

Date: 6/23/2020

RE: State Special Session, comments in support of LCs 45, 49, 78, 79, 81, 83 and 90

Central City Concern (CCC) is a non-profit direct service organization that provides integrated primary and behavioral health care, supportive and affordable housing, and employment services to people impacted by homelessness in the Tri-County area. Central City Concern operates about 2,100 units of affordable housing, serves 9,000 patients annually through our 13 Federally Qualified Health Centers, makes 1,200 job placements annually. **Our programs and properties span Districts 33,36,42,43,44,45,46,47,48 and 50**

We call on all our elected leadership to prioritize the urgent needs of communities impacted by racism, COVID-19 and systemic disinvestment. Critical actions are needed to maintain access to housing stability, show leadership police reform and protect tele-health.

“A very wise colleague once told me, "Show Your Receipts." This short session is an opportunity for our legislature to show its receipts in creating an Oregon that is safe, healthy and housed for everyone.” *Rachel Solotaroff*

“Right now the individual success gained through the CCC Flip the Script program helping people of color who are recently released from prison achieve self-sufficiency is in jeopardy due to lay offs, rent payments, car payments, food, and child care, our work to get these people stable is being crumbled.” *Billy Anfield*

“Corporate partners who give generously each year to support programs and services at the EAC and Old Town Clinic have alerted us that they are not in the position this year to contribute due to COVID-19.” *Margaret Floberg*

Please act during the special session to:

Avoid massive housing related debt and evictions with extensions for repayment and rent assistance for at least the next 6 months, if not longer (addressed in LC45 and LC90)

- The Latest round of rent assistance hasn't even made it to local communities yet, the unemployment backlog still being worked through and counties are not finished with their re-opening plans, now is not the time to start evicting people for non-payment of rent.
- Please also make changes to current state laws that allow and encourage landlords to deny housing based on past evictions, past due rent and criminal backgrounds,
- Without these actions, COVID will create housing instability for the next decade or more, keeping us in a homeless state of emergency

“Most of the people affected by COVID-19 were already struggling and living check to check. While the six month grace period to repay an owed balance is amazing it is not enough. Some of these people will return to work but not at full-time. Some will not return to work at all. When you are already struggling and check to check you will not all of a sudden have extra money to repay what you owe. This will potentially lead to mass evictions and create a larger homeless population in the state of Oregon. Please consider this as you meet. Six months alone is not enough. The people need rent assistance and a chance to access it.” Ryan Fisher

Follow the leadership of Black, Indigenous and POC elected officials, and act quickly on police reform to address the rampant use-of-force, eliminate use of chemical irritants and repair lack of accountability (LC49, LC78, LC79, LC81 and LC83)

- All public safety funds that flow from the state to local communities should prioritize non-armed community-based service responses
- **Ensure enrollment to OHP as part of the COVID-19 prison release plan so people can have access to care immediately**
 - Continuity of care has been a discretionary commitment from facility to facility, push for higher standards for access to care for people impacted by incarceration, especially during their transition.
- Policing practices should adhere to public health-related guidance, and not deploy devices that exacerbate illness, especially given this COVID pandemic:
 - Exposure to these agents is physically painful and traumatizing. In heavier exposures, these chemicals will cause inflammation in the lungs, damage to the membranes and constriction of airways. These chemical irritants induce coughing which releases respiratory droplets, directly creating a higher risk of spreading infectious illnesses, and could accelerate the spread of like Covid-19.
 - Policing practices should adhere to behavioral health-related guidance to avoid repeat trauma of communities, especially those who are already impacted by past trauma

“Police are doing way too much. They’re not therapists or crisis de escalation specialists. They’re not housing experts. They’re not social workers. And we’ve allowed them to expand their mission to the point that they think they can do whatever they want. \$15 million cut from the PPD budget was a good start, but I hope that this will be a focus and more of their budget will be redistributed to programs that can actually help people. Thank you!”
Christina Schermerhorn

“As an employee who has had family members need mental health services and who have lost lives to police gun violence, I cannot express enough the need for better funding for behavioral and mental health services. There is also a large need for police reform, in particular, how they respond to a behavioral or mental health crisis.” *Renee Castilla*

Housing is health care, but access to health care is also necessary for housing stability. The legislator and OHA should to protect wide access to tele-health, video and phone-only services

- It would be prohibitive and inequitable to approve only 2-way video visits and not include telephone only visits. The technology and service needed for video is not as accessible as you think, especially for people who need access to care most: those who experience homelessness and extreme poverty.

