



# Home, Opportunity, Planning, and Equity (HOPE)

## Advisory Board Meeting

### Approved Minutes

June 23, 2021 from 4 pm to 6 pm

ZOOM Meeting



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- Members Present:** Florence Anderson; \*Xan Augerot (Commissioner, Benton County); Catherine Biscoe; Karyle Butcher; Bruce Butler; Anita Earl; Joel Goodwin; George Grosch; Barbara Hanley; Nicole Hobbs; Christina Jancila\* (Business Associate); Pegge McGuire\* (CSC); Jim Moorefield\* (Co-Chair); Jan Napack\* (Corvallis City Council); Reece Stotsenberg\* (Co-Chair); Janie Tebeau.
- Excused:** Bryan Cotter; Charles Maughan\* (Corvallis City Council); Andrea Myhre; Aleita Hass-Holcombe.
- Absent:**
- Staff Present:** Julie Arena (Benton County Health, HOPE Program Coordinator); Paula Felipe (Benton County Public Health, recorder); Suzanne Hoffman, Health Department Director; Joe Hahn, Diversity Coordinator.
- Guests:** \*Executive Committee Members.
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- I. **Welcome and Introductions.** Meeting overview. Three guests tonight: Dan Cortez from Chelsea MA to present on care coordination model called “the Hub” or the situation table; Simon Date with Corvallis Chamber of Commerce; and Danielle Brown of Benton County Behavioral Health. Reminders about culture agreements such as inclusivity, kindness, respect, curiosity.
- II. **Public Comments (limited to 2-3 minutes).**
  - No Comments
- III. **Approval of Minutes: MOTION** made by Xan Augerot to approve the May 2021 minutes. Captain Joel Goodwin seconded the Motion; all in favor; **MOTION** passed.
- IV. **Membership update:**
  - Recruitment efforts for new members: Joint Information Center has been swamped with COVID-19 updates, and we are trying to work with them to create the County application so that it is updated and more inclusive and easy to read. Plans for targeted outreach and create visuals to share with community partners and with city and county via social media.
- V. **Overview and Community Updates:**
  - The Corvallis City Council has removed the moratorium on enforcement of illegal camping as of May 15th. The City has provided guidelines to help houseless community members know where they can legally sleep at City Hall and the city parks system in accordance with the Boise decision.
  - Providers are witnessing lots of people in tents who have nowhere to go. Providers have shared they are seeing traumatizing experiences trying to find and relocate to anywhere safe.
  - Emergency Housing Vouchers (EHVs): Temporary increase in federally funded housing

vouchers, just received by Linn Benton Housing Authority.

- HOPE Board work group met to discuss housing voucher increase and strategies: Pegge, Andrea, Janie, Jim, and Xan
- Concern we don't have enough for these vouchers; only good for 10 years. Funds to be used for moving; first and last month's rent. Specific referral process legislatively created: It has to come from a community partnership: CSC; CARDV--come through those two community partners. Prioritize referrals using these vouchers.
- Congratulate Pegge McGuire for her new position--officially placed as Director of Community Services Consortium.

## VI. Update on Joint Elected Officials Making Recommendations.

- City and County elected officials met to review the HOPE recommendations and discuss the process of formally accepting them. Link to the meeting video: <https://vimeo.com/553411384>
  - Link to final recommendations: [https://www.co.benton.or.us/sites/default/files/fileattachments/health\\_department/page/7506/hope\\_policy\\_recommendations\\_4-28-21\\_approved.pdf](https://www.co.benton.or.us/sites/default/files/fileattachments/health_department/page/7506/hope_policy_recommendations_4-28-21_approved.pdf)
- Both bodies shared gratitude for the work the HOPE Board has done and the process of data collection, research, prioritizing, and community engagement as outlined by the Bylaws.
- Accepting the HOPE recommendations:
  - 6/7/21: Corvallis City Council voted to accept the recommendations.
  - 6/8/21: County Commissioners reviewed the City's thoughts on lead roles and responsibilities for the recommendations.
  - 6/15/21: County Commissioners voted to accept the recommendations.
  - 6/24/21: city and county internal staff are meeting to review elected officials priorities among the HOPE recommendations and prepare an overview for the 7/1/21 joint meeting.
  - 7/1/21: Joint City and County Elected Officials meeting to discuss lead and joint roles and responsibilities to implement the recommendations.
- Xan: huge step forward with these substantive discussions to bring together solid plans to address the HOPE recommendations.

