



Health Workgroup Minutes

DATE: Wednesday, June 21, 2017

TIME: 9:00 AM – 10:30 AM

LOCATION: Lincoln Building
1st Floor, Pine Conference Room
421 SW Oak Street
Portland, Oregon 97204

ATTENDEES: Andrew Brown, Kendra Castaldo, Sam Chase, Erin Fisher, Janet Hamilton, Liv Jenssen, Samantha Kaan, Amanda Saul, Dana Schultz, Emily Volpert, Jenny White.

MEETING DISCUSSION

- Welcome & Introductions
- Prioritize Workgroup Action Plan Items
 - The group went through the “Health Workgroup Action Plan Prioritization Survey Results”
 - At the last meeting, we realized that the work is within the “difficult” and “high impact” quadrant of the survey.
 - We also had a couple of new ideas emerge from the survey, and some ideas that participants indicated that they were unsure of how hard would that be? What would the impact of that be?
 - Amanda created the A Home For Everyone (AHFE) Health Workgroup Action Plan Prioritized Based on Ease
 - The chart represents all of the priorities that were indicated on the survey results
 - ◆ Includes a timeline on each strategy
 - ◆ There are still questions about some of the priorities
 - The group went through the AHFE Health Workgroup Action Plan Prioritized Based on Ease individually to determine pieces that each member would be willing to work on and level of interest in each strategy.
 - The group then went around the room and talked about individual priorities that they indicated on their Action Plan Handout
 - Sam Chase asked “What is it that we are saying from housing providers in terms of why we want to collect the housing status?”
 - Amanda Saul responded that data helps inform decision making, and as hospitals, insurers, Home Owners Associations realize the amount of need that they will allocate more resources to helping serve more people.
 - Liv Jenssen: We do not know that we have all of the information about how data is being collected and how we can illustrate the situation in a more fully integrated manner. We know that health providers and organizations like Department of County Human Services (DCHS) and Coalition of Community Health Clinics (CCHC) are collecting data/information about the situation, but we are not bringing that data together in a way that we can utilize it as a group. We need to know where it is being collected, how it is being collected, and to integrate that data in a more effective manner. If we can create a better picture for policy-makers/decision-makers in Salem, we may be able to create more effective change.

- Andrew Brown: We need to figure a way to make our data actionable. We have very effective data collection in two different columns without any connection between the columns.
- Coordinated Access assessment is not capturing the most vulnerable, could we have a scoring element from a provider? It could help make a truer list of priorities. The U.S. Department of Housing and Urban Development defines chronically homeless individuals in a different way than we are.
- We do not want chronic and non-chronic people experiencing homelessness competing for the same housing units.
- The group discussed the 9-1-1 Tri-County System and its strengths and weaknesses in comparison to the Coordinated Access List.
- Could there be a reverse alert in terms of the Coordinated Access List? When someone who is on the Coordinated Access List goes to a hospital could we be notified of that?
- Data can be there, but it does not always get utilized like we want it to be utilized. There are limitations in terms of the way that our data will be used.
- In order for systems to communicate, we would have to get a release from the individual patient. In terms of patients experiencing homelessness, this could be combined with the original intake form. They are already signing releases during the Coordinated Access process. If we could figure out a way for hospitals and clinics to access that data as well, that would be a huge deal.
- We cannot tap into the medical/clinical system, and maybe the medical/clinical system could tap into our system to improve the flow of information.
- Amanda Saul: Maybe we should ask the hospitals – would this information be valuable to them?
- The group discussed the format of splitting priorities and moving the strategies forward.
 - The group created categories of the strategies listed on the A Home for Everyone Health Workgroup Action Plan Prioritized Based on Ease handout.
 - Sam Chase: What do we want from these strategies? Do we want to say we want more housing and want more services and then build the strategies around the needs?
 - Liv Jenssen: We do need to pay attention to the way that we define housing for the people that we serve. We need to create affordable housing, maintainable housing, and spaces where individuals can live within a community in which they can become an active member. We need to be thoughtful about the design, the accessibility, the availability, the affordability, etc. We need to be much more thoughtful about building natural supports, creating sustainable design, etc. We need to be strategic and consider other designs that are being built around the globe.
 - Sam Chase: We need to put pressure on this system to support the community – we need to consider advocacy strategies that will eventually get chunks of this work moving forward.
 - Amanda Saul: We should be connecting with the hospital systems around the Affordable Housing Bond. We will be adding around 1,300 units that will be owned by the City of Portland. How can we ask the hospital systems to help leverage the new resources that we are getting. I am hearing that the hospitals do not want to be involved in the housing process, and I find that interesting.
 - Do we want the hospitals to be paying for services or do we want them to be building houses? Do we want them to be matching the housing that is built by the City of Portland?
 - Group Themes:

