



H3 Housing Meeting

November 6, 2018

1:00-3:00pm

2425 Bisso Lane, Concord

Presenters: Jenny Robbins, H3 Chief of Programs, Natalie Dimidjian, Forensic Mental Health, Linae Young, Community Connect, Adam Poe, Managing Attorney, Bay Area Legal Aid, Jaime Jennett, H3 Continuum of Care Planning and Policy Manager

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Agenda item: Introduction

Presentation by Jenny Robbins, H3 Housing & Services Administrator

Introduction: Welcome! Health, Housing and Homeless Services (H3) meetings began about two (2) years ago to cross sectors and unite discussions for our communities in Contra Costa County. Our quarterly meetings provide information on services, policy, funding, and who's who in the community so that services can be streamlined to better serve those in need. The meeting serves as a valuable collaboration of resources between Health Services and Mental Health providers.

Agenda item: Mobile Crisis

Presentation by Natalie Dimidjian, Forensic Mental Health

Discussion: Our hours are Monday to Friday, 7:00 am to 11:30 pm, currently we have three shifts, we are working towards filling our overnight shift. Each team has one mental health licensed clinician and one community support worker. By January we will be open overnight, once we have hired our clinicians. Community support



workers are someone who has lived experience either with mental health issues or AOB issues and we go into the crisis with the clinicians to help deescalate the situation and prevent that person from going to the hospital and help link them to resources when in the crisis. Mobile Crisis Response Team is a Specialty Mental Health Services in the Adult system of care designed to have a mental health provider respond to the community and serve adults who are experiencing a psychiatric crisis. The goal is to deescalate the crisis, stabilize the situation, reduce psychiatric hospitalizations and PES encounters, assess current mental health needs and provide ___ services and if necessary the clinician on the team can initiate a 5150. MCRT provide risk and safety assessments, provide crisis intervention, provide 30-day linkage services to the adult system of care system. We follow a person for 30 days to help prevent further crisis. We assist with the family support because they are experiencing the crisis in a different way. We help get clients meds and get linked to the outpatient mental health clinics, communicate with staff. We serve primarily adults with mental health diagnosis Medical. If someone calls and they have private insurance like Kaiser we do not turn them away, later we help link them to their primary carrier. Step one, someone calls and speaks to one of us and a clinician asks a series of questions to determine if they need to go out to the field. If we go out to the field, we ask for a civil standby and work with the police, so patient doesn't feel overwhelmed. Ineligible population, if a consumer is presenting with violent actions and has no mental health history, they are referred to the police. "My son is intoxicated, and I'm scared and don't want him in my house." Anyone can refer, usually it will be the family. County mental health facilities have case managers, but they are not available after 5pm, in which case they can call us. We try to provide an alternative to calling just the police. We began this on July 9th, 2018. The last time we did a data collection, we have had over 360 calls since "go live", of those only about 10 were 5150'd, many are families calling for their adult child holding them hostage. We are going in to help the family help the client. Many of our clients don't respond well to police officers but they will respond well to us. Police will call us to assist with situations. CSW's will call patients and families to follow up to make sure they have made links to services. Under our umbrella, we have a Probation clinician that we can get information from if we are dealing with someone on probation. Flyers are supplied with contact information, we are in Central Contra Costa County.

Agenda item: Provider Spotlight: Community Connect

Presented by Linae Young, Community Connect

Discussion: Community Connect falls under Health Services. Flyers were presented with information for dental, mobile and ambulatory clinics. We are a program that is based on a risk model for any one that is in full scope Medi-Cal based on a risk model. It looks at mental health billing, HMIS, ER, PES, Ambulance calls and builds a risk score based on that. Then, individuals are selected based on the scores, they are assigned a case manager that explains the program and they can volunteer to be a part of the program. We have about 14,000 patients enrolled, many of them are homeless and about 600 overlap with Community Connect and HMIS. We review HMIS reports to identify patients that are age 18 up. We typically have a client for about 1 year unless they have not reached their goals and they can then re-enroll for another year. We offer different services, Mental Health Clinicians, Substance Abuse Counselors, Homeless Services Specialists, Community Health Workers that do all their work over the phone. In the field we have Community Health Workers Specialists and Social Workers. Many of our workers



have worked in EHSD or Mental Health so they provide a direct link to our health care system using ccLink. They have read access in HMIS. We connect them with treatment programs, housing and food. We work with CCIH and other resources in the county. We look for gaps that exist and try to fill them. We will meet with clients in the shelter and work with them to get housing and keep it. We work with CORE to find clients in encampments. If a client declines services and change their mind they are welcome to come back and re-enroll. We encourage case managers to communicate with us to assist clients connect with resources. We can assist with transportation to benefits and medical appointments via buses and BART.

Some additional benefits are issuing cell phones for 6 months we encourage them to use free WiFi. We work with them to show them how to keep their cell phones and keep their bills at a reasonable rate.

We work with Bay Area Legal Aid to assist clients with legal services.

One of the things you can do is look in HMIS to see if the client has Community Connect and they can help them with our resources.

There is a housing fund for anyone who is enrolled in Community Connect. Some of the things that fall under this is: moving expense, utilities, security deposit, essentials household furnishing such as refrigerator, etc. They need to supply the lease agreement and W-9.

