



Community Advisory Forum Minutes

DATE: September 20, 2017

TIME: 2:00 to 4:00 PM

LOCATION: Bud Clark Commons
Multipurpose Room
655 NW Irving Street
Portland, Oregon 97209

ATTENDEES: Dana Brandon, Caitlin Campbell, Elizabeth Cash, Freda Ceasar, Erin Devet, Katie Dineen, Sharon Fitzgerald, Malcolm Hoover, Linda Hudson, John Johns, Jill Kahnert, Jessica Mathis, Bill Moore, Casey Nielsen, Alison Nolce, Rachel Post, Erin Reviet, Tara Richardson, Arthur Rios Sr., Walter Robinson II, Christopher Sage, Sarah Spofford, Emily Volpert, Kate Wiley.

MEETING DISCUSSION

- Welcome and Introductions
 - Arthur Rios led the group through introductions.
- Diversity and Equity Question and Development of Group Agreement
 - Arthur Rios opened the discussion with the Racial Equity Lens
 - The group came up with community guidelines for this and future Community Advisory Forum Meetings
 - Silence your cell phone
 - Make room for all to speak and to feel comfortable sharing their opinions
 - Make “I” Statements and speak for yourself
 - Honor each other’s experiences
 - WAIT (Why Am I Talking?) and Why Am I Not Talking?
 - When we disagree, we should respectfully disagree
 - Respectfully interrupt when calling out offensive statements
 - Arthur Rios posed the question: In order to address homelessness. We need to focus on housing income and community, healthcare and community, not those things in separated fragments.
 - How do we bring a diverse population to find their voice at the table?
 - Attendees discussed the Diversity and Equity Question in small groups.
- Recovery Housing Presentation – Sharon Fitzgerald, the Director of Supportive Housing and Recovery Programing, Central City Concern
 - Recovery Housing Principles and Practice—Comprehensive Solutions
 - Central City Concern provides income and employment, integrated healthcare, positive peer relationships, and comprehensive, affordable housing.
 - There are more than 1,700 housing units in 22 separate buildings. They have 604 units with Housing First/Low-barrier housing and 300 scattered site Permanent Supportive Housing Vouchers.
 - Central City Concern has attempted to share the importance of transitional housing and recovery housing within the Federal conversation around homelessness.
 - 8324 patients serves.
 - 956 job seekers assisted.

- 3510 residents housed.
- 5676 individuals received short-term stabilization.
- There are 13 federally qualified health center sites.
- Recovery housing is really about people self-initiating for detox or residential treatment.
- The primary issue is substance abuse, but they also serve folks with frequent co-occurring mental health.
- Housing is offered in community (congregate) supportive of lifestyle change for peer support.
- Peer mentor/Case manager ratio is 1:45-50 (due to funding issues) and there is 24/7 front desk support.
- Short-term rent assistance is provided.
- Access to integrated primary and behavioral healthcare, outpatient treatment and MAT if desired.
- Recovery community supports and fellowship.
- Support in securing permanent housing.
- They support consumers with a variety of needs.
- Sharon shared data from a survey with 55 Harris clients, 70% of whom said in 2017 that their addiction has gotten in the way of maintaining their housing.
- Clients who entered Recovery Housing after detox were 3 times as likely to complete Substance Use Disorder treatment, and 10 times as likely to engage in primary care at our Old Town Clinic.
- Malcolm and Brandi shared their personal stories on how addiction caused challenges in their life paths, and how they were supported by Central City Concern.
- Participants split into small groups and discussed questions, and then shared their answers.
- What is the value to Recovery Housing for those with primary substance use disorder (SUD)?
 - Gets safer off the streets—safe space—not exposed to opportunity for use.
 - Stability—community—being with people going through the same experience.
 - Building support through wraparound services—central and easy to access.
 - Empowerment—through dedicated staff member support
 - Safety
 - Community
 - Resources/OTC/TX
 - Fresh start
 - Foundation building
 - Peer support
 - Accountability
 - Sharing experiences (confidentiality)
 - Sense of control (ownership)
 - Rest
 - Healing
 - Sense of calm
 - Opportunity to help others
 - Less destructive
 - Priceless to be put in a situation to utilize things you learn in recovery in a supportive recovery environment.
 - Community and community support
 - Instilling hope in a hopeless situation
 - Absolutely necessary to maintain employment
 - Decrease in utilization of jails and hospitals, not associated with it

