, and basic needs services.
- Create additional training and certification opportunities for low-income and housed individuals including financial assistance for the costs of trainings and certifications.

³³ <https://www.laneworkforce.org/about-us/reports-and-financial-statements/>

FINAL COMPARISONS

In order to understand the specific needs of different demographic groups, we performed a Chi-squared statistical analysis³⁴ to determine the top three needs for each service area.

The first column lists each service area and/or need. The second column shows the total percent of survey participants who identified this as a need. The following columns show specific populations, and whether they identified needs that were significantly different from other survey respondents. A yellow (+) indicates that this group identified the need more often than individuals not in that group. A blue (-) indicates that this group identified the need less often than individuals not in that group.

For example, only 32% of survey responses identified move-in cost assistance as a need. Individuals who are unstably housed, have a disability, children in the household under age 18, or are women were *more* likely to identify this as a need. Veterans and seniors in households age 65+ were less likely to identify this as a need.

³⁴ Chi-squared statistical testing was performed between demographic factors and each of the top three most frequently selected needs categories for each service area. The goal of this analysis was to assess whether there were significant differences in response rates for each need area between respondents who identify with each demographic groups and respondents who did not identify with that group. All statistical tests were performed using a probability threshold $p = 0.05$ as the cutoff to identify Chi squared values that are statistically unlikely to occur by chance alone. Results are identified as “significant” or “significantly different” when there is statistical significance

Chi-squared statistical analysis	% total responses	Unstably housed	Stably housed	Disability	Low income	Veteran	Seniors in household 65+	Children in household <18	Latino	Non-Latino	Women	Gender non-binary	Trans-gender
Affordable/Permanent Housing													
Affordable housing	75	(+)		(-)	(-)	(-)	(-)	(+)	(+)			(+)	
Move-in cost assistance	32	(+)		(+)				(+)				(+)	(+)
Rent Assistance	31					(-)							
Crisis Housing													
Legal sleep sites (parking and tents)	42							(-)		(+)			
Family shelters	39			(-)				(+)		(+)	(+)	(-)	(-)
Low barrier shelters	36			(+)			(-)			(+)		(+)	
Community Support Services													
Basic needs support/service centers	48												
Safe, affordable childcare	41			(-)	(-)			(+)	(-)	(+)			(-)
Street Outreach	30												
Physical Health													
Access to a medical provider	47	(-)			(-)							(-)	
Paying for health services	35												
Access to a dentist	29												
Mental/behavioral Health													
Access to mental health services	75			(-)	(-)	(-)							
Access to alcohol/drug treatment	48												
Access to counseling (marriage, family, life, etc.)	33			(-)	(-)		(-)						

Rural Areas												
Affordable housing	61											
Emergency shelters/legal sleep sites	31											
Mental health/behavioral health providers	30											
Education												
Before/after school activities (K-12)	43											
Affordable, high quality preschool	34											
Access to college/trade/apprenticeship programs	25											
Employment/Income Building												
Childcare needs	56											
Training or certifications for a job	44											
Finding a job (interview or resume support)	40											

CONCLUSIONS

People who are unhoused and those living in poverty within Lane County continue to face challenges in accessing and receiving services that are vital to their well-being and survival. Rates of those who are unhoused and/or living in poverty are not decreasing, and the services available are not enough to meet the current need. This Community Needs Assessment identified the top four services needs across all service areas in Lane County as Access to Mental Health Providers, Affordable/Permanent Housing, Affordable/Permanent Housing in Rural Areas, and Basic Needs Support/Service Centers. It also identified the top three needs in each of the following service areas; Affordable/Permanent Housing, Crisis Housing, Community Support Services, Physical Health, Mental/Behavioral Health, Rural Areas, Education, and Employment/Income Building. Additionally, this assessment identified that the largest barrier to most services is a lack of knowledge regarding where and how to access services. In order to decrease the number of people who are unhoused or live in poverty, the community must advocate for additional funding and mobilize to collaborate further to address the needs and barriers identified in this assessment.

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