

Benton County & City of Corvallis  
Home, Opportunity, Planning, & Equity (HOPE) Advisory Board



Julie Arena, HOPE Program Coordinator  
Benton County Health Department  
4077 SW Research Way  
Corvallis, OR 97339

541-766-0252 \* Email: Julie.Arena@co.benton.or.us

## HOPE Meeting Agenda

*July 27, 2022 from 4-6 PM*

Meeting location: virtual or phone

Join Zoom Meeting: <https://cscteam.zoom.us/j/91929383646>

One tap mobile: +12532158782, 91929383646#

Dial by phone: +1 253 215 8782

Meeting ID: 919 2938 3646

### AGENDA

- I. Welcome, Zoom Housekeeping, Overview of Agenda.....4:00pm
- II. Public Comment\* (up to 10 minutes) .....4:00pm
- III. Roll call and approve June 2022 meeting minutes .....4:10pm
- IV. HOPE Communications Update – website and progress updates.....4:15pm
- V. HB 4123 Pilot for Coordinated Homeless Response.....4:45pm
- VI. Educational Component: Samaritan Health Plans and IHN-CCO – what is their role? .....5:00pm

Intercommunity Health Network Coordinated Care Organization (IHN-CCO), Samaritan Health Plans, and the IHN Research Institute (IHRI). Guest Speakers:

Melissa Isavoran, Assistant Vice President, InterCommunity Health Network Operations, Samaritan Health Plans.

Paulina Kaiser, Director, Samaritan Health Outcomes Research & Evaluation (SHORE), Samaritan Health Services.

Charissa Young-White, Medicaid Engagement Manager, InterCommunity Health Network.

VII. Next Steps.....5:55pm

\*Public Comment: if you want to make a public comment, please put your name in the Zoom chat window or “raise your hand” in the Zoom meeting when you arrive. List your name and the topic of your comment in the chat. Comments are made in the order that people “raise their hand” or submit a chat. For people calling in from a phone line, there will be an opportunity for comment for people on the phone.



# HOPE Advisory Board

July 2022 Public Meeting

Meeting facilitated by HOPE Coordinator, Julie Arena

7/27/22



# Zoom Housekeeping

- All attendees are muted when they join.
- All attendees can unmute themselves and choose to be seen visually by clicking “Start Video” at the bottom of the screen.
- **Public comment:**
  - Type your name into the “Chat” area, say you want to make a public comment, and on what topic.
    - Example: “Julie – public comment – crisis response.”
  - For those on the phone, there will be an opportunity to comment, too.
- **Questions during the meeting:**
  - Type into the “Chat” area and send it to host, Julie Arena.

# Meeting Agenda

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  - Paulina Kaiser, Director, Samaritan Health Outcomes Research & Evaluation (SHORE), Samaritan Health Services.
  - Charissa Young-White, Medicaid Engagement Manager, InterCommunity Health Network.
- VII. VII. Next Steps.....5:55pm



# Agreements for our culture + conduct:

Fun

Inclusive ✓✓

Humor

Food ✓

Action/roll up sleeves

Change the face of Homelessness

honesty

Respect ✓

Consensus

Think before you speak

Courtesy ✓

transparency

Recognize personal bias

Kindness ✓

time management

Concise communication

Open minded ✓

Opinions matter

data driven

Do your homework!

patient

authentic

Valuing personal experience

dedication/work ethic  
honor the expectations of  
the work

# Public Comment

10 minutes

- Comment limited to 2-3 minutes based on number of people wanting to comment
- Type into the “Chat” and say you want to make a public comment and on what topic.
- For those on the phone, I will ask if there are any public comments from callers.
- Can also submit written comments to the Board via email to [Julie.Arena@co.Benton.or.us](mailto:Julie.Arena@co.Benton.or.us)

# Logistics: Vote to approve June 2022 minutes, roll call

Catherine Biscoe

Karyle Butcher

Ricardo Contreras

Bryan Cotter

Cade DeLoach

Anita Earl

Joel Goodwin

George Grosch\* (Co-chair)

Ari Grossman-Naples

Barbara Hanley

Melissa Isavoran

Briae Lewis\* (Co-chair)

Cindee Lolik\* (Business Community)

Charles Maughan\* (Corvallis City Councilor)

Pegge McGuire\* (CSC Director)

Andrea Myhre

Jan Napack\* (Corvallis Mayor's Assignee)

Chanale Propst

Reece Stotsenberg

Nancy Wyse\* (County Commissioner)

\*Executive Committee Members



# Communications Update

**Kailee Olson**

**Communications Coordinator**

**Benton County Health Department**

- A new, two-page list of all the HOPE Recommendations for easier reading/sharing.
- A new webpage under the HOPE website with the HOPE Recommendations and Community Progress made towards implementing the recommendations.
  - A three-page June 2022 Community Progress Report highlighting progress made by the community towards implementing HOPE recommendations and linking folks back to the new webpage.
- A press release, announcing \$1 million awarded to Benton County and the City of Corvallis to support a coordinated response to homelessness.
- Finally, a new communication sent via email called “HOPE News and Updates” featuring information related to HOPE, housing, and homelessness in Benton County, that folks can subscribe to receive on the HOPE website.



# Coordinated homeless response pilot

- **HB 4123:** the city and county are working to improve coordination and communication on homeless response with state funding over the next two years.
- One of the requirements of this pilot is to create a 5 year strategic plan in the next fiscal year.
  - The strategic plan must include a plan for sustainable funding for homeless response and services.

# Coordinated homeless response pilot

- Working with city, county, CSC, and provider partners to generate ideas and consensus on the roles of a coordinated homeless response office.
- Joint Elected Officials meeting on September 8 for an update and any decision points.
- MOU due to legislature in October.

## Educational Component:

- Intercommunity Health Network Coordinated Care Organization (IHN-CCO)
- Samaritan Health Plans (SHS)
- IHN Research Institute (IHRI)

## Guest Speakers:

- Melissa Isavoran, Assistant Vice President, InterCommunity Health Network Operations, Samaritan Health Plans.
- Paulina Kaiser, Director, Samaritan Health Outcomes Research & Evaluation (SHORE), Samaritan Health Services.
- Charissa Young-White, Medicaid Engagement Manager, InterCommunity Health Network.



# Next steps...

- **HOPE Implementation team working on:**
  - HB 4123 Pilot MOU, structure, and roles for a coordinated office.
  - Improving data by working toward coordinated entry with provider input.
  - Improving care coordination with pursuit of FUSE and/or Situation Table.
- **August: invited Shawn Collins and Andrea Myhre to provide an update on 3<sup>rd</sup> Street Commons progress. Housing First: definition and policy examples in practice. Board members with lived experience with homelessness.**
- **September: County Community Health Centers – who they serve, how it overlaps with population experiencing homelessness.**



**Benton  
County**



# InterCommunity Health Network Coordinated Care Organization (IHN-CCO)

July 27, 2022

InterCommunity   
Health Network CCO



# Objectives

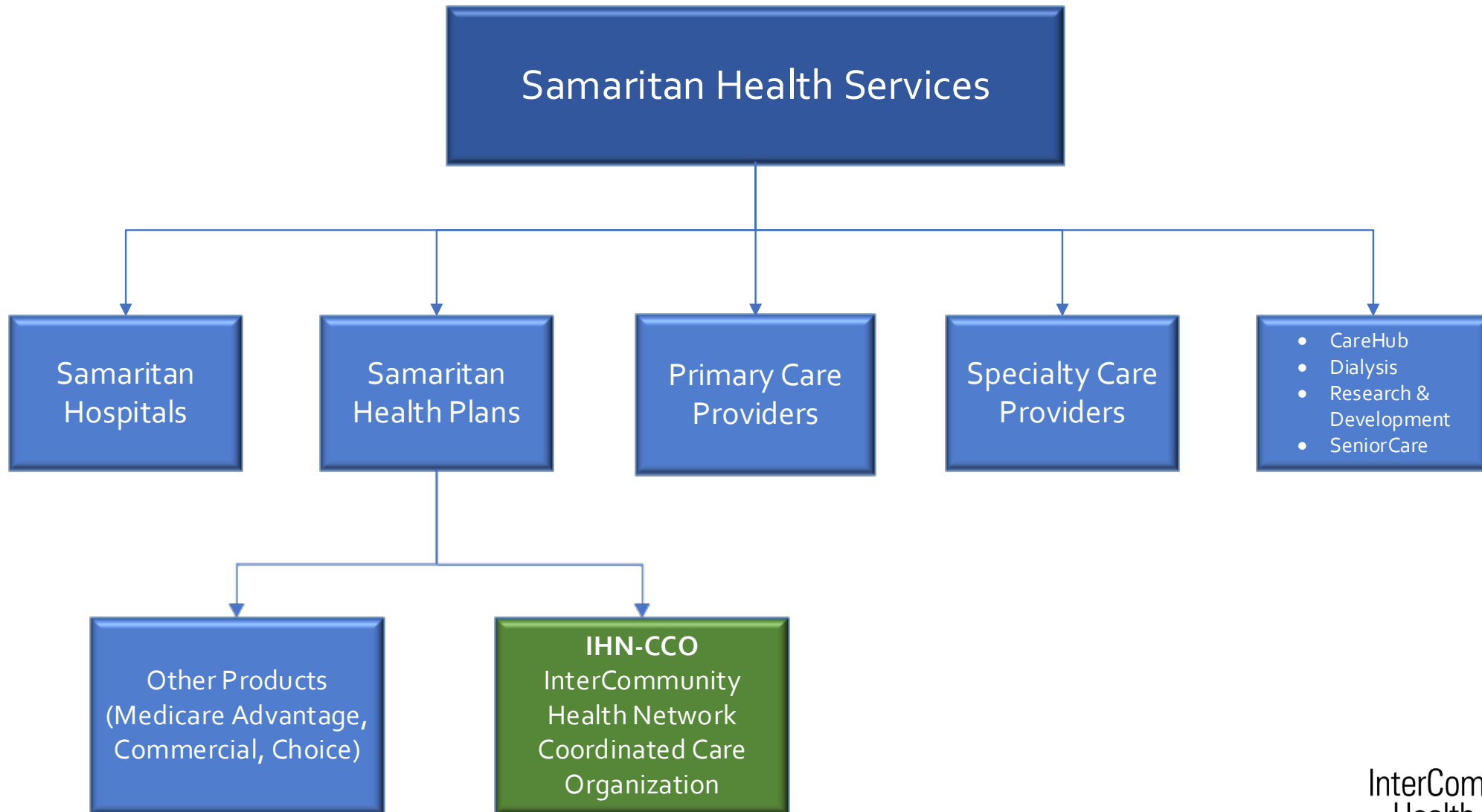
- What is the organizational chart for IHN-CCO, Samaritan Health Services, and Good Samaritan Regional Medical Center? How are they different and what role do they play?
- What work does IHN-CCO do to coordinate on population/community wide health that goes beyond IHN-CCO members?
- What does IHN-CCO fund for project initiatives on the topic of homelessness and housing?
- What research is IHRI doing to further our understanding on this topic and make informed investments in best practices?

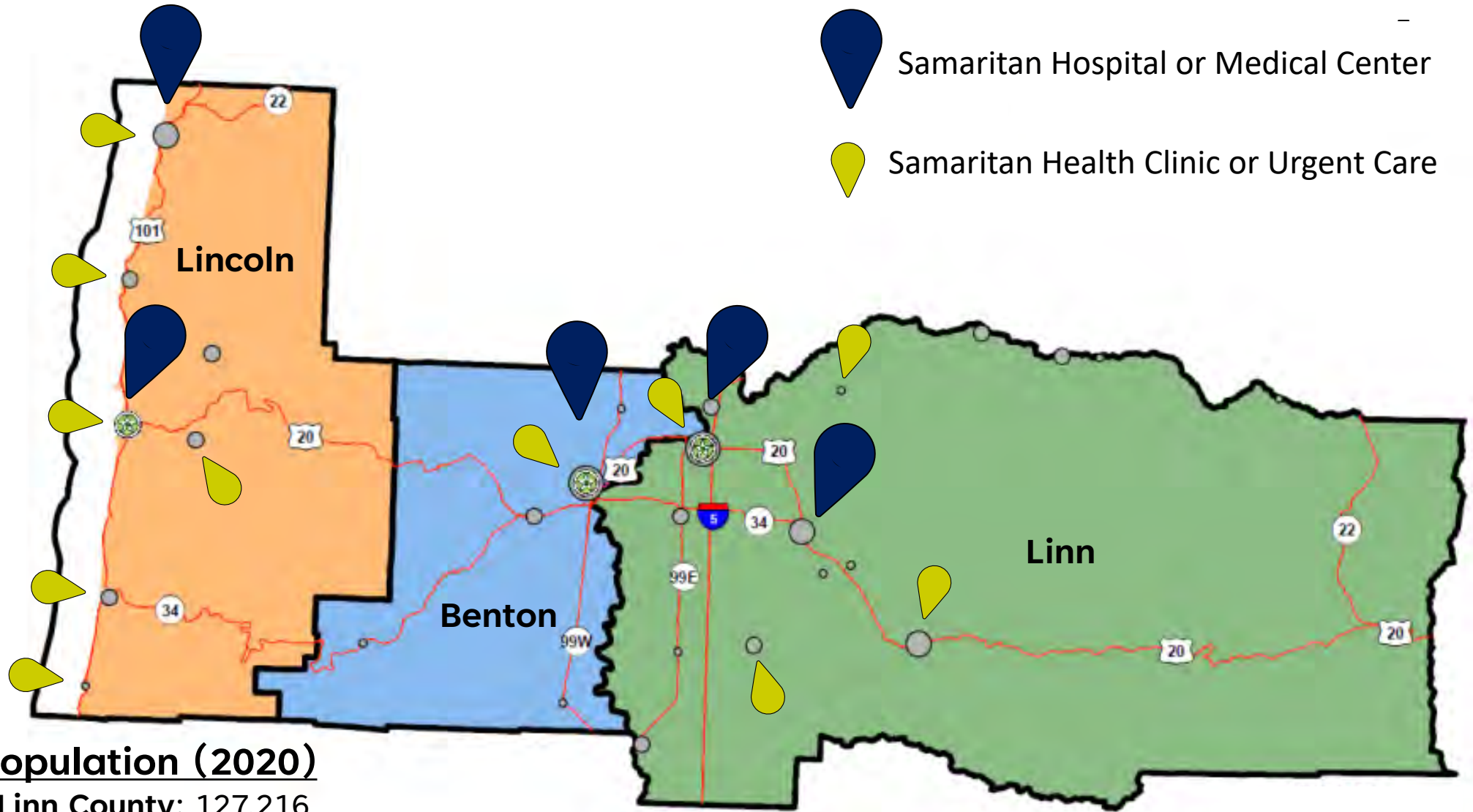


# Agenda

- Samaritan Health Services & IHN-CCO
- Who are we?
- Population Health
- Funding Streams
- Housing Strategy
- InterCommunity Health Research Institute

# Samaritan Health Services Relationship Chart





**Population (2020)**

Linn County: 127,216

Benton County: 92,168

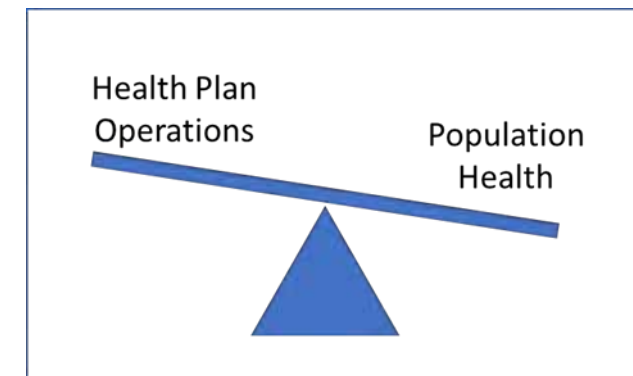
Lincoln County: 49, 336

**Total Regional Population: 268,720**

# InterCommunity Health Network Coordinated Care Organization (IHN-CCO)

- Formed in 2012 by local public, private and non-profit partners to unify health services and systems for Oregon Health Plan (Medicaid) members in Oregon's Benton, Lincoln and Linn Counties
- Serve over 80,000 Medicaid members
- Deliver/coordinate physical, behavioral, and oral health
- Provide coordinated care and wrap-around services
- Committed to improving population health/health equity
- Invest in social determinants of health (SDoH) and transformation

**The CCO Model**



# Mission, Vision, Values

## Our Vision

Serving our communities with PRIDE

## Our Mission

Building Healthier Communities Together

## P.R.I.D.E

Passion

Respect

Integrity

Dedication

Excellence

## Our Strategic Priorities

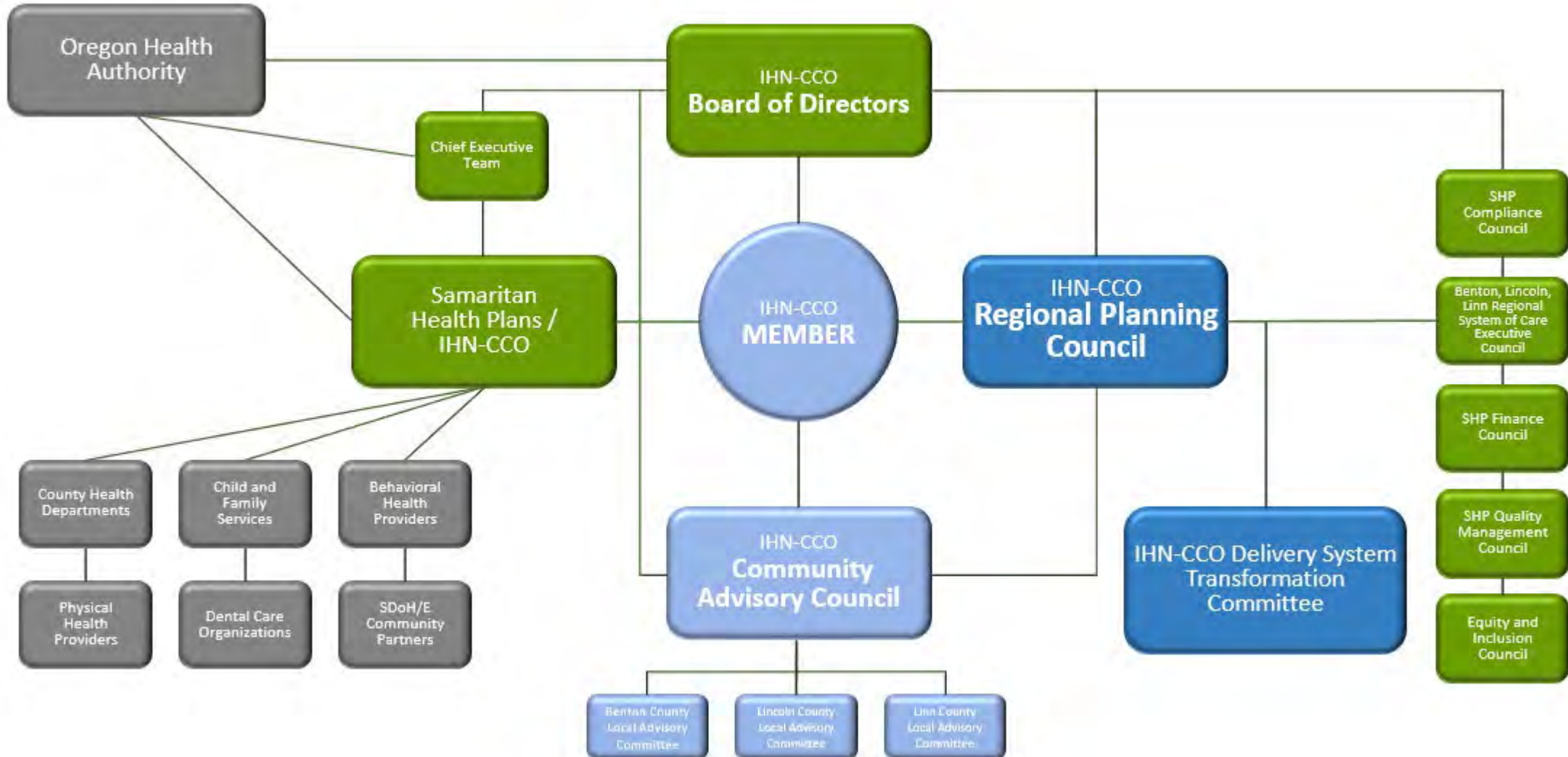
Quality & Service Excellence

Community Partnership

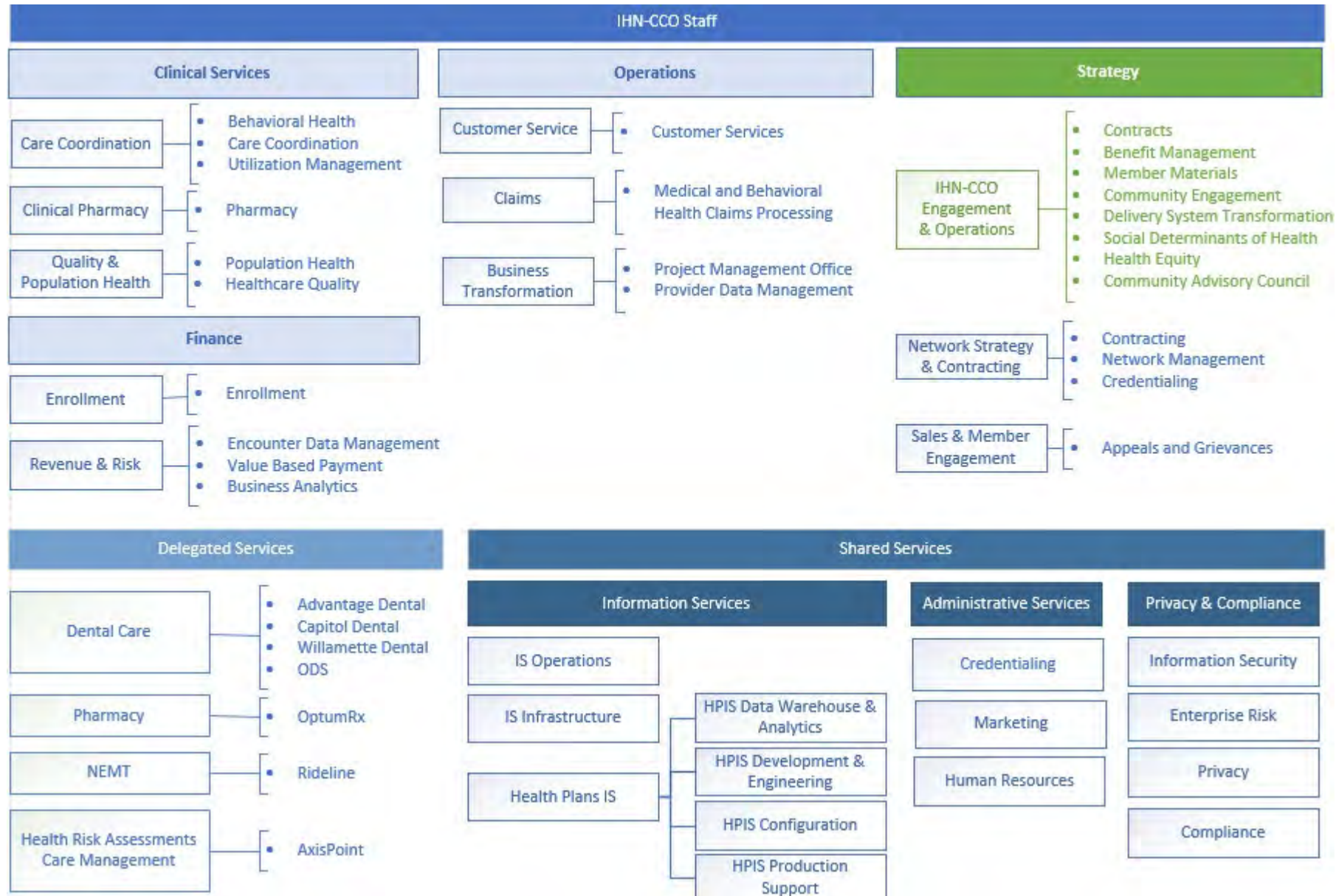
Sustainability

Employee Engagement

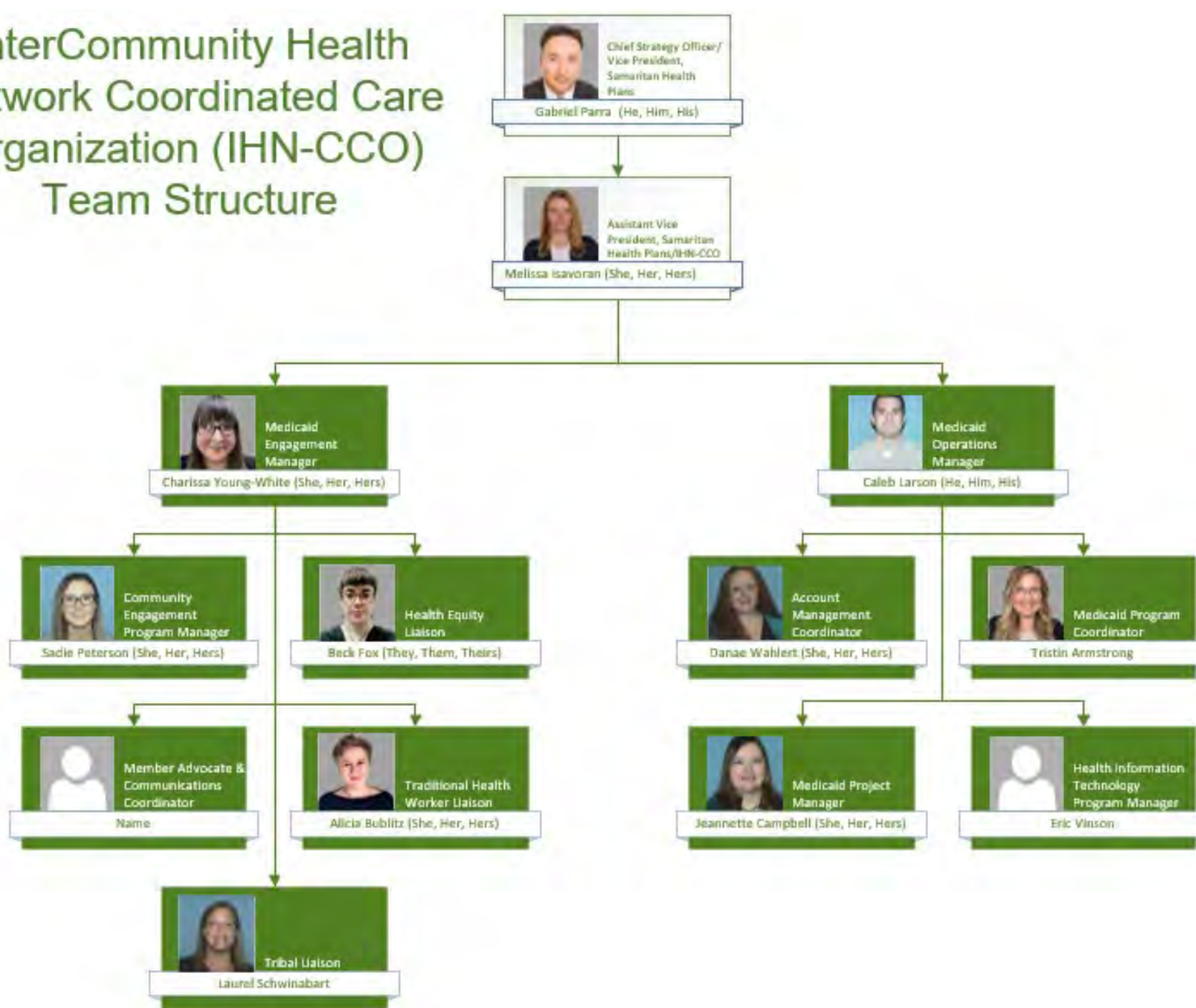
# Who are we?



# Operations Organizational Chart



# InterCommunity Health Network Coordinated Care Organization (IHN-CCO) Team Structure





# Contract Overview

IHN-CCO operates under two main contracts...

