

Memorandum

Date: June 1, 2016
 To: Mayor and City Council
 From: Michael Kinnison, Human Rights and Neighborhood Involvement
 Subject: Rest Stops and Opportunity Village 2015 Report

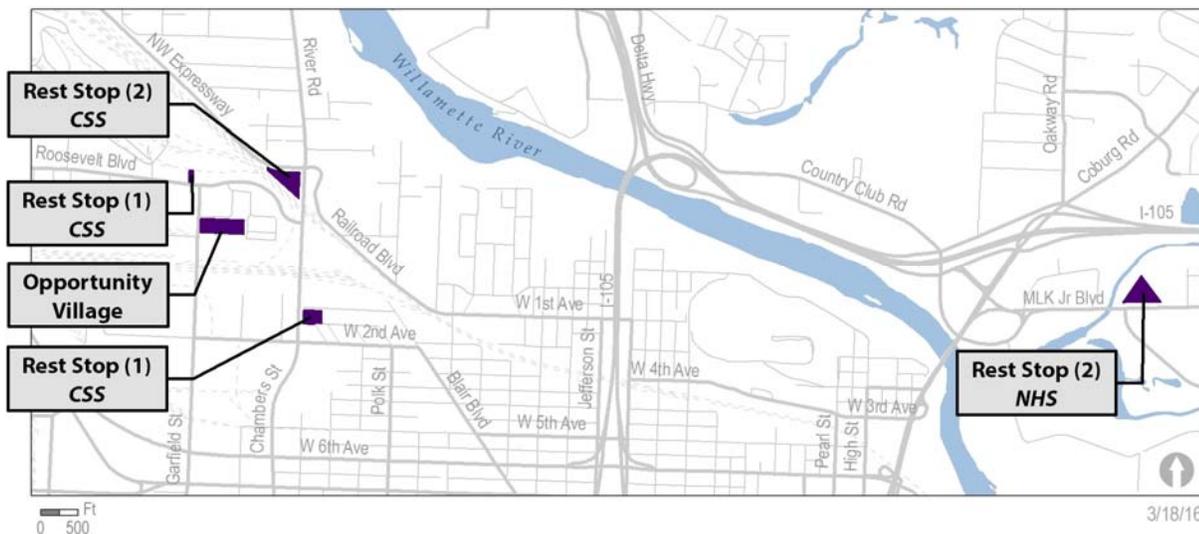
Background

On December 10, 2012, Council authorized the establishment of Opportunity Village Eugene (OVE), a self-managed micro-housing site within the designated Eugene Public Works & Maintenance complex at 111 N. Garfield Street. The original agreement to operate the site has been extended through June 1, 2018. The site has capacity to house up to 45 people in 30 residential units.

In 2013 the City passed an ordinance creating the Permitted Overnight Sleeping Pilot (“rest stop”) Program. The ordinance was most recently extended through March 2017. A rest stop allows up to 20 people to sleep in tents, trailers or Conestoga huts under supervision by a third party that operates the site per agreement with the City. There are currently six approved rest stop locations. Community Supported Shelters (CSS) oversees four “safe spots,” three of which are on City property and another at the Eugene Mission. The latter site serves veterans. Nightingale Health Sanctuary (NHS) provides oversight at two rest stops on County property leased to the City. The lease is set to expire on June 8, 2016.

The purpose of this report is to provide City Council with a summary of activity at these sites for the 2015 calendar year. 2015 was the first year of providing a comprehensive report on all sites, and we are still refining data collection processes with some information gaps noted. Subsequent reports will yield more complete, consistent information and allow year-to-year comparisons.

Current Site Locations



Site Management

Residents at all sites go through an application and screening process, including criminal background checks, and must abide by community agreements that include the prohibition of weapons, alcohol and illegal drugs, theft, and persistent disruptive behavior, as well as mandates contributing to the maintenance and upkeep of the sites.

While these programs are viewed as transitional, it is acknowledged that participants require different periods of time to gain stability and work to transition to more stable, permanent housing. Site managers take different approaches to setting limits on length-of-stay. All provide mentoring and support in setting and meeting personal goals to help residents improve their long-term situations. NHS and OVE have no hard limits while CSS has recently implemented a length-of-stay limit of 10 months for the Safe Spot Program.

