



Home, Opportunity, Planning, and Equity (HOPE)

Advisory Board Meeting

Approved Minutes

May 25, 2022 from 4 pm to 6 pm

ZOOM Meeting



Members Present: Catherine Biscoe; Karyle Butcher; Ricardo Contreras; Bryan Cotter; Caden DeLoach; Anita Earl; Joel Goodwin; George Grosch* (co-Chair); Ari Grossman-Naples; Barbara Hanley; Melissa Isavoran; Cindee Lolik* (Business Associate); Charles Maughan* (Corvallis City Council); Pegge McGuire* (CSC Director); Andrea Myhre; Jan Napack* (Corvallis Mayor’s Assignee); Chanale Propst; Reece Stotsenberg; Nancy Wyse* (Chair of Board of Commissioners).

Excused: Briae Lewis* Co-Chair; Charles Maughan* (Corvallis City Council).

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 kindness and open-mindedness.
- II. **Public Comments (limited to 2-3 minutes).** Question to Board (Shawn Collins): Is there an opportunity to extend recommendations six or provide additional advice to community, City Council and County Commissioners whether 24/7 sheltering system includes managed camping? The posting and clearing of camps creates trauma and a lot of general chaos for folks who get moved and who need proper sanitation, hygiene, and so forth. I don’t know if there is clarity on whether sheltering system should include managed camping? Co-Chair George Grosch: Let’s put it on the agenda. Packed agenda tonight—can bring up at June meeting.
- III. **Approval of Minutes: MOTION** made by Pegge McGuire to approve the April meeting Minutes; **Seconded** by Bryan Cotter; All in favor; **MOTION** passed. Abstained due to not being at the April meeting: Ricardo Contreras, who just recently joined HOPE.
- IV. **Introducing New Board Member and Farewell to Co-Chair:** HOPE said farewell to Jim Moorefield, who served as co-chair and is stepping back from the HOPE board but still involved in permanent supportive housing and affordable housing and development. Thanks to Jim for two years working on the HOPE board! Welcome to new HOPE board member Ricardo Contreras; Executive Director of Casa Latinos Unidos. Ricardo thanked the HOPE Board for this opportunity to serve. He is from Chile and has been living in US for 20 years and in Corvallis since 2013. Ricardo said he will do his best to represent the Latinx community of this area on issues related to housing security and homelessness. Ricardo also teaches college courses in public health and anthropology. He is an instructor at Oregon State University and Pacific University where he teaches a non-profit

leadership course on equity and also teaches a course on grant writing. Throughout his career, Ricardo has combined academia and practice. He has experience working on the east coast in the US and in Guatemala and Chile. Casa Latinos Unidos was founded in 2009 and has 4 main areas of focus: health and basic needs through direct services and referrals; collaborating with organizations; capacity building while emphasizing education and working with school districts in Corvallis and Albany; and to celebrate cultures, which is at the center of Casa Latinos Unidos' mission while working on system reform and participating in collaborations like this one. HOPE members gave Ricardo a warm welcome in their CHAT comments.

V. Research: Work Group Update (Melissa Isavoran, Andrea Myhre, Barbara Hanley, Jan Napack); Facilitated by Julie Arena

- 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), adopting a care coordination model (#3), and sustainable funding models for case managers/ outreach workers/peer support (#4).
- FUSE in action in other communities.
 - Connecting with Lane County and a county in NV to learn about their FUSE model.
 - Frequent Users Systems Engagement (FUSE) is a proven model identifying frequent users of jails, shelters, hospitals and/or other crisis public services and then improving their lives through supportive housing.
 - <https://cshorg.wpengine.com/fuse/#intro>
- **IHN-CCO Research:**
 - IHN will be compiling the research questions we collectively want answered from which organizations so we are not duplicating efforts, such as organizational capacity building, sustainable funding strategies for positions, data improvements, etc.
 - InterCommunity Health Research Institute (IHRI) is looking at IHN's programs that have touched housing.
- **IHN-CCO Funding:**
 - IHN is assessing if they have the capacity to coordinate strategic financial investments on social determinants of health (SDOH). This role would be to convene all our community's funders to map the funding streams in the area for SDOH and coordinate how we strategically invest for shared priorities/goals.
 - IHN is releasing DST and SHARE funds, which have a focus on housing supports. Brick and mortar investments will only be for respite bed capacity. Exploring how they can use "in lieu of services" funding mechanism allowed by state to improve funding on this topic.
- We have completed some research on how successful non-profits have expanded organizational capacity in other OR counties. We are pausing on this research until city and county staff can discuss this topic with community partners.
- Question by Pegge: Do you have documentation about programs with promising outcomes? Potentially could be programs we look at funding over long term in future.

