



Coalition to End Homelessness Provider Meeting - Friday, April 16th, 2021

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SPEAKERS

Jake, Theresa Power-Drutis, Rebecca Cardi, Al Ratcliffe, James Pogue, Klarissa Monteros, Reverend Boyce, Jenny Lorton, Rosemary Powers, Megan Capes, CC Mendoza, Valeri Knight, Maureen Howard, Rob Huff, Kelly Triggs, Gerrit Nyland, Marilyn Newton, Kevin Glackin-Coley, Monique Brown

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Rob Huff

Well good morning everybody. It looks like we almost have a critical mass of people into the meeting so let's wait just a minute here before we get started and then I'll turn it over to Rosemary. So, rosemary, would you like to get started,

Rosemary Powers

I'd be happy to welcome everyone. I was thinking this morning about a metaphor of yeast, and how this for issues related to shelter is a yeasty time. There's a lot going on where we have resources coming from a variety of sources that we never would have expected to be available and never more important for us to weigh in on how that those resources can be used. There's a poem by the poet Judy Gruhn who was related to women, but I want to expand it to all of us she's, she said very shortly. Woman is as common as a loaf of bread and like a loaf of bread will rise. So that's my thought for us today, too, is we are as common as a loaf of bread, the table that which we sit at Open Table to which everyone's invited. We sit as this loaf of bread that will rise and so I challenge us today to put our minds to the task. And I want to welcome everyone who may be new or returning after some time away. We use this time initially to make sure we are, we're in touch with you and that you know that you're welcome. i My name is on the agenda. And if anyone wants to know more about something, it's sometimes a little hard to figure out exactly how you're welcome to contact us here though we'd love to meet you. And if you're from an organization are presenting today, just to mention that not a long introduction but your name



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and whatever group or project you might be associated with. So, if anyone is new I invite you to let us know you're here, just unmute yourself.

Monique Brown

Hi my name is Laurie Brown, I've been here once before. Not a virtual in person, but I am the Executive Director of Bob Hope nonprofit that does outreach for homeless veterans,

Rosemary Powers

well welcome Monique, we're happy to have you here. Thank you.

Rebecca Cardi

Hi, my name is Rebecca cardi, I'm a public health nurse with the Tacoma Pierce County Health Department, and I am going to be involved in one of the presentations this morning about substance use disorder treatment.

Rosemary Powers

Well welcome back. We're happy to have you too.

Rebecca Cardi

That's my first, the first meeting I have been able to attend to so I'm pretty excited. Welcome.

Jake

I'm Jake, I'm also with Tacoma Pierce County Health Department and I'll be on the same presentation as Becca.

Rosemary Powers

Welcome, Jake. And you muted.

Kelly Triggs

I am. I'm Kelly trends I'm also part of the meds first program. I used to attend the in person coalition meetings when they were just up the street from us, but this is my first Zoom meeting.

Rosemary Powers

Well welcome Kelly had Rob for all your help. Great. All right, if anyone else is is new or would like to put your name in the chat for anybody to contact you for any particular outreach that you're doing, please do that, and we welcome everyone today and I'll turn it back to Rob.

Rob Huff

Thank you, rosemary and welcome everybody to joining us for the first time. At this point in the meeting we will shift over to our weekly this week on the streets. Section, this is an opportunity for folks who are doing direct outreach or interacting with those who are currently living outdoors to offer what they've seen change this week, what, what needs that have been identified this week that other coalition



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members might be able to address so I opened the floor, see if anybody has anything to update us this week. And feel free to just unmute yourself and and share with us.

Reverend Boyce

I was not able to get out much, just last week. Having finished the last of Holy Week, but I did see quite a few camps with garbage bags and garbage piled up in garbage bags, and we know the city is picking those up, so we do have some progress happening out there.

Rob Huff

Thank you, Jeffrey.

Marilyn Newton

I spent a good part of the week visiting Paula's little caravan of showers and laundry machines, and was much easier to reach clients in that environment. They were coming for one service and then I can also see them so that was really great. And the other thing I did yesterday was went out to see the places where the city is thinking of putting camps, and they were far from services. Both had reasonable views of Mount Rainier and the one on 35th and Madison, I think, is an outstanding view of Mount Rainier, I mean I'd pitch by 10th there. But I don't know how you get to the doctor, I could easily see both sides. It was just, you know, kind of nice to get rid of them but isolating and the next place down on 69th in proctor was even more isolation that no grocery store. That was easy walking, you know, just really horrific to think of having people stay there. And you wonder how long they would stay there. So anyway that's my spiel for the day.

Rob Huff

Thank you, Marilyn and just for folks who may not be familiar and don't attend every week, Paula, that you're referring to Marilyn is Paula Anderson out in the pileup area. So just for that context. Thank you for that others. Okay, so if there are other updates that folks would like to share, please drop those in the chat as a reminder, anything that was put in the chat, becomes kind of a resource for us to look back on because we maintain and keep those chat files. So, if you put things in there and post them to everyone that gives us kind of a, an out outward brain of the whole coalition so please, please do so if you have information that you think is important to share with everyone. And why don't we shift to our first presentation so Becca and Jake. From the mids first program, Jake. Let me make you a co host so you can share your slide deck and we can go ahead and move on to that portion of the meeting. There you go, Jake, you should be a co host now so that you can share that part of the, of the presentation. Thank you. Yeah, I can see it.

Jake

Great. So, we are meds for Tacoma, we're here to help. So our agenda for the presentation is we're going to talk a little bit about the services that we provide. And then a little bit more about what we do, exactly. And then we provide resource navigation for all of our clients who are engaged with us, so we're gonna go a little into what that looks like. Um, we're funded through a research grant and that allows us to be a lot more flexible than some other agencies have the ability to do so we're going to talk



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a little bit about what our research grant looks like and the research that we're doing. And then we're going to discuss the ways that we are providing low barrier treatment and then some of the things that we don't have a lot of negotiation with and can sort of get in people's way. And then lastly, our nurse is going to talk about medication assisted treatment and what the medicine we prescribe is doing. So, an overview. We are a low barrier suboxone clinic, we receive funding through the University of Washington, we have a research grant that allows us to be able to provide no cost service to people and do it on a walk in basis. We pride ourselves in being an entry point for those seeking treatment, a lot of people that we see are people who are experiencing homelessness or people who are really scared to go to like their primary care about their opioid use disorder and so we try to make it as easy as possible to come in and get out with your first prescription. And then lastly, we are a six month program, so our goal is really to help people get stable in the recovery and get them set up with a long term provider that can manage their care. For as long as they want to be on this medicine. So that's sort of where we go, we really plan to prepare clients to get connected with our community partners. We have a lot of clinics that we refer to and we like to talk to clients about what their options are, where they're located, what some of their barriers are and what it is about those clinics that are going to be beneficial to them so they can have a most informed choice when they decide where they want to go after six months are done. We provide treatment for opioid use disorder with medication assisted treatment. And so we do that with medication management and medication counseling, our nurse or nurse, or nursing staff, talks to clients about what the medicine does how to use it how best to use it to meet their needs and then they troubleshoot anything that comes up. And then lastly we provide resource navigation for holistic approach to client care. So what resource navigation looks like is it's very much like a case management approach. Everyone gets assigned a client care navigator who connects them with resources like Medicaid, food employment, transportation, we try to connect them with housing, if they're interested in mental health care we can help them get connected with a provider in their area. Same with primary care. When people are getting ready to get back into the swing of things going to medical appointments, we can help them find a provider that's going to be beneficial for them in their area, we can go with them on their first appointment to make it an easy transition for them. We also help with things like SSDI, to help people start that process because it can be kind of scary to take those first steps. And then all of our resources Navigators are very client centered. We have a focus on harm reduction and empowerment. So we talked to our clients about what they think they need at this moment and then we work from where they're at. And then I've talked about the research grant a little bit already, but the University of Washington provides meds first funding to study the efficacy of low barrier access to medication assisted treatment. And so what that means is we have a walk in clinic and we want to make it as easy as possible for clients to get started on Suboxone. So resource engagement isn't mandatory to receive treatment. Just because you're getting a prescription from us doesn't mean you're engaged in the treatment, but we do give clients the opportunity to engage. It's really easy to be a part of the treatment, we're doing a longitudinal study, so they're looking at their health record from six years back to six years in the future. After engaging in services with us and they're looking for hospitalizations, inpatient visits, things like that. And then if they are interested in listening to us talk about the research, they are able to get a \$20 gift card which is a pretty big deal for a lot of the clients that we serve. And then what's cool is since we're research fair grant funded, we don't have to build for services. So everything we do at this moment is provided for free. So it makes it really



