

HOPE Advisory Board 9/23/2020 Meeting

Virtual Zoom Meeting

Julie Arena, HOPE Coordinator

Zoom Housekeeping

- All attendees are muted when they join.
- All attendees can unmute themselves and choose to be seen visually by clicking “Start Video” at the bottom of the screen.
- Public comment:
 - Type into the “Chat” area and say you want to make a public comment and on what topic.
 - For those on the phone, there will be an opportunity to comment, too.
- Questions during the meeting:
 - Type into the “Chat” area and send it to host, Julie Arena.

Meeting Logistics and Agenda

- 1. Meeting Overview**
- 2. Agreements and Culture**
- 3. Public Comment – other feedback options**
- 4. Vote to Approve 8/26 Minutes**
- 5. Presentation:**
 - Current Services, Gaps, Efforts to Address Gaps**
- 6. Equity Consultant introduction and assessment**

Public comment: 10 minutes

- **Comment limited to 2-3 minutes based on number of people wanting to comment**
- **Type into the “Chat” and say you want to make a public comment and on what topic.**
- **For those on the phone, I will ask if there are any public comments from callers.**
- **Can also submit written comments via email to Julie.Arena@co.Benton.or.us**

Agreements for our culture + conduct:

Fun

Inclusive ✓✓

humor

Food ✓

Action/roll up sleeves

Change the face of Homelessness

honesty

Respect ✓

consensus

Think before you speak

Courtesy ✓

transparency

Recognize personal bias

Kindness ✓

time management

concise communication

Open minded ✓

opinions matter

data driven

Do your homework!

patient

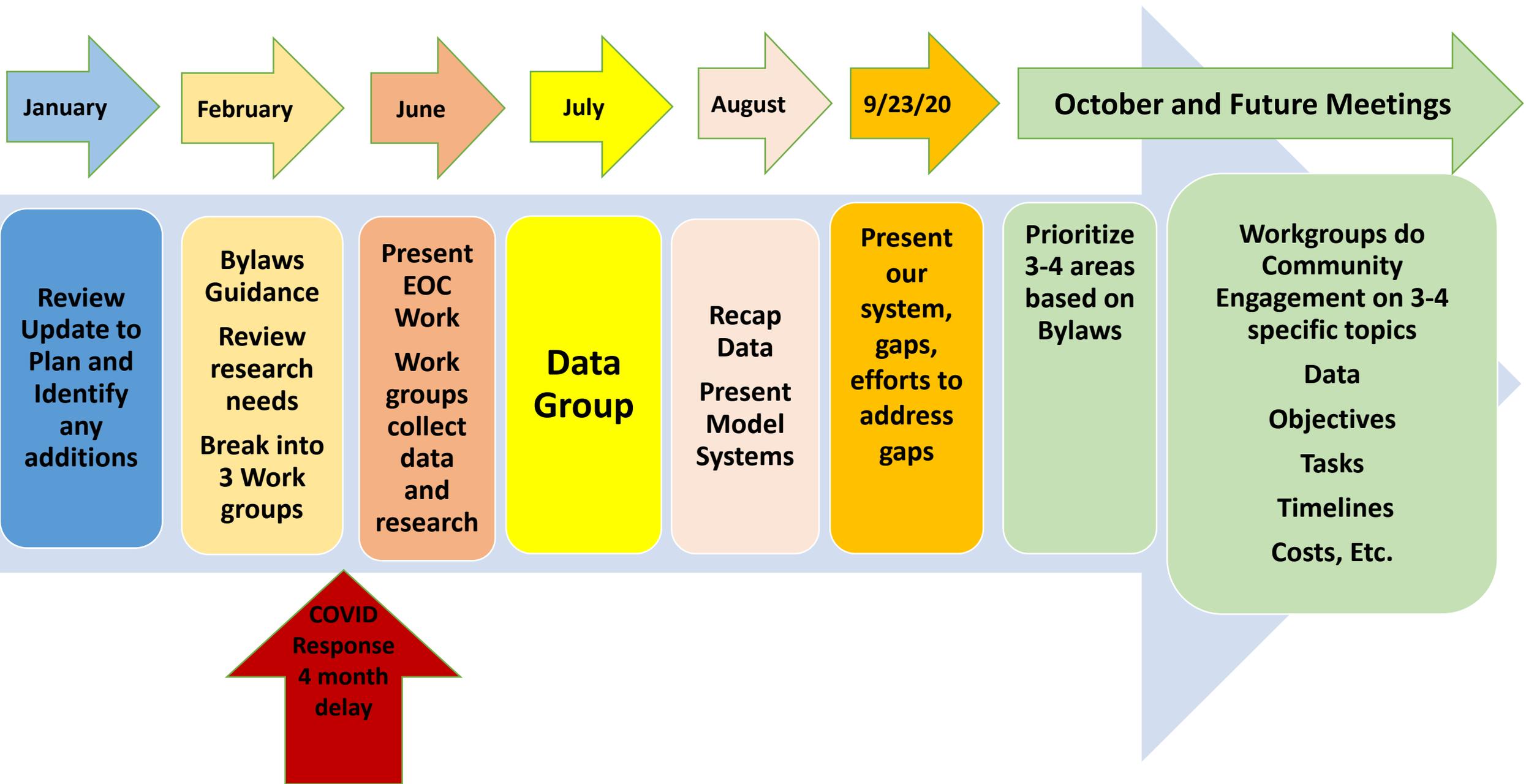
authentic

Valuing personal experience

dedication/work ethic

honor the expectations of the work

HOPE Timeline – where are we now?



Public comment: 10 minutes

- **Comment limited to 2-3 minutes based on number of people wanting to comment**
- **Type into the “Chat” and say you want to make a public comment and on what topic.**
- **For those on the phone, I will ask if there are any public comments from callers.**
- **Can also submit written comments via email to Julie.Arena@co.Benton.or.us**

Logistics:

1. Vote to approve 8/26/20 minutes
2. Videos of past meetings:
 - a. June and July will be posted once some technical issues with hosting it are resolved.
 - b. August video is not available due to a technical Zoom glitch that cannot be resolved.
3. Scheduling changes for November and December

November meeting:

Full Board 11/18 from 4-6pm (cancel the 11/25 one)

December meeting:

Full Board 12/16 from 4-6pm (cancel the 12/23 one the night before Christmas eve)

Next...

Recap of Data and Model Systems

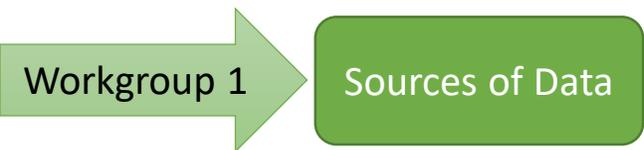
Presentation: Current Services, Gaps, Efforts to Address Gaps

Dr. Aguilar's discussion of self-assessment results

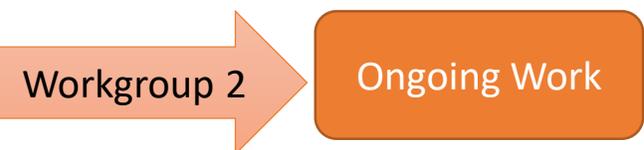
HOPE Bylaws will guide our work. Our Values are to :

- Use data to drive assessments, prioritization, and accountability.
- Take a comprehensive systems and multi-sector approach.
- Engage and involve the community, not just direct service providers. (This process will happen for topics in the future.)
- Prioritize vulnerable populations.
- Promote community safety for all.
- Promote racial and ethnic justice using a racial equity lens across all program recommendations.

