



SHS Advisory Committee Meeting

August 8, 2024 | 3:00-4:30 pm

Attendance: Theo, Melissa, Cheryl, Ed, Lauren, Daniel, Desiree', Jessica Harper, Rebecca, Crystal, Ria, Jamar, Ty, Patrick, Xenia

STAFF: Breanna Flores, Cristal Otero, Anna Johnson

Agenda Item	Discussion Points	Decision/ Action
Welcome Land and Labor Introductions	<ul style="list-style-type: none"> Welcome, new members! 	
SHS Advisory Committee System Improvement Recommendations: Leadership Response	<p><i>For additional information, please see presentation slides</i></p> <p>Anna Plumb, Deputy Director of the JOHS</p> <ul style="list-style-type: none"> Goal for today: walk through SHS committee system improvement recommendations and identify how they connect with current work as well as areas of future exploration or growth. <p>Shelter and Housing Category</p> <ul style="list-style-type: none"> Our community sheltering strategy speaks to this. Community sheltering strategy: A group of shelter providers, county and city staff that met once a week from October 2023 through February 2024 to create a shelter plan for the community. Increase shelter in our system and ensure that shelters are safe places for people to stabilize and lead to a permanent housing situation. Also create conditions for shelter to be more culturally responsive, trauma informed, and accessible. Shelter strategy numeric goals: <ul style="list-style-type: none"> Create 1,000 new units of shelter over a 3 year period (500 last fiscal year, 250 units this 	