**CCO 2.0 Health Care Services Contract Title XIX  
Cover All Kids—Title XXI**

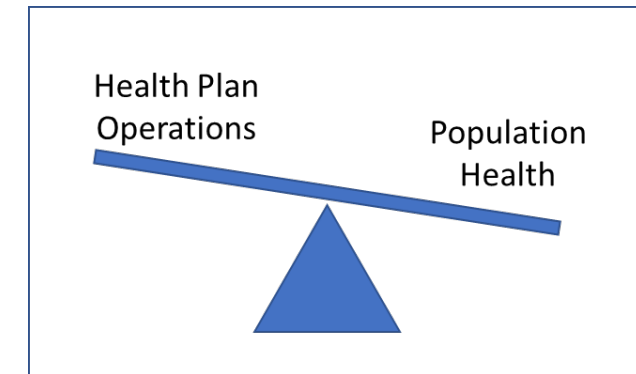
- Five-year, annual renewal contracts (2020-2024)
- Physical, oral, and behavioral health coverage
- Covered Services, Care Coordination, Delivery System
- Value-Based Payment
- Grievance and Appeal System
- Social Determinants of Health
- Behavioral Health

# Population Health and Health Equity

IHN is working toward a robust population health infrastructure

IHN-CCO is continuing to expand its population health efforts:

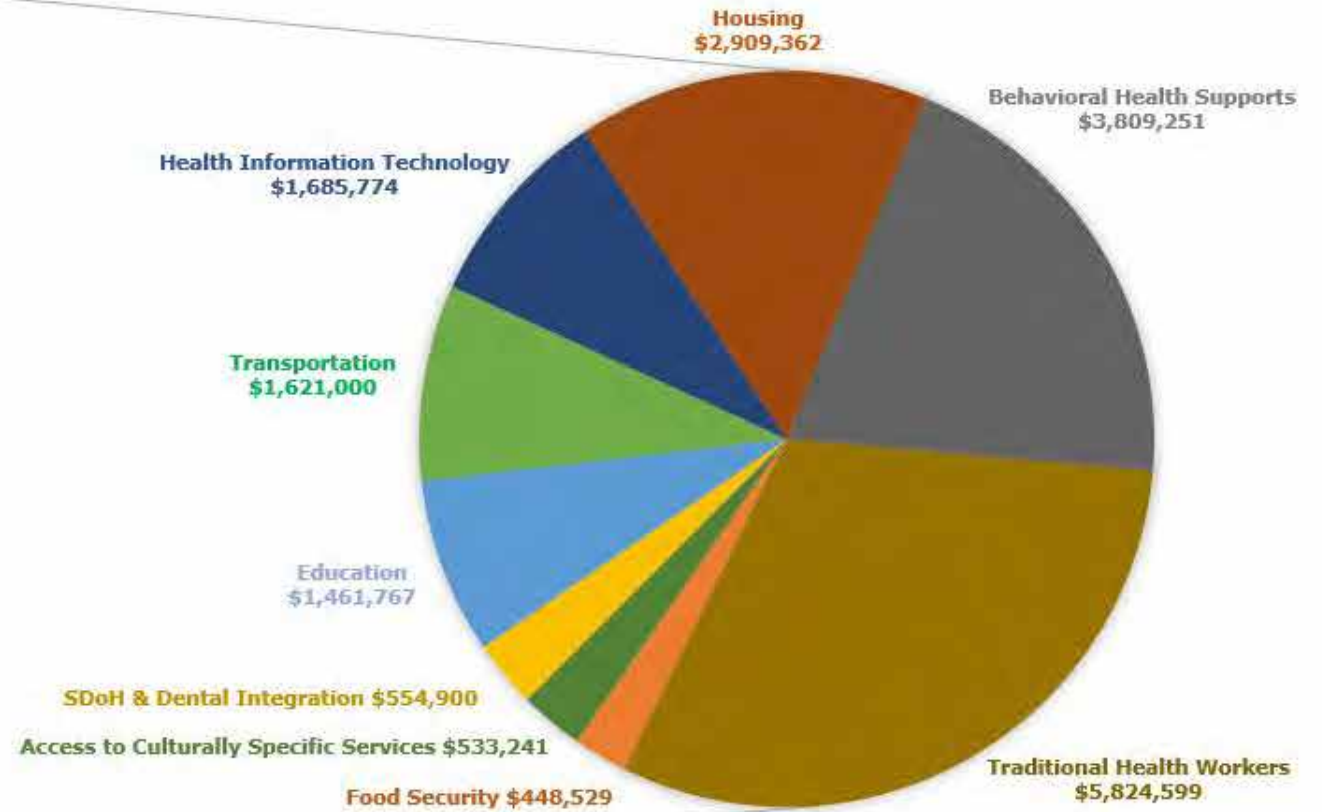
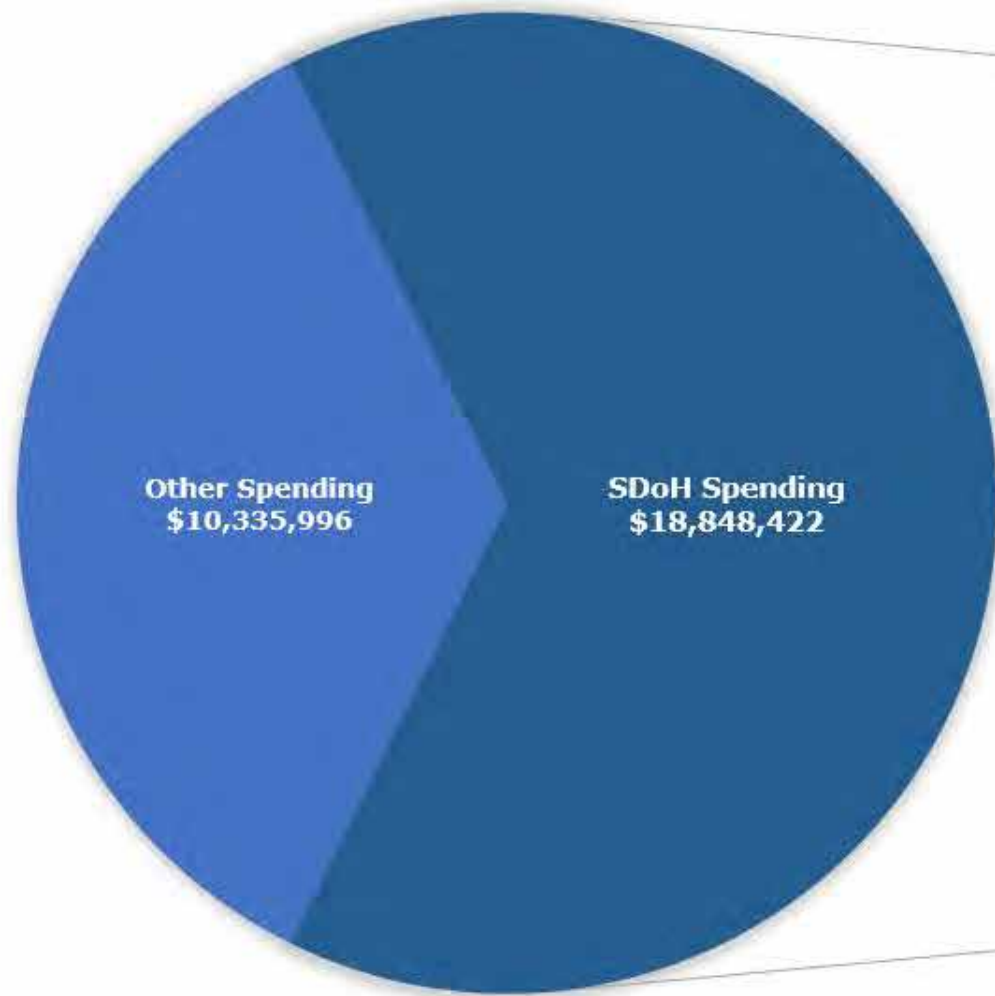
- Understanding our populations
- Integrating SDoH data into decision-making
- Expanding collaborative partnerships and initiatives
- Integrating SDoH in all operations with training at all levels
- Encouraging member engagement in population health strategies
- Evaluating data through an equity lens to support strategies
- Developing creative Value-Based Payment models for providers and community partners
- Measuring and sustaining population health and health equity progress



# IHN-CCO Funding Streams

- **Medicaid Dollars:** Funds health care services and administrative activities to manage health care, including care coordination
- **Health-Related Services Dollars:** Non-covered services that are offered as a supplement to covered benefits under Oregon's Medicaid State Plan to improve care delivery and overall member and community health and well-being. Health-related services include:
  - Flexible services, which are cost-effective services offered to an individual member to supplement covered benefits, and
  - Community benefit initiatives, which are community-level interventions focused on improving population health and health care quality. These initiatives include members, but are not necessarily limited to members

# SDoH Spending Over the Last Ten Years



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# Delivery System Transformation

Nearly \$3M funded through pilots focused housing supports and navigation

- 60+ community partners
- Bi-weekly meetings with community partners
- Regular collaboration (Health Equity, SDoH, THW, Connect Oregon, and Sustainability Workgroups)
- Site visits to community-based organizations
- Technical assistance
- Request for Proposal with priority areas of reducing health disparities, increasing access to culturally appropriate services, housing, improving behavioral health integration, and more
- Focus on elevating the voice of the community by being inclusive and open to all

# Supporting HealthCare for All through REinvestment

## SHARE Initiative: \$700k funded in 2021

- Investing a portion of IHN-CCO net income or reserves back into the community to support Community Health Improvement Plan priorities with a focus on economic stability, neighborhood and built environment, education, and social and community health
- Community Advisory Council provides input on priorities and participates in proposal evaluation

### 2021

- Priorities: medical respite, housing supports, and regional coordination
- Aligned with SHIP/CHIP/SDoH Workgroup/housing as a regulatory requirement
- Seven projects funded – six were SDoH-E partners
- Reporting by projects are semi-annual and final

# Supporting HealthCare for All through REinvestment

## Request for Proposal released August 2022

- Focus on housing especially medical respite & navigation supports
- Criteria for 2022 SHARE projects:
  - Health Equity
  - Health Improvement
  - Improved Access
  - Need
  - Total Cost of Care
  - Resource Investment
  - Priority Area (medical respite or housing supports)
  - Financial Sustainability
  - Replicability
  - Depth of Support
  - Partnerships & Collaboration
  - Outcomes & Evaluation

# IHN-CCO Housing Strategy Support

IHN-CCO has committed to support its region in the housing continuum by:

- Convening funders for housing and social services.
- Developing a tracking of housing funding and support services
- Facilitating conversations with partners to support strategic funding investments to support houselessness needs (i.e., housing and social services)
- Engaging a consultant to ensure representation on housing governing boards, tracking housing issues/funding, coordinating a community housing Collaborative, and developing a situation table with numerous community partners/providers

## **Who should be involved?**

- **Organizations that have received funding for housing and related social services**
- **Organizations that provide housing and related social services**
- **Key governing board representatives that influence housing and related social services**



# InterCommunity Health Research Institute

*Led by IHN-CCO, the IHRI is a collaboration across IHN-CCO, Samaritan Health Services (SHS), Oregon State University (OSU), community partners, and key policymakers.*

Leveraging the expertise/resources of community partners, policymakers, researchers, and health care system representatives to evaluate and inform community health investments and initiatives.

IHRI activities are focused on the following areas:

- Leading methodologically rigorous health-related program evaluation and research.
- Working with community partners to understand and address local needs.
- Delivering data-driven evaluation results to support the community.
- Facilitating grant funding to support population health initiatives.

# Following the Collective Impact Model

*The IHRI shall ensure a cooperative environment aligned with the Collective Impact Model that promotes curiosity, discovery, and innovation.*

Common Agenda

Shared vision for change

Shared Measurement

Collecting data and measuring results consistently

Mutually Reinforcing  
Activities

Differentiated while still being coordinated

Continuous  
Communications

Consistent and open communication

Backbone Support

IHN-CCO is the backbone organization for the initiative and coordinate participating organization

# IHRI Primary Activities

Following the IHRI's primary focus areas, the IHRI Governance Committee will develop short-term and long-term goals:

- **Short Term Goals** – Planning; smaller grants and evaluation activities
- **Long Term Goals** – Longer-term grants for research and evaluation; outcomes education; recommendations

## Initial Activities/Funding

IHN-CCO has invested initial funding to support year one activities:

- IHN-CCO Transformation Pilot Program evaluation through OSU
- Support from OSU on IHRI strategic planning
- Grant applications including the Knight Cancer Institute



**Home, Opportunity, Planning, and Equity (HOPE)  
Advisory Board Meeting  
Approved Minutes  
July 27, 2022 from 4 pm to 6 pm  
ZOOM Meeting**



- Members Present:** Catherine Biscoe; Karyle Butcher; Bryan Cotter; Caden DeLoach; Anita Earl; Joel Goodwin; George Grosch\* (co-Chair); Barbara Hanley; Melissa Isavoran; Briae Lewis\* (Co-Chair); Cindee Lolik\* (Business Associate); Charles Maughan\* (Corvallis City Council); Pegge McGuire\* (CSC Director); Andrea Myhre; Jan Napack\* (Corvallis Mayor’s Assignee); Reece Stotsenberg; Nancy Wyse\* (Chair of Board of Commissioners).
- Excused:** Ricardo Contreras
- Absent:** Chanale Propst; Ari Grossman-Naples
- Staff Present:** Julie Arena (Benton County Health, HOPE Program Coordinator); Paula Felipe (Benton County Public Health, recorder); Joe Hahn, Diversity Coordinator; Rebecca Taylor; Kailee Olson, Health Department Communications Coordinator.
- Guests:** \*Executive Committee Members.

- I. **Welcome and Introductions.** Farewell to Joe Hahn, Diversity Coordinator who is moving to University of Washington for a new position.
  
- II. **Public Comments (limited to 2-3 minutes).** No Comments.
  
- III. **Approval of Minutes: MOTION** made by Bryan Cotter to approve the June 2022 Minutes; **Seconded** by Pegge McGuire; All in favor; **MOTION** passed. Abstained: Nancy Wyse
  
- IV. **HOPE Communications Update – Kailee Olson, Communications Coordinator, Benton County Health Department.**
  - A new, two-page list of all the HOPE Recommendations for easier reading/sharing.
  - A new webpage under the HOPE website with the HOPE Recommendations and Community Progress made towards implementing the recommendations.
  - A three-page June 2022 Community Progress Report highlighting progress made by the community towards implementing HOPE recommendations and linking folks back to the new webpage.
  - A press release, announcing \$1 million awarded to Benton County and the City of Corvallis to support a coordinated response to homelessness.
  - A new communication sent via email called “HOPE News and Updates” featuring information related to HOPE, housing, and homelessness in Benton County, that folks can subscribe to receive on the HOPE website.
  - New subscribe link: enter email and sign up for email list.
  - New recommendations/Community progress webpage—linked to HOPE meetings page.
  - Plan future web updates to provide more access.
  - Overview of HOPE Advisory Board and full HOPE Foundational Recommendations and the 12

#### Policy Recommendations.

- See updates from partners, city, county, providers (under each recommendation).
- Community Progress Report: HOPE in action: From Policy to Progress
- Links to more detailed information provided.
- One stop shop to find everything with deeper dives thru links.
- Organized by the 12 HOPE recommendations but includes progress community partners made on their own—or we collaborated on—highlights fantastic work and showcases work that city and county support and that falls into HOPE Recommendations.
- E-News: HOPE recommendation Number 9—regularly provide updates. Can sign up to receive it.
- More info on HOPE Advisory Board Recommendations in E-Newsletter, including Community Progress Report. Contact information included.
- Posted on County webpage and city main page; County main website has banner linked to progress report. Links to subscribe too.
- County external newsletter had blurb including internal newsletter.
- HOPE updates at city and county meetings.
- George: Any media outreach? Transparency—minutes always behind because wait until we approve—can we post draft minutes? To give people current information. Julie will look into posting draft minutes. Zoom video gets posted within the week.
- Melissa Isavoran: as long as we all agree the minutes get approved as is, then it is probably not a concern. Julie: Paula does exceptional job providing context and dialogue so don't have that concern.
- Julie: team met with reporter, Cody Mann, and we are engaging with media to make sure this is covered.
- From Cody Mann from the Gazette-Times: The HOPE team gave me a great interview on this subject. I'm working on a sizable article.
- Julie: Half of Kailee's dedicated staff time devoted to HOPE.
- Kailee: Thanks for the time to walk through this and excited to keep moving forward.
- Kailee: Press Release that went to all Media Outlets. "Benton County and City of Corvallis awarded \$1 million for Coordinator Care Response." (Posted on the HOPE website—Julie emailed the link to all HOPE board members).
- From Andrea: Looks great! This is exactly what we needed to do.
- From Barbara Hanley: This is wonderful! Great work, Kailee!
- From Cindee Lolik: Wonderful communication for the community, thank you!!
- From Catherine Biscoe: Thank you Kailee and Julie for all the work on this communications planning and what a delivery! It has been a long time and a lot of work getting here, but you have given our communities a tremendous tool moving ahead as we work together to reduce homelessness!
- From Kailee Olson: Thank you, Catherine! I know we have a lot more work to do to continue to update our community on this amazing work but it feels good to get something out the door and lay the groundwork for future communications.

#### V. **HB 4123 Pilot for Coordinated Homeless Response (Rebecca Taylor, Project Manager)**

- HB 4123: the city and county are working to improve coordination and communication on homeless response with state funding over the next two years.
- One of the requirements of this pilot is to create a 5 year strategic plan in the next fiscal

year.

- The strategic plan must include a plan for sustainable funding for homeless response and services.
- Working with city, county, CSC, and provider partners to generate ideas and consensus on the roles of a coordinated homeless response office.
- Joint Elected Officials meeting on September 8 for an update and any decision points.
- MOU due to legislature in October.
- Create roadmap moving forward; developing MOU (collaborative framework).
- MOU agreement—for preliminary implementation of requirements; working with service providers and community members – met last month with pilot communities and League of Cities and Association of Counties. Meeting this Friday. Draft MOU in September.
- Great feedback from local providers to improve our whole system.
- George: sustainable—how to fund over long term—this group makes those recommendations. City has social service funds—can utilize funds for those purposes. Could be a decision point to make commitment up front. County could make similar commitment. There are options to make this sustainable. Only source of sustainable funding in local government is tax dollars. Grant writing not sustainable.
- Julie: key function of grant writer to figure out sustainable funding for the system of services and sheltering. Some providers are grant cycle to grant cycle. Medicaid is sustainable funding stream for services.
- Karyle: I disagree with George—some grant funded programs are still in existence and some city funded programs have been cut. List of service providers: Is there a list? Some say I was not contacted.
- Julie: Some like Mac Gillespie send outreach messages to food provider network and those working in sheltering and homelessness. Depends on if relates to their organization.
- Julie: Regarding list of service providers: HOAC and other predecessors provided a comprehensive list of providers and HOPE reviewed this list and looked for gaps in services. One function of new coordinated office could be to map out these service positions, including pathways for referrals.
- Andrea: **Update on Project Turnkey 2.0**: exciting news: legislation gave another 55 million for purchasing more hotels and motels for shelter and housing for homelessness; we have worked with variety of partners to put together proposal. First phase should have approval by the end of August 2022. First phase is conceptual design. We were able to submit an application with 12 letters of support as well as solid proposal with Libby and Julie (HOPE staff). Idea is to purchase second property; no sales agreement yet; targeting older people who are homeless and need respite care. We are working with Samaritan providing more respite beds. Also working with partners who provide senior services: CSC; Benton County, COI; Veterans services. The idea is to open as non-congregate shelter with respite care while working on developing housing. It is an exciting, collaborative project. Julie: thanks to Andrea and Corvallis Housing First to take leading role: Andrea: Specials thanks to our Board and thanks to you all too.
- It would never have happened without Andrea and CHF
- From Anita Earl: That is absolutely true!

**VI. Educational Component: Samaritan Health Plans and IHN CCO—what is their role? Intercommunity Health Network Coordinated Care Organization (IHN-CCO), Samaritan Health**

Plans, and the IHN Research Institute (IHRI). Guest Speakers: **Melissa Isavoran**, Assistant Vice President, InterCommunity Health Network Operations, Samaritan Health plans. **Paulina Kaiser**, Director, Samaritan Health Outcomes Research & Evaluation (SHORE), Samaritan Health Services. **Charissa Young-White**, Medicaid Engagement Manager, InterCommunity Health Network.

- **Melissa Isavoran:**

- Samaritan Health Services & IHN-CCO: Who are we? Agenda: Population Health; Funding Streams; Housing strategy; InterCommunity Health Research Institute.
- See organizational chart. IHN-CCO under “Samaritan Health Plans” Mostly Medicaid.
- Lincoln-Benton-Linn Counties: Population total: 268,720 (Medicaid Plan serves 30 percent of the entire population).
- Hospitals—spread across the region—some are critical care with special fundings.
- Formed in 2012 by local public, private and non-profit partners to unify health services and systems for Oregon Health Plan (Medicaid) members in Oregon’s Benton, Lincoln, and Linn Counties.
- Serve over 80,000 Medicaid members.
- Deliver/coordinate physical, behavioral, and oral health
- Provide coordinated care and wrap-around services
- Committed to improving population health/health equity
- Invest in social determinants of health (SDoH) and transformation
- Health equity covers all people in Tri County region—not just for the 80,000 Medicaid members.
- Work with community partners to do transformative work. A lot of work to collaborate with all the partners to support population health.
- Mission (Building Healthier Communities Together), Vision (Serving our communities with pride), Values: Our Strategic Priorities: Quality & Service Excellence; Community Partnership; Sustainability; Employee Engagement. PRIDE: **P**assion, **R**espect, **I**ntegrity, **D**edication, **E**xcellence.
- IHN contracts with Samaritan to provide services to Medicaid partners.
- See slide of graph; IHN-CCO Board of Directors and groups who participate. IHN-CCO Member at the Center.
- See Operations organizational chart.
- See Team Structure; engagement team introduced (see slide)
- Contract Overview: IHN-CCO operates under two main contracts: CCO 2.0 Health Care Services Contract Title XIX; Cover All Kids—Title XXI.
- Five-year, annual renewal contracts (2020-2024)
- Physical, oral, and behavioral health coverage
- Covered Services, Care Coordination, Delivery System.
- Value-Based Payment.
- Grievance and Appeal System
- Social Determinants of Health
- Behavioral Health.
- Population Health and Health Equity (see slide): IHN-CCO is continuing to expand its population health efforts. Rewarding to identify barriers and solve problems.
- IHN-CCO Funding Streams: Medicaid Dollars and Health-Related Services Dollars.

- Delivery System Transformation: Nearly \$3 Million funded through pilots focused housing supports and navigation. (See slide for more information)
- SHARE Initiative: \$700k funded in 2021 (Supporting HealthCare for All through Reinvestment). Priorities include medical respite, housing supports, and regional coordination.
- **Charissa Young-White:**
  - Melissa is one of biggest reasons I came back; she is driving population health and equity; I am excited to be part of the future; love what we do in the community.
  - Fund projects—see slide on Medicaid and funding streams
  - See slide – graph on spending over the last ten years.
  - \$3 Million spent on housing; two different funding streams
  - See slide: “Delivery System Transformation” committee
  - Let me know if you are interested in joining the committee
  - Discussion on workgroup: There is a lack of medical respite and housing supports. \$6 million on social determinants of health. Connect through pilot programs. Seeing reduction in evictions; increase in preventative care; reduction in emergency services. Julie: tangible example: paying salary of person who goes onsite to affordable housing units to help residents on site for doctors appts; wrap around support.
  - See slide: supporting Healthcare for all through Reinvestment
  - End of life support proposal.
  - See slide: Supporting Health Care for All through Reinvestment
  - You will get announcement when we request for proposal.
  - Try to keep it simple; provide technical assistance.
  - DST is about innovation and transformation: what is working in housing sector and how can we build that infrastructure—we are building on what we have.
  - See slide: IHN-CCO Housing Strategy Support.
  - IHRI (InterCommunity Health Research Institute) is led by IHN-CCO and is a collaboration across IHN-CCO, Samaritan Health Services, Oregon State University, community partners, and key policymakers. (See slide for more information).
  - Following the Collective Impact Model—see slide.
  - IHRI Primary Activities – see slide Request for Proposal released August 2022: Focus on housing especially medical respite & navigation supports.
  - IHN-CCO Housing Strategy Supports include convening funders for housing and social services; developing a tracking of housing funding and support services; facilitating conversations with partners to support strategic funding investments for housing and social services; and engaging a consultant to have representation on housing governing boards and tracking other housing issues.
- **Paulina Kaiser:**
  - Enthusiasm for IHRI: To clarify, IHRI has novel internal collaboration to bring IHN with Samaritan’s existing research department. Worked there for 6 years working with clinical data; doing research and analysis.
  - My background and passion is in public health, social epidemiology; how social determinants of health affect population outcomes. Doing analytic projects.
  - Bruce Butler tells how he was in California and heard federal health and human services



talk about health systems need to get on board with social determinants of health. Not new concept but new and challenging for health systems to operationalize and integrate with other partners. Bruce was the original motivation on what would it look like with IHN and with OHA wanting CCOs to be innovative. A lot of environmental external pushes to help IHN to address social determinants of health. I feel very passionate about it. A lot of internal learning going and working with data.

- Community integration and priorities to leverage collaboration with academic partners is foundational to IHRI; we are just getting started and a ton of potential and opportunity using Samaritan data; a lot we can do with alignment and coordination of resources.
- Julie: Bruce Butler was on HOPE board first two years and passed the torch to Melissa. He was part of the process in creating the HOPE board recommendations; so give Bruce credit and IHN. Seeing a lot of them stepping up to the plate in past few years.

#### **DISCUSSION/COMMENTS:**

- George: Seeing systems now being involved and there is money involved and funds available and looking at what is needed at local level. I understand their excitement and enthusiasm because this is how you turn policy into reality. We can expect to have positive outcomes. Commend your work.
- From Anita Earl: Paulina is a dream partner!
- From Catherine Biscoe: Anita - what a great proposal idea...thank you for bringing dignity where it is so needed!
- From Barbara Hanley: Agree with Catherine. Thank you, Anita!
- From Catherine Biscoe: Charissa - appreciated your presentation and anticipating great outcomes on your pilot project/proposal...thank you for your ongoing commitments!
- From Pegge McGuire: I think Charissa, Anita, Melissa, Paulina are the Samaritan A++++ Team! Thank you for all of this information.
- From Karyle Butcher: I am truly happy to learn about so much coordination and collaborations. This is terrific.
- From Joe Hahn: Thank you everyone for your amazing work and it's been an honor getting to see you all make an impact in our communities. Keep up the awesome work!

#### **VII. Next Steps:**

- HOPE Implementation team working on:
- HB 4123 Pilot MOU, structure, and roles for a coordinated office.
- Improving data by working toward coordinated entry with provider input.
- Improving care coordination with pursuit of FUSE and/or Situation Table.
- August: invited Shawn Collins and Andrea Myhre to provide an update on 3<sup>rd</sup> Street Commons progress. Housing First: definition and policy examples in practice. Board members with lived experience with homelessness.
- September: County Community Health Centers – who they serve, how it overlaps with population experiencing homelessness.

#### **VIII. Meeting was adjourned at 6 pm.**

Benton County & City of Corvallis  
Home, Opportunity, Planning, & Equity (HOPE) Advisory Board



Julie Arena, HOPE Program Coordinator  
Benton County Health Department  
Email: Julie.Arena@co.benton.or.us  
Phone: 541-766-0252

**HOPE Meeting Agenda**  
**August 24, 2022 from 4-6 PM**  
Meeting location: virtual or phone

**Join on your computer or mobile app:** [Click here to join the meeting](#)

Meeting ID: 286 479 023 593    Passcode: 7QXFdu

**Or call in (audio only)** [+1 412-664-5196,698575650#](tel:+14126645196698575650)

Phone Conference ID: 698 575 650#

**AGENDA**

- I. Welcome & Overview of Agenda.....4:00pm
- II. Public Comment\* (up to 10 minutes) .....4:00pm
- III. Roll call and approve July 2022 meeting minutes .....4:10pm
- IV. Community Updates .....4:15pm
- V. Update on HB 4123 Pilot for Coordinated Homeless Response.....4:30pm
- VI. Educational Component: the Housing Spectrum and Housing First in our community.....4:35pm  
3<sup>rd</sup> Street Commons: Progress and Collaboration from Project Turnkey.  
Guest Speakers:  
    Andrea Myhre, Executive Director, Corvallis Housing First  
    Shawn Collins, Executive Director, Unity Shelter  
    Allison Hobgood, Executive Director, Corvallis Daytime Drop-In Center
- VII. Lived Experiences with Homelessness and Housing Insecurity.....5:30pm
- VIII. Next Steps.....5:55pm

\*Public Comment: if you want to make a public comment, please put your name in the virtual chat window or “raise your hand” in the virtual meeting when you arrive. List your name and the topic of your comment in the chat. Comments are made in the order that people “raise their hand” or submit a chat. For people calling in from a phone line, there will be an opportunity for comment for people on the phone.



# HOPE Advisory Board

August 2022 Public Meeting

Meeting facilitated by HOPE Coordinator, Julie Arena

8/24/22



# Virtual Meeting Housekeeping

- Please mute your microphone until it is your turn to share.
- All attendees can unmute themselves and choose to be seen visually by clicking “Mic” or “Camera” at the top right of the screen.
- **Public comment:**
  - Type your name into the “Chat” area, say you want to make a public comment, and on what topic.
    - Example: “Julie – public comment – crisis response.”
  - For those on the phone, there will be an opportunity to comment, too.
- **Questions during the meeting:**
  - Type into the “Chat” area and send it to host, Julie Arena.



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# Agreements for our culture + conduct:

Fun

Inclusive ✓✓

Humor

Food ✓

Action/roll up sleeves

Change the face of Homelessness

Honesty

Respect ✓

Consensus

Think before you speak

Courtesy ✓

Transparency

Recognize personal bias

Kindness ✓

Time management

Concise communication

Open minded ✓

Opinions matter

Data driven

Do your homework!

Patience

Authentic

Valuing personal experience

Dedication/work ethic  
Honor the expectations of  
the work

# Public Comment

10 minutes

- Comment limited to 2-3 minutes based on number of people wanting to comment
- Type into the “Chat” and say you want to make a public comment and on what topic.
- For those on the phone, I will ask if there are any public comments from callers.
- Can also submit written comments to the Board via email to [Julie.Arena@co.Benton.or.us](mailto:Julie.Arena@co.Benton.or.us)



# Logistics: Vote to approve July 2022 minutes, roll call

Catherine Biscoe

Karyle Butcher

Ricardo Contreras

Bryan Cotter

Cade DeLoach

Anita Earl

Joel Goodwin

George Grosch\* (Co-chair)

Ari Grossman-Naples

Barbara Hanley

Melissa Isavoran

Briae Lewis\* (Co-chair)

Cindee Lolik\* (Business Community)

Charles Maughan\* (Corvallis City Councilor)

Pegge McGuire\* (CSC Director)

Andrea Myhre

Jan Napack\* (Corvallis Mayor's Assignee)

Chanale Propst

Reece Stotsenberg

Nancy Wyse\* (County Commissioner)

\*Executive Committee Members

# Communications Update

## HOPE website:

<https://www.co.benton.or.us/health/page/housing-and-homelessness>

## HOPE Updates Page:

<https://www.co.benton.or.us/health/page/hope-recommendations-community-progress>

- A new, two-page list of all the HOPE Recommendations for easier reading/sharing.
- A new webpage under the HOPE website with the HOPE Recommendations and Community Progress made towards implementing the recommendations.
  - A three-page June 2022 Community Progress Report highlighting progress made by the community towards implementing HOPE recommendations and linking folks back to the new webpage.
- A press release, announcing \$1 million awarded to Benton County and the City of Corvallis to support a coordinated response to homelessness.
- Finally, a new communication sent via email called “HOPE News and Updates” featuring information related to HOPE, housing, and homelessness in Benton County, that folks can subscribe to receive on the HOPE website.



# Coordinated homeless response pilot

- **HB 4123:** the city and county are working to improve coordination and communication on homeless response with state funding over the next two years.
- One of the requirements of this pilot is to create a 5 year strategic plan in the next fiscal year.
  - The strategic plan must include a plan for sustainable funding for homeless response and services.



# Coordinated homeless response pilot

- Working with city, county, CSC, and provider partners to generate ideas and consensus on the roles of a coordinated homeless response office.
- Joint Elected Officials meeting on September 8 for an update and any decision points.  
<https://www.co.benton.or.us/boc/page/board-commissionerscorvallis-city-council-joint-work-session>
- MOU due to legislature October 1st.



## Educational Component:

- Shelter and Housing in our community
- Housing First
- Basic Needs Navigation and Connection to shelter or housing

## Guest Speakers:

Shawn Collins, Executive Director  
Unity Shelter

Andrea Myhre, Executive Director  
Corvallis Housing First

Allison Hobgood, Executive Director  
Corvallis Daytime Drop-In Center



## **Vision Statement:**

A roof over every head.

## **Mission Statement:**

Providing solutions for ending homelessness & achieving self-sufficiency.

## **Foundational Belief:**

Housing is a basic human right, not a reward for clinical success. Once homelessness is eliminated from a person's life, clinical and social stabilization occur faster and is more enduring.





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Owning and operating 42 units of rental housing at four facilities (Van Buren House, DeDe's Home, Partners Place, Sycamore Place) which are all supportive Housing First projects for persons experiencing homelessness. Generally, between 70-80% of our residents remain in housing or move to other permanent housing.

Providing case management in partnership with other organizations, primarily Unity Shelter, but also the Daytime Drop-In Center, focusing on stabilization and housing.

# Seven standards of the Housing First approach:

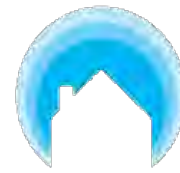
1. Move people into housing directly from streets and shelters without preconditions of treatment acceptance or compliance.
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4. Units targeted to most disabled and vulnerable homeless members of the community.
5. Embrace a harm reduction approach to addictions rather than mandating abstinence. At the same time, the provider must be prepared to support resident commitments to recovery.
6. Residents must have leases and tenant protections under the law.
7. Can be implemented as either a project-based or scattered site model.