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easy for clients to come in here, knowing that they're not going to get a huge bill for their first visit, we can set them up with insurance and help them get connected with anything that's going to make their recovery easier, so that can look like paying for their first prescription if their insurance isn't going to start until a few days after so we can sort of get them in that. Get them in that really strong motivation period. And then what low barrier looks like to us, the way that we've set it up is we have a walk in clinic, we figured that would be easiest for a lot of the people that we serve. We see people Monday, Tuesday, Wednesday and Friday. From 11am to 3:30pm, and that is specific for if they want to come in and get a prescription, if they have a Resource Navigator that they're working with, we can be a little bit more flexible but this is when we have a provider. And then for anyone who's new, we have to be a little bit stricter about that because it takes take a little bit longer, but we can see people from 11am to 2pm, and the new intake appointments usually take about an hour 45 minutes to an hour depending on the client and we try to do them as quickly and succinctly as possible because a lot of times when people are coming in for their intake and not feeling very well, and they really appreciate when we're able to like try to do things quickly. Some other things that we do our folks never need to schedule an appointment with us because we are walking base that is going to go for their entire six months. But we do try to get them to come and sort of regularly at a regular time just because it helps with the continuity of their care if they're coming in once a week sort of around the same time and then that helps them practice for when they get to go to a primary care and they don't have that same level of flexibility that we can offer. One of the biggest things that makes our clinic different than other clinics, is we do not discharge people for concurrent use so many of the clients that we see are coming in, maybe from being homeless or from experiencing co occurring use, so maybe they're using methamphetamine or cocaine while they're trying to get ahold of the struggles that they're having with opioids. And so it's really easy for clients to be able to work on one thing at a time instead of expecting them to be sober from everything. And finally we strive to be as flexible as possible for client's needs. All of us have a lot of experience working with this population so we've all sort of pitched in to do little different things to make it easier for clients to come in, like we have a pantry for clients who are experiencing food scarcity, we have a clothing closet full of coats and shoes for clients who might need something when it gets cold out, we have secured sleeping mats for clients who are sleeping on the streets that are easy to dry out and are light and that they can take with them. So we've really put a lot of thought into trying to make this as easy as possible for clients. And while we've put so much effort into making low barrier, it isn't no barrier. So we do require an ID, it doesn't have to be a state issued ID, it can be a paper copy of an ID, it can be a jail ID when they're getting released, it could be a hospital wristband, really the reason why they may need an ID is so that we can ensure that they're going to get their first prescription from the, from the pharmacy. The biggest thing that gets in the way of some clients is they can't have been engaged with medication assisted treatment for opioid use disorder within the last 30 days. So if they're coming from us from a methadone clinic or another suboxone clinic, and their last prescription was two weeks ago, we would have to say hey we can't see you. If you can't find anyone you can come back at the end of 30 days, but that is really for our grant, and to make sure that we can continue to give the services that we're doing. We do random new ways. A lot of people get kind of nervous with the idea of us. So we do a full panel on the first intake and that's a diagnostic UA and then after that we only check for suboxone to make sure that they're taking their prescriptions as they say they are. And then, we're pretty upfront about that and we let them know that this is sort of what we're



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doing and that this is a reporting requirement to be able to do so many ways in the time that you're with us. And because we see clients on a first come first serve basis and we don't do appointments, it can get kind of tricky for some clients who have a little bit more of a strict schedule. When people get jobs and they can only come in a very strict window we try to be as flexible as possible with that but we can't always guarantee that they're going to be seen right then. So usually when that happens we start to talk to them about finding a different clinic that has more flexible hours or might have Saturday hours, and then we sort of go from there. And lastly, the thing that can get in the way for some people is we will never prescribe more than two weeks at a time. We only have six months with people and so we find it really important to be able to see them and have touched base with them as often as possible, as we're sort of guiding along with their recovery towards finding a long term provider. So one of the things that we do, that actually makes it a lot easier and a lot more beneficial for some people to go to their PCP is talk to them about how they are able to prescribe for a month at a time or a month with a refill and so it makes it a lot easier for that transition. And then we're going to go into the medication assisted treatment part of this, and I will give it away to our supervisor and nurse, Becca. Thanks, Jay,

Rebecca Cardi

can I just leave you with the control of it and I'll ask you to switch. When I'm ready, so, yes, like I said, my name is Becca I am the supervisor for this suboxone clinic at the health department. I have been, I guess just as a little tiny bit of background for myself I came into this work from close to a decade in the emergency department, so it's a very big change of pace for me, but it is incredible work that we're doing here this is probably one of the most fulfilling jobs, I will ever have. So, predominantly, our patient population is either completely homeless sleeping on sidewalks or incredibly unstable house, It is a very, very, very small part of our population that has stable housing, even, even people who have like a couch that they can regularly sleep on. So, that is. As you're all aware, working with our homeless community, a huge barrier on its own to any kind of stability for anything. So we're aware when our patients walk in. We're asking them to do something incredibly difficult we're asking them to. Most of them to be homeless and also to be sober. And that's a big ask. So just as a baseline, the medication that we provide is Suboxone, we are right next door to both the Tacoma needle exchange, and to the methadone clinic that's at the health department as well. And we encourage all of our patients to go to the Naval exchange for everything from clean rigs and setups to to Narkanda if we don't have any We do also have, we try to keep a pretty solid supply of Narcan on hand so we can hand that out to everybody. We try to get everybody to take it even if they say they don't need it. Because you can hand it to anybody else, like, totally safe to do that. So, methadone and Suboxone, those are the only two medications to treat substance use disorder that actually are opioids themselves. So both of these medications what they do is they take the place of heroin, Oxycodone fentanyl, whatever it is in the brain that occupy those receptors, they prevent you from going into withdraw. And they also prevent you from having that very intense psychological need to just like, go find go find go find, So you can have your day to think clearly and do something like go to your child's parent teacher conference, or try to find a job, or try to reestablish a relationship with your family. Sometimes it's just a really basic things. There are a few slight differences between these two medications, methadone, you can overdose on if you take too much, so that is pretty strictly controlled. It comes in one single form it is only illiquid. There are only two places that you can get it, you can go to. Well, that's not exactly true, I



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suppose, you can sometimes get a prescribed in a tablet form from your doctor but it is mostly you either get it from a methadone clinic or you can get it as an inpatient in the hospital. If you are using whatever your opioid of choices, and then you use methadone on top of it. Again you can overdose, you also will not go into withdrawal you can transition seamlessly from one to the other and have no problem. Suboxone is slightly different, isn't opioid, but on a minute chemical level, there are just enough different, that if you are using heroin, Oxycodone whatever your drug of choice is, and then you take Suboxone, it will make you go on to withdraw, you'll feel really bad, it'll last for a long time. Eight to 12 hours maybe longer. And then you would be scared of it and never want to try it again. So we have a few different ways that we can have people start this medication. Either we asked them to go. Some ways into withdrawal, generally it's between 12 to 18 hours without any use. And then you take a small amount, make sure you're not going to get sick from it and then build up to your dose, you cannot overdose on Suboxone unless you're like a two year old child, it has what's called a ceiling effect above a certain amount, it doesn't do anything else you can take all you want, it will do nothing. There is a way to start suboxone without going into withdrawal, but you have to have a supply with you of whatever your drug is. And then you sort of build one up really slowly and taper the other down really slowly over a couple of days. So, the most straightforward ways you're going to some withdraw. But for our patients who are using a lot of fentanyl, that stays in the body for a really long time and you have to go into withdrawal for much longer than just 12 or 18 hours, it can be a couple of days sometimes before you're able to start suboxone comfortably with this taper method. We can do it over a couple of days, everybody feels like we have pretty good feedback on that and everyone feels generally pretty comfortable with that transition. But you have to be, like, you have to be able to follow some slightly more complicated medical instructions for that one. And then Vivitrol, is a lot of people think that it sounds kind of like the silver bullet, because it's a monthly injection, and you can't, if you use while you are on Vivitrol, nothing happens. It's basically like a very long acting narc and it just blocks the receptors completely and nothing can get in there. But you do have to be in withdrawal, no use at all for a little more than seven days. And you can't. You can do it from home sometimes you do it an inpatient, it's a little bit variable. But, but it doesn't do anything at all to help protect against withdrawals. So you just feel really crummy, and you can't use and it has a very low retention rate, the success rate of Vivitrol is similar to the success rate of Narcotics Anonymous, they're both about 9% success rate. Suboxone and methadone, they are similar, it's like 16 and 17 or 16 to 18% long term success rate for abstinence. So that's a relatively basic medical overview, and the medication again that we prescribe is this a doxim. It does have a few different formulations. The one that we prescribe is strictly a sublingual one. So it goes under the tongue, it dissolves to take several minutes to do so but some of the clinics that we refer to, they're able to do monthly injections, similar to the Vivitrol, but much less painful, and they provide the injectable suboxone still provides that protection against withdraws. We want to go to the next slide, Jake, I'm sorry. Just one moment. All right, so Suboxone is the name brand for the buprenorphine naloxone. The combination product is the one that we prescribe straight buprenorphine that's actual active ingredient that's the opioid itself. You can only prescribe buprenorphine to someone who is using in pregnant, or they use it in pain management clinics. But there is no, there's no like FDA approval for using just the buprenorphine to treat substance use disorder except for in pregnancy. The Naloxone component which is Narcan that's the generic name for Narcan, that is there strictly to prevent people from melting it down and injecting it, which is not necessarily dangerous, because again



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you can't overdose. But that's probably the only way that you could really get much of like a high type feeling on it. We did have someone in the health department who was going into withdrawal and they didn't have an ID we couldn't get them in that day, and they had their partner's suboxone and they melted it down and injected it in the bathroom and they sent themselves into withdrawal because of the Narcan and they thought they were overdosing and it was really scary for them. So, you know, that has happened. Um, so it is Suboxone is newer than methadone, but it is a very well researched medication we do know that it works really really well, and it is it just depends on the person for which one is going to work better, so there's very, very strong evidence to support both methadone and Suboxone is life saving medications and Narcan, all on its own. Guess. Another important thing to note about suboxone because of some of those tiny chemical differences. If someone does use while they're taking Suboxone, it blocks, their receptor it sticks to the receptor really really really hard, and so you're not going to get high, You can't get any heroin or oxycodone or fentanyl or anything into your brain where it needs to get to give you that high feeling if you have suboxone in your system. So it's also, if people are using going to give them, maybe one of the first like immediate negative feedbacks to using. Go ahead and got an eccentric thanks. So, any questions I know that was a lot of medical stuff but it's hard to get through, explaining the medication without going into some of the chemistry, biochemistry of it, but, any questions from anybody.