Each organization maintains a slightly different governance model but all include residents in decision making and day-to-day management of the sites. Resident site councils are employed at NHS and OVE. Each organization has a board or steering committee that provides oversight.

Site Characteristics

In addition to small bungalows (64-80 SF) and Conestoga Huts (60 SF), OVE hosts a number of community spaces and infrastructure, such as showers, laundry, a communal kitchen, heated yurt with computer access and library and raised garden beds. OVE provides water, electric and internet for communal purposes, as individual dwellings are not developed with these amenities.

Infrastructure at NHS and CSS rest stops is more limited and comprised of a mix of tents on raised platforms and Conestoga Huts with additional covered areas for cooking, storage and warming, trash dumpster and portable toilets. There is no electricity provided and municipal water is available only at CSS Safe Spots. NHS has water trucked in to meet their needs. The perimeter of OVE and rest stops are fenced and ingress and egress controlled.

	Rest Stops	OVE	Total
Age¹:			
18-24	7	0	7
25-54	42	9	51
55-64	13	5	18
65+	1	1	2
Gender:			
Male	121	6	127
Female	43	9	52
Transgender/Gender non-conforming	1	0	1
Ethnicity¹:			
Hispanic or Latino	0	3	3
Non-Hispanic or Non-Latino	63	14	77
Race¹:			
White/Caucasian	57	11	68
Black/African American	1	1	2
Am. Indian or Alaskan Native	4	2	6
Native Hawaiian or Pacific Islander	1	0	1
Veterans	58	0	58
Disabled¹	29	6	35
Employed¹	1	5	6
¹ Demographic data on age, ethnicity, race, employment and disability status was only reported by NHS and OVE.			

Resident Characteristics

Rest stops served a total of 214 people in 2015. Nearly 75% of the 164 individuals entering a rest stop in 2015 reported being from the Eugene/Springfield area. Turnover is frequent with 80% of those served in

2015 having stayed for six months or less. The majority leave voluntarily but 42 individuals were asked to leave for rule violations. OVE served a total of 49 people last year, 15 of which were new residents in 2015. Similar to rest stops, new residents were primarily “local,” with all but two of those entering from the Eugene/Springfield area, and 13 of the 19 that departed did so voluntarily. Turnover is less frequent at OVE with 71% of those served having lived at the village greater than seven months, including 11 that have been there over two years.

Of those entering a rest stop in 2015, 74% were male and 25% female with one person having identified as transgender/gender non-conforming. Fifty eight veterans sought shelter at a rest stop with 50 of those residing at a CSS Safe Spot. Gender balance differs at OVE with 9 of 15 new residents female. No veterans became residents of OVE last year.

Demographic data on age, ethnicity, race, employment and disability status was only reported by NHS and OVE. Table 1 provides a summary of these characteristics for new residents in 2015. At NHS, nearly 67% were between the ages of 25 and 54 and only one individual was over 65. Similar distribution in ages occurred at OVE although no one younger than 25 joined the village. No residents identified as having Hispanic or Latino ethnicity and the vast majority identified their race as white or Caucasian. Nearly 44% indicated they had some form of disability or special need. Employment remains a challenge for residents at all locations with only 3% of new residents reported having work.

The ultimate goal of those served at rest stops or OVE is to have them attain more stable, permanent housing. Permanent housing includes homeownership, securing an apartment or rental home, moving into permanent housing with family or friends, public housing, use of Section 8 housing vouchers, supportive housing or other assistance that allows one to live independently. Fifty five individuals that left a rest stop or OVE in 2015 transitioned to some form of permanent housing. Another 15 residents moved into transitional housing and four entered an inpatient alcohol or drug treatment facility. Forty nine were known to have remained homeless upon leaving. Table 2 provides a summary of the different destinations for those departing a rest stop or OVE in 2015.

