

**HOPE Interagency Council (IAC) Meeting Minutes
November 13, 2024**

Present: Claire Cunningham, Teri Chin, Adam Loraine, Melissa Platte, Mariana Rocha, Laura Bent, Kate Comfort Harr, Raymond Hodges, Aubrey Merriman, Julissa Acosta, Lissette Espinoza-Garnica

Guests: Tammie Sweetser, Marianne Tessier, Chloe Richter, Wendy Zhou, Jessica Silverberg, Selina Toy Lee, Alec Raffin, Khalia Parish, Matthew Hayes, Jocelyn Banuelos, Lee Harrison, Kelsey Dattilo, Shirley Chu, Kat Richter, Lesly Randolph, Marika Buchholz, Maria Chatterjee

Topic	Discussion
Welcome	Claire Cunningham called the meeting to order at 10:07 a.m.
Public Comment	No public comments.
Action to Set Agenda and Approve Minutes	<p>Motion made by Adam Loraine to set the agenda and to approve May 1, 2024, minutes; motion seconded by Melissa Platte.</p> <p>Vote: Laura Bent – yes Julissa Acosta for Matthew Chidester – yes Teri Chin – yes Claire Cunningham – yes Kate Comfort Harr – yes Raymond Hodges – yes Adam Loraine – yes Aubrey Merriman – yes Melissa Platte – yes Mariana Rocha – yes</p> <p>Motion passed.</p>
Committee Charter Amendment Review and Vote	<ul style="list-style-type: none"> • Changes to the charter: <ul style="list-style-type: none"> ○ Align verbiage of HOPE IAC as a council ○ Changes under Section 4 Council Membership – reduce co-chairs from 2 members to 1 member. ○ Update meeting time from 2 hours to 1.5 hours. • Membership roster was included in the meeting packet. If you'd like to request a change, please message Tammie Sweetser. • Discussion: <ul style="list-style-type: none"> ○ Teri: HOPE IAC has become a significantly different body than when it was first created. When I read the charter, I see a lot of overlap with the CoC Steering committee and HOMESTAT. I

raise the question of the specific role of HOPE IAC. The original role was to bring a broader representation from the community, cities, and businesses who don't necessarily do homeless services but can build supports for the HOPE plan from whatever year that was. We should pause and verify what the distinct role of this council that is different from the other entities that are meeting to address homelessness and reach functional zero. I'm fine if we need to approve charter with the language we have now. But at some point, we should think about it.

- Melissa seconded that. There is a duplicative nature with CoC. HOMESTAT has a more specific purpose. I have no problem with the charter amendment. Perhaps we can combine groups.
- Claire: Is there a deadline to approve revisions? We could leave this open for broader discussion.
 - Jessica reminded the group that one of the details of the amendment included shortening the meeting duration. The committee would have to continue to meet for 2 hours until the amendment was approved. Jessica asked the group to consider voting on this amendment now, with another vote later after broader discussion.
- Kate: I think it's a good idea to bring in additional members, like businesses.
- Selina: When first created, this committee was small. I reviewed the structure in 2016 after the new Strategic Plan, when we'd decided to keep the committee at the time but switched to quarterly meetings. In this circuit, we see the same membership and same topics. We should reopen discussion, bring in outside speakers. The Working Together to End Homelessness effort was to get broad range, and we did get some of the private sector to participate.
- Melisa: HOPE IAC was originally a task force with a time limit. It has evolved.
- Teri: Stronger political will to do housing and support unhoused residents.
- Ray: Looking around the room, city leadership participation is low.
 - Teri: County Executive Office is convening city leaders from different regions. That is another meeting, coming together with local jurisdictions. As time evolves, there are different ways we do what we do.
- Claire: We're now coming up on 20 years. It's important to review, and it makes sense to vote on the proposed revisions. In a future meeting, we can vote on revisions based on what was discussed here.
- Aubrey: Make some time for some sort of workshop on how to incorporate feedback.

Motion made by Melissa Platte to approve the amendment; motion seconded by Laura Bent.