Rob Huff

So, Jacob, can you a couple of questions one there's a request, if you could drop the slides into our chat, so that people could have access to those. And then also, if you could stop sharing your screen, while we take questions and everybody can be seen, that'd be great. All right, so we're open to any questions if you want to raise your hand or speak up. If something has been dropped in the chat that hasn't been addressed, please bring it forward now.

Rebecca Cardi

I guess maybe just as a point of interest for everybody, um, our team right now is two nurses so there's me, we have another nurse Hannah, and then we have three care navigators at the moment. And with that, we're very easily able to manage patient load of at least 100. We're not there right now. We have definitely some, some space and availability but Teresa do you say,

Theresa Power-Drutis

so I have a question just about people who are under DLC supervision do you work with anybody who is under DLC supervision.

Rebecca Cardi

And that so the only issue that we have run into there sometimes do see requires witnessed us for their substance use disorder treatment, and we do not do witness do as like Jake was saying, we use them, partly so that we can make sure we're meeting like federal guidelines and federal requirements, and yes we can do this presentation for anyone's organization who would like, We'd be happy to. And then we also like Jake said we use it because we do want to be good stewards of the medication and we want to make sure that we're actually helping people get to their goal if their goal is to be sober. So, we



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do some drug screens occasionally, to see if they're taking their, their buprenorphine and if they're not, it's not like, Alright that's it you're out of the program like this is a conversation that we really have to have if you're trading it for heroin or if you're selling it, like what is it, is there anything that we can do to help you. Stop doing that. But yeah, we have actually right at this moment we have a couple people who were sent to us by their PTO, which is pretty cool. We're glad that they're working with us, Elisa Solberg she's our program director she has been in contact and communication with some of the judges in Tacoma, trying to get us on their radar and and make them feel a little bit more comfortable working with a clinic, similar to ours where everything is a little more relaxed.

Rob Huff

Alright So any other questions for our guests. Well I'm not seeing any. If anybody. Oh, here. Maureen's asking if you can go out with homeless outreach teams.

Rebecca Cardi

We have talked about that a lot. We kind of go back and forth on it. Some. Some of the people on our team have, actually, I think, almost. I think all of the navigators on the team have experienced going out into the camps and doing actual like homeless outreach out into the world for all kinds of reasons. Right now, our biggest restriction there would just be, we have clinic four days a week. And I think safe injection sites are an amazing idea. I think it's ridiculous that people don't want them there but can argue too much that they stop listening to you so. But no, every time a safe injection site has ever come up on any ballot I have always called and argued firmly in its favor. We would love to do outreach, Right now, it's, it's more just a kind of matter of time, and the health department sometimes gets a little bit weird about staff going out into the world. So we'll see we'll just keep working on them and if, if you already have a group that's going out there, they might be like the higher levels of administration might be more comfortable with us going out with another group of 30 Establish.

Kelly Triggs

I come from a background of being solely outreach and going into encampments so I kind of continue to do that on my nights and weekends. I'm not part of my job. I'm just concerned about my community and the effects that it has on the community. I drop off anything I might have that can help them I don't give them money. But it would be so much better if we went in teams during the day. For safety reasons and other reasons back to him. It's outreach is why I'm here, I want to do the outreach, I want to get out there and let the community know that we're here.

Jake

And to clarify about outreach. Right now we're not set up to be able to induct people in camps, if that's what you guys were getting at. So, we have the potential to go out and meet with people and talk to them about what we do and let them know that we're here, but at this time we wouldn't be able to do a full induction and get them set up with your medication while they're in their camp.

Kelly Triggs

We can certainly help with other needs they might have other than induction, once we get out there. So,



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Rob Huff

thank you. So I'll ask one last question and then if others have questions, please feel free to drop them in the chat while folks are here. My question is what's the most effective way for, for people who are doing outreach to refer into the program just to share some context I know Garrett and I were on a call yesterday with the Pierce County shelter providers group, and they were talking about the number of people who have died from overdoses, since COVID began with four folks being, being identified in the pileup area that had overdosed in the last year, and 21 that to call a rescue mission does outreach to who'd passed away in the last year because of overdose. So what's the most effective way to refer people into your program.

Kelly Triggs

I also sorry Becca, I also just put that question to the team about adding a slide to the presentation listing all the contact numbers, the location, the outers, and it's all in one neat little slide.

Rebecca Cardi

And people can just walk up, most, most people know where the needle exchange is located. And they can either come up and ask the needle exchange if they don't see us where we're pretty close we work pretty closely with them. And then we also have a very swanky high tech setup of a tent with a table under it and a doorbell and they come up and ring the doorbell and one of us comes out and it's like hey, welcome.

Jake

People are doing referrals to us, like they're gonna bring people from camps or from the mission over to us, it would be easiest if they did it around like 11 o'clock, just because it takes a little bit of time to be able to do an intake is that it usually is about 45 minutes to an hour for the first session, and then after that, it gets down to about 20 minutes. So it's a lot easier if they get here a little bit earlier so that we have a lot more time to meet with everyone that comes great

Kelly Triggs

right well yes a lot of word of mouth. Word spreads very quickly on the streets in this community do helps, and who is the best place to go to get the best care they talk about us. In the encampments on the streets everywhere. A lot of our referrals actually are word of mouth currently.

Rob Huff

Great, thank you very much. And thank you, Jake for dropping the presentation in the in the chat. And thank you again for your time this morning I, again, if anybody has additional questions, please drop them in the chat and we will move on to our next topic in the agenda so thank you very much.

Rebecca Cardi

Thank you very much for having us.



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Jake

Yeah, thank you so much for having us.

Rob Huff

So, Garrett, you're next up with a report on the activities of ad hoc committee. Awesome. Thank

Gerrit Nyland

you Rob. Last week, our other representatives presented Courtney, and this week is my turn. We had our third of four meetings, which is the ad hoc committee put together by Pierce County Council in order to basically get two more groups going so there's two projects basically that are coming out of the ad hoc committee, the, the group that is going to create the comprehensive plan to end homelessness. Alright, it's going to use the great work that CDC did on their five year plan and take that to really end homelessness and the second group is going to work on November 1, a goal to and all street homelessness in Pierce County. The county's done a nice job of keeping all the information in one place, I just put the link to that, there. This week we started off talking about kind of an overarching idea or approach to the comprehensive plan I'm going to talk about that first right so again the plan that the work is to create the group that puts this comprehensive plan together and the comprehensive plan has a pathway to win. If we do what the plan says, we'll be able to eliminate homelessness in Pierce County, or get to functional zero, right, somebody becomes homeless they've got a shelter to stand and a permanent housing intervention to help them exit homelessness. The idea was brought up by Courtney wish she was here to describe it is called targeted universalism. And the notion behind that is that there's a universal goal in this case the universal goal is permanent housing for everybody. And the targeted part is that to reach that goal, different people need different pathways, and the targeted part is saying that particular populations need to have approaches that are, are designed just for them, right, so our youth populations have a different set of needs and our veteran populations to people that are immigrants to the country, perhaps have a different set of needs than our black neighbors that are experiencing homelessness and and systemic racism the drives that so looking at each group and building programs that address the needs of each group, while trying to bring everybody up to the goal of ending homelessness. So it's a it's a neat framework to think about because again, everybody we've got the same goal for everybody permanent housing just some groups need a tailored approach and I'm also putting in the chat some information, there's a great video, and some other reading about targeted universalism. And so that's kind of anchoring our strategy. And we have a very short turnaround on this work, it's, it's, I think five or six months for that comprehensive plan to get put together so we're still talking about how to structure, you know, the, the group that sort of the core group driving that. Is there a single core group of 10 people like there is on the ad hoc committee, is it larger so that we can incorporate a lot more voices, although that can slow down decision making. But right now the plan is looking at about a one month period where a core group, the core group can spend the whole six months with it but the core groups work in that month or six weeks, is really to create this, there's the universal goal of ending homelessness and and basically generally how we would get there, and then the next like two or three months is going to be all community outreach, like, huge amount, going to all the different populations and saying, Okay, this is the goal. Is this your goal, and how would we get your, you know, the people that you know best, to that goal, right. So collecting