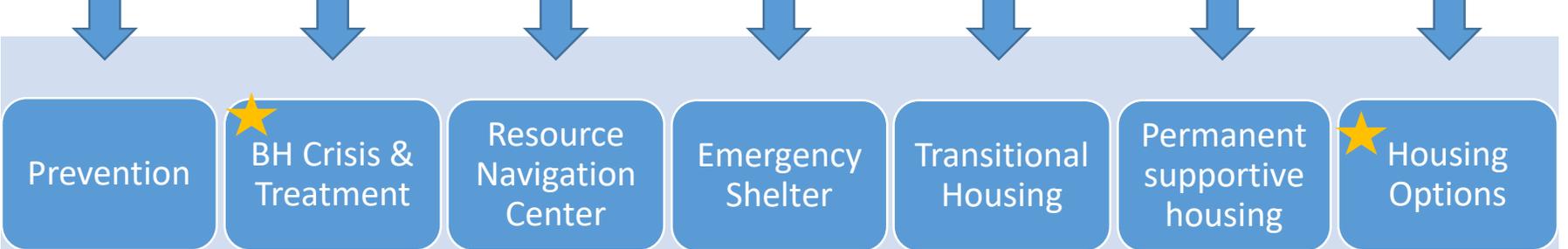
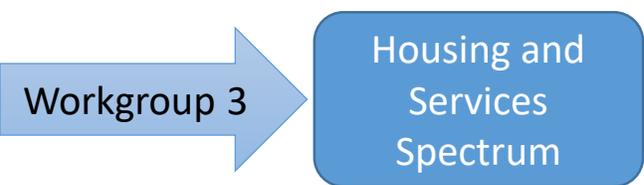
HOPE Housing and Services Model



Workgroup 1 Goal: obtain available data to be data driven and prioritize vulnerable populations, safety for all, racial and ethnic justice.



Workgroup 2 Goal: outline current spectrum and work to address gaps in the spectrum.



Workgroup 3 Goal: find models of successful full spectrums of housing and services.

← ★ Case Management & Comprehensive Care Coordination with Centralized Data System →

← Community Safety and Livability for All →

HOPE Board Ideas 1/28/20

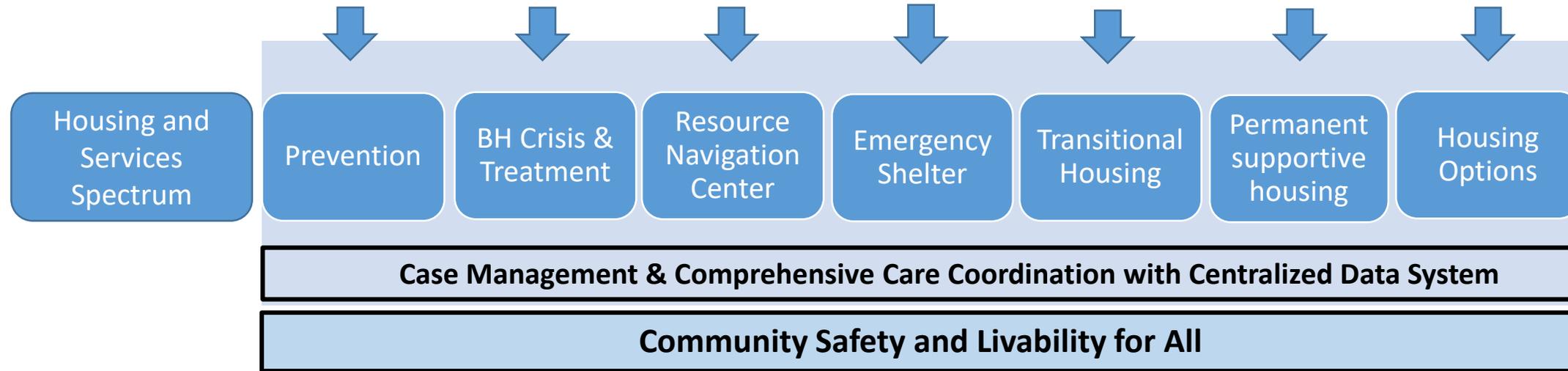
★ 5 Keystone Strategies:
Strengthen Law Enforcement and MH partnership

<ul style="list-style-type: none"> • Surveillance for housing insecurity • Education and outreach • Training for professionals 	<ul style="list-style-type: none"> • Immediate response, care, and treatment • 24 hour team on-call • Simultaneous MH and SUD treatment 	<ul style="list-style-type: none"> • Permanent resource center open 24/7 • Intake, assessment, services • Reentry case management from corrections 	<ul style="list-style-type: none"> • Permanent year-round shelters for all populations, low and high barrier • Open 24/7 with resources 	<ul style="list-style-type: none"> • Car camping, microshelters, tiny villages, managed tent camping • Residence halls 	<ul style="list-style-type: none"> • Increase PSH • Respite bed capacity • Rent assistance • Medical and behavioral support 	<ul style="list-style-type: none"> • New construction requirements • Permitting/SDC relief for affordable housing • Tiny home villages • Infill/high density construction
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- Advocacy, Education, and Outreach ★
- Balance between incentives and behavior for accountability and safety for all
- City and county funding for case management, housing navigators, and oversight

HOPE Housing and Services Spectrum – DATA

Goal: obtain available data to be data driven and prioritize vulnerable populations, safety for all, racial and ethnic justice.

