



Tacoma Pierce County Coalition to End Homelessness

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Coalition to End Homelessness Provider Meeting - Friday, February 26th, 2021

Fri, 2/26 8:48AM • 3:12:57

SUMMARY KEYWORDS

hospital, community, encampments, meeting, emergency department, patient, coalition, program, questions, shelter, people, city, minutes, bed, system, services, folks, tacoma, presentation, updates

SPEAKERS

Kimberly Bjorn, Irene Morrison, Julian Wheeler, T Della Dunn, Kim Cummins, Jena Anderson, Gerrit Nyland, Kevin Glackin-Coley, Carlos Castanon, Robin O'Grady, Rob Huff, Jennifer Ammons, Theresa Power-Drutis, John Van Buskirk, Nathan, Pamela Williams, Brianna Betancourt, Rosemary Powers, Mike Boisture, Arrow, Adrian, Colin DeForest, Craig Jacobson, Kathy Ryan, Reverend Boyce, Tiegan Tidball, Janet Runbeck, Maureen Howard, Kirk Tracy, Valeri Knight, Kat Green

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Rob Huff

Yeah. So rosemary, it looks like people are starting to come into the room would you like to get us started for the morning. And you're muted right now rosemary.

Rosemary Powers

Welcome everybody to the weekly meeting of the coalition that Tacoma Pierce County coalition to end homelessness. I was thinking about the name of our group. This morning, and the most important word in there is end. It's a verb. That takes a whole lot of effort to do. And when this coalition was started many many many years ago, Maureen will remember being a leader in that effort that to end homelessness seemed important and doable. And it still seems important and doable. But the verb and makes us really have to think about the constancy that we've given to the task. And our commitment to continuing to make that actually come true. So, I'm wanting to welcome everyone here we have some new folks with us who are maybe going to share things with us today. And so we use this time just



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briefly to welcome you and to ask you if you would to identify yourself. If you're associated with the group just to mention it it's not a long introduction but just so you can know who we can know who you are, and also in our chat function on here we encourage people to put contact information if you're willing to, or want to have more contact with us, so that folks who interact with you, possibly on screen will know how to get in touch. So with that, I welcome anyone who's new today or returning after a long time away to let us know you're here. Just unmute yourself and say hello.

Jena Anderson

Hello, I'm Jenna Anderson, I'm a resident on on North 30th Street. I've connected with a few meetings now. I call myself a compassionate resident who really wants to get involved. It's a burden on my heart so just getting involved the coalition has really, I have felt a connection and an avenue to push my concern into, so I can help so I'm a finance manager with care net pregnancy and Family Services, down the street by LMR hospital, and I work part time so I have some days that I can definitely lend to these meetings

Rosemary Powers

and welcome Janice, thank you very much for coming. Good to see.

Robin O'Grady

Good morning everybody, it's Robin O'Grady from fusion in Federal Way and I'm just trying to get reconnected I was here probably a month ago and just want to pop in and see what's going on.

Rosemary Powers

Well welcome Robin glad you're here.

Robin O'Grady

Thanks.

Kat Green

Good morning, my name is Kat green and I'm with associated ministries I'm a rapid rehousing specialist and case manager. And this is not the first time I've been in this meeting but I know many of you have not seen me so I wanted to say good morning.

Rosemary Powers

Well, good morning Catherine and welcome.

Kat Green

Thank you.



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Craig Jacobson

I'm Craig Jacobson I work with the Health Care Authority I'm the program administrator for our forensic path program we have two of them in Pierce County with greater lakes mental health and then comprehensive life resources. So,

Rosemary Powers

that's wonderful to have you join us Craig Thanks.

Craig Jacobson

Thank you for having me.

John Van Buskirk

I'm john van Buskirk family physician at Tacoma family medicine residency and involved in the neighborhood clinic there in hilltop and it's more more impressed about how homeless in this and home insecurity issues impact on health and really looking for what we as healthcare providers or members of the community or healthcare organizations can do to, to work on this task so I'm just impressed at how much activity already is going on, so looking forward to learning more today.

Rosemary Powers

Welcome john, good to see you.

Pamela Williams

Good morning, my name is Pamela Williams, I am a housing specialist lash care coordinator for MDC. I work with the harvest program, which is representative of True Blood foundation or the True Blood element.

Rosemary Powers

Wonderful, thank you for joining us demos be important to hear your voice to thank you.

Arrow

Hey I'm arrow, and I'm with Food Not Bombs, and I'm also the founder of the Food Not Bombs street medical collective, where we do comprehensive first aid and medical services as well as mental health sort of practice all around town and the different houseless camps.

Rosemary Powers

Excellent, thank you arrows really important work.



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T Della Dunn

Good morning. My name is Ty della Dunn, most people call me true. I'm a peer specialist certified peer specialist with a True Blood initiative element program with MDC.

Rosemary Powers

Well welcome through. I'm hoping you will speak it is however it is.

T Della Dunn

Thank you.

Kimberly Bjorn

I'm Kimberly Bjorn I lead elevate health I'm going to be talking about True Blood today and I just wanted to do a special thank you to Pamela and true for being here.

Rosemary Powers

Excellent. Thanks, Kevin

Kimberly Bjorn

anybody else that might not have said anything yet that's part of the forensic team and Craig, especially for being here.

Rosemary Powers

All right.

Nathan

Well hello how you doing I'm Nathan. I am the Program Manager of forensic carbs. At MDC.

Rosemary Powers

Wonderful, thank you Mason for joining us.

Jena Anderson

Would you briefly say what MDC is. Thank you.

Rosemary Powers

I don't know that Nathan heard you.

T Della Dunn

Now, we'll hit true, you got Metro Metropolitan Development Council.



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Rosemary Powers

You'll find out more I'm sure Jen as you go along here today. Thank you again for joining us Nathan. Anyone else one last chance for letting us know you're here if not just put your name in the chat or let us know if you want to be contacted at some point we'll try to do that. Rob I think I'll give it back to you. Oh, we have somebody else, their hand up.

Adrian

Good morning. I'm Adrian. I'm an engineer I work for air housing systems. Oh,

Rosemary Powers

and just smile Adrian Good to see you, chariman.

Adrian

Great. Just sitting in see if we can create good systems.

Rosemary Powers

All right.

Mike Boisture

Well, thank you, rosemary. I think we will. I want to welcome everybody here this morning as well. And we have a very full house so it's great to see everybody virtually at least. Quickly, why don't we shift to our regular session on this week on the streets. I don't see Nathan on the call with us this morning but this is the opportunity for those who are working directly with doing outreach, and in, for instance the warming centers to talk about what they're seeing on the streets this week so I'll open the floor. I mean I see your hand up. Yeah.

Irene Morrison

Okay.

Arrow

So, one of our comrades in Food Not Bombs is the food manager for the east side warming shelter which is now closing so he's there right now, helping to close it to come housing now did a protest on Wednesday, they drew quite a few people and did some organizing around trying to take next steps in terms of how we're going to get folks services, there seems to be a very clear in congruence between what is the metro parks is saying, around the folks at the warming center, and what our person, Austin who works there is saying, so the city right now in Metro parks is saying that the majority of people if not every single person has been connected with services and Austin is saying, at least three quarters



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are going to be back on the streets by next week. So, there seems to be a real inconvenience between, between those two things. We're also dealing medically with a lot of COVID that is sweeping the camps right now. So last week I brought someone into the hospital for a very severe infection, he tested positive for COVID. He was living in a trailer down at the pilot camp with a bunch of other people in his trailer, and then when I asked him, he said you know like half the camp is in and out of that trailer and none of them are wearing masks, a lot of them had also come over from the casino camp that got closed down, and two days before the casino camp got closed down, I took someone to the hospital for a severe infection and they tested positive for COVID. So there seems to be a pretty severe COVID outbreak that sweeping through the pilot camp and all camps that like sort of associated with those two camps, as well as some pretty severe infections. So, from the medical side and warming shelter that's kind of what's going on.

Irene Morrison

And I just want to briefly say just increasingly dismayed that you know we say, give us hygiene stations give us sanitation porta potties, and it's been months now and it falls on deaf ears and I know a lot of you have been saying the same thing. And it's just dismaying, and I'm so tired, and I just at this point I'm about ready to give up. People are dying, and there's just nobody cares.

Mike Boisture

Well, we definitely hear you. I see Robin O'Grady with her hand up and then Jeffrey,

Jena Anderson

and I just get clarification you guys, is, is the North Point and the Tacoma Eastside Community Center are those two separate programs.

Irene Morrison

Well they're both run by Vallejo and, and the fact remains that closing down beds is closing down beds the new shelters like Bethlehem that are opening today there for families only like there, it's not comparable low barrier beds.

Jena Anderson

And then, can you can you confirm the date that those will be closed. Yeah. Can

Mike Boisture

I answer some of these questions. Yeah, Mikey definitely can. Well, especially I am here. Okay. And some of the information is going out is dated information. Okay, number one, we basically have three or seven people that have made the choice that they don't want any services. Okay, to say, a large number of people are going to be pushed out. Okay. And having nowhere to go is inaccurate. Okay, we've done almost 90% of the people that we have, we have got them in different locations. We're



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working right now with Bethlehem, to put 13 people in there, Bethlehem is taking couples, as well as single women. Okay, the shelter is right now today. We're asking people to leave by 1011 o'clock noon, in that timeframe, and we're trying to get them transported to wherever they want to go. Okay. And then we it's going to take us a while to clean this place up. So, technically, the contract expires, if you will, on February 28. Okay, so I have until February, 28, to get this facility, as well as nor point back to where it was when we went into the facility. Okay. And I would really appreciate it until the 28th if someone needs numbers, or what's going on at North Point, or east side. Okay, call me because I'm going to try to squelch every one of these negative points that some people are making. Sorry, little bending there. Thanks, Mike. Can you drop your contact information in the chat so that folks can reach out to you if they want to. Yep. No. Perfect. Thank you. Jeffrey.

