

Mid-Willamette Valley Homeless Alliance

Health and Safety Subcommittee

Meeting Minutes

Tuesday 1/25/22 1:00pm-2:30pm

Attendance (P = Present; A = Absent; E = Excused)					
Carol Salter	A	Hannah Paysinger	A	Kerry Blum	A
Chris Barber	P	Janet Scott	A	Kristin Kuenz-Barber	P
Christina McCollum	P	Jayne Downing	P	Lindsay Dent	P
Darren Anderson	A	Justin Hopkins	P	Samantha Dompier	P
Elaine Lozier	A	Kari Wilhite	A	Treven Upkes	P
		Kathy Savicki	A		

TIME	AGENDA ITEM	PRESENTER
1:00 pm	<ul style="list-style-type: none"> • Brief Introductions • Review and approve November meeting minutes • Call for Co-Chairs 	Stephanie Jensen (she/her) Rachel Lakey (she/they)
1:20 pm	<ul style="list-style-type: none"> • Review Subcommittee Charter: mission and roles • Context and clarification on strategies #1, #5, and #6 • Create inventory of current projects and initiatives happening in the community under each strategy 	Stephanie Jensen (she/her) Rachel Lakey (she/they) All
2:00 pm	Discussion on committee next steps: data gathering and assessment versus forward-moving action steps	Stephanie Jensen (she/her) Rachel Lakey (she/they)
2:20 pm	Assign action items	Stephanie Jensen (she/her) Rachel Lakey (she/they)
2:30 pm	Adjourn	

Health and Safety Subcommittee Tasks Identified in Alliance Strategic Plan

Inventory of Current Initiatives

- 1.4.5. Identify services to respond to local **behavioral health needs** of people experiencing homelessness (e.g.; after hours resources, a mental health stabilization center)
 - Crisis and Information Hotline
 - Acute Care Council
 - Mobile Crisis Response Team (PD)
 - Center for Hope and Safety
 - Psychiatric Crisis Center
 - Marion County Crisis Services (w/ Salem PD)
 - Soon: Navigation Center (City of Salem & Arches)
 - 211 (988)

 - Above list is for acute crises. There is a lack of services for day-to-day and long term services and treatment.
 - Need more services for SPMI
 - Need more transitional services for folks released from State Hospital
 - Wraparound services and ability to treat “in the field”
 - Need more information from ACT teams and County reps
 - Subcommittee may be tasked with helping homeless service providers understand and identify these existing bridges to treatment and care.

- 6.1.2. Mitigate health and safety issues associated with **encampments** (e.g., garbage, public facilities, access to clean water)
 - Managed vs unmanaged encampments: unmanaged has a need for H&S services
 - City-sponsored response to unsheltered living: C@P workforce development and encampment cleanup
 - NWHS: Medical Street Outreach Team (in collaboration with other CBOs)
 - Who has ownership and responsibility for addressing health and safety on a minimal level at unmanaged encampments?
 - Location and access: are emergency providers able to get to the encampment? What are the environmental risks of the area?
 - Subcommittee role in mitigating these issues? Possibility to make formal recommendations.
 - Opportunity to expand and build up Medical Street Outreach Team

- 6.1.4. Identify opportunities to improve access to **substance abuse treatment and recovery supports** for people experiencing homelessness
 - Bridgeway
 - Marion County Law Enforcement diversion

- Not enough detox services in Salem and Marion-Polk area (without having to travel to Eugene or Portland)
 - Overall lack of substance abuse resources in the community
 - Advocate for more peer support teams (addiction & co-occurring homelessness and mental health)
 - Substance use disorder contributing to chronic homelessness
 - OHA behavioral health/SUD grants—who is applying for these locally and how can we support/collaborate?
 - Great Circle Recovery Center
 - Measure 110 funding in the future—still facing barriers on getting the money into the community
- 6.2.3. Explore avenues for **health and homeless services system coordination**
 - Boots on the ground view rather than administration/HIT
 - Break up siloes with robust education and information-sharing approach
 - Coordination with emergency services when folks get discharged from hospital—coordinate transitional care
 - How can we advocate for information sharing among health providers and homeless service providers? Create MOUs among stakeholders and minimize HIPAA limitations
 - 6.2.4. *Include in the charter for a new “health and safety subcommittee” the charge of increasing collaboration for coordinated care/care management, including **connecting homeless clients to health care services**, utilization review, non-emergent medical transportation, and insurance assistance*
 - 6.3.1. *Work with Marion-Polk CHIP partners to **strengthen collaboration between outreach workers and health care providers***
 - 6.4.1. *Include in the charter for a new “health and safety subcommittee” the responsibility for exploring and recommending **data-sharing mechanisms between the CoC and health care providers***
 - 6.4.3. *Include in the charter for a new “health and safety subcommittee” the responsibility for identifying ways to **support health care partners in their work with homeless populations***
 - 6.4.4. *Include in the charter for a new “health and safety subcommittee” the responsibility for **increasing health care provider participation in CoC activities***
 - 6.5. *Increase access to **mental health services for youth***