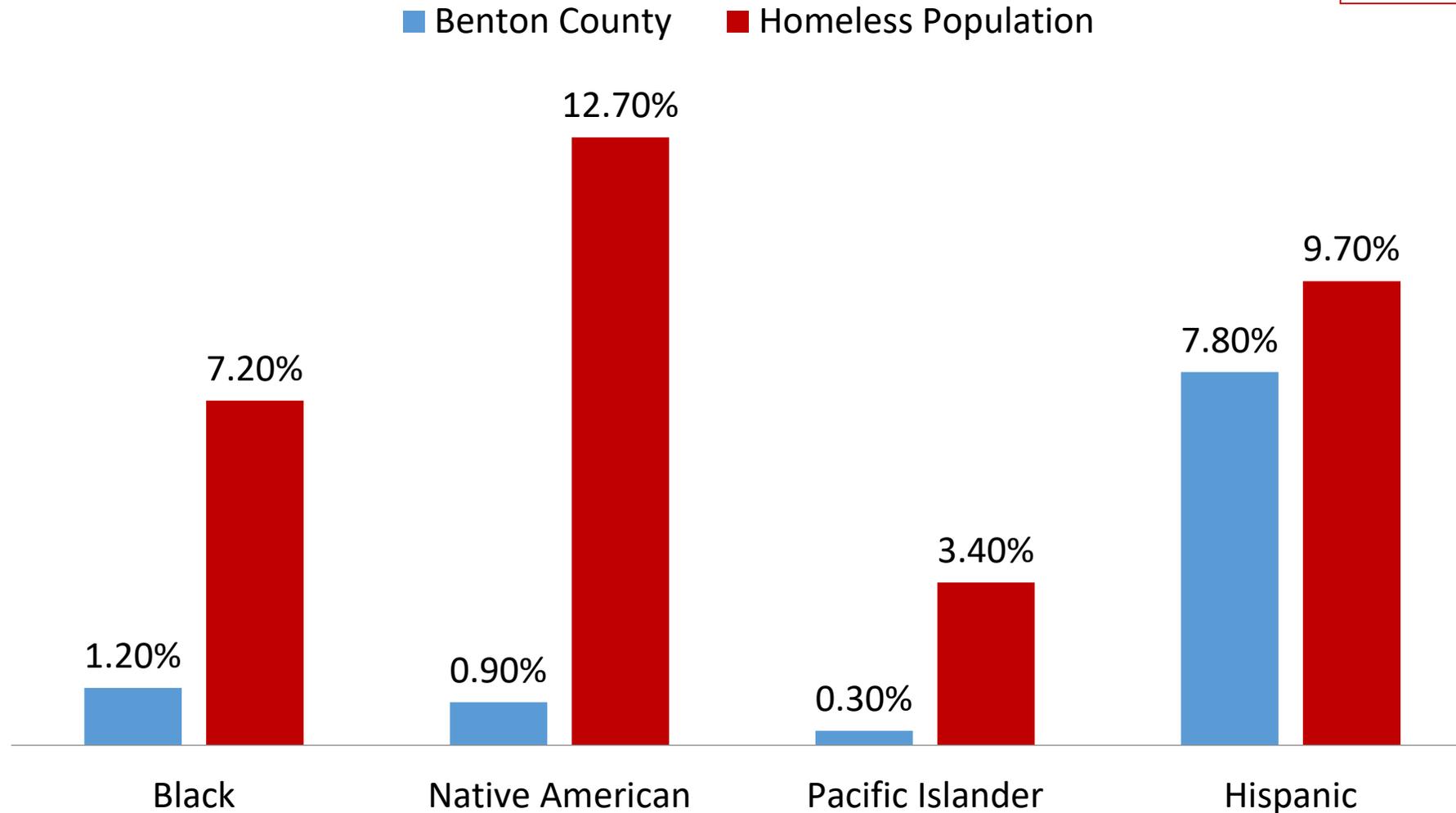


Data from across the housing and services spectrum on:

- Racial and Ethnic Demographics
- Vulnerability factors (behavioral health, veteran, LGBTQ, disability, elderly)
- Safety concerns – to the individual (domestic violence and general safety) and to the whole community (response from law enforcement and fire department, public health/communicable disease)

Racial and Ethnicity Disparities in homeless population: PIT Count

248 Homeless Individuals



**Data from PITC 2020 records*

Ethnic Self Identification at Men's (179) and Women's Shelter (57) in 2019

	% Men's Shelter Population	# of Men (approximate)	% Women's Shelter Population	# of Women (approximate)	% County Population
White	80.8%	140	90.8%	54	86.5%
Hispanic	8.8%	16	9.3%	5	7.8%
Native American	13.5%	24	16.3%	10	.9%
Asian	1.7%	3	1.8%	1	7%
African American	5.7%	11	8.4%	3	1.2%
Pacific Islander	2.5%	4	0.4%	1	.3%

Note: Individuals could identify with multiple ethnic groups if desired so total % is greater than 100%. Current 11/10/2019

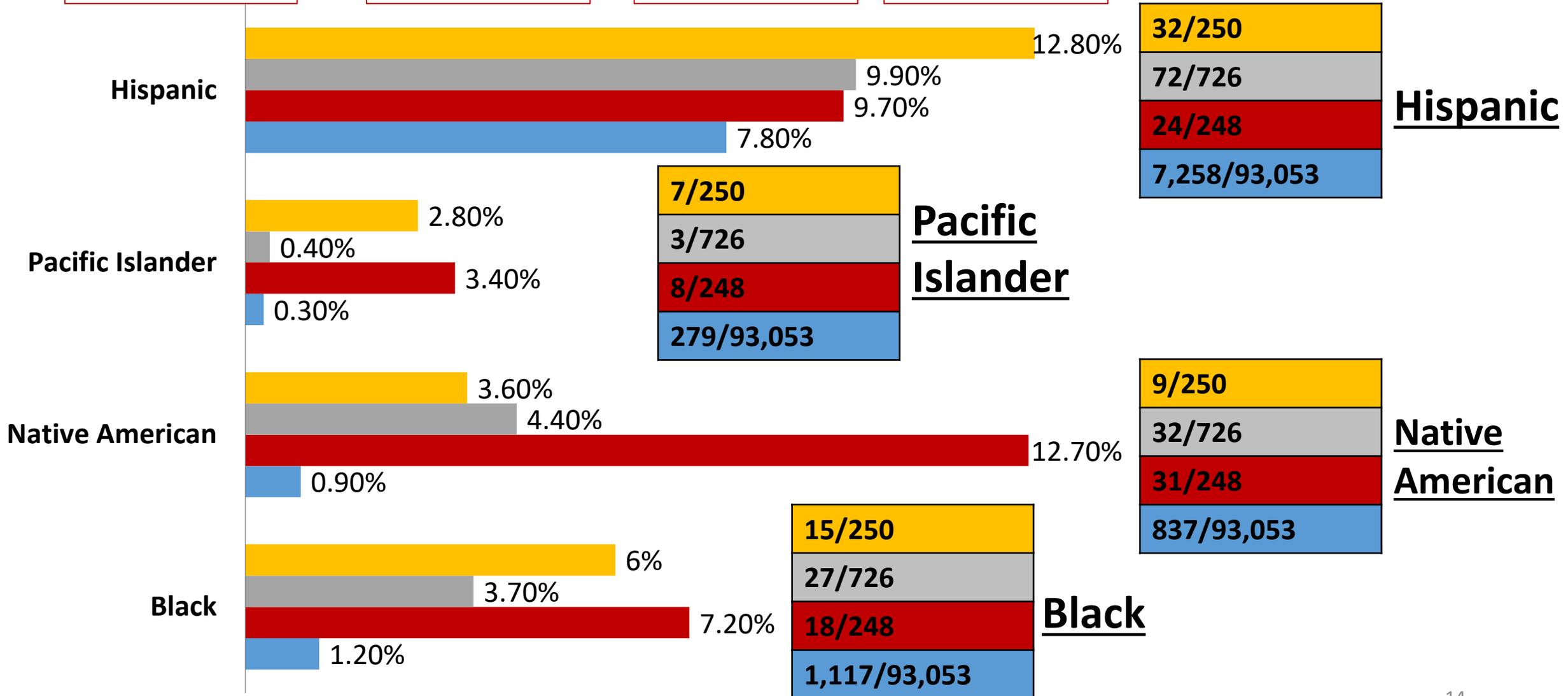
Observations:

- Relative to the general population, **NATIVE AMERICANS** are **SUBSTANTIALLY** overrepresented in BOTH the male and female homeless populations.

