Mid-Willamette Valley Homeless Alliance

CoC Collaborative Committee

February 15, 2023 Minutes

Welcome & Agenda Review – Ian Dixon-McDonald welcomed everyone and ask people to enter their name in the Chat and an email address if we don't have it. People new to the group introduced themselves. Kudos were shared in appreciation of people throughout the region.

Meeting Minutes – Jayne Downing moved approval of the November meeting minute; Robin Winkle seconded; approved by consensus.

Code of Conduct – Ian remaindered everyone to complete the CoC Code of Conduct Attestation Form sent with agenda.

Authority for Collaborative Committee Co-chairs to Vote on CoC Business Items – Jan noted that, in the past two years the CoC has held a joint meeting between the board and the Collaborative Committee that included a few minor business items, such as approval of the Charter and organizational board membership. Those meetings were a small part of a larger "CoC Summit." This year, the CoC will hold an Affordable Housing Summit at the Salem Conference Center and place any business items on a regular board agenda. To facilitate voting on business items, the Collaborative Committee was asked to authorize the co-chairs to vote on behalf of the Collaborative Committee. Noelle Gore moved approval; Mel Keller seconded; approved by consensus.

Governor's Executive Order (EO 23-02) – Jan Calvin provided an overview of the Governor's Executive Order 23-02 and the goal of creating new low-barrier emergency shelter beds, rapidly rehousing people experiencing unsheltered homelessness, and preventing people from becoming homeless. Participants formed breakout groups to answer four questions that will help shape a local plan to guide the Marion-Polk region's portion of the statewide dollars allocated to meet the governor's goals.

Q.1. What are the most significant challenges facing people experiencing unsheltered homelessness in our region?

- Barriers to accessing shelters
- Fear loss of freedom, unknown, how to transition from what is familiar
- Responsibilities associated with being sheltered are overwhelming
- Addiction
- Mental health issues
- Not knowing how to interact with other day to day
- Physical (not able to do ADL independently, which is required for shelter)
- Aging population, presenting physical problems
- Disconnection from potentially helpful/pro-social relationships – family and friends as a support network
- Rural challenges- no services/resources in their community (where they grew up and know people, maybe employed there). [and, without long-term funding, can't create those services/resources]

- Resistance within community to accept reality of homelessness in their communities, so services are hard to start
- BIPOC communities – lack of culturally specific, culturally and linguistically relevant services
- Extensive/intensive mental health issues – alternate reality, so don't believe they need services, fear the rest of the world
- Services can re-traumatize people. Can be hard to engage in services, with processes that are contrary to what works for people in survival mode.
- Providers may be unaware of the re-traumatizing situations they provide.
- Providers without an understanding of lived experience.
- Systems are overly complex, not easy to understand
- Inconsistent, fragmented navigation services that are not present at the time people have a need; limited in language ability
- Electronic means for communication – phone, text, email – is limited.
- Difficulty accessing a service they need or have been referred. Transportation
- Hunger, food insecurity
- Lack of money
- Lack of rental / credit history
- Lack of housing navigation services and case management staff
- Long waiting lists - and keeping in touch with those folks while on the list
- Keeping folks in housing – lack of wrap around services and case management
- Housing options are limited, don't universally include group homes, Oxford, etc.
- Hospital discharges (from medical services) are sent to behavioral health because there is a behavioral health issue (but the provider doesn't have the medical services). Need more places for people to continue to recover.
- Hospital releases to the street.
- Lack of adequate nursing facilities. Nursing as part of the housing to support folks who are still recovering from medical hospital discharges.
- No group home or assisted living access to those under 55, particularly outside Salem
- Lack of affordable housing
    - Section 8 voucher rate does not match the actual market rates
    - Amount of money needed to move in
    - Tight housing market
- Safety
    - Security – can't leave your belongings, gets stolen
    - Congregate shelters are not seen as safe
    - Challenges following through with appointments due to safety concerns, don't want to leave things behind
    - Trafficking recruitment at shelters
- Health
    - Lack of resources and accessibility
    - Folks discharged from hospital – forced to recover on the street, can't get into appropriate care (can't take that responsibility)
    - Drug and alcohol counseling – limited treatment centers (bridgeway) that accept OHP
    - Can't maintain once in housing without health care supports, people without as "severe" ability barriers don't get enough support, not eligible. Definition of "disabled" is too limiting, but still need those kinds of supports. Disability is not just physical.
    - Continuum of mental health care services. "Revolving door" between hospital, shelters, back to streets, etc.

