Board of Commissioners
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MINUTES

BENTON COUNTY BOARD OF COMMISSIONERS' MEETING
Health Administration and Community Health Centers Director

April 21, 2025
10:30 a.m. – 12:30 p.m.

Present: **Julie Arena**, *HOPE Program Coordinator*; **Sam Bailey**, *Health Department Administrative Specialist*; **Patricia Conklin**, *Community Health Center Department Administrative Specialist*; **Rick Crager**, *Benton County Assistant Administrator*; **Sara Hartstein**, *Public Health Division Director*; **April Holland**, *Health Department Director*; **Pat Malone**, *Commissioner*; **Rachel McEneny**, *Benton County Administrator*; **Lacey Mollel**, *Community Health Center Director*; **Damien Sands**, *Behavioral Health Services Deputy Director*; **Gabe Shepard**, *Commissioner*; **Jasper Smith**, *Developmental Diversity Division Manager*; **Rebecca Taylor**, *HOPE Program Manager*; **Anne Thwaits**, *Public Information Officer*; and **Nancy Wyse**, *Commissioner*

Excused: None

The meeting was called to order at 10:37. a.m.

1. Federal Update

   Mollel began her presentation with a disclaimer that information is frequently evolving.

   Under the proposed FY26 Health and Human Services (HHS) budget, a significant reorganization of the Department is planned. According to the plan, the Health Resources and Services Administration (HRSA, the source of CHC funding) would be integrated into a new umbrella agency called the Administration for Healthy America (AHA). Other agencies moving under AHA include SAMHSA, the Office of the Assistant Secretary of Health (Title X), the Office of the Surgeon General, and others, making it the largest agency within HHS. Additional changes include:
   - A new AHA agency would consolidate multiple public health entities, reshaping federal health program oversight.
   - HRSA layoffs: Over 10,000 FTE positions have been cut, including offices that provide technical assistance and grant support. These reductions have already impacted response times and support functions such as managing and

processing grant paperwork. The Office of Health Center Innovation Oversight, which oversees key CHC supplemental grants, has been eliminated. HRSA regional offices in Seattle, San Francisco, Chicago, New York, and Boston were also closed.
- Region X's support is in question, with uncertainty around future technical assistance delivery models.
- Carryover funds and no-cost extensions are at risk of being discontinued.
- The new Notice of Award language gives HHS broad authority to cancel grants based on administrative priorities or court orders.

Federal agencies, including the Centers for Medicare & Medicaid Services (CMS) and the National Institutes of Health (NIH), have been directed to reduce spending by an additional 35%. This directive targets specific grants and programs for termination within 60 days. The Food and Drug Administration (FDA) and National Institutes of Health are seeing high-level resignations and forced relocations, impacting program continuity.

Meanwhile, changes to federal fund drawdown processes have taken effect:
- Drawdowns now require written justification and documentation for each funding request.
- Cash flow delays are expected due to tighter federal release controls.

Many health programs, such as Maternal Mental Health and Quit Smoking hotlines, were affected by layoffs, though they remain in the draft budget, suggesting possible continuation under a new administration.

Additional updates included:
- Only 40% of Title X funds were released to grantees, aligning with budget projections.
- Planned Parenthood was defunded under Title X; however, Oklahoma and Tennessee, previously excluded, were reinstated.
- A pending Supreme Court case may determine if Medicaid recipients can access family planning services from any eligible provider, regardless of state exclusions.
- CMS issued a letter to states asserting its authority over what qualifies as Medicaid-eligible care, with implications for gender-affirming services.

Lastly, HRSA has started issuing more restrictive grant terms, citing "programmatic considerations" that may include shifting federal priorities and ongoing litigation. This could lead to sudden grant cancellations if program purposes are seen as inconsistent with administrative directives.

In response, Health Services leadership has launched an internal prioritization and mapping process to:

- Identify programs dependent on federal funds.
- Prepare for tiered service reductions or funding losses
- Ensure readiness for budgetary contingencies.