Racial and Ethnicity Disparities across populations

■ Unstably Housed
 ■ Housing Voucher
 ■ Homeless
 ■ Benton County

250 Individuals
 726 Individuals
 248 Individuals
 93,053 Individuals



*Data from Linn Benton Housing Authority voucher records, CSC Homeless Prevention records and PITC 2020 records

Where do Inequity, Vulnerability, and Safety align on our Housing and Services Spectrum?

Values for Prioritizing	Homeless: Data from PIT	Homeless: Data from CDDC, Emergency Shelters, School Districts, JSYS	Transitional Housing Data from COI: Homeless or Housing insecure	Housing & Homeless Prevention: Data from CSC and LBHA
Racial and Ethnic Disparities	31/248 Native American (NA) 18/248 Black	179 men's shelter (24 NA, 11 Black) 57 women's shelter (10 NA, 3 Black) 49/852 American Indian/Alaskan Native (CDDC)	102/341 Hispanic or Latino 28/102 Black	250 CSC: 32 Hispanic, 7 PI, 9 NA, 15 Black 726 voucher: 72 Hispanic, 3 PI, 32 NA, 27 Black
Vulnerable Populations	189/248 disabled 47/248 vets 25/248 LGBT	43 out of 251 homeless children 509J with disability 9 out of 19 homeless children in Philomath with disability 19 out of 78 homeless children at JSYS are LGBT, 13 have disability	210/341 disabled 129/341 medically fragile 34/134 veterans 105/341 children 39/341 LGBT	
Safety	87/248 Domestic Violence	42 children fleeing domestic violence out of 127 total (JSYS)	159/341 fleeing domestic violence	

August Meeting Presentation Recap:

Model Systems of Service Delivery and Shelter

- Recommended model based on mixture of the 10 year Plan Update, the Econ NW study, and the National Alliance to End Homelessness Recommendations.
- Successful Models of Coordinated Entry and Care Coordination
 - Yuba, CA coordinated entry system
 - Hub and spoke model of care coordination between existing community partners

A Framework to End Homelessness

Ending homelessness by addressing the root causes of homelessness by aligning systems to assure safe, healthy, and affordable housing for all Benton County residents.

Crisis Response Resources

Providing safe, accessible, and well-resourced crisis response and emergency support like food and day programs while someone is homeless.

Street Outreach and Rapid Response

Emergency Shelter

Emergency temporary or transitional housing and ongoing supports to move someone out of homelessness. Emergency shelter is a last resort, not a long-term solution. Examples:

- emergency shelter (low barrier)
- vehicle camping
- managed camping
- residential rehabilitation
- medical respite
- micro-shelters

Resource Center

Location open year-round daily with on-site providers to enroll people in programs and support individuals to transition out of homelessness.

Housing

A safe and decent place to live for everyone. Provision of ongoing supports to keep someone out of homelessness.

Examples:

- **Permanent Supportive Housing**
- **Rapid Re-Housing**
- **Targeted Services for High Needs Individuals (like FUSE or HUMS models)**

Community Integration & Neighborhood Belonging

Full participation in community life and the feeling of attachment to the neighborhood. Prevents entry into homelessness. Examples that facilitate integration and belonging:

- Addiction Support
- Treatment
- Belonging Centers
- Education
- Primary Care
- Faith Groups
- Counseling
- **Increasing Employment & Income**
- Public Health
- Community Health
- Recreation
- Peer Support
- Family
- Housing type
- Livable neighborhoods

Data Collection and Coordinated Entry

BEST PRACTICES: Equity, Trauma Informed Care Approaches, low-barrier, Housing First, Individualized, Coordinated Services

Emergency Response and Shelter	Transitional Stabilization	Housing
BH Crisis Response	Micro-shelters	Affordable housing options
Rapid Street Response	Car/RV	Permanent supportive housing
Street Outreach	Temporary housing	Tiny home villages
Shelters, safe locations for tent/car	Residential treatment	Housing First
Resource Center	Tents/Pagodas	Place-based voucher units



Data Collection & Coordinated Entry and Assessment

HUB model with law enforcement and providers

Targeted services for FUSE/HUMS population

Support and Prevention

Case Management for those who need it

Model Systems Work Group Conclusions: what is recommended?

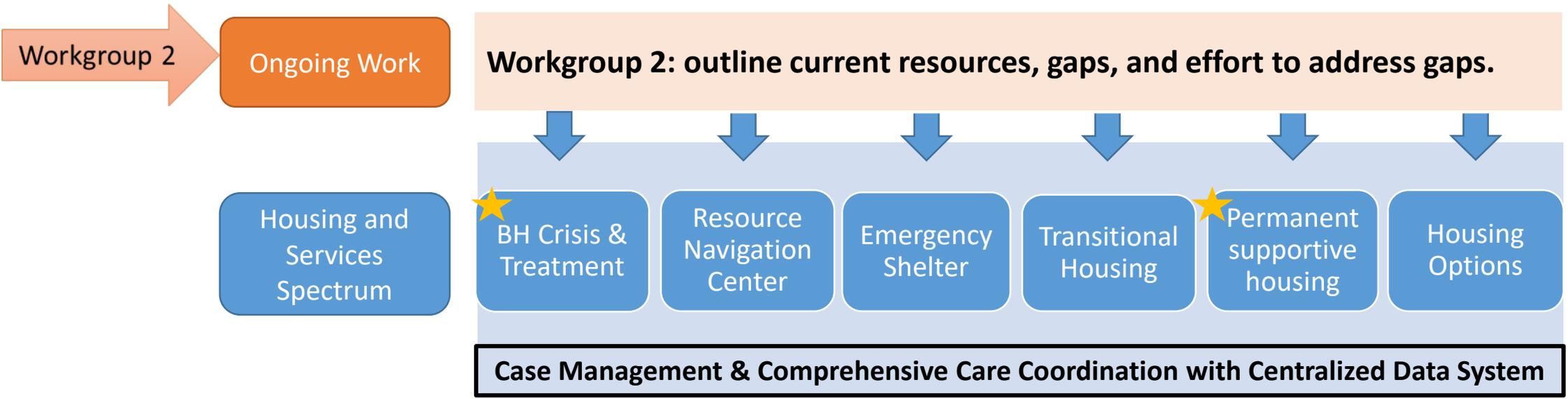
- Aligning Crisis Response Resources is a recommended model and works in practice (co-location of services with emergency beds)
- Coordinated Entry and Care Coordination between Providers
 - Data collection and outcomes are improved
 - Hub model shows success with increased safety and is relatively easy to implement
- Permanent Supportive Housing is necessary to prevent return to homelessness (National Alliance to End Homelessness)