Reverend Boyce

I talked to the clo for this. Lincoln neighborhood. Steve bucks yesterday morning, the encampment on 38 and G. As approximately 20 people right now, and that camp is going away. They have been informed to either accept some form of sheltering or move. And they got the word yesterday. I have talked to them they're concerned. I have no idea where these 20 people are going on the date I heard was sometime early next week.

Mike Boisture

Thanks for that update Jeffrey. They didn't say where they are being offered shelter.

Reverend Boyce

No, and neither did the clo.

Mike Boisture

Okay. Others with updated information about what's going on in the streets this week. Okay. Thank you for those updates. Difficult as they are to hear and do know that everybody is here to work with and serve the folks who are out on the streets, so don't lose hope. So our next item on the agenda is I have tieghan from the city and tieghan I'll let you take the Florida cue up the breakout groups that we're going to do regarding informing the city's plan, homelessness plan.

Tiegan Tidball

Thanks Rob, it's good to see everyone this morning. I missed a little bit of the check in, I was having some technical difficulties. So sorry to miss some of that because it sounds like there was some good conversation happening, of support as needed on the streets. So today we're gonna talk about hopefully in the breakout groups of racial disparities and inclusion. And so, what I want to tee up about this is, every breakout session from here on out we're really going to talk about racial equity and how it impacts individuals at each stage of the homeless continuum. And so what I want to share is that we're really pulling some of our work from the spark report and if anybody doesn't know what this park report



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was. It's supporting partnerships for anti racist communities, it was done started in 2016 2020 was the end of their second phase. So, some of the key domains that they said were influencing homelessness and the impact of persons of color are primarily economic mobility unavailability, and availability of affordable housing. I'm involvement with the criminal justice system, a variety of mental health, behavioral health issues, and family stabilization. That really want to talk about today. Before we jump into the continuation we're always gonna have a question around racial equity and how to support people of color at that stage of the homeless continuum. So, what we really want to talk about today is like how are we already collecting client invoice and feedback from individuals in particular system so what we're hoping to ask is think about how your agency or the work that you're doing collects client feedback, especially people of color. And, or do you not because I think that's also an important component if we don't collect that feedback. So, the question today and I will put them in the chat. The first one we're going to ask is within your existing programs or your, your area of work and expertise. What avenues do you use to hear direct feedback from black indigenous and people of color to individualize the utility of their services. And how does your agency act on that feedback or support the bipoc community. So big ones. And if you don't, because I mean we can also sometimes get informal feedback as well and how to use that. So we're really getting, like how do we hear those voices, how do they, how do we incorporate them into our work. So do we have any questions before we start, and I like I said I'll put these in the chat as well.

Mike Boisture

So if you can if you want. If you want to put those in the chat ahead of my. Yeah, before the breakouts and I'm going to create rooms so we have four or five people in every room. The hope is that each, each room will have one person taking some notes. Our goal is to talk about these questions, take some notes. And then when we come back into the main room at 930, you can paste your notes into the chat so we can capture that for tuning in.

Tiegan Tidball

Thanks. Oh hi Teresa.

Theresa Power-Drutis

Hi. So I, I do have a question, these are aimed at agencies and we have a number of people who are individuals. So, how are you asking them to engage in this conversation with us. Well, I

Tiegan Tidball

think that people that are maybe our engagement agencies have just as interesting ideas of how to collect feedback from the community, or have people in their lives that they know that this touches. So I think part of it is not to show off people that aren't actually doing the work because we know advocates you do the work, you read things you experience in a different way. I think any information on how to really get feedback directly from individuals of color, and how they're impacting the homeless system



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everybody here touches the homeless system I believe in some way, whether it's you have neighbors that are homeless in your community or you're actually doing the work so any ideas are good ideas and we need them all. And thank you, Alan for putting the spark report in there I appreciate that. So I'm excited to hear what you guys have to say and really think on this because I know the racial disparity is a huge issue across the nation, not just our community. And it's really important we start making some headway on that so I'm excited for your ideas and thank you all for participating.

Mike Boisture

Alright so I'm going to send us all off to rooms, and we'll come back here at 930

Gerrit Nyland

got a plan, Rob.

Mike Boisture

I figured that any plan comes together right during this session. So the challenge that we have is that. At 930, we have the hospital discussion. And that's going to take at least 20 minutes. That's what they were scheduled for I put them at 25 on the agenda so we'd have a little room for q&a. The next big block was going to be for us to update everybody about what's happening with the coalition, probably. I mean, I just bumped that yeah let's just do it in one minute,

Gerrit Nyland

I mean honestly that's,

Mike Boisture

that's all I know. Okay. I do know that, Maureen wanted to cover some things that she brought up this morning. So there's a couple of options we we could move the coalition updates to two to after we do government updates, and just kind of jump, go you and then Maureen closer to the end of the meeting, and carve out that 20 minutes that I have right now. It's actually yeah it's 20 minutes to let harps program. Folks speak the tough thing is that they originally asked for 30 to 45 minutes. So,

Gerrit Nyland

so yeah, that was my my email thread with them, I mean I'd written down they were gonna come today but then I.

Mike Boisture

Yeah, and she did email back. I didn't, I didn't have a chance to to follow up with that because of the things that were going on yesterday so she must have assumed that they were on. We can make it work it's just going to be compressed.



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Think that's fine.

Mike Boisture

Yeah. So Gabriella Did you mean to stay in this larger room or did you want to go to one of the conversations

conversations. Okay. Yeah I call everything a little a little late.

Mike Boisture

Okay, that's fine. Well, we're only gonna be here for another five minutes and then everybody's coming back in anyway so are you this morning Valerie.

I am good,

Valeri Knight

we finally got word from the state for our tea wrap dollars

Rosemary Powers

so I'm

Valeri Knight

multitasking and completing an application for \$32 million. At the moment, but, you know, it's never been it's never boring.

Rob Huff

That's almost real money.

That's almost real money.

Rosemary Powers

Like, so yeah, just,

Valeri Knight



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it's not due till the fourth but I feel like if we get it in faster than we get to process faster so my goal right and today so

yeah I'm good though.

How are y'all.

Mike Boisture

You know, winging it.

Valeri Knight

My update can be super fast just be like Valerie you got one minute and I'm like, we'll go live March 8. There we go.

Mike Boisture

I'm guessing though there's gonna be folks who want to, who will want to know more than that so I think we'll be able, we'll be okay we're just going to shuffle a few things around like we almost always do.

Yeah, sounds good.

Gerrit Nyland

It's kind of good having the hospital people and the friends and card people here together and just the feeling good synergy.

Mike Boisture

Yeah, and putting them back to back is probably good too.

Gerrit Nyland

And starting off with the equity stuff again I think that's good anchoring that's nice planning on the agenda Rob. Great, I

Mike Boisture

had a conversation early this week before that study session marathon. With t again and thought that we should do the equity conversation upfront before she got into the other topic areas so like she said she's gonna weave the equity conversation into the other topic areas but I thought it was good to call it



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out specifically. Garrett who is the person who is leading that conversation for the forensic harps. Do you remember, oh Kimberly Bjorn. Yes, there we go, I see your name, answered my own question.

Gerrit Nyland

Take an Instagram photo there crystal be, you're definitely pushing out some cool vibes.

Mine always look like a mug shot.

Gerrit Nyland

No photographers like no you really need to smile like no it doesn't work out well. Like Can we go back 100 years where you had to just sort of hold the same pose for 15 minutes and, you know,

Mike Boisture

flash and smoke.

Gerrit Nyland

Yeah, your resting face instead of.

Mike Boisture

So crystal since you just joined us we've got a couple more minutes that people are in breakout groups and then we'll come back into the bigger group so that's why I haven't sent you off to a room. Welcome to the meeting, Emily we are just about to call everybody back from the breakout rooms into this main room and move on to the next item on the agenda so it'll be here. Listening to silence for just a minute or so.

Last few seconds.

Mike Boisture

Welcome back everybody so the drill. Now that we're back in the main room is to pull together your notes from the breakout and paste them into the chat so we can get those to Teagan and help inform her process with the city. So, we will shift to the next item on the agenda Tikkun Did you have anything else that you needed to add before we move on.

Tiegan Tidball



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I don't, I do want to apologize to my group I hit my button to return when I was just starting to talk. But no, I appreciate everybody's feedback as always, you guys are great so thank you so much and I know I'll probably have an update in the city update later too so I'll be gone. Thank

Mike Boisture

you. Awesome. So we do have a packed agenda today so I want to move on to our next topic and invite Kathy Ryan, to begin the conversation about how hospitals discharge people to shelter. So Kathy, you have the floor.

Kathy Ryan

Good morning, everybody. I'm Kathy Ryan, I'm the emergency department Social Work supervisor for Virginia Mason Franciscan health we just got rebranded yesterday, and we're happy to join Virginia Mason, in a partnership. I am doing a presentation with Kim comments, who is from multicare and then my co supervisor Kirk Tracy, who can introduce himself shortly. I just want to say right out of the gate, when I have the sunshine issue happening at my house right now. And then I'm having some bandwidth issues. Kim has a point because there's the three of us are going to do a little quick overview of the hospital system and how we engage with our homeless population, and then the barriers and limitations of what hospitals can and can't do. And I'm not seeing her on there so I'm wondering if Kim and I don't have a different screen I'm

Kim Cummins

here to share the PowerPoint myself or someone I can do what I have it up if needed.

