# Poverty and Homelessness Board

## All-Member Meeting

**February 18, 2021**

**12:00 p.m. – 1:30 p.m.**

Watch live or later at https://lanecounty.ompnetwork.org/

# AGENDA

| Topic |
|---|

1. Welcome and Agenda Review
2. Moment of Silence for Hazel Dai and Ivory McCuen, the first two known homeless deaths in Oregon this year
3. Follow-up from Previous Meeting and Consent Agenda ..... 5 minutes
   - Approve Minutes of December 17, 2020
4. Winter Strategies Update ..... 10 minutes
   *Katharine Ryan, Lane County*
5. Rent Assistance in Lane County ..... 5 minutes
   *Alex Dreher, Lane County*
6. Oregon Legislative Session Discussion ..... 15 minutes
   *Steve Manela, Lane County, and PHB member discussion*
7. Taxes and Stimulus Payments: Resources for Advocates ..... 5 minutes
   *Alex Dreher, Lane County*
8. Committee Updates (in meeting packet) ..... 5 minutes
   - Youth Homeless Solutions Workgroup
9. Shelter Update ..... 10 minutes
   *Katharine Ryan, Lane County*
10. Healthcare Committee Update ..... 10 minutes
    Care Coordination Agreement, Mental Health Outreach
    *Teresa Roark, Lane County*
11. Public Comment
    *Individuals who plan to offer comment must register and indicate they wish to give public comment in the chat box, with name and contact information*
12. Provider Comment
    Providers are invited to share comments. Time permitting
13. Wrap Up
    Summarize board decisions, assignments, next steps, planning next meeting's agenda

***Next Meeting: Executive Committee March 18, 2021; All Member April 15, 2021***

*The Poverty and Homeless Board (PHB) is an action oriented group of elected officials, community stakeholders, and individuals who represent low-income and homeless people's concerns. The purpose of the PHB is to create innovative partnerships and programs that use best practices to reduce poverty and homelessness in Lane County. The PHB will work to generate resources, community and legislative support for housing and services to achieve its goals.*

# Winter/COVID Shelter Update

**Adult Households**

| | | | |
|---|---|---|---|
| St Vincent de Paul | Emergency Shelter - motel | 45 households | Fully operating |
| ShelterCare | Emergency Shelter - units | 10 households | Fully operating |
| Carry it Forward | Emergency Shelter - semi-congregate | 10 households | Fully operating |
| St Vincent de Paul | Emergency Shelter - pallet shelters | 25 households | 6 for PeaceHealth program<br>19 for Dusk to Dawn capacity expansion |
| Community Supported Shelters<br>Community Supported Shelters | Alternative shelter - conestogas | Skinner City Farm (Washington & Cheshire) - 15 households | Fully operating |
| | | Alton Baker Park (Lot 9 parking) - 15 households | Expect move in to start week of 2/22 |
| | | Empire Pond (Barger and Hwy 99) - 15 households | Expect operation by end of March |
| | | Westmoreland Park (18th Ave east of Albertsons) - 15 households | Expect operation by end of March |
| | | Bertelsen & 7th Ave - 15 households | Expect operation by end of March |
| | Alternative shelter - conestogas | 21st and Polk - 6 households | Expect operation by end of March |
| SquareOne Villages | Emergency shelter - pallet shelters | Bethel and Roosevelt - 6 households | Fully operating |
| | Alternative shelter - conestogas | River Rd, Peace Presbyterian Church - 6 households | Fully operating |

**Youth**

| | | | |
|---|---|---|---|
| Hosea Youth Services | Emergency Shelter - pallet shelters | 6 youth, including site supervisor | Move in starting 2/17 |

**Households with Children**

| | | | |
|---|---|---|---|
| Catholic Community Services | Emergency Shelter - motel | 15 households | Enrolling new families as additional rooms are available, through 4/30 |
| SquareOne Villages | Emergency Shelter - Pallet shelters | 2 sites, 9 households | Site set up nearly complete, families moving in soon |
| St Vincent de Paul | Emergency Shelter - Pallet shelters | 6 households | Additional shelter capacity at Annex |