## VII. Guest Speaker: Dan Cortez

- Community Engagement Specialist with Chelsea, MA Police Department
- Adopted the "Hub model" of care coordination, also called the "situation table" where partners and providers from different organizations come together to jointly coordinate on complex situations.
- 7 minute video with an overview of the Chelsea model of care coordination and four filter process to bring situations to the group: <https://youtu.be/UK8v8s6t63E>
- Julie sent out email on hub model and process; and Dan Cortez followed up with job descriptions that Julie shared with workgroup.
- Karyle: Question: A call about person moving a trailer by a stream—who to call to connect woman with services? Anita: Share my Corvallis Housing First phone number, and we can attempt to help with housing. But if not a housing issue; there is a reporting page for City of Corvallis to report code issues under "report a problem."
- Daniel Cortez: Hub process is simple; a filter process to share info to mobilize a team to

assist with intervention of services.

- Two things needed in Hub: coordination and communications.
- Create a hub team; meet every week and start to learn what everyone else does. Learn all services available in community.
- 120 communities in Canada and 16 or 18 in United States. First Hub in Chelsea, MA, which changed the community including major drop in crime.
- Hub brought community together around common issues: such as child protective services; law enforcement; addiction services; mental and behavior health issues, among others.
- Review scenarios, such as a nurse sees someone continually coming into the emergency room. Bring to hub meeting and engage with other agencies; facilitator asks questions. History of drug use, diagnose mental health, highly at risk in community. Does the person consent to receive help? If yes, review history with all services. Is person acutely at risk; if everyone says yes, we can share info.
- Discussion of the four filters: Intro to the table is based on risk factors; share limited disclosure of information. Part of hub is everyone has a rolodex of all services. Filter 4 happens separately and meet to develop strategy, which is a plan and provides hope to person.
- Implement strategy: 1) Did she accept treatment and reunification plan?; 2) informed of services but not ready right now; 3) flat out refuses; 4) she has left the area and moved on; unable to locate.
- In database; risk factors and what is needed and outcome. Don't keep situations open for long like 2 weeks; doesn't mean stop trying to help person; but in a situational table, identify risk, mobilize resources, offer services and provide updates. It's not case management, so not sharing too much info.
- Form filled out; top has checklist designed for social workers to check off risk factors; person at risk checks off additional risk factors. Works incredibly well. Doing it for 6 years and hub has transformed our community.
- Can be adapted to fit the needs of community; elderly; hoarders; kids at risk; drug use; families; domestic violence; alcoholism; homelessness; community at risk. Hub helps coordinate services and communication.
- We had 804 hub situations in six years; and 500 situations talked about after hub meeting; we met on Tuesdays.
- Christina: How do you determine extreme risk? Who determines who to call? Daniel: provide a one minute training video. Teams that rescue people who are drowning; look at how do they get in the river? If falling off; then build a protective barrier. For example, look at why people's childhood trauma remain unaddressed.
- One stop shop: I run hub in community; mobilized community to help people.
- Question: how much is hub about getting homeless housed? Dan: homelessness is one issue/problem; look at solving the risk factors that homeless person has, including mental health, addiction; lost job; income; reasons why unhoused. Mental health is number one risk factor; housing number 2.
- In past 3 years, City council and leaders plug money into services for people facing addiction. Teams working with people; homelessness is one of risk factors we address.
- Jim: Congrats on incredible success; look forward to how we can adapt. Point of hub to identify the risk; connect to resources.
- Julie sent follow up questions via email. Workgroup will meet in July and bring back their

findings at July board meeting to recommend the model to city and county. Thank you Dan!

