



Agenda

FAMILY AND HUMAN SERVICES COMMITTEE

June 8, 2009

1:00 P.M.

651 Pine Street, Room 101, Martinez

Supervisor Federal D. Glover, District V, Chair

Supervisor Gayle B. Uilkema, Vice Chair

Agenda Items:

Items may be taken out of order based on the business of the day and preference of the Committee

1. Introductions
2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).
3. #5 – Healthcare for the Homeless – Update
Presenter: Andrea Du Brow, Project Director
4. #5 - Continuum of Care Plan for the Homeless - Update
Presenter: Cynthia Belon, Homeless Programs Director

☺ *The Family and Human Services Committee will provide reasonable accommodations for persons with disabilities planning to attend Committee meetings. Contact the staff person listed below at least 72 hours before the meeting.*

📁 *Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Family and Human Services Committee less than 96 hours prior to that meeting are available for public inspection at 651 Pine Street, 10th floor, during normal business hours.*

✉ *Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.*

For Additional Information Contact:

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Glossary of Acronyms, Abbreviations, and other Terms (in alphabetical order):

Contra Costa County has a policy of making limited use of acronyms, abbreviations, and industry-specific language in its Board of Supervisors meetings and written materials. Following is a list of commonly used language that may appear in oral presentations and written materials associated with Board meetings:

AB	Assembly Bill	HCD	(State Dept of) Housing & Community Development
ABAG	Association of Bay Area Governments	HHS	Department of Health and Human Services
ACA	Assembly Constitutional Amendment	HIPAA	Health Insurance Portability and Accountability Act
ADA	Americans with Disabilities Act of 1990	HIV	Human Immunodeficiency Syndrome
AFSCME	American Federation of State County and Municipal Employees	HOV	High Occupancy Vehicle
AICP	American Institute of Certified Planners	HR	Human Resources
AIDS	Acquired Immunodeficiency Syndrome	HUD	United States Department of Housing and Urban Development
ALUC	Airport Land Use Commission	Inc.	Incorporated
AOD	Alcohol and Other Drugs	IOC	Internal Operations Committee
BAAQMD	Bay Area Air Quality Management District	ISO	Industrial Safety Ordinance
BART	Bay Area Rapid Transit District	JPA	Joint (exercise of) Powers Authority or Agreement
BCDC	Bay Conservation & Development Commission	Lamorinda	Lafayette-Moraga-Orinda Area
BGO	Better Government Ordinance	LAFCo	Local Agency Formation Commission
BOS	Board of Supervisors	LLC	Limited Liability Company
CALTRANS	California Department of Transportation	LLP	Limited Liability Partnership
CalWIN	California Works Information Network	Local 1	Public Employees Union Local 1
CalWORKS	California Work Opportunity and Responsibility to Kids	LVN	Licensed Vocational Nurse
CAER	Community Awareness Emergency Response	MAC	Municipal Advisory Council
CAO	County Administrative Officer or Office	MBE	Minority Business Enterprise
CCHP	Contra Costa Health Plan	M.D.	Medical Doctor
CCTA	Contra Costa Transportation Authority	M.F.T.	Marriage and Family Therapist
CDBG	Community Development Block Grant	MIS	Management Information System
CEQA	California Environmental Quality Act	MOE	Maintenance of Effort
CIO	Chief Information Officer	MOU	Memorandum of Understanding
COLA	Cost of living adjustment	MTC	Metropolitan Transportation Commission
ConFire	Contra Costa Consolidated Fire District	NACo	National Association of Counties
CPA	Certified Public Accountant	OB-GYN	Obstetrics and Gynecology
CPI	Consumer Price Index	O.D.	Doctor of Optometry
CSA	County Service Area	OES-EOC	Office of Emergency Services-Emergency Operations Center
CSAC	California State Association of Counties	OSHA	Occupational Safety and Health Administration
CTC	California Transportation Commission	Psy.D.	Doctor of Psychology
dba	doing business as	RDA	Redevelopment Agency
EBMUD	East Bay Municipal Utility District	RFI	Request For Information
EIR	Environmental Impact Report	RFP	Request For Proposal
EIS	Environmental Impact Statement	RFQ	Request For Qualifications
EMCC	Emergency Medical Care Committee	RN	Registered Nurse
EMS	Emergency Medical Services	SB	Senate Bill
EPSDT	State Early Periodic Screening, Diagnosis and treatment Program (Mental Health)	SBE	Small Business Enterprise
et al.	et ali (and others)	SWAT	Southwest Area Transportation Committee
FAA	Federal Aviation Administration	TRANSPAC	Transportation Partnership & Cooperation (Central)
FEMA	Federal Emergency Management Agency	TRANSPLAN	Transportation Planning Committee (East County)
F&HS	Family and Human Services Committee	TRE or TTE	Trustee
First 5	First Five Children and Families Commission (Proposition 10)	TWIC	Transportation, Water and Infrastructure Committee
FTE	Full Time Equivalent	VA	Department of Veterans Affairs
FY	Fiscal Year	vs.	versus (against)
GHAD	Geologic Hazard Abatement District	WAN	Wide Area Network
GIS	Geographic Information System	WBE	Women Business Enterprise
		WCCTAC	West Contra Costa Transportation Advisory Committee

Schedule of Upcoming BOS Meetings

June 9, 2009
June 16, 2009
June 23, 2009

TO: Family and Human Services Committee
FROM: Cynthia Belon, L.C.S.W.
Homeless Program Director
RE: Report on Homeless Continuum and 10-Year Plan to End Homelessness
DATE: June 1, 2009
Cc: Dr. Wendel Brunner, Public Health Director

This report provides an update on the accomplishments of the Homeless program for 08-09 and the priorities for the 09-10 Fiscal year. Implementation of the Plan continues under the leadership of the Contra Costa County Inter-Jurisdictional Council on Homelessness and with staff leadership, support and guidance from the Homeless Program.

SUMMARY

For the past five years, particular emphasis has been placed on providing outreach to those who are chronically homeless, single adults with disabilities who have had several episodes of homelessness. We have made significant progress in ending homelessness among this sub-population of homeless community members, assisting them in moving into permanent supportive housing and with ongoing support, becoming members of the mainstream community. However, an increasing number of families hit hard by the recession/economic climate are seeking assistance as they experience homelessness for the first time or are attempting to prevent their first episode of homelessness. The Continuum of Care has begun to shift to incorporate the needs of these families, focusing on prevention and rapid-rehousing to try and minimize the length of time and the effects on the family members of what homelessness creates. We continue to apply what we have learned, and are committed to enhancing the system of care to meet the needs of all homeless persons in our community to the best of our ability, but limited by the dwindling financial resources that are available.

Attached are several reports, providing a comprehensive description of the performance measures, goals and objectives, outcomes and demographic information for the continuum of homeless service delivery system:

Demographic data and key outcomes for the Continuum of Care – taken from our Homeless Management System, the key findings illustrate the progress made towards meeting our main goals identified in the 10-Year Plan. In addition, demographic data for the Continuum is provided.

Performance Measures – include five main goals defined in the 10-Year Plan and act as the basic foundation of all activity of the homeless continuum of care. In addition, specific objectives and outcomes that are Homeless program-specific are defined for 08-09 and 09-10.

Program Descriptions – all services currently provided by the County Homeless program are identified by modality.

Ten-Year Plan Objectives within each Priority – identifies the strategies and actions for each of the priorities/goals defined within the 10-year plan.

2009 Homeless Count – report on the homeless count conducted County-wide on January 28, 2009.

KEY OUTCOMES

A total of **5782 people used homeless services from January 2008-April 2009, with 2543 identified as “new”** homeless clients (those that had not been in the continuum of services prior).