Vote:

Laura Bent – yes

Julissa Acosta for Matthew Chidester – yes

Teri Chin – yes

Claire Cunningham – yes

	<p>Kate Comfort Harr – yes Lissette Espinoza-Garnica – yes Raymond Hodges – yes Adam Loraine – yes Aubrey Merriman – yes Melissa Platte – yes Mariana Rocha – yes</p> <p>Motion passed.</p> <ul style="list-style-type: none"> • Volunteers for subcommittee to consider further charter revisions. • Aubrey Merriman, Melissa Platte, Teri Chin, Adam Loraine and Claire Cunningham • No objections to proposed committee. <p>No public comment.</p>
<p>Behavioral Health Services for Sheltered and Unsheltered Individuals Shirley Chu (BHRS)</p>	<ul style="list-style-type: none"> • BHRS teams: Homeless Engagement Assessment & Linkage (HEAL) and Health Care for the Homeless (HCH) <ul style="list-style-type: none"> ○ Approach: Prevention & intervention services for individuals experiencing behavioral health conditions (mental health & substance use disorders) <ul style="list-style-type: none"> ▪ Go to wherever the client is (on the street, in an encampment, in shelter) ○ Goal: Connect to longer term treatment; address behavioral health barriers to available housing options <ul style="list-style-type: none"> ▪ Short-term assessment and intervention, then connect with longer term treatment if needed. ○ Target populations: All ages, mild to moderate & severely mentally ill <ul style="list-style-type: none"> ▪ Clients with mild to moderate behavioral health conditions are typically served by Health Plan. These teams serve those individuals as well. ○ Referral: HS BHRS HEAL@smcgov.org <ul style="list-style-type: none"> ▪ Anyone can make a referral by emailing this address. All they need is the name, location, and date of birth of the individual. ▪ Within 2 business days, the team will reach out to that individual to provide services. • Overview of HEAL <ul style="list-style-type: none"> ○ Model: HEAL clinicians are assigned to specific Homeless Outreach Team (HOT) region(s); warm hand-off of HOT & HEAL <ul style="list-style-type: none"> ▪ Most referrals come from HOT. <ul style="list-style-type: none"> • Once received, HEAL clinician works with HOT to go to the individual together for the first time for a warm hand-off. This helps the client to transfer some early trust in the relationship from the HOT case manager to the HEAL clinician.

- Services: Behavioral health assessment, diagnosis, case management, therapeutic interventions, crisis interventions, psychoeducational groups, coordination for psych medications, Multi-Disciplinary Teams (MDTs)
 - Psychoeducation group sessions take place in participating shelters.
 - Can make referrals to psychiatrist on HEAL team, who can then follow up in the field to set up ongoing medication services.
 - MDTs assigned by region. Each HEAL clinician has a designated area. By the end of this year, we will have coverage over the entire county.
- Duration: 9 months
 - Within the 9-month period, HEAL can engage with the individual, develop some intervention, intervene during immediate need. If they need continuous support, HEAL can connect with Health Plan for longer term treatment and outpatient.
- Service Locations: Encampments, shelters, transitional housing programs, telehealth, within San Mateo County
 - First referrals typically come from unsheltered/encampment. But HEAL can follow them into shelter or transitional housing.
- Consent for Treatment: HEAL services are voluntary and consent is required beyond outreach & assessment
 - Up until providing assessment and diagnosis, we do not need consent. If they want therapeutic intervention, we need consent from the individual.
- Psychosocial Groups: Open to all shelter residents – “drop in”
 - Groups in the shelter are open to all residents and do not require consent. Their focus is on coping strategies and resources.
 - One group is focused just on art therapy.
- Goal: Resolve mental health issues or connect to longer term treatment programs
 - Goal is to resolve mild to moderate situation within 9 months so that the individual does not require more services. If they do, then connect with outpatient.
- Behavioral Health Bridge Housing (BHBH) HEAL
 - Goal: Provide behavioral health assessment and diagnosis for identified shelter clients; connect to BHBH eligible housing and needed Behavioral Health services
 - Staffing: 2 FTE HEAL Clinicians and 1 FTE AOD CM (Staff rotate station at BHBH shelter sites)
 - Locations: Identified shelters
 - BHBH grant serves identified shelter clients.
 - Restriction of grant: Unable to provide treatment. BHBH clinician can assess and diagnose. If treatment is needed, we will need to tag in other HEAL clinicians.
- Health Care for the Homeless
 - Goal: Identify and connect to needed health-care services
 - Referral: From all shelters and HEAL team