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all this information, bringing all that back, and then creating the plan. With all of that input of each particular targeted group, and then again shopping that out for final feedback right but really having those lives and for experience and voices, driving that. And so that's kind of where we are is working through a lot of those elements and I gotta read my notes really quick. And yeah, so that's, that's the comprehensive plan. I'm going to circle back to that but I'm gonna talk a little bit about this, the shelter plan, so the other large goal that the ad hoc committee is charged with is, how do we get everybody access to safe shelter, a safe place. By November 1, and we're a little less clear on how to do that but we think that core team is going to look a lot different, so it's going to be a separate team, there may be people on both the Comprehensive Plan team and the shelter team but it's going to be a separate team, and it's going to be much more drawing from outreach workers, shelter, operators shelter staff and and the first group, obviously is going to be working hard to bring people's lived experience and but on the shelter side it's vital, and, and James can even chime in a bit on some of the challenges to really bringing that group into the conversation in a way that doesn't increase their trauma, by setting up, you know, false expectations and things but, but really, you know, heavily driven by the actual needs of people not not what we think would make convenient shelters to operate, not that we do that but, but it's easy to, to build the wrong thing if we're not super engaged in that so that's for that is we are having a meeting on Monday this coming Monday at 8pm. It's going to be a sort of a special. It's going to be a special Steering Committee meeting to kind of answer some questions, and the coalition website has information about kind of what we're looking at but you know there's just a number of questions we need to answer so that's a great time and that's going to be before our final ad hoc committee meeting so that's sort of our last chance to kind of discuss and come up with a coalition kind of policy on a number of a number of areas like one area in the plan is should we be including enforcement of, you know, no camping rules as part of what we do. And should we, you know, should the shelter plan include some permanent housing elements like, you know, how do we want as a coalition to be pushing that work so that's a great chance for you to provide some input, and now I've talked a little bit long, I had one question, how does the committee view and consider those who view and treat homelessness as a commodity is the committee view and consider those who view and treat homelessness as a commodity. Kimberly, can you describe that question a little better to me.

Yeah, you know, and it's sad. It's a sad fact but there are people that consider it as a way to make money and so how do we combat that.

Gerrit Nyland

Interesting question. That's typically looked at among this group of people that make their living doing homelessness as a little bit of an insensitive question. For the most part, I don't think that people in the homeless system are making money off the homeless system, I'd be happy to have that chat offline. So that's not necessarily yeah I'm not sure how to respond to that except to say that, you know the pain social services and the agencies are not making ridiculous sums of money to the homeless industrial complex is, is not a true narrative in any way that I've seen, so I, that's not been any part of our discussions. Yeah,



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I think that you missed and that's not what I meant, but forgive me.

Gerrit Nyland

So, question Dr Ratcliffe

Al Ratcliffe

looked in the chat and I don't see the reference that you mentioned to the targeting is that it doesn't seem to be part of the county website.

Gerrit Nyland

Sorry. Totally pasted the same thing twice. There we go. Thanks for presenting and pasting in chat at the same time as apparently more than I can do

Rob Huff

the difficult skull.

Gerrit Nyland

And there's a great little video on there. Totally worth watching. About targeted universalism. So again, there's great chance to provide feedback before the last ad hoc committee meeting by connecting in at that Monday night meeting at 8pm. You can also send emails to me, you can send them to Marine, you can send them to Courtney, you can send them to James Pogue, you can send them to Lamont green, those are all people that are representing either the coalition or the continuum of care on that committee. And I'll put my contact information in the chat. Any other questions,

Monique Brown

you're ready but I have a question, you know, we obviously know there's not enough housing. So what is the plan to move people, I mean, what is your thought behind moving people from the street to house is that encampments is that shelters is that hotels. And then the other question is, is it like this one z two z oh here I'm going to take you to people and put you over here and one over here are we trying to move the homeless community that is has made themselves a resource for one another and move them together.

Gerrit Nyland

I think the goal is using all available resources just like he said, right, it's going to be a challenge so that you know, for some people, you know, continuing with the tent is the most appropriate place for them right and shelter until they can get permanent housing, tiny but we'd love to see hotels and tiny houses and all of that, I would love to see communities moving as a whole as well. I mean, as much as we're capable right we want this to be what folks want. So yeah, you know we're limited by the world we live in, but we're definitely going to be driving those ideas and and that's the core of bringing lived experience voice in is because we, you know, we know we hear that a lot right people fail in permanent housing because we move them away from their social structure. Right. And, you know, like that's that's



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something we do with a homeless system. And again, there's reasons we do it's not because we're insensitive to it but yeah, being really intentional about trying to make permanent housing successful right has to do with, you know, contain, you know, continuing that community, And that's been an objective of the Coalition for a long time so

Rob Huff

I see your hand. Oh,

Monique Brown

I'm sorry, Rob. Question. Yep, are we including the Washington State Department of Veterans Affairs in these conversations or the VA, um, you know, so we can tap into those veterans resources.

Gerrit Nyland

You know we have not explicitly talked about that, but the work around ending veteran homelessness, that was put on hiatus when COVID-19 happened had all of those people at the table, and, and as we work on that special population right targeted universalism as we work on that targeted group, you know, definitely your group, and, and all you know all of the you know the SSVF team and Catholic Community Services as, you know it's a housing program VA funded, you know Yeah, all of those, all of those groups have to be at the, everybody's got to be in, and doing not just what they're doing now, But doing more, and so we've got to figure out how to get more resources for all of the groups doing what they're doing now, and bringing new groups in, right, that need to serve populations that we do a poor job of immigrant populations are a great example, like we, you know, I don't think we have incredibly safe feeling homeless service providers for you know for a lot of the, you know Latin X, you know, Hispanic communities, it would be great to get more providers in there like those are some of our objectives is, you know, expanding that so that it's the right providers that makes I mean that, again, I'm talking about what we hope to do and what we plan to do like reality on the ground might be different but those are definitely our aspirations. Yes, thank

Monique Brown

you. Appreciate it.

Maureen Howard

Morion just to frame the resource and the, our world is different. so don't let whatever resource constraints, lead up to today, stop you from believing things can be different tomorrow, County Executive just put 69, almost \$69 million of only the county's our PO relief money for homelessness and housing. So, and that's only the first pot of money, we're seeing. So, just don't let resources be your constraint, we may not get enough, but let me tell you we've got so much more than we ever imagined.

Gerrit Nyland

Alright y'all know how to get ahold of me but I'll throw my contact information in chat. Thanks.



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Rob Huff

Thank you, Garrett. And the next item in our next two items actually on our agenda are related to the work that's been being done by teams related to the coalition structure. So, I will hand the keys over to Rosemary and Kevin, to talk about group meeting norms.

Rosemary Powers

So, Kevin, do you want me to start with this. Rob, can

Kevin Glackin-Coley

you share the norms, or do you want me to just do or give me sharing power and all

Rob Huff

I can share the norms here let me work on that while you guys start talking. Okay,

Rosemary Powers

so we've some of you've seen some of this before, and we've had a few iterations of it. But the idea is to both have some sense of when you're in this group with us, what are our expectations of one another, both in terms of our attitudes and our aspirations and in terms of our behaviors so zoom itself provides some norms that we would we've reinforced generally as we go along, muting and using zooms hand feature and limiting distractions so turning off your camera when you're doing something else. The ones that are more important for our conversation though the second set, we've added. There's one that is not there, this is not the right version. I'm sorry it's supposed to have a different one at the first. Okay, there we are. So, if you look at the community norms. After the Zoom norms. A couple of the first two especially or the even the first three, it's not always clear what exact behavior is being expected from the norm, but it's a norm that if we take it seriously, our behavior will follow. So we all, This is a summary of what's a lot more, more explained on, on the feature on the website but this is what if we agree to it today we would post in the chat, every meeting of a couple of times to remind ourselves, to lead within a racial equity lens which is a challenge in the work everywhere in our country right now and something we need to really focus on, to be aware of power dynamics challenge concepts, not people listen to learn, and then ones that are obviously something we could count one person speaking at a time. Speaking from our own experience making space and taking space, so making sure we have 60 some people, how do we make sure people are able to be included. Assume best intentions, and be aware of time and agenda. So this is an orientation to our conversation with each other and we're putting it forward as something to approve. Today, if possible, and Kevin, I'll let you add anything you'd like to that. Yeah,

Kevin Glackin-Coley

thank you, rosemary and I would just add just a little more on Rosemary alluded to this, but this would be what would be shared in the meetings, particularly when we're on zoom as a reminder and they're fleshed out in a longer document which would live on the website so people can refer back to that a little bit more about what does it mean to be aware of power dynamics. Make space, take space fleshing out that that's if you're someone who shares a lot step back and if you're not someone who



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shares a lot step forward and so we'd have some fleshing out of that, but this would be a quick reminder for our regular meetings.

Rosemary Powers

So are there any questions or reactions.

Al Ratcliffe

Is there any way to set this up so that when we sign in it just automatically pops up to remind us

Kevin Glackin-Coley

what imagine I'd have to check with the tech people that maybe it could be something that would be added to, when you registered for the meeting. It comes with the with the, the link that you click on to, to join in. I don't know if character Rob That's really possible or if I'm just thinking it is because I'm not techie.