2. 1115 Waiver Capacity Building Funding, Benton County Jail

The Oregon 1115 Medicaid Waiver allows Medicaid dollars to fund non-traditional health services, including those addressing health-related social needs. Oregon's waiver is approved through December 2027. It is expected that the state will not seek or offer any further extensions beyond that date.

The CHC, in partnership with the Sheriff's Office, plans on applying for an upcoming grant opportunity through OHA's 1115 Waiver Capacity Building funds to support the delivery of services inside the Benton County Jail. Funding would enable:

- Primary care, behavioral health, and pharmaceutical services for eligible individuals within 90 days of release.
- Reimbursement through Medicaid for services delivered during incarceration.
- Pilot implementation begins in January, with infrastructure investment occurring in late 2025.

3. Coordinated Homeless Response Office Update

The Coordinated Homeless Response Office (CHRO) provided a comprehensive update, highlighting their transition from long-term planning to full-scale implementation of housing programs for unsheltered individuals in Benton County. Originally established with funding from House Bill 4123, the office has significantly expanded its reach and services with subsequent investments, particularly through House Bill 5019 and additional local and state partnerships.

A central feature of the implementation phase is the Flexible Housing Subsidy Pool (FHSP), a wraparound program designed to house people and keep them housed. With a clear focus on sustainability, equity, and systems alignment, CHRO has scaled up staff capacity, strengthened relationships with property managers, and launched new initiatives to meet regional housing needs.

<u>Program Highlights and Key Actions</u>

- The program has transitioned from strategic planning to implementation over the past two years.
- FHSP is now actively housing and supporting unsheltered households across the county. As of April 8, the program housed 43 households, including 52

adults and 44 children, for a total of 96 individuals, with 40 units leased through 10 participating property managers.
- Established new key positions: Program Coordinator and Housing Navigator.
- Weekly case conferencing builds consistency and supports case managers

Funding and Resources
- Core support from House Bills 4123 and 5019.
- Additional grants are being pursued through IHN-CCO for community capacity building
- CHRO staff continue to pursue funding from Medicaid waivers and other sources to ensure long-term viability.

Landlord and Property Manager Engagement
- Expanded partnerships with eight private property managers, including agreements to set aside units in new affordable housing developments.
- Hosted direct outreach events and is planning a "thank you" luncheon and feedback session to improve landlord communication and service alignment.

Strategic Housing Outcomes
The CHRO team recognized a rare moment of alignment when three large affordable housing developments needed to lease units as the FHSP launched. This led to many successful placements, including some outside Benton County. While a few placements did not succeed, fewer than five households have vacated housing. In each case, staff ensured a smooth transition without eviction, coordinating with partners like Corvallis Housing First, Faith, Hope & Charity, and local contractors.

Sustained Case Management and Post-Exit Support
CHRO maintains engagement with clients even after housing exits, reflecting a commitment to long-term stability and rehousing as needed. This model, developed through community input and local planning, addresses known service gaps identified by regional stakeholders.

City-County Collaboration on Housing Acquisition
The City of Corvallis has become a critical capital partner. They recently acquired the Van Buren property, which includes at least seven upstairs units and space for supportive services, such as medical respite, peer support, and RentWell classes. The City is also pursuing the acquisition of a Harrison Street property, a six-bedroom home that would add affordable shared housing to the FHSP portfolio.

The City and County partnership is shifting from site-specific agreements to a broader framework that allows flexibility across multiple properties. This shift reflects the long-term vision to grow publicly held housing that can serve residents who face the steepest barriers to market access. These efforts also advance key goals

in the Community Health Improvement Plan (CHIP) by helping the region "own the keys" to housing—not just access them.