**VIII. Simon Date (Corvallis Chamber of Commerce):**

- Houseless Survey 2021 full results; April and May 2021.
- Chamber 370 members; Simon date-CEO / President for 2 years.
- Represent businesses in Corvallis/Benton County.
- Unique concerns of business community like geographic areas/issues.
- Speak from Point of View of knowledge.
- Share unfiltered data; 17 questions; 4 had subsets.
- Not scientific; perceptions vs. reality.
- Human rights trump business rights.
- Feedback from different church groups
- 68 duplicate IP addresses coincide with facebook posts
- Survey was anonymous
- Transparency
- 3 groups took survey: everyone 456; owned a business 162; belonged to the chamber 83 (group 1 and 3 in this presentations). (See powerpoint presentation for details).
- Survey conclusion about behaviors; increase in negative behaviors (see slide).
- Solutions for negative behaviors: who is going to help? HOPE has good action plan for longer term; no solution from Hope and other groups for today. How are these organizations going to help me tomorrow with negative issues? No plan for tomorrow or today is perception; reality vs perception; Julie would like to share HOPE recommendations at upcoming chamber meeting. Some are immediate/urgent issues.
- Catherine Biscoe: thank you. Don't have triage response; business has triage from covid; not quick recovery for business owners; recommend we prioritize businesses that cannot wait five to 10 years for solutions to be implemented.
- Simon gave his cell phone for board members to follow up.
- Pegge: thank you! Services don't draw homeless to our community....this is a traumatic issue for everyone involved.
- Simon: perception vs reality; you are doing fantastic work. Consistent concern of business community. Perception is the city does not care; how do we change that—Julie will follow up with Chamber.
- George: Thank you for being here Simon. It is important that business voices be heard and that their opinions are largely based on frustrations we all share.

**IX. Danielle Brown – Benton County Behavioral Health Director**

- Brief overview of main services offered from Behavioral health, including substance use disorders; adult outpatient services; peer delivered services; children's WRAP program; Housing Program; School Based prevention; Medication Management; Choice Program; Supported employment; Drug Treatment Court; CHC Behavioral Health team: Psychiatric Security Review Board; Medication Assisted Treatment; Assertive Community Treatment; Pre-Commitment Investigations; Jail and Forensic Services; Crisis Services; and Early Assessment and Support Alliance.
- Crisis Response and Services for Benton County.
- Our focus is to serve any individual within our county experiencing a crisis 24 hours a day
- Daytime Crisis (Mon-Fri 6am-8pm) is covered by the Crisis Team

- 4 Masters level clinicians (Qualified Mental Health Professionals – QMHPs)
- Afterhours Crisis (8pm-6am Mon-Fri, weekends, and holidays)
- 12 QMHPs from the all of the mental health teams on a rotation
- We offer 24hr crisis response
- Crisis workers are paged by internal staff and community partners. Pages are called back within 5 minutes and the crisis worker will arrive at the site of the evaluation within 45 minutes of the request for service for external calls and within 15 minutes for internal calls.
- For every crisis, we follow up the next day to ensure that the patient’s needs are met and we also coordinate care with their care team.
- Inpatient Psychiatric Hospital discharge coordination
- Daily coordination meetings with inpatient hospital discharge planner
- Care coordination for clients in the inpatient hospital discharging to Benton County
- 24 hour crisis line for all community members: 1-888-232-7192
- Answered by clinicians 24hrs
- Partnership with local law enforcement
- Coordinate a quarterly 40hrs. Crisis Intervention Training in our community
- Crisis Text Line – Text “Oregon” to 741741.
- Questions: where are they housed...emergency room for further evaluation. Could be inpatient psychiatric unit; depends of level of risk; ER physicians make decision; do secondary risk assessment and make recommendations; up to hospital doctors to write; 2 physicians hold for longer term hold—5 days.
- Cannot have overlapping holds when only can keep for a few days
- Crisis center would allow for people to have safe place to go and receive treatment and care and connect with long-term services other than ER department.
- What are wait times for mental health treatment? With covid now we are out 7 to 9 weeks for evaluations; trying to minimize wait times as people need help.
- Danielle is available to come back to engage with this group again.

**X. Next steps:**

- Board recruitment in July and August for two openings.
- Upcoming progress on HOPE recommendations:
  - 6/24/21: city and county internal staff are meeting to review elected officials priorities among the HOPE recommendations and prepare an overview for the 7/1/21 joint meeting.
  - 7/1/21: Joint City and County Elected Officials meeting to discuss lead and joint roles and responsibilities to implement the recommendations.

**XI Meeting was adjourned at 6 pm.**