



**SHS Advisory Committee Meeting**

January 11, 2024 | 3:00-4:30 pm

**Attendance:** Jessica Mathis, Jessica Harper, Desiree' DuBoise, Sandra Comstock, Ria Tsinas, Shannon Jones, Xenia Gonzalez, Cheryl Carter

**STAFF:** Breanna Flores, Cristal Otero, Anna Johnson

Agenda Item	Discussion Points	Decision/Action
Welcome Land and Labor Introductions		
Coordinated Access Case Study and Q&A	<p><i>See slides for full presentation</i></p> <p>Coordinated access (CA) basics: CA prevents community members from having to go to many different places to sign up for services and tell their story repeatedly</p> <ul style="list-style-type: none"> <li>● It also helps us think of our resources as community owned rather than siloed in different agencies</li> <li>● The CA assessment tool in Multnomah County is in the process of a redesign</li> <li>● Services for adults, youth, families, DV, and veterans are all segmented</li> <li>● If someone is eligible for more than one system, work is happening to help providers guide people (or if they initially were eligible for one system and then became ineligible)</li> </ul> <p>Committee member comment:</p> <ul style="list-style-type: none"> <li>● I used to work at TPI. A lot of folks came and filled out an assessment form, then they</li> </ul>	

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	<p>would go to JOIN, and JOIN would send them back to TPI. Let's keep moving forward with improvements to coordinated access because it will alleviate folks' stress and help them feel like someone is listening, which will encourage them to continue using the resources.</p> <p>Case study:</p> <ul style="list-style-type: none"> <li>• This scenario was brought up by a member at a previous meeting who was wondering how to help a pregnant woman living in her car. This case study is based on fictional people, however.</li> </ul> <p>Discussion question: How can this household navigate housing services in the adult system?</p> <ul style="list-style-type: none"> <li>• As a case manager, I would love to have them housed together because it's best for their long term stability. However, they would probably be served quicker in their specialty demographics</li> <li>• The 65 year old could be directed to a group serving aging populations. They could access exclusively senior housing, which might have a shorter waitlist</li> <li>• Priority shelter and housing for folks who are parenting can be tricky if the person isn't in their third trimester. A pregnant person can access the family system only when they are in their 3rd trimester. Once the person is in the family system, they could go together to a family shelter.</li> <li>• Splitting up isn't ideal, and that is where we start getting into barriers</li> <li>• Does this person have a history of SUDs? Pregnant people get priority access to SUD treatment.</li> <li>• For folks who haven't experienced homelessness, there is a lot of fear around getting systems involved, often due to anxiety about losing their children.</li> <li>• There are organizations that work with folks who are marginalized to prevent them from having to enter a system. There are ways to</li> </ul>	
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	<p>help people access community-based help rather than larger government-based social service providers/state providers. Can consider mutual aid groups or smaller groups for more immediate needs.</p> <ul style="list-style-type: none"> <li>● In addition, With the development of measure 110 resources and funding, there are tons of behavioral health resource networks. These are different orgs that have banded together and created referral networks. These aren't necessarily focused on housing in particular, but people accessing them have an easier time getting services. This might be a way to access smaller orgs that are geared toward specific populations, and a way for folks to get services who are averse to entering institutional systems.</li> <li>● Another way to help is for mom and daughter to access temporary housing through shelter. One shelter in particular that could help is called Jean's Place, through TPI (it's a longer term shelter and they offer case management for housing). It can be a slow process though.</li> <li>● If the daughter had a SUD, she would be placed in recovery and then the mom and daughter would definitely be separated</li> <li>● If they submit that they aren't using and don't want to be separated, TPI would try to get them into Jean's Place. Not sure of other places that would keep them together.</li> <li>● A lot of shelters that accept families will accept intergenerational families—although shelter doesn't usually go through CA, so that is something to consider.</li> </ul> <p>Facilitator comment:</p> <ul style="list-style-type: none"> <li>● That is correct, shelter is not part of coordinated access in the adult system. CA in the adult system is mostly about locating PSH. The centralized point for shelter info is 211 in the adult system.</li> <li>● Things like shelter, rental assistance and RRH still go through agencies so people are able to get access to more immediate services</li> </ul>	
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	<p>without going through CA if PSH isn't the main need</p> <ul style="list-style-type: none"> <li>● In the DV system rental assistance interventions that are less than 6 months don't have to go through CA</li> </ul> <p>Discussion question: How can this family navigate services in the family system?</p> <ul style="list-style-type: none"> <li>● Services can take 2-6 months to start after a person's info is entered into HMIS. However, they can start that process even if they aren't in their third trimester yet</li> <li>● In my experience with family services (DV and youth), there are less people in those systems, but the services are delivered for longer. There is a higher chance of being pulled off a list, but it takes longer to get in.</li> <li>● Two months from the time you do an assessment to the time of receiving services would be if everything goes smoothly. If you ask for CA it will go slower—you have to wait for the next CA case conferencing meeting and a warm handoff, etc, which takes several weeks. All of the providers get together and look at the new referrals, determine where the person would be the most successful, what's available, etc</li> <li>● It used to be if you knew somebody, you could get the person in (for better or worse), but with the system now there is a delay</li> <li>● People sometimes stay on the list for a very long time— nothing is available that meets their needs or that they're eligible for</li> <li>● CA providers don't move forward with case conferencing for an individual until the list is pulled and the person is officially on it</li> <li>● When folks move through the family system for housing, they can only be offered 4-6 months of rent assistance, but some families need longer. In that case JOHS would issue a referral to DCHS (department of county human services) which has longer term family support systems.</li> </ul> <p>Discussion question: Patty and Stacy can't enter the</p>	