- Barriers to accessing services
  - Criminal record as barrier to receiving supports
  - Youth: challenging to get background checks completed
  - Lack of culturally responsive and appropriate shelter beds for different populations (families, single adults, children, etc.)
  - More local services in **communities outside Salem**
  - Need a "low barrier" place to go, more easy to access, open day shelters
  - Trauma Informed Care – patience, give people the time
  - Shelters that don't accept families and/or **pets**
- Moving encampments
  - Need to constantly be moving – camps removed, etc. Lack of stability
  - Retraumatizes
  - Belongings lost/taken
  - Lack of dignity
- Basic needs hard to address when unsheltered
  - Hard to maintain important documents, such as ID
  - Auto repair services
  - Laundry services
  - Free bus passes

Also, Challenges Facing Providers:

- 1-time funding is a challenge for providers. Rehousing takes a long time. Hard to grow and strengthen programs. Damages rapport with clients.
- Difficult to connect with unsheltered – find them
- Staffing and staff training and support – the work is hard
- Retaining employees – burnout happens quickly
- An air of hopelessness
- High # of women that are survivors of domestic and sexual violence
- Oregon State Hospital not taking new folks
- Some funding sources prohibit service requirement for buy-in from client; can't require engagement in things like case management. (Can incentivize those services, e.g., give laundry money, bus passes if they participate)

Q.2. What efforts are underway in our region to address these challenges? *[Things we can build on]*

- Collaborative Case Conferencing
- Multiple Outreach Teams
- New supportive housing projects
  - Shelters in rural communities –
  - Family transitional housing in Polk Co
  - PSH development – Sequoia and DevNW Evergreen
  - Youth transitional and rapid rehousing projects
  - St. Joseph's Shelter expansion, Mt. Angel
  - Highland Annex, Salem
- Built for Zero
- Collaborative Case Conferencing
- Multiple Outreach Teams

- New supportive housing projects
- Marion & Polk Behavioral Health Crisis Collaborative meeting - via Willamette Health Council
- Currently building Coordinated Entry for youth and young adults
- New Navigation Center
- Medical bus run from HOAP (Homeless Outreach & Advocacy Project) NW Human services T/R/F; Wednesday medical team onsite; women's day at HOPE - medical services exclusive to women
- Street outreach
- Case Mangers
- Increasing navigators, LEAD
- New Navigation Center
- Expansion of microshelters
    - Wrap around services at Church at the Park shelters (medical, mental health, case management). Family and youth needs. Low barrier
    - Pallet village in Grand Ronde
- Health focus
    - Expanded medical respite (still need more)
    - Increased conversation about health and housing intersection
    - Health and Safety Subcommittee (CoC)
    - Collaboration with Marion Polk Behavioral Health Crisis Collaborative

Q.3. What challenges are not being addressed?

- See above! All challenges listed are not being adequately addressed
- Unaccompanied youth – 12-18, do not have sufficient shelters
- Family shelters
- Funding limited to one time – how do we continue the services? We need ongoing funding.
- Families and individuals waiting for asylum cases to be heard, cannot access services for refugees
- Individuals with severe mental health challenges, experiencing alternate reality, cannot perform activities of daily living
- People with sex offences, no place to live
- NIMBY-ism – all parts of the communities need to have understanding
- Rural plans – shelters in rural communities
- Literacy services for adults
- Public Housing Authorities' timeframes for applicant processing and voucher distribution are very delayed
- Staffing shortages
- Sustainable funding
- Cultural needs to be considered
- Requiring skin in the game of participants as part of accessing services

Q.4. How should the state support our local efforts to increase connections to housing for people experiencing unsheltered homelessness?