Mike Boisture

Kim I can make you a host so that you can share it so just give me a moment and I can do that and then you guys can get started. All right.

While Rob's doing that. My name is Kim Cummins and I'm the executive director of hospital case management for multi Care Health System across the Puget Sound and Inland Northwest. I'd be here and partner with my colleagues from Virginia Mason, Virginia Mason ch. Hi.

Mike Boisture

And you should have the ability to share now. It's working.

Kim Cummins

Hey, Okay.



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So thank you all so much for having us. My name. Again, my name is Kim Cummins and you met Kathy Kirk, would you like to introduce yourself, real quick.

Kirk Tracy

Sure. Thank you, Kim first Can you all hear me. Okay, great. My name is Kirk Tracy and I am the acute care Social Work supervisor for both St Joseph's Medical Center, and St Clair hospital. Hopefully the mask is not muffling me too badly but I am in a shared work area so I do need to keep this on.

Kim Cummins

Well what we hope

to accomplish today is really to begin the journey and continue what I know all of you have been working on but to begin a journey of improving transitions of care from hospitals to the community for persons who are experiencing homelessness. We also want to help all of our community partners understand hospital operations and hospital needs, so that we are providing exceptional medical care to people when they are sick, and then we want to be a part of brainstorming shared solutions for the disposition process from the hospital, as well as emergency rooms. And then, of course, knowing that that will be continued conversations that we're not going to solve everything today but thank you for this opportunity. So Kathy is going to go first and talk to you about the emergency room process.

So just, um, I don't really like to read PowerPoints, word for word but I'll just hit the highlights of it. So we just wanted to kind of give an explanation of how on individuals in the community, including those that are homeless individuals access our emergency departments across the system, in particular in the Tacoma area, which is Tacoma general and St Joseph's Medical Center. We provide medical treatment for one to 200 patients in a 24 hour period at each of our hospital systems. We generally only have one emergency departments social work are on at a time. And then the difficulty happens if social worker calls out sick, or there's a gap in services, and some of the ers and our system hospital system, which ranges across three counties on, but in the Pierce County region, they don't always have a social worker on they only staff according to the busiest days evenings. And not every single day, and limited tell us Social Work availability on off hours on but that's not always consistent. If staffing is an issue for the social workers on in the emergency department, true or not true but psychiatric emergencies, oftentimes will take the majority of the social workers time. And for all kinds of reasons on unique to Washington State. So typically when an individual accesses on our emergency department and regardless who the individual is, I know that we're focusing on the homeless population. For this reason, but I just wanted to point out that we treat all of our patients. We provide the same care, and on



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to all of our patients on as our patient. So they typically access on through one of two ways. Either through our lobby or through via the ambulance Bay. And they're standby triage nurse then they're assigned a bed nurse, and then they are assigned an attending physician on, we are consultative services in the social work realm. So we rely on the provider, the attending doctor or physician on to refer to us, and we do not see every single patient that comes into the ER. So all of our referrals, at least, and I think this is the same for multi care but in our for instance can help on arena that they come from the provider. It is up to the doctor to determine if the patient needs a social worker or not. So I think that there may be a misunderstanding of the community that social worker will engage with every single homeless individual and that is not always the case it is up to the provider. We oftentimes will advocate to see the patient on. However, the constables are driven by the doctors. And then they put an order in, and these orders can range from mental health assessments. Suicide assessments, referring to the dcrs for involuntary commitment, making referrals to outside providers, and we'll assess for the appropriate resources upon discharge. And so basically what we're doing is assessing for the level of care that that individual needs. And then we're trying to access resources in the community. And because we're 24 seven, our resources are not always available, especially on weekends at 3am on a Sunday morning, as an example.

And just to add to that Kathy want to touch everybody that we can and provide those services but you can imagine in a busy emergency room that sees, you know, 150 patients in a 24 hour period, with only one social worker, there are many many days many shifts when we may have six or seven patients, active psychiatric crisis, who have tried to harm themselves or who may be responding to voices, and we're really trying to help stabilize that patient, find out what their history is what services have worked for them in the past what medications have worked for them in the past, and one social worker supporting the care teams 445 even six. Patients with significant behavioral health need immediate needs would be their focus, and that may be one of the reasons why a physician may not write an order to a social worker at a time when someone who may be experiencing homelessness may arrive to the end with a lower acuity medical need. And so just kind of wanted to help people understand that picture.

Kathy Ryan

Just really quick. I

just wanted to, I noticed that there's some chat questions. And I'm not going to be able to talk and multitask. Unfortunately, I don't have that skill set so I'm hoping that when we're done. If somebody can like keep an eye on those chat questions, I know the three of us would be happy to answer them.

Rob Huff



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Yeah, we will. Awesome.

So I'm trying, I think this next slide is, again, one that I'm going to go over these are, er, emergency room, barriers and drivers for disposition, just so that you know in our world we call it the emergency department. So, if we slip up and say, Ed, It's the same thing as the emergency room, just in our hospital systems where we just call it the emergency department, and not just an emergency room because there's lots of other things that happen in the emergency department. Some of the things that happen on in US determining a disposition, and just I just want to give kudos it can come and she put the slides together, which is very helpful for kirkin nicely, I do appreciate her doing that. So when a patient comes in. And one of the things that we have to consider and there's laws around that. In the state of Washington is patient rights and patient choice. We cannot force anyone on unless they're we determined there's imminent risk of danger to the community or themselves or they meet grave disability criteria which is all legal. We can't force somebody to take on any kind of resources that we offer, and we count for someone to go to a group home, skilled nursing facility shelter or medical respite program, we really have to follow on the guidelines. So what we really basically do is for determining level of care, exploring a least restrictive alternatives and trying to match the appropriate resource that's available with a patient, but they do have choice on and they have patient rights on a lot of times the emergency room and community workflows, don't sync up, which means on, we're not just open business hours to be able to access outside resources, every resource in the community, typically has different hours of operation on end because for 24 seven, it's very difficult to find those resources after hours on. There are many times. I should backtrack there's not many times but there are a fair number of times, for whatever reason that a patient will elope on, especially if you're trying to offer them options that they don't want to receive, but that's all the options that we have available to them on. We're really big on what's called emergency room throughput. And because we have limited number of beds in our hospital system. At any given time we could have 40 to 50, people in our hospital system that are ready to be discharged, but there's absolutely no place for us to send them. And so, if you have a truly emergent emergency that's coming through really need to look at turning our emergency room rooms, over as quickly as possible. Our goal is to turn those beds over within 90 minutes. However, I just checked the ER track board at St. Joe's shortly before I got on this call. There are patients sitting on our emergency room with over 20 hours each on both of them are ready for discharge. Both of them have been assessed for a level of needs. But the receiving facilities, either don't have beds, or are waiting for someone to accept them. So that's the reality so we have a limited number of beds. We have an enormous number of people coming into our emergency departments to gain whatever services that they need. And then on, sometimes we just can't move them out as quickly as we'd like. One of the things I do want to point out that that we would love to have in this community is after hours access to shelters, on what that means is, my social worker be able to call someone at 2am and say that we have this individual that's ready to get discharged, they're ready to walk out the door. They don't want to be in the hospital they don't want to sit anymore, waiting until daylight. Can we send this person right now.



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We oftentimes, do not have that ability so it'd be great if something like that could be developed, especially for those with behavioral health issues.

They have some crisis or not imminent risk. However, the hospital system is not the most appropriate avenue for them to get services, but we just don't have any other options. Sometimes a provider will choose to discharge the patient. And we just don't have any control over that in the social worker arena. The cost of care of sitting in an ER room is \$700, an hour at minimum, it's very costly I know that money could probably be used to develop a shelter bed. I'm not a politician or person that can make that happen. But we just wanted to point out that it's very costly for individuals that have no medical reason to be in our hospital system that it does cost money that comes from somewhere. They think that's, I think I've covered all of that

Kathy Ryan

slide.

And I would add to that, you know, the mission of the emergency department or the emergency room is really to stabilize that emergent need that emergent medical need or psychiatric need, and then determine where does the person need to go Can we stabilize and and discharge home or to a setting that's more appropriate so they can get the continued care or do they need to be admitted to the hospital. Imagine sitting on a gurney, not a. it's not a hospital room or a bedroom in the emergency room, it's not a hospital room where there's a television, it's not a room where there's a private bathroom. It is not where you want to be for 20 straight hours and the lights are on 24 seven and people are coming through and in with other emergencies it's noise it's not meant to be a long term healing environment it's really meant to take care of that immediate emergent knee that trauma that car accident that stroke. You know that that internal bleeding, whatever's happening and, and so that setting is very meant to be a short term, kind of a setting and for those folks, for example, who might spend 20 hours in the emergency department some of our emergency departments. Even are not attached to a hospital that has a kitchen. And so then we're having to think differently in a way we never think before and off campus emergency department a satellite emergency department. Someone has to think, Oh my gosh, I need to run out and get a sandwich for this person because the normal time in an emergency department really is about 90 minutes. That's what the goal is so just want people to think consciously about that that really emergency department is not meant to be a temporary custodial placement, if you will. And so, wanted to kind of give that that sense. So Kirk, you want to talk a little bit about inpatient.