“Thanks to CCC-Puentes for the tele-health (Zoom Group) and rent assistance I still clean & sober and roof over my head during this difficult time. 46 years old, Puentes client in recovery.” *Ricardo Verdeguez*

“As a member of the data team, I saw the precipitous fall in access to services that happened when we had to abruptly close our doors. Being able to transition to telehealth services has opened up access to primary care, mental health, and substance use disorder services, that many of our clients would not have otherwise had access to. Especially for people with mobility problems and unreliable transportation, telehealth services open up access to our clients in new ways. Please help us provide this increased level of access to our clients permanently!” *Matthew Mitchell*

“Tele-health is making it possible for us to continue to eliminate Hep C in our patient population without putting patients at risk for contracting COVID. COVID is particularly life threatening in our patient population, who have Hep C - a systemic inflammatory viral illness and who suffer from housing instability. Rent assistance and police reform. Crucial. This is a matter of public health. Tear gas during a viral respiratory pandemic? A disappointing and harmful tactic. I could go on. Please redirect police funding to OHP, to rent assistance, addiction treatment, and to other interventions that truly will trickle up over time. Thank you.” *Anna Geduldig*

“Our patients have benefited so much from broader access points to care offered to them by tele health. Housing is essential to safe and supported recovery from substance use disorder services.” *Amanda Risser*

“We must continue to fund and support OHP. And we need to have continued full payment for phone visits for patients - not only video visits, since many of our clients do not have smartphones, data, or wifi. We need to be able to sustainably deliver care to our clients.” *Barbara Martin*

“As a nurse, I have seen some positives come out of the ever changing COVID-19 lives that we now live. The benefit of having phone appts and tele-health available to our clients has been life changing. I would hope that seeing this as a viable option in the future would be considered equally as important as face to face appts. Yes, not ideal, but in some instances, like clients with phobias, it has been the most effective. Our no-show rate can typically hover around 40%, but since we have had to change to phone appt's, most days we are able to get ahold of 100% of the client's for their appts.” *Brenda Stageberg*

“I work with client's with numerous high risk medical conditions which impact their ability to access mental health services during a pandemic. They report access to phone services/counseling as essential during this time. Many of my client's do not have access to 2-way video visits and prefer use of phone rather than coming into



the clinic to access technology due to health concerns. Many of my client who lost jobs due to the pandemic have yet to receive unemployment checks and are still unable to pay their rent.” *Megan Bucknum*

Signed all of us at Central City Concern with special recognition from the additional signatures below from 110 of our staff and specific comments from those on the front lines:

“Valuing us means your value the health of your community because we are the one working directly with the most vulnerable people! Show us you care!” *Kian Kolahi*

“Our department serves some of our community's most vulnerable citizens. We are able to provide increased access to much needed health services through their ability to access tele-health in ways that we haven't been able to in the past. Rent assistance funding and employment support is invaluable in our supporting our clients to move forward with their self-sufficiency.” *Dana Brandon*

“I know that many CCC clients have been impacted by the pandemic. The more the State can prioritize the lowest income, vulnerable people to be supported in receiving services, staying stable in income/housing, and feeling safe in their community, the better.” *E.V. Armitage*

Luka Russo	Marysol Jimenez	Kareen Leslie
Supportive Housing	Puentes	Letty Owings Center
Administrative Assistant	A&D Youth Counselor	Case Manager II
AJ Rohn	Rachel Solotaroff	Megan Bucknum
Supportive Housing	Administration	CCC- OTRC/IO
HMIS Data Quality Technician	CEO	Mental Health Counselor
Jacquelyn Hunt	Effy Bishop	Vy Pham
CCC	Letty Owings Center	OTRC/ICT
COO	Treatment Assistant	Intake Coordinator
Julia Sirabella	Sky Kennedy	Emily Frey
BBIS	Hotel Alder	Administration
Insurance Specialist	CBA	Learning & Development Manager
Susan Marie	Austin Whitelemons	Chase Bissett
OTRC	On Call Program	Project Management
PMHNP	Front desk/Janitorial	Project Manager
Angelisa Thompson	Brinn Culver	Brianna Sustersic
Community Engagement Program	Old Town Clinic	Old Town Clinic
Mental Health/Addiction Counselor	Psychiatric Nurse Practitioner	Senior Medical Director of Primary Care
Arsalan Shah	Allison Neighbor	Lauren Land
OTC/Pharmacy	Imani	Old Town Clinic
Pharmacy Ops Manager	Medicaid Outreach and Enrollment Specialist	Associate Medical Director of Primary Care



