



**Home, Opportunity, Planning, and Equity (HOPE)
Advisory Board Meeting
Approved Minutes
April 27, 2022 from 4 pm to 6 pm
ZOOM Meeting**



Members Present: Catherine Biscoe; Karyle Butcher; Bryan Cotter; Caden De Loach; Anita Earl; Joel Goodwin; George Grosch* (co-Chair); Ari Grossman-Naples; Barbara Hanley; Melissa Isavoran; Briae Lewis; Cindee Lolik* (Business Associate); Charles Maughan* (Corvallis City Council); Pegge McGuire* (CSC Director); Jim Moorefield; Andrea Myhre; Jan Napack* (Corvallis City Council); Chanale Propst; Nancy Wyse* (Chair of Board of Commissioners).

Excused:

Absent:

Staff Present: Julie Arena (Benton County Health, HOPE Program Coordinator); Paula Felipe (Benton County Public Health, recorder); Joe Hahn, Diversity Coordinator; Rebecca Taylor; Kailee Olson, Health Department Communications Coordinator.

Guests:

*Executive Committee Members.

- I. **Welcome and Introductions.** Reminder of culture of agreements, including inclusivity, curiosity, respect, and kindness.
- II. **Public Comments (limited to 2-3 minutes).** No Comments.
- III. **Approval of Minutes: MOTION** made by Bryan Cotter to approve the March 23, 2022 Minutes; **Seconded** by Jan Napack; All in favor; **MOTION** passed. Abstained due to not being in attendance at the March meeting: Karyle Butcher, Barbara Hanley, Melissa Isavoran; Chanale Propst, Nancy Wyse.
- IV. **Educational Component: Coordinated Entry Data Systems.**

Guests: James Ewell, Street Outreach and Coordinated Entry Coordinator from Lane County, OR, and Melissa Baker from Clark County, WA

Presentation by James Ewell of Lane County: What is Coordinated Entry?

- HUD process to ensure equal access to people who need assistance and housing.
- Based on priorities and needs.
- 20 years of experience; worked as provider prior to coordinated entry
- HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and

- identify needed resources.
- HUD qualities:
 - Prioritization
 - Lower barrier
 - Housing first orientation
 - Person-centered
 - Fair and equal access
 - Standardized access and assessment
 - Referral protocols
 - Refer to Graph
- Identify needs/initial triage (Access; Assessment; prioritization; referral):
- Diversion
- Intake
- Initial assessment
- Potential eligibility assessment
- Comprehensive assessment

Question: Isn't coordinated entry more efficient for an organization to use it? Yes, CE would be beneficial and determines which type of housing program best for them. CE ensures community knows how to access resources and services they need.

- Front Door Assessment—Central Waitlist—Referrals to Housing Projects.
- See graph/video for more details on above process.
- Question: How long from assessment to some type of housing other than emergency shelter? Where are the biggest gaps in types of units available? Not an average; most max out at 6 months. 200 currently needs permanent supportive housing; need 150 more—it's a big gap.
- Question: Pegge: Just being on the list does not guarantee someone gets housing, right?
- Less than 5 percent on list referred to housing; Don't have an average number; most max out 6 months before getting housing; we need permanent supportive housing units; have over 200 people need that type of housing; have some permanent supportive housing; need more.
- Less than 1.5 percent vacancies rate; impossible to find rentals in our programs.
- Lack of housing causes homelessness.
- Need vast amounts of affordable housing in our community.
- Question: what percent participation with clients? 675 households on centralized waiting list. 4,000 population; Trying to improve access to coordinated entry.
- Coordinated Entry System Map (see slide)
- **Benefits of coordinated entry:**
 - A single entry point for accessing housing services
 - Eliminates need to individually contact every provider
 - Households are matched to appropriate service needs
 - Consistency in paperwork and assessment
- **For Service Providers:**
 - Only receive referrals of clients screened for eligibility
 - No need to maintain internal program waitlists

- Referral process is handled by HMIS staff
- Households needs are identified upon referral
- **For Data Quality:**
 - Determine the needs, not just the numbers
 - Measure system performance (inflow vs outflow)
 - Identify gaps in service delivery/areas for development
- **For the Community:**
 - The most vulnerable neighbors are priorities
 - Have a collaborative approach to ending homelessness
 - Better position your community to receive HUD funding.

