



Continuum of Care Board Meeting Minutes

3/16/2023

11:00 AM - 1:00 PM

Attendance:

Board Members: Laura Golino de Lavato, Brandi Tuck, Drew Grabham, Jennifer Chang, Ian Slingerland, Mark Morford, Sherelle Jackson, Cammisha Manley, Katie Cox, Jessica Harper, Christina McGovney, Xenia Gonzalez, Elise Cordle Kennedy, Jamar Summerfield, Stuart Zeltzer, Lizzie Cisneros [Absent – Patrick Reynolds, Justin Barrieault, Amanda Esquive, Hannah Studer]

JOHS & County Staff: Alyssa Plessner, Bill Boyd, Malka Geffen

Special Guests: Matt Olsson and Patrick Wigmore (Homebase), Lilliana McDonald (Bradley Angle)

Agenda Item	Discussion Points	Decision/Action
Opening	<ul style="list-style-type: none"> ● Land & Labor Acknowledgment ● Review Community Agreements ● Review Agenda 	
Presentation: CoC-Funded Bradley Angle grant	<p>Lilliana McDonald (housing manager at Bradley Angle) briefed the CoC Board on the CoC-funded Andrea Lee-Healing Roots Consolidation grant.</p> <p>Andrea Lee was the sister of a longstanding Bradley Angle board member, who was killed by her abuser. Bradley Angle, which was established in 1975 as the first domestic violence shelter on the West Coast, started its transitional housing program in 1979. In 1995 it opened the 18-bed transitional housing named for Andrea, and in 2020 combined with the Healing Roots grant.</p> <p>The program is culturally specific, serving African Americans and we serve 18 households per year. Services we offer include: rent assistance, supportive services, and advocacy. We meet with our participants, who are not chronically homeless but have become homeless due to DV they experience, twice a month to help them get back on track.</p> <p>One of our successes is the Savings Choice Program: participants can pay a portion of their income directly to their landlord, or they can pay into the program and their future selves. One person entered the program with two kids and regularly made deposits into their account. They had two more kids added to their care while in the program, and</p>	

	<p>exited with \$5464 in their account.</p> <p>One of our challenges was communicating with people when services went remote with Covid, so we continued to bring participants supplies and Food Bank deliveries. Another challenge I had was that I thought I was supposed to take in 18 families, but I was just supposed to "serve" 18 families. We ran out of money, but we couldn't stop spending because it's a housing program. Otherwise, we have the regular challenges of people working through addiction or needing to move because of new DV they're experiencing. We're here to help people walk through that.</p> <p>We started our Safety Council workshop that's open to the public and offered to all of our housing participants. At the end they are given the option of three safety tools to take with them: video doorbell, window alarm, or personal safety device. We're starting our Rent Well course again, in person. Another success is our Economic Empowerment Program that offers individual development accounts; five of our participants have joined and have access to savings accounts. A couple of our participants have received WISP scholarships. We referred ten families to our Kinship program, which provides mentorship and services to the children.</p> <p>Q&A:</p> <p>Is there a limit to the length of time people can stay in the program?</p> <ul style="list-style-type: none"> - HUD has a maximum of 24 months; we give the participants 18 months with us plus a six-month buffer. <p>How do you serve trans/queer people?</p> <ul style="list-style-type: none"> - The Marsha Folx program, which is our LGBTQ-specific program, can refer to our program; a participant of Healing Roots can self-refer to Marsha Folx. <p>Are there trans and queer employees in the Marsha Folks program?</p> <ul style="list-style-type: none"> - Yes 	
<p>Homebase "Action Plan" Prioritization Session</p>	<p>CoC Lead gave an overview of the action planning process, which began three months ago with grounding the Board in HUD federal responsibilities and exploring how other CoC models operate.</p> <p>At the last meeting we did brainstorming about the board's goals. The list was extensive, so to facilitate the prioritization process we separated ideas into four buckets: items in direct purview of CoC board decision making authority, those that touch CoC processes without direct decision-making capacity but it can advise on, and things already being done at JOHS and in the community (that JOHS staff can inform the board about; for example, the redesign of coordinated access), and operational things the board can do regardless of priorities. The board provided the full list and the bucket list prior to the meeting.</p>	

	<p>We were left with 20-25 topics, which is more than can be worked on in the next year and a half. Today we'll narrow that down to 5-7 top priorities. At our next meeting, we'll flesh out the action steps and then HomeBase will package into the Action Plan.</p> <p>Homebase shared the Padlet screen to explain the priority setting exercise: read through topics and choose 5 topics per person to prioritize by clicking on the thumbs-up icon.</p> <p>The top 5 from Hannah and Patrick (both absent) were already entered by JOHS staff.</p> <p>Q: Are all items actionable or will we delineate afterwards? Matt: all actionable, though some will require more thought and discussion.</p>	
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BREAK	15 minutes break, while board members filled out Padlet	
Homebase cont'd	<p>Debrief of Results: 5 topics were identified with 7 or more "up" votes: *See document "Continuum of Care Advisory Board 3/16 Action Planning Priorities" below</p> <p>Reflections: We're looking predominantly outside our bounds/scope (agreement in chat)</p> <ul style="list-style-type: none"> - We could do baseline work and then stretch the boundaries - Recommendations outside our scope (that affect less urban areas of the state) might create unnecessary tension - We can rank the 7 for primary and secondary goals <p>This list does not eclipse our federal statutory requirements (can consider this when prioritizing this list).</p> <ul style="list-style-type: none"> - Is work happening in other groups to tee up the bigger picture systems funding, or do we do that? We run the risk of becoming siloed, and we're treading in wait of new leadership, but we will roll it out more broadly. <p>The CoC Board engaged in a Fist to five on the priorities list: all votes were 4s and 5s; quorum reached.</p>	

Continuum of Care Advisory Board

3/16 Action Planning Priorities

Listed below are the 7 action planning priorities selected by the CoC Board as part of the prioritization process carried out at the 3/16 Board meeting. The April CoC Board meeting will focus on elaborating on these priorities for the creation of the final CoC Board Action Plan. Note: these items are listed in order of highest number of votes.

1. Develop framework for how CoC Board can and should advocate/make recommendations for homeless policy beyond CoC funding. - 14 votes
2. Utilize 'big picture' policies and programs across funding sources to guide best utilization of CoC resources - Frame the CoC work in the context of the broader work on homelessness and affordable housing -11 votes
3. Develop positions on issues and strategies, even if those issues or strategies are outside the control of the CoC Board - 8 votes
4. Increase emphasis on project performance through the annual competition, including by increasing accountability, identifying areas for improvement, and providing assistance - 7 votes
5. Identify specific existing bottlenecks in our community's poverty infrastructure (e.g., within the placement process) and then develop holistic recommendations - 6 votes
6. Prioritize focus of new CoC funding opportunities to respond to BIPOC and LGBTQIA2S+ that are disproportionately impacted by homelessness - 6 votes
7. Conduct a comprehensive equity analysis to identify gaps in housing/services; Review who's served by the system of care, which organizations are providing housing/services, & the geographic availability of housing/services - 6 votes