# Why Housing First?

- **Housing First has been proven to be successful in helping people who have formerly been homeless stay housed and increase stability, health, decrease costs to the community.**
- A 2021 study found that Housing First programs decreased homelessness by 88% and improved housing stability by 41%, compared to Treatment First programs.
- While an earlier study found no difference in treatment outcomes between Housing First and high-barrier programs, some more recent studies indicate that Housing First participants are more likely than others to report reduced usage of alcohol, stimulants, and opiates.
- A 2015 study found that Housing First programs are more effective at increasing outpatient service utilization, as well as outreach to and engagement of clients who are not appropriately served by the public mental health system.
- Housing First can reduce healthcare and other costs. Studies also show that Housing First reduces hospital visits, admissions, and duration of hospital stays among homeless individuals, and overall public system spending is reduced by nearly as much as is spent on housing. The average cost savings to the public ranges from \$900 to \$29,400 per person per year after entry into a Housing First program.

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CORVALLIS HOUSING FIRST  
a roof over every head

# What is Permanent Supported Housing?

- PSH is an intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people.
- This approach has been shown to greatly reduce costs associated with people who frequently utilize emergency services
- We have very limited PSH in our community – ongoing rent support and funding for services is very rare



# Collaborating for Shelter, Temporary Housing: Third Street Commons

Andrea Myhre, Executive Director, Corvallis Housing First

Shawn Collins, Unity Shelter



# Project Turnkey overview

- 55 Million allocated by the State of Oregon EOC to purchase motels/hotels for emergency non-congregate shelter for houseless, fire victims, passed to Oregon Community Foundation
- CHF was one of the first to apply/be awarded of non-fire counties
- Purpose is to provide shelter, eventually Permanent Supported Housing
- Shelter is operated by Unity Shelter, property owned, office space occupied by CHF
- Currently offers 24 rooms with their own bathrooms, a community kitchen, laundry facilities
- Funded by Emergency Services Grant (HUD State of Oregon Housing and Community Services Community Services Consortium CHF and Unity Shelter) – total investment of approx. 3 million

# Who is living there?

- Adults experiencing homelessness, likely chronically homeless, disabled, vulnerable, overrepresented (BIPOC and LGBTQ), wanting to be in shelter/housing
- Joint waitlist with Unity Shelter, CHF, Coordinated Entry system
- Have provided COVID quarantining and isolation space for people who are homeless
- Currently, there are 3 respite rooms on site, sponsored by Samaritan Health Services

# What is the operation model?

- Until the site can be developed into PSH, 24-7 staffing support and supervision is provided by Unity Shelter, CHF provides Case Management services, as well as provides facilities support.
- Clients on site can stay in their rooms without having to leave for a period of time each day.
- Similarities to Safe Camp program/partnership structure, with some exceptions
- We anticipate this partnership ending when we prepare the site for the new facilities in 2024. Residents will be placed in other housing before this point, or offered other temporary housing while the units are being developed

# Results and outcomes

- Since opening in Spring 2021, we have served 78 individuals, with over 10,000 bed nights
- 27 have been provided COVID quarantine/isolation space
- 7 clients have moved into permanent housing
- 3 people asked to leave

# Next Phase of Third Street Commons – PSH Development

- Opportunity to apply for capital funds through Oregon and Federal legislative process
- State of Oregon Lottery Bond Funds – 5 Million, Congress – Infrastructure Bill – 3 Million = 8 million
- End result = 30-40 units of 1-bedroom, studio apartments for PSH, very low-income individuals, couples
- Have hired a development consultant, are soliticiting proposals from builders
- Wrapping up participation in the Oregon Supportive Housing Institute, gateway to additional funding







# Unity Shelter: Responding to Needs, Integrating Successful Programs

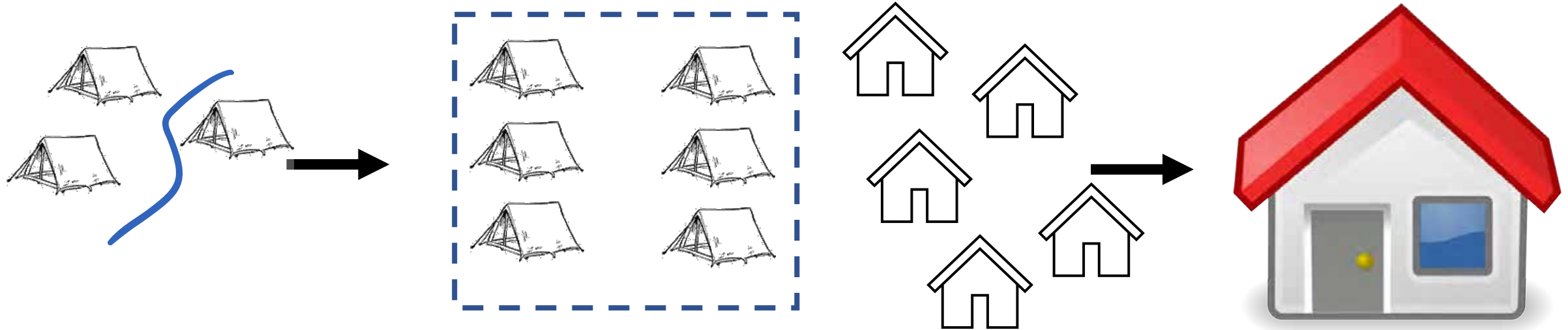
- **Vision:** Unity Shelter envisions a community where lack of housing or shelter is rare, brief, and nonrecurring, and where all people have a safe and stable place to live, connect, and thrive.
- **Mission:** Providing Safe Shelter through Collaborative Care
- **Values:** Humans live in the shelter of one another - in communities of belonging or in spaces of social abandonment.

Unity Shelter recognizes belonging as a primary human need and so our efforts to create collaborative, safe shelter necessarily involve cultivating communities of care between our neighbors, staff, volunteers and partners. Unity Shelter is a community in-service to others.

We value relationships of equity where the inherent purpose, dignity, and wisdom of each individual results in mutual support and collaborative care.



# Building blocks on path to housing



## UNITY SHELTER FOCUS

### Unsheltered/Camping

- Unsafe and unstable
- Limited access to services
- Need food, potable water, sanitation, temp, hygiene supports

### Managed Camping/Shelter

- Behavior expectations
- Consistent access to services
- Safe, Stable environment
- Accountability, Supports, Managed Costs, Case Management

### Transitional Housing

- Family-friendly options
- Higher expectations of behavior and progress
- Stronger case management

### Permanent/Supported

- Long term supports
- Stable rental/lease environment
- Case management and wrap-around services support progress

## STRONGER SUPPORTS/PROGRESSIVE EXPECTATIONS

Harm Reduction > Outreach > Case Management > Connection to Services > Training & Education



# Unity Shelter Programs

**Currently: 88 Shelter beds, 31 Transitional Housing microshelters**  
**Shelter beds will increase to 109 as COVID conditions allow**

Unity Shelter operates low-barrier emergency overnight and 24/7 shelters for men, women and couples in three different locations in Corvallis.

The low-barrier SafePlace transitional housing program serves men, women and couples in microshelters in 6 locations, primarily through partnerships with local churches. Expectation of engagement with case management is part of the program and has proven successful in supporting progress along transition to housing.

Since March 2020, Unity Shelter has also operated the Hygiene Center to provide services to those living without shelter.





# Unity Shelter Program Details

**Congregate Shelter:** Shared space, showers, laundry, case management, resource navigation, food

- **Men's Shelter:** 42 Beds, 266 served since Jan 2021, over 12,500 bed nights
- **Room at the Inn women's shelter:** 22 Beds, 149 served since Jan 2021, over 11,600 bed nights

**Non-Congregate Shelter:** Private rooms with bathroom and shower, shared kitchen space, laundry, case management, resource navigation

- **Third Street Commons:** 24 rooms for singles/couples, includes 3 respite rooms, 78 served since May 2021, 27 of those COVID isolation cases, over 10,000 bed nights. 7 have moved into housing

**Transitional Housing/Microshelters:** Private rooms, shared bathrooms, shower/laundry access and shared food prep space varies by site, case management, resource navigation

- **SafePlace:** 31 microshelters, 58 served, 29 into housing or other programs since Jan 2021. Since July 2019, when Safe Camp began, 86 have been served, and 48 have moved into housing or other programs

**Hygiene Center:** Food, showers, bathrooms, laundry, device charging for unsheltered men and women in the community, with access to case management. 851 served since Jan 2021, over 20,000 meals, over 6600 showers, over 1800 loads of laundry






# Unity Shelter New Developments

Unity Shelter has started a limited capacity Emergency Hotel Shelter Program, focused on vulnerable seniors and families in need of shelter, who may not be able to get into other shelters due to capacity or other issues. We are limiting this to 5 rooms at a time, so we can provide adequate support to those in shelter. Thanks to Community Services Consortium for supporting this much needed capacity. Contact [Tara@unityshelter.org](mailto:Tara@unityshelter.org) to discuss referral process.

Unity Shelter has also received support from OCF and other funders to create a “life skills and transitions coach” to support those moving from shelter or transitional housing into permanent housing. A position description should be posted in the next week on Indeed and linked on our social media (Facebook @unityshelterinc and Instagram @unity.shelter).



Corvallis  
Daytime  
Drop-in  
Center

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**CDDC is  
“where needs  
are met”**

community center and safe  
gathering space

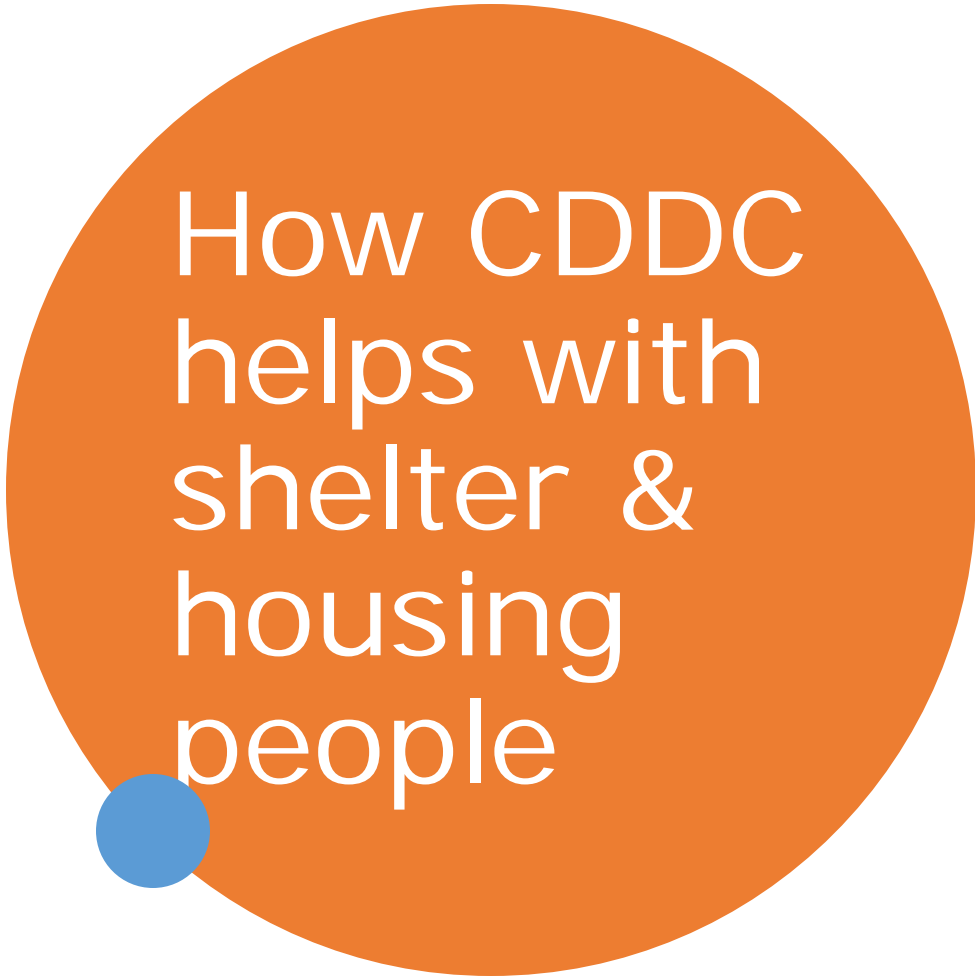
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# Resource and wellness supports offered at CDDC

- \* mental health counseling
- \* physical health support like wound care, HIV testing, and OHP enrollment
- \* assistance with prescription copays
- \* lost document replacement—IDs, birth certificates, etc
- \* access to employment
- \* accessing phones and technology
- \* pet advocacy and support
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- \* direct street outreach
- \* referrals to other social service organizations





## How CDDC helps with shelter & housing people

- First and next step conversations about housing, shelter, and living indoors
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Modelled after Centers around OR via House Bill 2006; addresses HOPE Board recommendations 1,3,6, and 7

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# CDDC points of contact

Allison Hobgood, Executive Director

[Allison.Hobgood@gmail.com](mailto:Allison.Hobgood@gmail.com)

541-224-7578

CDDC direct number for support and resources: 458-233-5327

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**Benton  
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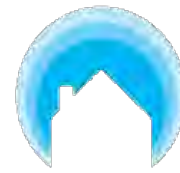
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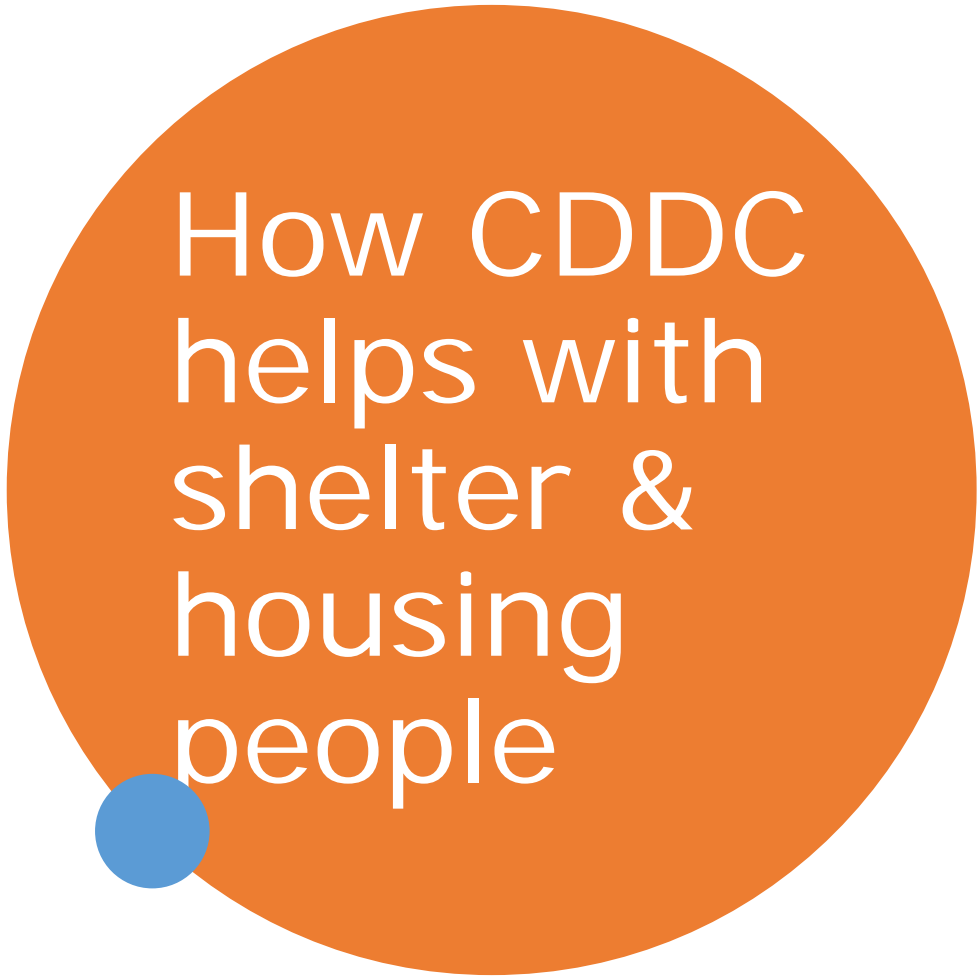
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# Unity Shelter: Responding to Needs, Integrating Successful Programs

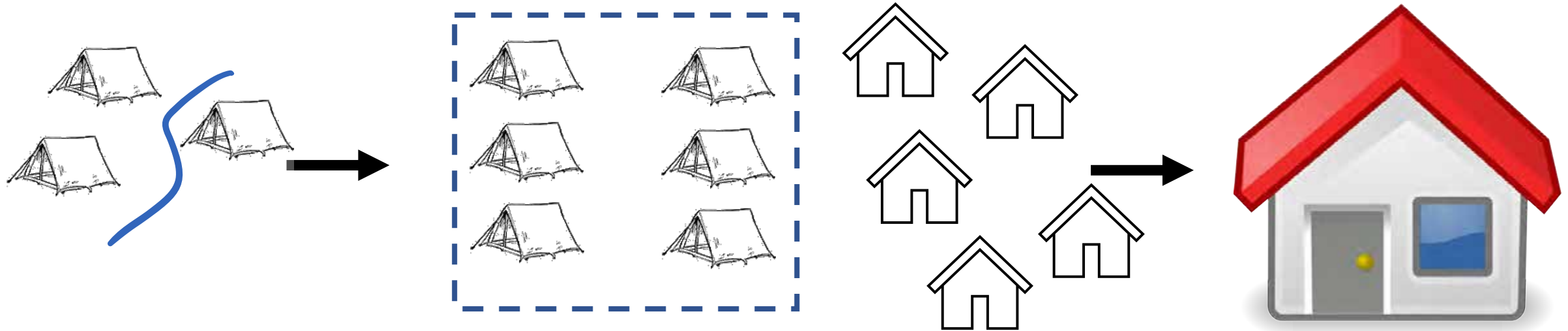
- **Vision:** Unity Shelter envisions a community where lack of housing or shelter is rare, brief, and nonrecurring, and where all people have a safe and stable place to live, connect, and thrive.
- **Mission:** Providing Safe Shelter through Collaborative Care
- **Values:** Humans live in the shelter of one another - in communities of belonging or in spaces of social abandonment.

Unity Shelter recognizes belonging as a primary human need and so our efforts to create collaborative, safe shelter necessarily involve cultivating communities of care between our neighbors, staff, volunteers and partners. Unity Shelter is a community in-service to others.

We value relationships of equity where the inherent purpose, dignity, and wisdom of each individual results in mutual support and collaborative care.



# Building blocks on path to housing



## UNITY SHELTER FOCUS

### Unsheltered/Camping

- Unsafe and unstable
- Limited access to services
- Need food, potable water, sanitation, temp, hygiene supports

### Managed Camping/Shelter

- Behavior expectations
- Consistent access to services
- Safe, Stable environment
- Accountability, Supports, Managed Costs, Case Management

### Transitional Housing

- Family-friendly options
- Higher expectations of behavior and progress
- Stronger case management

### Permanent/Supported

- Long term supports
- Stable rental/lease environment
- Case management and wrap-around services support progress

## STRONGER SUPPORTS/PROGRESSIVE EXPECTATIONS

Harm Reduction > Outreach > Case Management > Connection to Services > Training & Education





# Unity Shelter Programs

**Currently: 88 Shelter beds, 31 Transitional Housing microshelters**  
**Shelter beds will increase to 109 as COVID conditions allow**

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The low-barrier SafePlace transitional housing program serves men, women and couples in microshelters in 6 locations, primarily through partnerships with local churches. Expectation of engagement with case management is part of the program and has proven successful in supporting progress along transition to housing.

Since March 2020, Unity Shelter has also operated the Hygiene Center to provide services to those living without shelter.



# Unity Shelter Program Details

**Congregate Shelter:** Shared space, showers, laundry, case management, resource navigation, food

- **Men's Shelter:** 42 Beds, 266 served since Jan 2021, over 12,500 bed nights
- **Room at the Inn women's shelter:** 22 Beds, 149 served since Jan 2021, over 11,600 bed nights

**Non-Congregate Shelter:** Private rooms with bathroom and shower, shared kitchen space, laundry, case management, resource navigation

- **Third Street Commons:** 24 rooms for singles/couples, includes 3 respite rooms, 78 served since May 2021, 27 of those COVID isolation cases, over 10,000 bed nights. 7 have moved into housing

**Transitional Housing/Microshelters:** Private rooms, shared bathrooms, shower/laundry access and shared food prep space varies by site, case management, resource navigation

- **SafePlace:** 31 microshelters, 58 served, 29 into housing or other programs since Jan 2021. Since July 2019, when Safe Camp began, 86 have been served, and 48 have moved into housing or other programs

**Hygiene Center:** Food, showers, bathrooms, laundry, device charging for unsheltered men and women in the community, with access to case management. 851 served since Jan 2021, over 20,000 meals, over 6600 showers, over 1800 loads of laundry






# Unity Shelter New Developments

Unity Shelter has started a limited capacity Emergency Hotel Shelter Program, focused on vulnerable seniors and families in need of shelter, who may not be able to get into other shelters due to capacity or other issues. We are limiting this to 5 rooms at a time, so we can provide adequate support to those in shelter. Thanks to Community Services Consortium for supporting this much needed capacity. Contact [Tara@unityshelter.org](mailto:Tara@unityshelter.org) to discuss referral process.

Unity Shelter has also received support from OCF and other funders to create a “life skills and transitions coach” to support those moving from shelter or transitional housing into permanent housing. A position description should be posted in the next week on Indeed and linked on our social media (Facebook @unityshelterinc and Instagram @unity.shelter).





**Home, Opportunity, Planning, and Equity (HOPE)  
Advisory Board Meeting  
Approved Minutes  
August 24, 2022 from 4 pm to 6 pm  
ZOOM Meeting**



**Members Present:** Catherine Biscoe; Bryan Cotter; Cade DeLoach; Anita Earl; Joel Goodwin; George Grosch\* (co-Chair); Ari Grossman-Naples; Barbara Hanley; Melissa Isavoran; Briae Lewis\* (Co-Chair); Cindee Lolik\* (Business Associate); Charles Maughan\* (Corvallis City Council); Pegge McGuire\* (CSC Director); Andrea Myhre;

**Excused:** Karyle Butcher, Jan Napack\* (Corvallis Mayor’s Assignee), Ricardo Contreras, Chanale Propst, Nancy Wyse\* (Chair of Board of Commissioners).

**Absent:** Reece Stotsenberg

**Staff Present:** Julie Arena (Benton County Health, HOPE Program Coordinator); Paula Felipe (Benton County Public Health, recorder)

**Guests:**

\*Executive Committee Members.

- I. **Welcome and Introductions.** Reminder of culture of agreements, such as inclusivity, curiosity, kindness, and open-mindedness.
- II. **Public Comments (limited to 2-3 minutes).** No Comments.
- III. **Approval of Minutes: MOTION** made by Bryan Cotter to approve the July 2022 Minutes; **Seconded** by Andrea Myhre; All in favor; **MOTION** passed. Abstained due to not being in attendance at the July meeting: Ari Grossman-Naples
- IV. **Community Updates**
  - **City Council has work session on social service policy (Paul Bilotta, Charles Maughan):** A policy is being drafted and a task force was created to work on it. Paul provided some historical context on why it is being done now, which includes administrative and policy reasons: Policy should have been updated on Feb. 4, 2016 and, at that time, city doing visioning process, so not good time to update it. Once vision completed, the HOAC project was underway, so policy update was postponed again and then the HOPE board emerged and developed recommendations. So, now it seems like the right time to do it. Council member have various ideas to better align with HOPE recommendations. Work session involves a lot of discussion and it is up to task force members to decide what their engagement will be.
- V. **Update on HB 4123 Pilot for Coordinated Homeless Response**
  - HB 4123: the city and county are working to improve coordination and communication on homeless response with state funding over the next two years.
  - One of the requirements of this pilot is to create a 5 year strategic plan in the next fiscal year.
  - The strategic plan must include a plan for sustainable funding for homeless response and services.

- Working with city, county, CSC, and provider partners to generate ideas and consensus on the roles of a coordinated homeless response office.
- Joint Elected Officials meeting on September 8 for an update and any decision points.
- <https://www.co.benton.or.us/boc/page/board-commissionerscorvallis-city-council-joint-work-session>
- MOU due to legislature October 1st.

**VI. Educational Component: the Housing Spectrum and Housing First in our community: 3<sup>rd</sup> Street Commons: Progress and Collaboration from Project Turnkey. Guest Speakers: Andrea Myhre, Executive Director, Corvallis Housing First; Shawn Collins, Executive Director, Unity Shelter; Allison Hobgood, Executive Director, Corvallis Daytime Drop-In Center.**

- **Andrea Myhre: Executive Director, Corvallis Housing First:** Vision Statement: A roof over every head.
  - Mission Statement: Providing solutions for ending homelessness and achieving self-sufficiency.
  - Foundational Belief: Housing is a basic human right, not a reward for clinical success. Once homelessness is eliminated from a person’s life, clinical and social stabilization occur faster and is more enduring.
  - Owning and operating 42 units of rental housing at four facilities (Van Buren House, DeDe’s Home, Partners Place, Sycamore Place) which are all supportive Housing First projects for persons experiencing homelessness. Generally, between 70-80% of our residents remain in housing or move to other permanent housing.
  - Providing case management in partnership with other organizations, primarily Unity Shelter, but also the Daytime Drop-In Center, focusing on stabilization and housing.
  - Seven standards of the Housing First approach:
    - 1. Move people into housing directly from streets and shelters without preconditions of treatment acceptance or compliance.
    - 2. Provider is obligated to bring robust support services to the housing. These services are predicated on assertive engagement, not coercion.
    - 3. Continued tenancy is not dependent on participation in services.
    - 4. Units targeted to most disabled and vulnerable homeless members of the community.
    - 5. Embrace a harm reduction approach to addictions rather than mandating abstinence. At the same time, the provider must be prepared to support resident commitments to recovery.
    - 6. Residents must have leases and tenant protections under the law.
    - 7. Can be implemented as either a project-based or scattered site model.
  - **Why Housing First?**
    - Housing First has been proven successful in helping people who have formerly been homeless stay housed and increase stability, health, decrease costs to the community.
    - See Powerpoint for the Seven Standards of the Housing First Approach, which begins with “Move people into housing directly from streets and shelters without preconditions of treatment acceptance or compliance.”
    - Case Manager coordinates services, including mental health treatment, SSI, connect with family—depends on what individual needs to be stable.

- Embrace Harm Reduction Approach.
- A 2021 study found that Housing First programs decreased homelessness by 88% and improved housing stability by 41%, compared to Treatment First programs.
- While an earlier study found no difference in treatment outcomes between Housing First and high-barrier programs, some more recent studies indicate that Housing First participants are more likely than others to report reduced usage of alcohol, stimulants, and opiates.
- A 2015 study found that Housing First programs are more effective at increasing outpatient service utilization, as well as outreach to and engagement of clients who are not appropriately served by the public mental health system.
- Housing First can reduce healthcare and other costs. Studies also show that Housing First reduces hospital visits, admissions, and duration of hospital stays among homeless individuals, and overall public system spending is reduced by nearly as much as is spent on housing. The average cost savings to the public ranges from \$900 to \$29,400 per person per year after entry into a Housing First program.
- *\*\* Taken from National Low Income Housing Coalition website- <https://nlihc.org/sites/default/files/Housing-First-Research.pdf>*
- **What is Permanent Supported Housing (PSH)?**
  - PSH is an intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people.
  - This approach has been shown to greatly reduce costs associated with people who frequently utilize emergency services
  - We have very limited PSH in our community—ongoing rent support and funding for services is very rare
- **Shawn Collins, Executive Director (Unity Shelter); email: [director@unityshelter.org](mailto:director@unityshelter.org), 541-313-8776**
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  - **Building Blocks on path to housing: Unsheltered/Camping** (Unsafe and unstable); **Managed Camping/Shelter** (Consistent access to services; safe environment); **Transitional Housing** (stronger case management; family friendly options); **Permanent/Supported Housing** (long term supports; case management and wrap around services).
  - **Harm Reduction;** Outreach; Case Management; Connection to Services; Training and Education.
  - **Unity Shelter Programs:**
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- **Andrea Myhre, Collaborating for Shelter, Temporary Housing: Third Street Commons**
  - **Project Turnkey Overview:** Collaborated with Unity Shelter. We purchased hotel on 99 W and South Town: Project turnkey last year to operate non-congregate shelter and

permanent supportive housing; plan to operate a shelter and asked community shelter to help with operations and they said sure. We opened program and applied for a lot more funding. Good collaborative, successful partnerships.