Discussion:

James: We are really in preliminary stages in development of diversion resolution. Anticipate that 5 percent will become much higher. Most on waitlist not getting formalized case management. As we move toward system, we get those folks connected...having problem-solving conversations to resolve their homelessness. And we need to develop housing in our community. Five percent get the housing.

Jim: question: Typically, every housing property maintains wait list, does your list intersect with this list?

James: no, we have a landlord liaison position and he is working on fostering relationship with property management and landlords and rental agencies; to work on referrals and diversion conversations. We have partnership with housing authorities. Some of our programs able to get into their units. Big goal is to merge as many separate wait lists as possible and put under umbrella of coordinated entry.

Question: share more about outreach efforts? James: doing great in street outreach. We now have full geographic coverage; some with contracts with local providers; east north south west teams go out in teams of 2 or 3; 7 days a week street outreach who interact with people in camps and rural forested areas; giving them survival supplies to connect them with resources; building rapport; engage with same people until rapport. I will put email in chat to discuss street outreach; that's where I started my career.

Presentation of Melissa Baker, Clark County Coordinated Entry Director with Council for the Homeless:

- Brief overview of Clark County Homeless Crisis Response System and Continuum of Care:
- Back in 1994; HUD said make COC happen to address homelessness
- Clark County WA had coalition of service providers (see slide)
- Task Forces and Work Groups--HUD requires.
- Briefing on Structure of Clark County Continuum of Care.
- COC Steering Committee oversees Coalition of Homeless Service Providers; workgroup; severe weather task force; system performance group; HMIS User's group; project Homeless Connect (See Graph online in powerpoint presentation).
- Housing First Cohort; Coordinated Outreach; By Name List Workgroups (veterans; chronically homeless); FCA Group. Workgroups help overcome barriers and work with clients with knowledge sharing and collaboration.
- Embrace "no wrong door"
- Want to help everyone to access the system.
- Main access points; but also grow in past year--a grant for coordinated outreach
- Outreach team of five people; one role is systems manager who works with outreach providers. It is a county grant. Over 80 percent of people doing outreach in Clark County

are participating in this program. Help people get buy in and work together. Reduce redundancies.

- Break down barriers and have access navigators.
- Using diversion approach; not a program; it's a way to interact with people; client centered; walk alongside of them and address barriers at every step.
- Highest need: Permanent Supportive Housing.
- Priority Pools; have access to programming; we have close relationship with housing authority; our employer of record. Allows for tremendous coordination. Certain priorities Put on lotteries for housing authority; also a Medicaid funded program to help find housing outside of traditional priority pool system. Great relationship with veterans affairs organization.
- How has coordinated entry affected our data quality? Everyone can see everything as long as permission are there; HIPPA (behavioral health) high visibility restrictions. Privacy policies there. Biggest effect – when access open source system; brand new fill out profile and has universal data points HUD requires to put into data; now all info is there for next person; ensures better data completeness; wonderful dashboards on website—which are public. Data quality dashboard—ensure it is public and can see how staff are doing entering data; helps incentivize to enter quality and timely data.
- Other dashboards—one for services and referrals—see shelter and other housing programs. Click on it and see how many people services and exits into housing; what percentage chronically homeless; race, ethnicity, age, and so forth.
- We have 29 agencies that enter into HMIS in Clark County.
- Another is Equity Dashboard; we can show historically marginalized and how over presented they are in the community. How many access services and we can hone in on how to better serve those who don't have good access.
- Training on system and data? Strong partnership with faith community; church partners provide shelter in severe weather. We do the training; want everyone to enter services and we provide the training. (See video recording for more details).
- Better serve clients; and more cost effective.
- From Melissa Baker - CFTH
- <https://www.councilforthehomeless.org/#>

V. Research Work Group update. (Melissa, Briae, Andrea, Barbara, Jan, Jim)

- What research can the HOPE Board do to inform existing implementation efforts?
- Research topics that inform city/county and provider implementation of HOPE's 12 recommendations, starting with elected officials' priority topic: #6 recommendation of a 24/7/365 sheltering system for all populations to transition people out of homeless.
- This research could include sheltering and data systems that aim to end homelessness, like Built for Zero.
- Inextricably linked to recommendation #6 are data improvements like coordinated entry (#1), care coordination with adopting a situation table meeting (#3), and sustainable funding models for case managers/outreach workers/peer support (#4).
- Building organizational capacity for local providers to expand programming/capacity to transition people out of homelessness. How can the city and county support providers in growing capacity, if they want to, in ways that align with their mission? (Foundational rec. A: capacity)