CENTRAL CITY CONCERN

HOMES HEALTH JOBS

Briana Stodola	Samantha Contoise	Ramon De La Cruz
OTRC	BBIS	IT/IS
Project Manager	Business Analyst	Software Developer
Dana Brandon	Adam Day	Linda Nguyen
Supportive Housing	Pharmacy	Old Town Clinic
Director of Supportive HousingOur	Clinical Pharmacist	Program Coordinator
Theo Pham	Mandi Houston	Ricardo Verdeguez
Old Town Clinic/Primary Care, Summit Team	HR	Puentes-CCC
Clinical Pharmacist	Recruitment Specialist	Counselor/ Mentor
Brandy Sears	Timothy Hayworth	Freda Ceaser
OTC Front Desk	SUDS	OEI-Admin
Front Desk Receptionist	On-Call front desk/janitorial	Chief Equity Officer
Gabriel Luzader Kamprath	Ryan Fisher	Matthew Mitchell
Admin - Accounting	Supportive Housing	IT Department
Housing Accountant II	Program Operations and Support Manager	Data Analytics Manager
Anna Trenary	Michelle Kerrigan	Amanda Young
Old Town Clinic Pharmacy	Letty Owings	Central City Concern BBIS
Pharmacist	FIT Case Manager	Insurance Specialist
Miles Sledd	Chris Wilhite	Lisa Newport
Blackburn Center	Public Affairs	Community Engagement Program
Interim Operations Director	Major Gifts Officer	Recovery Mentor/Peer Support
Chris Colburn	Leslie Tallyn	Cindy Ross
OTRC	Quality Management	Puentes
MH Site Operations Manager	Director of Quality	Office Manager
Doug Middlemiss	Claire Beatus	Savannah Pozarycki
BBIS	Old Town Recovery Center	Old Town Recovery Center
Billing Supervisor	Clinical Supervisor	Certified Pharmacy Technician II
Pat Buckley	Ryan Bennett	Brenda Stageberg
Central City Concern - Old Town Clinic	Administration	OTRC
Physician Assistant	Talent Acquisition Manager	RN
Veronica Hill	Billie Kay Stafford	Jordan Wilhelms
Central City Concern Administration	Old Town Clinic Primary Care Home	Recuperative Care Program
GL Accountant	Operations Manager	Associate Director
Andrew Nelson	Margaret Floberg	Linda Golden
Old Town Clinic/SUMMIT	Donor Relations	OTRC/CORE-ACT
Health Coordinator	Donor Relations Manager	mental health clinician
Jose Lopez Sanchez	Daniel Miller	Constance Fitzgerald
Old Town Recovery Center	Housing Administration	OTC

Pharmacy Technician	Occupancy Specialist	MA
Christina Schermerhorn	Wayne Haddad	Robert Sanders
Health Services	IT	Blackburn Recovery Housing Program
Health Information Manager	CIO	Community Associate
Holly Herrera	David Lawrence	Barbara Martin
Blackburn Center	Hooper Detoxification & Stabilization Center	Primary Care
RN Clinical Services Manager	Associate Medical Director	Senior Director of Primary Care
Ray Delcambre	Emahlie MacDaniels	Kas Causeya
Property Management	Old Town Clinic	Benefits and Entitlements Specialist Team
Community Manager	Pharmacist	Program Manager
John Cairns	Willie Shaffer	Robert Gabrish
Employment Access Center	Black burn	resident services/Estate Hotel
Employment Specialist	Substance Use Disorder Counselor	Resident services
Amy Simpson	Alyssa Nicholas	Ryan Meristem
Letty Owings Center	Old Town Clinic	CCCRC
Art Therapist, QMHP, CADC I	Clinic Coordinator	Substance Use Disorder Counselor
Anthony Traver	Emily McCadden	Billy Anfield
BCCM	Human Resources	Flip the Script
Clinical Supervisor	HR Specialist	Advocacy Coordinator
Kian Kolahi	Earl Phelps	Roy Wheeler
Central City Concer/ IHART	HRR	Old Town Recovery Center
Mental Health Counselor	On/call at ccc	Mental Health Counselor
Jake Mendenhall	Jacelynn Morris	Linda Hudson
Quality Management	Central City Concern	Imani Center
Quality Improvement Specialist	Mental Health Employment Specialist	Director
Miranda Rabuck	Susan Sehm	Teiana Brown
Public Affairs	BCCM/OTRC	Public Affairs
Marketing Manager	Mental Health & Addictions Counselor	Public Affairs Specialist
Simone Vining	Adrian Martinez	E.V. Armitage
old town clinic	Office of Equity & Inclusion	Admin
medical assistant	Equity & Inclusion Specialist	Executive Coordinator
Janice Biernacke	Renee Castilla	Lisa Bonner Brown
Old Town Clinic	OTRC/Health Services Administration	Flip the Script Re-entry Program
Summit Team Pharmacist	Executive Assistant	Housing SPecialist
Clay Cooper	Erika Tarjan	Margot Presley