- 55 Million allocated by the State of Oregon EOC to purchase motels/hotels for emergency non-congregate shelter for houseless, fire victims, passed to Oregon Community Foundation
- CHF was one of the first to apply/be awarded of non-fire counties
- Purpose is to provide shelter, eventually Permanent Supported Housing
- Shelter is operated by Unity Shelter, property owned, office space occupied by CHF
- Currently offers 24 rooms with their own bathrooms, a community kitchen, laundry facilities
- Funded by Emergency Services Grant (HUD State of Oregon Housing and Community Services Community Services Consortium CHF and Unity Shelter) –total investment of approx. 3 million
- **Who is living there?**
  - Adults experiencing homelessness, likely chronically homeless, disabled, vulnerable, overrepresented (BIPOC and LGBTQ), wanting to be in shelter/housing
  - Joint waitlist with Unity Shelter, CHF, Coordinated Entry system
  - Have provided COVID quarantining and isolation space for people who are homeless
  - Currently, there are 3 respite rooms on site, sponsored by Samaritan Health Services
- **What is the operational model?**
  - Until the site can be developed into PSH, 24-7 staffing support and supervision is provided by Unity Shelter, CHF provides Case Management services, as well as provides facilities support.
  - Clients on site can stay in their rooms without having to leave for a period of time each day.
  - Similarities to Safe Camp program/partnership structure, with some exceptions
  - We anticipate this partnership ending when we prepare the site for the new facilities in 2024. Residents will be placed in other housing before this point, or offered other temporary housing while the units are being developed
- **Results and Outcomes**
  - Since opening in Spring 2021, we have served 78 individuals, with over 10,000 bed nights
  - 27 have been provided COVID quarantine/isolation space
  - 7 clients have moved into permanent housing
  - 3 people asked to leave
- **Next Phase of Third Street Commons – PSH Development**
  - Opportunity to apply for capital funds through Oregon and Federal legislative process
  - State of Oregon Lottery Bond Funds –5 Million, Congress –Infrastructure Bill –3 Million = 8 million
  - End result = 30-40 units of 1-bedroom, studio apartments for PSH, very low-income individuals, couples
  - Have hired a development consultant, are soliciting proposals from builders
  - Wrapping up participation in the Oregon Supportive Housing Institute, gateway to



additional funding

- **Allison Hobgood, Executive Director, Corvallis Daytime Drop-In Center (CDDC):**
  - CDDC motto is “where needs are met.” A community center and safe gathering space that is supporting people’s most basic welfare. It is healing-centered, lowest barrier resource and navigation hub.
  - 70 diverse people every day; seeing about 250 people a month; 750 people a year
  - Offer every person services regardless of substance abuse
  - Provide food, clothing, hygiene supplies; shoes; welfare supports; PO Box as address;
  - Resource and Wellness Supports offered at CDDC:
    - Mental health counseling
    - Physical health support like wound care, HIV testing, and OHP enrollment.
    - Assistance with prescription copays
    - Lost document replacement—IDs, birth certificates, etc
    - Access to employment
    - Accessing phones and technology
    - Pet advocacy and support.
    - Access to transportation to loved ones.
    - Direct street outreach
    - Referrals to other social service organizations
  - How CDDC helps with shelter & housing people:
    - Drop in center is front door to building block spectrum and working with folks camping or sheltered precariously in PSH; see as guests and work with on day to day basis; journey toward housing; first and next step conversations; sometime people don’t trust or know what their options are.
    - VI-SPIDAT Coordinated Entry
    - Connections to HUD and LBHA
    - Referrals for emergency housing vouchers
    - Direct connections, as well as case conferencing, with Unity Shelter and CHF caseworkers
    - Help with searching for available housing and rental spaces.
  - **Navigation Center to increase & maximize intervention impact:**
    - Modelled after Centers around OR via House Bill 2006; addresses HOPE Board recommendations 1,3,6, and 7
    - Supports include:
      - \* Drop-in Center + low-barrier, emergency respite & non-congregate sleeping spaces
      - \* amplified, more comprehensive basic needs navigation and wrap around mental and physical health services
      - \* access to co-located agencies/providers that offer services to Center clients as well as the greater community: a one stop shop!
  - Tangible example; clerks who have been incarcerated; get stable and move to state hospital get mental health needs met; and their place of connection is drop in center so get dropped off from institutional spaces. What is you could get someone to rest for a while and administer their meds and addiction supports in place like a nest egg they trust; end up going back to camping or congregate settings;; people bring them back to worlds not most productive; excited to hear from folks about how we can do this in most health

- centered way possible; like a navigation center.
- Housed people are welcome at CDDC and at the navigation center, but we do predominately serve folks in deep chronic poverty.
- CDDC Points of Contact: Executive Director Allison Hobgood
- [Allison.Hobgood@gmail.com](mailto:Allison.Hobgood@gmail.com) 541-224-7578
- CDDC direct number for support and resources 458-233-5327
- Website: <https://corvallisddc.org/en/>

## DISCUSSION/QUESTIONS:

- George: About 3<sup>rd</sup> Street opportunity, what is in development pipeline for longer term?  
Andrea: CHF applied for Project Turnkey 2.0 interested in a spot—not phase 2 yet; if phase 2 we get help to purchase real estate.
- Cade: Any major changes in people needing services? Shawn: 20 percent, up in term of number of people we are serving; some growth in population; some more work in sort team; more connections with people in services in town. Through the drop in center and hygiene center have some increase in numbers. 230 people a month serving at hygiene center.  
Allison: agree with Shawn. I've noticed trends in last couple of years; seeing families at drop in center. In our community; seeing more people living with aging parents. People forced to leave the housing they had; need for elders who are precariously housed and social service nets have fallen and end up in car or street. Need more data collection on street outreach.
- George: Grateful for presentation and work; important for HOPE to understand these are people at street level. We are tasked as a group to reconnect that social safety net that was dismantled; next steps I see is start thinking about families and permanent affordable housing; getting working family units built—thank you for work that you do.
- Julie: Ben shared their wait list is the longest that it's been since he joined COI.
- Melissa Isavoran: we push to get respite included and try to figure out what happened; talked with Anita Earl; folks out of hospital and need place to do last bit of recovery. We will try to support that...respite is area we are focused on.
- Allison: think about harm reduction; clinical and dignified conversation over cup of coffee; when we applied for measure funds; happy to brainstorm more and think out of the box.
- Shawn Collins: Thank you for what you do
- Barbara: Thanks for this powerful information. Question for Allison and Julie: make distinction between navigation center and respite center and crisis center under development so community can know the difference.
- Allison: They are parallel, important projects: Crisis center focused on mental health needs and acute crisis. More clinical focus and justice system model; work with law enforcement and mental health supports; crisis center more focused. Drop in center is a broader net to help folks. Maybe folks need shelter via a navigation center—may or may not have mental health issues; another major difference is the drop in component, no particular needs—just be in community, coffee, food, receive mail.

## VII. Lived Experiences with Homelessness and Housing Insecurity

- Caden: It was shocking moving back to Corvallis and seeing the rental prices. Now working for the county and many of my co-workers cannot afford to live in Corvallis. Many live in Albany or Lebanon. I've lived in Benton County for 10 years, and I love it here. Grew up in Bremerton, WA with two naval bases, a military culture and high school. As an LGBTQ, it was no place for

me. To escape, I joined the Navy. With an ROTC scholarship, I was placed at OSU and studied engineering in 2013. Corvallis was a place where I found community. I work to contribute to community. My first experience of homelessness was in 2014. I transitioned to male prior to Obama appealing the ban on transgender troops. I was kicked out and lost the scholarship and started couch surfing. I lived in a van for 3 years. I found some part time jobs at Gather Together Farm; Dream Works; attended Farmers market. Now I'm working full time for the County. I see people who have such a burden to keep roof over their head. I lived in rural communities like Monroe while still working and going to school in Corvallis. I graduated from OSU in public health last year. I was commuting 40 minutes to my job in Corvallis and it was a miracle I finally found a duplex in Corvallis. So thankful we are coordinating responses with primary prevention and focused on getting to the root cause of homelessness. I work in Behavioral Health and see there are people on waiting lists for housing as there are not enough places to house people. Affordable housing is so needed. Lucky I found a place within my budget: if you pay over 30 percent of your income in rent, it is considered a rent burden. A few years ago, study said about 37 percent of renters in Corvallis pay more than 50 percent in rent. I am paying half of my income in rent, so severely rent burdened. System is flawed; Grateful for community support and services. People like me want to contribute and help create a more equitable system. We are working so hard just to survive. Cade shared this link: <https://archives.corvallisoregon.gov/public/ElectronicFile.aspx?dbid=0&docid=2062183>

- Briae: As a child in the 90s growing up, it was hard to adjust when things fall apart. I grew up in a middle-class family that became low income after my mom passed away in 2008. She was our rock and stability, so I lived with my dad and grandmother. I was in high school and decided to go to college and move out. I moved back into my father's house, but he could not afford it. So, I moved out and, at that point, was working two jobs and going to school with no sleep and did not know how to drive. I was born and raised in DC so I would take the bus and train. To make rent, a lot of time it was choosing between eating or having a roof overhead for the next month. Also, faced the stigma of food stamps with people thinking you are lazy with government handouts. My brother moved in with me; we got an apartment and were evicted two years later. We were both working full time, but could not make the rent. Eviction was painful; we lost things like pictures when I was a baby. My brother and I were moving from place to place. Some family members said we could stay for a while and then at the end of 2019, a friend said I have room. So, I moved 3,000 miles but wasn't on their lease. All of my paycheck was going into an apartment that I wasn't in charge of. In April 2020 I stayed somewhere else more stable, and the Corvallis consortium helped me out with rental assistance. Last year I moved into the apartment I have now and it's a very nice place, but still living paycheck to paycheck and making \$17 an hour and work in Salem. I'm taking care of my cat that helps with my depression and anxiety. It's hard to balance everything. At the forefront of my mind is how to make rent for next month or am I going to have to move again? When I lived with my aunt, I was on the waiting list from 1 to 10 years for affordable housing. It's difficult to hear someone tell you we don't have anything unless you are able to wait five years when you need housing right now. I was buying a month's worth of groceries at the Dollar Tree. It was hard. It's not people being lazy; It's not being able to access resources they need, and I experienced that firsthand. This is why I wanted to join the HOPE board--to be able to be a part of the solution and figure out how to help people who are currently in that situation. I know what that feels like and don't want anyone to be in that position ever again.

- Ari: My journey started when both of my parents died when I was 19 years old. I had a lot of responsibility and end of life decisions to make and then the burials—that I had to deal with on my own. That is when I started drinking and doing drugs—it was a downward spiral. Then my grandmother died. I was on my own and had no job and my relationship was over and I did not know how to afford where I was living. Someone invited me to an AA meeting, and I didn't know about services in the community. My roommate was doing drugs, and I fell back into using again. The rent check was gone and I told the landlord to use my last month's deposit—I had to get out to stay clean and sober. I had an old rusted car with a giant roof rack. It used to overheat. I took my dog and gave my cat to a friend and lived in the car. I lost my job: My roommate told my boss I was an addict and was fired. People told me to go to unemployment. I went to a hearing and they said I was fired without cause, so I got unemployment benefits. I continued to live in the car and then was accused of stealing. I was told I could use Vitamin C; and they said I stole it, but I didn't. I used to get pulled over by cops when I was not doing anything. Saw a flier about renaissance when I was in San Francisco, and I needed to take a test for the program. A math tutor helped me; I had GED; studied and passed the test and got into the program; and got a job as clerk in grocery store; and go to school and hang out with friends who were sober. Saw a flyer and needed a \$300 deposit. I had a dog, and my aunt who was on Social Security and did not have a lot of money. My aunt gave the \$300 to me and that helped get a roof over my head. Within 6 months I finished the course and able to get a job in electronics with a salary and company car. It helps to have a navigation center and to help people is invaluable. I feel grateful and blessed. There is value in education that is affordable and available. I am married now and have kids, and I got a Master's degree. I would not be here today without the folks who mentored me one to one. Clean and sober individuals are trying to give back and I want to give back as well. Makes a big difference. Someone teaching me how to do math; showing where a flyer is; it is very basic ways that can make a difference. I am happy to be involved with the HOPE board to help wherever I can, and I want to help destigmatize those with addictions and illness, depression, which has nothing to do with who they really are inside.
- Catherine: Appreciate hearing and sharing the perspectives, which helps because it is difficult to understand. My family's business was hurt during the 2008 recession and we were left on the street. We had a middle class income that evaporated. I had a 6 year old daughter at the time. We lived in vehicles and truck stops and were homeless in Philomath. There is a path to success to overcoming homelessness. Through our experience, we were concerned having a 6 year old--like trying to find a bathroom and make sure it is safe with no predators. We couldn't go to a kitchen to get food; we had to go to a place like a food bank or emergency medical services to find resources. We were supported greatly by community services consortium; food bank; meals from Good Samaritan Moses. We rebuilt a house from scratch. We spent 9 months with little girl and no bathrooms; now 10 years later got off the last of our assistance; went back to school; and daughter can attend school now; thanks to those who stood in the gap for us. Had a health crisis in family and have support and assistance and resources today. Community outreach: the folks who are here in this meeting; you make the difference every day. There are no options for us anywhere else; that is the importance of this space. It's a privilege to sit on City Council in Philomath. Heroes are right here in this room: You helped me and my husband and my daughter. You opened the doors; thank you! You made the difference.

### Questions/Discussion:

- George: importance of market and development of housing; You can be the change and make the difference.
- Charles: personal stories are so helpful—to hear about lived experience; we are all in this together. I really appreciate it; this says something to me.
- Cade, thank you for your courage and willingness to share your story with us.
- Anita Earl: Cade, you are such an inspiration! So much love to you and thanks for dreaming of a better world with us.
- Catherine: Thank you Cade...great perspectives and love your passion for serving others moving forward!
- Allison Hobgood: Briae, thanks for this powerful truth and vulnerability
- Peggy Lynch: Yet another story for our community to hear. Loss of precious mementos as well as housing, etc. Thank you for sharing and for taking the time to serve.
- Melissa Isavoran: Very powerful story to the describe how \$300 can be the make or break in houselessness.
- Peggy Lynch: What a great story to point out the role all parts of the community can have to help someone be successful. Thanks for sharing.
- Anita Earl: I love that Ari. Things they are experiencing that have nothing to do with who they are inside.
- Peggy Lynch: Your public service with your experiences will help others understand the need
- Charles Maughan: Thank you everyone, your stories help those still experiencing housing instability.

### VIII. Next Steps.

- HOPE Implementation team working on:
  - HB 4123 Pilot MOU, structure, and roles for a coordinated office.
  - Improving data by working toward coordinated entry with provider input.
  - Improving care coordination with pursuit of FUSE and Situation Table.
- September: County Community Health Centers – who they serve, how it overlaps with population experiencing homelessness.

### IX. Meeting was adjourned at 6 pm.

Benton County & City of Corvallis  
Home, Opportunity, Planning, & Equity (HOPE) Advisory Board



Julie Arena, HOPE Program Coordinator  
Benton County Health Department  
Email: Julie.Arena@co.benton.or.us  
Phone: 541-766-0252

**HOPE Meeting Agenda**  
**September 28, 2022 from 4-6 PM**  
Meeting location: virtual or phone

Join on your computer or mobile app: [Click here to join the meeting](#)

Meeting ID: 286 479 023 593 Passcode: 7QXFdu

Or call in (audio only) [+1 412-664-5196,698575650#](#)

Phone Conference ID: 698 575 650#

**AGENDA**

- I. Welcome & Overview of Agenda.....4:00pm
- II. Public Comment\* (up to 10 minutes) .....4:00pm
- III. Roll call and approve August 2022 meeting minutes .....4:10pm
- IV. Educational Component: Community Health Centers (CHC) of Benton & Linn Counties...4:15pm  
How do CHCs serve our community and how do they intersect with homelessness?  
Guest Speakers:  
Carla Jones, Health Center Director  
Christine Mosbaugh, Population Health and Engagement Manager  
Dr. Jennifer Micek, DO Physician, Assistant Medical Director
- V. Community Updates .....5:00pm
- VI. Community Engagement for the City of Corvallis social services funding policy change....5:30pm
- VII. Next Steps and upcoming meeting dates.....5:55pm

\*Public Comment: to make a public comment, please put your name in the virtual chat window or “raise your hand” in the virtual meeting when you arrive. List your name and the topic of your comment in the chat. Comments are made in the order that people “raise their hand” or submit a chat. For people calling in from a phone line, there will be an opportunity for comment for people on the phone.



# HOPE Advisory Board

September 2022 Public Meeting

Meeting facilitated by HOPE Coordinator, Julie Arena

9/28/22



# Virtual Meeting Housekeeping

- Please mute your microphone until it is your turn to share.
- All attendees can unmute themselves and choose to be seen visually by clicking “Mic” or “Camera” at the top right of the screen.
- **Public comment:**
  - Type your name into the “Chat” area, say you want to make a public comment, and on what topic.
    - Example: “Julie – public comment – crisis response.”
  - For those on the phone, there will be an opportunity to comment, too.
- **Questions during the meeting:**
  - Type into the “Chat” area and send it to host, Julie Arena.





# Meeting Agenda

- I. Welcome, Meeting Housekeeping, Overview of Agenda.....4:00pm
- II. Public Comment (up to 10 minutes) .....4:00pm
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  - Guest Speakers:
    - Carla Jones, Health Center Director
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- VII. Next Steps and upcoming meeting dates.....5:55pm



# Agreements for our culture + conduct:

Fun

Inclusive ✓✓

Humor

Food ✓

Action/roll up sleeves

Change the face of Homelessness

honesty

Respect ✓

Consensus

Think before you speak

Curiosity ✓

transparency

Recognize personal bias

Kindness ✓

time management

Concise communication

Open minded ✓

opinions matter

data driven

Do your homework!

patient

authentic

Valuing personal experience

dedication/work ethic  
honor the expectations of  
the work

# Public Comment

10 minutes

- Comment limited to 2-3 minutes based on number of people wanting to comment
- Type into the “Chat” and say you want to make a public comment and on what topic.
- For those on the phone, I will ask if there are any public comments from callers.
- Can also submit written comments to the Board via email to [Julie.Arena@co.Benton.or.us](mailto:Julie.Arena@co.Benton.or.us)

# Logistics: Vote to approve August 2022 minutes, roll call

Catherine Biscoe

Karyle Butcher

Ricardo Contreras

Bryan Cotter

Cade DeLoach – excused

Anita Earl – excused

Joel Goodwin

George Grosch\* (Co-chair)

Ari Grossman-Naples

Barbara Hanley

Melissa Isavoran

Briae Lewis\* (Co-chair)

Cindee Lolik\* (Business Community)

Charles Maughan\* (Mayor’s designee)

Pegge McGuire\* (CSC Director)

Andrea Myhre

Jan Napack\* (Corvallis City Councilor)

Chanale Propst

Nancy Wyse\* (County Commissioner)

\*Executive Committee Members

## Educational Component:

### Community Health Centers (CHC) of Benton & Linn Counties

How do CHCs serve our community and how do they intersect with homelessness?

#### Guest Speakers:

- Carla Jones, Health Center Director
- Dr. Jennifer Micek, DO Physician, Assistant Medical Director



# Community Health Center support in our communities

Community Health Centers of Benton and Linn Counties

September 28, 2022

Presented to the HOPE Board



# Our conversation today-



## Who we are

- Local health care system
- Team-based
- Patient-centered



## What we do

- Physical, behavioral, dental care
- Prevention and management
- Across Benton/Linn Counties



## Where we go from here

- Continued partnership
- Sharing the CHC model
- Improved community health

# Who we are...

---



Community health centers are nonprofit, patient-governed organizations that provide high-quality, comprehensive primary health care to America's medically underserved communities, serving all patients regardless of income or insurance status.

In 2021, for the first time in a single year, health centers served over

**30 million patients**

Over 1,400 Community Health Centers and Look-alike organizations provided care at more than 14,000 locations across the country in 2021.

1 in 11 Americans are health center patients, of whom:

20% are uninsured

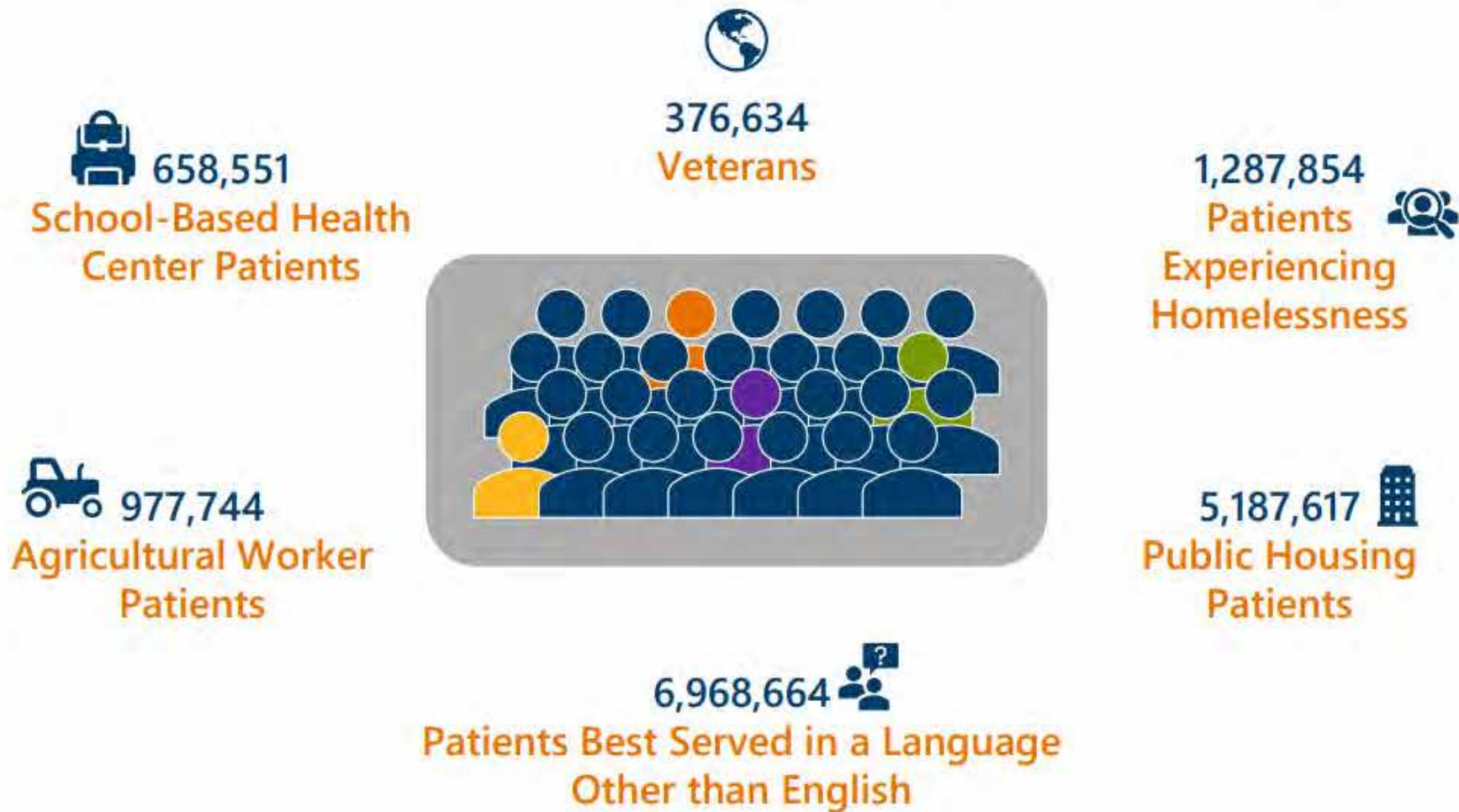
59% are publicly insured

90% are low-income

65% are members of racial and/or ethnic minority groups

42% live in rural communities

# Health Centers Serve Many Special Populations



Source: 2020 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

# Community Health Center Funding

## Federal, State, and Local

Receive grants under the Health Center program, section 330 of the Public Health Services Act

## Insurance payments (including value-based payments)

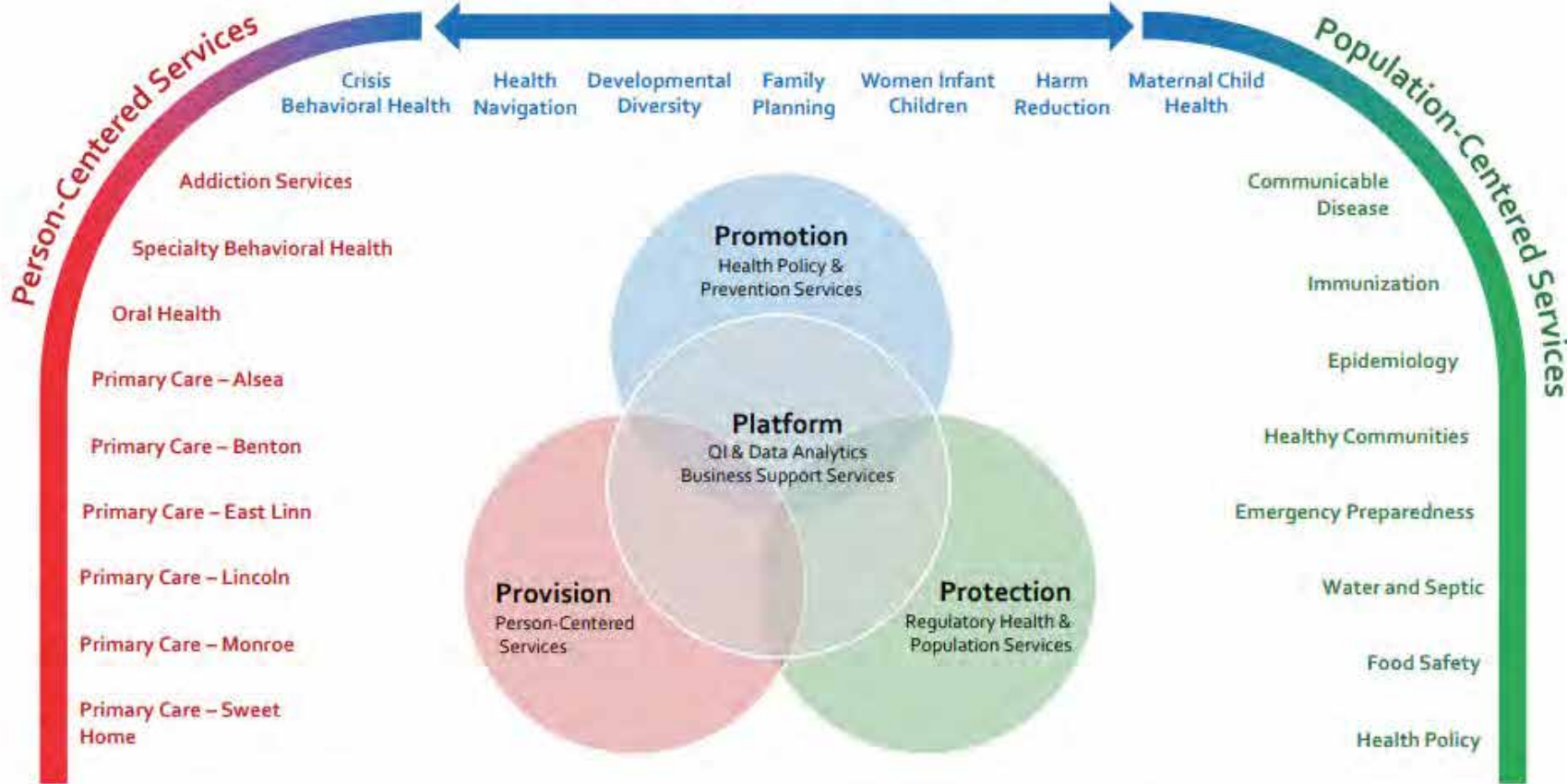
- State Medicaid, Medicare, private insurance
- InterCommunity Health Network-CCO, Trillium CCO, PacificSource CCO

## Grants- state, local, federal

- Covid, agricultural worker health, innovative projects

## County support

# Benton County Health Services



- Dental Director
- CHC Medical Director
- Deputy Director of Clinic Operations
- Chief Financial Officer
- Behavioral Health Deputy Director
- MH Medical Director
- Health Officer
- Public Health Deputy Director

Health Center Director

Health Department Director

*"ENGAGED COMMUNITIES AND BLENDED SERVICES ACHIVING BETTER HEALTH"*



# CHC + Health Dept. = Benton County Health Services

# Community Health Centers in our communities

## Alsea Health Center



**Population: 165**

Unincorporated community in the Coastal Range

## Benton Health Center



**Population: 59,922**

Home of Oregon State University, Corvallis is the County Seat

## East Linn Health Center



**Population: 18,447**

Western University established programs in 2011 and 2021

# Community Health Centers in our communities

## Lincoln Health Center



**Population: 59,922**

Located in the South  
Corvallis Urban Growth  
Boundary

## Monroe Health Center



**Population: 647**

Convergence of Benton,  
Linn, Lane Counties

## Sweet Home Health Center



**Population: 9,828**

Rustic, rural community  
in the foothills of the  
Cascade Range

# Dental sites and outreach programs

## Benton Health Center



## Boys & Girls Club of Corvallis



- School fluoride and varnish programs
- Lebanon Veterans Affairs program
- Clinic rotations
- Outreach events

# CHC's of Benton and Linn Counties Patients- overall system

August 2022

Panel Size

8373

Personalized Goal

11K

Full Panel

14K

Female

56%

Younger Than 13 Years

8%

Co-Occurring Conditions

25%

Preferred Language Other than English

23%

Patients Who Had Visit in Last 18 Months

89%

Average Visits per Patient per Year

4.5

Licensed Independent Provider Visits

24K

Total Visits

38K

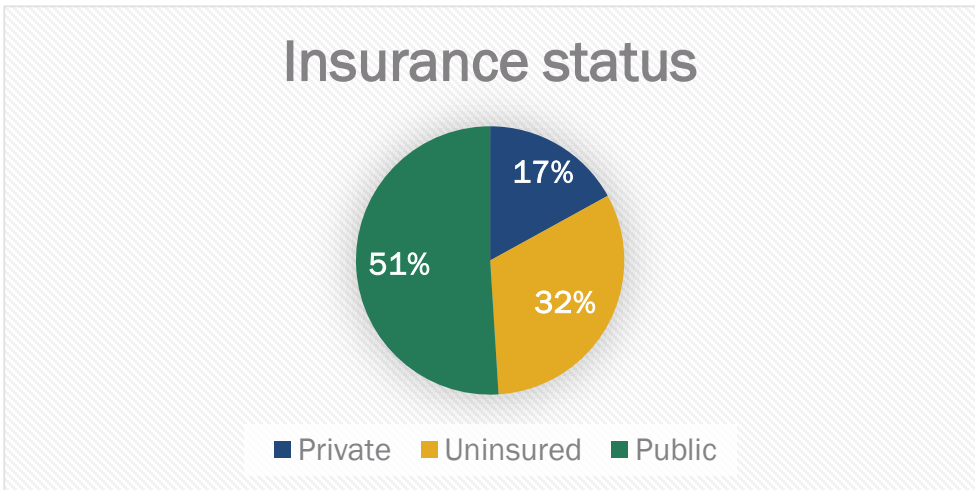
**6% Houseless**

## Highlights:

- Accepting new patients at all sites
- Most patients are seen multiple times a year
- Some patients have complex health histories



# Profile by insurance status, poverty level, and racial/ethnic identity



Public insurance is Medicaid/Oregon Health Plan or Medicare

## 2022 Federal Poverty Levels (FPL)

Family size	100% FPL	150% FPL
1	\$13, 590	\$20,385
2	\$18,310	\$27,465
3	\$23, 030	\$34,545
4	\$27,750	\$41,625

44% of CHC patients are less than or equal to 100% FPL

60% of CHC patients are less than or equal to 150% FPL

34% of our patients identify as members of racial or ethnic minority groups- this is more than two time (or greater) those who identify this way in local communities

In **Benton County** 17.7% identified as something other than white, non-Hispanic  
 In **Linn County** 13.6% identified as something other than white, non-Hispanic



# What we do...

---

# Our why

*Healthy People, Strong Communities*



# Services provided



## Physical health care

- Screening, prevention, wellness
- Health education
- Disease management



## Dental health care

- Prevention
- Cleaning
- Repair



## Behavioral health care

- Skill building
- Support planning
- Medication management



## Community connections

- Insurance
- Social services (housing, food, documents)
- Peer supports

# Health Centers Have Responded to an Increasing Need for Substance Use Disorder (SUD) Treatment and Therapy By Building Their Capacity and Integrating Care

Health centers have **tripled their behavioral health staff** over the past 10 years.



There are **8,400** health center physicians, certified nurse practitioners, and physician assistants with authorization to provide **medication-assisted treatment** for opioid addiction.



Health center providers performed evidence-based screening, intervention, and referral procedure (SBIRT) for **almost 1.3 million patients** in 2020.



Nearly **182,000 patients** received medication-assisted treatment for opioid use disorder in 2020.

