

OFFICE HOURS REPORT JACKSON & JOSEPHINE COUNTIES

EXECUTIVE SUMMARY

1. The affordable housing shortage in Jackson and Josephine Counties is compounding the other regional issues. ^[1]
2. Organizations struggle to recruit, retain, and fairly pay a highly qualified staff. ^[2]
3. COVID has led to higher costs for providing care, due to increased need, cost of living, and inflation. ^[3]
4. New drugs coming onto the market are chemically different than any providers have seen before. ^[4]
5. OHA's funding should be adaptable to meet the local needs of a community. ^[5]
6. OHA prioritizes short-term program funding, at the expense of long-term sustainable investments. ^[6]
7. CCOs are positioned to act as an intermediary between OHA and the public and a host for meetings. ^[7]

OFFICE HOURS

OPAL hosted a virtual Office Hours session on November 6th, 2023. Seven grantees of RFGP 5250 from Jackson & Josephine Counties were invited to attend (see accompanying Summary Report for full list of invitees). The session lasted one hour, and five organizations attended. The report summarizes the findings from grantee partners during that session.

ATTENDEE(S)

- [Compass House](#) (Jackson County)
- [Hearts With a Mission](#) (Southern Oregon)
- [Jackson Care Connect CCO](#) (Jackson County)
- [Mid-Rogue Foundation](#) (Josephine County)
- [Youth 7|Five Ministries](#) (Jackson County)

BARRIERS AND CHALLENGES

1. **Lack of affordable housing in the region is causing a crisis among families, seniors, the local workforce, and unhoused individuals.** Josephine and Jackson Counties lack affordable housing stock, as rental costs have skyrocketed while wages have stagnated. Furthermore, the lack of local housing has worsened many of the other existing issues in the region.
 - 1.1. Seniors make up one of the fastest growing homeless populations, as they are priced out of homes that they have lived in for many years. Social security usually does not cover the costs of housing.
 - 1.1.1. Grantee partners described heartbreaking levels of despair and loss of hope among seniors. Many seniors are still struggling with addiction or mental health issues, while also dealing with housing insecurity.
 - 1.1.2. Many of the elderly are facing chronic health issues and isolation. The local suicide prevention coalition is seeing a rise in both seniors and youths.

- 1.2. Staff face many of the same housing struggles that clients face. Employees and their families cannot afford to rent housing in the region. Even two-income households are struggling to make ends meet while paying rent. The lack of housing stock is also a barrier to recruiting staff to work in the region. Potential employees are not able to move to Jackson and Josephine Counties because they cannot find affordable housing.
 - 1.3. Unhoused individuals and individuals seeking housing must often move away from the city center to outlying areas. These areas are further away from the social services they need, and basic services like grocery stores.
 - 1.4. Oregon's restrictive land use laws make adding more housing units more challenging.
 - 1.5. **Shelters and transitional housing** are similarly in shortage and expensive to operate. Hearts With a Mission is shifting to a Host Home Model that uses volunteers and has proven to be more sustainable. However, the volunteers do not have the training to adequately support the young adult residents with mental health or addiction needs.
2. **Providers struggle to recruit, retain, and fairly pay a qualified staff.** Organizations want to provide highly experienced and skilled staff to work with their clients, but they need to be able to pay them and offer benefits.
 - 2.1. Staff wages are low, given the education required and stressful nature of the work. For example, employees can work at a fast-food restaurant for comparable wages and less stress. Wages must be increased to adequately compensate and retain staff from leaving the field.
 - 2.2. OHA tends to provide short-term operational funding, which makes it challenging to recruit new staff. Potential staff are concerned about job security and being able to afford to feed and house their families. Therefore, the housing shortages in the region make it challenging for new employees to move to the area.

"[With RFGP 5250 funding] we got a lot of input from those with lived experience, from frontline, in-the-trenches staff who are doing the work. Now, let's act on it."

–Hearts With a Mission

3. **The costs of providing care have increased significantly, due to higher needs, costs of living, and inflation.** Community needs have significantly grown since before COVID. Yet, it costs providers more now to even provide a pre-pandemic level of services, let alone to be able to meet the growing need.
 - 3.1. The workforce requires higher pay now, due to the skyrocketing costs of living and larger workloads. Lack of funding for staff results in challenges recruiting staff, or staff leaving the field.
 - 3.2. At the same time, funding rates and reimbursements have not increased at the same rate as costs. Organizations need more funding to do the same amount of work as currently, and exponentially more funding to do more work than they're currently doing.