- Barbara: researching Rogue Retreat in Medford and how they expanded from running a shelter to having multiple locations for transitional and PSH.
- Julie: researching how non-profits have successfully grow their organizations. Example: Portland Homeless Family Solutions
- Built For Zero: they are at capacity to support more locations in OR. Recent OR state legislature investment to expand their capacity to support more places in OR.
- Action Item: Julie to research this, package up the info, and try to invite speaker for educational component for a HOPE meeting this summer.
- FUSE: how it works, process, partners, outcomes, how it measures success.
- Action Items:
 - Andrea has contact for FUSE in Lane County and will make contact.
 - Melissa and Charissa will connect with Andrea on FUSE in Lane County.
 - At next work group meeting, we will assess who might be a good educational speaker on FUSE to invite to a future HOPE meeting.
- Coordinating our HOPE educational topics with research needs:
 - IHN – what they do and how they touch homelessness and population health.
 - Built for Zero
 - FUSE
 - Drug Court and Community Court (May meeting)
- Possibility to collaborate on research instead of duplicate efforts:
 - InterCommunity Health Research Institute is planning to collaborate with OSU's Policy Analysis Lab on research about solutions to homelessness.
 - What is IHN's Research Institute?
 - What are the possibilities for working with OPAL in the near future on research topics that align with this work?

VI. Update on Adding Staff Capacity, Community Updates: (see slide)

- County recruited for a Project Manager to support implementation efforts and manage the portfolio of projects involved in the HOPE recommendations, prioritizing sheltering. Rebecca Taylor has accepted the job of HOPE Implementation Project Manager effective April 11, 2022. Rebecca Taylor worked 8 years for Benton County Community Development; on building and planning large projects; worked as construction manager for Habitat for Humanity; excited to be part of HOPE team.
- County recruited for a Grant Research and Writer to research and apply for funding that aligns with various HOPE recommendations. Pursuing contracting out for this work.
- Jan: Doing a story on Rebecca to inform the public? Julie: could ask Kailee—she is in training and hope in future to have that capacity to communicate to public.
- City and County Homeless Services Pilots ([HB 4123](#)): This proposal funds 8 pilot areas across Oregon to support cities and a county to work together to address homelessness.
- City and County are working now to meet the deadlines and start the process of meeting the requirements outlined in this statute
- Community Updates (Andrea): Corvallis Housing First has been accepted into the Supportive Housing Institute sponsored by OHCS.
- The institute helps put together the Permanent Supportive Housing project at Third Street Commons (the former Budget Inn), and offers training and coaching on many areas related to project development including housing design, services, and sustainability.

- Update on In Person / Hybrid meetings. Sam Bailey and Kailee looking into it.

VII. Co-Chairs Election.

- George Grosch was approved as co-chair during the March meeting. Briae Lewis has expressed an interest in becoming a co-chair to be more involved and assist the council and city and community.
- **MOTION** made by Karyle Butcher to approve Briae Lewis to become HOPE Co-Chair. Charles Maughan seconded the MOTION. All in Favor; **MOTION** passed.

VIII. Next Steps.

- Research work group will continue to meet.
- Julie pursuing educational topics for upcoming meetings:
- May meeting: Drug Treatment Court and Community Court
- June meeting: Street Outreach and Response Team experiences and practices
- IHN-CCO: what work or investments target homelessness or population health community wide?
- Housing First: definition and policy examples in practice
- From Barbara Hanley, I would like to know more about the Supportive Housing Institute. Could it be a topic on next month's agenda?
- Barbara - I think we would love to present our project sometime in August or September after we get support from the institute!
- Parallels for situation table/hub model – rather than multiple places to enter system; bring system to them; situation table more about finding people at high risk; emt/police; emergency room/cert team bring to situation table to meet person where they are— coordinated entry has some similarities to get people on same page.
- **HOPE meetings are the 4th Wednesday of each month from 4-6 pm The upcoming meeting agendas are posted one week prior to the meeting, you can find them on the HOPE website: <https://www.co.benton.or.us/health/page/housing-and-homelessness>**

IX. Meeting was Adjourned at 5:57 pm.