Rob Huff

I believe that is possible. The other thing that can be done is, I can share this document, at least pare it periodically as we send out the agendas, so that folks who receive that email on the list would be aware of the expectations for meetings. So, any other thoughts or comments, concerns,

Kevin Glackin-Coley

maybe just by show of hands or Janet's already got her thumbs up as this Teresa folks are in agreement with this. I guess more importantly if you really are not in agreement with this if you let us know and we'll assume, silence is consent.

Rosemary Powers

Oh looks, looks like people are willing to go with this and again it's something we can keep working on so that we're making sure our Open Table really is an inclusive one. So thanks for your listening.

Kevin Glackin-Coley

Yeah thanks to Dana, and I'm gonna forget who the people are who were part of this conversation but appreciate that.

Rosemary Powers

Megan and Teresa. Yeah.

Rob Huff

Thank you all. Yeah, thanks for the work on this and Brian, thanks for dropping that that link into the chat, I will take a look at that and like rosemary said we can always revisit and had an improved so appreciate that very much. So the next item on our agenda is also important coalition business. And I see that Garrett has put it on screen and this is related to how the coalition determines who should be a



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representative to other organizations or in certain meetings, so I'm unsure who is going to lead this conversation.

Gerrit Nyland

I think it's me. Okay. So, yeah, more governance stuff which is not nearly as exciting as the health department presentation but here we are. We talked about this last week, a little bit or two weeks ago. And really, basically the process to pick someone to represent us and we're talking about things like the continuum of care, right, we currently have an opening on a continuum of care, set aside for a coalition member, and we need to fill that right, so our process to fill that is going to follow this, if we all approve this today, which is basically, we're voting on it at a coalition meeting, right, I mean there's some lead up things right, we bring it to the steering committee just to make sure it's something that we actually want to have coalition represent patient at. And once we get the go ahead from them, then we bring it to the coalition and ask for people interested, again, I'll model it with our steering, or with our continuum of care representative so we brought this to the steering committee the steering committee said they would like to have somebody represents the coalition on the continuum of care. And so now what we're going to do is take basically nominations over the next week, and volunteers, probably volunteers is better, but nominations are great too. And you can send those to info at PC homeless.org That's the email for the coalition. And, or you can send it to kind of anybody on the steering committee but that's the best way to get it to us again I'm going to put that into the chat, and, and once all that happens, then we bring all of that to the next coalition meeting, and it's possible that the steering committee has a recommendation as possible, they don't. But you, and then we'll vote on an ad hoc coalition meeting, and from there forward right and again we have the set of things we care about eligibility that aren't requirements but things to think about right so we want people that are active in the coalition that have relationships with coalition members, they have authorization to commit time to represent the coalition, and by represent we oftentimes don't mean making decisions for the coalition simply identifying at a meeting where something might be of interest to the coalition, bringing it back to the Coalition for discussion, and then taking ideas that they glean from this coalition back right so, a conduit, right, and both ways, really recognizing things having a coalition that might be of interest to another group, and a willingness again to report out on the items at the coalition meetings Fridays and on listserv. But all of these don't have to be in place I know, Courtney, Chandler who's representing us on the, on the ad hoc committee is somewhat new to the coalition and and is an amazing addition to the team working on that right, great communication with all of us so that that's that's been a beautiful thing, and doesn't meet all of our eligibility recommendations right so they're just recommendations. So I love to hear some questions or thoughts or concerns about that I think it's been in front of you before I actually did put a poll together. So I'm going to launch that after we have some questions. Again, just some kind of governance stuff. Our goal is not to be gatekeepers, right, our goal is really to make sure that the whole coalition has an opportunity to be a voting part of this process. All right. I am launching the poll, anonymous voting so we want to know who you are. And again, yes, no and abstention. And while we're voting remind you that I have like three agenda items on today, and that's like way too many for me. So, lots of opportunities to lead fun things. Governance Policy things right, you just have to raise your hand and say I want to be cool, I'll just raise his hand, that means he wants to be more involved. Good job.



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Al Ratcliffe

I can't keep my mouth shut. I don't know like the voted for it but I'm curious, does it cover a situation where we might have, say, like, four or five people who are interested in being the representative and we get into a political or non political disagreement about it.

Gerrit Nyland

I guess we just, I mean, we had some good conversation around. Oh, marine, why don't you address that.

Maureen Howard

Well, I mean we did have that situation when we elected, Courtney, to represent us and that we had, you know, two or three people who put themselves forward, or who were put forward as candidates, so we might need to refine the process to somehow if we have 10 people interested in one position to get down. But I think that's a sec. Another step that now that you've brought it up you can make recommendations on how we do that please. I can see him but he's not answering.

Gerrit Nyland

All right, so I've got the poll results showed so that was being asked to answer.

Al Ratcliffe

Democracy is a messy process, and no piece of paper can cover all those options I raised a little bit what I hope for is the most impossible option. I think we're okay.

Maureen Howard

I think you're right we need to process for that part. So, I really am looking for your recommendation because I know you think about this all the time so.

Gerrit Nyland

Well, you're gonna have to do an amendment to this because we just voted on it. Well,

Al Ratcliffe

we will. I don't think an amendment is.

Gerrit Nyland

All right, thanks everybody I know governance isn't nearly as fun as as other topics but good for us to have all our expectations clear and our ways of working, understood by everyone. Hear it. Yep.

Maureen Howard

People please, we need to fill that slot on the continuum of care. So please think seriously about putting yourself forward or talk with someone else who would be a good representative. So want them once a month, meeting, third Wednesday from usually nine to 11 and then the expectation that you serve on a



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subcommittee as well, of your interest, everything's on the Pierce County Coalition, or I'm sorry Pierce County Human Services. Continuum of Care web site.

Rob Huff

So Garrett Do you want to run with the next item on the agenda

Gerrit Nyland

here thanks. So, with the removal of Johnson and Johnson, hopefully temporarily as a vaccine option. We're looking at more work needed to help our unsheltered and sheltered neighbors get themselves vaccinated, and the Homeless Coalition has about \$20,000 in grants that we've received to support that work gas cards so people can get to places, you know, support when they're there so food anyway, things to help draw people in, to get the vaccinations and to help remind us to have discussions about vaccinations, there are a number of additional opportunities. I would love for us to get some more funding to get some food for vaccine events to get some more gas cards so that people can easily get to a second appointment for phone chargers, maybe even to buy phones, so that people have a way to make the appointments that they need to get vaccinated, so they don't die. So, I'm asking and so there's a couple of grant opportunities out there and I would like. I'm asking for authorization to come to apply for grants, specifically for COVID 19 vaccination support efforts, and all this work we're doing. So thankfully with the, with the help of the Tacoma Pierce County Health Department who have been really amazing, amazing advocates for the special needs of our populations. So I'm can't say enough about how, how pleased I am with you, like, I don't think you could design better plan so to help a vaccinate a lot of our folks focusing on drop in opportunity just lots of things that, that I think are really healthy. Anyway, I would like that so I've got another poll. Any, any thoughts that folks would like to have against this idea of looking for more grants. Okey doke, call it goes again authorizing me to seek additional funding to support communications, transportation and other needs to encourage and remove barriers to vaccinations. And Kevin's been leading these efforts some talk while you're as voting Kevin's been leading these efforts, we are able with one of the grants to extend Kevin's time, I think a month or maybe six weeks in order to really support this work, because none of these things happen without, you know, somebody, you know that is passionate and caring and understands how systems work and so we're lucky that we can that we're likely to Kevin's willing to continue to work with a coalition in this way. All right, thank you for that approval, and hopefully that's the last you're gonna hear with me in this meeting. So thanks everybody.

Rob Huff

That doesn't seem likely. No. So the next item on our agenda actually is coalition announcements. So this is just general coalition business that we needed to share before we move into the second half of our meeting 11 minutes late.

Gerrit Nyland

I believe actually I have one more thing which is the letter about the sheriff, I'm not quite sure how I didn't exactly get that on our agenda. So that's on me, so this one's gonna take a few minutes again. As you are aware, there was an incident with a paper delivery person named Mr. Alzheimer, and Pierce



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County Sheriff Ed Troyer, in justifying his actions, the sheriff was, you know, identifying that this individual seemed homeless and that seemed to be a justification for escalating. What was simply an individual doing their job into an armed response by the police. Hopefully you've had a chance to read the letter I know it came out rather late last night, and I don't know how useful it's going to be to bring that letter, up here but looking for a little guidance from somebody here. Would it be good to highlight a couple things we're saying basically, our or expect people have read it and are comfortable with making a little conversation around it and then a decision. Yeah, I

Rob Huff

would, I would hope folks have had a chance to see it if not if they can just open it there no it was emailed to folks right

Gerrit Nyland

yeah emailed it out and I can throw it up and

Rob Huff

yeah if you may want to share it.