Source: 2010 & 2020 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

# High Complexity Care team

**Provider:** Jennifer Micek, DO

**Medical Assistant:** Kathy Collins

**Qualified Mental Health Associate:** Jessyca Delepine

**Working together with:**

**Substance Use Disorder team (SUD)**

**Assertive Community Treatment team (ACT)**

**Early Assessment and Support Alliance (EASA)**

**County Behavioral Health (BH)**

**CHC Dental team**



# Patients- High Complexity Care

August 2022

Panel Size  
152

Personalized Goal  
150

Full Panel  
125

Female  
50%

Younger Than 13 Years  
0%

Co-Occuring Conditions  
43%

Preferred Language Other than English  
1%

Patients Who Had Visit in Last 18 Months  
93%

Average Visits per Patient per Year  
10.3

Licensed Independent Provider Visits  
1131

Total Visits  
1568

12% Houseless

## Highlights:

- Smaller panel to focus care
- Many co-occurring conditions
- Average visits are double our system averages

# What the team offers:

Dedicated team to contact

Visits as they are needed, for prevention and better health

- People on this team see their provider an average of **10 times** per year

More options for where/how to have visits

- Since January 1, 2020, **176 visits were done offsite**- at home, in the community



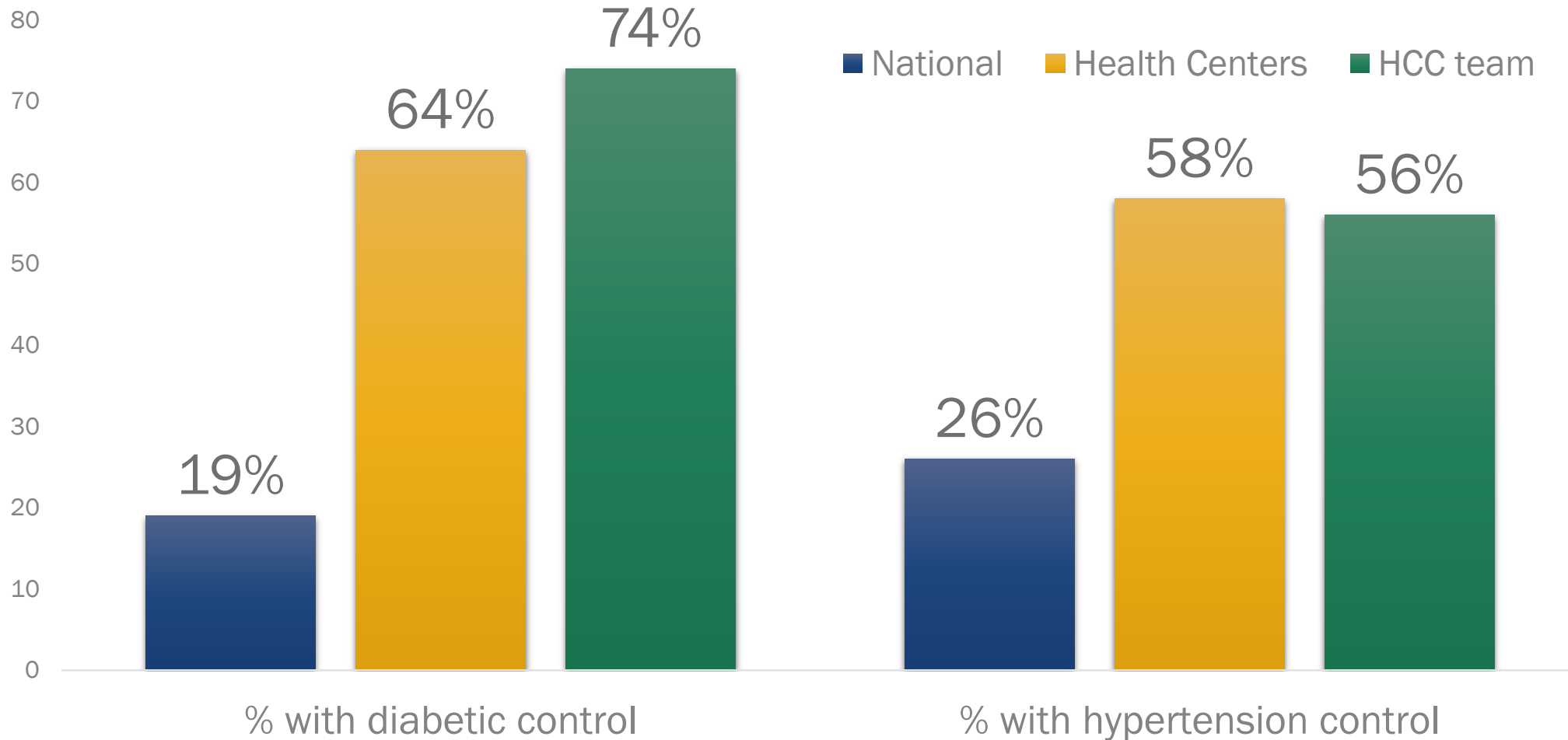
# Outcomes- why this work matters

## ER visits

Patients with the High Complexity Care Team for at least 2 years

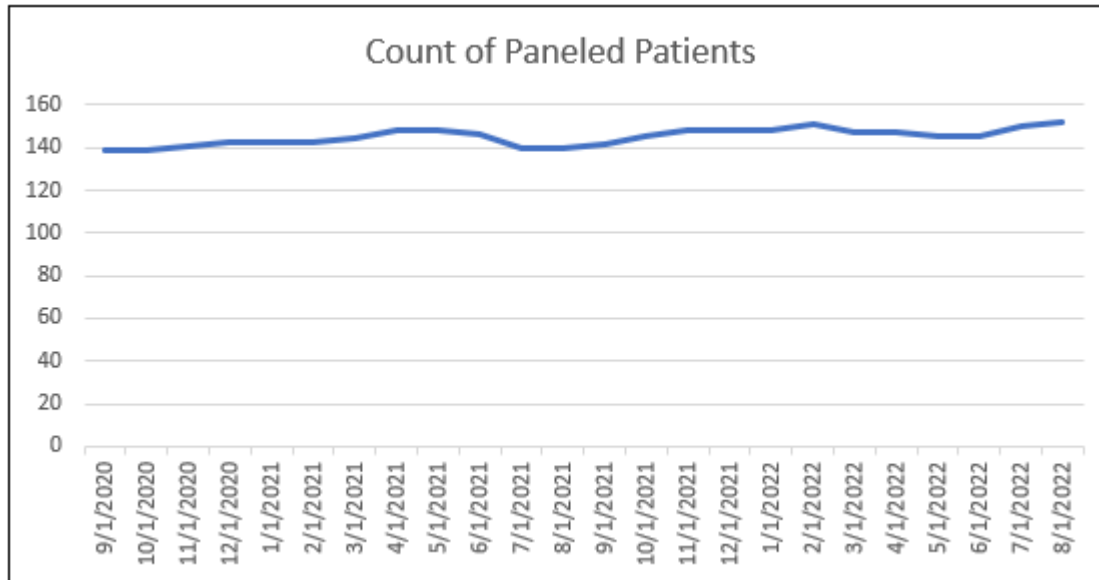
- **75%** of patients had **fewer ER visits** in their second year than their first year
- **23% fewer ER visits** during their second year than their first year

# Health Center help control hypertension and diabetes better than the nation average, despite serving more at-risk patients



*The HCC team has better diabetic control than national and other health center data. Hypertension control is about the same as other health centers.*

# Opportunities



Panel size has increased by 9% over the past 2 years



# Patient feedback

*It was my 2-year anniversary for being pain pill free, so it was a legit day. I am overall satisfied with them getting me to this point, because I do not think I would have made it. **Everything they do is centered around me; what I want, what I feel, what I am doing, what I am dealing with, and whether they are doing enough to support me. It is very good there.***

*I like the fact that Dr. Micek **really really listens to me**; she takes great care of us. She got me off methadone and opiates. I think she is the best doctor we have ever had. She pretty much covers all the bases.*

# Where we go from here...

---

# Local governmental partners



## Benton County

- Health Department, Natural Areas, Fairgrounds, Elections, Public Works, Information Technology, Human Resources, Finance, Commissioners
- WIC, Vaccines for Children, CCare, Reproductive Health Equity Act (RHEA)

## Linn County Government

- Public Health, Parole and Probation

## Local Public School Districts and Educational Service District (ESD)

- Corvallis, Monroe, Alsea, Albany, Lebanon, Sweet Home

# Healthcare Partners

## Intercommunity Health Network

- Coordinated Care Organization Linn, Benton, Lincoln counties

## Samaritan Health Services

- Hospital system Linn, Benton, Lincoln counties

## The Corvallis Clinic

- Specialty clinic referrals, Linn and Benton counties

## Oregon State University Student Health Services

- Transfers after college, family members of international students

## Our Community Health Information Network (OCHIN)

- Electronic Health Record, Health Center Controlled Network



# Community Based Organization Partners

- Center Against Rape and Domestic Violence (CARDV)
- Casa Latinos Unidos
- CHANCE Recovery
- Community Outreach, INC
- Community Service Consortium
- Corvallis Environmental Center
- Corvallis Housing First/Unity Shelter
- Corvallis Multicultural Literacy Center
- DevNW
- Family Tree Relief Nursery
- Food Pantries (various locations)
- Hart Family Resource Center
- Jackson Street Youth Services
- Milestones
- Old Mill Center for Children and Families
- Pathfinder Clubhouse
- Philomath Community Services
- Pollywog
- Strengthening Rural Families



# Evolution of mission

“Provide *affordable, high quality, comprehensive* primary care (dental, behavioral health care) to medically underserved populations, regardless of their insurance status or ability to pay for services.

No two health centers are alike, but they all share one *common purpose: to provide primary and preventive health care services that are coordinated, culturally and linguistically competent, and community directed.*”

- HRSA Chartbook, 2022

# Your role...





*Healthy people,  
strong communities*

*Carla Jones*  
Executive Director  
W: (541) 766-2131  
[Carla.jones@co.benton.or.us](mailto:Carla.jones@co.benton.or.us)

*Jennifer Micek, DO*  
Physician, Asst. Medical Director  
W: (541) 766-6102  
[Jennifer.micek@co.benton.or.us](mailto:Jennifer.micek@co.benton.or.us)



/BentonLinnCHCs



BentonLinnHealthCenters.org

# Community Updates

- Street Outreach Response Team (SORT) is hosting a wisdom panel to share experiences from homeless outreach. 10/10/2022 from 1-2pm.
- 78<sup>th</sup> Annual Oregon Public Health Association (OPHA) Conference on Monday, October 17<sup>th</sup> & Tuesday, October 18<sup>th</sup>, 2022 at OSU. Keynote speaker Dr. Marisa Zapata on Housing Really Ends Homelessness.
- Farmworker Housing Development has opened in Lebanon – Casa Latinos Unidos involved.

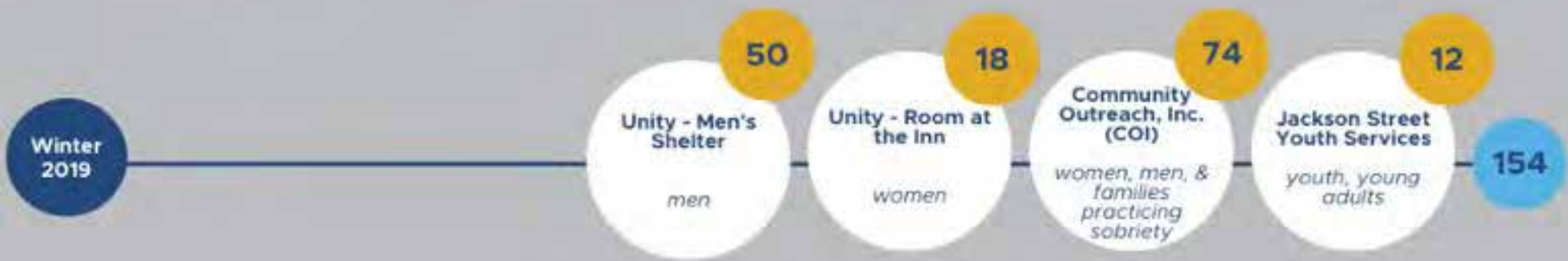


# City and County Updates 1

- Affordable Housing and Sheltering added capacity (next two slides)



# Emergency Shelter Capacity



# Affordable Housing Options



# City and County Updates 2

## Outreach to rural cities in Benton County about Pilot and County Code update:

- HB 4123 pilot – MOU due Oct. 1.
- County Code – removing sunset date to allow up to 3 vehicles on religious institution property in county unincorporated areas.
- Doing outreach and engagement with city managers in Benton County to invite participation and hear feedback about communication needs and other rural perspectives.
- Will be engaging service providers, religious institutions, and other community partners (ie. VFW, Chambers of Commerce)





# City and County Updates 3

- ROCKit facilitation to implement a coordinated entry system for data improvement and prioritizing most vulnerable folks experiencing homelessness.
- ROCKit is a *Resource Organizer for Communities Kit* that helps communities chart a path to **solving local challenges** by focusing on the assets and resources already on hand.
- <https://www.communityrockit.org/>

# City and County Updates 4

## ROCKit Communities:

- Participate in a 90-day process that develops a roadmap for asset mapping and community engagement
- Create an asset map and capacity inventory to help ROCKit implementers identify community resources
- Commit to specific, actionable items and to measuring ongoing process
- Receive hands-on help selecting focus areas, as well as facilitating and implementing the process





# Community Services Consortium

---

Pegge McGuire, Executive Director

[pmcguire@communityservices.us](mailto:pmcguire@communityservices.us)

# Continuum of Care

**Required by HUD beginning in 1994 for:**

**Awarding and Distribution of competitive funds**

**To inform local homeless planning and response**

**Reauthorized under the HEARTH Act and other legislation in 2010's**

**Who makes up a CoC?**

**Community Action Agencies**

**Public Housing Authorities**

**Behavioral Health Providers**

**Veteran Service Providers (including county Veteran Service Officers)**

**Culturally Specific Service Providers**

**Shelter Providers**

**Affordable Housing Developers**

**Housing and Supportive Services Providers**

# **Continuum of Care**

## **Who governs a CoC?**

- Municipalities**
- Community Action Agencies (CAAs)**
- Non-profit service providers**

## **Geographic make-up of a CoC**

- City or County**
- Multiple counties**
- State**
- Regional communities**

## **What is a CoC responsible for doing?**

- Homeless response systems planning**
- Homeless Management Information System oversight/reporting**
- Coordinated Entry and Assessment**
- Data gathering and analytics**
- Annual Point in Time Count of the unhoused**
- Applying for competitive funds from HUD**

# Our Continuum of Care

- **ROCC-Balance of State 26 counties)-oregonbos.org**
- Baker, Benton, Clatsop, Columbia, Coos, Curry, Douglas, Gilliam, Grant, Harney, Hood River, Josephine, Klamath, Lake, Lincoln, Linn, Malheur, Morrow, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler, and Yamhill
- **What does CSC currently do?**
- **HMIS oversight (accuracy, training, reporting)**
- **PITC coordination**
- **Manages CE lists for our region**
- **Veteran lists**
- **CoC project oversight**

# Coordinated Entry/Coordinated Assessment System

---



**Required by HUD of Continuums of Care under 24 CFR 578.7 (a)(8) for use with ESG and any CoC program funding to achieve:**

- **Allocation of assistance in the most easily accessible manner**
- **Prioritization of assistance based on vulnerability and severity of service needs**
- **Some specialized sub-populations processes allowed (e.g. vets, youth, fleeing DV, SUD, disabilities, etc.)**

# CE Basics

---

- **On-going planning and stakeholder consultation for improvement required**
- **Informs local planning and processes**
- **Uses an approved Homeless Management Information System (HMIS)**
- **Must cover full COC region**
- **Defines central prioritizing principles ( 1 or 2) for most effective use of resources**
- **Prevents those with severe needs from languishing in shelter or on streets**
- **Continuum controls list, vulnerability assessment tool, and policies for use**

**Not a waitlist! The majority of clients on the list will NEVER be served due to lack of available housing options.**



# Local Conversations

- Not all providers using HMIS
- Unhoused PIT count individuals not in HMIS
- Desire to use a more equitable vulnerability assessment (VI-SPDAT is now dictated by ROCC)
- CSC manages our tri-county HMIS system (which feed up to ROCC and OHCS)
- Case Conferencing processes still being discussed
- Servicepoint does not interface with other systems like Unite Us, Shelterware, Apricot
- Our own CoC would allow greater control over key decision-making points

# HOPE Public Engagement and Community Feedback

Update about where City Council is in the process of updating Social services funding at city.

- HOPE Co-Chairs met with Task Force representative.
- End of year timeline to finalize new policy.
- Level of community engagement.

# Spectrum of Public Participation



## Inform



## Consult



## Involve



## Collaborate



## Empower



### Public Participation Goal

To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities, and solutions.

To obtain public feedback on analysis, alternatives, or decisions.

To work with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.

To partner with the public in each aspect of the decision, including development of alternatives and finding consensus for the preferred solution.

To place final decision-making in the hands of the public.

### Promise to the Public

We will keep you informed about the project's scope and timeline, as well as key facts and resources that will be used for future decisions.

We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.

We will work with you to ensure that your concerns and aspirations are reflected in the alternatives developed and provide feedback on how public input influenced the decision.

We will look to you for advice and innovation in finding solutions, and will incorporate your advice and input into the decisions to the maximum extent possible.

We will delegate decision-making and implement what you decide.

### Example Techniques

- Fact sheets
- Web sites
- Press releases
- Newsletters
- Electronic sign boards

- Focus groups
- Surveys
- Public hearings
- Open houses
- Interviews

- Forums
- Roundtables
- Deliberative polling
- Stakeholder groups

- Advisory groups
- Task forces
- Consensus-building workshops

- Community member juries
- Ballot measures

# Public Engagement and Community Feedback

- For more information on the Task Force:  
<https://www.corvallisoregon.gov/bc-sscptf>
- To sign up for updates on this process, go to this page:  
<https://www.corvallisoregon.gov/stay-connected>
  - Check the box for “Social Services Council Policy Task Force”
  - Then put their email in towards the bottom.

# Next steps...

- **Upcoming HOPE Meetings:**

- October 26 – normal 4<sup>th</sup> Wednesday of the month
- Date changes for Nov and Dec:
  - **November 9<sup>th</sup> 4-6pm**
  - **December 14<sup>th</sup> 4-6pm**

- **HOPE Implementation team working on:**

- HB 4123 Pilot MOU, structure, and roles for a coordinated office.
- Improving data by working toward coordinated entry with provider input.  
Facilitated by ROCKit to create action items to move forward implementation.



**Benton  
County**





**Home, Opportunity, Planning, and Equity (HOPE)  
Advisory Board Meeting  
Approved Minutes  
September 28, 2022 from 4 pm to 6 pm  
ZOOM Meeting**



- Members Present:** Catherine Biscoe; Ricardo Contreras; Bryan Cotter; Joel Goodwin; George Grosch\* (co-Chair); Barbara Hanley; Melissa Isavoran; Briae Lewis\* (Co-Chair); Cindee Lolik\* (Business Associate); Charles Maughan\* (Mayor’s designee); Pegge McGuire\* (CSC Director); Andrea Myhre; Jan Napack\* (Corvallis City Council); Chanale Propst; Nancy Wyse\* (Chair of Board of Commissioners).
- Excused:** Karyle Butcher; Anita Earl; Ari Grossman-Naples; Caden DeLoach
- Absent:**
- Staff Present:** Julie Arena (Benton County Health, HOPE Program Coordinator); Paula Felipe (Benton County Public Health, recorder); Kailee Olson, Health Department Communications Coordinator.
- Guests:** \*Executive Committee Members.

- I. **Welcome and Introductions.** New member welcome. Reminder of culture of agreements. Reece Stotsenberg can no longer serve on the board due to other commitments, so HOPE members wish him the best and will miss him.
  
- II. **Public Comments (limited to 2-3 minutes).** No Comments.
  
- III. **Approval of Minutes: MOTION** made by Andrea Myhre to approve the August Minutes; **Seconded** by Charles Maughan; All in favor; **MOTION** passed. Abstained due to not being in attendance at the August meeting: Ricardo Contreras; Caden Deloach; Jan Napack; Nancy Wyse.
  
- IV. **Educational Component: Community Health Centers (CHC) of Benton and Linn Counties.** Carla Jones, Executive director (works with Suzanne Hoffman, Health Depart Director) runs 6 clinics, serves vulnerable populations. Dr. Jennifer Micek, DO Physician, Assistant Medical Director
  - Who we are:
    - Local Health care system
    - Team-based
    - Patient-centered
  - What we do:
    - Physical, behavioral, dental care
    - Prevention and management
    - Across Benton/Linn Counties
  - Where we go from here:
    - Continued partnership
    - Sharing the CHC model
    - Improved community health
  - Over 1400 community health centers provided care at more than 14,000 locations in 2021.
  - In 2021, served 30 million patients in a single year.

- Non Profit; patient-governed organizations that provide high quality primary health care to America's medically underserved communities regardless of income or insurance status.
- Federal, State, and Local Funding:
  - Receive grants under the Health Center program, section 330 of the Public Health Services Act
  - Insurance payments (including value-based payments)
  - State Medicaid, Medicare, private insurance
  - InterCommunity Health Network-CCO, Trillium CCO, PacificSource CCO
  - Grants- state, local, federal
  - Covid, agricultural worker health, innovative projects
  - County support
- Graphic of department (Rainbow chart) person centered services; shows how all work together for community health.
  - Alsea Health Center
  - Benton Health Center
  - East Linn Health Center
  - Lincoln Health Center
  - Monroe Health Center
  - Sweet Home Health Center
  - Dental sites; Benton Health and Boys and Girls Club
  - Lebanon veterans program
  - Schools
  - Events in community
  - Work closely with COI and get referrals
- See slide on breakdown of population, languages, age, total number of visits
  - 34% of our patients identify as members of racial or ethnic minority groups- this is more than two time (or greater) those who identify this way in local communities
  - In Benton County 17.7% identified as something other than white, non-Hispanic
  - In Linn County 13.6% identified as something other than white, non-Hispanic
  - Average 4.5 visits per patient per year
  - See slide on profile by insurance status; poverty level; and racial/ethnic identity
  - Substance Use Disorder; addictions and access to services.
- What we do:
- Services provided: Physical Health Care; Behavioral Health Care; Dental Health Care; and Community Connections.
- PH nurse identified TB patient needed treatment; give them medication; he interacted with nurse; prior he had diabetes and needed to get back into care. Houseless and needed insulin; see Joe in Shelter and he had many ER visits since 2020; and last ER visit in January; no ER visits since Jan 2022. We keep working with him.
- Outcomes; why this work matters:
  - ER visits are less frequent;
  - Mobile; visits in clinic; since Jan 2020 increase visits off site; in homes and corner of 3<sup>rd</sup> and Monroe;
- Higher Complexity Care Team: Provider: Jennifer Micek, DO
- Medical Assistant: Kathy Collins
- Qualified Mental Health Associate: Jessyca Delepine
- Working together with:



- Substance Use Disorder team (SUD)
- Assertive Community Treatment team (ACT)
- Early Assessment and Support Alliance (EASA)
- County Behavioral Health (BH)
- CHC Dental team
- Goals serving 150 patients a month—see slide.
- The HCC team has better diabetic control than national and other health center data. Hypertension control is about the same as other health centers.
- Great patient feedback.
- Where we go from here
- Work with Local Government Partners and Healthcare Partners and Community Based Partners.
- Opportunities; demand outweighs supply of resources.
- Jessica joined team in 2019: position grant funded.
- She worked with Joe; Jessica had 157 visits/interactions with Joe.
- Secured a housing voucher for him; he needs to apply; on disability.
- Limitations on funding and ability to work at CHC;
- Joes is success story in many ways; has income now and possible housing
- Joe's behavior ambivalent. Left the shelter.
- When transition from unhoused to housed; huge change in lifestyle. Can be isolating.
- Address the whole person; behavioral; mental health; social; finances.
- Jessyca Delepine gained experience getting vouchers for housing and help them to build the home; so rewarding and can be frustrating; time crunch when vouchers expire.

### **QUESTIONS:**

Barbara Hanley: Thank you Carla and Jessica for overview of CHC: In subgroup of HOPE, looking at using data from CHC and Samaritan Health and looking at usage of services, medical sheltering: encourage you to reach out to Chris Campbell for the info and hope to get the funding streams for Jessica. Carla will follow up with Chris on data. Re: high cost services prevented; save funds.

Andrea: already working with them on 3<sup>rd</sup> street commons

Melissa: OHA got 1115 waiver (several types) approved; social determinants of health. Separate financial bucket for services.

### **V. Community Updates: (see slide)**

- Street Outreach Response Team (SORT) is hosting a wisdom panel to share experiences from homeless outreach. 10/10/2022 from 1-2pm.
- 78<sup>th</sup> Annual Oregon Public Health Association (OPHA) Conference on Monday, October 17th & Tuesday, October 18th, 2022 at OSU. Keynote speaker Dr. Marisa Zapata on Housing Really Ends Homelessness.
- Farmworker Housing Development has opened in Lebanon – Casa Latinos Unidos involved.
- Ricardo: housing developing (phase 1 for farm workers—23 apartments); phase 2; later this year. Casa Latinos has partnerships and provide supportive services to housing developments and residents can receive wrap around support services in Lebanon and Sweet Home area. Ricardo said Casa Latinos is very happy with partnerships and been able to do collaborate with CSC; public health, including working on another project--rapid community assessment with farmer worker community.

## VI. City and County Update

- Affordable Housing and Sheltering added capacity (next two slides on Emergency Shelter Capacity and Affordable Housing Options)
- Outreach to rural cities in Benton County about Pilot and County Code update:
- HB 4123 pilot – MOU due Oct. 1.
  - County Code – removing sunset date to allow up to 3 vehicles on religious institution property in county unincorporated areas.
  - Doing outreach and engagement with city managers in Benton County to invite participation and hear feedback about communication needs and other rural perspectives.
  - Will be engaging service providers, religious institutions, and other community partners (ie. VFW, Chambers of Commerce)
- ROCKit facilitation to implement a coordinated entry system for data improvement and prioritizing most vulnerable folks experiencing homelessness.
- ROCKit is a *Resource Organizer for Communities Kit* that helps communities chart a path to solving local challenges by focusing on the assets and resources already on hand.
- <https://www.communityrockit.org/>
- ROCKit Communities:
  - Participate in a 90-day process that develops a roadmap for asset mapping and community engagement
  - Create an asset map and capacity inventory to help ROCKit implementers identify community resources
  - Commit to specific, actionable items and to measuring ongoing process
  - Receive hands-on help selecting focus areas, as well as facilitating and implementing the process

## VII. Community Services Consortium (CSC) (Pegge McGuire) Continuum of Care:

- Pegge McGuire is executive director. [pmcguire@communityservices.us](mailto:pmcguire@communityservices.us)
- Continuum of care:
- Required by HUD beginning in 1994 for:
  - Awarding and Distribution of competitive funds
  - To inform location homeless planning and response
- Reauthorized under the HEARTH Act and other legislation in 2010's
- Who makes up a CoC?
  - Community Action Agencies
  - Public Housing Authorities
  - Behavioral Health Providers
  - Veteran Service Providers (including county Veteran Service Officers)
  - Culturally Specific Service Providers
  - Shelter Providers
  - Affordable Housing Developers
  - Housing and Supportive Services Providers
- Who governs a CoC?
  - Municipalities
  - Community Action Agencies (CAAs)
  - Non-profit service providers

- Geographic make-up of a CoC
  - City or County
  - Multiple counties
  - State
  - Regional communities
- What is a CoC responsible for doing?
  - Homeless response systems planning
  - Homeless Management Information System oversight/reporting
  - Coordinated Entry and Assessment
  - Data gathering and analytics
  - Annual Point in Time Count of the unhoused
  - Applying for competitive funds from HUD
- What does CSC currently do?
  - HMIS oversight (accuracy, training, reporting)
  - PITC coordination
  - Manages CE lists for our region
  - Veteran lists
  - CoC project oversight
  - On-going planning and stakeholder consultation for improvement required
  - Informs local planning and processes
  - Uses an approved Homeless Management Information System (HMIS)
  - Must cover full COC region
  - Defines central prioritizing principles ( 1 or 2) for most effective use of resources
  - Prevents those with severe needs from languishing in shelter or on streets
  - Continuum controls list, vulnerability assessment tool, and policies for use
  - Not a waitlist! The majority of clients on the list will NEVER be served due to lack of available housing options.
  - Counties approve of proposed plan to form continuum, including what budget would look like and what we would have to add to fit the HUD requirements. Begin talking about it; who takes responsibility for each piece.
  - Andrea: thank you so much—makes it clear the path forward. Appreciate it.
  - Pegge: thank you for helping to make our local voice heard.

## **VIII. HOPE Public Engagement and Community Feedback**

- Update about where City Council is in the process of updating Social services funding at city.
- HOPE Co-Chairs met with Task Force representative.
- End of year timeline to finalize new policy.
- Level of community engagement.
- George: Briae and I met with Paul, etc about social services policy. Offered to assist them. We are waiting to hear from them. I meet with Paul Bilotta next week. Jan: come up with path forward; surveying providers; collecting information. Next meeting Oct 5 at 4:30 pm and meet in Nov and Dec and hope to finish it by end of year.
- For more information on the Task Force: <https://www.corvallisoregon.gov/bc-sscptf>

- To sign up for updates on this process, go to this page:  
<https://www.corvallisoregon.gov/stay-connected>
- Check the box for “Social Services Council Policy Task Force”
- Then put their email in towards the bottom.

**IX. Next Steps**

- Upcoming HOPE Meetings:
- October 26 – normal 4<sup>th</sup> Wednesday of the month
- Date changes for Nov and Dec:
- November 9<sup>th</sup> 4-6pm
- December 14<sup>th</sup> 4-6pm
- HOPE Implementation team working on:
- HB 4123 Pilot MOU, structure, and roles for a coordinated office.
- Improving data by working toward coordinated entry with provider input. Facilitated by ROCKit to create action items to move forward implementation.

**X. Meeting was Adjourned at 6 pm.**

Benton County & City of Corvallis  
Home, Opportunity, Planning, & Equity (HOPE) Advisory Board



Julie Arena, HOPE Program Coordinator  
Benton County Health Department  
Email: Julie.Arena@co.benton.or.us  
Phone: 541-766-0252

**HOPE Meeting Agenda**  
**October 26, 2022 from 4-6 PM**  
Meeting location: virtual or phone

Join on your computer or mobile app: [Click here to join the meeting](#)

Meeting ID: 286 479 023 593 Passcode: 7QXFdu

Or call in (audio only) [+1 412-664-5196,698575650#](#)

Phone Conference ID: 698 575 650#

**AGENDA**

- I. Welcome & Overview of Agenda.....4:00pm
- II. Public Comment\* (up to 10 minutes) .....4:00pm
- III. Roll call and approve September 2022 meeting minutes .....4:10pm
- IV. Educational Component and Community Engagement: Resource Centers .....4:15pm  
 What Resource Centers exist in Benton County and how are they changing to meet the growing needs? How do these resources align with or implement the HOPE Recommendations?  
 Guest Speakers:  
 Allison Hobgood, Executive Director, Corvallis Daytime Drop-in Center  
 Janeece Cook, Executive Director of the Kepi Nak-Nak Resource Center in Monroe (formerly the South Benton Food Pantry)
- V. Community Updates .....5:30pm
- VI. Next Steps and upcoming meeting dates.....5:55pm

\*Public Comment: to make a public comment, please put your name in the virtual chat window or “raise your hand” in the virtual meeting when you arrive. List your name and the topic of your comment in the chat. Comments are made in the order that people “raise their hand” or submit a chat. For people calling in from a phone line, there will be an opportunity for comment for people on the phone.



# HOPE Advisory Board

October 2022 Public Meeting

Meeting facilitated by HOPE Coordinator, Julie Arena

10/26/22



# Virtual Meeting Housekeeping

- Please mute your microphone until it is your turn to share.
- All attendees can unmute themselves and choose to be seen visually by clicking “Mic” or “Camera” at the top right of the screen.
- **Public comment:**
  - Type your name into the “Chat” area, say you want to make a public comment, and on what topic.
    - Example: “Julie – public comment – crisis response.”
  - For those on the phone, there will be an opportunity to comment, too.
- **Questions during the meeting:**
  - Type into the “Chat” area and send it to host, Julie Arena.