Social Enterprises	OTRC	Blackburn
Senior Director	Mental Health & Addictions Case Manager	Primary Care Provider
Amy Vance	Sean Hubert	Tracy Dodge
OTRC ICT	Administration	CCC - Old Town Clinic
Intake Coordinator	Chief Housing and Strategy Officer	Physician Assistant
Mercedes Elizalde	Donna Standing Rock	Mariam Admasu
Administration	OTRC	Office of Equity and Inclusion
Public Policy Director	Case Manager	Associate Director of Equity and Inclusion
Christopher Dang	Malinda Brown	Laura Recko
Old Town Clinic/Old Town Recovery Center - Pharmacy Depot	Central City Concern/Integrated Outpatient Team	Communications
Pharmacy Technician II	Behavioral Health Assistant	Associate Director of Communications & Donor Relations
Anna Geduldig	Maggie Podesta	Vivian Lackey
Old Town Clinic / Hepatitis C Treatment and Screening Program	Employment Access Center/Mental Health Employment Program - Individual Placement and Support Program	Employment Access Center - Employment Services
Hepatitis C Screening and Linkage to Care Specialist	Employment Specialist II	Program Manager
Katherine Stansbury	Amanda Risser	Anne Arthur
Blackburn	SUDS	Old Town Clinic
SUDS / Domestic Violence Offender Intervention Counselor	Sr. Medical Director of Substance Use Disorder Services	Program Manager, Health Literacy & Health Education

“Police budget would be better used for tele-health, rent assistance, OHP, employment, and other community investments. Please reduce police brutality by implicating a deeper training program and alternative call response such as family counselors, crisis intervention, and programs such as CCC to help our community and not incite violence.” *Veronica Hill*

“During these unprecedented times our employment program has been affected by training shutdowns and career plans for our customers who worked hard to climb out of homelessness and now fear returning to the streets.

One African American customer enrolled in a welding program with one term to complete may need to find a survival job to pay rent that was subsidized from EOP rent assistance agreed during his training that may or may not be funded. Now this person is worried if the new survival job will interfere with training completion and their plan to get a living wage job that will help pay rent and more if finished. Our goal is to keep this from happening with much advocacy and support.

This story and many others who would be receiving similar help who are currently homeless in the Portland Metro and downtown local shelters will stop them from starting or completing this work if we do not get

funding support for telehealth outreach, rent assistance to house folks during crisis and continued support to get jobs that right now are slim.

Our People of Color and African American priority programs deserve to use some of the funding from the police budget as they have been affected by loss of family, friends and continue to live in fear of racism in the workplace and in the community. Being homeless and unemployed continues the oppression and puts them at risk for police harassment and violence on the streets trying to survive the only ways that we have allowed them to due to poor systems to protect them. Please help us help them and change the relationships between our persons of color and authority in the City of Portland.” *Vivan Lacky*

“No need to marginalize, criminalize, or target due to race, color, creed, culture, or any other similar factors that distinguish a person for their inner or outer presentation to others. Agency-wide changes to start are appreciated and hopes for health and housing as a priority for all seem possible if we can act as a collective and focus on these essentials.” *Linda Golden*

“When asked what an America with defunded police looked like, Alexandria Ocasio-Cortez was quoted as saying “It doesn’t take a lot of imagination. It looks like a suburb. Affluent white communities already live in a world where they choose to fund youth, health, housing, etc more than they fund police. These communities have lower crime rates not because they have more police, but because they have more resources to support healthy society in a way that reduces crime.” *Constance Fitzgerald*