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	<p>fiscal year, 250 next fiscal year)</p> <ul style="list-style-type: none"> ● ADA accessible recommendation—leadership agrees this is something that needs to be worked on; not sure on next steps for this yet. ● Question from Anna Plumb to the committee: Keeping families together in shelter recommendation—would be curious to learn more from the committee about what they mean by this. The community sheltering strategy team identified a need for more shelter for LGBTQ folks—there could be some overlap there. <ul style="list-style-type: none"> ● Some responses from the committee: <ul style="list-style-type: none"> ○ Children not attached to a legal guardian, folks who don't identify as nuclear family, people who aren't related by blood but are "street family" ○ Would be helpful for shelters to have a culturally responsive / specific understanding of family. Native American family dynamics are often inclusive of folks who may not be related but are still part of the family. ○ When we try to get refugee families into immediate shelter usually it's divided by gender so kids may be split up in different groups or parts of the shelter. There is a big wait for family shelter so if families go into regular shelter they can be split up. ○ Leadership response—this is something we want to think about. Not sure about active discussions about this topic but it is something we can think through. ● Recommendation to create staff roles to stay in contact with people seeking housing: <ul style="list-style-type: none"> ○ Shelter strategy recommended trying to establish a basic level of staffing / case management for this. ○ JOHS is also working on rebasing contracts that were established a while ago and have lower staffing ratios—we are working to get them up to a more realistic staffing level. ● JOHS is currently searching for locations—motels, 	
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	<p>alternative sites, etc. Also putting out solicitations to providers (one as early as next month for the adult system). Then we will marry the proposals we receive with the physical locations.</p> <p>Behavioral Health Category</p> <ul style="list-style-type: none"> ● Not in JOHS wheelhouse specifically because we have a partnership with the Health Department, but SHS funding can be used to support this kind of service. ● Homelessness Response Action Plan (HRAP) and Homelessness Response System (HRS): Chair Vega Pederson and Mayor Wheeler launched a countywide plan to bring everyone to the table to address and reduce homelessness. Not just the Joint Office. We need support from health systems and other areas of the community. ● Question: Do organizations need to have a certain number of years operating in Oregon to contract with the Joint Office? <ul style="list-style-type: none"> ○ Answer: No. The JOHS spends a lot of effort helping newer/culturally specific orgs become providers with us. One of the SHS goals is to help build that capacity. Our goal is to reduce disparities in homelessness. Mainstream providers don't always have the lens to meet these needs. We design workshops and do work to help those providers understand what they would need to become a contracted provider and support them in the process. ● One HRAP goal is to end people exiting hospitals to homelessness. But is shelter the best place for people to go who were just in the hospital? ● JOHS is considering how we can best fund our behavioral health providers—can we increase funding for recovery, treatment beds etc? We are adding more of these in coming years and are still working through exactly what this will look like. ● Hiring peers with lived experience of substance abuse recommendation—The JOHS currently focuses on lived experience of homelessness and having systems with those folks present. This is more in the Health Department's wheelhouse; however, we can share these recommendations with them. 	
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	<ul style="list-style-type: none"> ● Question: Is there additional funding tied to the HRAP? Or do the entities do this work without additional funding? <ul style="list-style-type: none"> ○ Answer: For many of the items there is no additional funding identified. This is a big challenge of the plan. We are hoping that other partners, such as the State, will bring some support. ○ Behavioral health—there is a big desire and need for recovery and treatment, and it is difficult to know where the funding will come from. Folks are hoping SHS will do this; however, we have allocated our funds and we are having conversations about what is SHS or where other stakeholders can step in. <p>System Coordination Category</p> <ul style="list-style-type: none"> ● Recommendation to decrease wait times: The JOHS ran a pilot of a mobile app that will allow providers to see what shelter beds are available across the system. Hoping this can be updated daily. Providers wouldn't be able to reserve the bed but they could see what is available. ● There are a certain number of beds set aside for first responders to use for folks in crisis—they will pilot this system. Goal to expand to the whole system. ● Wrestling with the audience for the app—is it anyone looking for shelter, or just providers? Also want to make sure culturally specific shelters remain geared toward those communities. ● We are trying to double the amount of beds in the family system over the next two years. This will be a huge lift for that provider community. The mobile app will help decrease wait times and will be a lot of work to implement. ● Some Requests for Proposals (RFPs) are already going out for shelter providers. ● Question: If a family provider wants to apply would they have to be qualified to provide shelter? <ul style="list-style-type: none"> ○ Answer: Yes, they would have to be qualified to provide shelter. ● Family and DV system RFP going out in a few months after the community engagement period. ● JOHS sent out a survey to qualified providers asking folks what they are interested in and what would 	
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	work for them so we can design the solicitation around their needs.	
Equity Workgroup Recommendations Preview	<ul style="list-style-type: none"> ● Question: Where can I find the full recommendations? <ul style="list-style-type: none"> ○ Answer: We will send out the full recommendations as a followup to this meeting. 	
SHS Advisory Committee Priorities for FY25	<p>Feedback on current list of committee priorities:</p> <ul style="list-style-type: none"> ● Love the list ● Question: Is there a way to make a centralized daily list of shelter beds, treatment beds, housing beds? There isn't one place for providers to access to know what's available in our city. A centralized data system that tells us what is available and where would be so helpful. Whatever we land on, it would be great if it had a global perspective and was user friendly. <ul style="list-style-type: none"> ○ Answer: Some grassroots steps happening for this in regard to shelter—what Anna Plumb shared. The pilot is the gateway to further work in this area. We could explore different service types later on. ● There is a community interest in supporting day centers or drop in centers. Specifically for high traffic spaces around the region—central places that are near populations that have needs but maybe aren't ready for traditional congregate shelter as a way for them to still get access and support without going the traditional shelter route. Exploring the investment in those services more deeply because congregate shelter may not be the best for certain populations. ● In addition to a tool to identify what beds are available—a simple database that centers on people accessing the services could be effective. People get lost in the system and we don't know what happens to them/their outcomes. Could we utilize a “bed registration” to stay connected to the person and understand their outcomes and satisfaction with services? There is a shelter in Seattle that registers people when they arrive. They are entered into the system with a photo and some info that follows them into housing. ● Knowing what beds we have is imperative. It could also open up opportunities for the utilization/creation 	