Presentation: Current Housing and Services Spectrum

- Existing Resources
- Gaps in our system of services and housing
- Current efforts to address gaps in our system

Corvallis Resources presented first, then all Benton County Resources presented separately

Order of presentation follows service spectrum:



Definitions:

- **Behavioral Health:** The branch of health care focused on treatment and prevention of mental health problems, addictions and substance abuse disorders.
- **Mental Health Crisis:** Any situation in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community. (NAMI)
- **Severe & Persistent Mental Illness, or SPMI:** limited set of diagnoses that receive priority for treatment resources.
- **Street Outreach and Response:** Coordinated street outreach that identifies and engages people living in unsheltered locations. Ensures that people's basic needs are met while supporting them along pathways toward housing stability. (adapted from USICH)

TOPIC: Resources for Street Outreach and Response & Behavioral Health (BH) Crisis Response

Street Outreach and Response

- Samaritan Homeless Resource Team (HRT)
- Street Outreach & Response Team (SORT)
- Jackson St. Youth Services (JSYS)
- C.H.A.N.C.E. peer mentors for recovery
- Benton County (BC) Harm Reduction Team (County HRT)
- County Health Navigators

Behavioral Health Crisis Response

- Benton County (BC) Mental Health Crisis Team
- Mental Health Jail Services
- Samaritan Emergency & Psych units

Behavioral Health Treatment Resources

Alcohol and Drug Treatment

- Benton County Outpatient Substance Use Treatment
- OSU programs (Counseling & Psych, Human Services Center)
- Treatment services (Milestones, Janus House, Samaritan Health Services) – by referral only

Mental Health Treatment

- Benton County Outpatient Treatment for SPMI population
- Community Outreach Inc. (COI) MH counselor
- Benton County Assertive Community Treatment (ACT)
- Benton County MH Jail Service
- Drug Treatment Court services
- Pathfinder Clubhouse – daytime training resource center, by referral

Youth Street Outreach and Behavioral Health Resources

- Children's Farm Home
- Yes House
- Old Mill
- Benton County Juvenile Department
- Jackson Street youth outreach

TOPIC: Behavioral Health (BH) Crisis Response and Treatment

Gaps

- Assertive Community Treatment limited to 70 clients, with specific diagnoses
- Shortage of psychiatry for those without SPMI diagnoses
- Lack of housing (supportive and other)
- Insufficient resident & outpatient substance use treatment slots
- No medical detox facilities
- No standardized assessment or coordinated entry

Work in Progress

- County working with law enforcement to codify behavioral health partnerships
- County working with partners to explore Crisis Respite Center feasibility
- Legislative initiatives to increase flexibility of funding streams
- Samaritan Treatment Services location, STARS (Lebanon) – just opening

TOPIC: Street Outreach and Response (not BH crisis)

Gaps

- Samaritan HRT: Two LCSWs serving whole county and often tri-county area
- SORT: Volunteer group with other full-time jobs, 1d/week
- JSYS: youth 12-25 only
- No full-time peer response that is immediate or is linked to 9-1-1

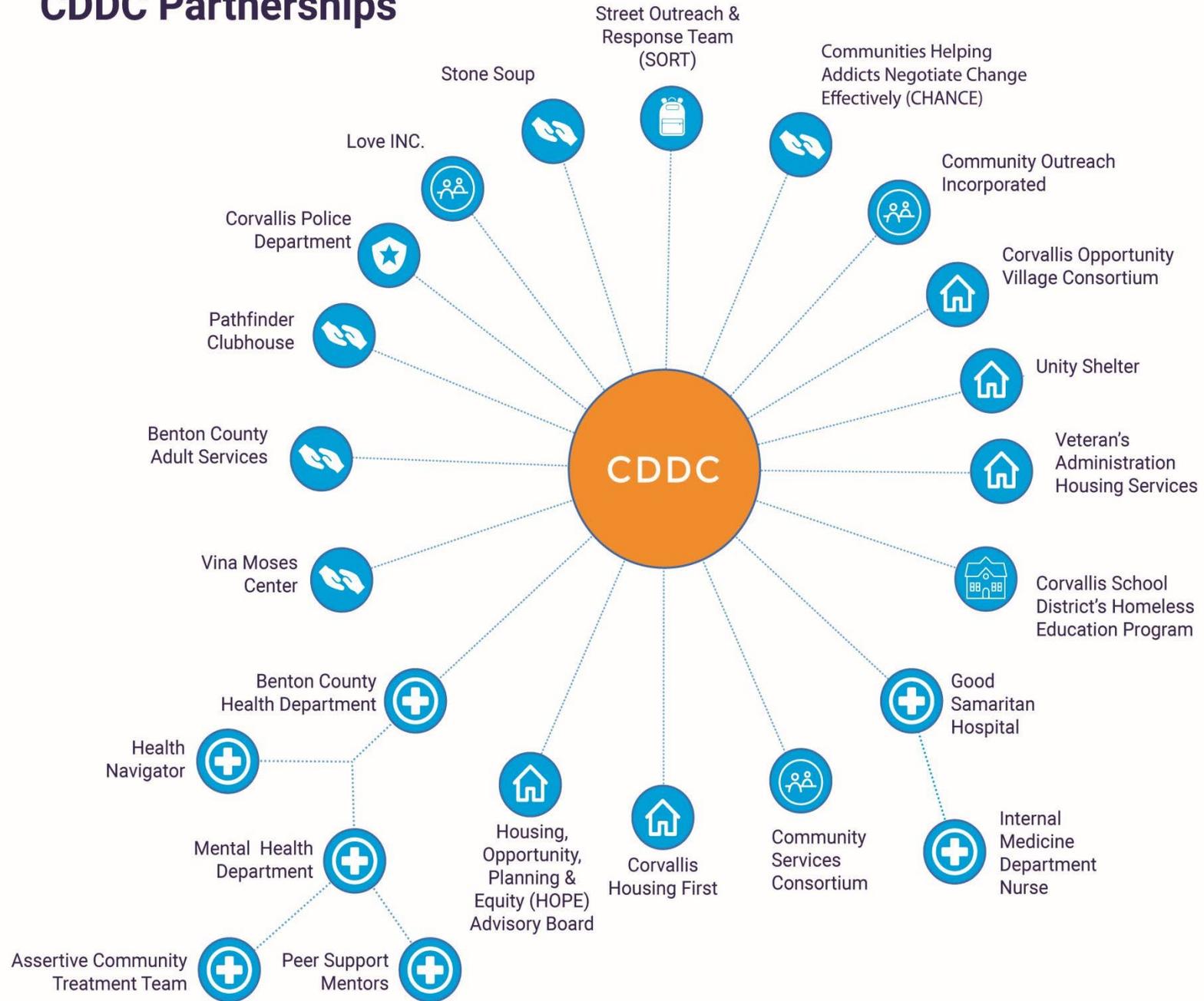
Work in Progress

- Samaritan expanding HRT design to Linn County
- Legislative interest in expanding Cahoots model (Law Enforcement-Mental Health joint response) across state

Definitions:

- **Coordinated Entry:** Coordinated entry is the process by which people experiencing homelessness are given access to housing and assistance based on their level of need and the resources available. This enables a more humane and efficient utilization of the continuum of care. Typically a navigator or navigating agency will help organize the process. The official list from Coordinated Entry has to be maintained by one entity – currently CSC in Corvallis and Benton.
- **Resource Center:** physical location open daily year-round with on-site providers to enroll people in programs and support individuals to transition out of homelessness.