“Tele-health access is life or death for the homeless people I’ve spoken with. Simple things like being able to charge their phone to make appointments, medical calls, etc. Sometimes they are put on hold and disconnected after long waiting. This adds to their stress, feelings of helplessness and hopelessness, depleting their overall mental and physical condition. Systemic racism and police brutality are social cancers that that I feel requires all communities to come together for the common good for understanding Count me in so can move forward not backward.” *Ray Delcambre*

“I believe there are two impactful changes that should be made to reduce police brutality and racism within the police system.

First would be to break up, or drastically change police unions. We repeatedly see violent officers keep their jobs, and there is an undeniable white supremacist culture that pervades law enforcement across America. I believe police unions are far too strong. It is extremely difficult to fire bad cops, and because that is true, the workplace culture often just ROTs. Police officers are the people who we give guns out of trust that they will protect us. With that trust needs to come an exceedingly high standard for conduct and ethics. Unions have done some amazing things for workers, but I believe that police unions have been proven to be inappropriate. Hey hey, ho ho, these racist cops have got to go!

Second, police departments should be significantly defunded. By defunded I don’t mean abolished. I believe we do need law enforcement. But the police are called to respond to situations where a different response would be more effective. Here are some examples given by Sherrilyn Ifill from the NAACP Legal Defense and Educational Fund: someone experiencing a mental health crisis, a homeless person trespassing, young people being loud and unruly late at night. Each of these situations could likely be addressed in a safer, more effective way by professionals such as counselors, youth workers, and other social service workers rather than armed police officers. I believe our country has given police too much responsibility, and it is not realistic to expect officers to expertly respond to all these types of situations.” *John Cairns*

“Fairly soon the already homeless will be joined by hundreds/thousands of people who are currently hanging on with the help of aid which will not last forever!! Helping them as well as getting more homeless currently off the streets should be one of your bigger priorities. The other should be riding the wave of taking police budgets and using zero balance budgeting making them accountable for their services!! The other more complex issue is how to change the culture at the "street cop" level. Portland where I live and work now has their fifth African American chief of police. No matter how good their intention without change in the culture of how the street cop functions you will continue to have homeless and mentally ill citizens killed in confrontations which can be avoided. How do you plan to address this?? That will judge just how effective this session will be!!” *Robert Gabrish*

“Tele-health has been instrumental in continuing service delivery, showing up to support our clients during the COVID distancing. Please continue to support this essential service.” *Ryan Meristem*

“Money Needs to be taken from the Portland Police Department, and invested in our community, for Youth Employment and Job training. The state of Oregon doesn't need to continue to waste money on a brand new fleet of cars, every year. I have clients with low level Sex Offender Status, and get denied for housing that needs to be changed for low level offenders. We need programs to help individuals with low level Sex Offender Status find housing. We need to take over abandoned houses, and train our youth how to fix them. Then place people in them who can prove that they can be trusted with criminal backgrounds to live in them. We need the same Community Policing we had when Chief Charles Moose was our chief. Mandatory Body Cams STATE WIDE at all times. Rent Assistance for African Americans exiting Prison, along with employment services and wrap around services.” *Lisa Bonner Brown*

“My understanding is that 50% of calls to Portland Police were to respond to homeless individuals. Police Officers have a strong skill set, but it is not always matched to the needs of people experiencing homelessness. Less funding for PPD and more funding for mental health, addiction, and social service employees are necessary to respond to the high demand of community calls regarding homelessness. Thank you” *Margot Presley*

“A rent freeze would solve many of the issues around the rent assistance issues that have come up due to COVID-19. For police reform, defunding is the only efficient and ethical way of reform. Redirecting funds into life-affirming services, such as the ones provided by CCC and other community organizations, will be the first and biggest step forward towards healing and growth. We cannot pretend to be making progress or moving forward while so many members of our community are actively held back by the oppression that houselessness, policing, and the prison industrial complex continue to breed.” *Effy Bishop*

“Working with youth it is very important to have stable OHP benefits and also tele-health. Tele-health is very important especially during this pandemic as some youth only have wifi phone access. We also need police reform and offer more community supports to communities of color and anti -racist policy.” *Marysol Jimenez*