Kevin Glackin-Coley

Gary, I think the two things I would highlight are one it's really trying to, we started coming from the position of identifying that he had described the sheriff described both the person and the car as looking homeless or related to that and so we want to address that but then with some good input recognize we also need to focus on the gentleman's race, and that, and that in addition to stigmatizing homelessness the stigmatizing of race and how that played into the event, and not wanting to lose sight of that as well. Yeah, so

Gerrit Nyland

we described those concerns. And I think what we end up with is that we're asking for sheriff Troyer Ed Troyer, to reflect on the lapse of judgment that escalated a night of work for a delivery driver into a potentially life threatening encounter. It is your responsibility to ensure you and the officers you overseen de escalate violence encounters, not create them. Please recognize this opportunity for further training. And we also have a line in which is Pierce County Council members we support your investigation of this incident, and hope the recommendations coming from it will be implemented as new policy. So those are kind of the closing statements in the letter. So, any concerns with that I got a lot of feedback so I put a draft together. That wasn't great, and I got a huge amount of feedback and all those were incorporated into this second draft. Question from Cynthia will this letter be shared with media, Yes. This letter will be shared with media. Just a note from Stephanie shimmer horn. This letter is strongly worded which she likes Thank you.

Al Ratcliffe

I like the letter, I would put the shirt Troyer, please reflect up at the top but the other thing is that it appears that this is a letter from you, not from from the coalition that need to be clarified enough.



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Gerrit Nyland

That's a good point let's let's do that I can't do it right now but we'll make it clear that this is absolutely from the Homeless Coalition.

Rob Huff

MEGAN I see you have your hand up.

Megan Capes

Thanks Thanks Garrett for putting this together and getting so much input, I'm always, I'm always a fan of editing as a writing team. I was wondering if there's any line of support for the, the, the, there's been the 27th and 29th Democrats as well as to come with DSA have called for, like resignation and potentially recall campaign is there support in that I just want to clarify our If not, that's okay. Advocate for there be some kind of that in there.

Gerrit Nyland

We had some stronger language at the end, and we had a lot of comments about pulling that out, and it was messy language so it could have been how I phrased it and not necessarily that thought but

Theresa Power-Drutis

I just want to comment to that that one of the things that I think gives this coalition some credibility is being nonpartisan. So I think it's perfectly legit to for a member of this group to ask people to join a campaign to get rid of somebody. But I think it that letter just sounded more grounded and powerful without the message about, if that makes any sense.

Al Ratcliffe

Oh and just to nitpick there's an unnecessary word and the third one, to our for

Gerrit Nyland

like nitpicking. If that's your worst criticism of the letter L, I think you were the most concerned about making sure we put something that had everyone's thoughts in it. All right, seeing no more comments, I am going to put up my final Is this my final note my second to last poll of the day, which is should we send the letter with concerns about the sheriff interactions with Mr Alzheimer, to the sheriff and county council with the minor nitpick correction and clear up clarifying this is indeed the position of the Tacoma Pierce County Coalition to End Homelessness is a few more little things in the chat. Yes. I should stop talking. I was gonna bring my harmonica, but

Rob Huff

we need background music when I'm saying. Alright, I

Gerrit Nyland

see no no's I see a bunch of yeses. So thank you all for that. And I'm sorry we're behind Rob



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Rob Huff

Bell, it's just the price we pay. So, this gets us through our first part of today's meeting, and we are shuffling the second part of today's meeting so Garrett and Maureen I kind of turned to you to lead the show here while we consider breaking news.

Maureen Howard

Thank you Robin thanks everybody for your indulgence on letting us add this time sensitive request to today's meeting. So one of the things that happened out of this summit that we held was a direct relationship with Mayor Woodards, as you remember she, she in her role as Mayor of the City of Tacoma partnered with us to host both summits. And the, the mayor contacted me this week after the city council's study session, asking for our responses to the ordinances that were going to be presented. And this is all happening in real time, really fast. But we did, did receive the agenda for the Tuesday, city council meeting last night about 830 from the city from the mayor's policy person. And so we do have the ordinances, and we do know there. And also the city action briefs and the steering committee has received all this information, but I didn't put it all on the listserv until after this meeting this morning. So, there and I've had one conversation with the mayor, and we'll have another one with her, either sometime today if she can fit me in or over the weekend. So there are two ordinances that will be on the city of today that we're talking city of Tacoma Tuesday, April 20 Regular city council meeting. One of them is numbered 28755. And this, this ordinance is the update to the emergency declaration that the city has had since 2017, and which has been updated several times. And this ordinance, as far as I can tell I'm going to try and stick him in the chat. And it's always wonderful if I make that happen. Ah, that this is one, this is the emergency ordinance, 755, and this is what we are calling the no camping ordinance, which didn't show up but it will in a moment, which is 756. If I can find it. There it is. Show up. Okay. Is it okay there we got 755 756 Excellent. So and we also have the, the city, the briefs that the staff, the staff do. And, oh that's actually

Rob Huff

take it back 756 did not show up.

Maureen Howard

Let me make one more

Rob Huff

action memorandum did

Maureen Howard

okay. I make one more try and 756, that just doesn't want to come today.

Rob Huff

I can dig it out an email if needed.



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Maureen Howard

Okay, can you, that would be great thank you 756 Yeah. All right, so. Okay. The caveat is, I am not a lawyer so I am not presenting any of this, from a legal perspective. I have reached out to Chrystia Bauman from the National homelessness Law Center, and she has, she agreed last night that she will review the second ordinance which is the most important of the two. Right now, For us, and get comments back on the first ordinance. Basically what happens, the emergency declaration. Basically what happens is that the, the city adds a section that commits the City of Tacoma to engaging with. And this is really important for us, section three of that first ordinance, the one that ends in 55 says that the mayor and city council declare support of Pierce County, and the Tacoma Pierce County Coalition to End Homelessness in their commitment to protect public health and safety by providing everyone experiencing homelessness, a safe and secure space to sleep with resources to address their health and sanitation needs by November 2021, allowing sidewalks parks and right of ways to be available for those purposes. They were designed to serve. We are named in this ordinance, which I think is a huge recognition of our power, if you will, right now. And it also that section for that the city will actively participate with Pierce County's ad hoc committee in developing a regional strategy to address homelessness, and we know that they assigned Clarice Montori Montero, lanterra, as Monteros as the Thank you Representative, so I don't find any problems in the changes that are made to the emergency declaration. The Point in Time Count, all that sort of stuff that's an issue for another day. They ordinance that I believe we need to pay attention to is 28 756 because this adds a new section to the Tacoma, municipal code. And that section is given with the ordinance so when you call up 76 We're able to get it. Rob,

Rob Huff

I was the issue is that the, the document itself is labeled as City Council action memorandum, so it shows up in the chat that way, when you click in it. Yeah, When you click in it, it actually shows the. At least I think.

Maureen Howard

I don't know cuz I had something labeled that way. Oh, I'm gonna, I'm gonna come back. In my next life with more technology expertise. Although Jaron Garrett was opposed to that. But, um, alright. We will give this to you, we will get it

Rosemary Powers

there, so. Okay,

Maureen Howard

so when you're getting it and you go to bed. The back half of exhibit A, and it's bringing up the city code changes in red.

Rosemary Powers

Don't see any red. Okay, then you're



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Maureen Howard

not, you're not getting it.

Rob Huff

And I don't see it in any of the attachments that were emailed to the steering committee. I just see the memorandum I don't see the actual legislation, there's two copies of 2755, but there's not 2756 And sorry everyone for the bumbling around here.

Maureen Howard

I'm going to try and email this directly to you, Rob. Okay,

Gerrit Nyland

I've got a copy of it that's labeled. Anyway, I'll get it in there. Give me a sec.

Maureen Howard

Okay. All right. Sorry folks. Too many late nights and early mornings. I keep asking you for a staff but nobody ever gives anyone. So, so that's the real concern about this is that it's changing city code. And in those changes. There are provisions. Not only are there definitions about what a camp camping means that sort of thing. But, this covers all public property. All right, all city public property. And it includes other governmental entities that have property interest, including whether they say easements. So we're looking at, without limitation, all parks peers streets, trails, forests, Park, museums, yeah museums pools beaches, open spaces, public squares, public schools associated athletic facilities around the city, or other public Lee owned or leased buildings, including not limited to, parking lots, and any other property in which the city, or any other governmental entity has a property interest of any type. All right, that's one piece. Another piece is that the violation, the penalty for violations, is \$1,000. These would be misdemeanors, \$1,000, and or imprisonment for not to exceed 90 days, or both, each for each infraction. And the third thing is that the Chief of Police is authorized to adopt rules, regulations, administrative policies and procedures to implement this. So our proposal is that we have a discussion now not breakout, but a discussion. That's pretty carefully scripted, and fortunately we have those new norms, and that we, the coalition. By the end of today's meeting, we will have authority to send a letter to the city council, the mayor, the city staff, and the Garretts drafted a letter for us that we'll take a look at, and that this will be our beginning point of negotiation. We want this ordinance pulled its first reading is April 20 We want it pulled until the city meets a list of criteria that we are a numerating. And the way we'd like to do this morning now is, everybody gets one chance to talk out loud before anybody gets two chances. All right, everybody gets one before anybody gets to, but you can use the chat to your heart's content. We save it, we look at it, Jeffrey is going to watch this morning's chat to make sure that we don't inadvertently miss anything, and that you are not representing your agency, unless you declare that. But otherwise, these are your, your comments, your thoughts, your questions, your positions. We will not identify you publicly with any of these statements without going back to you and asking for your permission. So, this is as close to anonymous as we can make this right now. Some of us in the steering committee did respond to Garretts initial draft, some of us did meet this morning at eight o'clock. And so that's, that's where we are. The best we can do. between about 830



