



Continuum of Care Board Minutes

10/19/2023

11:00 AM - 1:00 PM

Attendance:

Board Members: Laura Golino de Lavato, , Brandi Tuck, Drew Grabham, Mark Morford, Katie Cox, Jessica Harper, Jamar Summerfield, Stuart Zeltzer, Cammisha Manley, Hannah Studer, Skyler Brockner-Knapp, Ian Slingerland, Xenia Gonzalez

[Absent – Lizzie Cisneros, Christina McGovney, Elise Cordle Kennedy, Sherelle Jackson, Patrick Reynolds]

JOHS & County Staff: Alyssa Plessner, Malka Geffen, Katie Dineen, Lori Kelley

Agenda Item	Discussion Points	Decision/Action
Opening	<ul style="list-style-type: none"> • Land & Labor Acknowledgment • Review Community Agreements • Review Agenda 	
Working Group Updates	<ul style="list-style-type: none"> • Strategy 2.1 will schedule a meeting soon; in the meantime, the Lead will share funding info to inform discussion and the agenda. • Strategy 1.1 will meet next week to refine the draft of communications guidelines. • Strategy 1.2 Lead feels stretched and is unclear about who the audience is for this work and where it will live. • JOHS Equity manager brought a proposal to the Equity Advisory Committee about working with the Strategy 2.2 workgroup. • Strategy 3.2 is in early stages, gathering info to make decisions. • Strategy 3.1 is also in early stages of understanding system performance and equity within that; they're currently gathering info about HMIS and about provider challenges with collecting data, to center community and providers. - Board member suggested using monthly meeting time for workgroups to meet in breakouts to help with scheduling challenges. - CoC Lead said JOHS staff is available to help schedule workgroup meetings, and Homebase has capacity to support workgroups. - CoC Co-Chair said we will look at audience, deliverables, connections and clarifications at next month's Board meeting. 	<p>Invite Pat & Matt and send action plan as Google doc for folks to read and comment beforehand.</p>



CAC Report Out	<p>CoC Lead shared competition results of what programs will move forward to HUD for its final funding decision. See the 10/19/2023 CoC Board Meeting presentation for details.</p> <p>Board members expressed appreciation for the support and teamwork of the CAC, and said being on the committee is a good education about the Board's primary responsibility.</p>	Invite Greater Good NW to talk with the Board.
Coordinated Access Presentation	<p>Katie Dineen, a Program Specialist Senior with JOHS, provided an overview of Coordinated Access (CA) as well as the reasoning for, goals of, and an update about the new tool (for the adult system). See the 10/19/2023 CoC Board Meeting presentation for details.</p> <ul style="list-style-type: none"> Providers on the Board expressed their frustrations with the VI-SPDAT (Vulnerability Index Service Prioritization Decision Assistance Tool) and appreciation for the more inclusive and trauma-informed tool. <p>Questions from the Board</p> <ul style="list-style-type: none"> Q: How long does it take to complete the VI-SPDAT? A: It could take anywhere from 20 minutes to an hour. Q: It will be important with this shift to the new tool to have culturally specific LGBTQAI2S+ assessors because a lot of trans folks won't feel safe coming out in every space. A: The new tool has a more general question for prioritization, but we do need culturally specific assessors as well. Q: Who's not getting services when we have limited resources? A: Coordinated Access is meant to serve people experiencing homelessness, so people who are unstably housed will come get an assessment but that might not be the best fit. Short-term rental assistance doesn't go through CA for adults and with such a long assessment tools assessors would have to tell them to call 211. People who are newly homeless and aren't chronically homeless will sometimes sit on our list without getting services. It can disincentivize someone who's getting treatment or in rapid rehousing from getting resources because you won't score as high and therefore won't get prioritized. Q: Is it a lack of resource or the lack of right resource? A: We do have some profiles of how long people wait for services. We've been compiling a list of people in our overall system but are not in coordinated access so we have a sense of those demographics. This is unique to Portland. 	Send VI-SPDAT in follow-up email to Board.



- Q: Is there an assessment tool for folks who fall in the gap of those who are not currently houseless but are maybe couch surfing?
- A: We're adding a question about people's social networks because sometimes some of the problem solving can come from whether they do have family or friends they could stay with for a few months and they just need that deposit assistance. We don't have a formal tool for that, but we're trying to have a compilation of all the problem solving resources we have access to, and see what we need that we don't.
- Q: Can you talk more about assessing for the imminent risk of losing housing and what the resources are that are available?
- A: That piece is going to be part of the triage. So, if we know folks are not going to get prioritized, we'll have questions for the assessor to help with diversion or problem solving for that person, and that might not be doing the assessment with them. The family system already does amazing problem solving work, but that's not something we've done a great job in the adult coordinated access because of capacity constraints and a lot of the resources are not part of coordinated access.
- Q: Is there any talk of how this work may cross over with the medicaid 1115 waiver and how we're directing people to that right location, or if that waiver might jeopardize someone from being on coordinated access?
- A: The medicaid waiver has recently changed its target population (from currently homeless to imminent risk of homelessness). There's a tri-county group talking about how we might integrate the new medicaid benefit into this with the change over to prevention: 1. How do we record everyone getting prevention dollars and 2. How do we coordinate with DCHS.
- Q: I like the conversation about the flex pool and identifying the more immediate problem solving. We see services go away when folks no longer need them and then something happens and folks need those services again. Are you thinking of a flex pool for people on the front end when they're assessed and for people in the middle of the housing journey on coordinated access?
- A: This should be added to the discussion of who can utilize that pool.