- Best way to refer is through email HS_BHRS_HEAL@smcgov.org. Internally, BHRS can coordinate which team provides which services.
 - Services: Screening, case management, navigation, and peer support
 - 2 staff – one mental health counselor and one support staff
 - Difference from HEAL: scope of service is short-term assessment and extensive case management. If they need therapeutic case management, HCH will refer out.
 - Target Populations: all ages, sheltered and unsheltered, mild to moderate SMI
- Key aspects
 - Coordinated efforts:
 - Homeless Outreach Team (HOT)
 - Shelters
 - Street Medicine, HIA, SMMC Primary Care
 - Mobile dental, mobile crisis response teams
 - MDTs
 - Field Crisis Collaborative Care (FCCC)
 - All team members attend FCCC.
 - Monthly meeting with homeless providers, HOT case managers, law enforcement, SMMC staff, BHRS teams, DA's Office
 - Talk about complex individuals who cross many systems.
 - Quickly coordinate services. Not an in-depth case conference.
 - If any of your staff are interested in attending, reach out to Shirley. A confidentiality form is required.
 - “Escalation Process” for complex situations
 - Target: homeless individual who is disengaged from services but has a lot of needs.
 - Escalate up to be presented at these meetings for system-level review of what services can be provided.
 - Database systems:
 - Homeless Management Information System (HMIS) – Clarity
 - Soarian
 - Avatar
- Questions?
 - Teri: A lot of folks don't want to engage. How does that work in the escalation process?
 - The target is individuals with complex needs who are disengaged from services.
 - Yes. Process is for Homeless Outreach Teams (HOT) to escalate cases for a multi-disciplinary team to review.
 - Matthew: Traditionally, we work with a focus on unsheltered individuals.. Generally, we'd present to a small group for case overview, then recommend escalation for a larger multi-disciplinary team to review the case and suggest service implementation.
 - Ray: How are the programs funded?

	<ul style="list-style-type: none"> ▪ HCH is funded by HCH/FH funding federal grant. ▪ HEAL’s funding includes the BHBH grant, and some will be under ERF grant. ○ Lissette: Are there out-of-pocket costs to client for medication or long-term treatment? <ul style="list-style-type: none"> ▪ For clinic clients, Medi-Cal covers it. Psychiatric can waive authorization for needed medication. ▪ Encouraging individuals to accept treatment, or getting the buy-in, is a challenge. Biggest challenge is individuals who are moving around and lose contact. It’s helpful to work with HOT case managers to locate them, and to have a field-based team that can go to wherever they are. ○ Lissette: What is the rate of contact for assessment compared to the total homeless population with SMI or SUD? <ul style="list-style-type: none"> ▪ At this point, we don’t have that data. We rely on individuals being referred to us. We provide assessments for all clients referred. ▪ Lissette: Who collects the general contact percentage? Like “XYZ has contacted 40% of the population” <ul style="list-style-type: none"> • Shirley to send report to Chloe to share with Lissette. • No public comment.
<p>Behavioral Health and Recovery Services (BHRS) Housing and Support Services Mariana Rocha (BHRS)</p>	<ul style="list-style-type: none"> • Behavioral Health and Recovery Services (BHRS) Spectrum of Housing <ul style="list-style-type: none"> ○ Coordinated Entry System (CES) ○ Shelter information ○ Mental Health Services Act (MHSA) Housing Program ○ No Place Like Home Housing ○ Mainstream Voucher ○ Full Service Partnership (FSP) Housing (Telecare and CAMINAR) ○ Caminar New Ventures and Young Adult Independent Living (YAIL) program ○ Mental Health Association Housing ○ Housing support • Behavioral health shelter beds (beds dedicated for BHRS clients) are available at: <ul style="list-style-type: none"> ○ The Navigation Center (5 beds) and Safe Harbor Shelter (5 beds) <ul style="list-style-type: none"> ▪ Referrals are submitted to Facilities Utilization Management (FUM) team for review ▪ FUM Supervisor is Kimberly Kang Kkang@smcgov.org ▪ Onsite support services provided by Adult Resource Management (ARM) ○ Mental Health Association Spring Street Shelter (15 beds) <ul style="list-style-type: none"> ▪ Referrals are submitted directly to MHA ▪ Georgia Peterson (MHA) Phone: (650) 365-5772 ▪ Onsite support services are provided by MHA • MHSA Housing <ul style="list-style-type: none"> ○ The Mental Health Services Act (MHSA), Proposition 63 in 2004, provides increased funding to support County behavioral health programs.