CDDC Partnerships



TOPIC: Resource Center

Resources

- Corvallis Daytime Drop-in Center:
 - Food, phone access, mail
 - Access to Health Providers & Prescription Assistance, Counseling Assistance, Emergency Transportation Funds, Employment & Work Training
- Assistance with Vital Records: DMV IDs, Birth Certificates
- Access to Personal Hygiene Assistance
- Limited Pet Assistance
- Hygiene Center (at site of Men's Cold Weather shelter): shower (1), some supplies and food, portapots and handwashing
- CHANCE daytime drop-in

Gaps

- On-site behavioral health and housing case management
- Open hours are limited M-F 9-12 or 12-2
- Year-round hygiene access missing, 1 shower at hygiene center
- Hygiene Center may disappear in winter for shelter needs
- Laundry access
- Sleeping space missing: neither shelter beds nor tent/RV/car camping – limits funding opportunities

Work in Progress

- Corvallis Daytime Drop-in Center (CDDC) is gaining a MH intern supervised by LCSW
- CDDC working toward offering more formal BH onsite
- CDDC working to expand data collection
- Hygiene Center working on shower access
- County working with partners to explore Crisis Respite Center feasibility

- Emergency Shelter: any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific populations of the homeless. (HUD)

TOPIC: Emergency Shelter

Resources

- Women's shelter (allows pets, Nov.-March)
- Men's cold weather shelter (Nov.-March)
- Jackson Street Youth Services (JSYS) shelter
- Community Outreach Inc. (COI) emergency
- Center Against Rape and Domestic Violence (CARDV)

Gaps

- Shelter beds for ALL populations: no low-barrier shelter for families, couples, pets, transition-age youth
- Need space for co-location of service providers
- Men's: not year round, not enough beds or spacing
- Women's not year round
- No place to car/RV camp in emergency
- RV/Car camping at Fairgrounds is COVID response only
- Tent camping at Fairgrounds is wildfire evacuees only
- No RV dump site besides Fairgrounds

Work in Progress

- City, County and Unity Shelter working on alternate options for men's shelter population because of limited COVID capacity: dispersed microshelters at churches
- COI hoping to expand transition age shelter capacity
- Funding to keep women's shelter open year round

- Transitional Housing: a project that is designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living within 24 months, or a longer period approved by HUD. (HUD)

TOPIC: Transitional Housing

Resources

- Community Outreach Inc. (COI)
- Corvallis Housing First (CHF)
- Jackson Street Youth Services (JSYS)
- RV/car camping at Fairgrounds
- Unity Shelter Microshelters
- Center Against Rape and Domestic Violence (CARDV)
- Parole and Probation transitional housing, supports
- Sober living: CHANCE, God Gear, Oxford Houses
- Milestones residential treatment for substance use disorders
- Janus house from state hospital discharge
- Microshelters in Corvallis (13 and growing)

Gaps

- Capacity for low-barrier options
- Limited populations
- RV/Car camping at Fairgrounds is COVID response
- Tent camping at Fairgrounds is wildfire evacuees only

Work in Progress

- Microshelters expanding in Corvallis
- Jackson Street Youth Services (JSYS) planning expansion for 18-25 year olds
- Up to 3 microshelters/cars/RVs allowable at religious institutions in Benton County unincorporated areas (none currently registered to host)

Permanent Supportive Housing:

- Affordable, community-based housing for individuals and families who have experienced long-term or chronic homelessness and have been diagnosed as having a physical or developmental disability, a severe mental illness, substance abuse problems or HIV/AIDS; or are members of another designated group within the homeless population.
- Structures may include apartments, single-family houses, duplexes, group homes or single-room occupancy housing.
- Supportive services vary, most programs offer case management and housing support, but may also offer more intensive mental health, substance abuse, vocational, employment or other services which help promote independent living. Supportive services may be offered on-site or off-site, or be provided by a mobile service team. (LA County Taxonomy)

TOPIC: PSH

Resources

- Corvallis Housing First (CHF)
- DevNW
- County mental health

Gaps

- Huge gap in capacity compared to the need
- Need many more locations for different populations

Work in Progress

- Corvallis Housing First (CHF) worked with Meyer Grant and community partners on planning
- DevNW expanding units
- City's Housing and Community Development Advisory Board funding expansion of units with Construction Excise Tax (CET) revenue

TOPIC: Housing – options for everyone to have a safe and decent place to live

Resources

- DevNW
- Habitat for Humanity
- Private developers

Gaps

- Enough units – need at least 4800 to meet need

Work in Progress

- Urban renewal district in South Corvallis will add units
- Commonwealth LIFT funding for 53rd Flats

TOPIC: Prevention

Resources

- Short-term rental assistance
- Vouchers: Section 8 federal voucher through Linn Benton Housing Authority (LBHA)
- Utility assistance
- DevNW & CSC tenant counseling
- Strengthening Rural Families
- Schools

Gaps

- Enough units – need at least 4800 to meet need
- More vouchers, more placed-based units in Benton

Work in Progress

- Expanded rental assistance for COVID, ends 12/31
- Supplemental state-funded vouchers – on hold due to \$\$

BH Crisis & Treatment

Street Outreach & Response

Resource Center Emergency Shelter

Transitional Housing

Permanent Supp. Housing

Housing and Prevention

GAP: Case Management & Comprehensive Care Coordination with Centralized Data System

GAPS:

Assertive Community Treatment limited to 75 clients, with specific diagnoses
Decreased acute care hospital beds
Lack of psychiatry for non-county clients
Lack of housing (supportive and other)
Insufficient resident & outpatient treatment
No medical detox
No standardized assessment for all services

EFFORTS:

County recruiting for mental health in Alsea, Monroe, and Corvallis, exploring Crisis Respite

GAPS:

Samaritan HRT: Two LCSWs serving whole county and tri-county area
SORT: Volunteer group with other full-time jobs
JSYS: youth 12-25
No full-time peer response or linked to 9-1-1

EFFORTS:

CDDC collaborating, more on-site services, working on data collection

GAPS:

No shelter beds at Resource Center
No 24/7/365 access
Space for other providers, BH care
No shelter for couples, pets
No low barrier family shelter
Men’s & women’s cold weather only
Laundry, shower, and internet access