66% of homeless residents in our community using interim and/or transitional housing services **successfully exited to stable housing and/or support services.**

Of those in permanent supportive housing, **75% of individuals and families have retained their housing for one year or more.**

The **majority** of homeless residents identify as coming from **West County (43%)**, followed by Central County (22%); East County (13%); South County (0%); outside of Contra Costa (3%); 20% did not provide an answer.

Children and youth comprise **23%** of the total, and **15%** are **over 55 years of age.**

KEY ACTIVITIES/ 09-10 - Housing

A 24-bed respite program is to be built as part of the site of the current Concord single adult shelter. All necessary funding has been acquired for the capital development, and construction is scheduled for mid-June 2009, with completion by Fall 2009. This program will provide additional medical support for those homeless persons who are discharged from the hospitals, but need additional stabilization prior to entry into the homeless emergency shelter system.

In addition, an FQHC satellite clinic will be operating 20 hours per week, and the Concord multi-service center operated by Anka Behavioral Health will be relocated to this site.

The current emergency shelter for homeless youth will be expanded to 18 beds from the current capacity of 12 beds with the addition of a 3400 sq. foot modular placed in Richmond at the current location. All funding has been acquired and site preparation is scheduled to begin.

Additional Shelter Plus Care vouchers will continue to be added, along with other housing opportunities within mixed-income housing development projects that will target both chronic and transitional or newly-homeless individuals, youth and families.

Permanent Connections, a HUD-funded program to provide scattered-site permanent-supportive housing to 10 transition-age youth (ages 18-24) who are successfully completing transitional housing programs, will begin in June, 2009. Scattered site means that the young adults will have the ability to rent an apartment unit anywhere in the County that they choose, and they will be given a subsidy to cover their rent with support services provided on and off site to continue to assist in their stabilization and maturation.

The Economic Stimulus funds (Homeless Prevention and Rapid Re-Housing), available from HUD, will provide financial assistance and services to prevent individuals and families from becoming homeless or to help those who are experiencing homelessness to be rapidly re-housed and stabilized. The Homeless Program is working collaboratively with other County Departments, programs, the City of Richmond and the other entitlement jurisdictions to develop a Plan for implementation in our community that will best meet the needs of the homeless population, and will also support and adhere to the goals and objectives identified in the 10-Year Plan. Stakeholder meetings with representatives from service providers throughout the County are currently being convened to determine the program design.

In addition, the homeless accommodation of the Concord Naval Weapons Station is continuing to be developed, with the County Homeless Program, the City of Concord and homeless service providers and non-profit housing developers working towards agreement on the Plan for the homeless conveyance portion of the overall development. Preliminary approval from the City of Concord and HUD has been given for the agreements between the members of the Homeless Continuum Collaborative interested in the development of this conveyance.

KEY ACTIVITIES/ 09-10 – Services

A major focus during this past year has been on training homeless service providers for the implementation of a demonstration project in Contra Costa, called SOAR. The purpose of this project is to facilitate access to SSI/SSDI benefits and in less time than what has been the norm for eligible homeless persons, resulting in an income stream for homeless persons who are eligible to receive these benefits, and an ongoing revenue stream for the County that will cover the costs of the recipient's health services. We are currently identifying the systemic changes that are necessary to support the implementation of this new model, with full implementation scheduled for 09-10.

KEY ACTIVITIES/09-10 - Outreach

Project Homeless Connect events continue to be provided on a regular basis. The last one, held in Antioch Fairgrounds in September, 2008, provided services to over 600 homeless individuals, youth and families, which was the highest number served to date.

The next Project Homeless Connect will be held on June 17th at the Richmond Auditorium.

Under discussion is a Project Homeless Connect to be held in September that focuses specifically on health services, and will include vision exams and care along with health appointments, dental and HIV services.

KEY ACTIVITIES/09-10 – HMIS

The Homeless Management Information System gathers intake and discharge data from several service providers in the Continuum. However, not all homeless service providers participate in this data collection system. For the past few years, revisions have been made in the system in order to produce data that reflects a comprehensive picture of homelessness in our community.

As part of this process, the Homeless Program HMIS Administrator has been working with the members of the Continuum, the HMIS Policy Workgroup and the CCICH to develop the Continuum-Wide data Report, which provides the demographic profile of homeless residents of our community who are being served by the Continuum.

In the future, the specific services provided to homeless persons from entry to discharge into permanent housing will be added, collected and analyzed.

In addition, new revisions to the overall system are being required to support the outcomes from the Economic Stimulus Funds for homeless prevention and rapid-rehousing. Any provider receiving these funds will be required to participate in the homeless management information system.

Contra Costa County's Homeless Continuum of Care

Demographics and Outcomes Report

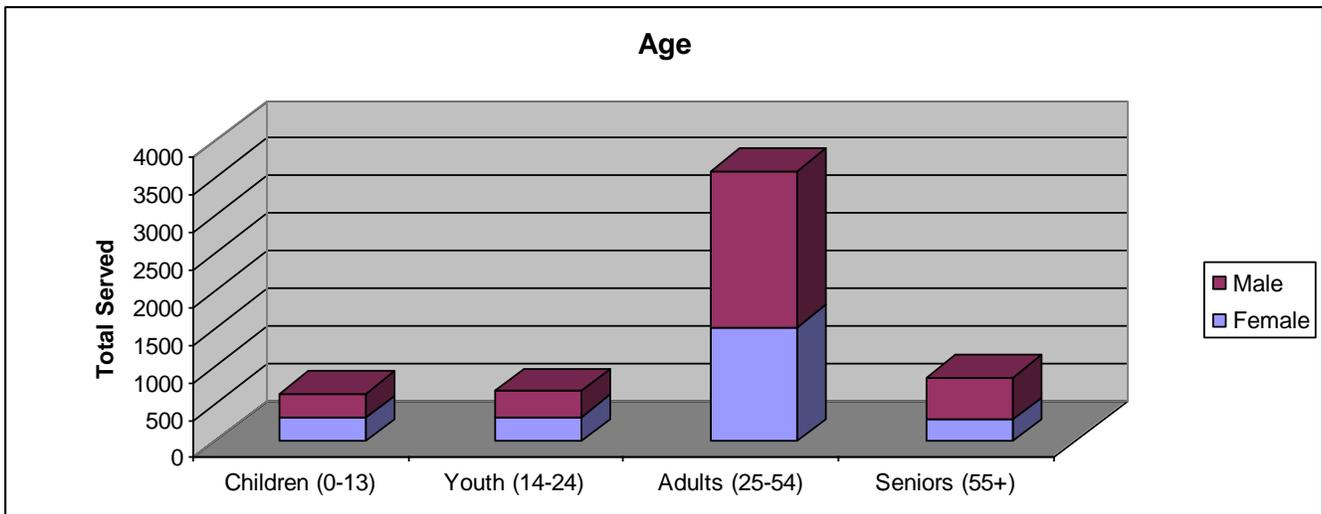
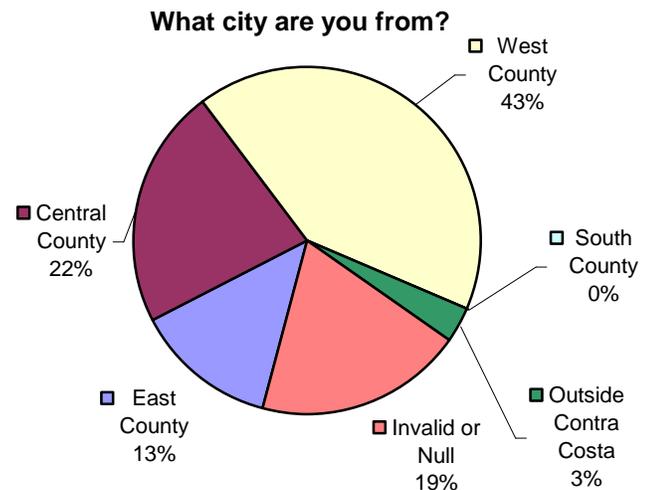
For Period: 1/1/2008 - 4/30/2009