# Meeting Agenda

- I. Welcome, Meeting Housekeeping, Overview of Agenda.....4:00pm
- II. Public Comment (up to 10 minutes) .....4:00pm
- III. Roll call and approve September 2022 meeting minutes .....4:10pm
- IV. Educational Component and Community Engagement: Resource Centers .....4:15pm

What Resource Centers exist in Benton County and how are they changing to meet the growing needs? How do these resources align with or implement HOPE Recommendations?

## Guest Speakers:

Allison Hobgood, Executive Director, Corvallis Daytime Drop-in Center

Janeece Cook, Executive Director of the Kepi Nak-Nak Resource Center in Monroe  
(formerly the South Benton Food Pantry)

- I. Community Updates .....5:30pm
- II. Next Steps and upcoming meeting dates.....5:55pm





# Agreements for our culture + conduct:

Fun

Inclusive ✓✓

Humor

Food ✓

Action/roll up sleeves

Change the face of Homelessness

Honesty

Respect ✓

Consensus

Think before you speak

Courtesy ✓

Transparency

Recognize personal bias

Kindness ✓

Time management

Concise communication

Open minded ✓

Opinions matter

Data driven

Do your homework!

Patience

Authentic

Valuing personal experience

Dedication/work ethic  
Honor the expectations of  
the work

# Public Comment

10 minutes

- Comment limited to 2-3 minutes based on number of people wanting to comment
- Type into the “Chat” and say you want to make a public comment and on what topic.
- For those on the phone, I will ask if there are any public comments from callers.
- Can also submit written comments to the Board via email to [Julie.Arena@co.Benton.or.us](mailto:Julie.Arena@co.Benton.or.us)

# New Board Member!

## Alice Carter

- Background/Experience
- Perspective
- Hope to bring to the Board

# Logistics: Vote to approve September 2022 minutes, roll call

Catherine Biscoe

Karyle Butcher

Alice Carter

Ricardo Contreras – excused

Bryan Cotter

Cade DeLoach

Anita Earl

Joel Goodwin

George Grosch\* (Co-chair)

Ari Grossman-Naples

Barbara Hanley

Melissa Isavoran

Briae Lewis\* (Co-chair)

Cindee Lolik\* (Business Community)

Charles Maughan\* (Mayor's designee)

Pegge McGuire\* (CSC Director)

Andrea Myhre

Jan Napack\* (Corvallis City Councilor)

Chanale Propst – excused

Nancy Wyse\* (County Commissioner)

\*Executive Committee Members

# Educational Component and Community Engagement:

## Resource Centers

What Resource Centers exist in Benton County and how are they changing to meet the growing needs? How do these resources align with or implement HOPE Recommendations?

Guest Speakers:

**Allison Hobgood**, Executive Director,  
Corvallis Daytime Drop-in Center

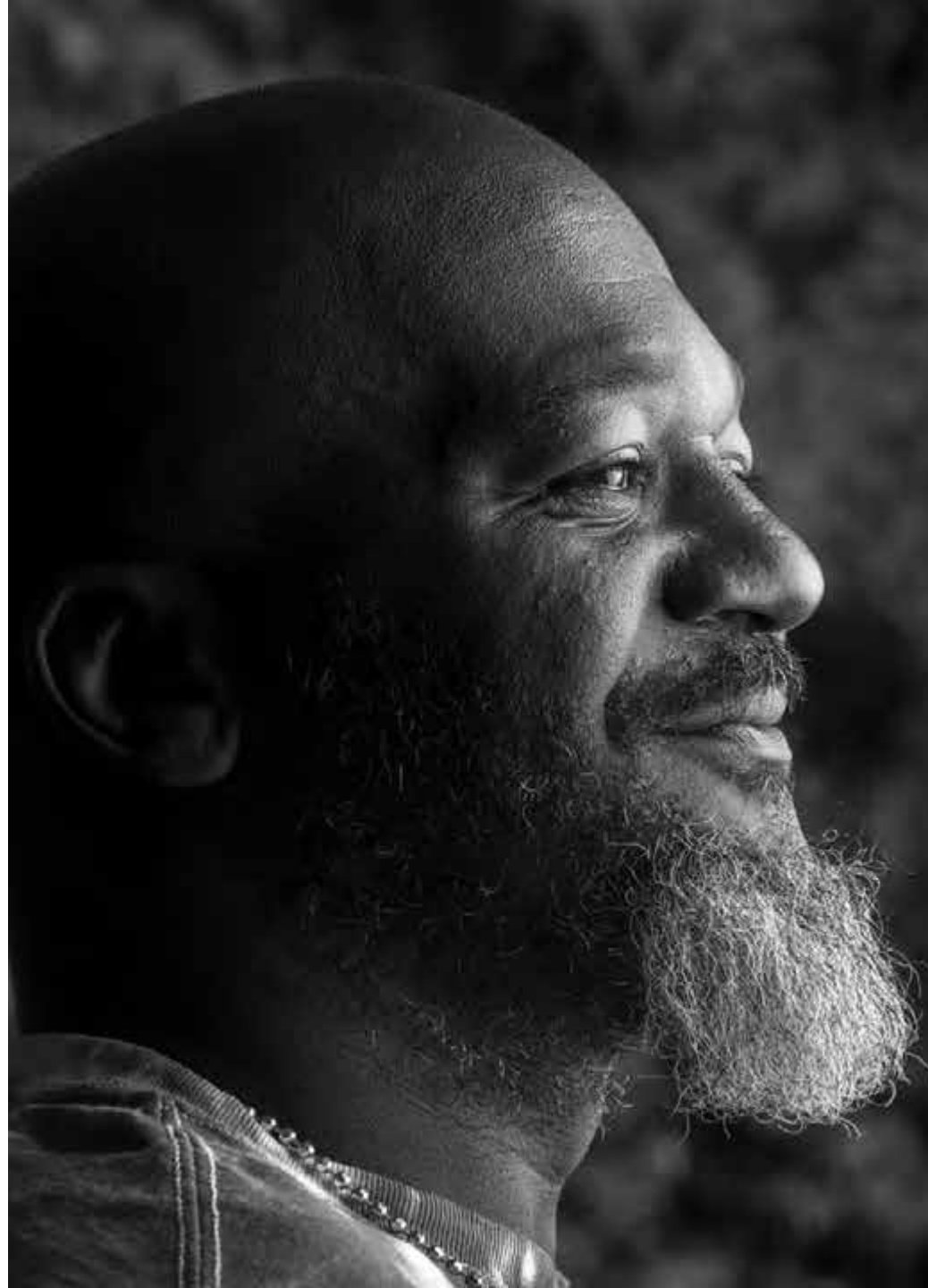
**Janeece Cook**, Executive Director of the  
Kepi Nak-Nak Resource Center in Monroe  
(formerly the South Benton Food Pantry)



Corvallis  
Daytime  
Drop-in  
Center

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People need to  
be more human.

There are  
wolves out here.

If you see  
someone struggle,  
help them out.  
It could be you.



When people  
are tired  
and worn down,  
it's hard  
to move on  
and see  
the next steps.





Shy man

I'm changing  
my life.  
I'm starting  
to love myself  
again.

CDDC is  
“where  
needs are  
met”

community center and safe  
gathering space

supporting people's most  
basic welfare

healing-centered, lowest  
barrier resource and  
navigation hub

# The Corvallis Daytime Drop-In Center (CDDC)

**Human Dignity, Empowerment,  
Transformative Justice**





# Impact of Systemic Oppression on Marginalized Community Members

- Homeless Indigenous and Black individuals are exceptionally overrepresented at CDDC
- A significant number of guests identify as LGBTQ+ people
- 76% of CDDC guests self-identify as having disabilities
- **Racially and ethnically, our CDDC community is disproportionately (compared to Benton County Census, 2020) comprised of folks who are:**
  - Indian or Alaskan Native 13.2% (0.9%)
  - Black or African American 7.7% (1.2%)
  - Hispanic or Latinx 8.7% (7.8%)
  - Multiracial 15.4%.

# Resource and wellness supports offered at CDDC

- \* mental health counseling
- \* physical health support like wound care, HIV testing, and OHP enrollment
- \* assistance with prescription copays
- \* lost document replacement—IDs, birth certificates, etc
- \* access to employment
- \* accessing phones and technology
- \* pet advocacy and support
- \* access to transportation to loved ones and appointments
- \* direct street outreach
- \* referrals to other social service organizations

# CDDC Service Impact Snapshot July-September 2022

- Reached 135 unduplicated individuals through SORT street outreach
- Served 403 unduplicated individuals at CDDC
- Total of 2929 visits and 2693 meals
- Individuals received mail 456 times
- People had some kind of basic need met 776 times—tech charging, use of house phone, clothing
- 81 people were able to obtain IDs; 55 people got help with transportation, and 35 people received medication support though RX co-pays
- 245 direct connections with partner agencies

# Stabilization and Diversion—what we do and how Navigation Centers can help!

**July-September 2022,  
we offered direct  
wellness supports 172  
times**

This means people meet at CDDC with case workers, basic needs navigators, counselors, health navigators, and/or Samaritan care coordinators to get direct supports and take next steps



# Navigation Center to increase & maximize intervention impact

Modelled after Centers around OR via House Bill 2006; addresses HOPE Board recommendations 1,3,6, and 7

1: Facilitate and coordinate data improvement efforts

3: Adopt the Hub Model of care coordination as a framework for doing business

4: 24/7/365 Emergency Sheltering System

7: Facilitate and support the creation of a Resource Center



# Navigation Center Supports (10-12,000 sq foot building) include:

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**Drop-in Center** for day respite and social services

---

Low-barrier, emergency respite & non-congregate sleeping spaces: **6-10 rooms** for seniors, people with disabilities, veterans, LGBTQ+ people, and BIPOC community members

---

Amplified, more **comprehensive basic needs navigation** and wrap around mental and physical health services

---

Access to co-located agencies/providers that offer services to Center guests as well as the greater community: **a one-stop shop!**

# On-site Nav Center Community Partnerships!

- CDDC Guests: peer-to-peer supports and grassroots visionaries
- Benton County Health Department's Community Harm Reduction Team: health and safety
- Samaritan Health Services' Medical Social Workers & Care Coordinators: physical health
- Corvallis Housing First and Unity Shelter Caseworkers: housing
- Benton County Health Navigators: mental and physical health, OHP enrollment
- Community Services Consortium (CSC): Coordinated Entry, housing, veteran supports, employment
- ODHS: food security and employment
- Benton County Assertive Community Team presence: mental health
- OR Cascades West Council of Governments: disability and senior services; eligibility

# Navigation Center Development Planning and Support

## Thanks to CIDA!

CIDA is a woman-owned (WBE #10209) multidisciplinary architecture and engineering design firm located in Portland that was established to provide clients with a value driven alternative to the traditional architectural firm. Their design philosophy is founded in the belief that architecture is best when it is a true expression of the people and institutions it serves.

<https://cidainc.com/project-category/non-profit/>



# Union Gospel Mission – Women’s LifeChange Center



# **Budget Points of Reference from The Mid-Columbia Community Action Council (MCCAC) Navigation Center in the Dalles**

Estimated completion costs: \$5.8 million Dalles (~14K sq ft building plus  
18 microshelters)

Oregon Legislature: \$3.0 million                      City of The Dalles: \$500,000

Wasco County: \$500,000                      OHA Planning Grant: \$50,000

Oregon Housing and Community Services: \$50,000

The Oregon Human Development Corporation: \$400,000

MCCAC Real Estate Equity Contribution: \$300,000

# CDDC points of contact

Allison Hobgood, Executive Director

[Allison.Hobgood@gmail.com](mailto:Allison.Hobgood@gmail.com)

541-224-7578

CDDC direct number for support and resources:  
458-233-5327

Website: <https://corvallisddc.org/en/>



# South Benton Food Pantry

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Introducing the Kepi Nak-Nak Resource Center



## Humble beginnings



## Current Uses

Organization	Program/Use
United Methodist Church	Food Pantry – currently serving and average of 185 families monthly
United Methodist Church	Church Congregation
United Methodist Church	Event Rentals for community events. Average of \$75 per 4 hours
Strengthening Rural Families	Dental van visits, parenting classes
Art in the Park	Summer Children’s Art Classes and Storage
A.A. meetings	Alcoholics Anonymous Meetings
Oregon State University Extension	Nutrition Classes
Benton County Health Department	Nutrition Classes/Amigos de Monroe
Samaritan Health Services	Nutrition Classes / Living Well With Chronic Conditions
South Benton County Gleaners	Food distribution to income qualified families
Department of Human Services	Youth Parole Meetings with area youth and families



Calendar Year/Month	Households Served	Individuals Served	Avg Family Size	Volunteer per month	Volunteers hours
2021					
January	117	329	2.8	24	55.75
February	124	353	2.8	23	54.5
March	113	294	2.6	24	76.75
April	127	330	2.6	36	112
May	116	285	2.5	22	51.75
June	84	261	3.1	15	41
July	110	277	2.5	14	39.5
August	105	256	2.4	20	51.25
September	120	265	2.3	16	53.25
October	136	295	2.2	15	37.5
November	120	271	2.3	11	27
December	136	364	2.7	22	51.5
<b>Grand Total</b>	<b>1,408</b>	<b>4,938</b>	2.566666667	242	651.75
Per Month Avg	117.3333333	298.3333333		20.16666667	54.3125



# Needing more space and identified needs of the community

Soup kitchen

Thrift store

Upgraded event rental space \*

Pre-school/daycare/Headstart\*

ESL classes

Financial Wellness classes

Exercise and Health classes

Immigration classes and legal assistance \*

Household Item/Clothing pantry

Remote office space for state and county agency use \*

Rental property \*

Permanent easement for property behind (The Sharing Gardens aka Full Circle Church)



## Value to the Community

The South Benton Resource Center creates a one-stop shop community services hub that benefits all families served by the Monroe SD with social services.

Conveniently located along the AFRANA funded walking/biking route, this hub would be located in close proximity to services like local schools and the Monroe Public Library.

Agencies that can work in concert can better deliver services to families. By co-habiting community services, we can accomplish:

Reducing stigma associated with reaching out for a hand up by providing one easy-to-access location





## Additional values

Meeting families where they are at.

Ensuring that families who need services can access them, especially in our rural community.

Reducing long-commutes outside the community and aid area citizens in accessing services for those who have transportation barriers.

Improving outcomes by offering on-site referrals to other complimentary services.

Increase access and understanding of healthy and fresh foods.

A safe place for all.



# Kepi Nak-Nak Resource Center

650 Orchard Street

Monroe, OR 97456

541-745-8759

[www.southbentonfoodpantry.org](http://www.southbentonfoodpantry.org)

# Progress update on the HOPE Recommendations implementation.

- Data improvement #1: ROCKit facilitation to improve our coordinated entry system.  
<https://www.communityrockit.org/>
  - Mission: to connect Benton County's most vulnerable individuals to housing opportunities by inspiring participation in an effective coordinated entry process.
- Communications #9:
  - Community Progress Update for Fall 2022 coming soon.
  - Rural outreach and engagement with city managers in Benton County to invite participation and hear feedback about communication needs and other rural perspectives.



# Social services task force update

- For more information on the Task Force:  
<https://www.corvallisoregon.gov/bc-sscptf>
- To sign up for updates on this process, go to this page:  
<https://www.corvallisoregon.gov/stay-connected>
  - Check the box for “Social Services Council Policy Task Force”
  - Then put their email in towards the bottom.

# Next steps...

- **Upcoming HOPE Meetings: Date changes for Nov and Dec.**
  - **November 9<sup>th</sup>** 4-6pm – Justice System Improvement Project is the educational topic and will have an engagement component with feedback from the Board.
  - **December 14<sup>th</sup>** 4-6pm
- **HOPE Implementation team working on:**
  - HB 4123 Pilot, structure, and roles for a coordinated response to homelessness solutions. Rural outreach and engagement.
  - Improving data by working toward coordinated entry with provider input. Facilitated by ROCKit to create action items to move forward implementation.



**Benton  
County**





**Home, Opportunity, Planning, and Equity (HOPE)  
Advisory Board Meeting  
Approved Minutes  
October 26, 2022 from 4 pm to 6 pm  
ZOOM Meeting**



- Members Present:** Catherine Biscoe; Karyle Butcher; Alice Carter; Anita Earl; Joel Goodwin; George Grosch\* (co-Chair); Ari Grossman-Naples; Barbara Hanley; Briae Lewis\* (Co-Chair); Cindee Lolik\* (Business Associate); Charles Maughan\* (Mayor’s designee); Jan Napack\* (Corvallis City Councilor); Nancy Wyse\* (Chair of Board of Commissioners)
- Excused:** Ricardo Contreras; Melissa Iavoran; Pegge McGuire \* (CSC Director); Chanale Propst
- Absent:** Bryan Cotter; Caden DeLoach; Andrea Myhre
- Staff Present:** Julie Arena (Benton County Health, HOPE Program Coordinator); Paula Felipe (Benton County Public Health, recorder); Suzanne Hoffman (Director, Benton County Health Department); Loren Emang (Emergency Preparedness Coordinator)
- Guests:** \*Executive Committee Members.

- I. **Welcome and Introductions.** New board member Alice Carter, who has a background working on housing issues, including providing transitional care for single moms in Boston. She worked helping people with addictions for 10 years and supported a food pantry. She has a wealth of experience and feels Corvallis has a big heart. She is working with her priest and church board on helping with respite care for people in need. She looks forward to serving on and collaborating with the HOPE board.
  
- II. **Public Comments (limited to 2-3 minutes).** No Comments.
  
- III. **Approval of Minutes: MOTION** was made by Karyle Butcher to approve the September Minutes; **Seconded** by Charles Maughan; All in favor; **MOTION** passed. Abstained due to not being in attendance at the September meeting: Alice Carter; Karyle Butcher; Anita Earl; Briae Lewis
  
- IV. **Educational Component and Community Engagement – Resource Centers in Benton County: Allison Hobgood, Executive Director, Corvallis Daytime Drop-in Center (CDDC)**
  - Allison shared some thoughtful quotes, such as: “People need to be more human. There are wolves out here. If you see someone struggle, help them out. It could be you”
    - “When people are tired and worn down, it’s hard to move on and see the next steps”
    - “I’m changing my life, I’m starting to love myself again”
  - CDDC is “where needs are met”
  - 3 Primary Missions: 1) community center and safe gathering space; 2) supporting people’s most basic welfare; and 3) healing-centered, lowest barrier resource and navigation hub
  - Human Dignity, Empowerment, Transformative Justice
  - Trauma informed approach (prevents further trauma)
  - Impact of Systemic Oppression on Marginalized Community Members:

- Homeless Indigenous and Black individuals are exceptionally overrepresented at CDDC
- A significant number of guests identify as LGBTQ+ people
- 76% of CDDC guests self-identify as having disabilities
- Racially and ethnically, our CDDC community is disproportionately (compared to Benton County Census, 2020) comprised of folks who are:
  - Indian or Alaskan Native 13.2% (0.9%)
  - Black or African American 7.7% (1.2%)
  - Hispanic or Latinx 8.7% (7.8%)
  - Multiracial 15.4%.
- Resource and Wellness supports offered at CDDC.
  - mental health counseling
  - physical health support like wound care, HIV testing, and OHP enrollment
  - assistance with prescription copays
  - lost document replacement—IDs, birth certificates, etc
  - access to employment
  - accessing phones and technology
  - pet advocacy and support
  - access to transportation to loved ones and appointments
  - direct street outreach
  - referrals to other social service organizations
- CDDC Service Impact Snapshot July-September 2022:
  - Reached 135 unduplicated individuals through SORT street outreach
  - Served 403 unduplicated individuals at CDDC
  - Total of 2929 visits and 2693 meals
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  - 81 people were able to obtain IDs; 55 people got help with transportation, and 35 people received medication support though RX co-pays
  - 245 direct connections with partner agencies
  - Stabilization and Diversion-what we do and how Navigation Centers can help!
  - July-September 2022, we offered direct wellness supports 172 times
  - This means people meet at CDDC with case workers, basic needs navigators, counselors, health navigators, and/or Samaritan care coordinators to get direct supports and take next steps
- Navigation Center to increase & maximize intervention impact
- Modelled after Centers around OR via House Bill 2006; addresses HOPE Board recommendations 1, 3, 6, and 7
  - 1: Facilitate and coordinate data improvement efforts
  - 3: Adopt the Hub Model of care coordination as a framework for doing business
  - 6: 24/7/365 Emergency Sheltering System
  - 7: Facilitate and support the creation of a Resource Center
- Navigation Center Supports (10-12,000 sq foot building) includes:
  - Drop-in Center for day respite and social services
  - Low-barrier, emergency respite & non-congregate sleeping spaces: 6-10 rooms for seniors, people with disabilities, veterans, LGBTQ+ people, and BIPOC community members

- Amplified, more comprehensive basic needs navigation and wrap around mental and physical health services
- Access to co-located agencies/providers that offer services to Center guests as well as the greater community: a one-stop shop!
- Story of how they helped stabilize a patient who was on the street and needed help.
- On-site Nav Center Community Partnerships:
  - CDDC Guests: peer-to-peer supports and grassroots visionaries
  - Benton County Health Department's Community Harm Reduction Team: health and safety
  - Samaritan Health Services' Medical Social Workers & Care Coordinators: physical health
  - Corvallis Housing First and Unity Shelter Caseworkers: housing
  - Benton County Health Navigators: mental and physical health, OHP enrollment
  - Community Services Consortium (CSC): Coordinated Entry, housing, veteran supports, employment
  - ODHS: food security and employment
  - Benton County Assertive Community Team presence: mental health
  - OR Cascades West Council of Governments: disability and senior services; eligibility
- Navigation Center Development Planning and Support – Thanks to CIDA
  - CIDA is a woman-owned (WBE #10209) multidisciplinary architecture and engineering design firm located in Portland that was established to provide clients with a value driven alternative to the traditional architectural firm. Their design philosophy is founded in the belief that architecture is best when it is a true expression of the people and institutions it serves.
  - <https://cidainc.com/project-category/non-profit/>
  - Union Gospel Mission – Women's LifeChange Center
- Budget Points of Reference from the Mid-Columbia Community Action Council (MCCAC) Navigation Center in the Dalles (see slide).
- CDDC Points of contact: [Allison.Hobgood@gmail.com](mailto:Allison.Hobgood@gmail.com); 541-224-7578; direct number for support and resources: 458-233-5327; website: <https://corvallisddc.org/en/>

**Discussion/Questions:**

- Julie: United Way Director of Community Impact, Chris Sherrod, has been convening all the partners Allison listed saying how do we share space and serve to get needs met. They want to be supportive of day time drop in center taking the lead and they want to support CDDC. Thank you Allison for stepping forward.
- Karyle: how are neighbors handling people coming and going? Allison: great neighbors; in communication on regular basis.
- Karyle: where are you expanding? Number of people served and number of beds? If community work to make happen, why not go bigger?
- Allison: Question of where still up in the air. Have great neighbors now with potential to expand. On bus line; easy to get to. On number of beds: short answer is don't want to create something that feels corporate, govt or scary...have larger footprint that does not do that. Lane county has 18000 sq ft and 75 beds; much larger population. Focus on healing centered; looking at funding streams and having talks.
- Karyle: good architect can make attractive.
- George: shelter not enough; need more support to reintroduce into society. Takes more,

need to lead people by the hand; this is amazing and truly worth our support. This is about people and show them how and support them.

**Janece Cook, Executive Director of the Kepi Nak-Nak Resource Center in Monroe (formerly the South Benton Food Pantry):**

- Current program manager for South Benton Food Pantry (now known as Kepi Nak-Nak)
- Formed over last few years; not just food but secure place where people feel safe.
- Monroe Congregation church approached Janece what to do with property if sold to her. So, put together a plan.
- Introducing the Kepi Nak-Nak Resource Center.
- Church started feeding people in 1990s. Humble beginnings
- Many who qualified for food stamps still did not have enough for family
- See slide for current uses; organizations and program/use
- Clients served over last year 2021 – close to 5000 people served. About 650 volunteer hours.
- Needing more space and identified needs of the community (see slide)
- Worked with community health assessment and improvement that helped identify the needs (see slide)
- Value to the Community and Additional Values (see slide)
- Kepi Nak-Nak Resource Center –
  - Open house Nov 16 at 6:30 pm introduction
  - Open to community; local funders; service providers welcome
- History of name: board members from church wanted building to be known with roots in community; one board member suggested indigenous names; looked up names; ask Dr. Lewis, professor of anthropology and ethnic studies; want to name food pantry for family resources and he wrote back about tribes in the area, such as the beaver people and duck people; beaver is kepi; duck is nak-nak; Monroe is between the two; so it's Kepi Nak-Nak (beaver/duck) resource center; and they contacted the tribe and they approved.
- In December will convert into commercial kitchen—church is funding it.
- Good deal on flooring; got funding for it.
- Kitchen and dining will be gutted; open space for needs of community.
- Feeding unhoused; seniors; disabled; could be daily meals.
- Still need \$200,000 toward rebuild of pantry; rain comes into walls and roof.
- Would like services available in this building; and expand those services.
- Questions: Catherine: I have worked with Monroe food programs with Gleaners here and not enough words to convey the heart and commitment. So glad we see this--You are a life-saver—thank you!
- Alice: Friend moved here from George and has farm and big heart—I want to connect her with you. Julie will email them.
- Karyle: are you connected with Oregon Food bank and Linn Benton food share—yes.
- Karyle: librarian at heart—will check on funding source and try to connect; really appreciate the work you are doing. Would be a great story for the newspaper. Julie will connect Karyle with Janece.
- Charles: thank you for the amazing work!
- Jan: very touched at work you have done.
- Janece: can I improve on anything to meet needs of HOPE board. George: keep doing what you are doing--with your love and enthusiasm. Continue building resilient families and

communities.

- Briae: thank you – I wish we had these kind of resources. Amazing what you are doing—keep it up.
- Nancy: thanks to Janece with encouragement; Monroe part of Benton county and there is a need; thanks for acknowledging that and doing something about it.
- Allison: impossible without volunteers; stunned by folks who show up at resource center to help and not getting paid; they are there because they understand what it means to support other humans. Meeting people where they are.
- Janece: getting the help we need is sometimes above and beyond what I can do. When covid hit, felt alone when trying to provide; some needed propane to cook with; filled 30 propane jugs; just one example; aloneness to meet the needs of people in harm's way; set of families on property homeless living in camper or tent ; no electricity no running water and no sewer; treacherous; but we give them food boxes; they need help. Instead of shut them down; they need transportation, food, medical, mental health, some city ordinances don't allow for certain things; struggle to get help to help people. Worked with medical teams international—over 7 to 8 years, one young man needed teeth pulled; went to dental vans; he got his false teeth; and he could finally put in his new smile—thank you for bringing the dental van here; he was so happy; collaborative efforts touching lives.
- Julie: want to coordinate more; Janece met the new project coordinator; new ideas of who to connect Janece with; Anita Earl will connect too.
- Catherine: To address needs in rural areas; Lane county mobile food and other resources in rural area—could look at that model. Will send to Janece the info.
- George: some people on HOPE board are elected officials and can make introductions; important; your plate is full and you need more people to help; a number of organizations provide volunteers. Getting more volunteers to help could go a long ways. You are making connections by being here. Julie: OSU extension folks have paid internships hours as well. George: Rural organizing project and Ford Foundation are other resources. Karyle is looking into the foundation funding sources. Julie: We also have a grant writer and can ask for funding sources.
- Julie: Pegge McGuire has invite to team management meetings.
- Julie: Aleita connected with rural organizing project.

#### V. Progress update on the HOPE Recommendations implementation

- Data improvement #1: ROCKit facilitation to improve our coordinated entry system. <https://www.communityrockit.org/>
- Mission: to connect Benton County's most vulnerable individuals to housing opportunities by inspiring participation in an effective coordinated entry process.
- Communications #9:
- Community Progress Update for Fall 2022 coming soon.
- Rural outreach and engagement with city managers in Benton County to invite participation and hear feedback about communication needs and other rural perspectives.
- **Social services task force update:**
- For more information on the Task Force: <https://www.corvallisoregon.gov/bc-sscptf>
- To sign up for updates on this process, go to this page: <https://www.corvallisoregon.gov/stay-connected>



- Check the box for “Social Services Council Policy Task Force”
- Then put their email in towards the bottom.
- Due to lack of time, a written update of the City of Corvallis Social Services Task Force was forwarded to the full HOPE Board.

**VI. Next Steps.**

- Upcoming HOPE Meetings: Date changes for Nov and Dec.
- November 9<sup>th</sup> 4-6pm – Justice System Improvement Project is the educational topic and will have an engagement component with feedback from the Board.
- December 14<sup>th</sup> 4-6pm
- HOPE Implementation team working on:
- HB 4123 Pilot, structure, and roles for a coordinated response to homelessness solutions. Rural outreach and engagement.
- Improving data by working toward coordinated entry with provider input. Facilitated by ROCKit to create action items to move forward implementation.

**VII. Meeting was Adjourned at 6 pm.**

**Benton County & City of Corvallis  
Home, Opportunity, Planning, & Equity (HOPE) Advisory Board**



Julie Arena, HOPE Program Coordinator  
Benton County Health Department  
Email: Julie.Arena@co.benton.or.us  
Phone: 541-766-0252

**HOPE Meeting Agenda  
November 9, 2022 from 4-6 PM**  
Meeting location: virtual or phone

**Join on your computer or mobile app:** [Click here to join the meeting](#)

Meeting ID: 286 479 023 593    Passcode: 7QXFdu

**Or call in (audio only)** [+1 412-664-5196,,698575650#](#)

Phone Conference ID: 698 575 650#

**AGENDA**

- I. Welcome & Overview of Agenda.....4:00pm
- II. Public Comment\* (up to 10 minutes) .....4:00pm
- III. Roll call and approve October 2022 meeting minutes .....4:10pm
- IV. Educational Component and Community Engagement.....4:15pm  
Justice System Improvement Project (JSIP): what are the components, why do we need them,  
and how do the HOPE Recommendations relate?  
Guest Speakers:
  - Benton County Commissioner Xan Augerot
  - Benton County Sheriff Jef Van Arsdall
  - Damien Sands, Benton County Behavioral Health Director
  - Nick Kurth, JSIP Project Manager
- V. Community Progress Updates .....5:20pm
- VI. Next Steps and upcoming meeting dates.....5:55pm

\*Public Comment: to make a public comment, please put your name in the virtual chat window or “raise your hand” in the virtual meeting when you arrive. List your name and the topic of your comment in the chat. Comments are made in the order that people “raise their hand” or submit a chat. For people calling in from a phone line, there will be an opportunity for comment for people on the phone.



# HOPE Advisory Board

November 2022 Public Meeting

Meeting facilitated by HOPE Coordinator, Julie Arena

11/9/22



# Virtual Meeting Housekeeping

- Please mute your microphone until it is your turn to share.
- All attendees can unmute themselves and choose to be seen visually by clicking “Mic” or “Camera” at the top right of the screen.
- **Public comment:**
  - Type your name into the “Chat” area, say you want to make a public comment, and on what topic.
    - Example: “Julie – public comment – crisis response.”
  - For those on the phone, there will be an opportunity to comment, too.
- **Questions during the meeting:**
  - Type into the “Chat” area and send it to host, Julie Arena.