**Rural Winter Warming**

| | | | |
|---|---|---|---|
| Cottage Grove | | 18 households | Has activated |
| Florence | | 21 households | Ready to activate, has not yet activated |
| Veneta | | 6 households | Has activated |
| Oakridge | | 3 households | Has activated |

**In development**

- 2-3 additional microsites
- Additional motel shelter for adults
- Springfield pallet shelter site

## Egan Warming Center Update

Feb. 15, 2021

**Overview**

Egan Warming Center opened nine nights so far this winter. The first was the earliest date in Egan's history, October 25, and the last was December 28. There have been many close calls since, but the forecasts have stayed above the 30 degree protocol. The greatest challenge is the number of available volunteers. Egan now has access to sites (more below), but not enough volunteers to open them all. On the plus side there have been many new volunteer orientations to increase the ranks. Also, a good number of volunteers have now received the COVID vaccine. However, if there is an extended cold spell, Egan will likely run out of space and have to turn guests away. This is especially true in Springfield.

**Volunteers**

- Egan volunteers have logged more than 3,200 hours so far (Oct – Dec).
- Some 200 volunteers have worked at least one shift.
- Compare that to last winter when 869 unique volunteers worked at least one shift. This shows the challenge in having enough volunteers to open sites this year.
- Egan staff and lead volunteers conducted 14 new volunteer orientations (12 zoom, 2 in-person) and signed up 130 new volunteers.

**Sites: Eugene**

- Most activations used Lane Events Center (fairgrounds). It is the preferred location because of its proximity to downtown (Egan can't use its shuttle system this year) and because it simplifies logistics (multiple rooms/buildings with one centralized location for supplies, volunteers, etc.)
- On two nights, when the two fairgrounds buildings were at capacity, a closed St. Vincent de Paul retail store in downtown Eugene was used as back-up.
- When LEC was not available in late December, Egan returned to Temple Beth Israel. Another site from last year, Trinity United Methodist, has also offered to host Egan this year although it has not been needed so far.
- Eugene's 4J and Bethel School Districts generously offered space to be used as warming centers if and when needed. So long as students continue to learn from home, gymnasiums are available at Willamette High School, Shasta Middle School and Camas Ridge Elementary.

**Sites: Springfield and Youth**

- The current and only Springfield host site is Episcopal Church of St. John the Divine near Gateway. It has room for 25 guests, which is a quarter of the spaces necessary in a long cold stretch. Egan is close to being ready to use another site in Glenwood.
- First United Methodist Church continues to host the Egan Youth Site.

**COVID-19**

- Thank you to Lane County Public Health, Occupy Medical and PeaceHealth for their support and assistance with Egan's COVID protocols and procedures.
- In addition to guest screening, volunteers now have the ability to do the quick 15-minute COVID test on guests who screen potentially positive. COVID-positive guests have the option of being transported to the River Avenue COVID recovery site.
- Unfortunately this only applies to Egan adult sites. There are no alternatives for youth who screen positive.

## County Shelter Website

There is a new website available which provides information, by population, about the shelter and alternative shelter programs in our community that individuals can access or apply for directly. The website is: http://lanecounty.org/shelter and can be shared broadly. If there are any corrections or additions, please send to Katharine.Ryan@lanecountyor.gov

# Rent Assistance Programs

Rent Assistance Funds nonprofits are currently processing:

- CVRRP CARES (State of Oregon funds)
- CDBG-CV Eugene and Springfield
- Affordable Housing Trust Fund
- Westfir rent assistance – please contact Alexandria.Dreher@lanecountyor.gov for more info

| **Fund** | **Origin** | **Spend-down date** | **Partners** |
|---|---|---|---|
| Supporting Tenants Accessing Rental Relief (STARR) | -State-Funded (Oregon General Fund)<br>-Lane County allocation Approximately $4 million | Funds expire 6/30/2021 | -Catholic Community Services<br>-ShelterCare<br>-Centro Latino Americano<br>-SVDP (Families)<br>-Siuslaw Outreach Services<br>-Community Sharing Program |
| Emergency Rent Relief Lane County (ERRLC) | -Federal funds. Department of Treasury<br>-Lane County allocation Approximately $11.4 million | Funds expire 12/30/2021. Need to expend 65% by 9/30/2021 | -Homes for Good<br>-Looking Glass<br>-Catholic Community Services<br>-ShelterCare<br>-Centro Latino Americano<br>-SVDP (Families)<br>-Siuslaw Outreach Services<br>-Community Sharing Program |
| Emergency Rental Assistance (ERA) | Same funding source as above, Department of Treasury. Amount TBD. Allocated from State of Oregon | | |
| | | | |

# Oregon 2021 Legislative Session

## Homeless Legislation

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|---|---|
| HB 2006 | Shelter/Navigation Center Super Siting legislation |
| HB 2100 | Adds Culturally Responsive Organizations for funding/ |
| | Reduces funding to Counties/CAA's by 20% to achieve goals |
| HB 2163 | Long Term Rental Assistance for Former Foster Youth |
| HB 2427 | Universal Rental Application/Representative Nathanson |
| HB 3115 | State wide siting, sleeping and laying on Public Property/Boise Bill |
| HB 4002 | Long Term Rental Assistance Study Bill |
| HB 5011 | OHCS Budget Bill/ $50 million for SHAP/EHA |
| SB 5505 | Permanent Supportive Housing/$50 million in General Obligation Bonds |

***For reference***

| | |
|---|---|
| EHA | Emergency Housing Assistance |
| OHCS | Oregon Housing and Community Services |
| SHAP | State Homeless Assistance Program |

# How to Help People Get a Bigger Tax Refund and Their Stimulus Payments

## Resources for Providers and Advocates

Helping people get the money they are entitled to and deserve is an important service. Here are some resources that have been compiled to help you navigate getting the largest tax refund and stimulus payments for yourself and others. The Earned Income Tax Credit may lower the taxes you owe and **refund you more than $6,000 at tax time.** Many people have not yet received their stimulus checks. There is a form to receive stimulus payments via a tax credit if you file your 2020 taxes.

For more information: A Guide to Economic Impact Payments for Advocates

**Free Tax Preparation**
The IRS has a free-file tool online This tool will help determine which tax credits you are eligible for. For more information visit the IRS website.

- How to fill out the IRS Non-Filer Form

**One-stop resources for Tax-Filers**
https://taxtimecrisis.org/tax-filers/

**How to get Tax Credits**
Information on Tax Credits

**Stimulus Resources**

- What to Know About the Second Stimulus Checks
- What Do I Do If I Didn't Get My First or Second Stimulus Checks?
- Are Immigrants Eligible for the Stimulus Check?
- How Can I Get My First and Second Stimulus Check If I am Incarcerated?

**For General Information on:**

- Stimulus Payments
- Tax Credits
- Tax Filing
- RideShare Taxes
- and more
  visit www.EITCoutreach.org

This flyer is for informational purposes only. It does not represent legal nor tax advice.
Created 2/9/2021 by Alexandria.Dreher@lanecountyor.gov

Youth Homeless Solutions Workgroup Update to the Poverty and Homelessness Board

February 2021

- In the February 1, 2021 meeting of the YHSWG, members discussed myriad and copious engagement strategies that have been utilized to recruit a homeless/formerly homeless youth representative to the PHB. Members noted that the largest identified barrier to attendance and participation from youth is that the time of the PHB meetings is school and work day prohibitive. During the meeting time frame of noon to 1:30 p.m. , youth are typically in school or at work.
- Members appreciated the idea from the Executive Committee to market the homeless/formerly homeless youth representative position as an opportunity for a mentor to work with a youth. YHSWG members identified that this could be a potential partnership with the Directions Service Youth Advocate Program, or a school club such as the Economic Justice League. YHSWG members will continue recruit and retain a youth representative.

