



## CONTRA COSTA COUNCIL ON HOMELESSNESS MEETING MINUTES

*The Contra Costa Council on Homelessness provides a forum for communication and coordination about the implementation of the County's Strategic Plan to prevent and end homelessness, and for orchestrating a vision on ending homelessness in the County, educating the community on homeless issues, and advocating on federal, state, and local policy issues affecting people who are homeless or at-risk of homelessness. The Council provides advice and input on the operations of homeless services, program operations, and program development efforts in Contra Costa County. Items may be taken out of order based on the business of the day and preference of the Council.*

**Date, Time:** Thursday, October 15, 2019, 1:00 – 3:00 pm

**Location:** 2380 Bisso Lane, Concord, CA

**Public Attendance:** Lisa Hicks, Kirsten Houger, Scott Garvey, Justin Jarratt, Joy Hedgepath, Colleen Isenberg, Paolo Gargantiel, Guadalupe Corets, Denise Clarke, Mary Terjeson, Leslie Gleason, Bill Shaw, Denise Evans, Amanda Vergrugge, Maya Ivvani, Yvonne Soy, Bertha Lopez, Breann Van Slooten, Leysy Pelayo, Toni Legree, Dorothy Lewis, Bailena Simpson, Michael Myette, Michelle Richardson, Kirsten Hougan, Harry Miller, Melinda O'Day, Monica, McCathrion, Claude Battaglia, Art Rogers, Yosenia Lopez, Dom Pruett, Alex Alexander, Natasha Vacdepeala, Jennifer Wirschi

**Staff Attendance:** Shelby Ferguson, Jenny Robbins, Jamie Klinger, Justin Pennell, Gregory Austin, Michael Fischer, Jaime Jenett, Lakisha Langston

### 1. Welcome

### 2. Behavioral Health Resources for People Experiencing Homelessness

- Michael Myette, Healthcare for the Homeless
  - Provided information on program mission statement, who they serve, who works on their team, services, where services are provided.
  - Most patients are walk-in. Have walk-in clinics at the Ambulatory Health Center locations. Have buses that travel to several sites throughout the county.
  - Framework is a Therapeutic/Clinical Case Management Model with outreach and rapport building.
  - The HMIOT program works with CORE and shelters to help get patients into care.
  - Have Street Outreach Team and Mobile vans that go out to fixed sites.
  - Shelter-based clinicians are located at Concord Shelter and Brookside Shelter.

- Do treatment for addictions using Choosing Change and Medication Assisted Treatment (MAT).
  - Contact information is in the presentation slides.
- Paolo Gargantiel, Behavioral Health Access Line
    - Access line number, 1-888-678-7277 and is main point of entry to services for mental health and drug abuse services.
    - Call center triages/screens over the phone. They interact with 211 and the crisis hotline and provide referrals to community-based programs and have transportation programs and navigation assistants.
    - Anyone can call and they will help them find services whether they are uninsured, have MediCal or private insurance.
    - They manage a volume of over 300 calls per day from clients, caregivers, providers and community members.
    - The Access Line offers 24-hour availability for information etc. Appointment scheduling and screenings are completed Monday through Friday, 8 am – 5 pm. Calls outside of these hours will be assisted by a service, Optimum, but no appointments will be scheduled.
    - There are some exclusions for referrals by the Access Line and they will be referred back to their primary care provider, Veterans, private insurance, etc.
    - Parole mental health has a separate service although there is a new law that may change this process.
    - Paolo also reviewed who staffs the Access Line and the best hours to call.
- Michelle Richardson, Alcohol and Other Drugs
    - Provided background on changes to access. People used to be able to enter treatment on their own. Now go through the Drug Medi-Cal Organized Delivery System (DMC-ODS) and everyone is funneled through the Behavioral Health Access Line, 1-888-678-7277.
    - American Society of Addiction Medicine (ASAM) – places individuals in the least restrictive environment.
    - Residential treatment is not the only option anymore.
    - Foundation Levels of Care – questions are based on dimensions, acute withdrawal, can they function in a detox model, **Outpatient**, **Intensive Outpatient** – can they sit in a meeting for 2 hours per week, **Residential services** – living on site, recovery services – working in after care, case management – do they need housing support, medication support? **Physician Consultation** – we are required to have medical directors on site, **Medication Assisted Treatment (MAT)**.
    - Look for client preference allowing mobility providing choices.
    - Pharmacotherapy involves the MAT and Choosing Change programs and have BAART programs.
    - AB 109 allows for full assessments at clinic locations.