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	<p>family shelter right away, but are still sleeping in their car. What will they do tonight?</p> <ul style="list-style-type: none"> <li>● No perfect answer, but one option is mutual aid/smaller orgs who are more on the ground helping folks in situations like this. <ul style="list-style-type: none"> <li>○ Fridays and Mondays: they could go to PDX Saints Love fairs to talk to someone and start creating community</li> </ul> </li> <li>● Rahab's Sisters and other smaller orgs might be able to tell the family what they can do immediately for emergency shelter.</li> <li>● DV situation: Recommend they reach out to Call to Safety or Rose Haven. Those spaces have day resources and navigation help.</li> <li>● Losing your housing is a critical point that people often don't get support with—even simple things like are you just moving out, or are you getting evicted? Did you go to court for the eviction? Getting assistance with those things and having resources while they're experiencing houselessness is important. Time of year also matters. There is more shelter available during the winter.</li> </ul> <p>Discussion question: What are some ways that we can improve the experience for a family like Patty and Stacy?</p> <ul style="list-style-type: none"> <li>● It's wild that there are waitlists to get into shelters. It's almost as if folks are supposed to plan for these sorts of events</li> <li>● Smaller mutual aid orgs can sometimes feel insular. If you haven't identified as a member of that community before it can feel intimidating.</li> <li>● Unfortunately 211 is all we have. I wish there was a different way to provide a more robust approach, like the Street Roots Rose City resources guide. We need something like that for every single service provider to access.</li> <li>● There is nothing worse than answering someone on a crisis line and having nowhere for them to go.</li> <li>● There is no good answer, but the truth is that a lot of social services are tied to housing. If a</li> </ul>	
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	<p>person has no housing, getting them to the right place is important.</p> <ul style="list-style-type: none"> <li>● How can we use SHS money to address wait times for shelter? What are some ways we can use SHS money to improve the response?</li> </ul> <p>Facilitator comments on 211 process:</p> <ul style="list-style-type: none"> <li>● 211 protocol in this situation would be to look for a women's shelter with two beds available. In winter there's typically availability every day. With some of the shelters, 211 can see if they have bunks or beds available, but not for all. If the shelter was full and there were no open beds, they would give the person the number to call.</li> <li>● In severe weather, the person can get a free ride to a severe weather shelter, and may also be offered a motel voucher. That would be decided on the call.</li> <li>● If the person is pregnant, the shelter worker may recommend that the person is given a motel voucher. Unlikely to receive a motel voucher if it's not winter.</li> <li>● Is 211 equipped with knowledge around what is available for folks with disabilities? A lot of shelters aren't well equipped for folks who are disabled. Someone was recently thrown out of a shelter for incontinence related to their disability. <ul style="list-style-type: none"> <li>○ Answer–Not sure if there's a standardized requirement for how shelters meet the needs of people with disabilities. That may be something the committee wants to explore further.</li> </ul> </li> <li>● 211 also has descriptions of shelters. For instance, the Gresham women's shelter requires you to have a doctor's note confirming you have a disability in order to access the bottom bunk.</li> <li>● That's an issue because a lot of people don't have a primary care physician. It's important to provide these resources at community based health clinics so people have access to</li> </ul>	
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	<p>things themselves.</p> <ul style="list-style-type: none"> <li>● We have an aging homeless population and knowing that where you're going will be accessible to you is important.</li> <li>● Additionally with neurodivergence—some people may need a place with more privacy and less noise than others. That's an area that needs a lot of work.</li> </ul> <p>How can SHS money be used to address this problem, or expand existing services that would address it? What are current needs that are not addressed with the systems we have in place?</p> <ul style="list-style-type: none"> <li>● Two things to prioritize based on what I've heard directly from people:: <ul style="list-style-type: none"> <li>○ The ability to continue people-powered communication with someone. Even if someone calls to tell you that they can't do something, that helps with respect and not feeling forgotten about, rather than never receiving a response at all.</li> <li>○ Immediate, safe, private housing/shelter. It takes a long time to build permanent housing, and a majority of SHS funds should go to that. But we should look at the way the family, youth DV system do things—getting fully staffed, suited for trauma, pet friendly, etc.</li> </ul> </li> <li>● SHS was intended to provide services for housing, but we can't deliver services unless we can contact and stabilize people. It would be in the spirit of SHS to spend money on motel or commercial conversions and people to keep in touch.</li> <li>● My focus is on: <ul style="list-style-type: none"> <li>○ More low barrier options for SUD population</li> <li>○ More programs focused on helping drug users get housed.</li> </ul> </li> <li>● There's a lot of good shelters, but the focus is on folks who don't have disabilities or drug use. There should be more low-barrier housing programs that don't care if you've</li> </ul>	
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	<p>been sober a day or three months. Figure out housing first, then set goals for sustaining it.</p> <ul style="list-style-type: none"> <li>● The SUD population often has a lot of housing anxiety because they can be evicted suddenly for drug use.</li> <li>● There is a need for more peers with this experience being hired so they can connect and help one another.</li> <li>● It's hard to relate or share your life story with someone when the person has no experience themselves with not having housing or substance use. It introduces more trauma, and at the end of the day often folks are back on the streets anyway. It's a really anxiety-ridden process. How can we fund programs that focus on taking away that anxiety?</li> <li>● Often you can either get quality services with housing, or you can get low-barrier access with lower quality services that don't actually stabilize or help you. We need a combination of the two: low barrier plus high quality and long term.</li> </ul> <p>Facilitator comment:          Could have a future discussion about interventions used across the country to address anxiety associated with homelessness.</p> <p>Concluding thoughts:</p> <ul style="list-style-type: none"> <li>● There are too many barriers to accessing systems and shelter. There shouldn't be any barriers for someone who is pregnant to get into housing or shelter (or anyone). Wait times should be reduced.</li> <li>● If someone gets into the system, they should be able to receive services tomorrow, rather than 6 months down the road. People shouldn't have to start over again and again.</li> <li>● SHS dollars are only as good as the housing and opportunities we have. We must provide safe places that aren't triggering. Washco is doing a lot more capital investments. Multco should be doing much more of that.</li> <li>● Coordinating services: there is no simple way</li> </ul>	
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	<p>to enter an application online or put in your info once and have it go to the proper people. Unite Us is a platform that could figure out where people fit in and where there may be space. When new section 8 vouchers came out, every single tent was filled with folks on their phone signing up for those vouchers because it was accessible. We need more processes like that.</p> <ul style="list-style-type: none"> <li>● Shelter is a big problem—all the time spent trying to get people in. Investing in some technology (like Unite Us) would be hard at first but would really help with wait times.</li> <li>● There should be more turnkey type projects, and a streamlined system that is easy and intuitive for people.</li> <li>● Dollars need to go to places that can provide immediate help and meeting people where they are to get off the street. We need to make information more accessible. Could there be another 211 line?</li> </ul>	
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**ZOOM Chat:**