Report Run Date: 6/01/2009

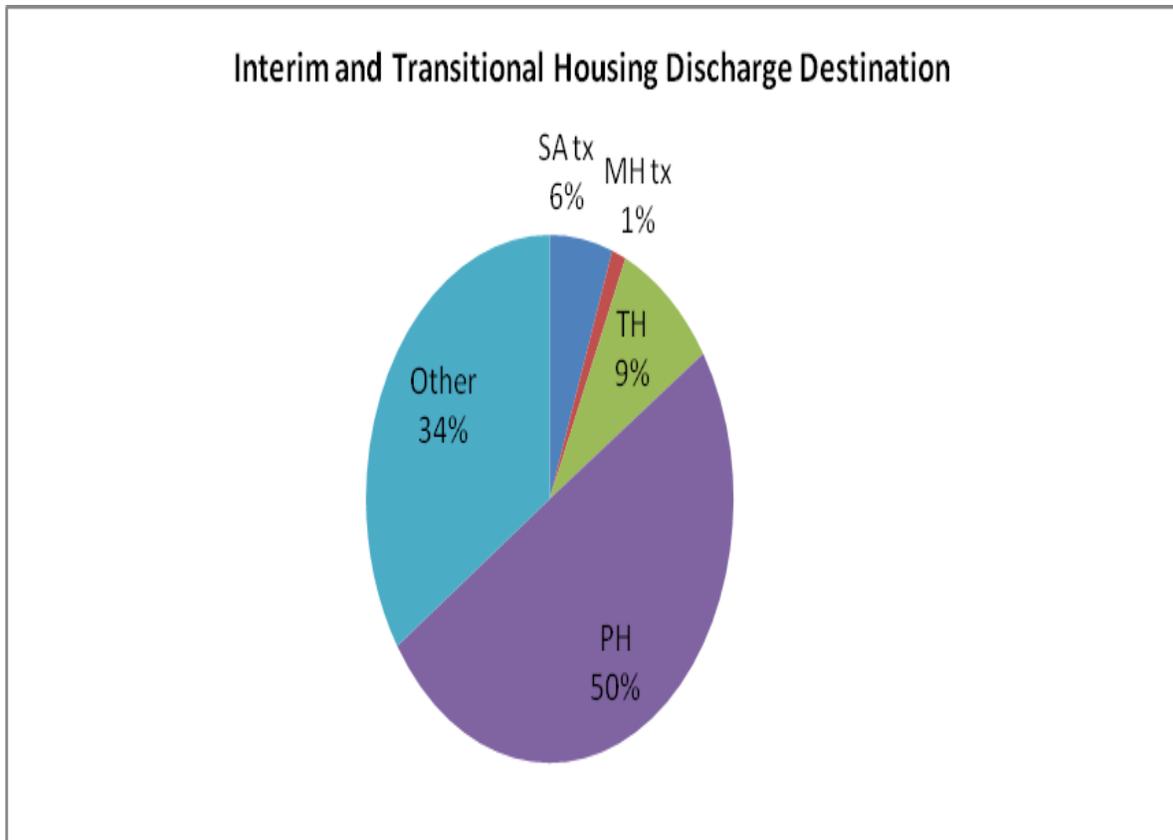
The purpose of this report is to highlight the demographic profile of homeless adults, youth, and families being served in Contra Costa County's Homeless Continuum of Care. This report was prepared by the HMIS Policy Group under the direction of the Contra Costa Inter-Jurisdictional Council on Homelessness (CCICH). HMIS or the Homeless Management Information System gathers unduplicated, continuum-wide statistics from several participating homeless providers. A list of these participating agencies can be found on page 7 of this report.

Key Points

1. A total of **5782** people used homeless services from January 2008 to April 2009.
2. Of these, **2543** people were considered newly identified homeless, or clients that have never before entered our system of services.
3. When individuals were asked, "What city did you come from," a significant percentage said they came from cities in West Contra Costa County.
4. Nearly 23% of Contra Costa's homeless population is children and youth, and 15% are over the age of 55.



5. **Seventy-five percent (75%) of individuals and families in Permanent Supportive Housing have retained their housing for one year or more.**
6. **Sixty-six percent (66%) of participants exiting interim and transitional housing successfully exit to more stable housing and/or support services.**



General Assumptions

- a. This report provides unduplicated continuum-wide statistics, using the last day of the report period as the effective point-in-time date. This means that if a client entered several programs (or the same program several times) within the period, this client is counted only once and the report displays only the latest answer to each question **as of the last day of the report period**. For example, using a time period of Jan – Jun '08, if Jane Doe entered 3 distinct programs within the period, and her answer to Prior Living Situation was different on all three occasions, this report will de-duplicate her answer to her latest answer as of June 30th, 2008.

Although this report is regarded as a continuum-wide report, there are several agencies that are not currently participating in the HMIS project and therefore are not represented on this report. These agencies include but are not limited to the Bay Area Rescue Mission, STAND Against Domestic Violence, and the Crisis Center. A list of programs, which ARE currently participating in HMIS, is available on page 6.

- b. There are several questions where no answers are provided, which are represented by the category "Not Stated". A high occurrence of "Not Stated" may be seen for questions that are not required for certain subpopulations (e.g. homeless youth, children, etc.).
- c. In this report, a household is defined by or may represent either a family with children or a couple without children.
- d. Quality assurance. Several data quality procedures have been instituted to make sure this report represents the best information we have at the current time. All agencies that contribute data are required to abide by our continuum's HMIS Policies and Procedures and have entry and exit protocols in place to ensure admission information is accurately reflected.

Questions and Further Assistance

For questions, please email the County Homeless Program at homeless_program@hsd.cccounty.us.

Total Homeless Persons Served in Contra Costa

- I. **How many homeless persons were served during the period of Jan1, 2008 – April 31, 2009?** 5782 individuals
- II. **Of those served, how many were newly identified homeless (clients that have never before entered our system of services)?** 2543 individuals
- III. **What is the demographic profile of all homeless clients served during period?**

1. Where participants presented themselves as homeless:

City Slept In Last Night	Total	Percentage	Newly Homeless
Antioch	486	8.41%	200
Concord	908	15.70%	384
Martinez	226	3.691%	108
Pittsburg	171	2.96%	69
Walnut Creek	44	0.76%	22
San Pablo	223	3.86%	103
Richmond	2033	35.16%	983
Other Central County	99	1.71%	47
Other East County	122	2.11%	54
Other South County	7	0.12%	1
Other West County	149	2.58%	75
Outside Contra Costa County	191	3.30%	120
Unspecified Contra Costa	43	.74%	2
Invalid or Not Stated	1080	18.68%	375
Total:	5782	100.00%	2543

Note: Several questions are asked about each participant's geographic origin, including where they spent the previous night, what is their current address, and where they last resided for at least 90 days. Acknowledging that no single response offers an accurate picture of where each person found himself or herself homeless, we report where participants spent the previous night (before entering continuum services) wherever possible. Where this is unavailable, we report where they last resided for at least 90 days.