- MSHA Housing Program was established to create permanent supportive housing for individuals with serious mental illness who are homeless or at risk of homelessness, receiving wraparound services and supports.
- Since 2006, the funding has supported 62 housing units across four housing developments in Redwood City, South San Francisco, San Mateo and North Fair Oaks community
- MSHA Housing Eligibility Criteria & Referral Information
 - Eligibility:
 - A person with a Serious Mental Illness or a youth with a serious emotional disorder (SED)
 - Priority given to clients in Full Service Partnership Programs or Intensive Case Management programs
 - AND Homeless, At Risk of Homelessness which includes individuals transitioning out of locked settings (i.e. jail or Mental Health Rehabilitation Center)
 - Referral Information:
 - Clients are referred by their BHRS or BHRS contracted provider case manager. Referrals are submitted to Kelsey Dattilo kdattilo@smcgov.org if a vacancy is available.
 - *Some projects are referred by the Coordinated Entry System or via direct application such as MHA Cedar Street
- 62 total MSHA units across 6 projects
 - Cedar Street Apartments – 5 units
 - El Camino Apartments – 20 units
 - Delaware Pacific Apartments – 10 units
 - Waverly Place Apartments – 15 units
 - Arroyo Green Senior Housing – 6 units
 - Fair Oaks Commons – 6 units
- 87 new units coming by early 2026
- MSHA Supportive Services
 - Onsite Supportive Services offer the following services:
 - Tenant engagement
 - Housing Retention Skills
 - Harm Reduction
 - Motivational Interviewing
 - Crisis intervention/de-escalation
 - Effective service coordination
 - BHRS or BHRS-contracted services include:
 - Mental health care
 - Substance Use Services

- Linkage to physical health care
- Case Management
- Daily Living Skills Training
- Benefits counseling and advocacy
- Housing retention skills
- Peer Support Activities
- Recreational and social activities
- Educational services
- Employment services
- Access to other services
- No Place Like Home (NPLH) Units
 - Eden Housing Light Tree Apartments
 - 9 NPLH units out of 198 total affordable housing units
 - Eligibility:
 - A person with a Serious Mental Illness (Priority given to clients in Full Service Partnership Programs or Intensive Case Management programs)
 - AND chronic homeless or at risk of chronic homelessness
 - Referral information: Clients are referred by CES
 - NPLH on site housing supported services provided by MHA
- Canyon Vista
 - MHSA and BHBH housing
 - 57 Single Room Occupancy (SRO) Units.
 - 28 MHSA Permanent Units
 - 29 Transitional Units (14 MHSA Transitional Units & 15 BHBH Transitional Units)
 - ABODE Property Management
 - Onsite Housing support provided by Telecare.
 - Interim housing up to 24 months.
 - No official opening
 - Application is closed.
 - During the first phased, anyone from Suites Program who can live independently is eligible.
 - 3 are transferring today!
 - Eligibility
 - Mental Health Services Act (MHSA) Units Eligibility
 - SMI + experiencing homelessness or at-risk of homelessness (Preference for FSP clients and cts enrolled in ICM)
 - Behavioral Health Bridge Housing (BHBH Units) Eligibility (Transitional Units, max 24 months)
 - SMI or SUD or CARE program participant/client

- AND Experiencing homelessness or at-risk
 - All applicants must be open/enrolled in BHRS services
 - For Full criteria please contact Kelsey Dattilo
- Other housing resources
 - Rent Café (Dept of Housing) www.smcgov.org/housing/rent-cafe
 - Core Agencies (CES)
 - Lesley Senior Communities (open waiting lists for 62 years and older)
 - HIP Housing- Shared housing opportunities
 - CORA (temporary financial assistance for clients experiencing homelessness due to Domestic Violence)
 - Website for MidPen www.midpen-housing.org/find-housing/
 - Website for Alta www.altahousing.org/find-housing/
 - Filter websites for open waitlists, SM County, etc.
- NPLH & MHSA housing update as of November 2024
 - 8 of 9 NPLH are leased up.
 - 87 total new MHSA permanent supportive housing units
 - 9 MHSA units at Kiku Apartments, lease up was completed in October 2024.
 - 29 total new MHSA transitional supportive housing units
- Housing program updates
 - Behavioral Health Bridge Housing (BHBH or “BB”) Grant (Funding until 2027)
 - \$10.2 million to be used until 2027
 - Will support 15 Transitional units at Canyon Vista Co-Housing Program
 - 3 additional HEAL staff to support SMC shelters, both congregate and non-congregate
 - 20 Temporary Rental Assistance (up to 24 months) for individuals that meet the MHSA eligibility criteria (On HOLD)
 - All BHBH program participants will receive Housing Navigator/locator support
 - MHSA – Housing Navigator/Locator Support for BHRS Regional Clinics
 - Housing Navigator/locator support and Housing retention support
 - Released and RFP but did not get any applications, so this is currently on hold.
- Housing Meetings
 - Housing Operations and Policy Committee (HOP)
 - Collaboration with Dept of Housing and other community providers. We hold a yearly annual appreciation breakfast for landlords to encourage more landlords to participate renting to voucher holders.
 - Housing our People Effectively Interagency Council (HOPE IAC)
 - Quarterly meeting chaired by the Board of Supervisors
 - Continuum of Care (CoC)
 - CoC is coordinate by Human Service Agency. BHRS is a voting member
 - Change Agent Housing Committee