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Sure. Thank you, Kim. So I'm pretty much just going to work off of these bullet points I think for the most part. So here this slide we are going to talk about the impatient process and procedures that guide the patient stay here in the hospital as well as the work that the social workers do with the patients. The inpatients do require. Shoot, I can't, I'm gonna try to exit the full screen because that's there we go, sorry to chat to the pictures we're cutting this off impatient to require a referral to the social worker from our physician or case manager, in turn, and by require there you know with the current workloads that we have and staffing and whatnot. Without an order there is a chance of course that a social worker may not go. We don't have the capability of speaking with every patient, that is in the hospital is what I'm trying to say here and doing a bad job of it. We do rely on orders from physicians and other disciplines as well to hopefully put patients on our radar and simply I do want to clarify that just because there is not an order in the data the physician orders, does not mean that we will not work with that patient I guess what we're trying to say is that it can contribute at times, we may miss a patient because they were not put on the radar of the social workers that there is a need that needs to be addressed, social workers will complete an assessment of the patient based on their patient need and of course as Kathy had mentioned earlier one of the slides. We do include patient choice and that of course and that is always our starting point with any patient is, you know, where would you are, you know, what do you want to see happen during this hospitalization. When you are ready to leave the hospital, what is your preference. We do have a program with a local shelter where we can offer, we, we can offer them the option of a bed at a shelter we are very limited in that. But I'm bringing this up because the once again the importance of patient choice we will oftentimes have people tell us that they would prefer to go back to their previous living situation, even if it is on the streets and a tent in the woods, what have you, they have, they, we will get turned down on the offer of discharging them from the hospital to a guaranteed bed in the shelter. The average length of stay in our hospitals. It ranges from two to two days to five days. And we do our best to promote early discharges to align with the ED demand, ie, once we are patients in the ED that and do need to be admitted, we of course our side. Our goal on the acute side is to make sure that we are getting patients discharged in a timely manner. So patients do not have to inappropriately sit down in the emergency department for an extended period of time. One of the things that really makes or as far as I know my entire healthcare career has been in Washington State. But it is my understanding that we do operate a little bit differently in terms of the requirement of submitting a certificate of need for hospital beds through the Department of Health. A lot of states if you have the money the land and the desire then you just go ahead and put up a hospital if you so choose to. And that is not how Washington works, and the end result of that, of course, is that on a daily basis, there is a shortage of hospital beds in Western Washington, we are currently at surge capacity already at St. Joe's right now. As we were yesterday and the day before, and St Clair is near full capacity as well. And this is a common occurrence throughout all of Western Washington. And the minimal daily cost of an acute care bed is approximately \$1,000 a day. And so, once again, it's a resource that we have to do our best to protect and make sure that the beds are available on a daily basis to treat the acutely ill patients within the community, and it is truly a struggle already on a daily basis related to the lack of available beds, as I mentioned earlier, Kim Did you have anything you wanted to add before add



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I think I'll tie back to the comments earlier about the two individuals who were brought to the hospital who were COVID positive so to help people understand how the hospital, sort of, you know, where, where patients go depending on how sick they are. We have intensive care units I see us and a very very sick patient who needs to be ventilated with that kind of an infection with a breathing difficulty, typically would be in the ICU. Once someone improves and they downgrade but they still need to be in the hospital they would downgrade to a progressive care PCU bed or a medical bed. And what ends up happening when we have throughput issues or a lack of community resources for people to discharge, including people who experience homelessness is that the medical beds, people get stuck in the medical beds so they're no longer acutely sick they don't need a physician to see them twice a day, nurses to care for them around the clock. But we're basically housing them while we're trying to solve that community problem. Now we don't have a bed to downgrade someone from the ICU into. So then you bring an individual to the emergency department who is acutely ill and needs to be in an ICU I can't get them an ICU bed, that's our biggest fear in the hospital, is that being throttled and not having that critical care bed for someone when they're really sick when they when they have a stroke, when they get hit by a car when they fall off a building, when they're, you know, we have a lot of laborers who are injured at work that end up in the ICU. We want to preserve those beds for people who are really really sick and when we end up just to fall by default, being that custodial care that really could be provided in the community at a lower cost and a much better, safer environment. We now risk not having that critical care bed for someone when they're really ill. And I put a little box in here, that is a synopsis from a few weeks ago when perkin. Cathy and I met to talk about this presentation on that particular morning, one of our larger hospitals we had 22 patients boarding in the emergency room at 10am. There is a lot of medical literature out there that indicates and shows that if someone spends six hours or more in the emergency department. Their mortality and morbidity increases. And so that's not what we want in the hospital we want people to move into the hospital beds if they need them. So as Kirk was saying, across western Washington our hospitals run full almost year round. COVID certainly had a huge impact on that and made it more significant of a challenge. And additionally, many of you may know this already but per capita across our country Pierce County was the third lowest in the number of psychiatric beds available that has been improving the state's been working really hard at creating more community psychiatric beds, but we still struggle with psychiatric patients who then get detained in an acute care bed, not because of a medical need but because that medical bed becomes the de facto Washington State psychiatric bed when there isn't one in the community. So we have, we lose some medical beds there again patient rights and patient choice, our drivers for our disposition planning, and then medical necessity for an acute care bed so we work really hard not to be providing custodial care because we want that next sick person to have the access that they need. Open shelter beds, Kathy mentioned how some of our workflows just don't always sync up in the hospital we're looking at our watch not our calendar. We're not Monday through Friday we're not to 430 or, you know, 1pm, to 11pm, we are all the time. And we just don't always sync up,



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we have, we get great feedback from our community partners and want you guys to call us in the moment if you experience something that you think may have been could have been handled better by the hospitals, we want you to call us in the moment so we can study it and learn it and understand it then. And we can help both sides understand the experience but one example that I've seen many times when folks have called me is that during transport the patient actually told the driver of the vehicle. Take me to a different location do not take me to the shelter bed that the case manager got for me, when the social worker got for me So, and then sometimes we'll have a plan in play and we will have communicated with you guys and the patients decide, that's not really what I want and they might leave. More importantly, or also importantly for you guys to realize is that there is risk when you're in the hospital longer than you need to be. There are a number of hospital acquired conditions, and certainly that's even higher now in the pandemic with COVID. But people get what's known as hospital acquired disability, you're in a bed all day long you having meals delivered cannot have you walking up and down the hallways right now with COVID especially, don't get to go make choices you don't get to go select food there's just a, it's a different environment it was never meant to be long term care. And so, people get weaker than they have to get up and go to bathroom and they fall and we've had people who were not in for anything or orthopedic fall and and have an injury so we really do work from a medical perspective to get people out of the hospital when they're ready to go to the next level of care, because that actually improves their recovery you can get worse in the hospital longer than you need to be because of all these other variables and hospital acquired infections happen as well. So, this is just something I wanted to add to kind of show that these issues are national they happen in many other states. These are examples of court cases and other states where the courts actually have upheld that it is the moral duty of the community to preserve that acute care bed that hospital bed for emergencies and medical acute medical needs. And of course you hopefully I don't think you've heard of any situations where Virginia Mason ch AI or multi care has actually trespassed someone out of the hospital when they wouldn't wouldn't leave a bed but that has happened in other states. When the bad need was really needed for somebody who was sick and that's not what we want. That's why we want to partner with you guys on timing and sequencing on process and on communication, but hoping that folks will understand the value of that medical bed for a medical need. And so what we, you know, of course, are committed to doing is working with you on that process improvement on transitions and trying to improve worn hand warm handoffs when we discharge people to shelter for us a warm handoff is a contact a phone call a conversation as best as we can given some of the differences with the hours, keeping those open lines of communication and responding timely, I think I took your slide Kurt, and then

Kirk Tracy

that's fine You're doing a great job.



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Kim Cummins

Sorry.

And then continuing to support medical respite programs and even potentially growing those services within with community partnerships. And so we do have two medical respite programs one with Nativity house and one with pioneer services. So, and we are looking to grow another larger one in the community and working with some community partners right now multi care is to have a big we hope, we'd love to have a 50 bed medical respite if we could but it's taking us some time to find the right partners the right facility and the funding so with that I'm going to stop, figure out how to stop sharing I hope, and then that way I can see the chat to,

Kim Cummins

hopefully.

Mike Boisture

Yeah, Kim there has been a number of questions in the chat, way too many than we have time for. I don't know if one of you might have a few moments to be able to look at the chat and answer some of the questions there, potentially, but I did notice one question that was kind of a global question that might be good for you to address is, are you aware of other communities that have found a way to close the gap that exists right here, right now in Pierce County.