# Meeting Agenda

- I. Welcome, Meeting Housekeeping, Overview of Agenda.....4:00pm
- II. Public Comment (up to 10 minutes) .....4:00pm
- III. Roll call and approve October 2022 meeting minutes .....4:10pm
- IV. Educational Component and Community Engagement.....4:15pm
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    - Benton County Commissioner Xan Augerot
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    - Damien Sands, Benton County Behavioral Health Director
    - Nick Kurth, JSIP Project Manager
- VI. Community Progress Updates .....5:20pm
- VII. Next Steps and upcoming meeting dates.....5:55pm



# Agreements for our culture + conduct:

Fun

Inclusive ✓✓

Humor

Food ✓

Action/roll up sleeves

Change the face of Homelessness

Honesty

Respect ✓

Consensus

Think before you speak

Courtesy ✓

Transparency

Recognize personal bias

Kindness ✓

Time management

Concise communication

Open minded ✓

Opinions matter

Data driven

Do your homework!

Patience

Authentic

Valuing personal experience

Dedication/work ethic  
Honor the expectations of  
the work

# Public Comment

10 minutes

- Comment limited to 2-3 minutes based on number of people wanting to comment
- Type into the “Chat” and say you want to make a public comment and on what topic.
- For those on the phone, I will ask if there are any public comments from callers.
- Can also submit written comments to the Board via email to [Julie.Arena@co.Benton.or.us](mailto:Julie.Arena@co.Benton.or.us)

# Logistics: Vote to approve October 2022 minutes, roll call

Catherine Biscoe

Karyle Butcher

Alice Carter

Ricardo Contreras

Bryan Cotter

Cade DeLoach

Anita Earl

Joel Goodwin

George Grosch\* (Co-chair)

Ari Grossman-Naples

Barbara Hanley

Melissa Isavoran

Briae Lewis\* (Co-chair)

Cindee Lolik\* (Business Community)

Charles Maughan\* (Mayor's designee)

Pegge McGuire\* (CSC Director)

Andrea Myhre

Jan Napack\* (Corvallis City Councilor)

Chanale Propst

Nancy Wyse\* (County Commissioner)

\*Executive Committee Members



# Educational Component and Community Engagement:

## Justice System Improvements

### Justice System Improvement Project (JSIP):

- What are the components?
- Why do we need them?
- How do the HOPE Recommendations relate?

### Guest Speakers:

Benton County Commissioner Xan Augerot

Benton County Sheriff Jef Van Arsdall

Damien Sands, Benton County Behavioral Health  
Director

Nick Kurth, JSIP Project Manager



Community  
Progress  
Update:  
Summer and Fall 2022

Created by  
Kailee Olson  
Communications  
Coordinator  
Benton County Health  
Department

<https://www.co.benton.or.us/health/page/hope-recommendations-community-progress>

[Subscribe to the HOPE News & Updates email list here:](#)

<https://www.co.benton.or.us/health/page/housing-and-homelessness>



# Coordinated Homeless Response Efforts

- Data improvement #1: ROCKit facilitation to improve our coordinated entry system.  
<https://www.communityrockit.org/>
  - Mission: to connect Benton County's most vulnerable individuals to housing opportunities by inspiring participation in an effective coordinated entry process.
- Communications #9:
  - Rural outreach and engagement with city managers in Benton County to invite participation and hear feedback about communication needs and other rural perspectives.



# Next steps...

## Upcoming HOPE Meeting: Date change

### December 14<sup>th</sup> 4-6pm:

- Legislative update from November election and 2023 legislative priorities on housing.
- Board member feedback on HOPE priorities for 2023-2024.

## HOPE Implementation team working on:

- Improving data by working toward coordinated entry with provider input. Facilitated by ROCKit to create action items to move forward implementation.
- HB 4123 Pilot, structure, and roles for a coordinated response to homelessness solutions. Rural outreach and engagement.





**Benton  
County**



# Building Better Outcomes Justice System Improvement Program

November 9, 2022



[www.bentoncountyjustice.org](http://www.bentoncountyjustice.org)



# Agenda

**I. Our Community Mental Health Needs**

**II. Our Vision for Better Outcomes**

**III. Discussion and Q&A**

# Vision

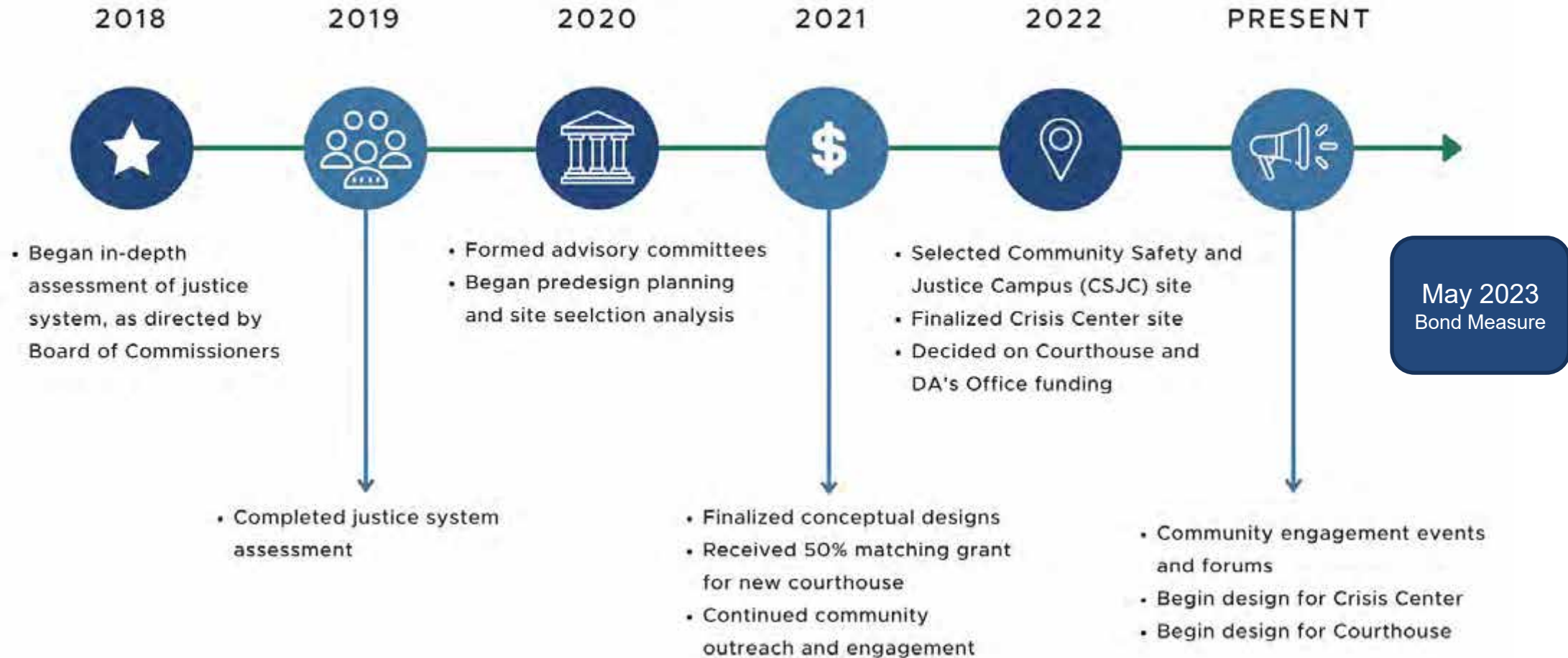
Balance **treatment** and **accountability** to transform lives, ensure safety, and strengthen the community.

# Goal

Build an **equitable, effective, and safe** justice system for all Benton County residents.



# Key Milestones



# Critical Mental Health Needs

People experiencing addictions and mental illness **struggle to find help**

People with **intellectual and developmental disabilities (I/DD)** are often overlooked in the justice system

**1976 jail is inadequate:** outdated facility lacks capacity for our population or therapeutic areas for treatment and programs

**“Individuals in the community at risk for behavior that may result in their entry into the justice system include persons with mental illness, substance abuse issues, and people who are homeless. Investment in community programs that will provide services to at-risk individuals will address their needs and reduce the probability of justice system involvement.”**

**Source: 2019 Benton County Criminal Justice Assessment**

## **Programs/services funded through the local option levy approved by voters in May 2021**

- **Enhanced Crisis Response (CORE)**
- **Crisis Center Operations**
- **Expanded pre-trial services**
- **Crisis Response Intervention Training (CRIT)**
- **Training for response to individuals with intellectual and developmental disabilities (I/DD)**

## **Proposed new or expanded facilities in consideration for a bond measure to be put before voters in May 2023**

- **New Correctional Facility with areas for programs and support needed for adults in custody to rehabilitate and successfully re-enter our community, reducing recidivism**
- **Sheriff's Office and Emergency Operations Center co-located on the Community Safety & Justice Campus**
- **Expanded mental health and homeless services facilities**

# Mental Health Crisis Resources



# Crisis Center

- A treatment-centered facility providing stabilization for youth and adults experiencing a mental health crisis.
- The Crisis Center may be an alternative to the emergency room or serve as a resource on calls to law enforcement that involve a mental health concern.
- The design process includes architects who are working with a community-based design committee including Health Department staff and stakeholder partner organizations.





1 in 5 adults  
experience  
mental illness  
each year

<https://www.nami.org/get-involved/awareness-events/mental-illness-awareness-week>

# Current jail facility limitations

- Mental health treatment and rehabilitative programs are constrained by the old facility
- A larger, modern space would have areas for private, therapeutic support





# New correctional facility: what and why

- Lack of space in current facility limits our ability to provide programs.
- Treatment helps address underlying needs.
- Outcomes are improved when we keep adults in custody in Benton County, near their system of support.

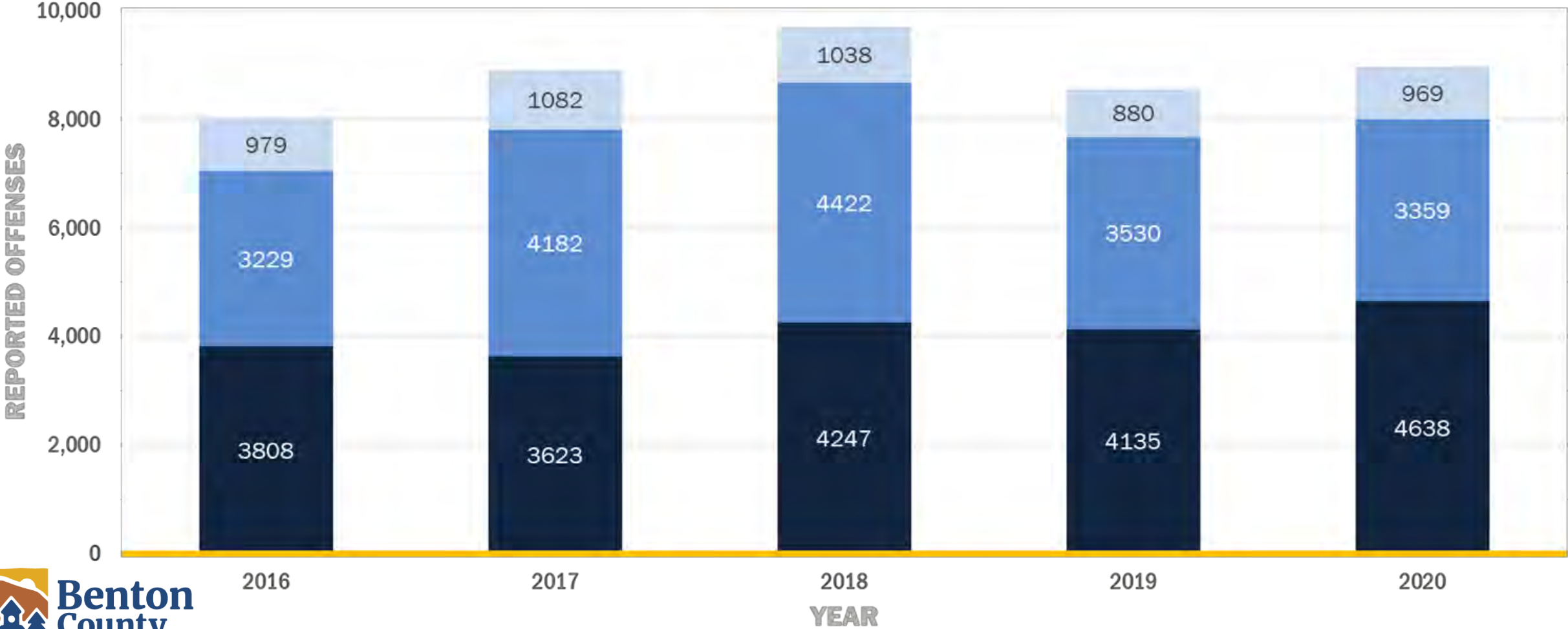


# 31%

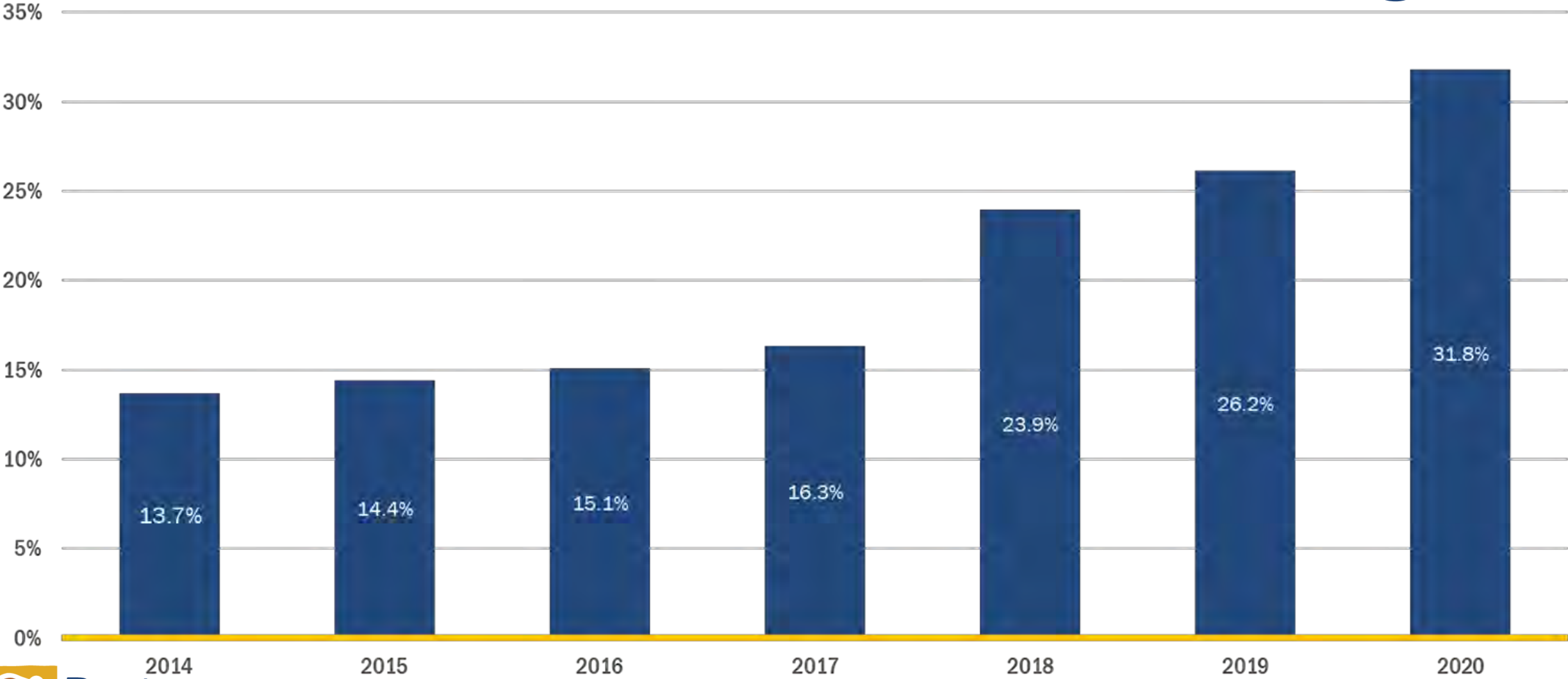
adults in custody  
need *mental health*  
treatment

# Reported offenses by category

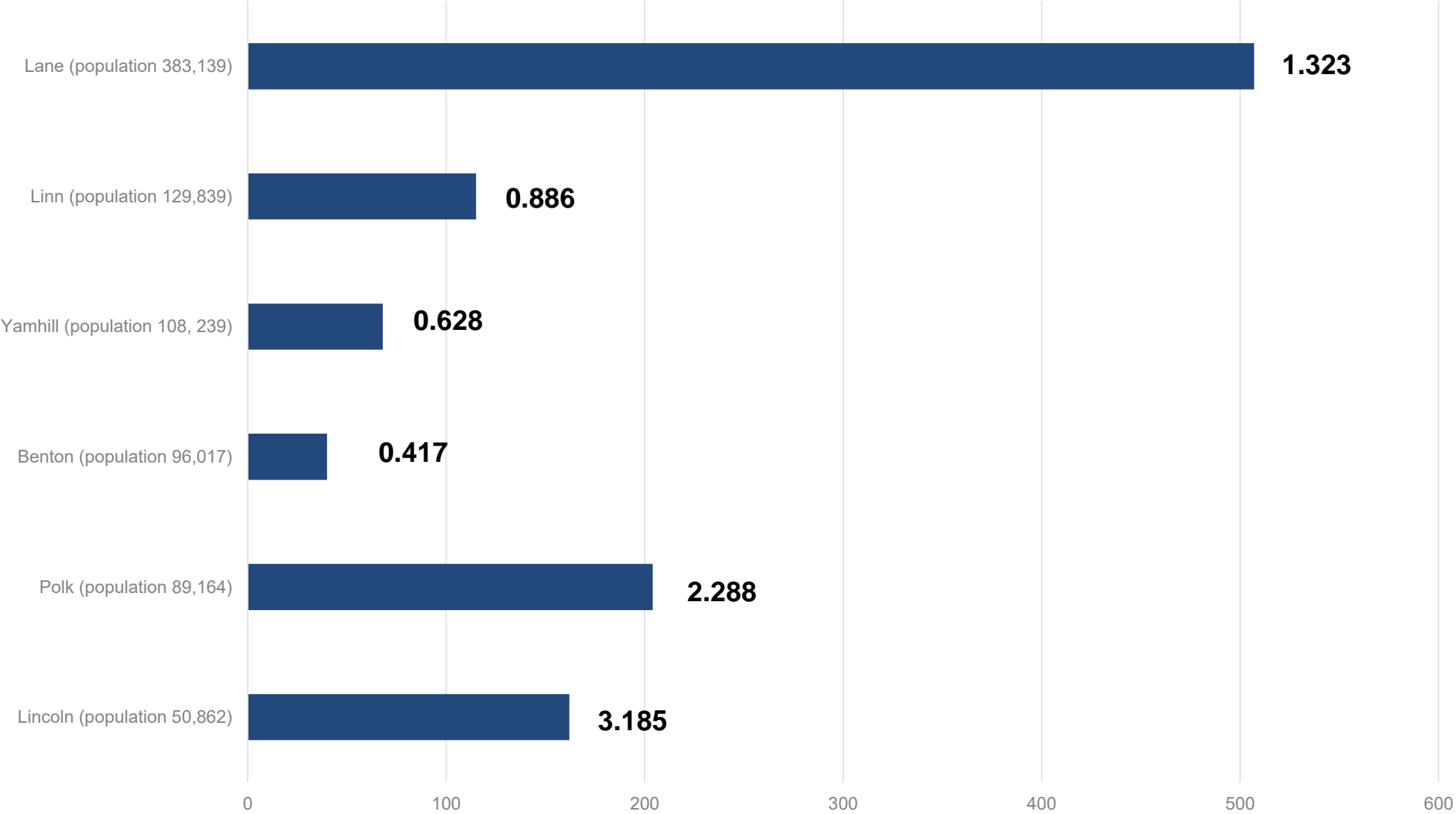
■ Property ■ Societal ■ Persons



# Failure to appear in court rates rising



# County jail capacity per 1,000 comparison





**Due to inadequate jail space,  
50% of adults in custody are sent to  
correctional facilities in other counties.**

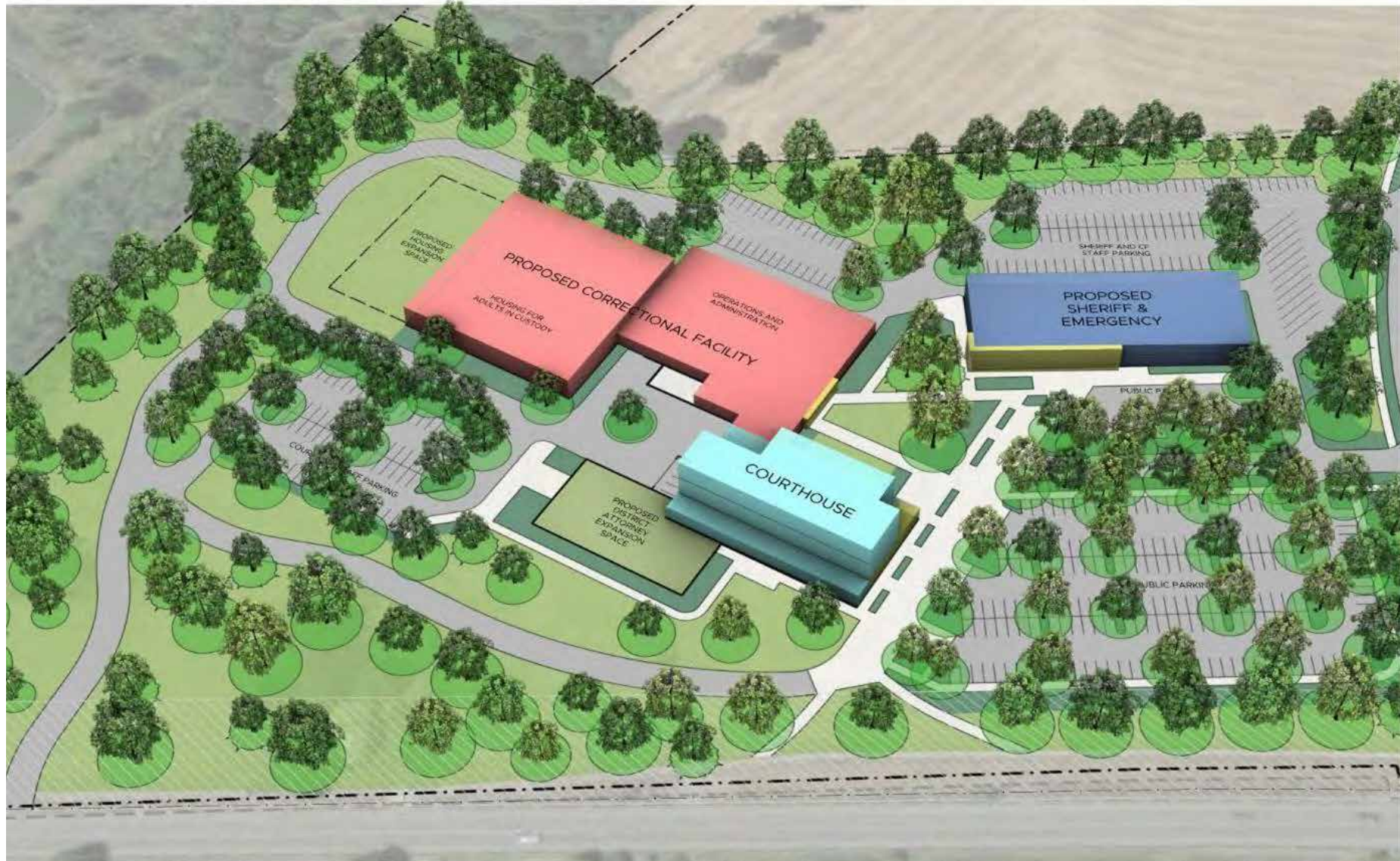
This makes it **difficult for families to visit**  
and participate in rehabilitation.

Benton County sends approximately  
**\$1.5 million per year in local tax dollars away**  
from our community.

Note: Adults in custody must return to Benton County for release. The Dalles is a 2.5 hour drive from Corvallis.

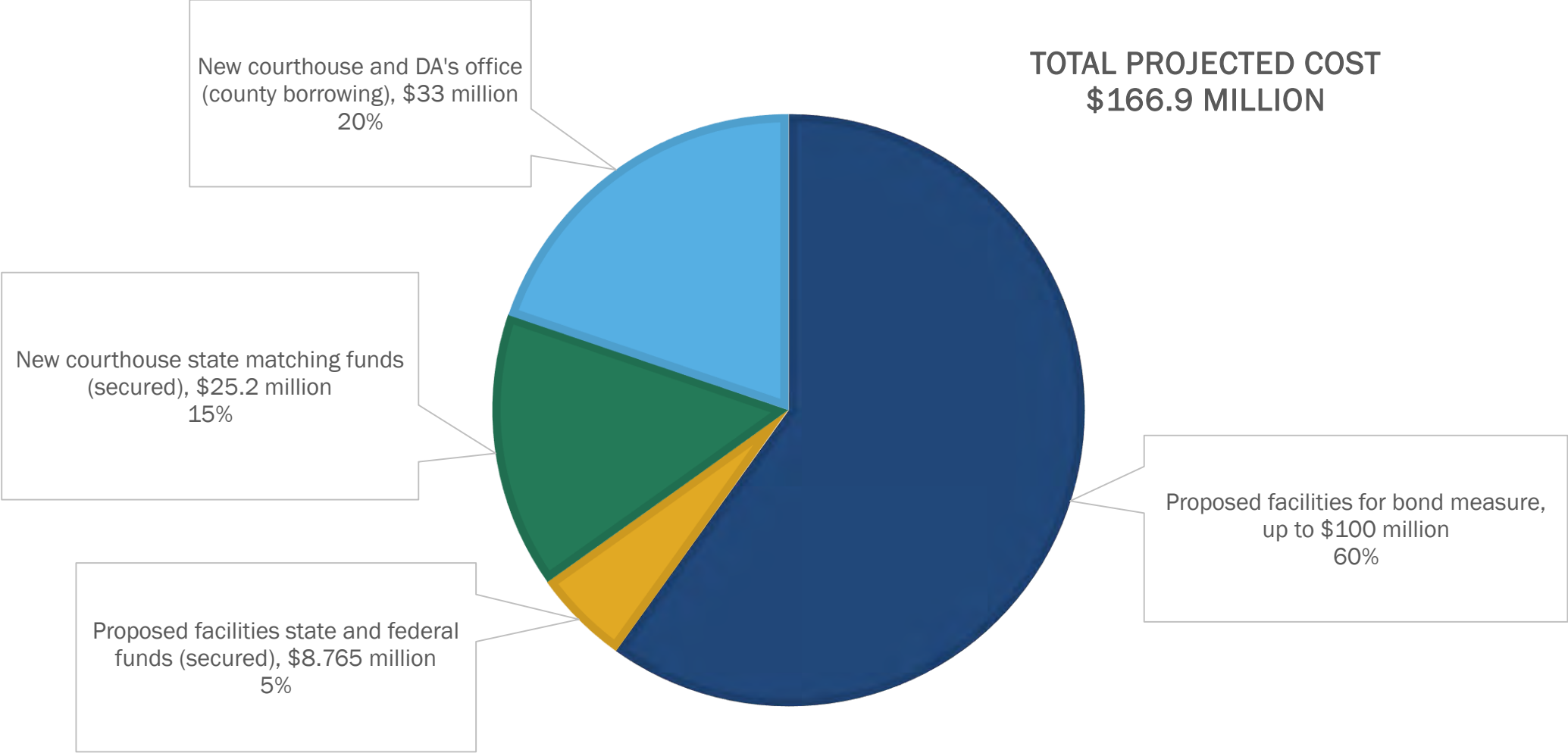
Nationally,  
**64.2%**  
of all people in jails  
have *mental health*  
problems

# Community Safety & Justice Campus





# Projected JSIP facilities costs



# Evaluating additional project funding

## Criteria for inclusion in bond measure

- Build upon existing service providers and support further collaboration
- Minimize risks associated with site selection
- Modest relative investment
- Demonstrable public process – not starting from square one. This includes HOPE Advisory Board recommendations previously accepted by Board of Commissioners and/or projects with record of public involvement

# Discussion/Q & A



At your service,  
*every day.*



/BentonCoGov



@BentonCoGov



@BentonCoGov



/BentonCountyGov



Benton County



**Home, Opportunity, Planning, and Equity (HOPE)  
Advisory Board Meeting  
Approved Minutes  
November 9, 2022 from 4 pm to 6 pm  
ZOOM Meeting**



---

**Members Present:** Catherine Biscoe; Karyle Butcher; Alice Carter; Ricardo Contreras; Cade DeLoach; Anita Earl; Joel Goodwin; George Grosch\* (co-Chair); Ari Grossman-Naples; Barbara Hanley; Melissa Isavoran; Briae Lewis\* (Co-Chair); Cindee Lolik\* (Business Associate); Charles Maughan\* (Mayor’s designee); Pegge McGuire\* (CSC Director); Andrea Myhre; Jan Napack\* (Corvallis City Council); Chanale Propst; Nancy Wyse\* (Chair of Board of Commissioners).

**Excused:**

**Absent:** Bryan Cotter

**Staff Present:** Julie Arena (Benton County Health, HOPE Program Coordinator); Paula Felipe (Benton County Public Health, recorder).

**Guests:**

\*Executive Committee Members.