- Organizes our Annual Housing Hero Awards honoring our community partners and colleagues who have helped individuals with Mental Health and Co-Occurring diagnosis find and keep housing.
- Questions?
 - Changes within MHSA with Proposition 1. As of July 1, 2026, will be Behavioral Health Services Act (BHSA).
 - Provides funding for counties to assist people with serious behavioral health needs with housing and provides a path to long-term recovery, including capital to build more housing options. Half of the funding amount is prioritized for those experiencing chronic homelessness.
 - Still in planning stages.
 - 3 prongs of Prop 1: housing intervention, increased Full Service Partnership (FSP) support, behavioral health services in general.
 - Adam: What distinguishes NPLH units from other MHSA units? I see it requires getting into Continuum of Care (CoC) screening. How is that different from something like Cedar Apartment?
 - NPLH units prioritize chronic homelessness. Other than that, there's not much of a difference. They get the same support and are both referred through the Coordinated Entry System (CES).
 - Adam: How does what we're currently providing through BHRS contrast with current need? Such as the temporary assistance slots where folks are not applying.
 - Learning from Canyon Vista program. Feedback we've gotten is that clients are hesitant to apply to interim housing. Many clients are on SSDI with an inability to increase income. They have concern with temporary rental opportunities with nowhere permanent for them to go. We're hoping to transition clients, but when a project does a lease up, it's very challenging to move a client from one unit to another.
 - Jessica: correction: the short-term rental assistance, no provider applied to operate. It's not that clients were not applying. As a whole, we have more people to refer to permanent housing than we have permanent housing spots available. It's likely the same in behavioral health.
 - Mariana: State is prioritizing moving individuals towards housing. We will likely see MHA provide rental assistance, but we need more permanent units compared to transitional.
 - Laura: Do we know why providers did not apply?
 - Mariana: They did not want to place clients in short-term temporary housing program. We do have a project in the works for transitional units.
- No public comment.

**Services provided by
Legal Aid Society of
San Mateo County**
Maria Chatterjee (Legal
Aid Society)

- What Legal Aid Society of San Mateo County (LASSMC) Does For Clients
 - For over 55 years, LASSMC's mission has been to help low-income people secure the basic necessities of life, such as housing, income, access to health care, and freedom from violence and insecurity through the enforcement of their civil legal rights.
 - Practice areas include:
 - Housing – Landlord\Tenant
 - Assistance only to tenants regarding their rights
 - Public Benefits
 - Access to Health Care
 - If someone is having trouble getting Medi-Cal, we can provide attorney intervention.
 - Teen Parents – freedom from domestic violence; immigration
 - Not general immigration. Specific to teen parents and DACA recipients.
 - Special Education
 - Seniors - freedom from elder abuse (physical and financial)
 - NOT criminal, divorces, consumer, bankruptcy, personal injury cases.
- Housing Rights Unit
 - To prevent homelessness for low-income residents of San Mateo County facing legal issues with their housing, and enforce the Tenant Protection Act and other local laws that protect tenants from wrongful evictions and thereby preserve affordable housing.
 - Services
 - Eviction defense (assistance with Unlawful Detainer answers and case representation of priority cases)
 - When a potential client calls us with some problem with housing, we triage and determine if they go to a project coordinator or to a lawyer.
 - Attorney identifies priority cases depending on housing type, children, etc.
 - Very short time limit for unlawful detainer (5 days to respond).
 - If they do not respond by due date, they immediately lose their case and cannot go to court.
 - We're currently training the project coordinator to expedite response time.
 - We partner with the Cores to figure out different ways to preserve housing. A lot of clients want to be seen in person, so we have a clinic every Friday.
 - We also provide general information to tenants who call us with other problems (conditions of place, harassment from landlord), then we refer to our website to they can know their rights and advocate for themselves.
 - At outreach events, we share samples of letters they can write. It will have legal wording, but it will be from them.