Melissa: Part of what IHRI does—take pilots and outcomes—we are trying to figure out how to communicate the good work that has been done; to market at higher level. OHA says CCOs not doing enough for communities and they rely on fundings, so helps community based groups grow and become sustainable over time. We need to get the message out what we do so others can leverage; what can we learn from that—to identify successes and create press releases.

- IHN—educational component at July HOPE meeting to talk about what IHN does. Including investments in population health and successes too. Will cover IHN’s structure, services, and the work they do on population health that goes beyond their covered members and includes the social determinants of health, like housing.
- From Pegge McGuire: Melissa, it would be great to hear a presentation from you about which of the DST programs have had some successful outcomes and maybe how some of those programs could be continued.
- Comment from Andrea Myhre: As we all know, it took decades of neglect and defunding of public housing and homeless services that got us here, going to take time to really establish a system.
- Karyle: question I get a lot: HOPE gathers data and research and I think back to HOAC—when do we take models and start implementing something so we can point to it and say we got the funding like hub model or anything. What are we telling people? Julie: Communications coordinator working on progress update and what is happening in our community; that is coming—in progress now. On care coordination models we just talked with providers last week; Andrea wants to have work group to take info and put into grant proposals or programs in future; integrate into future plans.
- Karyle: sense of urgency and immediacy; seeing people in trouble now; and people want to see HOPE make it happen now. Julie: HOPE did adopt fantastic recommendations and now we are onboarding two new staff members to help implement—pace of change not quick but collaborating with people running organizations-takes time—they have full time jobs; we are building capacity to support that change.
- Melissa: systematic complexity—in health care too. Incremental change; creating point of entry; scheduling dates, players, get people aligned; a lot of work goes into that. Quantify that in executive progress report; changing years of policy and data structures—good to explain in simplified way.
- Julie: tangible example: Project turnkey. Data HOPE collected from COI, Unity, Corvallis Housing First, etc. used in grant application to acquire hotel for permanent supportive housing. Pegge: CSC wrote grant pulled from HOPE data that brought funding for staffing capacity. Dina worked with Andrea—they were awesome. Great ideas and experience with HOPE informed that proposal.
- Nancy: agree—another issue in past; not enough political will in city and county; even though some but not high enough priority so now that has changed and I feel good about that change.

VI. Update on Added Staff Capacity and Community Updates.

- Benton County is contracting with a Grant Researcher and Writer to research and apply for funding that aligns with various HOPE recommendations. Welcome Libbi Loseke Winter!
- County has hired a Project Manager to support implementation efforts and manage the portfolio of projects involved in the HOPE recommendations, prioritizing sheltering.

Rebecca Taylor began as the HOPE Implementation Project Manager effective April 11, 2022.

- Question from Karyle: are these people working on county issues or HOPE? Julie: project manager and grant writer focus on HOPE recommendations. Example of grants? Julie: grant writer will be researching available funding streams; system of sheltering and supportive services—might not be county that applies for it; work collaboratively with provider partners to make them aware of funding opportunities. Community development block grant with county—yet to be determined as she researches funding streams.
- Jan Napack. (See slide): Corvallis City Council is considering revision of their funding policies for social services funding. Their upcoming work sessions are on June 19th and June 23rd. You can submit written comments to the City Council from the city’s website. Next meeting of city council is in July—formerly review and adopting; so one more meeting; this last week overview of social services—how fits into overall funding stream. Social safety net; in various government entities, coordination is very important. Open to hear your input.
- Samaritan Care Respite Hub update – Anita Earl works for Samaritan Health: 6 respite beds in Benton County and 12 in region; Samaritan health pays for beds; Works with COI; Corvallis Housing First; Northwest coastal and Albany; houseless person in need of recuperative space can use bed. (Due to audio issues, Anita’s presentation ended—will reschedule for another presentation in future.)