- Multi-disciplinary wrap-around services that support the client holistically.
- Sense of safety, housing being a basic need. Accountability in a positive way.
- Instilling self-esteem and ownership and decrease in criminalizing increase in life skills change positive.
- The knowledge that I deserve safety
- Complete change of mindset
- Couldn't stay clean without it
- Community support
- All the combined clinical support
- Voice is heard—voice at table
- Building support group in community
- Paired with healthcare investment
- It provides a safe place to live where other are trying to get their lives on track too.
- There are individuals working for recovery housing that are able to show others how to become a productive member of society without the use of drugs and alcohol.
- It gets people off the streets, and out of homes where drug use is prevalent.
- Housing (safe housing) is a basic need for survival.
- What concerns do we have about recovery housing?
 - Expensive in the short term
 - Hard to fundraise for
 - Recidivism
 - Drugs being available—shelter for people with drug habits
 - Violation of landlord
 - Lack of racial equity lens
 - Still being seen through the white lens
 - Funding secure
 - Lack of structure
 - Diverse community with safety
 - Staff (properly trained)
 - Trainings
 - Recognition (staff)
 - Dealing with concerns in an appropriate manner
 - Risk of losing housing
 - Best practices
 - More money for staff
 - Need more staff for housing
 - Supervision of staff
 - Realistic expectations at recovery
 - People get in recovery housing to be housed by not a right fit.
 - More flexibility in ability to engage with clients with different statuses and intersectionality.
 - Availability of house manager, peer supports, people who are equipped to handle the population.
 - 24/7 coverage for people who are struggling
 - Adequate funding for recovery housing
 - Path for people who aren't successful in recovery housing
 - Equitable access and need for culturally specific recovery housing
 - Clear paths for treatment if unsuccessful in treatment
 - Huge gap in recovery housing for people in addiction

- Public perception of recovery housing
- There's not enough
- Need more outreach and education
- Need to do street outreach
- There are not enough units.
- There is not enough funding to provide support to the individuals living in clean and sober housing.
- Stigma of addiction and how that impacts funding and development of recovery housing.
- How would we determine the scope of need for recovery housing amongst the homeless population?
 - More outreach and engagement with the existing homeless population
 - Look outside the box and identify other ways to house folks in recovery other than SROs.
 - Community Living
 - Housing staffed
 - Skills for success in housing, including budgeting shopping, saving money
 - Focus on people of color who experience homelessness the most
 - Education around what recovery housing is, clients, service providers, community members
 - Add recovery question to Point-in-Time Count
 - Give an option for non-recovery housing
 - Coordinated Access and Vulnerability Assessment will add a new question around need for recovery housing
 - Add questions that assess true need, are you willing to go to in-patient treatment become accessing recovery housing?
 - More outreach—peers
 - Talking to people, asking what people want
 - More than just homeless count
 - Assessing needy populations
 - How many times have they tried recovery before?
 - Triaging the “most severe” makes people have to wait until they are homeless longer and sicker.
 - Survey the homeless population.
 - Ask other non-profits serving homeless if they have data on their clients that tells YM if they are homeless and have a substance use disorder.
 - Studies have shown that the highest factor in homelessness is mental health and substance use disorders.
 - Often times the two go hand-in-hand and YM have folks in co-occurring disorders, on top of homelessness.
- How do we get folks involved with these programs?
 - Hooper Detox
 - 8 By 8
Recovery Mentor Program (primary source is Hooper Detox)
 - Housing Rapid Response Program
 - Coordinated Access for Transitional Recovery Housing
- CAF Member Announcements, Updates, Shout-outs and Agency Information Sharing
 - Members provided updates on their work.

NEXT MEETING

Wednesday, October 18th 2017

2:00 to 4:00 PM

Bud Clark Commons

1st Floor Multipurpose Room

655 NW Irving Street

Portland, Oregon 97209