- In Salem, the state has a lot of land could state make things more available like they did for the Fire Emergency. Why is this emergency different? Vs selling off the land could it be converted to housing. State not treating the scale 100s vs the 1000s in need

- City of Salem & Church at the Park have been able to establish 80 emergency shelter beds for adults, 132 family shelter beds, and 38 young adult emergency shelter beds through the ARPA funding. Will these be eligible for the ongoing emergency/transitional shelter funding?
- Collaborating with our local health departments to address behavioral health needs
- Supporting efforts long term, sustaining programs beyond 1 time funding
- The State needs to support standing up higher levels of behavioral health care such as Secure Residential Treatment Services/Facilities
- Unrealistic time frames to create a comprehensive impactful plan with all key stakeholders; ask for ability to amend plan as new information and stakeholders become available
- Section 8 vouchers $$ amount not keeping up with the actual cost of rent; or agencies raising rent just above the voucher amount so you are unable to use the voucher. Real time adjustments for section 8 (how are adjustments determined?).Educate folks receiving vouchers about knowing rights related to housing discrimination
- Creating incentives for private sector - to incentivize more options for Section 8

Data Dashboard - Jan presented the concept for a local data dashboard that will be created as part of an HMIS Capacity-building grant from OHCS. It will be modeled on one used by Lane County, which she shared online. People provided input that favored having a Definitions Page, the ability to breakout data geographically, and the option to submit a question about the data via the website. Comments also mentioned it being easy to access, having current data, and being helpful when writing grants.

Participant List on next page

Agency	Contact	Attended 2/15/23	# Agencies	# ind
A Ray of Hope, Today!/Neighbors	Ali Swanson	1	1	
A Ray of Hope, Today!/Neighbors	Shawntel Black	1		
Catholic Community Services/ISN	Kahlil Haamit	1	1	
Catholic Community Services/St. Joseph	Maureen Casey	1	1	
Center for Hope and Safety	Jayne Downing	1	1	
Center for Hope and Safety	Tara Stephen	1		
Center for Hope and Safety	Sara Brennan	1		
Chemeketa Community College	Adam Mennig	1		
Cherriots (Salem Area Transit)	Lisa Carignan	1	1	
Church at the Park, E.D.	DJ Vincent	1	1	
Church at the Park, SS for TH site	Elene Bunge	1		
Church at the Park	Noelle Gore	1		
City of Keizer Police Department	Ben Crosby	1	1	
City of Monmouth, City Councilor	Christopher Lopez	1	1	
City of Salem Urban Development	Tiffany Ottis	1	1	
City of Salem Urban Development	Toni Whitler	1		
Creating Opportunities	Alesha Sangter	1	1	
Curandi	Chris Barber	1	1	
DevNW	Amy Hamilton	1	1	
Easterseals	Andrea Soemadi	1	1	
Fair Housing Council of Oregon	Mel Keller	1	1	
Grace House	Kimberly (Nowlin) Allison	1	1	
Marion Co Health & Human Services, BH Director	Corissa Neufeldt	1	1	
Marion Co Housing Authority, Housing Choice	Christine Sommer	1	1	
Marion Co Sheriff's Office, LEAD	Josh Wolf	1	1	
Marion-Polk Food Share	Ian Dixon-McDonald	1	1	
McKinney Vento - North Santiam 29J	Susy Saray	1	1	
MWVCAA, Community Engagement Officer	Ramon Hernandez	1		
MWVCAA, ARCHES	Ashley Hamilton	1	1	
MWVCAA, ARCHES	Tim Weese	1		
MWVCAA, ARCHES, Coordinated Entry	Ashleigh Duda	1		
MWV Homeless Alliance	Jan Calvin	1	1	
NW Human Services, HOAP	Peter Buekea	1	1	
NW Human Services, HOST Program Manager	Shanta Frisbee	1	1	
NW Human Services, HOST	Lexi Meyer	1		
PacificSource, Behavioral Health, Accute Care	Christina McCollum	1	1	
Polk Co FCO, Housing	Marianne Bradshaw	1	1	
Sable House, E.D.	Deborah Thompson	1	1	
Sable House, incoming E.D.	Mary Grace Driscoll	1		
Sable House	Rochelle Juarez	1		
Safety Compass	Claire Vogelsaug	1	1	
Salem-Keizer School District MVP	Julie Conn-Johnson	1	1	
Shangri-La	Robin Winkle	1	1	
Silverton Sheltering Services, Director	Sarah White	1	1	
Silverton Sheltering Services, Board Chair	Mary Jane Schaffer	1		
UGM of Salem, Simonka Place	Kathy Smith	1	1	
United Way, SafeSleep UNITED	Lynelle Wilcox	1	1	
(WestCare) VETcare	Jim Stackhouse	1	1	
(WestCare) VETcare	Charlene Pech	1		
	Mark Wigg	1		1
	Marie	1		1
		51	**34**	**2**