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Last night, and it 30 This morning, and including an email from Garrett at 215 this morning. So, so please your, what works best. You want to bring up the actual. Okay, here's our letter, or these are this. These are our points, which will be included in our letter. The actions that we request the City of Tacoma complete before they do any action on this ordinance there's no camping ordinance that they simply pull it from the agenda. Until they establish appropriate accessible available safe sites for all prior to changes to the city code around the use of public property that they work with Pierce County Human Services and the coalition, and will spell ourselves out to determine the unsheltered count in Pierce County, and the shelter bed availability to understand the scope of shelter needs. Current need is estimated by the county at 1350 People living unsheltered. This was presented to the ad hoc committee, Wednesday, and the coalition counts, just 40 shelter beds currently available as of Monday morning. Three, that the city lead Oh city wide public process with significant community input to establish how to best use public property to provide spaces for the activities of daily living for individuals living unsheltered. This is a reference back to Martin V Boise. That Pierce County. No, this should be should be the city, Garrett. Oh no, I'm sorry, this is right, that the city will pull this ordinance, until that county has created and adopted the comprehensive countywide plan to end homelessness, and that the city has adopted Neighborhood and Community Services five year homeless strategy which they are currently working on. And then we're just starting to list off some talking points that people might want to you so that we might incorporate in the final level, like the fact that we're trying to establish safe sites for all aligns with the city's commitment and their anti racist efforts because we know the disproportionality of people of color in our population of people who are experiencing homelessness. And that safe sites for all is an anti violence activity, and the two recent homicides in Tacoma were a product of inadequate shelter. If you remember, people who were housed came out of their houses and killed, people who were homeless. One living in a tent, and one living in a van or appearing to live in a van. So, so please floors open. And I can't both see who wants to talk, and what's on the screen.

Rob Huff

So Rosemary has her hand up. Oh,

Maureen Howard

I see that, okay, rosemary, please.

Rosemary Powers

So the hand up maybe works I hope that does, yeah. I really like this I was thinking, the only thing where you say that they delay the ordinance until these things happened I think we would maybe want to say delay consideration of the ordinance because I don't support the ordinance as it is in any way. So that would be my only suggestion. Oh good,

Maureen Howard

thank you. Okay, let me look for some more hands on folks got to get your hand up.

Rob Huff

I see Teresa's hand and Megan's hand so Teresa first. Yeah,



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Theresa Power-Drutis

well thanks so I was just, just trying to make space like we talked about but since they're spaced, I'll say, I'm really glad to see you, adding that about the incarceration, and finds because, and maybe even say really clearly in there that people who are camping on public grounds, aren't mean, clearly they're not wealthy, so finding the money isn't nones, I mean it's just a it's a crazy idea somehow I'd like it to be in there that it's really crazy and incarcerating them is also crazy so thank you for adding that.

Maureen Howard

Thank you, Megan.

Megan Capes

Um, yeah, I would advocate for the pulled from the agenda. We weren't consulted around this before, was put, especially after an ordinance that really names and highlights our work in the work at close to doing. Um, I would also name and added teams, so this email out align with anti racism system transformation resolution that was passed over the summer that's been quoted and highlighted many times, it's completely out of line, especially giving more power to the to the police. I'm putting folks into homelessness. Unfortunately folks of color in harm's way the police is not okay. Um, Yeah, I'm really upset by this. And, yeah, I, I think the coalition's best move is to ask for this to be polled at this moment and then we can have a conversation.

Maureen Howard

And we lead with that Megan. But we qualify that. You know we'll have the conversation. When all of these things happen. Yeah, obviously we're gonna have interim conversations if they're open to it, but we don't want to see this ordinance until at least this list of demands is met.

Megan Capes

Yeah, I would just say that rez, I think, naming that

Maureen Howard

you're fading in and out MEGAN

Megan Capes

Oh sorry, I think naming, how its ad aligned with the anti racism system this resolution is really important.

Maureen Howard

Yeah, yeah. Okay. Other hands.

Rob Huff

I see Al has his hand up,



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Al Ratcliffe

two things number one this ordinance seems to directly contradict the high sounding policy ordinance. The other ordinance. And number two, are their bills being passed in the state legislature that would make some of these proposals. Illegal

Maureen Howard

on this second one. Unless there's something under an anti racist I don't know if Cynthia still on the call, she might have a better, clearer answer. I can't think of anything, because 1220 affects planning for shelters and transitional housing and things, and all of those jurisdictions, and also a, well, actually, this could fall under 1220, because the jury if 1220 passes. So these are all the jurisdictions that plan under the Growth Management Act, and the part of what they have to do is review their re existing racist and discriminatory policies. And so that it yeah if that passed it's, this might fall under that the review or review of the policy might fall under it. Yeah, there's precedent city of Everett recently did a no camping ordinance, I'm sure there are others around other people. Please. They don't even have to be complete sentences just bullets in the chat or out loud thoughts. Going once. Going twice. Let me just check the chat here. Oh, is there a sense of how much support there is for council, you know, I'm not sure there's all that much support, because this, this started as a council member request. And it was from Tom's councilmember Tom's and it was anatomy, signed off by two others, and the mayor and Deputy Mayor blocker, were the two people who signed off, and I don't see anybody else listed on the ordinance, so I'm not sure that there's that much support.

Gerrit Nyland

Can I jump in for a second Marie's

Maureen Howard

Yeah, please do.

Gerrit Nyland

There are two. I call them false narratives that city staff have perpetuated over the years. One of them is that there is adequate shelter in the community. And the second one which is basically made it to that one, is that people are refusing services, and so they're not picking that so this narrative has, has come across and in many ways over the years very directly. Again, there is adequate shelter, people are choosing not to take it. And so some of the council members have heard that so many times that they believe it's true, and that the barrier is in creating more shelter that the barrier or the people that are homeless, unwilling to go in shelter because of mystery reason x and, and so I think educating the Council on how untrue that is, is really challenging, and that this type of ordinance is a product of that continued misinformation. That's my theory, it's not exactly fact based, but, but yes.

Maureen Howard

And I think the council, at least some of the council members it's clear they want to be educated, they're signing on for national webinars around fitting use of FEMA for hotel and motel rooms. The mayor was not familiar with built for zero. While I was talking with her. Yesterday I guess about Bill, she was talking



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in phases people had to do this and then that and I said no. I said we're using built for zero and she was on the website as I was explaining it to her, and she's looked at the cities were built for zeros in place and she said, I know these mayors. And so she said I'm gonna call them and talk to them. So I think there's an honest desire to do the right thing at least by some of the members. And so maybe what we're doing is we're helping them do the right thing.

Gerrit Nyland

Question from AI Do you have any data to refute that false narrative. Yes, we do the county just published data about the number of people homeless that's why we included that in that phrase 1350 I think the number is higher, but it doesn't matter how much higher. And then number of shelter beds is. I think I'm the only one that really knows that, and the county has put out some incorrect information like factually correct realistically incorrect on the number of shelter beds. So those are pretty solid. I don't think they're refutable like I don't understand.

Maureen Howard

We also have the project out of Seattle just cares 100 People moved from encampments into hotel rooms. This is different from de congregating the shelters DTSC and CCS shelters. These are folks who were living in encampments, who moved into hotel rooms. And that's a University of Washington, reviewed project that sort of thing, engaged project. What else folks. Everybody who wanted to talk out loud one time had a chance. So we'll take a couple people who already spoke if you want to speak again.

Rob Huff

I raised my hand but I don't know that anybody can see it. Um, one thing that I saw James comment that it is fact based, so I kind of just wanted to give. See if he wanted to share what's behind that just for that so that we're aware.

James Pogue

Oh God has yet to remind me what that reference was to that was Garin saying something along the theory of why he believes that the ordinance, the narratives they're referring to right about the people are refusing. And I was just saying that in 2017, there was a declaration of emergency in the city of Tacoma. That included two portions and I sat with Councilman Tom specifically at that time as well as other city members but the councilman Thomas was right there, stating exactly that, that there was, we need the ordinance to include things in campsites and they made one the stability site, eventually became that it started off as a mitigation site down on the river, but the but the other part was, and we need to force them there and like the narrative that Garrett shared is, we believe that people need to be, you know, in force to go and I was just saying that it's fact based the gear has that belief, because I've heard it right from Councilman Tom's mouth, three years, four years ago, almost to the day it was May 9 2017 that I sat in the room with the city, and heard him say that and there was the staffers there in what now has become NCS reinforcing that yeah that sounds right, there's plenty of people who are going to refuse it unless we make it and I was just like, oh, goodness, and during that whole time we kept saying that we don't need to force anyone to go anywhere they're coming more than we have



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capacity to serve, and then the day that we moved to the stability site that had these new services, ran, there's people saying they would never go there it's the concentration camp and everything and everybody went there every single person that was allowed to go there, there were some folks that CCS was unable to serve or they were not willing to follow the guidelines of the new program but, but every single person took it. Another example of 2019 and People's Park part of those meetings was the same conversation, and it didn't have the enforcement piece but the same thing they opened up 38 slots of tiny homes and we had 84 People that people's part who wanted them. And we'll never know what people will or won't take until we've run out of options to offer them but we always offer one solution for 80 people, and it's full, every single time so that's what I was referring to the fact base is just that I know the narrative has been sent to me this and again I can also reference conversations and fuel up as well when I was contracted into all of that there was a belief that people needed kind of enforced into these situations so that's I think that's what I was referring to

Rob Huff

when I wrote it. Thanks, James. And I see Jeffrey has his hand up.