We always make sure they are working to sustain their goals.

How are individuals responding to this program? Most of the people are excited about the services and want to learn more. If they decline, they are given contact information in case they change their mind. If they are in a mental health program it is their clinician that contacts them. We get notifications if a patient shows up at ER or PES.

If a patient is non-compliant we will work with them and try to get them compliant. But, if they don't want to comply, it is voluntary. If we can't locate the patient, they will be dis-enrolled.

This is a Medi-Cal funded program and it's a five-year program. At the end of the five years, the program will be evaluated and extended.

Does the alga rhythm weigh mental health over homelessness? No, it takes both into account.

Eventually HMIS will connect/talk to ccLink so all know what resources a client is connected to.

Agenda item: Provider Spotlight: Bay Area Legal Aid

Presented by Adam Poe, Managing Attorney BALA

Discussion: We do defense, administrative work with housing authorities and other low-income housing, fair housing work, and a lot of other wrap around service models like consumer issues. We would like to be more of a



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proactive model. Over the last few years we have done more work with mental health patients, criminals and traffic infractions. The commonality that is across all these people is homelessness/housing. We are not trained to do the things in order to work with homeless people or domestic violence victims. We have been building relationships with professionals that work in the community to help homeless people. An issue we see is “timing”, when do you step in? People who are in poor housing or are about to lose their housing. We have found that Community Connect is a good resource to work to break down barriers to get people housing.

Maya started as a Fellow on a two-year program. She worked with Jenny to coordinate a program for homeless and is now a staff member with us. We have 1-2 clients, one was a woman that came from STAND in the housing first program. She had been denied housing from 20 places due to a judgement. BALA was able to get a case sealed so it doesn't show up on a credit check. We hope this will give her a shot at getting permanent housing.

We have a housing fund that will help with tenant/landlord cases.

If a landlord charges for a credit check, can a tenant save the fee by supplying a copy of their credit report? Maybe, eviction notices don't always show up on the reports. We can work with the client to get their report cleaned up. Is there a standard fee to charge for credit checks? It is not meant to be a money maker. Part of our training providers is to find out what is appropriate.

Agenda item: Point in Time Count

Presented by Jaime Jenett, H3 Planning and Policy Manager (1:33:15)

Discussion: We do this every year in January. Our next planning meeting will be December 7, from 9:00 – 11:00 am, in our offices. I am also working with service providers to work at your sites. We will be sending out a call for volunteers. A lot of the funding that we get is based on the PIT count.

Agenda item: Council on Homeless

Presented by: Jaime Jenett, H3 Continuum of Care Planning and Policy Manager

Council on Homeless: There are six seats that are opening up on the Council on Homeless. We are accepting applications until November 30th. This one is specific it is for agencies that are funded by COC money or ESG money. People from those agencies, community members are open, EHSD is specific, ___community and health care are open. Please talk to me if you are interested.

Agenda item: Homeless Awareness Month

Presented by: Jaime Jenett, H3 Continuum of Care Planning and Policy Manager



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Homeless Awareness Month: November is Homeless Awareness Month. Hopefully you have received the tool kit that we developed. One thing I would like to highlight, this Friday is a memorial for the homeless. The week after that we have partnered with other agencies to gather client photos and stories that have been posted in the BOS lobby. We will be giving out rewards to those who outstanding landlord, outstanding volunteer, etc. at the BOS meeting. We will then do a presentation to the BOS. There is no charge but, we did do an invitation, so we would know how many people will be attending.

Agenda item: Youth Point in Time Count

Presented by: Jenny Robbins, H3 Housing & Services Administrator

Over the last year we have been focusing on youth and families that are homeless, they are the hidden homeless. Many do not present out of fear. Beginning in September, we began a youth (18-24) and family needs assessment (PTI). We gathered information at community colleges, behavioral health clinics, EHSD, libraries, schools, etc. Some of the data shows 152 transition aid youth, 31 were living with a family, 77 were presented without families, 44 were parenting. This is a huge under count, but this information will go into writing a grant to show that we are tracking this information, they want to see that we are paying attention to this. Then we counted 2281 minors, those under the age of 17, 119 were experiencing homelessness with a parent and another 163 were sleeping in another setting, in foster care or couch surfing and 3 minors were parents. We have a transition group that has been meeting every other week, we are piggy-backing off the veteran's service providers have been using to end veteran homelessness. We implemented that with transitioning youth, we currently have 178 youth on that list. As you look at this group as an individual we begin to reduce the risks of them becoming homeless. There's a national website data base called Away Home America Dashboard. It provides amazing information in a graphic form. It shows how many transitioning youths are coming into our system, how many are getting permanent housing, how many LGBT, how many are in the foster care system, etc. This is helping us track our youth homeless and we can compare our numbers with other city's information.

The next Council on Homelessness meeting is December 6th, we will have a more formal report about the Youth Count.

H3 Housing meetings are held quarterly (first Tuesday of the month). The next meeting will be on Tuesday, February 5, 2019 from 1:00-3:00pm, 2425 Bisso Lane, Concord.



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