From SHS Advisory Committee Member to All Panelists 03:18 PM

Thank you for your work

Great steps 🙌

From Desiree' DuBoise (she/they) to All Panelists 03:32 PM

I believe we are thinking more within the big system, but I would also consider mutual aid groups/smaller orgs for some more immediate needs additionally.

From Ria Tsinas to All Panelists 03:34 PM

Pregnant people get priority access to treatment.

From SHS Advisory Committee Member to All Panelists 03:52 PM

Could they hire temp staff to help with this process

I'm guessing that they could try bhrc but I heard you have to get a ticket to go into the center

From Jessica Mathis to All Panelists 03:53 PM

It's even crazier in the DV space that is supposed to respond to safety emergency.

Telling someone they have no where to go is unacceptable.

From SHS Advisory Committee Member to All Panelists 04:00 PM

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Find more buildings that have running water and better access to area that the people can get around to because there is no more free trimet

From Jessica Mathis to All Panelists 04:00 PM

Maintaining a way to communicate is huge. Spending resources on keeping a phone is helpful.

From Jessica Mathis to All Panelists 04:10 PM

In general mats on the floor aren't good for people in trauma and should be reserved for natural disasters IMO.

From Breanna Flores (she/they) to All Panelists 04:21 PM

Yes, thank you for sharing that Xenia. I really appreciate you sharing your insight on this. Super important and not talked about enough.

From Jessica Mathis to All Panelists 04:22 PM

It sticks with you. I've been housed most of my adult life and the first thought I had when I paid off my car, was good I can sleep in it in case I ever need to. From my youth homelessness.

From Xenia Sachez to All Panelists 04:23 PM

Yasss 🙌

From Jessica Mathis to All Panelists 04:26 PM

It's probably cause Washington Co doesn't have the infrastructure to spend all the service dollars they've been allocated, so it's less that they're opting to spend it on capital investments and more that it's the option they have. It's certainly not perfect and we need another bond, one that preferably links up with services dollars.

From Xenia Sachez to All Panelists 04:28 PM

I can stay

From Jessica Mathis to All Panelists 04:28 PM

I can

From Katie, she/her, JOHS to All Panelists 04:28 PM

I have a meeting at 4:30 so I am going to hop off. Thank you for having me today!

From Breanna Flores (she/they) to All Panelists 04:29 PM

Thank you, Katie!

From Sandra Comstock to All Panelists 04:31 PM

I think this is super important ! Get funds to those orgs who are out in the community side by side to unsheltered folks who may hesitate to go to some of the larger indoor orgs

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