I that's a great question. I think the medical respite the medical respite program the larger one that we're trying to develop is modeled after one in Arizona called circle of the city. And we've even brought people as he can be orange shaking her head. We've even brought people from Virginia Mason St. Francis Can you guys give me a chance to get to get that down and multicarrier down to Arizona to see circle of the city. It has a clinic embedded in it. It has amazing outcomes. They have embedded case management, just like an activity house and our typeclass program with pioneer, we are offering case management services and we've had some really, really great outcomes with both of those programs, but like Kirk said they're small, I think we have maybe five to eight beds, we've gone over capacity at Nativity house many times they've allowed us to pay for additional beds. We have about eight beds at tide flats we need a big robust program like that, and it needs to be connected to all the services that you guys provide so that there's long term support for individuals I think that's a really good program I know elevate health has been involved with us in in exploring that option. And so we're really excited about that to the comment about adding Social Work staffing we're always of course, we would never say no to getting more staff and our departments. We're both nonprofit health systems, and like you all no margin no mission right so we reinvest to keep ourselves open and to open new services and new programs like the tide flats, like a new, a new program that's going to be opening at Good Samaritan for



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pregnant moms who have addictions, those those types of services are, you know, obviously need to be invested in financially and so we are held to benchmarks just like the rest of your agencies where staffing is based on, on, on, you know, on, on our margins so we can't just add staff willy nilly like you can't either but we do review our staffing models and ask for those kinds of staff increases when we need them we are looking to add. We multi care are looking to add a little bit more support in the emergency departments. But another thing we need to do is get better at right sizing the use of our emergency departments, and I think telehealth actually has started helping that a little bit so this is beyond the homeless population but people in general, tend to go to the emergency department for something that could be solved in a primary care office. And so when we, when we get better at right sizing the emergency department, then we can apply those resources better. That is true of getting better placements in the community for custodial care. And so being able to have people make be maintained in an adult family home or a group setting of some kind, where they get their care needs prevents that from becoming de facto use of the hospital in the end so it's kind of a chicken and egg thing, our social workers would have more availability if we weren't managing a lot of those social determinants of health issues. That really require long term case management and long term social work that you can't do in a five day hospital stay, hope that makes sense.

And related to that if I could piggyback on Kim's comment regarding the staffing. You know there are certain cases of course where we're talking about societal issues that have been present for you know generations upon generation. And there are a good amount of cases where quite honestly, it doesn't matter what our staffing was, we could put four or five social workers on that one case, and it's not going to change the fact that there is a shortage of available housing for people or affordable housing for people who don't require any sort of follow up medical care or anything of that sort, and just need a roof over their head. Once again, six so you know I just saw the email chain yesterday about how the Housing Authority. Currently, you can't even get your name on the list, so it doesn't matter if you put eight social workers in the hospital working on that case around the clock. If the resource does not exist in the community. I don't know you know there's only so much as Kim pointed out, there's only so much we can figure out in a four to five day hospital stay, or one of those issues.

And we're really meant to social workers in the hospital their medical, social workers, they're trained medical, social workers, they're meant to work on those kinds of issues so you're a family you just had a 24 week preemie. That is a baby who's premature in the nick you, there's a lot of Social Work support for that baby and that family there's a lot of time and effort spent there. You're a trauma patient and you're there's grief and there's trauma and there's now the family's income has been completely obliterated and, you know, the children are distraught. There's a lot of emotional support your end of life in the hospital and we're trying to help you with grieving. That's the kind of stuff that our social workers in the hospital are doing, or, you know, navigating the needs of the patients and the families because of



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that medical condition, and we do provide the resources and information or our social workers have to be utility players they have to kind of know a little bit about everything, but given the current situation in what in Washington state and our whole detainment process and our lack of psych beds. They have to triage who they service on those orders that Kirk was talking about so you have six people in the hospital who are on in a detained bed and they're actively psychotic or they're actively suicidal, that social worker is by the bedside daily supporting the nurses and the medical doctor because we don't have a lot of psychiatry support in these hospitals, on how to care for that patient and help them.

Mike Boisture

So, so Kim, thank you very much I hate to cut off this good conversation but I do know that Kimberly wanted to talk about forensic harps this morning as well. So we're gonna follow up with that. If you do have an opportunity to address some of the questions in the chat, or if one of you do. That would be great. I saw Kathy answering some things there so thank you so much for coming and speaking with the group today. And we will move on.

More often if it's helpful are making more q&a, rather than a presentation.

Mike Boisture

Sure, and we just know that we do want to be helpful in the situation as well so if there are ways that the coalition can help with the situation that's what we want to hear so we can move forward. All right, so, Kimberly, would you like to talk about harps

Kimberly Bjorn

would love this I'm actually going to not just talk about harps, I have a whole Trueblood kind of review, because our forensic. our forensic teams kind of really work in unison together on, on our folks so I'm going to start Can you do I have the ability to share my screen.

Mike Boisture

Yeah, let me do that for you. All right, I've made you a co host now. I'm gonna

Kimberly Bjorn

give me a second as I work my magic. Working technology. I know, yeah. It all takes a minute right I want to share my screen. Beginning. Okay. Can you all see that screen.

Mike Boisture

Not yet.



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Kimberly Bjorn

Okay, hold on let me fix that.

Rob Huff

There we go. There you go.

Kimberly Bjorn

Alright, so, and I do have my, my wonderful team that some of them are shy, so they may not speak. But, oh again I'm Canby Oregon I'm with elevate health, and I always start my discussions with really because not everybody knows who elevate health is. And I want to make sure that everybody knows our mission visioning and our core values. So we're here to build and drive community Coalition's that transform health systems and advanced whole person health for all. And our mission. Our vision statement is every person in communities we serve as a full healthy and vibrant life, and we do that through our core values through community empowerment equity inclusion integrity, innovation and reverence. So I want to start. Really, it is a five minute video but maybe that will be a nice break for everybody since we've been talking at you for a bit, because this does a nice job of kind of showing you the why, to blood is happening. And going to make this easier.

Mike Boisture

In, you need to share the audio we're not hearing the audio.

Kimberly Bjorn

I knew that would happen. Hold on. Alright, hold on. I love that you all are very kind to me to you telling not done this before. Hold on. And I was expecting it may not work. So, how do I, I'm not going to spend a lot of time trying to share the audio, because I don't want to deter because you've all been taught

Mike Boisture

yeah I would suggest why don't why don't we just go with. Yeah.

Kimberly Bjorn

Nope, that's all I was prepared for that. So I would, I would really encourage you, although the size will be available to look at this video it's about five minutes, and it talks about two class members on, and now they're advocates, and it really helps set the tone of of Trueblood and the importance of the work it's doing. So an overview on True Blood is a class action lawsuit, it was named after Cassie true but who was the attorney for the plaintiffs her initials are a B and you can find her name but I chose not to share it. class members and I'm going to be referencing them as class members throughout this presentation, because if we call them clients or call them something else, it really I don't want to give the impression that people can just refer to these programs they really need to be through the justice



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system to get referred to these programs. So, the class members in this case are individuals detained in city or county jails that waiting competency services. The case challenged and unconstitutional delays in competency evaluation and restoration. People were sitting in jail waiting for a very long period of time and if you watch that video, it will tell you the days and weeks that people are waiting for these competency evaluations. And then there's a contempt settlement agreement, where the state worked with disability rights of Washington to develop a plan for providing services to persons involved in the criminal court system. And this agreement is not a settlement for Chubais case itself but an opportunity for DSA to secure itself from contempt status federal court. So there's contempt signs. Now that we are working with for additional services. And we just found out that they've received an extension of this funding for phase two and three. And all this may not make sense to you but this is the funds that are that are supporting these programs that we're going to be talking about. So definition of terms what is competency, and that's a mental capacity for an individual to participate and be responsible for their legal proceedings or transactions. I have it written twice. Oh competency restoration, a process of treatment education and support to assist those found incompetent to stand trial. And this process is intended to lead to the individuals to be dedicated competent to proceed. So that is really the core here we are trying to give support to these individuals so they have actually, the ability to move through the system in a supported way. forensic, which is what you'll hear us calling, a lot of our programs is relating to courts of law, or investigation and establishment of facts in a court of law. And as they said class members are those who fall under the group affected by the class action lawsuit. So there are phases of them to implementation Pierce County was one was one of the areas that had gone through phase one. And these are the regional input implementations, so it's competency evaluation competency restoration crisis triage and diversion support education, training, and workforce development. And these are all the programs that are under these headings and so really what I'm really focusing on today, is this area which is outpatient competency restoration program also, you'll hear it be called OC Rp. The residents will support this clinical appropriate heart spreads and carbs for ASIC navigators. We'll talk a little bit about that capacity, and the crisis services. So, mobile crisis response that is really supported by beacon, and the services are through multi Care Health System reference it as MCR, they're really targeting and to reduce the arrests and incarcerations of the individuals experiencing behavioral health crisis, and really diverting them into different community services that are already existing or potentially having to go through the harps forensic programs. And so currently they have teams of peer specialists care coordinators crisis therapists designate a crisis responder, who is able to assess for if they need to be detained and a psychiatric a&p, and I know these teams are being added to it it's been a I've been working closely a lot with Adam Parker who actually oversees these teams, and he and I are working in coordination to make sure our first responders are educated about true bugs and. And I actually enjoy collaborating with people a lot to like to do my best to bring people into this work. And then the forensic navigators. They are state employees, and they are assigned to clients who receive court orders for competency evaluation, and they actually start with when the person is in jail. And if they are deemed competent. That ends, and that person goes through the criminal justice system. However, the classes class members who are



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deemed not competent to stand trial, and they are ordered. Oh, peccr, outpatient competency restoration. Then they continue to work with them, and they do that through, helping them make sure that they do the things that the whole program is set up for them to be able to be able to stabilize and attend restoration classes adhere to their prescribed medications and abstain from any prescribed drugs or alcohol. And then they also work again in tandem with with their other other teams like the path team and the hearts team they work on housing, mental health, substance use treatment supportive employment services and community based, case management services. And then this it says CRP greater lakes, is the team that that has this particular work. And they are known as HCA who kind of oversees all of these programs, they continue to support the CRP contracted agencies, and makes sure that they, they're able to move forward with what they're supposed to be doing. They work closely with the forensic navigators. And the goal is to again to work with the participants, often as class members to achieve the ability for them to participate in their own defense. And so the components of this services their symptom management, social skills training, understanding the legal system and courtroom process, which is those classes that they are going through, and a referral to behavioral health treatment and housing and peer support. Forensic path, so that this is where we're kind of getting into the realm of our homeless folks, so it's a project for assistant and transition for homelessness. And we, the ceramic path team is small but maybe. Right now I think they have one person from top and one person from greater lakes but they were in the process of hiring. Correct, yes, please do.