- 3.3. Additionally, the cost of liability insurance is continuing to rise and pushing providers out of business.
4. **New drug varieties entering the market are chemically different and can only be treated with medical stabilization treatment.** Prescribers say that the type of drugs coming onto the market now are chemically different than prior drugs and are creating a physiological dependency unlike anything they have seen before.
 - 4.1. Historical methods of treatment or supportive recovery programs are not making an impact. The withdrawal process is almost unmanageable for hospital staff, detox, and inpatient programs. Only medical stabilization can get clients through withdrawal and into recovery.
 - 4.1.1. Medication is essential in getting clients through withdrawal. It's important that the treatment model considers medications *as* treatment, instead of just as a part of treatment.
 - 4.2. Funding for medical stabilization treatment should be supported with funding for innovation, statewide collaboration, and learning how policy needs to change. Learning collaboratives like Project ECHO are also valuable initiatives. Better statewide policy is needed to address new drugs arriving on the market.
5. **OHA's funding rules should allow providers the flexibility to use funds to meet local needs.** Funding needs vary across communities, but OHA's funding rules do not give providers the flexibility to meet their own community's needs.
 - 5.1. Providers expressed that there are not enough capital funds available to build brick-and-mortar projects. Other providers described a real shortage of operational funding, and that the funds that are available are often only for one year at a time.
 - 5.2. Rural areas, including Josephine County, have a shortage of people able to write grant applications. This creates a challenge for rural organizations in accessing funds.
 - 5.3. Josephine and Jackson Counties face distinct challenges and have their own priorities. Therefore, each community individually should be able to tailor funding to their needs.

"They're a lot of promises of money moving from the State down to the local levels. But it does not seem to be moving through OHA with any speed or clarity. That that causes a lot of confusion at the local level about what our plans are for the foreseeable future."

– Mid-Rogue Foundation

6. **OHA prioritizes a short-term perspective for funding, rather than a long-term perspective.** Providers stated that OHA is quick to provide startup funds and can be distracted by 'shiny new things.' However, OHA does not provide ongoing funding to sustain the programs once they've started.

- 6.1. Providers expressed that it is enormously challenging to run an ongoing program when there is no guaranteed funding. It's also a challenge for recruiting staff, when they cannot guarantee a position will last beyond one year.
- 6.2. Funding needs to ensure program sustainability for it to be effective.
7. [CCOs can be an intermediary between OHA and local providers and a host for meetings.](#) Grantee partners say that CCOs would fit this role well, as they already have a relationship with the state and strong ties to their local communities.
 - 7.1. CCOs' main role is to coordinate, which would help to bring in community members, providers, and others to meetings. The CCOs already meet with Innovation Agents from OHA. OHA could expand these meetings to include other entities, groups, community members, and others. However, CCOs wonder whether the innovator agents are decision makers. The question is if the staff in these roles are actually able to make an impact within OHA.
 - 7.2. Josephine County commissioners have an adversarial relationship with the state. The County has taken the position of not declaring states of emergency, and various other acts that prevent local organizations from accessing state funds. This relationship creates a barrier in funds reaching the public. The County can be invited to any meetings but would not be the right party to host a meeting.

RECOMMENDATIONS

1. [Invest in affordable housing in the Jackson and Josephine County region.](#)
 - 1.1. Prevent the evictions of seniors to make sure they can remain in their homes.
 - 1.2. Either build workforce housing or provide resources to offer housing to potential staff moving to the area.
 - 1.3. Invest in shelters and transitional housing in the region, complete with ongoing operational funds.
2. [Raise wage rates for staff and provide good benefits to fairly compensate for the work they perform.](#)
 - 2.1. Support local staff recruitment in two ways: investing in housing and providing long-term funding to provide job security for new staff.
3. [Raise reimbursement rates to reflect the higher costs of providing the same level of services post-COVID.](#)
 - 3.1. Raising rates will help providers to do the same level of work. Rates must be raised *exponentially* for providers to be able to do more than they are currently doing.
4. [Address the emergence of new chemically distinct drugs entering the market.](#)
 - 4.1. Expand capacity for medical stabilization treatment, which is needed to treat dependence to these new forms of drugs.
 - 4.2. Provide funding for innovative projects, learning collaboratives, and initiatives like Project ECHO to expand learning on treating addiction to these drugs.

- 4.3. Develop more effective state-level policy to address new drugs entering the market.
5. [OHA should build flexibility into funding opportunities, to allow organizations to meet local needs.](#)
 - 5.1. Provide more capital funding opportunities for brick-and-mortar developments.
 - 5.2. Provide more operational funding opportunities, specifically sustainable, multi-year funds.
 - 5.3. Address the lack of grant writers in rural areas. This could include eliminating requirements for grant applications or providing a grant writer to support rural organizations.
6. [Shift OHA's default for short-term one-year funding, to a longer term, sustainable and multi-year funding.](#)
7. [OHA should partner with CCOs as intermediaries to local organizations and as potential hosts for future meetings.](#)
 - 7.1. Evaluate the role of OHA's innovation agents to find ways they could become more effective.
 - 7.2. Include the County in future projects, but only in a collaborative role and not in a position of leadership.