VII. **Educational Component: Adult Drug Treatment Court**

Guest Speakers: Judge Matthew Donohue, Circuit Court Judge; Benton County Circuit Court, 21st Judicial District; (Adult Drug Treatment Court); Ryushin Hart, Mental Health Provider; Eric Bowling, MSW, LCSW (Benton County Behavioral Health)—Eric was not able to attend tonight; Kate Creswell, Program Coordinator with Drug Treatment Court

- Since 2001. Started by Judge Holcomb as drug treatment court. Received grants.
- Program is one of few in the state that provides treatment for co-occurring disorders.
- Staffing Team: bedrocks of drug treatment court: Best practices treatment and operations and procedures as part of program; one is staffing team with stakeholders together in decision-making process. Judge Donohue is the presiding judge; (see slide for other staff members he introduces). Stakeholders who are involved intersect with criminal justice system and substance abuse; meet every Wed at 8 am to discuss the participant we will see soon.
- Assessment Protocol: (According to Best Practices Model):
 - LSCMI – Level of Service Case Management Inventory - Measures recidivism risk and criminogenic needs.
 - ASAM – American Society for Addiction Medicine - Measures addiction severity and determines appropriate level of care.
 - DSM-5 – Diagnostic Statistic Manual 5 - Identifies mental health diagnosis and guides treatment
- We are a co-occurring diagnosis court—many have co-occurring mental health conditions—like bipolar, schizophrenia, anti-social disorders, anxiety; post-traumatic stress disorder. Treat disorders simultaneously.
- Address high-risk individuals consistent with best practices for treatment courts.

- First phase: sentenced from criminal case or part of probation violation sanction; conditional discharge like for felony cases; instead of sentenced, given term of supervised probation. If successfully complete program, charge dropped.
- Treatment court does not just provide treatment but to address the underlying issues that led them to point they find themselves. We address housing needs; education; GED; job training; getting them stabilized; what they need immediately; what long term services they would need; almost half on phase one without stable housing; almost all without employment; trying to stabilize.
- Phase 2: Ryushin Hart: court functions with parallel process; provide incentives, sanctions; keep motivated; provides relief from convictions; treatment. Phases are court process navigating towards graduation in that process.
- Intense outpatient directed toward level of care; generally start to stabilize; toward recovery; life circumstances happen, family, challenges, and so forth. Maybe get to Phase 3 and relapse; and need to reenroll in higher level of care; respond individually; addressing needs. Judge: a lot of components happening at once.
- First step in Phase 1 get into housing.
- Some resources/partners who participate: Cascades beds; COI; Community Services Consortium; CSC; Oxford Houses; CHANCE; ARC; Pathfinder Clubhouse; DHS; God Gear; Community Outreach; Recovery housing; acute stabilization goal is safe and stable housing. It is their first need—cannot get moving toward prosocial without four walls, it's the start process of moving forward.
- Phase 3: Cognitive behavioral and moral reconnection therapy and programs. More prosocial –untreated substance abuse—maybe second or third generation; maybe untreated mental health issues; domestic violence and other trauma; focus on immediate needs; prosocial rehabilitation process moving forward; GED; employment;
- Question: is there a case manager who helps shepherd them? Ryushin Hart: in treatment program, there is a mental health social worker; drug and alcohol counselor; and case manager to help navigate thru program. Other community resources—direct toward those services like if parents need child care; parenting classes, and so forth.
- Staffing team diagram: Unique thing is all work as case managers every Wednesday morning--all case managers talk about how are things going with housing.
- Staffing team manage stakeholders thru the process.
- About half come in without housing; almost all unemployed.
- Program Statistics: 649 Participants Served; 324 Graduates (8 within last year).
- 2,334 Drug Tests Performed last year (84 percent clean).
- Graduate from program with housing and employment.
- Participant Demographics: 10 participants now (see graph in powerpoint).
- **Questions:**
- Pegge: Average age of participants? Judge: Most coming in 20 to 35 age group; but have had 35 to 40 years old.
- Andrea: Measure 110 impacts? How many do you serve per year?
- Judge: about 10 participants now; high as 40 or 50. Covid shutdown slowed down court process. Measure 110 played some role; used to have conditional discharges; drug possession charges; high risk, high need addiction phase. Important to catch people early on in addiction process. My experience has been Measure 110 goal to get people into treatment instead of system; problem with high risk high needs with substance abuse

addiction; need some incentive to make that change. Having criminal justice component; external incentive; goal to get into treatment and over time develop internal incentives; they see as benefits. Not going to jail is external incentive. Measure 110 taken incentive away from folks; so we are seeing them further along in their addiction.