Craig Jacobson

So, I think one thing to note is both comprehensive life resources and greater lakes, mental health have their own traditional path teams right. A funded program, the friends that have built off of that sort of outreach model. Each team has about four individuals. Currently, and so and they work on a very targeted population of.

Kimberly Bjorn

Yeah. Yeah, that's okay no okay I want you to jump in this this is that many levels. I am. I will diverge off for a second so when I. So as the ACA teaches what elevate health is one of our expectations from the TA is to actually come and talk to people like you, to, to explain what True Blood is, and partly to help people get engaged in services so they don't end up on this path and so one of the things that I did was meet with each forensic team and get to know their work and how Lv health can support that work and so I got to meet with two members and I did not realize there were two others. So, thank you for the Craig. So again the path model is intensive case management. And again, the program design is to include with enhanced certified peer counselors, they initiate participation periods about six months. They will hand off if need to to other, like the non forensic path team if needed. will offer help getting and keeping housing, transportation assistance, help accessing health services and training with independent living skills. The hearts. And I will do a shout out to the people I did earlier today. They are on the call so I would love for you all to jump in and speak a little bit about what your work is. They were



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the first group I got to meet with, and they are through comp in, and DC. And they, their peers and there they are 14 throughout the state of Washington, but our teams, we have to. And they focus on housing and they're addressing barriers and finding and maintaining housing and selling with subsidized costs, and you as the coalition know how hard that is. And the eligibility for pathways again for people to be part of this group they have to be ordered to occur. And the plan is, you know, to have the data analyst referral list to make sure people are on it that should be on it. And then we're meeting crisis triage stabilization criteria for access. When I met with the harp team I wanted to make sure that they knew the resources in our community, and they wanted to connect them to this group, because they're working really hard and they are lucky, because they have been able to develop a relationship and a couple have reached out to me and trying to problem solve, in some cases, and. And I would like for him to speak up but I know that they use motels often, and I was looking in the chat when we were talking before with the hospital systems about are people able to be sent to motels and yes that is probably the main area that people are living as they're trying to secure more stabilized long term housing,

Craig Jacobson

and I would chime in that that is actually the starting point of themes or not meant to be the long term solution.

Kimberly Bjorn

Right, right.

Craig Jacobson

We all know the barriers.

Kimberly Bjorn

Yes. Yes. So the additional programs and I did not want to get into, you know, we have all been talking at you for a very long time so I wanted to at least should tell you about the other programs and there's links that had to do a nice job of doing concise information about what that program does and what the makeup of those programs are. And for me, this is really just to talk about, you know, you have the class member and you have all these different systems that are touching this person and not every as we know we're not all in sync. And we're not and it takes time to these major systems to be able to know what the other system is doing. And that's partly what the ACA, his role is to see where the links need to happen, and it is. It takes a while and these teams just kind of started formulating on this past summer. In the midst of COVID, they are trying to seek people out, engage with them. Started virtually realized virtual wasn't working so they you know they started going back out. In person and trying to connect with folks it's about relationships, it's about willing to go into uncomfortable places and show that I'm here to help support you through the these, you know, this road of uncertainty when you're dealing with a behavioral health issue. So there's many meetings that happen to help with that



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organization. There's the quarterly state Trueblood Trueblood update that anybody can sign up for if they're interested in it. There's the Pierce County operations meeting, there's a crisis collaborative, there's the elemental meeting where everybody comes together and talks about clients and barriers and successes that they're seeing. There's a criminal justice steering committee. And now, as elevate health we have separate in a one off meetings trying to help coordinate things so just to show that there is a lot of involvement and coordination happening to have some success around this. And then if you want more information. I mean, it gave me even more connections to, there's just a lot of information out there so it's what makes for people don't just take what I say that they actually do their own investigation if they're interested. Again, and the other piece that I put on here was elevate health referral link. And because I know you all are looking for a place where we can refer folks that are struggling and elevate health can be one of those places we have pathways where we actually help people with social determinants and health and help get them connected so please look at that if you are struggling with a particular individual that you're serving. I have my contact information on here. And I also added our wonderful contacts with our HCA and state partners Craig is on there. So if you need that information, it is there. And that's all I have to say. And I'm open for questions.

Mike Boisture

Thank you, Kimberly so the first thing that I think I will ask I saw some people asking for the presentation if you can drop that in the chat. That way, that'd be a great way to get it to folks. And if you don't mind putting your contact information in the chat as well so people can copy it. We do have time for a couple of questions before we move on to the next item. There's been a number of questions in the chat so Kimberly maybe you can kind of look back at some of those okay, but I'll, I'll open it up for a couple of questions if people want to raise their hands and let me know you want to talk. Or just jump in.

Kimberly Bjorn

I'm gonna go back and start looking at this. Perfect. I feel like I should say something about the medical respite. I feel very humbled that I got to work with almost everybody who has presented today from the hospitals. And I feel it's an important port resource that we need to bring to our community so I will say elevate health is starting to look at a broader version of our medical risks that. And so what we're in the beginning stages and as that grows. I will be more than willing to come and talk to this group about that but you know we don't want to present something that's not really solid yet so give us, give us a few months but we see that as a huge need for our community.

Mike Boisture

Great. Thank you, Kim. And since I don't see any burning questions I'll let you answer things in the chat, and we will move in on our agenda but I want to thank you and all of the team that joined us today and give a shout out to my co workers from MDC, and with that point of privilege move on to government updates so thank you very much Kimberly



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Kimberly Bjorn

Yes My pleasure.

Mike Boisture

So next item in our agenda. Let's move to some quick government updates. Valerie, are you available to talk about the county.

Valeri Knight

Yeah, of course. So thanks everybody for having me. We finally got our FAQs from the Department of Treasury so that was great news. We've been waiting weeks and weeks and weeks for that. So we are working very closely with the state to get the rental assistance programs finalized the landlord portal will open today so landlords will be able to go in and pre register for their stuff today. And then the tenant portal will be able to is opening March, 8, so on March 8 tenants will be able to go in and complete the rest of their information. It is up to 12 months of rental assistance, it is also utilities and a big change that they just made was it includes internet now so good news all the way around. And so that is huge. Yep, we are working with the state because we will allow those informal family and friend agreements, there are a few extra steps they have to do because of Iraq was super easy right you filled out a form. This one's a little harder. We're gonna have to have some backup documentation for that informal agreement. We are also going to allow hotel and motel for long term stays. So, you can't put someone in the hotel today and then call me, and as pay that's not how it works they have to show that they've been there and been paying for quite some time. So, all of that is huge news. We also just got our state allocation so we received just over 32 million from the state. And so we have 20 million from the feds 32 million from the state plus 4.8 from the state, all to be spent between some of it has to be sent by June rest has to be spent by December, so just working through all these little nuances or little requirements, and we are updating the FAQ is on the website so you'll be able to go there and just get very clearly outlined expectations and what's going to happen next so busy weekend but we'll have it all done by Monday. So, if you have any questions I'm here to help.

Mike Boisture

Thank you, Valerie any quick questions for Valerie before we move on.

T Della Dunn

I have one, I didn't understand how people get connected with this program.

Valeri Knight

Yeah. So there's a couple options one if they have internet, they'll be able to go to our website so if you just googled Pierce County housing help and I'll put the link in the website in the chat here in a second. You will be able to go through the portal on March, 8 and apply for someone who does not have



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internet or it's just not really internet savvy, they will actually be able to call two on one so 211 is not going to give status updates, but they will help folks without internet fill out the application. What's really cool about this portal is once you filled out the application you'll actually be able to log back in and check for status updates on your own, which is huge because you couldn't do that last year, and you'll be able to go back in and say, April 2, you know you can't pay your rent in April, I need help with April, and you'll just be able to do it through the portal and that will automatically trigger your provider to issue another check so streamline process trying to just make it as easy on clients and households as possible so, yeah, I'll put the website in the, in the chat box.

Rob Huff

Thank you, Valerie.

Valeri Knight

You're welcome.

Mike Boisture

Um, so let's shift Teagan You said you had some additional city of Tacoma updates.

Tiegan Tidball

Thank you. Thanks. So the first one I want to share is so there was almost update this Tuesday during study session, I will put a link to the video in the chat, so that everyone can see it. Next Friday. Our director Linda Stewart will be coming to answer questions and talk about it more so get your questions ready for her. I'll be a great place to discuss it with her. On the other big update I wanted to share was the, the RFP for the youth in young adult shelter has been extended to march 23. So we're extending the deadline to get applications for that as well. So we just wanted to let everyone know about that as well. And those are my big updates.

Mike Boisture

Thank you Teagan. So I see Rianna from the Tacoma Pierce County Health Department, do you have any updates for sweet green.

