Continuum of Care Board Minutes

2/15/2024

11:00 AM - 1:00 PM

Attendance:

Board Members; Patrick Reynolds, Drew Grabham, Jamar Summerfield, Cammisha Manley, Christina McGovney, Brandi Tuck, Jessica Harper, Xenia Gonzalez, Laura Golino de Lavato, Ian Slingerland, Stuart Zeltzer

[Absent – Hannah Studer, Mark Morford, Katie Cox, Lizzie Cisneros, Skyler Brocker-Knapp, Sherelle Jackson, Elise Cordle Kennedy]

JOHS & County Staff: Alyssa Plesser, Malka Geffen, Lori Kelley, Dan Cole (DCS), Maegn McHenry (Multco IT); Min Chong, David Lynch & Chris Ragan (Gartner, Inc.)

Agenda Item	Discussion Points	Decision/Action
Opening	- Land & Labor Acknowledgment - Review Community Agreements - Review Racial Equity Lens Tool - Review Agenda	
2023 HUD CoC NOFO Award Results	See 2/15/24 CoC Board Meeting Presentation slides for details about the preliminary awards. - Board Member Q&A - Do we have info about which providers are being funded and how does that decision process work for the new Multnomah County DV project? - DV continuum gets a portion of funding from one-time competitive process; new funding going to VOA and EPHC, increased mental health services will be provided by licensed clinical social workers through the YWCA, and increased VAWA funding goes to all subrecipients. - When were providers chosen and have new providers expressed interest? - Providers go through certification process to join DV continuum, which makes decisions as a group. - Average cost for family of 4 in Portland is $5K/mo, With $35M, we can support ~8K families = 30K people, but that's not counting infrastructure. It still sounds like a lot of people can be taken off the streets. Why are we only supporting 1500+	

		households with this money?	
		■ This funding pays for a lot more than just rent for households. There are also projects that are funded that do not serve families but that are part of our infrastructure such as the Planning Grant, HMIS Grant, and Coordinated Access Grants.	
		■ For example: NW Pilot Project funds $250K RRH via Pathways Program only for rent assistance up to 2 years. Fills a timeline gap - shelter to a permanent subsidized unit or voucher. It helps a small group of people: $12K/person/yr or 20-35 individuals. Many NOFO allocations aren't direct service dollars.	
		■ All programs are also required to provide supportive services, not just rent, so you're looking at different costs for different programs.	

HMIS Strategic Sourcing Analysis	See 2/15/24 CoC Board Meeting Presentation slides for details about the HMIS Technology Strategic Sourcing Analysis provided by Gartner, Inc.
	● Board Member Q&A
	  ○ How is it that the system maintained 42 of 50 gaps between 2006 and 2024? Is it due to an oligarchic market structure?
	  ○ When do our existing agreements expire, thereby allowing us to engage an alternative vendor?
	  ○ Where do the annual costs of the top 2 of 4 choices stand in comparison to one another (i.e. Eccovia and Bitfocus)?
	  ○ What would be the implementation timeline for a new vendor able to satisfy all of our needs as a system?
	    ■ How much and when is the next piece of the work; this piece was to ask is there something out there that is better than what we have. Our finding for this part of the work was yes, you should definitely explore other options. You should write down what you want/committed to as a community, release that as a public solicitation, have vendors respond (on the record) with what they can do, the costs, and how long to implement.
	    ■ To go open source in government, is to have the data and to have a source	

	system that functions the way you need. And then that data can be looked at in all different directions and used in ways that matter.
	  ○ Who's responsible for the work/decision making in response to those 8 recommendations? Do you know of other large jurisdictional areas that have successfully transitioned from one vendor to another?
	      ■ In our IGA with other counties on managing this, we have the HMIS Leadership Council focused on decision making, which has not launched yet. You'll see it come in the next 6-9 months after launch.
	      ■ We're in the top 15 jurisdictions, and none of the others use Wellsky. It's a matter of modernization and the changing marketplace. In San Francisco, they kept their existing product and turned on more. Vendor-product alignment is key. Wellsky is used but not by the biggest or most complex CoCs.
	  ○ As a smaller provider to older adults, we only use HMIS and are seeing higher acuity and tracking more data. Do you have experience integrating what's captured in a homeless service system with health data?
	      ■ Some jurisdictions have been looking at: can we expand our HMIS to do everything for everyone? Is it about having a data repository?
	      ■ When looking forward in other projects, we've run into the problem of HMIS can't do that, for example. In order for us to achieve the goals operationally, the technology needs to support.	

Action Plan Breakout Discussions and Report Back	Board members moved into breakout workgroups (1.2 and 2.1)
	1.2 Cammisha report out with X, Drew, and Jamar
	2.1 Laura with Ian, Christina and Patrick
	Report back:
	  ● We will do this again in the future, using time in meetings.
	  ● 1.2: Talked about things we want to highlight for the full board, barriers, and solutions. We'll meet on March 6th.
	  ● 2.1: Talked about goal of presenting a visual of the different revenue sources (as well as restrictions, time, and use).
	  ● Leads can reach out to Malka for support with scheduling	

| | meetings outside of monthly board meeting time. | |