

MID-WILLAMETTE VALLEY HOMELESS ALLIANCE

CoC Performance and Evaluation Committee

Tuesday, April 6, 2021 | 2:30 pm - 4:30 pm

MEETING MINUTES

1. Welcome and Introductions

Carla Munns, CoC Staff

Carla welcomed the group and called the meeting to order at 2:35 p.m. Introductions were made.

2. Consent Agenda and Standing Items

Carla reminded members their annual Code of Conduct and Conflict of Interest forms are due, thanking those who already completed and returned theirs. Michael made motion to approve the March Meeting Minutes. Margie seconded the motion. Lisa abstained due to not being present at the March meeting. Motion passed.

3. CoC-Funded Project Evaluation: Mid-Willamette Valley Community Action Agency

The CoC has three CoC-funded projects to review and evaluate performance using approved scorecards and projects' Annual Performance Reports (APR). The PE Committee requested MWVCAA join the meeting to conduct a project performance review and "site visit". Ashley Hamilton, Breezy Aguirre, and Glenn Muna joined from MWVCAA and introduced themselves to the committee.

Ashley provided an overview of the intended presentation and discussion, separating into two parts for reviewing MWVCAA's two CoC-funded projects:

- 1) **Rapid Re-Housing:** Glenn Muna, ARCHES Program Manager, screen-shared a presentation highlighting the ARCHES Housing Opportunity Program (AHOP), which includes diversion, rapid-rehousing (RRH), and RRH PLUS (RRH+) programs. Based on vulnerability scores, clients are referred for Diversion, RRH, or RRH+ program services. Clients with lower vulnerability scores are referred to the diversion program and higher scores refers to RRH or RRH+ programs. Client data is pulled by CE once a referral is received by ARCHES. Coordinated Entry pulls housing status, severity of need/vulnerability score, and income limitations and sends to the appropriate program depending on vulnerability score. When a program manager receives a referral, they confirm eligibility of the client from the information pulled by CE and assigns the client to appropriate funding sources. Case managers work with clients in each respective program to assess needs and address barriers to housing, provide services and supports, develop a self-sufficiency plan, assist client with submitting rental and employment applications, developing positive relationships with landlords, etc. Ashley screen-shared the RRH APR and clients served with CoC funds.
- 2) **Supervision and Management of Coordinated Entry (CE):** Breezy presented an overview of the CE system. Clients are prioritized on the CE list based on experiencing highest needs and vulnerabilities, as indicated by an assessment conducted at a CE assessment site. Specific assessments are provided for individuals, families, and Veterans. A Transitional-Aged Youth-specific assessment tool has just been implemented at HOST to appropriately assess youth upon entry into CE. A new program has been implemented to onboard an agency wishing to become an assessment site to increase access for those seeking services. Since its launch, three additional agencies have expressed interest in becoming a CE assessment site. The CE system is based on serving those with the highest needs first, which can be a shift in practice for some partners.

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Needs from CoC: When asked by CoC staff, MWVCAA noted assistance from the CoC could include continuing helping implement CE as a foundational piece of the CoC, and assure the need for RRH housing navigators is being met (ESG CV-2 provides funding for these if awarded).

Breezy thanked everyone for coming to the table and continuing to build a robust CoC system.

4. System Performance Evaluation – Review CoC metrics submitted to HUD

[HUD](#) requires CoCs annually submit System Performance Measures (SPM) data for the region. HUD creates a Longitudinal System Analysis report from these data to provide HUD and CoCs with information about the local coordinated system of homeless assistance options, and how people experiencing homelessness use their local system of care. The PE committee reviewed the recent SPMs compiled and submitted by the CoC to HUD on 3/1/21.

Carla screen shared a presentation of SPMs provided to the Alliance board to review measures. Lisa asked if SPMs had national baselines to put numbers into context. Hunter responded that other than data quality which has a 5% error rate standard, there really aren't baselines as SPMs are really about trends.