Brianna Betancourt

And I have just a few small ones. Hi everyone, my name is Brianna Betancourt, and I'm at the Tacoma Pierce County Health Department. My activated role is to as a community liaison help ensure equitable access to Vaccine Education. And so, full disclosure, I don't work with directly with investigations and outbreaks and so I'm just putting that out there. When I do get concerns. I send them up the chain, we operate in ICS structure and so that's what I do. Um, so I'm gonna put some links in the chat about how to sign up for notifications about community vaccine clinics. And then also some other stuff from our web page. And so, the Vaccine Education can come in the form of presentations distributable fliers, I



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can email them to you to post your agency's physically. Yeah, so I'm gonna drop those links in the chat, and if anybody. I have a question. Can, can we swap me with Ivan on the agenda. I've been working more closely with investigations and outbreaks and I often get questions about that stuff and he's more hip to that than I am.

Mike Boisture

We certainly could. The trick is that Ivan has not been attending these meetings very often so probably be in name only if we did that.

Brianna Betancourt

Okay. Okay. Understand. Yeah, I'll put my contact information in the chat.

Mike Boisture

Great, thank you. Brianna. And you'll probably since we've had a very information packed meeting today so we are kind of rushing through the remainder of the agenda but I don't want to cut things off so next up we have Collin deForest. Do you have updates for safe parking network.

Colin DeForest

Oh, yes I can get some quick updates. Basically the, the East pier sites out there Baptist site is full. We've been shuffling people through there quite quickly. But it is for right now. Our Tacoma site has two openings. We just moved a are in the process of moving in a mall, a pregnant mom, living in her vehicle. So if anybody knows of any other resources for a pregnant female, who's living in her vehicle please let me know, reach out to me. So that's going good at both so both of those sites we have to two dates, and I'm going to touch them one, we have not had one call for service from police or any issues at the site, things have gone Great, so that is awesome. Other updates. The slow rolling ball of the TCC project is still rolling. I'll be it slowly. I have a meeting so I did a PowerPoint presentation for their leadership. Last week, um, this week so they had some questions that came out of that this week, so this coming week I'm meeting with the president of TCC which is going to be. Hopefully, one of the last meetings but I'm guessing not so very positive, lots of interest, I'm definitely optimistic that this is going to happen. I just hope it happens during the school year. So we got that going on still Salvation Army in Pew all up, so kinda Kelly and her husband went through the application process, they were would say Park network so we have okayed them and clear them to move forward so we are moving forward with Salvation Army as a sights. There'll be more on that, but we're going through the process. They are looking to serve and three individuals, three senior citizen, women. And unfortunately, that's a thing and you all up and they have senior women already selected, I believe. So, I mean it's an example of, it's just really unfortunate that we. That's actually a thing in our cities that their senior citizen women living in vehicles. By but I applaud them for reaching out, it's also exciting because they're doing it in a way where, with it being under the umbrella of the safe parking network they don't have to go through their kind of chain of command which a lot of us know about salvation army which really goes, national, So,



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so I'm hopeful to have a similar conversation with the Tacoma site. Don't have to come with that. And then lastly, I would say, Cindy has just not let the ball drop with her church with Tahoma Unitarian Universalists so we have kind of really been talking Janet myself others from the safe parking group with Cindy for Gosh, a couple months, and they are, and I don't want to get ahead of myself, but they're going through the application process so they've had some meetings and it looks like they're going to be moving forward. They're very excited we're very excited I think that'll be great to have another site in Tacoma. And I think off of 56, that's a really good area also. So outside of that. I really don't have much more we've had a couple issues that have come up. There's been a lot of calls this week it's really ramping up, I will be completely honest, one of the things that we were hoping to do within you know any pilot program is just learn, learn, is there a need for this. And I will say I am extremely surprised that the families just have not we've had like two families that have come to the program so there just are not a lot of families out there which honestly is good. Anecdotally, what I'm hearing is a lot of those families because of the cold weather are doubled up on couches, so we'll see if that changes the weather starts to turn, but we most definitely have a lot of individuals and a lot of couples, and a lot of seniors that's that's a really big thing we had one of our individuals that are Tacoma site, who had to go into hospital Luckily, we're able to help her, which is one of the great things about this site because, and I might have mentioned this last week but just from sitting for too long, her circulation is having challenges in her legs so she had to go into the hospital and get that looked at but once again we were able to help her, because she was at the safe parking say so. So, great stuff there. Um, we had another one that kind of came through the coalition that was a van that was parked and this is an example of what unfortunately there's, there's gaps within the safe parking network and whether it's our V's or it's other or vehicles that are not running so there was a van that was not running. We had some, some great neighbors that were willing to tow the van to one of our safe parking sites but unfortunately that's just, that's, that's a can of worms that we're not going to. We're not going to get into at this time so that was unfortunate and unfortunately the van. I just got word this morning, ended up getting towed by the city I'm guessing so kind of an example of why we do need to save parking sites but also, it doesn't work for everyone. So, that is about all I have.

Mike Boisture

Thank you, Colin. Thanks for all the work you and the safe parking network are doing great progress. So I think at this point in the agenda we will shuffle some things around and shift over to Garrett, and then Maureen for some quick updates about coalition happenings in the last week and then advocacy.

Gerrit Nyland

Do you want to go first marine. So, we all voted last week to take on a leadership role within the county to end homelessness. And also, to take a leadership role and creating enough shelter in the community, like creating, meaning, inspiring others to spend money to create a dish shelter so that our hospitals as they're describing their challenges with shelter today go away, so that by November 1 of this year, there is a place where everybody belongs, whether it's Colin's amazing safe parking network,



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not just Colin Chan and lots of others, but again, don't want to I can't emphasize enough how amazing it is that today we have safe parking and we didn't last year, and we've been trying for a long time. And, and that persistence really paid off. And it's stunning. So, we voted on those two things well really three right a third thing was to figure out what our coalition structure needs to be, and to do to do both of those tasks, we needed to have both the County Council and the City Council on board right they're not just partners, they're the major players, and in our discussions with the County Council Council. It turned out that the county council was very interested in seeing this work happen, and they didn't want to be one of our partners, they wanted to be leading the work. And so, we've been in discussions with Derek young and his staff and others on the county council about the county council allocating substantial additional funding for Pierce County to hire staff, and to take a lead on this with a target of creating a plan. By the beginning of July, right so that's pretty aggressive for plan period pretty aggressive for a government agency so. Even so,

Craig Jacobson

to US

Gerrit Nyland

Marine says, you know, we're gonna call this a win. and it you know it takes a little bit of the control out of our hands, which may not be a bad thing, but probably us stepping into this space help to hasten that conversation about the county taking this work on. And so, I'm confident it's going to be successful, our fingers are going to be involved in it. And we just need to see it play out. So it's kind of in the political staff discussing county council discussing us discussing with City Council so lots of things are up in the air so my update is while things are different than they were last week, but the destination we want to get at looks to be on track. Just, our pathway to get there appears to be a little bit different than than when we left the meeting last week and I don't want to take up too much time. We can we're definitely talking about this at our steering committee meeting, although perhaps a better run discussion than I ran last Wednesday, it's, it's just a lot of things up in the air. And so, again, thoughts are always welcome to me and Kevin and marine attend the steering committee meeting on next Wednesday at three links on our website. And I don't think I have time for questions, Rob, but I can do some in chat or you can just reach out to me directly.

Mike Boisture

Okay Garrett and now, hand it over to Maureen.

Maureen Howard

So to try and make the steering committee meetings work a little closer to agendas. I'm inviting anybody who wants to know the nitty gritty of anything that's on the agenda to join me at 230. On Wednesday before the steering committee, so that if you want the painful weeds of detail. We can do it, then and, hopefully, the steering committee meeting itself can be more interactive than the last one



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because we do have an enormous amount of information that we want to share with anybody who wants to be part of it, so. Alright so, a year ago, I was encouraging all of you to please make an emergency plan for yourself, your family, and your organization because of what I thought was going to happen with the virus. Sometimes I turn out to be right, and it doesn't make me very happy. But it turned out that that was good guidance. So rather than going through a list of bills what I want to do is highlight some pieces of our system our overall system that I think are important to keep an eye on. And some that I think are important not to panic over. So we have a real homelessness prevention system now through the rental assistance that we've had for the last year and that we have coming that we did not have a year ago. What we also have is an active eviction defense kind of program or working group or whatever the coalition doesn't run that. But participates in that. If you heard the news yesterday or today that a federal judge has blocked the CDC moratorium on evictions, the eviction moratorium saying it is not constitutional Do not panic. We are governed by a Washington State eviction moratorium. Alright, our champions at the federal level, have already taken up that federal CDC issue, and we may need it, going forward, we don't know if the governor will extend the moratorium beyond March 31 or not, but do not panic over that news in Washington State. We are there will be efforts to to get the governor to extend our eviction moratorium. And so just watch for those we will follow the Washington Low Income Housing Alliance on those efforts. The King County Superior Court stated in the last day or so that the tenant protections that have been added in the city of Seattle our legal. This is a very good precedent. We are fortunate in Pierce County, we're part of that eviction resolution program. We've got to come up pro bono we've got Northwest Justice, we've got your Claudia elder at the city. And we've got all that wonderful money that Valerie is going to get out. So the thing is to make sure that all eligible renters, apply for the money and that may include yourselves, and it may include people with whom you work. All right. You have every right to apply for anything for which you're eligible. All right, we need all staff as healthy as possible and that means that you all stay housed and I know some of you are working at some below, housing, wages, so please do not be embarrassed. It's all private information, nobody's going to know. So, if you are eligible, please use that portal encourage your friends to do the same. We have got to figure out tenant, organizing, in a better way so that tenants have tenant voices at tables, rather than well intentioned homeowners. Representing, representing tenants. So we've, that's a gap in this overall system with respect to tenant protections changes in the laws. We don't know what the state legislature is going to do until they do it. So, we can all project all kinds of possibilities, but nothing's dead until it's sessions over really with the City of Tacoma, and somebody who's going to put this deck in for me slide deck and Garrett, I think. So the Jakarta elder brought forward, the proposed changes, a summary of the proposed rental housing code changes at the Council study session and you've gotten this already on the you've gotten the links already from me. And the study session link that Teagan put in, you just back it up and you'll pick up the presentation on the rental housing code changes. So, these are going to affect what we loosely call shared housing, among other things, so it, whether it's people renting rooms, whether it's people going together and sharing, you know one lease whatever it looks like. This is part of what these changes are looking at this as city of Tacoma. The housing sets in the city of Tacoma. Okay. And Chiquita has