New Investment: Behavioral Health Housing 360

CHRO was recently awarded $900,000 through the competitive Behavioral Health Housing 360 pilot program. This new funding builds on the FHSP model and focuses specifically on:

- Pretreatment and street outreach
- Intensive behavioral health case management
- Integrated support for people not yet engaged in behavioral health services due to housing instability

Benton County will join a learning cohort with Washington County, Mid-Willamette Valley Community Action, and Mid-Columbia Community Action, allowing for a statewide shared learning environment. This opportunity reflects the success of CHRO's "kitchen sink" approach: comprehensive, flexible, and deeply collaborative.

Seasonal Shelter and HOPE System Updates

Overflow Shelter Recap

Over the past winter, overflow shelter operations ran for 26 nights across two months, often serving more than 100 individuals per night. County staff were instrumental in providing overnight staffing and logistics. A full breakdown of usage is available.

HOPE Board Evolution

CHRO is actively revisiting the structure and function of the HOPE Board, with new proposals scheduled for presentation to the HOPE Executive Committee in June. The proposals focus on ensuring governance structures align with the scale and complexity of the county's evolving homeless response system.

Sustaining Housing: The Path Ahead

Rental assistance is currently provided through HB 1519 and similar state grants, with support available for up to 24 months per household. The goal is to:

- Transition participants to long-term support (e.g., Section 8 vouchers, employment, or benefit income)
- Establish pathways to other assistance through partners like the Community Services Consortium (CSC)
- Ensure clients know from the outset that sustainable, long-term support is part of the model

Notably, the team is also beginning to see softening in the local housing market, particularly for larger units, which could offer new opportunities for placements

and partnerships moving forward.

4. Behavioral Health Update

The Crisis Center is nearly completed in a time of increasing strain on acute care systems; this project reflects both an urgent response and an intentional shift toward upstream, community-based prevention and stabilization.

Key Highlights

Construction Near Completion
The building is nearly complete, and final construction details are now being addressed, including specialized safety doors that are critical for behavioral health settings. These specialty components have slightly delayed our original timeline, but they are essential for ensuring safety and quality of care.

Soft Opening and Staffing
The recent focus has shifted to transitioning services from the existing Humphrey/Hoyer site to the new facility, with no service interruption. Staff are back on track following a recent surge in hiring. Implementation will be phased:

- Phase 1 (May–June): Transition existing services and begin operating under a stabilization model.
- Phase 2 (August): Shift staff to a 4/10 schedule with alternating direct service and admin weeks.
- Phase 3 (Fall): Introduce a swing shift for extended evening hours.
- Final Phase (TBD): Launch overnight/respite services—pending state guidance and funding.

Stabilization Model
Clients in behavioral health crisis will be able to access a 23-hour stay, offering calm, safety, and support outside of emergency departments. This is a critical alternative that meets people where they are before they require acute hospitalization.

Budget and Funding: Despite the project's construction complexity and supply chain hiccups, it remains on budget thanks to careful fiscal planning. No general fund dollars are being used. Long-term sustainability will rely on a cost-offset partnership with InterCommunity Health Network CCO, which sees clear value in diverting clients from costly Emergency Department visits.

Parking Challenges
Parking remains an unresolved issue due to the limited availability of downtown vehicle spaces. The team is exploring solutions in partnership with the City of

Corvallis and local businesses.

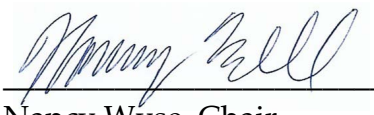
Open House and Community Engagement

Dates are being rescheduled due to a slight construction delay. A community open house will be scheduled once the building is ready. Leaders are also exploring targeted tours for stakeholders, including the CCO Board, to help build long-term support and engagement.

Sands noted that this project represents a rare alignment of vision, timing, and teamwork. It's a chance to showcase what local investment in behavioral health can look like, and how it can provide relief, dignity, and genuine solutions for our community.

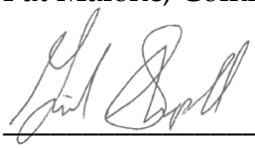
5. Adjournment

The meeting was adjourned at 12:32 p.m.



Nancy Wyse, Chair

Pat Malone, Commissioner



Gabe Shepherd, Commissioner