Reverend Boyce

Um, I'm not sure if I have all the answers. No I don't think anybody does but in conversations I've had with many of the homeless. They feel that going to a shelter congregate congregate shelter is a step down from being in a tent in the city, and that they do not feel that it's a viable option when the city says well you need to go here. And so that I think that's something that we really do need to keep in mind and try to educate the city, in that regard. Park part of, part of my understanding of Martin versus Boise is that they specifically stated a shelter had to be available. I haven't seen some of the other cases, based on that yet. Nor am I an attorney, but we do need to think in terms of what are the rights of these individuals. They all have civil rights, the same as the rest of us, and forcing somebody to do something seems to go against that very thing. So I think we need to take us. Keep that in in forefront of our minds as we move forward here, that these are neighbors. They are individuals and they are citizens of this country most are, and we need to maintain their rights as human beings, as citizens of this country. So that's my two cents.

Maureen Howard

Thank you. Anybody else. Clearly, we have a lot more work to do to try and flesh out the points that have been brought forward. Oh I see, okay, we're, we're in, you get to talk twice right now so James, go ahead.

James Pogue

Yeah, I can't wait. I just want to make a point of clarification that the Martin V Boise actually changed not available but accessible, and that means a lot of things but that also means somebody who has faith beliefs that don't align with the shelter's faith community, that is no longer accessible to that person, even though the shelter might be available. If the person has a pet and the pet is not allowed that shelter is no longer accessible, even though it's available so Martin V Boise actually changed just one little word from another court case that happened in California that actually did include preferential



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kind of expectations of a person accessing these places. So, even more so it's not just like we can have a million, faith communities because there's somebody out there who can't access a faith community to get their needs met.

Maureen Howard

Thank you. Thank you. And one of the points Christy Bauman made early on was that Martin V Boise like other laws, other federal laws will continue to be interpreted as court cases come forward. The only one I know of is Grants Pass, but there may well be some others by now. So, if we can wrap this part up does Garrett and I and the members of the steering committee who were able to read fast enough, were up late enough or early enough. Excuse me, is that we really want the approval of you all to allow us to prepare a letter, based on what we've presented, and incorporating whatever appears to fit with this particular letter to present to the city council, the mayor and the staff have by the end of the day today. And I know that's asking a lot. So here's the poll should the coalition, take the stated position on camping enforcement and authorize Maureen Howard to submit a letter to the Commerce to Commerce City, stating this position. Unlike the summit's at least I didn't make the decision to ask for support.

Al Ratcliffe

To take advantage of my second opportunity here, I would just encourage everybody who's dissipated today, as individuals, to talk to city council people yourself and express how appalling that second ordinance proposed ordinance is, especially given the first proposed.

Maureen Howard

Alright folks, thank you. It's either yes, 89%, or abstention so those are generally the government people, not always but often, So, thank you. Thanks for your trust. Thanks for your work. Thanks for your willingness for us to up and the agenda. So, and the final letter will go out by hopefully by five, and it will go to the listserv as well. When, after it goes out. Thank you.

Rob Huff

Thank you, Maureen and Gareth and everybody for participating. So as you can see we only have a few minutes left until the end today's scheduled meeting time however, I do want to switch over to government updates if there are folks who would normally provide an update to us and are still with us today to fill these last five minutes. So, Clarissa, do you have anything to update from the city of Tacoma,

Klarissa Monteros

everybody. Good morning. And before I started my update I just want to say it was such a pleasure to hear you guys go through that process. And I second what else said, my counselor needs to hear from everybody, including you guys so yeah thank you for that. That was great. On onto the updates the temporary hygiene station at eighth and Yakima will be extended for 90 more days. Council authorized to additional locations for temporary hygiene stations at 705 and a street site design is underway and ideas are welcome. Council approved moving forward with site design for two mitigation sites. We do hear your concerns about it being far from services. They are, again, if you feel inclined to contact your



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representatives, please let them know. Thank you, Colin and Kevin for your great work with communities to locate safe parking and neighborhoods. We would love to learn more about how you engage with the neighborhoods to support the location. Also staff presented at council for options on the temporary mitigation site during the study session on April 13, and we're updating again on the 27th. I'm going to put the link of the study session agenda in the chat for you guys, while I'm speaking to you if I can. There you go. And also, the rental assistance portal is still open and Moving along we believe the bugs have been worked out. And I'm also putting a link to the temporary shelters census in the chat for you guys. Thank you. Happy Friday.

Rob Huff

Thank you, Clarissa, and before we run out of time, Valerie.

Valeri Knight

Hey, so,

Jenny Lorton

yeah rental assistance is up and running, we have 7007 371 applications received so far all eight of our providers nine of our providers because one is funded with City of Tacoma. And the other eight are Pierce County. So 7371 rents are being cut, utilities are being paid all the things are happening. I have an example of the portal that will go live, so I'm happy to share that if you want to see it I can't send you a link I was going to kind of give you a quick snapshot on my screen, but I don't know if it will let me still let me know. I can't. That's okay,

Valeri Knight

we'll do it next week,

Jenny Lorton

we'll do it next week. I'll okay let me try. Screen two okay so this is, this is the draft so we're going to make some changes we see so can you see my screen.

Valeri Knight

Yes. Okay, great.

Jenny Lorton

So you'll see on here you have number of applicants 7371 We're going to track how the applications are coming in, you'll be able to see each month. How many have received since the opening day which was March 1 number of seniors so 16 up as requested by city of Tacoma staff 779 households are seniors, and then we're going to track that as they come in and 158 households have identified themselves as veterans. These are all applicants received. Then we're going to break it down by gender. female male client refused non conforming trans female trans male client doesn't know, so that we can really just track and make sure. So as you scroll over each of them you'll be able to see the exact number. So like 33 households have identified as gender non conforming. And then when you go



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down some more applicants by age. This is the primary head of households folks in the household, so that we can just really track and 393 are unknown, we're working with that to make sure because date of birth is a required field. And so that will be updated, and then you get into location. See folks got a little excited and applied outside of Tacoma, Pierce County, but this is gonna really help us figure out, are we doing a good job of outreach where are we missing some folks. And so you can see like 12 People from all the way out over and carbon NATO to down from Ashford yes Ashford is in Pierce County, and then folks all over so we are just really tracking this information very closely, and we're going to go through and clean up all of these ones who have applied outside Pierce County, other programs are now finally open so they'll be able to apply for their programs instead of ours. And then you'll get down to race. So, pretty high number of Native Hawaiian, Pacific Islanders so that number I'm still not convinced is accurate. So we're working through all of that and cleaning up the data, and then you have 24% White 21% Asian 15% Black African American multiracial which they get to select client doesn't know client refuses because that is always their option. And then, American Indian, Native Hawaiian, so we are also going to add on here I'm going to do stop sharing real quick. We are also going to add on here, payments. So as payments are being made. Thank you, Teresa, so as payments are being made, that's going to be tracked as well so what households applied what households have received payment and then that information will be broken down by race, demographic as well, so that we can ensure we are being equitable across all providers and across the system. So more to come. I wanted to give you a quick quick little snapshot just to let you know we are still working on it.

Valeri Knight

That's all.

Jenny Lorton

So, we are tracking by households if there's going to be a chart on here that's individuelles Maureen, then we will let you know what that looks like but the each household enters the name and birthdate of everyone in the household, so that we can track if we're serving large households or if we're serving a lot of single household so right now we're going to be doing a lot by household not by individual, just because when the rents and utilities portion is updated it will be by household. And no these are just submitted application so there are some that are completed rents have been paid, I know of a landlord that received a \$28,000 check and just passed two rents last week. And so as soon as that portion is updated with the payments, you will see that added to this as well. So, this will go live, it will be open for anyone to see at any time, and it will be updated once a week. And that's all I have.

Rob Huff

Thank you, Valerie. And I know that we didn't have anybody from the Tacoma Pierce County Health Department who could join us today. We could encourage Michael maybe to provide his update in email, he did email, Reach out to both Gareth and I with some updated information. And I can paste it into the paste some of it into the chat as well. So we are now at 1101. I really appreciate everybody's patience with today's meeting. I want to publicly thank tieghan from the city, she was prepared to present this today but we had other things to, to deal with so I appreciate her understanding and she will be back next week to hold the discussion about the city's mental health and substance use



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disorder, and how that implicates how that, that weighs against the homelessness plan that the city is creating so we will have that conversation, it'll just be next week. So I wish everybody a safe and happy weekend, if you want to stay on the call, we will have a small group of us doing planning for next week's meeting, but if you can't stay with us. Thanks very much for your participation today and we'll see everybody next week.