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	<p>of other tools that go beyond knowing where things are, but can coordinate access to services.</p> <ul style="list-style-type: none"> ○ One way potentially to track that would be if we had a record of the number of people who sought shelter or a referral and compared it to the rate of admission. So we could see out of everyone who asked for shelter, how many people were able to get in? Could be one benefit to collecting that information. We would need a referral mechanism within our HMIS system for this. ● More day shelter options with snacks and drinks for elderly folks. ● Question: Is there any conversation around using the Connect Oregon software for this and similar purposes? Maybe connections between Connect Oregon and HMIS? <ul style="list-style-type: none"> ○ We talked about this in our SHS capacity building workgroup (a subcommittee of this committee). It was a priority to make more deliberate connections between systems. ○ We did think about Connect Us/ Unite Oregon but decided not to move forward with it for shelter access. ● We could have a session with the Joint Office's Program & Evaluation /Data teams to learn what they have underway. We've expanded these teams recently and a goal has been to modernize our platforms (like HMIS) and processes so that we can meet the requests and needs that providers have been asking for a long time. ● JOHS is working on a procurement for a new HMIS system for the whole region. We hired a consultant to do 6 months of discovery to identify what we need our homelessness data system to do. Now they are vetting contractors to build a system. Data team could come back to talk about that in more detail. The new system would also be positioned to speak better to other systems. ● Question: Could this group influence the procurement process? <ul style="list-style-type: none"> ○ Answer: May not be possible with the current timeline. But a next step will be community demonstrations with the top 3-4 options. The committee could help evaluate and give 	
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	<p style="text-align: center;">perspective on the final options.</p> <ul style="list-style-type: none"> ● Interested to see what additional pathways there are to connect folks to services who don't go through traditional providers. Lot of neighbors who want to help but don't know how. <ul style="list-style-type: none"> ○ Somewhat related: The Joint Office conducted a study with an evaluation team around pathways to housing. Gives us an opportunity to be more participant driven to understand individual journeys. Learning about touchpoints that we may not necessarily see. ● Question: Creating a system where we can see available beds is great, but there aren't enough beds for everyone. Would we be funneling people to nowhere? <ul style="list-style-type: none"> ○ Answer: We are definitely in a crisis—trying to build up to the capacity we need to have. Long process to get there. We are moving intentionally to not perpetuate disparities. ● We are prioritizing improving our systems so that there is a better way to access services before a person is in an intense crisis. ● Feedback: 211 is not a good system—people who need help are being turned away because they don't meet certain criteria. 	
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Zoom Chat:

Due to a technical difficulty, some of the chats from this meeting were not preserved.

From Anna Johnson - What would you most like to see the committee focus on in FY25? What is missing from the list?

From Rebecca (she/her) - PRSG to All Panelists 04:05 PM
I second that: data accessibility for smaller service providers

From Anna Plumb, she/her, JOHS to All Panelists 04:05 PM
Yes, that sounds right!
I can't figure out how to do a thumbs up!

From Ty Schwoeffermann to All Panelists 04:07 PM
I have heard from neighbors that there is a real interest in supporting day centers or resource type drop in centers.

From Rebecca (she/her) - PRSG to All Panelists 04:14 PM

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Is there any conversation around connecting to the Connect Oregon software for this and similar purposes? Maybe connections between Connect Oregon and HMIS?

From Jamar Summerfield to All Panelists 04:15 PM

Connect elderly and people in transitional with Peer support and make sure they Peer support specialist get paid

From Breanna Flores (she/they) MultCo to All Panelists 04:19 PM

Melissa, is that a new raised hand? Apologies, if I missed you

From Cristal Otero to All Panelists 04:21 PM

Perhaps this group could provide a recommendation or hold a feedback session with the consultants designing the procurement process

From Rebecca (she/her) - PRSG to All Panelists 04:21 PM

Second that Cristal

From Ed Johnson to All Panelists 04:29 PM

to check in after housed

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