EFFORTS:

City, County and Unity Shelter working on men’s shelter
COI hoping to expand transition age shelter capacity
Working to fund women’s shelter year round

GAPS:

Only two permanent options with no capacity (Corvallis Housing First and COI)
RV/Car camping at Fairgrounds is COVID response

EFFORTS:

Expanding microshelters
County areas able to host up to 3 microshelters, car/RV at religious institutions

GAPS:

Huge gap in capacity compared to need
Need many more locations for different populations

EFFORTS:

Corvallis Housing 1st collaboration to expand capacity
HCDAB using CET funding for DevNW

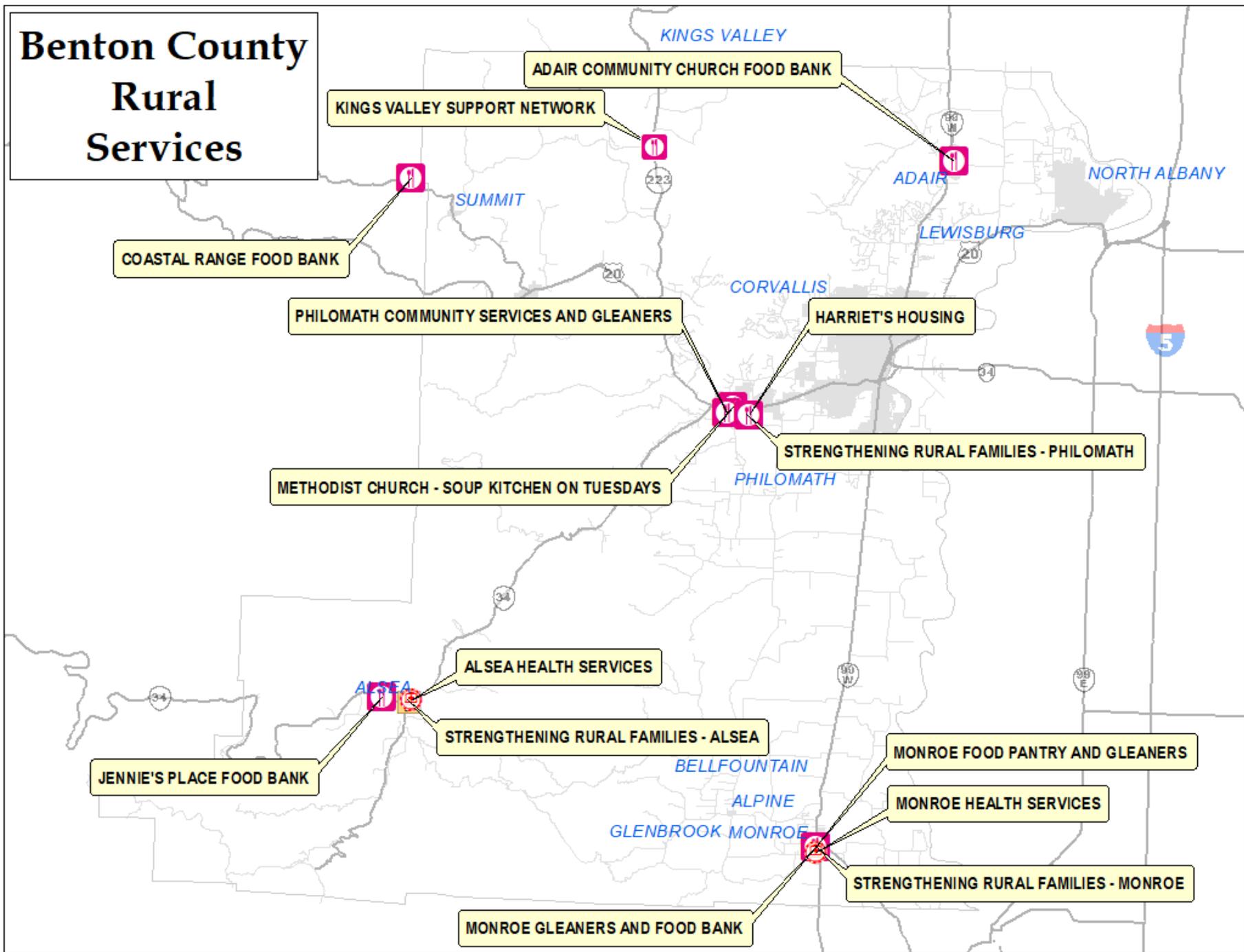
GAPS:

Enough units – need at least 4800 to meet need

EFFORTS:

Rental assistance, COVID relief
Urban renewal district in South Corvallis will add units
Commonwealth LIFT funding for 53rd Flats

Benton County Rural Services



All Services Outside of Corvallis

Locations	BH Crisis Response or Street Outreach Response	Behavioral Health Care	Emergency Shelter	Resource Center	Food Bank	Transitional Housing	Permanent Supportive Housing	Homeless Prevention
Philomath Blodgett Summit					- Philomath Gleaners - Coastal Range Food Bank in Blodgett	Harriet's Houses		Philomath Community Services, Strengthening Rural Families
Adair					Adair Community Church – food bank			
Monroe		Health Center with behaviorist, working to hire MH clinician			South Benton Food Bank			Strengthening Rural Families
Alsea		Health Center with behaviorist, working to hire MH clinician			Jennie's Place Food Bank			Strengthening Rural Families

Kings Valley informal support network: 1. Kings Valley Community Page on Facebook; 2. Kings Valley Charter School / Kings Valley Community Trust, 3. Peedee Community Church

BH Crisis & Treatment

Resource Center

Emergency Shelter

Transitional Housing

Permanent Supportive Housing

Housing & Homeless Prevention

Case Management & Comprehensive Care Coordination with Centralized Data System

Gaps:
Nothing outside Corvallis

Gaps:
Nothing Outside Corvallis

Gaps:
None outside Corvallis

Gaps:
None beyond Harriet's Housing in Philomath

Gaps:
None outside Corvallis

Gaps: Need 5k more housing units

Efforts:
recruiting for mental health in Alsea, Monroe, and Corvallis

Efforts:
Monroe – South Benton Food Bank

Efforts:
None outside Corvallis

Efforts:
Up to 3 microshelters, cars, and RVs allowable at religious institutions

Efforts:
None outside Corvallis

Efforts: CSC rental assistance, COVID relief

Model Systems Work Group Conclusions: what is recommended?

- Aligning Crisis Response Resources is a recommended model and works in practice (co-location of services with emergency beds)
- Coordinated Entry and Care Coordination between Providers
 - Data collection and outcomes are improved
 - Hub model shows success with increased safety and is relatively easy to implement
- Permanent Supportive Housing is necessary to prevent return to homelessness (National Alliance to End Homelessness)

HOPE

Hard work!

Now we are here.

Let's fill the gaps.

Hard work!

We can do better.

Let's fill the gaps.

No one left behind.

We can do better.

Hard work!

No one left behind.