Destination:	Rest Stops	OVE	Total
Rental house or apartment	27	6	33
Public housing	0	0	0
Section 8	3	4	7
Shelter Plus Care	6	0	6
Homeownership	0	0	0
Family or friends (permanent)	6	0	6
Supportive housing	2	1	3
Family or friends (temporary)	24	2	26
Transitional housing for homeless	15	0	15
Psychiatric hospital	0	0	0
Inpatient alcohol/drug treatment	4	0	4
Jail/prison	2	0	2
Remained homeless	44	5	49
Other	7	0	7
Unknown	0	1	1

Those involved in the day to day management of these sites have received training in conflict de-escalation and mediation and use these techniques to help settle instances of miscommunication or disturbances. Peer governance combined with these skills is effective at handling most conflict that arises, even significant disturbances that result in a resident being suspended or evicted. On occasion, outside assistance is needed but this rarely involves law enforcement. For example, of the 16 such disturbances at the NHS rest stop, all were resolved by the rest stop community and only one required police assistance.

Partnerships

Rest stops and OVE continue to improve their collaboration with local service providers and other organizations to help assist their residents. In 2015 these included:

- Laurel Hill Center
- White Bird/CAHOOTS
- Lane Independent Living Alliance (LILA)
- St. Vincent DePaul
- Veterans Affairs
- Shelter Care
- Willamette Family Treatment Center
- Hounds for Homeless
- Occupy Medical
- Catholic Community Services
- Buckley House
- Lane County Behavioral Health
- Food for Lane County
- Eugene Mission
- Church of Resurrection
- NEDCO
- University of Oregon



Accomplishments

- Rest stops and OVE provided safety and stability needed to help 55 formerly homeless individuals find permanent housing.
- Rest stop residents volunteered a total of 555 hours maintaining City of Eugene parks and OVE volunteers maintained the bathroom at Sladden Park for the 6 months it was open in 2015.
- CSS opened new and improved Veteran's Safe Spot at the Eugene Mission.
- CSS honored with a 2015 Community Award by Mayor Kitty Piercy.
- Rest stops served as a resource to addiction and mental health service providers to house their clients until other housing options secured.
- Food for Lane County distribution site established at OVE
- Square One Villages (SOV) created as the umbrella nonprofit that oversees Opportunity Village with a part time Executive Director and Project Director. SOV secured a capacity building grant from Oregon Community Foundation.
- SOV purchased 1.2 acres, recruited 12 architects to design/build homes and raised over \$600,000 in gifts and pledges for Emerald Village, a permanent tiny home housing project for people who have transitioned out of homelessness or who are at risk of becoming homeless.
- Rest stops and OVE continue to gauge interest from across the state and U.S. and serve as models for addressing homelessness for other communities. Contingents from Medford, Salem, Bend and Tucson were given tours of sites, and OVE representatives presented at TEDx conference in Salem, City Club of Eugene and the "Build Small, Live Large" conference in Portland.

Challenges

- Lack of a more long-term location for the NHS rest stop.
- Meeting the needs of residents that could benefit from case management, particularly those with mental and physical disabilities and serious medical issues.
- Need for ongoing skill building around conflict management among residents.
- Securing funds to cover ongoing costs associated with portable toilets, trash service, insurance, maintenance, etc.
- Constant vigilance to maintain best practices around hygiene and sanitation at rest stops.

Conclusion

The local “experiment” with emergency sheltering options such as rest stops and transitional micro-housing like OVE is 2.5 years old. While there are still challenges, both statistical and anecdotal data demonstrate the value of having safe, legal places for people to sleep even though they may not meet adopted standards for permanent housing. We have a wide gap between available supply of permanent housing or emergency shelter and the need that exists among our homeless population. Until that gap is narrowed people will continue to seek shelter under bridges, bushes and awnings, risking their safety and incurring costs related to policing and cleaning up of illegal camps unless other legal, managed options are available. Rest stops and OVE are an alternative, cost effective means of sheltering people that have proven the homeless can be good neighbors in our community. They provide some much needed stability and a sense of empowerment over one’s life that allows space to begin working on getting healthy, finding work and permanent housing.

The success of these programs is due largely to the commitment of the non-profits that run them. Community Supported Shelters, Nightingale Health Sanctuary and Opportunity Village Eugene raise the funds, provide the support, recruit and train volunteers and build the infrastructure to keep the system going. Local government has been a partner by providing the legal framework and locations to site them but support from community has been key to the success of these initiatives. The resources of our non-profit partners are limited and need strong community support to sustain their efforts. Additional resources will be needed if we are to expand beyond the current capacity being provided.