- Ryushin Hart: most clients stated intention to avoid sentence. Work in sessions and groups; increase awareness and understanding how substance use impeded their success; internally motivated to make their own goals.
- Judge: Community wraps around them to ensure they have resources working with the community.

VIII. Educational Component: Community Court:

Guest Speakers: Judge Larry Blake, Municipal Court Judge in Corvallis, Happy Valley, Harrisburg, Newberg, Manzanita, Monroe, Philomath, and Sweet Home. Teresa Young, Municipal Court Supervisor

- Implemented in June 2021
- **Community Partners:**
 - The Arc of Benton County
 - Benton County Behavioral Health
 - CHANCE
 - Community Outreach Inc. (COI)
 - Corvallis Daytime Drop-in Center (CDDC)
- **Program Data:**
 - 37 Participants enrolled
 - 6 participants successfully completed
 - 17 case dismissals
- Blake served as a small Town Judge over 25 years handling issues. First case was young man who stole bottle of wine at local grocery stores. He was 18 years old and owner of store heard teen didn't have ability to pay for counselling, so the owner said she would pay for the counselling. Promoted the idea of working with the community.
- Working in Sweet home, Corvallis, Newburg; small town justice not possible. At Judge's conference, attended and toured Eugene community court and we liked some of it. We started a Community Court in Sweet Home— issues with housing, mental health, substance abuse. Brought providers into the court to address needs and have a community court.
- Reports from providers; check in and make appointments. Hope to see them again in a month.
- Try not to have too many attorneys and no law enforcement there; Judges wear a counselling cap and not considered above them.
- Person can be really nervous, and Judge Blake walks them thru the process. Started in Sweet Home a couple of years ago; people need help with education, employment, food, getting a mailing address. If charged with misdemeanor or traffic, can come to court and if engage in services and stay out of trouble, graduate, then all charges dismissed and waive all fines and fees. Therefore, it's a fresh start.
- Jail will not work in the long run.
- We provide lunches for them; happiest time in the courtroom when people are talking with providers and getting services.

- To allegedly commit a crime or violation, get into community court.
- Who can best benefit? Police like the community court so they don't have to deal with them on daily basis. They like the support. Police refer to community court. Also from city prosecutor who looks at criminal history refers to community court; and judge can too. Meets once a month; Last Thursday at 10 am every month.
- Given sheet this is what community court is and providers involved and expectations.
- Do a three page questionnaire; talk about housing, mental health, alcohol and drugs; peer support person helps to fill out form.
- Some challenged with reading, etc.
- Meet people they are assigned to; Judge reviews; they sign as participant to be at next court date; they grab lunch on way out.
- Would like more community partners to help meet needs. If someone wants help, we want to have help available. Frustrating if mental health assessment takes 3-4 months when they need help now.
- Have had successes—getting housing and treatment for substance abuse. In Sweet Home, people who don't have crimes, still come in to access providers even though no reason to come to court. You are welcome to visit Community Court in Sweet Home!

COMMENTS ON EDUCATIONAL PRESENTATIONS:

- HOPE members thanked the Judges and other speakers for their presentations.
- Cade: I work at the health dept. as a mental health peer support specialist; one of my clients has gone through drug treatment court and has acquired housing through the health dept. He is extremely grateful for the housing and MH services. He talks about how it has made all the difference in his ability to work through his recovery.
- Paula: Dr. Alex Stalcup, an expert on addiction and treatment said the very first need to address for successful treatment is Clean and Sober Living Environment. If someone has an addiction and drugs are brought into the living environment, they are set up for failure. So, it's critical for effective treatment to have place to live that is clean and sober environment.
- Anita: I have heard so many spectacular comments about Sweet Home's Community Court from the community! Thank you for providing this experience! It is its' own HUB model.
- Jan Napack: Any demographic data? Judge: most are struggling with housing or homelessness.

IX. Next Steps.

- June:
 - Research work group will continue to meet and research topics.
 - June meeting: Street Outreach and Response Team experiences and practices
- July Meeting: IHN-CCO structure, ongoing work, and investments that target homelessness or population health community wide.
- August – Julie is working on Housing First: definition and policy examples in practice. Including Corvallis Housing First and Unity Shelter to provide an update on 3rd Street Commons progress.

X. Meeting was Adjourned at 5:50 pm.