HOPE



Equity Consultant

- Dr. Jade Aguilar
 - Vice President of Diversity, Equity, and Inclusion at Willamette University
 - Self-assessment review and discussion
 - Scaffolding educational work and conversations
 - Questions?

Cultural Competence Self-Assessment Checklist

SECTION 1: AWARENESS

LOWEST SCORES

- I am aware of my discomfort when I engage with others with a race, religion, sexual orientation, language, or ethnicity that is different from my own.
- I am aware of my stereotypes as they arise and have developed personal strategies for reducing the harm they cause.

HIGHEST SCORES

- I view human differences as positive and an asset to society.
- I have a clear sense of my own ethnic, cultural and racial identity.
- I am aware of how my cultural perspective influences my judgement about what are “appropriate,” “normal,” or “superior” behaviors, values, and communication styles.

SECTION 2: KNOWLEDGE

LOWEST SCORES

- Know the historical experiences of non-European Americans in Oregon: I am knowledgeable about historical incidents in Oregon's past that demonstrate racism and exclusion towards Americans of non-European heritage (e.g. Black exclusionary laws, Redlining policies, Sundown Towns, and Japanese internment).
- Know my own family history: I know my family's story of immigration and/or assimilation into the United States.
- Inter-cultural and intracultural differences: I acknowledge both intercultural and intracultural differences.

SECTION 2: KNOWLEDGE

HIGHEST SCORES

- Gain from my mistakes: I make mistakes and learn from them.
- Assess the limits of my knowledge: I recognize that my knowledge of certain cultural groups is limited and commit to creating opportunities to learn more.
- Acknowledge the importance of difference: I know that differences in race, culture, ethnicity etc. are important parts of an individual's identity which they value and so do I. I do not claim to be "color blind."
- Understand the influence culture can have: I recognize that cultures change over time and can vary from person to person, as does attachment to culture.
- Commit to life-long learning: I recognize that achieving cultural competence involves a commitment to learning over a lifetime.
- Understand the impact of racism, sexism, homophobia: I recognize that stereotypical attitudes and discriminatory actions can dehumanize, and even encourage violence against individuals because of their membership in groups which are different from myself.

SECTION 3: SKILLS (Overall lowest)

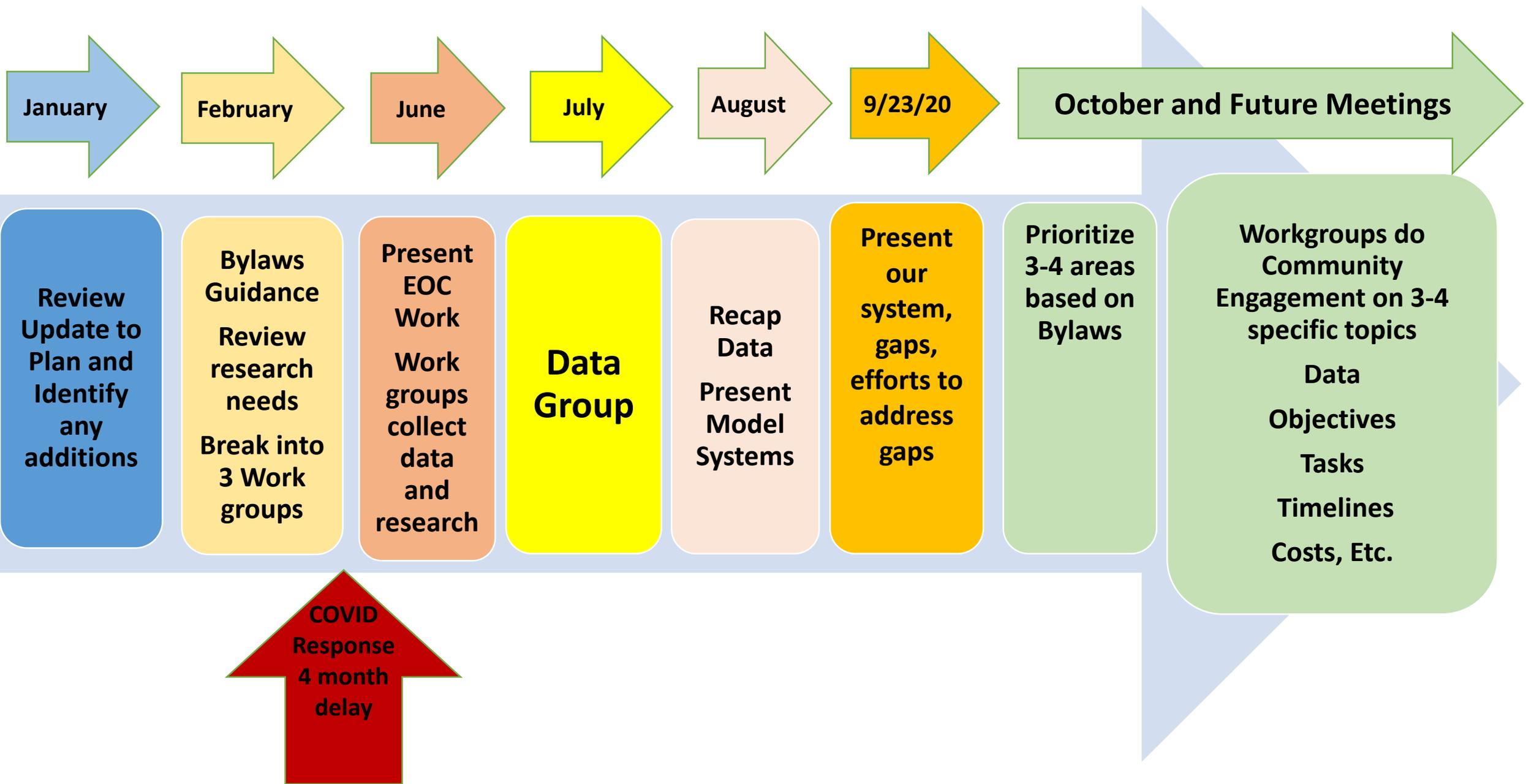
LOWEST SCORES

- Challenge discriminatory and/or racist behavior (bystander intervention): I effectively intervene when I observe others behaving in racist and/or discriminatory manner.
- Seek out situations to expand my skills: I seek out people who challenge me to maintain and increase the cross-cultural skills I have.
- Become engaged: I am actively involved in initiatives, small or big, that promote understanding among members of diverse groups.
- Recognize my own cultural biases: I know and use a variety of relationship building skills to create connections with people who are different from me.

HIGHEST SCORES

- Act respectfully in cross-cultural situations: I act in ways that demonstrate respect for the culture and beliefs of others.
- Be aware of within-group differences: I'm aware of within-group differences and I would not generalize a specific behavior presented by an individual to the entire cultural community.

HOPE Timeline – where are we now?



Questions?

- Email: Julie.Arena@co.benton.or.us
- Visit the HOPE Website:
<https://www.co.benton.or.us/health/page/housing-and-homelessness>