Last updated 12/28/20 by Teresa Roark

# Lane County Poverty and Homelessness Board Care Coordination Agreement

**Date of Agreement:**

**Term of Agreement:** This agreement will continue in effect unless amended or terminated by the Poverty and Homelessness Board.

**Purpose:**

This agreement outlines the vision of the Lane County Poverty and Homelessness Board and Lane County Health Care Community in supporting unhoused community members as they transition from hospital care to the community and navigate follow up care. Participating organizations commit to the importance of providing high quality care to the Lane County community, regardless of housing status and working to make this vision a reality.

**Goals of Agreement:**

Recognizing that unhoused community members face unique challenges when accessing and navigating the healthcare system, this agreement provides a vision for participating healthcare organizations to work collaboratively to coordinate care for unhoused community members and develop and implement systems of support.

The undersigned organizations commit to working towards the following guiding goals:

1) Providing a respectful and understanding approach to care for people without homes
2) Reducing the stigma people without homes experience when accessing the healthcare system
3) Coordinating discharge plans to the most appropriate and safest location possible
4) Supporting individuals in:
    a. Establishing primary care (if not otherwise established)
    b. Accessing appropriate medications prescribed as part of both a specific hospitalization and other ongoing treatment plans
    c. Attending all recommended Primary Care, Behavioral Health, and Specialty visits
    d. Following all other recommendations for treatment
    e. Increase outreach staff who are able to follow up with people in the community after discharge
    ~~e.~~f. Increase accountability by giving people experiencing homelessness and advocates opportunities to communicate if they do not feel the tenants of this agreement are being upheld.

**Commented [RTI(1]:** Added based on feedback from LEAGUE 2/5/21

**Core Organizational Commitments:**

**Inpatient Health Care** – Physical healthcare inpatient settings will provide treatment for pressing conditions in an accessible and respectful setting. Hospital caregivers will assist in developing a discharge plan and coordinating with individual's health plan, community providers, and shelter

providers as possible. Making sure individual understands recommended follow up care and has basic resources when they leave the hospital including a supply of necessary medications or a detailed plan for accessing prescribed medications. Minimal if any support expected once individual has left hospital

**Inpatient Behavioral Health Care** – Caregivers will work with patients to stabilize mental health issues prior to discharge, in order that patients are able to maintain the necessary level of function and tools that enables them to be safe and successful in the community setting. Processes and procedures shall be in place to minimize lapses in medication and/or supportive therapies. Developing a discharge plan and coordinating with individual's health plan, community providers, and shelter providers as possible

**Primary Care Providers** - Providers will ensure that patients are able to receive the on-going medical services needed to maintain and improve health. Ambulatory medical practices will engage with systems or technology to follow members, using a comprehensive care plan including medications and updates or changes post hospitalization. Timely follow up and specialty care visits will be facilitated, and patients connected to resources and services needed to help overcome barriers to access.

**Community Mental Health Services**– Providers will ensure that patients are able to receive the on-going mental health services needed to maintain and improve mental health. Ensuring that they are doing what they can to connect the patients to the resources and services needed to help overcome barriers to access and tools needed to be successful. When existing patients are admitted to the Behavioral Health Unit, coordinate with hospital staff to schedule an appointment within 7 days of discharge, and sooner if possible. As able, coordinate with hospital staff to schedule intakes for hospitalized patients who do not have an existing relationship with a mental health provider within 7 days of discharge.

**Specialty Care Providers**– Providers will deliver care and treatment of specific or specialized health conditions, with an understanding of the complex issues facing the unhoused population. Specific to this effort, providers will focus on trauma informed care principals, reducing stigma, and developing strategies in collaboration with their patients, such as walk in appointments or flexibility with number of missed appointments to enhance access for unhoused individuals.