	<ul style="list-style-type: none"> ▪ Assistance with federally subsidized housing (e.g. Housing Choice Voucher, Moving to Work, etc.) terminations <ul style="list-style-type: none"> • Top priority cases. It’s hard for clients to access this voucher, so we want to preserve that. • Partner with Housing Authority. ▪ Ensuring compliance with fair housing laws by obtaining reasonable accommodations for people with disabilities ▪ Advising on landlord/tenant issues with the goal of maintaining stable, healthy and affordable housing • Linking Immigrants to Benefits Resources & Education (LIBRE) <ul style="list-style-type: none"> ○ Community education & outreach ○ Application assistance regarding Public Benefits: <ul style="list-style-type: none"> ▪ “Assistors”: where they can go to apply for their Benefits. If they run into obstacles, they can go to Legal Aid for further assistance. ▪ 3 assistor locations: <ul style="list-style-type: none"> • East Palo Alto/Menlo Park – Nuestra Casa, (650) 330-6428 • Redwood City – Fair Oaks Community Center, (650) 780-7500 • Coastside – Coastside Hope, (650) 726-9071 • Contact us: <ul style="list-style-type: none"> ○ Legal Aid SMC Main Line: (650) 558-0915 ○ Housing Intake Line: (650) 517-8911 ○ LIBRE Hotline: (650) 517-8936 • Questions? <ul style="list-style-type: none"> ○ Adam: Who qualifies for your services for low-income? <ul style="list-style-type: none"> ▪ We use Community Services Block Grant (CSBG) guidelines, but other programs within Legal Aid do not. ▪ When we have a client is working with Medi-Cal, their income has already been determined as low income. ○ Adam: You specify that you only help tenants learn their rights. Where do you recommend landlords go to learn their rights? <ul style="list-style-type: none"> ▪ Project Sentinel educates both tenants and landlords. Our funding is just for tenants. ○ Lissette: How often do you provide legal defense? For like unlawful detainer or throughout the process. <ul style="list-style-type: none"> ▪ In an eviction lawsuit, we provide some kind of assistance, such as helping them file the form. Attorneys take a percentage of cases to full representation to resolution. ▪ Clinic can provide services day-of settlement conference. • No public comment.
HSA Updates	<ul style="list-style-type: none"> • HOPE IAC 2025 <ul style="list-style-type: none"> ○ The Board of Supervisors will appoint a new Chair for HOPE IAC in 2025.

<p>Claire Cunningham and Chloe Richter (Human Services Agencies)</p>	<ul style="list-style-type: none"> ○ We will send out the quarterly meeting invitations for 2025 toward the end of this year. ○ Special thanks to Tammie Sweetser and Selina Toy Lee for your hard work for this council. They will be transitioning to new roles within HSA, so this is their last meeting. ● Encampment Resolution Funding (ERF) grant updates <ul style="list-style-type: none"> ○ After a delay by the state, we have finalized the grant agreement ○ While waiting for grant agreement execution, we've been working with providers to prepare their contracts so we could start as quickly as possible. We'll now be executing those contracts. ○ Rolled out Homeless Management Information System (HMIS) data elements for reporting to State and coordination with service providers. <ul style="list-style-type: none"> ▪ Will provide an updated look at who is residing at the 26 identified sites. ▪ This update will help us pull our first by-name list. ● No public comment.
<p>Roundtable Announcements</p>	<ul style="list-style-type: none"> ● Kate: HIP Housing is building a corporate headquarters. We likely won't move in until May. <ul style="list-style-type: none"> ○ Our founder passed away on Saturday. We will be naming the building after her. ● Adam: I'd like to give appreciation to those who helped coordinate a recent trip/tour of the Navigation Center. It was my first opportunity to tour the facility and I was impressed by the services. ● Laura: Samaritan House is rolling out a new supplemental income program called Lifeline to Ignite Financial Transformation (LIFT). It's a two-year program that provides financial resources to single mothers so they can attend educational programs to lift their income and become self-reliant. We have selected 15 single mothers to participate, out of the 900 applications.
<p>Closure</p>	<p>Meeting Adjourned at 11:39 a.m.</p>
<p>Next Meeting</p>	<p>The next meeting is on February 5, 2025</p>