2. Gender:

Gender	Total	Percentage	Newly Homeless
Female	2416	41.78%	409
Male	3314	57.32%	516
Transgender	4	0.07%	2
Unknown	1	.02%	0
Not Stated	47	0.81%	45
Total:	5782	100.00%	2543

3. Household configuration:

Household Configuration	Total	Newly Homeless
# of Households (with or without children)	864	316
# of Households with Children	451	201
# of Singles	4058	1870

4. Age (calculated based on this report's run date)

Age Range	Total	Percentage	Newly Homeless
0-5	291	5.03%	146
6-13	340	5.88%	127
14-17	136	2.35%	55
18-24	529	9.15%	316
25-34	875	15.13%	402
35-44	1145	19.80%	492
45-54	1570	27.15%	637
55-61	617	10.67%	231
62+	232	4.01%	92
Not Stated	47	0.81%	45
Total:	5782	100.00%	2543

5. Employment status:

Unemployed?	Total	Percentage	Newly Homeless
No	690	11.93%	286
Yes	4099	70.89%	1897
Not Stated	993	17.17%	360
Total:	5782	100.00%	2543

6. Chronic homeless status of total served participants:

Is the client chronically homeless?	Total	Percentage	Newly Homeless
No	3393	58.68%	1581
Yes	1646	28.74%	608
Not Stated	743	12.85%	354
Total:	5782	100.00%	2543

Note: Chronically homeless persons are defined as unaccompanied individuals who have a disability and have been continuously homeless for a year or longer, or 4 times in the past 3 years.

7. Race and Ethnicity of total served participants:

Race and Ethnicity	Total	Hispanics	Percentage	Newly Homeless
White	2417	304	41.80%	955
Black/African American	2646	31	45.76%	1281
Asian	64	7	1.11%	13
American Indian/Alaskan Native	366	293	6.33%	161
Native Hawaiian/Other Pacific Islander	77	9	1.33%	37
Asian & White	6	0	0.10%	0
Am. Indian/Alaskan Native & Black African Am.	14	3	0.24%	5
American Indian/Alaskan Native & White	50	11	0.86%	22
Black/African American & White	29	1	0.50%	7
Other Multi-Racial	65	7	1.12%	17
Race Not Stated	48	0	0.83%	45
Total:	5782	487	100.00%	2543

Note: We follow HUD conventions for describing race and ethnicity. Persons are separately asked which racial category (-ies) they identify themselves as, and whether or not they identify as Hispanic.

8. Monthly income level of total served participants:

Monthly Income Level	Total	Newly Homeless
\$0	2808	1413
\$1-500	440	206
\$501-\$1k	1708	602
\$1001-\$3k	668	248
\$3001-\$5k	22	12
over \$5k	2	0
Null	134	62
Total:	5782	2543

Note: Income includes all sources of income, from employment income to government income

9. Clients with Disabilities

Disabling Condition	Total	Newly Homeless
Don't Know (HUD)	112	4
No (HUD)	2523	1253
Refused (HUD)	12	4
Yes (HUD)	2997	1220
Not Stated	138	62
Total:	5782	2543

10. Types of Disabilities reported by clients who reported to have a disabling condition:

Disability Type	Total	Newly Homeless
Alcohol Abuse (HUD 40118)	1458	250
Developmental (HUD 40118)	105	31
Drug Abuse (HUD 40118)	1521	248
HIV/AIDS (HUD 40118)	96	6
Mental Illness (HUD 40118)	1605	252
Other	116	18
Physical/Medical (HUD 40118)	757	163
Physical/Mobility Limits (HUD 40118)	278	55
Total:	5936	1023

Note: Unlike all other sections of this report, these categories are not mutually exclusive. Many participants reported multiple disabilities.

IV. What programs are represented in this report for each project type between January 2008 and April 2009?

Permanent Supportive Housing:

Projects reporting: Garden Park Apartments (CCIH), West Richmond Apartments (Rubicon), Shelter Plus Care (COHP), Giant Road Apartments (Rubicon), PHPWD (Greater Richmond Interfaith Programs), Idaho Apartments (Rubicon), Mary McGovern (SHELTER, Inc.), Next Step (SHELTER, Inc.), Rapid Rehousing (SHELTER, Inc.), Transitional Housing Partnership Program (SHELTER, Inc.), Sunset (SHELTER, Inc.), HHISN Programs – ACCESS, Access Plus, SIPS, PCH, Lakeside.

Transitional Housing:

Projects reporting: Project Independence (Rubicon), Appian House (County Youth Program), Bissell Cottages (County Youth Program), Transitional Housing for Families (GRIP), Lyle Morris Family Center (SHELTER, Inc.), Pittsburg Family Center (SHELTER, Inc.), REACH Plus (SHELTER, Inc.), San Joaquin (SHELTER, Inc.).

Case Management/Life Skills/Housing Assistance Programs:

Projects reporting: Money Management (Rubicon), FERST Multi-service Centers (Anka), Resource Center (GRIP), Project Independence (Rubicon).

Emergency Shelters:

Projects reporting: Brookside Shelter (County Program), Concord Shelter (County Program), Emergency Shelter (GRIP), Mountain View House (SHELTER, Inc.), Winter Nights Shelter.

Performance Measures

Homeless Programs:

Continue accomplishing the goals defined in Contra Costa County's 10-Year Plan to End Homelessness. Those goals include:

1. Helping homeless individuals (re-)gain housing as soon as possible.
2. Provide integrated wrap-around service to help persons maintain housing.
3. Outreach to individuals to link them to housing, mental health and substance abuse treatment and services
4. Help people access employment that pays a housing wage.
5. Prevent homelessness from occurring in the first place.

The following are specific objectives and their outcomes for 08-09 that works towards meeting the goals identified above.

Housing

1. *Add more permanent supportive housing through the Shelter Plus Care program, which provides rental vouchers, and through new construction.*

Five new shelter plus care vouchers were added this year. In addition, 46 new units of permanent supportive housing were added that were non-Shelter Plus Care.

2. *Continue to develop and implement a new 24-bed respite care program for medically vulnerable homeless individuals.*

Ongoing. Executed the agreement for funding from the State; Health Services purchased the building (Concord shelter site); finalized architectural plans; and secured additional needed funding; Will be going out for bidding on construction. Projected time to completion: Fall 2009.

3. *Expand the homeless youth emergency shelter program to 18-beds through collaboration with County Mental Health.*

On-going. Manufacturing of a 3400 square foot facility is nearly complete. Site preparation is currently underway. Projected time of completion: Spring 2009.

Services

4. *Increase the number of homeless enrolled in the health care system to provide greater accessibility to care.*

Through the HCH expansion grant, and the homeless ambulatory care clinics, 2000 additional homeless have been enrolled in the system.

5. *Continue planning for the implementation of a satellite health clinic to be located at the site of the single adult shelter/respite care program.*

Ongoing. Treatment and exam rooms were incorporated into architectural plans as part of the respite care program; same timeline as respite care program. Projected time-frame for completion: Fall 2009.

Outreach

6. *Continue efforts to hold Project Homeless Connect events throughout the year.*

Project Homeless Connect was held in Antioch September 2008, at the Contra Costa County Fairgrounds in Antioch. Six hundred homeless individuals, youth and families received services.

Administrative and Program Goals

Homeless Programs:

Continue accomplishing the goals defined in Contra Costa County's 10-Year Plan to End Homelessness. Those goals include:

1. Helping homeless individuals (re-)gain housing as soon as possible.
2. Provide integrated wrap-around service to help persons maintain housing.
3. Outreach to individuals to link them to housing, mental health and substance abuse treatment and services

4. Help people access employment that pays a housing wage.
5. Prevent homelessness from occurring in the first place.

- Continue to engage in efforts with various Contra Costa jurisdictions to education persons in encampment areas with high health and safety risks.

The following are specific objectives for 09-10 that work towards meeting the goals identified above.

Housing

- Add more permanent supportive housing through the Shelter Plus Care program, which provides rental vouchers, and through new construction.
- Add more permanent housing units with supportive services for homeless individuals and families through the homeless conveyance process for the Concord Naval Weapons Station.
- Add permanent supportive housing opportunities for youth ages 18-24 through the Permanent Connections program.
- Provide a 24-bed respite care program for homeless persons discharged from local hospitals that need further medical stabilization.
- Expand the homeless youth continuum into other areas of Central and/or East Contra Costa County.
- Continue to development a 13 bed transitional housing program for homeless men in recovery from addiction to substances.