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worked closely with Mark Merrill and shared housing, she's going to be coming to the coalition meeting I think next Friday to talk about this. So, this is what's really important and Valerie I'm gonna reach out to you separately to see if you can help us make sure we get everybody invited that we want here. If you are operating clean and sober housing, any kind of housing, in which people are sharing rooms, anything you call transitional housing. It doesn't matter whether you are taking rent for the unit or taking rent to be in the program, whatever that structure looks like. And you do that in the city of Tacoma. I encourage you to be at next week's meeting, so that you have an opportunity to listen to to kuata, and to talk with her, because that's what she's doing she's getting information. The, the, and her, her slide is just two pages, I mean it's a really easy piece. Now, there's some good news. Really good news. So the city council. And this, I think there's a slide to go in for this 1519 slide deck, the City Council did listen to the presentation on using House Bill 1590, which is the one 10th of 1% for affordable housing development, and it appears that they are ready to move forward and we're hoping they will, there will be an ordinance. On March 9 first reading second reading March, 16 is the most recent set of dates that I've seen. And this does not diminish the work that st Leo's social justice committee under Carolyn reads revenue for housing leadership is doing with the county as a whole, it's the law allows that individual jurisdiction to move forward on its own, and Pierce County. City of Tacoma council appears and is going to do that. And that will put money into the city's Housing Trust Fund, specifically around the development of affordable housing and the services that accompany it including permanent supportive housing. There may be some state changes that allow acquisition. And if so, everything will be amended to reflect that. And now this is a really fun one every once in a while somebody says hey can you help us do this. So we've been contacted by some private folks private investors who would like to invest their money in the development of affordable housing that helps to end homelessness. They believe they'll have about half a million dollars which is in the scheme of affordable housing development, does not seem like very much money. But for those of you who have small projects, who might want to purchase the house that you are currently renting for your program or might need a gap, just to get started or to secure a property that sort of thing. I want to hear from you in the chat. Now, or just email me you know how to find me how you could use this kind of money, this would be loan money, it would be a revolving loan fund. Think of it as the mutual self help Food Not Bombs collective community volunteer level of affordable housing development. So, how do we make this as fair as possible as easy as possible. What is, what is reasonable risk management for the organization, what's reasonable risk management for the project. And the people who are interested in doing this, are open to anything that we bring forward so in my world. This is like bright shining lights that we would have this kind of an invitation. Would the fund get bigger. I have no idea. We never know. But it's something that is on the table right now so please reach out, last thing on my list. COVID in, and year two, so looking. I had shelters and COVID in year two, I think we have to assume that the guidance from CDC does not change until late summer at the earliest certainly not until we have a majority of people who are in shelters who are unsheltered and all of the staff vaccinated. And I think that if your organization has not looked at the federal payroll Protection Program. I encourage you to do that there is more availability, especially for the smaller organizations, and we are we have been working with Pierce



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County Human Services the health department Emergency Management the city NCS on outbreaks in shelters outbreaks in the pilot camp you heard, Irene and arrow talk about that. Increasing the access to the temporary Care Center, making it more friendly or providing an alternative site for people who are experiencing homelessness. and that with respect to the non congregate shelters and I know many of you are hoping that that the city and county would use FEMA for hotel rooms for people who were not COVID positive by the fact of their homelessness and needed a place and because we don't have enough shelter beds that meet everybody's needs, and we've met at length with the City of Tacoma, with the mayor at her request with Linda Stewart, the director of NCS with Linda Stewart at her request with a couple of council members at their request. Part of what it comes down to in the city, is that they're using this particular product FEMA, they're using it, they used it for the warming centers they using it at 16th and McKinley. They. It's a budget process issue that I'm not going to delve into come at 230 on Wednesday. If you want to know the nitty gritty of that. But, and I just haven't had a chance to check with the county and see if it's the same issue with them. So, do not think that that the local governments are not looking at or, in the case of the city of Tacoma using this resource that they're just not using it the way we want them to use it, which is a different conversation. So, anyway, thank you. You know how to find me. Be well.

Mike Boisture

Thank you for all of that Maureen and Garrett, so we only have a few minutes left in our meeting, Kevin, do you have any quick updates for commitments that you wanted to share before we.

Kevin Glackin-Coley

Thanks Rob, I would call on already shared the safe parking updates, and it's exciting to see the progress being made there and the learnings that's going forward. The meeting and I see Mike Yoder below me on my screen but Mike Yoder and Tim Thomas from Oasis and Alan brown and Nick lighter from CCS and I've been talking about building a model that will allow that will help churches, rather than stand up shelters, but to welcome in a family or an individual for an extended period of time while that family, or individuals being supported through case management or rapid rehousing are different options to kind of take some of those folks out of the system who will be easier to rehouse, and also make use of church partners wanting to do what they can by not being overwhelmed. There are two churches doing that currently now and I've talked I've talked with one and they've had a positive experience. So that's underway. I'm gonna start again with a follow up, just following on the information from Jeffrey about the proposed sweep at 38 in G with reaching out to the various mayors and police chiefs asking them to support the no sweep policy during this time I did that following the, the summit but haven't heard back. And then there was an excellent meeting of providers. Yesterday hosted by Valerie Knight Thank you Valerie for outreach workers looking at how to best work together with the health, health department as part of the conversation but how to get all the public and private and personal entities together to do vaccine Outreach at encampments and looking at different models will how we can take down the barriers for people who don't trust the medical system. Whether the



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Johnson and Johnson's shot might be a better option given that it's a one time shot rather than having to track people for a second time but there's a good first meeting and again really shout out to Valerie for pulling people together for the folks who attended. Yeah. So those are the key things at this point since we're just about out of time.

Mike Boisture

So, Anybody have any items to just give updates for the good of the order before we let everybody go.

Reverend Boyce

Yes, I do. Purple Bag program. All right, I have a nice conversation with Brandon with environmental services. Purple Bag program will continue with environmental services, meaning that it only will be used at camps where any runoff from an encampment or garbage from an encampment in packs a river stream or some other water mitigation site, but only under those circumstances. So other garbage help, which is really kind of interesting out there right now, will just happen as it happens. Currently,

Mike Boisture

okay and I dropped in the chat Jeffrey that Brandon is going to be on the agenda next week to talk again about the Purple Bag project and the current status. Call and I see your hand up.

Colin DeForest

Just to follow up and I was kind of in and out at the beginning of this meeting, what is there any more information on that potential sweep of the 38th camp. And what is the.

Rob Huff

Jeffrey Do you want.

Reverend Boyce

Yeah I had. I've been in contact with counsel woman knows. Hang on just a second. Sorry, I have a puppy is nosey Guillen anyway. The last I heard and talking to some of the residents, is they have been told by the clo Steve bucks that indeed. Something has happened, OSHA has also informed me that likely, something was going to happen. The fact is is they've gone from 10 people to 20 people. Some of the people have come in have broken windows in the building and have used the space inside the buildings rather than respecting the buildings and this is really. We're at a situation where both the city. The police and myself are concerned for the safety of the campers on that site. So, where they're going to go. I don't know I'm hoping to tie in with one or two of them today and find out if they have found another cameraman to go to, or whether they're going to form another in Canada.

Rob Huff



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Thank you, Jeffrey,

Kevin Glackin-Coley

I would just say to Jeffrey I've reached out to the city to ask what their plans are around providing either acts help, helping people find another place to go or storage of their items in the interim period. I just sent that email so I'll keep you posted. If I hear anything.

Mike Boisture

Thanks, Kevin, Jennifer I see your hand up.

Jennifer Ammons

Hi Jennifer Ammons Northwest Justice Project. And I just wanted to follow up on the there was an article in the TNT last week, saying that a number of y'all have had problems with people who have behavioral health issues, mental health disabilities, being turned away from the TCC, and I just wanted to point out, it was the first time that I had heard there was a particular population like that. That might be a protected class that is getting turned away there so follow up with me. If you have those I'd love to get the numbers, to see if we can do something about that. Thanks.

Rob Huff

Thank you, Jennifer and Julian I see your hand up. Julian. Oh, There you go, I can hear you now.

Julian Wheeler

Okay, just another reminder of our Pierce County acst meeting coming up on March 9. I'm

Rob Huff

sorry Julian you're cutting in and out on your own, you can hear my voice in the chat box. Okay. Perfect. All right, so I said it in chat, but I'll say it here too. We have reached the time, or actually over time for our meeting so appreciate everybody being here. Sure. Hope you have a safe weekend, and if you want to stay on the call. We'll spend the next 30 minutes or so with a smaller group planning next week's meeting. After we take about a five minute break. So thank you for being here everybody. Have a good weekend.