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- I. **Welcome and Introductions.** Reminder of agreements for our culture and conduct.
  - II. **Public Comments (limited to 2-3 minutes).** No Comments.
  - III. **Approval of Minutes: MOTION** made by Karyle Butcher to approve the October Minutes; **Seconded** by Briae Lewis; All in favor; **MOTION** passed. Abstained due to not being in attendance at the October meeting: Alice Carter; Caden DeLoach; Melissa Isavoran; Pegge McGuire; Andrea Myhre; Chanale Propst.
  - IV. **Educational Component and Community Engagement:** Justice System Improvement Project (JSIP). Guest Speakers: Benton County Commissioner Xan Augerot; Benton County Sheriff Jef Van Arsdall; Damien Sands, Benton County Behavioral Health Director; Nick Kurth, JSIP Project Manager; and Brenda Downum, JSIP Communications Coordinator. See: [www.bentoncountyjustice.org](http://www.bentoncountyjustice.org)
- **Commissioner Augerot opened with a powerpoint presentation on “Building Better Outcomes: Justice System Improvement Program” and highlights follow:**
- Began an in-depth assessment of Justice System, as directed by the Board of Commissioners, in 2018, which was completed in 2019.
  - Improve safety and crisis resources
  - Many community meetings took place and created Vision and Goal:
  - Vision: Balance treatment and accountability to transform lives, ensure safety, and strengthen the community.
  - Goal: Build an equitable, effective, and safe justice system for all Benton County residents.
  - Outcomes to improve community safety and well-being of those encountering the legal

system

- Xan has been involved since she was first elected. (See PowerPoint slide for “Key Milestones” timeline.)
- Mental Health, housing, homelessness, community safety were among hot topics covered
- Continued work even after Covid hit.
- Focused on site selection
- Finalized conceptual design and revitalized community advisory committees
- Want your feedback moving forward.
- Focus on Critical Mental Health Needs
- “Individuals in the community at risk for behavior that may result in their entry into the justice system include persons with mental illness, substance abuse issues, and people who are homeless. Investment in community programs that will provide services to at-risk individuals will address their needs and reduce the probability of justice system involvement.” –2019 Benton County Criminal Justice Assessment
- **Proposed new facilities for a bond measure in May 2023, include:**
  - New Correctional Facility with areas for programs and support needed for adults in custody to rehabilitate and successfully re-enter our community, reducing recidivism.
  - Sheriff’s Office and Emergency Operations Center co-located on the Community Safety & Justice Campus.
  - Expanded mental health and homeless services facilities.
- **Programs funded through local option levy approved by voters in May 2021:**
  - Enhanced Crisis Response
  - Crisis Center Operations
  - Expanded pre-trial services
  - Crisis Response Intervention Training
  - Training for response to individuals with intellectual and developmental disabilities
- Mental Health Crisis Resources:
  - County Crisis Team; 988 Crisis Line
  - Crisis, Outreach, Response, and Engage (CORE); County/CPD partnership
  - Oregon State Hospital.
  - New Crisis Center
  - New Correctional Facility with therapeutic spaces

➤ **Damien Sands:**

- Crisis center in Corvallis (4<sup>th</sup> and Van Buren): A treatment-centered facility providing stabilization for youth and adults experiencing a mental health crisis
- The Crisis Center may be an alternative to the emergency room or serve as a resource on calls to law enforcement that involve a mental health concern.
- The design process includes architects who are working with a community-based design committee including Health Department staff and stakeholder partner organizations.
- 1 in 5 adults experience mental illness each year
- Current jail facility limitations: mental health treatment and rehabilitative programs are constrained by the old facility.
- A larger, modern space would have areas for private, therapeutic support.

➤ **Sheriff Jef Van Arsdall**

- Built in 1976, the jail is inadequate to meet the needs of the population—no capacity for therapeutic or treatment programs
- Programs/services Proposed in new Project.
- Public health levy early (see slide on bond measure)
- Sheriff: will refer to “adults in custody” (AICs)-- not called inmates any more.
- Only 40 beds now; jail too small; see video for more info.
- Reach out to Sheriff if want tour the facility
- Want to provide treatment to AICs; it was designed to hold AICs temporarily.
- 2019 Assessment: 31 percent of AICs in custody need mental health treatment
- In 2021: Out of 782 total bookings for year; 127 AICs visited a psychiatrist; 127 AICs visited Benton County Health Department. 31 percent of AICs needed treatment.
- About 1/3 budget spending on pharmaceutical drugs to help with mental health and addiction.
- Current Medical facility is extremely inadequate. Only 1 bathroom for all (including guests and employees).
- In 2022, crime highest priority issue
- High failure to appear rate due to small facility; up to 132 percent since 2014.
- National average 5 percent; we are at 32 percent.
- Common use of citation and release; lack of accountability.
- Jail capacity for neighboring counties (per 1000): Lane: 1.323; Linn: 0.886; Yamhill: 0.628; Benton: 0.417; Polk: 2.288; and Lincoln 3.185.
- Compares Benton County with others, similar populations except Lane County.
- Benton County Jail is terribly small; rent jail beds in correctional facility in The Dalles (Northern Oregon Corrections in Wasco County) and send to Polk and Linn County Corrections.
- Due to inadequate jail space, 50 percent of adults in custody are sent to correctional facilities in other counties. Makes it difficult for families to visit and participate in rehab programs.
- Benton County sends about \$1.5 million per year in local tax dollars away from our community.
- Have responsibility to take care of Benton County residents.
- Facility with 40 people; easily overwhelmed with only 4 holding cells.
- At operational capacity last seven days.
- Nationally, 64.2 percent of all people in jails have mental health problems.
- Continuum of resources: Mental Health Crisis Resources
  
- **Xan Augerot:**
- Projected JSIP facilities costs:
- Total cost: \$167 million.
- New courthouse and DA office: funded by county borrowing
- And thru state courthouse matching funds
- Proposed bond measure for \$100 million
- Homelessness topic issue; include some in bond measure as well
- 12 HOPE recommendations are part of what we do

- Will make final decision in Jan 2023
- Excited about our vision
- Evaluating additional project funding

➤ **Discussion / Q & A:**

- The location of the Justice Center is off Highway 20 near HP site. A one stop shop with plans for the Sheriff's Office; Courthouse; and District Attorney's Office with room to expand the site.
- Cade: community engagement plans? Past and future events.
- Xan: Mental health and community safety at Linus Pauling school; hybrid format;
- Doing a lot of virtual meetings; presented to community groups; reach out to Nick or Brenda to schedule a presentation.
- Will do more presentations in future:
- Brenda: almost 10 presentations completed.
- Tomorrow will present at NAACP membership meeting
- JCIP website [www.Bentoncountyjustice.org](http://www.Bentoncountyjustice.org) (one stop shop for info)
- A lot of historical context too on website.

**V. Community Progress Update: Summer and Fall 2022 (Created by Kailee Olson, Communications Coordinator, Benton County Health Department):**

<https://www.co.benton.or.us/health/page/hope-recommendations-community-progress>

[Subscribe to the HOPE News & Updates email list here:](#)

<https://www.co.benton.or.us/health/page/housing-and-homelessness>

- Kailee Olson, Communications Coordinator, is a dedicated professional doing a great job.
- HOPE News & Updates (see links above).
- Kailee reach out to community partners to update progress report.
- Barbara; add to hope community engagement webpage as well.
- Main HOPE webpage: [Subscribe to the HOPE News & Updates email list link](#)
- Barbara: costs of homelessness: looking at data; working with Oregon policy analysis lab (Mark Edwards); act as third party to receive info from agencies to integrate. Give more data driven info to make decisions. To understand needs from a healthcare perspective; so make targeted investments; not just healthcare investment side.
- Karyle: social costs to not having people in safe place

**VI. Coordinated Homeless Response Efforts**

- Data improvement #1: ROCKit facilitation to improve our coordinated entry system.  
<https://www.communityrockit.org/>
- Mission: to connect Benton County's most vulnerable individuals to housing opportunities by inspiring participation in an effective coordinated entry process.
- Communications #9:
- Rural outreach and engagement with city managers in Benton County to invite participation and hear feedback about communication needs and other rural perspectives.

**VII. Next Steps.**

- Upcoming HOPE Meeting: Date change



- December 14<sup>th</sup> 4-6pm:
- Legislative update from November election and 2023 legislative priorities on housing.
- Board member feedback on HOPE priorities for 2023-2024.
- HOPE Implementation team working on:
  - Improving data by working toward coordinated entry with provider input. Facilitated by ROCKit to create action items to move forward implementation.
  - HB 4123 Pilot, structure, and roles for a coordinated response to homelessness solutions. Rural outreach and engagement.

**VIII. Meeting was Adjourned at 6 pm.**

Benton County & City of Corvallis  
Home, Opportunity, Planning, & Equity (HOPE) Advisory Board



Julie Arena, HOPE Program Coordinator  
Benton County Health Department  
Email: Julie.Arena@co.benton.or.us  
Phone: 541-766-0252

**HOPE Meeting Agenda**  
**December 14, 2022 from 4-6 PM**  
Meeting location: virtual or phone

Join on your computer or mobile app: [Click here to join the meeting](#)

Meeting ID: 286 479 023 593 Passcode: 7QXFdu

Or call in (audio only) [+1 412-664-5196,698575650#](#)

Phone Conference ID: 698 575 650#

**AGENDA**

- I. Welcome & Overview of Agenda.....4:00pm
- II. Public Comment\* (up to 10 minutes) .....4:00pm
- III. Roll call and approve November 2022 meeting minutes .....4:10pm
- IV. Educational Component and Community Engagement.....4:15pm  
Legislative Update – highlights from the November 2022 election and upcoming legislative priorities for 2023.  
Guest Speaker: Justen Rainey, Director of Government Affairs at the Public Affairs Counsel
- V. Community Progress Updates .....5:00pm
- VI. HOPE Board Members 2021 Highlights.....5:10pm
- VII. Next Steps .....5:55pm

\*Public Comment: to make a public comment, please put your name in the virtual chat window or “raise your hand” in the virtual meeting when you arrive. List your name and the topic of your comment in the chat. Comments are made in the order that people “raise their hand” or submit a chat. For people calling in from a phone line, there will be an opportunity for comment for people on the phone.



# HOPE Advisory Board

December 2022 Public Meeting

Meeting facilitated by HOPE Coordinator, Julie Arena

12/14/22



# Virtual Meeting Housekeeping

- Please mute your microphone until it is your turn to share.
- All attendees can unmute themselves and choose to be seen visually by clicking “Mic” or “Camera” at the top right of the screen.
- **Public comment:**
  - Type your name into the “Chat” area, say you want to make a public comment, and on what topic.
    - Example: “Julie – public comment – crisis response.”
  - For those on the phone, there will be an opportunity to comment, too.
- **Questions during the meeting:**
  - Type into the “Chat” area and send it to host, Julie Arena.

# Meeting Agenda

- I. Welcome, Meeting Housekeeping, Overview of Agenda.....4:00pm
- II. Public Comment (up to 10 minutes) .....4:00pm
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Guest Speaker:  
Justen Rainey, Director of Government Affairs at the Public Affairs Counsel
- VI. Community Progress Updates .....5:00pm
- VII.HOPE Board Members 2021 Highlights.....5:10pm
- VIII.Next Steps and upcoming meeting dates.....5:55pm



# Agreements for our culture + conduct:

Fun

Inclusive ✓✓

Humor

Food ✓

Action/roll up sleeves

Change the face of Homelessness

honesty

Respect ✓

Consensus

Think before you speak

Courtesy ✓

transparency

Recognize personal bias

Kindness ✓

time management

Concise communication

Open minded ✓

opinions matter

data driven

Do your homework!

patient

authentic

Valuing personal experience

dedication/work ethic  
honor the expectations of  
the work

# Public Comment

10 minutes

- Comment limited to 2-3 minutes based on number of people wanting to comment
- Type into the “Chat” and say you want to make a public comment and on what topic.
- For those on the phone, I will ask if there are any public comments from callers.
- Can also submit written comments to the Board via email to [Julie.Arena@co.Benton.or.us](mailto:Julie.Arena@co.Benton.or.us)

# Logistics: Vote to approve November 2022 minutes, roll call

Catherine Biscoe

Karyle Butcher

Alice Carter

Ricardo Contreras

Bryan Cotter

Cade DeLoach

Anita Earl

Joel Goodwin

Ari Grossman-Naples

Barbara Hanley

Melissa Isavoran

Briae Lewis\* (Co-chair)

Cindee Lolik\* (Business Community)

Charles Maughan\* (Mayor's designee)

Pegge McGuire\* (CSC Director)

Andrea Myhre

Jan Napack\* (Corvallis City Councilor)

Chanale Propst

Nancy Wyse\* (County Commissioner)

\*Executive Committee Members



Educational Component  
and Community  
Engagement:

**Legislative Update:**

- Highlights from the November 2022 election
- Upcoming legislative priorities for 2023

**Guest Speaker:**

**Justen Rainey**

**Director of Government Affairs  
at the Public Affairs Counsel**



# Updates:

- George Grosche stepping down from HOPE to focus on retirement and family.
- City social services task force – Charles

# Coordinated Homeless Response Efforts

- Data improvement #1: ROCKit facilitation to improve our coordinated entry system.  
<https://www.communityrockit.org/>
  - Mission: to connect Benton County's most vulnerable individuals to housing opportunities by inspiring participation in an effective coordinated entry process.
- \*Finished the ROCKit process with action items for 2023.\*
- Communications #9:
  - Rural outreach and engagement with city managers in Benton County to invite participation and hear feedback about communication needs and other rural perspectives.



Community  
Progress  
Update:  
Summer and Fall 2022

Created by  
Kailee Olson  
Communications  
Coordinator  
Benton County Health  
Department

<https://www.co.benton.or.us/health/page/hope-recommendations-community-progress>

[Subscribe to the HOPE News & Updates email list here:](#)

<https://www.co.benton.or.us/health/page/housing-and-homelessness>



# HOPE Board Members:

- Why are you here and working on this topic?
- What super power do you bring to this work?
- What was a highlight for you from 2021 that aligns with the HOPE recommendations or progress on housing or homelessness solutions?

# Next steps...

## Upcoming HOPE Meeting: January 25, 2023

- Elect a new Co-Chair
- City and County staff will attend to discuss the HOPE Board's role in the strategic planning process in 2023 for HB 4123.

## Coordinated Response Team working on:

- HB 4123 Pilot, structure, and roles for a coordinated response to homelessness solutions. Rural outreach and engagement.
- Improving coordinated entry by implementing ROCKit action items for coordinated entry training and case conferencing.
- Coordinating and supporting community partner projects



**Benton  
County**





**Home, Opportunity, Planning, and Equity (HOPE)  
Advisory Board Meeting  
Approved Minutes  
December 14 from 4 pm to 6 pm  
Virtual Meeting**



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**Members Present:** Catherine Biscoe; Karyle Butcher; Alice Carter; Ricardo Contreras; Bryan Cotter; Cade DeLoach; Anita Earl; Joel Goodwin; Ari Grossman-Naples; Barbara Hanley; Melissa Isavoran; Briae Lewis\* (Co-Chair); Charles Maughan\* (Corvallis City Council); Pegge McGuire\* (CSC Director); Andrea Myhre; Jan Napack\* (Corvallis City Council); Chanale Propst; Nancy Wyse\* (Chair of Board of Commissioners).

**Excused:** Cindee Lolik\*(Business Associate)

**Absent:**

**Staff Present:** Julie Arena (Benton County Health, HOPE Program Coordinator); Paula Felipe (Benton County Public Health, recorder)

**Guests:**

\*Executive Committee Members.

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- I. **Welcome and Introductions.** Reminder of culture of agreements, such as kindness, inclusivity, and respect.
- II. **Public Comments (limited to 2-3 minutes).** Peggy Lynch: Wearing League of Women Voter’s hat this morning and member of Housing Alliance. We are working hard to do what we can to make sure OHCS, the Housing Department of the State is funded. Addressing infrastructure needs. We have land in Corvallis area and need money to do infrastructure to have buildable lots—these are among our priorities.
- III. **Approval of Minutes: MOTION** made by Charles Maughan to approve the November 2022 Minutes; **Seconded** by Karyle Butcher; All in favor; **MOTION** passed. Abstained from vote: Joel Goodwin; Andrea Myhre; Jan Napack.
- IV. **Educational Component: Justen Rainey, Director of Government Affairs at the Public Affairs Counsel—to provide briefing on election results and upcoming legislative priorities that may affect state policies on homelessness or housing.**
  - Justen Rainey lobbies for a contract firm in Salem: Public Affairs Council on behalf of Oregon Housing Alliance.
  - Early history: he spent 8 years in congressional office; worked in field office and back in DC; then he came back home to Oregon (2008-2012). He worked as Legislative director; Emily Wilson was his counterpart as legislative director and he has known her for over 10 years now and has tremendous amount of respect for her. Lots of members participate in housing alliance process, such as Peggy Lynch, who have ideas and expertise. Justen works to develop different strategies with legislators to accomplish priorities of Housing Alliance.
  - Elections in November 2022: Red wave did not materialize; small gains in Republicans in House and Senate; Democrats held the Governor’s office.
  - What is the political landscape?



1) new tax increases will be difficult to come by; unless can get Republicans to support it in both state House and Senate; will need to operate under existing sources of revenue;  
2) Governor's Office: was closer race; all three candidates credible; debates good and interesting; for housing issues it was significant win. Kotek is already talking with city of Portland and touring with a housing and public safety focus.

- Senate Bill 608—renters were not evicted nor owners foreclosed on. Historic funding on housing programs—Speaker Kotek's leadership will carry into office as governor.

3) Legislature: House and Senate will be trickier. Waiting for committee schedule to come out. Will know who is on housing committee. House leadership team consistent; budget writing committee; short session already under their belt; working well together.

- House Speaker Dan Rayfield wants to be more inclusive and more bipartisan; think he will move bills forward and work with Republicans on key issues; shows willingness to work on housing issues.
- Rep. Fahey has tremendous depth of knowledge on housing issues and key stakeholders. Her office sent out press releases about White House meeting on affordable housing issues.
- Senate has a fight for leadership; Rob Wagner has top spot as President; Kate Lieber is Senate majority leader. Senate as a whole slightly more progressive; especially on housing issues. Lost rent stabilization bill initially, but able to push it through. I don't think Senate will change that much.
- Expect to see more alignment on housing issues; sheer number of new legislators—close to half of them have not participated in full session.
- Watching: 1) House: moderate group of legislators like a caucus—don't see them making a big difference—been around 3-4 years; not strong history of blocking legislation; should be pretty successful in the House getting policy bills through; 2) Senate: more challenging to navigate—we will be watching and working closer; feel confident we will be able to move forward.
- Housing Alliance still finalizing 2023 agenda.
- Policy front: Housing staff Taylor Smiley Wolfe, Director of Policy and Planning involved in agenda setting process on housing and homelessness issues; she worked with Kotek in the House.
- Continue focus on housing stability to keep renters in their home.
- Senate bill 608—didn't expect inflation so high.
- Concern about affordable housing units—key provision on policy side.
- Agency budget – interesting to see how Governor transitions them. Largest budget \$775 million—more than double than before—key focus on budget and make sure housing is funded:
  - Talking about joint ways and means committee to focus on budget and housing
  - LIFT program investments—preservation dollars for affordable housing units
  - Money for land acquisition and home ownership
  - Optimistic it will be a good year.
  - Focus on how to help renters; minimum wage workers need 1.7 jobs
  - Less likely to graduate with housing insecurity; housing impacts everything
  - Oregon 5<sup>th</sup> in nation for per capita people facing homelessness
  - 40 percent of state households are renters; critical to make stability
- With new Governor, huge emphasis on housing

- Encourage folks to participate with housing alliance.

### **Discussion:**

- Pegge McGuire: will new Governor keep agency heads? Justen Rainey: not really—new OHA person named; see some turnover; don't know where housing fits into that.
- Melissa Isavoran: Governor Kotek announced James Schroeder as Interim Director of Oregon Health Authority following his work as CEO of Health Share of Oregon, the Portland metropolitan area's primary coordinated care organization, which oversees the implementation of Medicaid benefits for over 426,000. Worked with our IHN-CCO. Health Share has benefit package for housing supports, hope to see good come out of that. Difficult with so many competing priorities; commend you as advocates and lobbyists for housing. Disparate funding streams that push into housing and other social determinants; challenge how to implement policies; how to operationalize when trying to get money into communities; hard to apply for grants; Medicaid focusing on lots of issues; being cognizant how legislation will get implemented and getting into social determinants of health. How to sustain that; how to collaborate.
  - Justen: not one source of consistent funding; when first starting lobbying for bonds—go directly to developer to build affordable housing; now used with tax credits; part of package. I think 1/3 of cost is lawyers and bank fees figuring out how to do it. It is a challenge. Bring forward ideas on how to reduce and make less complex. How to make funding stream to build new homes.
  - Melissa: how to step outside of our boxes; strategically deploy funding in our state.
  - Justen: Governor is doing 36 county listening sessions. Pegge gave them Melissa's name as part of session.
- Karyle Butcher: thank you for informative presentation. We don't have enough housing for Corvallis; do you include workforce housing?
  - Justen: more focus on affordable housing—key mission; they pay me to lobby and represent them. Workforce housing is a major issue but not our focus. Not as much representative in Salem.
  - Karyle: overlap with workforce housing?
  - Justen has not seen as much focus on workforce housing issues.
- Charles Maughan: can you clarify affordable housing—examples?
  - Justen: Housing Alliance agenda top priorities. Preservation projects I'm more involved in—always advocate for emergency housing; state homeless programs; tied to medium income; affordable housing tax credit; aimed at lower income.
- Julie: Corvallis got Project Turnkey 1.0 funding; the 2.0 application was a collaborative effort but is on a waitlist. State wanted geographic diversity; is the Housing Alliance pushing for more Project Turnkey funding?
  - Justen: thought I saw section set aside for that—depends on proposals out there that have not been funded. Kotek strong supporter—Speaker Rayfield in a good position to support programs.
- Julie: will local advocacy by elected officials make a difference on any specific issue?
  - Justen: Yes, I work with Oregon head start; always start with program directors and legislative leaders to tour project and facility; doing same thing in Housing Alliance—looking at properties; legislators to look at projects and elected leaders. County commissioners and grassroots are best lobbyists; always encourage local involvement; trick is priorities; waiting to see the governor's budget.

**V. Update on Membership**

- George Grosche is stepping down from HOPE board to spend retirement with family. We wish George every happiness and appreciate his dedicated efforts to our community while serving on the HOPE Board.

**VI. Charles Maughan - City Social Services Task Force – to update funding stream policy.**

- Focus on making it easier for providers to apply for funds.
- Don't have to apply every year if already applied.
- Jan: Had another meeting this week with United Way principals – new and useful information; on what we can and cannot do in their process; had discrete requirements for their reporting. We are going to interweave those needs. Have one more meeting to finalize the draft.
- Charles: thanks Jan on work with the task force.
- Pegge: a lot of work and outreach to providers; commend everyone involved in that.
- Jan: we did present this to executive board and appreciate Pegge's comments.
- Karyle: Congratulations to Charles on his new position as Mayor, and to new City Councilor Briae Lewis.

**VII. Coordinated Homeless Response Efforts:**

- HOPE Recommendation #1 Data improvement: ROCKit facilitation process to improve our coordinated entry system has completed. <https://www.communityrockit.org/>
  - Mission: to connect Benton County's most vulnerable individuals to housing opportunities by inspiring participation in an effective coordinated entry process.
  - \*Finished the ROCKit process with action items for 2023.\*
- HOPE Recommendation #9 Communications: Rural outreach and engagement with city managers in Benton County to invite participation and hear feedback about communication needs and other rural perspectives.

**VIII. Community Progress Update (Summer and Fall 2022) by Kailee Olson, Communications Coordinator.**

- <https://www.co.benton.or.us/health/page/hope-recommendations-community-progress>
- [Subscribe to the HOPE News & Updates email list here:](#)
- <https://www.co.benton.or.us/health/page/housing-and-homelessness>

**IX. HOPE Board Members Year End Recap**

**Why are you here and working on this topic? What super power do you bring to this work? What was a highlight for you from 2021-2022 that aligns with the HOPE recommendations or progress on housing or homelessness solutions?**

- Nancy Wyse: Benton County Commissioner; Serves on HOPE Executive Committee. Happy to do it because this is critical, important work. As a kid, family would volunteer St. Vincent de Paul and support food drives. In high school, would volunteer at soup kitchens. Growing up learning to help people. Superpower: kids would say never being cold; always hot. In role as county commissioner, advocating in that role to help. Highlights in 2022

include getting additional staff on board; identified in recommendations; we finally did it! Identified priorities—this is really an exciting time!

- Ricardo Contreras: joined coincided as new director for Casa Latinos Unidos. Our priorities to create spaces for participation of Latinx community; steps for wider involvement in planning and decision making; happy to be here. A special motivation to work in partnerships; also coincides with involvement of HOPE and housing related projects as our organization provides wrap around support in Lebanon; farm worker support; very important; signed MOU to provide wrap around support at new affordable housing in south town 174 units-- that line of work is part of our future. Provided support for 3<sup>rd</sup> Street Commons; met with executive director with Daytime Drop in Center in Corvallis and agreed to work in close collaboration.
- Andrea Myhre: I believe everyone has right to have warm, dry, safe place to be; roof over their heads. Superpower is fundraiser; actually systems navigator; pull things together; help in grant writing and fundraising; excited about 3<sup>rd</sup> Street Commons; finalize plans for site; look forward to sharing the details with you. Super proud and happy we are working on coordinated entry and getting partnerships in place. Great step toward making sure people get what they need.
- Chanale Propst: here because want people who look like me to be acknowledged and represented; to understand experiences and be able to speak up; and help people to have what they need such as the housing they need. Want spaces created for people to be seen and heard; excited about newsletter about progress with HOPE board.
- Joel Goodwin: Corvallis Police Department/law enforcement has nexus with high impact homeless community members; police officers also have a role as professional problem solvers, which includes working in crisis outreach response. Julie Arena adds: Joel has superpowers of grace under pressure and inspires us with his kindness and open-mindedness while serving on the HOPE board.
- Catherine Biscoe: worked with service providers and have experience with homelessness; changed over time; work on policy level and with elected officials and work includes how we influence policy with this board. Feel compassion for people impacted by homelessness; so many layers and nuances to homelessness. We tend to look at policy level and problem solving. How to get to other spaces to listen and bring resources to shared collaboration to find solutions. Highlight 2022: we've achieved some real impacts with the work of this group; with goals and recommendations before pandemic, we've come together as a group and community and resources brought thru this HOPE portal and making real time impacts; I am privileged to be a part of this group and grateful to this group for making contributions.
- Ari Grossman-Naples: lived experience with homelessness and passion in helping to look at issues around homelessness and finding solutions that work. Superpowers: passion in this area and organizational abilities; organized person; a perspective that I bring to the table. Highlights: crisis center and getting a communications person on board; ROCKit initiatives and getting everything more organized.
- Briae Lewis: I wanted to be part of something to have impact; how increase in rent can make or break someone sounded close to home. Bring more diversity and helping others who experience homelessness; I've had experience working with unity shelter and learning about land use—how little land Corvallis has to build more homes; want to make a difference in people's lives.
- Bryan Cotter: Firefighter serving in local 2240 – subcommittee focused on providing

people with resources they need; that's why I'm there. Just ordinary guy with ordinary job; HOPE has made many achievements. Everyone deserves a hand in the goals we've achieved; slow and steady wins the race. We will get there.

- Anita Earl: represent Samaritan Health Services who serves the community with hearts of gold; very concerned about most marginalized, and housing as healthcare. Superpowers: I am a social worker with Robin Hood ethos. People don't live in confines of nuclear families; love means to protect—this is at the forefront of my mind and has everything to do with what I do; Commend work with Allison and the crisis center downtown—we have high, high hopes for the future.
- Charles Maughan: here because I care about Corvallis; I've had amazing opportunities for my family; care about people and housing. Superpower: understanding about affordable housing; previous experience as a manager and seen how sustainable housing impacts people's lives and need to feel safe and secure. Seeing obstacles and then seeing how once stability is achieved, how much different and happier people are. 2022 Highlights: being found cancer free rejuvenated me feeling alive; continue work with council; seeing 338 affordable units being built—this will have a huge impact on community in positive ways; winning election as mayor; super exciting time.
- Alice Carter: very excited because want to help address the needs of the truly desperate who are the homeless and people sick on the streets; enjoy connecting with others working on these issues; I love it! Superpower: curiosity; connecting, community, and cash. Highlight was finding out last year that I can actually get care and permanently housed with help from Anita Earl. In Los Angeles prerelease program for prisoners (students in program) staff are faculty—so many amazing accomplishments! Experience working in medical, dental field and in hospice care. Will tell Xan and the Sheriff about the pre-release program when I return from Los Angeles.
- Cade: I love Corvallis and the community here; came from conservative military background; had experience in homelessness and insecurities; want to help people who are housing insecure; working for county about a year now. A lot of people in my age group are not home owners. Enjoy being able to serve and be part of health department in my connection to community as peer support specialist. Work with people living in adult foster homes or experiencing housing insecurity; passionate about systemic change.
- Pegge McGuire: entire professional life in housing work; housing provider 15 years; fair housing director; worked in housing and community services. CSC runs many housing related programs. Cannot do anything without housing--that is the foundation in life; our safe harbor in world. Superpower is collaboration; believe if we all come together, we can bring our best thinking and hearts and we can solve any problem. Highlights: CSC delivered more than 14 million in rent assistance that kept people from being homeless; inspired by team that worked on Project Turnkey application; put best work forward and put together a great proposal and feel confident it will get funded.
- Barbara Hanley: I cannot look away because I have lived experience; I feel homelessness is a manifestation of deficient policies; I want to work for better policies made by those who show up so I'm showing up. As an epidemiologist, data geek, I like to streamline data streams; work as faculty member at OSU; superpower is our interns, so let me know if you can use them. Highlight for 2022; getting to work with amazing minds; and data modernization project.
- Karyle Butcher: bothers me immensely about the stereotypes of homeless people; wanted to learn about range of people who are homeless; especially from service providers; many

see the people at river fronts smoking cigarettes, but they don't know about the older adults, families, or others; I want to go out and talk to people; serve as housing person for the League; bring to the HOPE board an outside view of someone who is interested and sometimes see things and ask questions. Highlights: excited about proposed navigation center and looks like we are on a path. Time it takes to gather data can be tedious but proven to be a wonderful thing as organizations apply for grants. Enjoy interacting with board and learning more; I'm a retired librarian; and enjoy hearing what other people's experiences are day to day. Thank you! Nancy said her superpower is sense of humor. Julie: strength to ask tough questions so best ideas rise to the top.

- Jan Napack: Experience with family members with homelessness; passion to solve problems. Superpower: being analytical to a fault; good at compartmentalizing; trying to solve problems; biggest thing HOPE brought city and county together; joined forces and we have higher level of collaboration than ever.
- Melissa Isavoran: represent community health/Samaritan umbrella; have access to funding to help people; passion to help people; oversee Medicaid program; superpower is problem solving; collaboration and empathy; understand what people do and what their trauma is – critical in my role. I know individuals have very different circumstances and challenges in life and I've had roles in department of corrections to reduce recidivism; behavioral health spaces; and people in situations with disease and end of life and what that means; how to make sense of complex policies. Proud to be here and glad to share and hear from you all and make connections; think of 2022 and last ten years IHN has done a lot with funding in Benton County and other counties and making connections where we can. I hope to continue doing more of that as we move forward and hopeful for the future; working on social determinants of health and how we do that; please don't be hesitant about crazy ideas—they can be the best. Thank you.
- Julie Arena: I cannot sit on the sidelines; people have to have a home and a place to call home. Superpower: I like people; I like meeting new people, having conversations, and bringing people together to make connections. Been here for 3 years, and my highlight is seeing how we are making a difference in our entire system: we now have crisis response team; 40 units of permanent supportive housing in the pipeline; hotel converted to shelter; more microshelters; motel sheltering; just to name a few; witnessed system change. Speaks to how many people and organizations have come together with HOPE. Thanks folks--so great to hear all of you!

#### **X. Next Steps:**

##### **Upcoming HOPE Meeting: January 25, 2023**

- Elect a new Co-Chair
- City and County staff will attend to discuss the HOPE Board's role in the strategic planning process in 2023 for HB 4123.

##### **Coordinated Response Team working on:**

- HB 4123 Pilot, structure, and roles for a coordinated response to homelessness solutions. Rural outreach and engagement.
- Improving coordinated entry by implementing ROCKit action items for coordinated entry training and case conferencing.
- Coordinating and supporting community partner projects

#### **XI. Meeting adjourned at 6 pm. Happy Holidays if you celebrate any! Next meeting is 1/25/2023.**