Services

- Increase the number of homeless gaining access to SSI benefits through the SOARS initiative.
- Provide a satellite health clinic 20 hours per week on site at the respite care program.
- Identify frequent users of emergency health care systems and enroll them in Medi-Cal and/or HCI.

Outreach

- Continue efforts to hold Project Homeless Connect events throughout the year.

Homeless Services Program

The Homeless Program has created an integrated system of care that includes information and referral, multi-service centers that provide case management and support services, outreach to encampments, emergency shelter/interim housing, transitional housing, and permanent supportive housing for adults, youth, and families. Additionally, the Homeless Program is the primary provider of emergency shelter for single adults and youth ages 14-24, operates transitional housing for homeless youth, administers the Shelter Plus Care Program, and provides guidance and staff to the Contra Costa Inter-jurisdictional Council on Homelessness (CCICH).

Services include:

1. Outreach and Engagement Services

Description: These services are aimed at identifying homeless individuals, youth and families in need of services and assisting them in accessing the services necessary to end their homelessness. Outreach and engagement services include an interim housing intake line, outreach teams, and multi-service centers.

- a. **Adult Interim Housing Intake Line** is a toll-free number (800-799-6599) for any homeless single adult to access a bed within our adult shelter system.
- b. **Homeless Outreach Project to Encampments (HOPE)** is an integrated community-based access and services program that targets men, women and children living within homeless encampments. Multi-disciplinary teams provide mental health assessments, interventions, medication management, immediate access to shelters, transportation, linkages to health care services, AOD detox and treatment services, housing services, and basic needs such as food and clothing.
- c. **Family Employment Resource Services Together (FERST) Multi-Service Centers** provides comprehensive support services, including case management, basic needs assistance, and outpatient drug abuse treatment, at Anka Behavioral Health Services multi-service centers located in West, Central, and East County, serving over 900 adults and children each year.

2. Interim/Transitional Housing and Support Services

Description: Interim/Transitional Housing and Support Services offers short-term shelter and support services including referral and preparation for permanent housing and/or mental health and AOD detox and treatment services that allow for stabilization.

- a. **Adult Interim Housing Program** are 24-hour shelter facilities in Richmond and Concord that focus on housing search assistance with case management and other wrap around services including meals, laundry facilities, mail, and telephone services. The program has the combined capacity to serve 175 men and women, including specialized services for veterans.
- b. **Treatment for Homeless Program** is designed to provide substance abuse and dual-diagnosis treatment options to homeless adults. Outpatient and recovery resources are available in the FERST multi-service centers; detox and residential treatment beds for persons with co-occurring substance abuse and mental health disorders are available in Central and West County.
- c. **Transitions Home** is a support services program that provides housing search assistance, vocational assistance, dedicated alcohol and drug detox and treatment, and/or money management services to homeless individuals residing in the Richmond interim housing facility (Brookside) who have serious mental health, substance abuse and co-occurring disorders.
- d. **Concord Respite Center** is a twenty-four (24) bed for medically fragile homeless individuals who need recuperative services/medical stabilization after being discharged from the hospitals, but who are too sick or medically vulnerable to reside in the emergency shelter environment. This is a collaborative project with Healthcare for the Homeless and local hospitals. Scheduled for implementation Fall 2009.
- e. **Synergy House** is a 13 bed transitional living program for homeless men in recovery from addiction to substances. The goal of this program is to provide housing for up to two years, goal-oriented counseling, and relapse prevention services to homeless individuals recently graduated from residential and/or outpatient drug treatment. Under development in Martinez.

3. Supportive Housing Programs

Description: The Supportive Housing Program provides a variety of permanent housing options for homeless adults, families, and transition age youth with disabilities. All housing options come with supportive services aimed at assisting the resident in maintaining their housing.

- a. **Shelter Plus Care (S+C)** provides housing subsidies to homeless persons with disabilities and links them to support services. This program has the capacity to serve over 300 households.
- b. **Project Coming Home – Services in Permanent Supportive Housing (PCH)** is a federally-funded initiative (SAMHSA) to immediately place chronically homeless individuals with disabilities; including veterans, into permanent housing using a “housing first” approach, and provides wraparound services in their housing through multi-disciplinary service teams (HHISN).

- c. PCH – Addressing Addictions to Alcohol (AAA) program is an expansion of Project Coming Home that provides permanent housing and supportive services to chronically homeless individuals who have a long-term addiction to alcohol.
- d. Lakeside Permanent Supportive Housing, is a partnership with Resources for Community Development to provide 12 units of permanent supportive housing for disabled families and 4 units for chronically homeless adults. HHISN services are provided to both adults and their children both on and off-site to help families maintain their housing.

4. Youth Continuum of Services (CCYCS) for Runaway and Homeless Youth

Description: Contra Costa's Youth Continuum of Services provides outreach, shelter, transitional, and permanent housing and services to youth ages 14-24.

- a. Homeless Youth – Health, Outreach and Peer Education (HY- HOPE) is a health, outreach and peer education program whose goals are to reduce harm done to youth while they are on the streets, build trusting relationships, provide healthier alternatives to being on the streets, and assist youth in making positive choices in their lives. Youth living on the streets and/or in any CCYCS program receive critical information and referrals to services; crisis intervention, life skills education and counseling. Additionally, health care is provided through an on-site adolescent health clinic sponsored by Healthcare for the Homeless.
- b. Calli House is an 18-bed emergency shelter and service program located in Richmond, California that serves youth ages 14-21. Youth-specific case management, vocational, educational services, healthcare, and substance abuse support services are provided at the center during the day.
- c. Appian House—Transitional Housing for Youth provides longer-term housing and services for 18-24 year old homeless and/or emancipating foster care youth. This program provides transition-age youth with the support, guidance, and skill development over an 18 to 24-month period that will lead youth to viable employment and permanent housing options.
- d. Bissell Cottages provides longer-term housing and services for 18-24 year old homeless and/or emancipating foster care youth who have mental health disabilities. This program provides transition-age youth with the support, guidance, and skill development over a two-year period that will support youth in their wellness and recovery and lead them to permanent housing.
- e. Permanent Connections provides subsidized permanent housing linked to services for homeless youth with chronic mental illness, HIV/AIDS, developmental, or physical disabilities. Youth over the age of 18 receive “wrap-around” support services that assist them to not only maintain, but also thrive in their housing.