- Challenges include; the length of time it takes to be MediCal certified, 42 CFR Part 2 confidentiality is stricter than HIPAA, engaging staff, etc.
- Services offered are in the presentation

Questions:

- *Q: Mobile Unit in Walnut Creek is at Trinity? A: Yes*
- *Q: Adverse Childhood Experiences is not used as a tool in Contra Costa County? A: ACE is gaining momentum – to help understand things that happened from your childhood. They are working with it in pediatrics. It's a screening tool to help anticipate needs of patients.*
- *Q: What is the use of Behavioral Health if they're not going to help me? They put people in hand-cuffs. Why isn't de-escalation being used? A: All of Behavioral Health and H3 staff have been trained in de-escalation services and aim to use appropriate level of response.*

### 3. CoC Update

- Shelby Ferguson, H3 Coordinated Entry Manager
  - Warming Centers will be open in Concord for 7 nights and GRIP will begin on November 1<sup>st</sup>. CORE now also works those nights to facilitate entry
  - CORE –now have a Youth and Family team, they will be helping with re-entry and a youth team will begin in January.
  - Safe Parking Program will begin at Trinity Center (1300 Boulevard Way) – it is on a 1<sup>st</sup> come 1<sup>st</sup> serve basis and must follow requirements (proof of insurance & registration along with a screening for services) of the Trinity Center. There is security on-site.
- Jaime Jenett, H3
  - Funding Updates
    - CoC NOFA –submitted all our applications for this year.
    - HEAP – status in PowerPoint
    - TAY, Rapid Rehousing – RFP details in PowerPoint
    - CESH – details in PowerPoint. CoH decided on priorities. This is one-time funding to help expand existing services.
    - System Map – looks at our system of care.
      - Shows where we are in needs for housing.
      - What we need to do to improve services?
      - How do we prioritize our resources?
      - Next Steps – what are we doing and how do we improve?
      - Technical Assistance
  - Suggestion was made to install solar parking lot structures that people could put up tents.
  - Bertha Lopez from Hume Center was introduced to discuss Rapid Resolution. When people get referred to her by 211, CORE or CARE Centers, she asks questions to see if there are other options outside of a shelter or the streets. She assists them get to a family member, help with a security deposit, or transportation back home. Anything that could help them find housing and avoid being homeless.

*Q: The figures of the number of homeless? A: The Point in Time count and our Annual Report is on our website. There were about 7,000 people who accessed services last year.*

- *Jamie Klinger, H3*
  - Race and Ethnicity Equity Assessment
    - As part of the HUD NOFA CoC, we had the opportunity to pilot a new type of analysis that looks more closely at disparities in our system of care. The purpose is to understand demographics, service utilization, and outcomes by race and ethnicity to improve equitable opportunities with the CES.
    - See slides for highlights
    - Next steps to look closer at disparities.
    - *Q: When will you be showing data from all the providers? A: We cannot show data from providers that are not using HMIS. Most people may show up in data from other providers. BARM will begin to enter into HMIS. We will be getting more information from them.*
    - *Q: Will you be looking into Healthcare for the Homeless? A: Yes, this will be in the report on our website.*

#### **4. Community Announcements**

- Chart of departments within HHH showing staff and responsibilities.
- The US Census is coming in the spring and is hiring. They do have some restrictions as far as felonies, but we suggest you try. There will be an online version of the census for those that have access. This will begin end of March, beginning of April.
- November is Homeless Awareness Month – we will announce happenings on our website.
- COH is seeking three seats – Health Care Representative, Public Safety (Fire, Police or EMS), Re-Entry Services. Deadline is Friday.
- Art Rogers with Shelter Inc working with a bridge program for vets. We have three houses in Pleasant Hill and Pittsburg, that we have just opened with about 60 beds and we have some that are still open. Case managers can contact Art or send a referral through the VA.

#### **5. Pin It**

- *Next CoC Learning Hub meeting will be in January. Are there any topics that you would like to cover? A: Can we have Officers that represent different communities come and talk about how they work with homeless?*
- Behavioral Health has the schedule for the health van on their website.