- ♦ Data and Systems Alignment (Point person: Samantha Kaan)
- ♦ Medicaid Policy Changes and Flex Funds (Point person: Janet Hamilton)
- ♦ Support Services and Mental Health Services (Point person: Jenny White)
- ♦ Advocacy (Point person: Sam Chase and Amanda Saul)
- Amanda Saul: In the interest of moving away from process meetings, we should determine who would like to work on what initiatives at this time. The group went through and determined who would work in each group. Those who are not at the meeting today can let Amanda know which group they would like to participate in, and identified point-people for each group.
- Sam Chase pointed out that the Health Workgroup is already a subcommittee and we might want to give each sub-workgroup a meeting to express what their priorities are
- Jenny added that we might want Advocacy to come from the priorities of the other three groups after they have presented their priorities.
- Liv Jenssen mentioned that we could designate a specific amount of time within each group so we have our assignments. These tasks are very overwhelming and have a lot encompassed within each category.
- Before July 19th meeting, each sub-workgroup should determine their 2-3 priorities that they should bring with them to the August meeting.
- Member Updates
 - Liv Jenssen: Chair Kafoury approved the budget, and we have kept our units and our staff
 - Coordinated Access group reached out to the PDX Airport, and they have started working together to combat the issues that they have
 - Erin Fisher: Hill Park is opening this summer at 1st and Arthur Street: there will be four Section 8 units, four severe mental health units, and the rest are working wage units
 - Kendra Castaldo started a new position at Cascade AIDS Project (CAP) and is learning the ropes.
 - Andrew Brown has been shopping grants around for units in deep-East County for families requiring mental health support.
 - Janet Hamilton is working on social determinates of health, collecting funding and working to facilitate a community-driven, participatory Request For Proposals process, increasing community engagement, and working on something similar to the Jefferson County Health Information Exchange so hospitals, clinics and other data-sources can communicate with more than health data from the community. This relates to our discussion of how Coordinated Access can communicate with our other data sources. There are also concerns about 211info and how we need to improve that resource.
 - Sam Chase reminded the group about equity and engaging underserved communities. The CCHC is working on an equity strategy called “Healthier Together.” How can we engage all of our populations? How can we be providing more services for our diverse communities and provide connections? How can we identify where the big gaps exist in our service providers?
 - Samantha Kaan: Data quality in regard to housing and homelessness – are we accurately painting a picture of statuses of our clients? Kate Cooper is interested in visiting this group to get a sense of the community work around health and homelessness.
 - Another update from Samantha Kaan: She and Ryan Deibert had conversation about regional collaborations around housing. Ryan is doing early outreach with other county leaders on behalf of the Joint Office of Homeless Services and is working on starting a regional conversation about Permanent Supportive Housing.
 - Amanda Saul: Has been thinking about connecting the Permanent Supportive Housing conversation around the Stakeholder Advisory Group for the Affordable Housing Bond. Also,

working on saving information and documenting work more efficiently: they are creating a two-page informational sheet around the flex-funding pilot, the best practices across the nation relating to health and housing, etc. to share our work externally.

- Liv Jenssen mentioned the Harvard Report on National Homelessness, and suggested that members take a look at the report.

ACTION ITEMS

ITEM

1. Before July 19th meeting, each sub-workgroup should determine their 2-3 priorities that they should bring with them to the August meeting

ASSIGNED

Sub-workgroups

NEXT MEETING

Wednesday, July 19, 2017

9:00 AM – 10:30 AM

Lincoln Building

Pine Conference Room

421 SW Oak Street

Portland, OR 97204