Annual Implementation Blueprint for Contra Costa County Ten Year Plan to End homelessness

PRIORITY ONE: Help Homeless People (Re-) Gain Housing As Soon As Possible

Pending

Strategy 1	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 1.1 Develop interim housing	<p>Acción 1.1.1 Form a Basic Housing Assistance Center as the focus for the Interim Housing Program. Promulgate standards to guide the development of interim housing and conversion of existing emergency shelter and transitional housing</p> <p>Acción 1.1.2 Analyze existing emergency shelter and transitional housing programs and develop a plan and timeline for converting units to interim housing</p> <p>Acción 1.1.3 Develop programs in each of the three regions of the county to create 3000 units of engagement housing. This is low demand housing, designed to provide a way in off the streets for those who are unwilling or unable to access other housing options – it has no time limits on length of stay, has few rules and requirements, and offers access to services on an optional basis.</p>					
Strategy 1.2 Expand the availability and accessibility of permanent housing affordable to people with extremely low incomes	<p>Acción 1.2.1 Put the development of a Countywide Affordable Housing Trust Fund on a fast track implementation timeline; designate housing for homeless people as a funding priority</p> <p>Acción 1.2.2 Target City and County affordable housing funds towards the development of extremely low income housing, including HOME and CDBG funds as well as the funds in the pending Countywide Affordable Housing Trust</p>					
Progress to Date		Barriers and/or Situational Changes			Immediate Next Steps (including potential technical assistance needs)	

Annual Implementation Blueprint for Contra Costa County Ten Year Plan to End Homelessness

PRIORITY ONE: Help Homeless People (Re-)Gain Housing As Soon As Possible						
Strategy 1	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 1.2 (con't) Expand the availability and accessibility of permanent housing affordable to people with extremely low incomes	<p>Action 1.2.3 Create a tax break program for market-rate housing complexes and developments to reserve a percentage of units as "community housing", affordable to those with extremely low incomes (minimum wage or governments supports). Community housing units would be accessed through multi-service center Housing Support Centers for homeless people or those at-risk</p> <p>Action 1.2.4 Streamline regulatory processes (zoning, permits, etc.) and access to funding for development of all housing that will serve homeless people and those at risk</p> <p>Action 1.2.5 Create subsidies for TANF families transitioning from welfare to work using federal TANF dollars, including Maintenance of Effort fund</p> <p>Action 1.2.6 At the three public Housing Authorities located in Contra Costa County, provide preferences for Section 8 vouchers to chronically homeless single adults with disabilities, graduating Shelter Plus Care participants and homeless families</p>					
Progress to Date	Barriers and/or Situational Changes			Immediate Next Steps (including potential technical assistance needs)		

Annual Implementation Blueprint for Contra Costa County Ten Year Plan to End Homelessness

PRIORITY ONE: Help Homeless People (Re-)Gain Housing As Soon As Possible

Strategy 1	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 1.3 Facilitate the development of more supportive housing	Action 1.3.1 Support the development of Medi-Cal billing capacity by supportive housing providers in order to cover ongoing service costs, including training and technical assistance					
	Action 1.3.2 Fund more integrated service teams to provide services linked to housing					
	Action 1.3.3 Collect the requisite data and conduct annual analysis of cost savings to other service systems including hospitals, jails and emergency shelters, resulting from supportive housing placements					
Progress to Date		Barriers and/or Situational Changes			Immediate Next Steps (including potential technical assistance needs)	

Annual Implementation Blueprint for Contra Costa County Ten Year Plan to End Homelessness

PRIORITY TWO: Provide Integrated, Wraparound Services to Facilitate Long-Term Residential Stability

Strategy 2	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 2.1 Integrate services at the system level	<p>Action 2.1.1 Formalize interagency referral and service provision agreements. Policies and procedures for electronic referrals and inter-agency case management will also be developed for use when the Homeless Management Information System (HMIS) comes on line</p>					
	<p>Action 2.1.2 Appoint senior level staff from County mainstream health and social service agencies to participate in the development of infrastructure and policies for service system integration</p>					
	<p>Action 2.1.3 Collect system-wide data through the HMIS and mainstream MIS to facilitate greater understanding of the service need and service utilization of people who are homeless and at-risk in order to guide ongoing program development</p>					
	<p>Action 2.1.4 Analyze existing use of federal state and local service dollars, develop strategies for more efficient allocation and engage in advocacy to allow blending or new uses of these funds and to protect and/or enhance these funding streams</p>					

Progress to Date	Barriers and/or Situational Changes	Immediate Next Steps (including potential technical assistance needs)

Annual Implementation Blueprint for Contra Costa County Ten Year Plan to End Homelessness

PRIORITY TWO: Provide Integrated Wraparound Services to Facilitate Long-Term Residential Stability						
Strategy 2	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 2.2 Integrate services at the client level	Action 2.2.1 Support and enhance the County's four multi-service centers					
	Action 2.2.2 Promote the adoption of active "whatever it takes" approach to case management, including lowering case loads and providing staff training					
	Action 2.2.3 Provide training for dual mental health and substance abuse certification of staff in mental health programs and drug and alcohol treatment programs to enhance capacity for providing integrated treatment to people with co-occurring disorders					
	Action 2.2.4 Expand the use of interagency integrated service teams as the means of service delivery for homeless people and those at-risk					
Progress to Date		Barriers and/or Situational Changes			Immediate Next Steps (including potential technical assistance needs)	

Annual Implementation Blueprint for Contra Costa County Ten Year Plan to End Homelessness

PRIORITY TWO: Provide Integrated, Wraparound Services to Facilitate Long-Term Residential Stability

Strategy 2	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 2.3 Enhance homeless people's access to mainstream services	Action 2.3.1 Require all County mainstream service agencies to incorporate preventing and ending homelessness in their agency level planning, policy and program development. Each agency will also be asked to create a homeless liaison position to facilitate access to services by homeless people and address barriers to services, including conducting training for front line staff on homelessness Action 2.3.2 Implement strategies to make benefits and other social services more accessible to homeless people, including out-stationing at the multi-service centers, collaborating with outreach teams and creation of uniform applications and eligibility criteria Action 2.3.3 Work to secure additional funding for mainstream health and social service programs to serve homeless people and those at-risk					
Progress to Date	Barriers and/or Situational Changes					Immediate Next Steps (including potential technical assistance needs)

Annual Implementation Blueprint for Contra Costa County Ten Year Plan to End Homelessness

<p>PRIORITY TWO: Provide Integrated Wraparound Services to Facilitate Long-Term Residential Stability</p>						
Strategy 2	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 2.3 (con't) Enhance homeless people's access to mainstream services	<p>Action 2.3.4 Expand services available at the Multi-Service Centers to support their new function as Housing Support Centers hosting Eviction Prevention Teams, and continued role as operating base for the Homeless Outreach Teams. Provide effective, efficient and free transportation for people using the Multi-Service Centers to stabilize their lives</p>					
	<p>Action 2.3.5 Develop a core training curriculum for staff at all agencies responding to homelessness that includes cultural competency, disability access, and that enhances resource and referral functions at all agencies</p>					
<p>Progress to Date</p>		<p>Barriers and/or Situational Changes</p>			<p>Immediate Next Steps (including potential technical assistance needs)</p>	

Annual Implementation Blueprint for Contra Costa County Ten Year Plan to End Homelessness

PRIORITY THREE: Help People to Access Employment that Pays a "Housing Wage"

Strategy 3	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 3.1 Create more employment opportunities for homeless people	Action 3.1.1 Prioritize homeless people for employment assistance in One Stop Centers and adapt programs to accommodate the special needs of homeless people. Develop appropriate goals and outcome measures for serving homeless people and collect data, including the number of homeless people placed in jobs each quarter					
	Action 3.1.2 Design targeted employment programs for chronically homeless people now living in supportive housing. Pursue Department of Labor, Department of Veterans Affairs, and Department of Health and Human Services Rehab funding opportunities and work with major businesses and employers in the County.					
	Action 3.1.3 Develop scholarships to support homeless people in going to school and enrolling in training programs					
	Action 3.1.4 Enact "Hire Homeless First" policies for all government entry-level job opportunities					
	Action 3.1.5 Enact a housing wage ordinance that links minimum wage levels to housing costs in the County					

Progress to Date	Barriers and/or Situational Changes	Immediate Next Steps (including potential technical assistance needs)
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Annual Implementation Blueprint for Contra Costa County Ten Year Plan to End Homelessness

PRIORITY THREE: Help People to Access Employment that Pays a Housing Wage!						
Strategy 3	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 3.2 Provide access to supports to facilitate homeless people's success at employment	Action 3.2.1 Enhance linkages between employment programs and the overall service system so as to increase homeless people's access to the services they need in order to achieve success at employment					
	Action 3.2.2 Designate affordable child care slots for homeless people engaged in education and employment activities					
	Action 3.2.3 Provide reduced cost transit passes for homeless people engaged in education and employment activities					
Progress to Date	Barriers and/or Situational Changes			Immediate Next Steps (including potential technical assistance needs)		