**CCO Care Management Teams-** Care Managers will facilitate access to care and act as a bridge between hospital and community providers. Teams will coordinate care with members and support connection to ongoing care, including managing any prior authorizations necessary for the most appropriate care setting post hospitalization. Care Management teams will support unhoused members by discussing post follow up care plan with the individual and providing one on one telephone support once they have left the hospital.

**Long Term Care Facilities**- Care settings will provide quality care to individuals who are unable to care for themselves. This includes accepting and coordinating referrals, and working with families and service providers to optimize opportunities for successful transitions. Additionally, care environments will focus on trauma informed care, reducing stigma, and enforcing policies designed to ensure resident safety in an understanding way. In addition, it includes supporting access to resources such as medication assisted treatment, nicotine replacement therapy, mental health or other SUDS supports while an individual is in their care.

Last updated 12/28/20 by Teresa Roark

**Community and Facility Pharmacies** - Pharmacists will assist in evaluating the complex environments in which unhoused individuals may exist, efficiently dispense medications and seek to reduce barriers to adherence. Pharmacies will support access to new medications, review medication regimens, identify potentially dangerous or duplicative changes to medications and coordinate changes with appropriate care team member. In addition, pharmacies will work with the individual to understand their medications and develop strategies for adherence including evaluating adherence packaging and delivery to Emergency Shelters and Sanctioned Shelter Alternatives.

## Measurement:

At least annually the Lane County Poverty and Homelessness Board Health Committee shall review this agreement. All participating organizations shall be invited to share their progress working to implement this vision in their organizations including strategies, challenges, and lessons learned.

## Organizations Committed to this Agreement:

**Hospital Systems:**

PeaceHealth

McKenzie Willamette Medical Center

**Provider Organizations:**

WhiteBird

Occupy Medical

Community Health Centers of Lane County

PeaceHealth Medical Group

Orchid

Other?

**Service Providers:**

Willamette Family Treatment

Shelter Care

Looking Glass

Laurel Hill

? Others

**Coordinated Care Organizations:**

Trillium Community Health Plan

Pacific Source Community Solutions

Last updated 12/28/20 by Teresa Roark

**Governmental Agencies**

Lane County

City of Eugene

City of Springfield

? Others

**Pharmacies?**

**Other organization types? Nonprofits? Community based organizations?**

United Way?

**Signatures:**



## Appendix – Definitions of common care coordination terms:

**Coordinated Care Organization** (CCO) - a network of all types of health care providers (physical health care, addictions and mental health care and dental care providers) who work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid). CCOs focus on prevention and helping people manage chronic conditions, like diabetes. This helps reduce unnecessary emergency room visits and gives people support to be healthy.

**Care Coordinator -** A person who works with an individual with high care needs to identify needs and support access to services, and coordinate treatment plans/changes with other healthcare providers. This role typically focuses on managing physical health, but has familiarity with mental/emotional health signs and symptoms, social needs and available community resources to address mental/emotional health and social needs.

**Care Manager -** A person who works with an individual with high care needs to identify needs and support access to services, and coordinate treatment plans/changes with other healthcare providers. This role typically focus on areas such as utilization, prior authorizations, duplication of care, and receiving recommended preventative and follow up care, from a person centered perspective.

**Case Manager -** A person who works with an individual to identify behavioral health, social/emotional, and physical health needs. This role works with individuals to develop a plan for addressing the broad spectrum of needs, as well as tracking and motivating continued progress on plan. Depending on the situation this role may include other "specialty" types of case management such as housing case management.

**Community Health Worker –** A Traditional Health Worker with expertise and focus in social health and social needs, engaged in the community and meets with people outside of healthcare settings. This role

also focuses on motivating engagement and navigation of health and community referrals, with expertise is in social health/engagement/motivation often with lived experience.