System Performance Discussion

- Hunter highlighted a notable trend from the 2020 data that popped out to him upon review: the number of people coming into Emergency Shelter and Transitional Shelter decreased; however, the majority of people in 2019 identified as “first time homeless.” The data raises the question—did the number of those experiencing first time homeless in 2019 really decrease, or did those in 2019 get housed quickly, or were those that didn't get housed in 2019 remain unhoused in 2020? The length of time in programs increased. It is likely those homeless in 2019 and still homeless in 2020, remain unhoused.
- Chair Dan Clem joined the meeting and noted the community is experiencing an increase in individuals experiencing homelessness, and transitional housing availability is decreasing. He raised the question if there are interim steps that can be taken or non-traditional approaches to getting individuals into transitional housing?
- **Inappropriate Placement:** Dan noted the appropriateness of services for individuals being placed, may or may not be appropriate for those individuals, and causes a lack of services for those needing those specific services. An example provided was when someone gets placed in permanent housing that really needs transitional housing. Dan mentioned this is very common with those experiencing mental health issues.
- **Mental Health:** Dan provided an example where an individual presents at Simonka House with a mental health issue that requires clinical case management and medication management. There isn't much Simonka House can do in this situation, so those individuals are on the street and visibly experiencing uncontrolled mental health issues.
 - Nichole asked if mental health issues are collected in HMIS. Hunter clarified yes, it is listed as a “disabling condition - mental health issues” on the APR. It was noted this is only a self-report for experiencing a mental health condition. Coordinated Entry assessments collect more specific information through vulnerability assessments, but if we were to analyze differently than the current APR presents, the specific CE questions that relate to the specific mental health conditions of interest, would need to be identified to assess if the information gathered could answer those questions.
 - Margie asked if the county health departments are able to stabilize those experiencing mental illness, posing the question whether or not the county behavioral health departments are integrated into the treatment of those experiencing homelessness, and how to get them “at the table of the Alliance” to get uncontrolled mental health issues stable.

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- Aryn noted the county is developing strategies for the Community Health Improvement Plan to address behavioral health, and integrating a greater focus on serving those with mental health issues.
- Dede noted having weekly conversations with local health providers in an effort to build relationships. Dede credited primary care providers in trying to address complex needs as best they can, but PCPs aren't prescribing medications needed for stabilization of mental health conditions. Individuals are presenting at shelters that are not able to remain in shelter without medications to stabilize them.
- Dan and Dede discussed the need for "stabilization areas" to avoid wreaking havoc in camps and in service programs.
- Discussion took place around the fidelity of CE assessments administered during COVID since so many are not in the office and are conducting assessments over the phone. Dede expressed concern that assessments taken over the phone are skewed and not administered at the level of service and intervention needed for those on the streets experiencing unstable mental health issues. Stable housing can be sought after stability is accomplished.
- **Improvement Discussion:** review of SPMs and system performance includes the identification of improvement areas to recommend to the CoC Collaborative Committee and CoC Board. The committee agreed to create a document with recommendations to consider bringing forward to the Collaborative Committee for feedback. Initial discussion included:
 - Increase the supply of affordable housing, permanent supportive housing, and transitional shelter.
 - Involve county behavioral health departments into the CoC—a rapid response is critical to those living with unstable mental health conditions.
 - Explore implementing "stabilization areas" to avoid chaotic and dangerous situations in public, in camps, and within service programs.
 - Imbed health and safety into the CoC and county Community Health Improvement Plans, potentially forming a subcommittee of the Collaborative Committee.
 - Build relationships with local primary care providers and offer training or safety net support if prescribing medications to stabilize those experiencing mental health crises.
 - Equip street outreach workers with training on individuals experiencing unstable mental health conditions, newly funded through the Emergency Solution Grants (ESG)-CV2 funds intended to be awarded by OHCS.

5. Follow Up

Next month: ESG-CV2 overview of funding and performance criteria; ESG-funded monitoring visit from Community Action Agency; and develop a draft of recommendations for system improvement.

PE Committee Members (10)

Dan Clem , Chair, Union Gospel Mission	X	Michael Livingston , CANDO neighborhood Assn	X
Julie Conn-Johnson , SKSD MVP Program	X	Margie Lowe , Marion-Polk Early Learning Hub	X
Nichole Dickey , Catholic Community Services	X	Lisa Trauernicht , Marion County BOC	X
Shawnn Hartley , OHCS	X	Aryn Walker , Marion County HHS	X
Dede Hazzard , UGM Simonka House	X	Staff:	
Christine Lewis , PacificSource	X	Carla Munns , Consultant MWWHA	X
Guests			
Ashley Hamilton; Glenn Muna; Breezy Aguirre; Community Action Agency		Hunter Belgard, OHCS	

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