Annual Implementation Blueprint for Contra Costa County Ten Year Plan to End Homelessness

PRIORITY FOUR: Conduct Outreach to Link Chronically Homeless People with Housing, Treatment and Services

Strategy 4	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 4.1 Expand existing outreach capacity	Action 4.1.1 Create additional outreach teams in order to serve all geographic areas of the County, expand coverage to seven days a week, 24 hours a day, and maintain low case loads so as to sustain the intensity of contact necessary to win people's trust and successfully link them with services					
Strategy 4.2 Support Outreach Teams in their On-Site Service Delivery Role	Action 4.1.2 Create a specialized encampment outreach team with a team composition allowing for the provision of an expanded range of services to meet the needs of the small group of hard core individuals who are highly resistant to leaving the encampments, yet in dire need of services					
Strategy 4.2 Support Outreach Teams in their On-Site Service Delivery Role	4.2.1 Purchase outreach vans for each team in order to enhance their mobility to go to clients in the encampments, many of which are dispersed in outlying areas and to facilitate transportation of clients to services. Provide communication tools for each team to strengthen assessment and referral capacity					
Progress to Date		Barriers and/or Situational Changes		Immediate Next Steps (including potential technical assistance needs)		

Annual Implementation Blueprint for Contra Costa County Ten Year Plan to End homelessness

PRIORITY FOUR: Conduct Outreach to Link Chronically Homeless People with Housing Treatment and Services						
Strategy 4	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 4.3 Enhance coordination between outreach teams and other providers	Action 4.3.1 Make the existing HOPE outreach team the first line of response on homelessness. All city and County agencies, businesses and concerned individuals should contact HOPE for questions and assistance in dealing with homeless people. The HOPE team will be the primary contact point rather than public safety sectors or the offices of elected officials					
	Action 4.3.2 Enhance coordination between the outreach teams and the police department, including outreach team participation in the monthly Forensic Team meetings					
	Action 4.3.3 Designate the Multi-Service Centers as the base of operation for the outreach teams thereby facilitating client referrals to services offered at the MSCs					
	Action 4.3.4 Develop referral agreements between outreach teams and housing and service programs. These will include the dedication of engagement housing and permanent housing slots for access for clients referred by outreach teams					
	Action 4.3.5 Explore how outreach team staff can coordinate with mainstream programs to facilitate access to benefits and other services by homeless people, including strategies such as accompanying clients to service referrals and assisting with interviews and/or application processes					
Progress to Date	Barriers and/or Situational Changes			Immediate Next Steps (including potential technical assistance needs)		

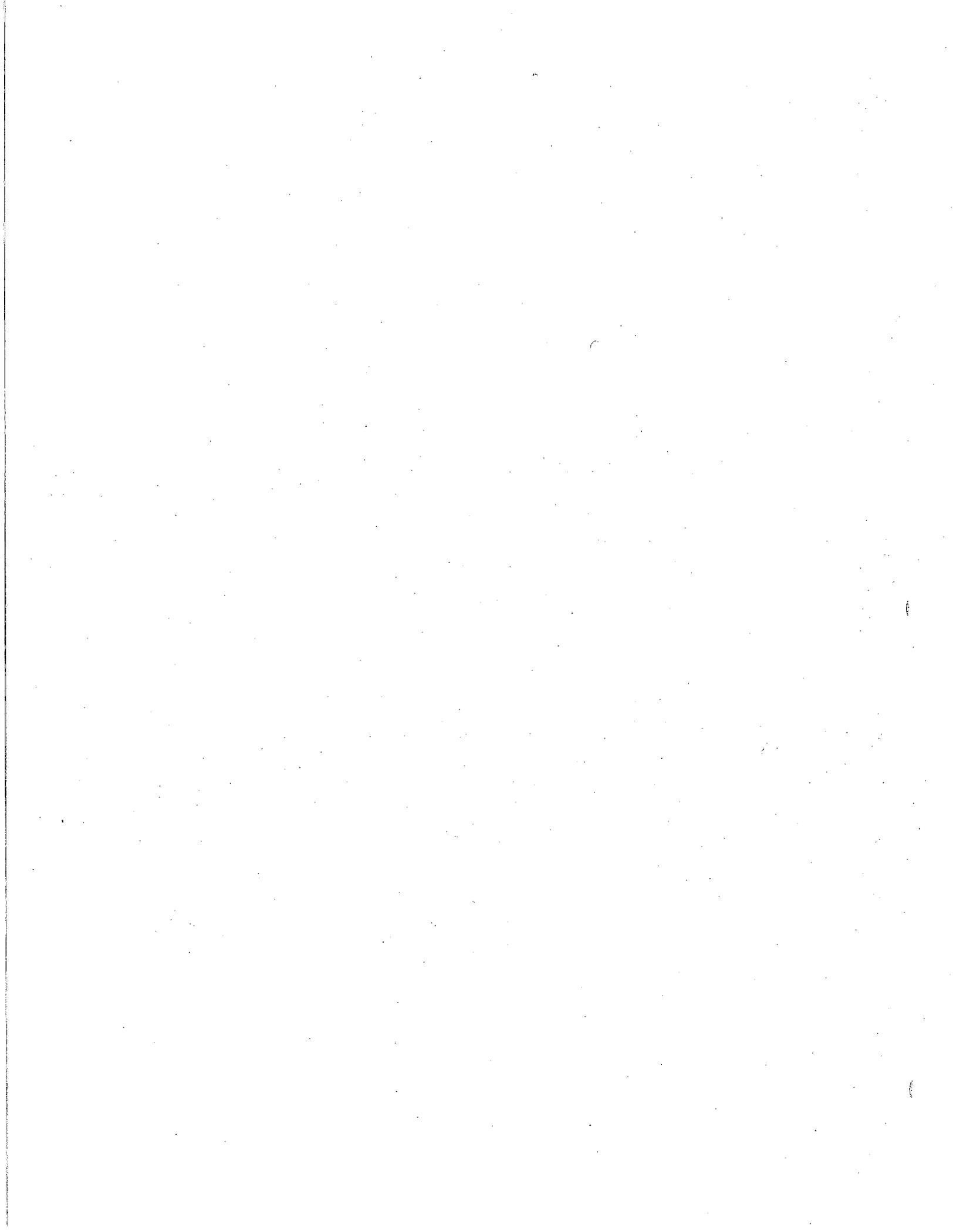
Annual Implementation Blueprint for Contra Costa County Ten Year Plan to End Homelessness

PRIORITY FIVE: Prevent Homelessness from Occurring in the First Place

Strategy 5	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 5.1 Expand homelessness prevention services	<p>Action 5.1.1 Create "Housing Support Centers" at each of the County's Multi-Service Centers and target additional funding to other community-based prevention programs in neighborhoods identified as being significant sources of homelessness</p>					
	<p>Action 5.1.2 Create an Eviction Prevention Team with linkages to Landlord-Tenant Court to identify people at-risk of losing their housing and to agencies providing prevention services, including the Department of Employment and Human Services, the Housing Support Centers, and the County Office of Homeless Programs.</p>					
	<p>Action 5.1.3 Start a new bridge subsidy program, to fill the gap for those at-risk of homelessness between losing housing (including institutional discharge) and entering a Section 8 or other permanently affordable unit</p>					
Progress to Date		Barriers and/or Situational Changes		Immediate Next Steps (including potential technical assistance needs)		

Annual Implementation Blueprint for Contra Costa County Ten Year Plan to End Homelessness

PRIORITY FIVE: Prevent Homelessness from Occurring in the First Place						
Strategy 5	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 5.2 Improve early identification and intervention	<p>Action 5.2.1 Require that all public, non-profit and faith-based health and social service providers assess clients for risk of homelessness as part of client intake interviews. Staff will be trained to identify homelessness risk factors and conduct appropriate referrals, including linking clients to the Housing Support Centers, the Eviction Prevention Team and Legal Aid/Fair Housing services</p> <p>Action 5.2.2 Adopt a Countywide Just Cause Eviction Ordinance to reinforce tenant's rights to security of tenancy and habitable living conditions.</p>					
Strategy 5.3 Enhance discharge planning efforts	<p>Action 5.3.1 Require the corrections system, foster care, hospitals, mental health programs and drug and alcohol treatment programs to develop residential stabilization programs to connect clients to community housing and services prior to discharge. Core outcome measures for these programs will be revised to include client post-placement residential stability and service linkages</p> <p>Action 5.3.2 Establish a special respite care unit at the Brookside Emergency Shelter for homeless patients discharged from the hospital who are medically frail and still need some degree of specialized assistance</p>					
Progress to Date	Barriers and/or Situational Changes			Immediate Next Steps (including potential technical assistance needs)		



Unsheltered 2009

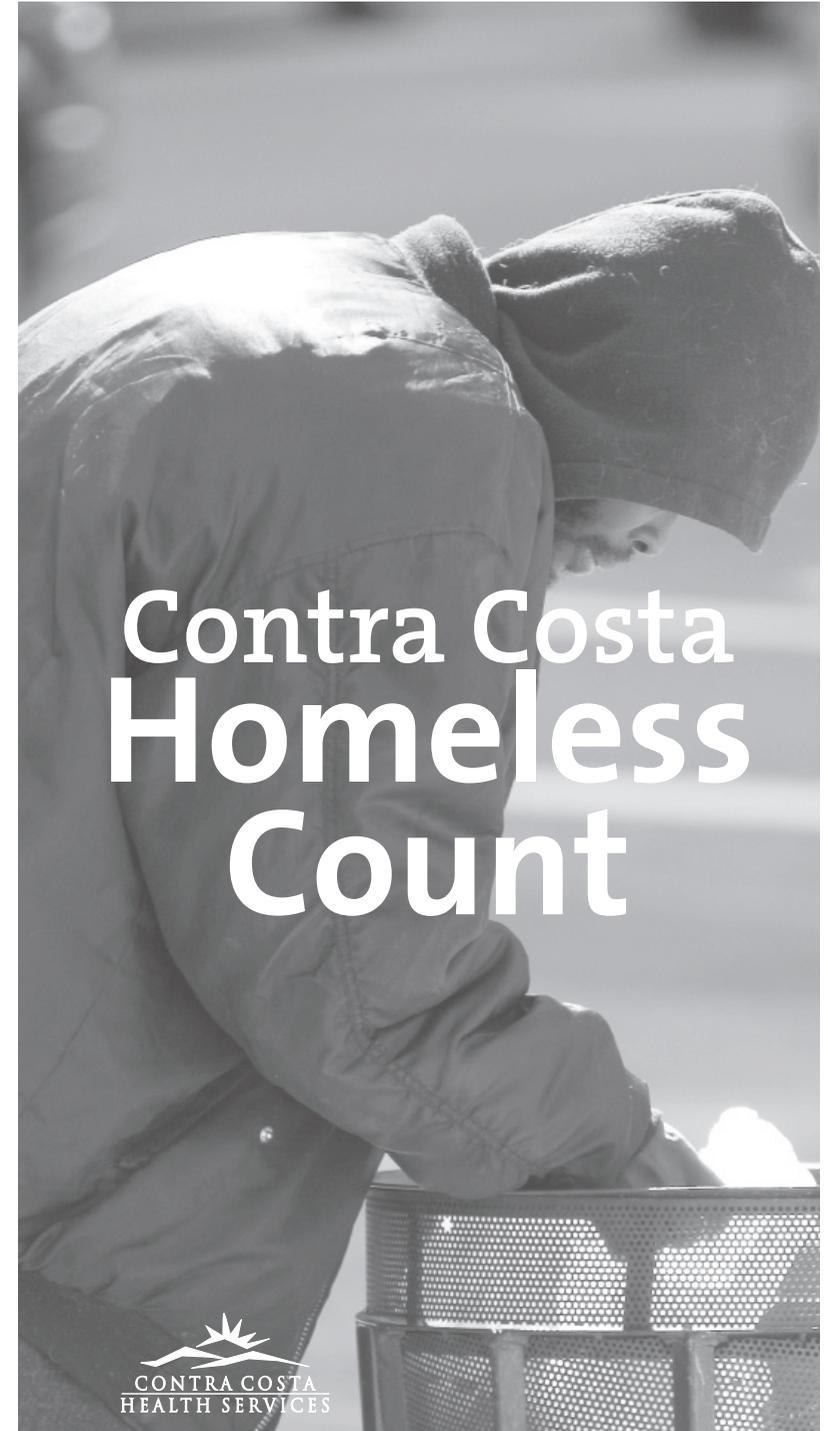
DISTRIBUTION OF "UNSHELTERED" HOMELESS BY SUPERVISORIAL DISTRICT AND CITY

DISTRICT 1	
El Cerrito	39
El Sobrante	27
North Richmond	50
Richmond	433
San Pablo	76
Total	625
DISTRICT 2	
Crockett	24
Hercules	55
Lafayette	23
Martinez	79
Moraga	8
Orinda	2
Pacheco	27
Pinole	1
Port Costa	0
Rodeo	33
Total	252
DISTRICT 3	
Alamo	0
Brentwood	15
Byron	10
Danville	3
Knightsen	13
San Ramon	24
Walnut Creek	78
Total	143

DISTRICT 4	
Clayton	0
Concord	294
Pacheco	34
Pleasant Hill	128
Total	456
DISTRICT 5	
Antioch	146
Bay Point	94
Bethel Island	45
Oakley	2
Pittsburg	109
Total	396

NUMBER OF "UNSHELTERED" HOMELESS IDENTIFIED = 1,872

Note: Pacheco count was split and included in the District Totals for both Districts 2 and 4.



Contra Costa Homeless Count

On January 28, 2009, the Contra Costa Homeless Program, the staff of various homeless service programs and more than 100 volunteers conducted its biannual homeless census of sheltered and unsheltered people experiencing homelessness in Contra Costa County. The count is conducted on one day and as such, the data collected is a “point-in-time” count and is not meant to represent the number of homeless clients over the course of a year.

Overall, the count will aid in the implementation of the 10-year plan to end homelessness (www.cchealth.org/groups/homeless) which will assess our progress in accomplishing the goals of the plan towards ending homelessness in our community.

This summary provides key findings from the count:

NOTABLE FINDINGS:

- The 2009 count found an 8% decrease in homeless persons in Contra Costa County.
- 57% of unsheltered homeless persons live in encampments.
- The number of single adults accessing services has increased by approximately 20%.
- The number of homeless individuals in alcohol and drug treatment programs has doubled.
- There was an increase in the number of homeless individuals making use of food programs.

60006 Sheltered 2009

Type of Service	Couples	Families with Children	Individuals in Families	Children in Families	Individuals without Children	Unaccompanied Youth
Alcohol/Drug Treatment	0	0	0	0	189	0
Employment/Job Training	0	0	0	0	128	0
Emergency Housing	2	62	203	118	282	24
Food Program/Soup Kitchen	0	4	14	10	220	5
Medical Providers (incl' hospitals)	0	0	0	0	42	0
Mental Health Treatment	0	0	0	0	10	0
Multiservice Center	0	5	16	9	396	0
Outreach/Engagement	0	0	0	0	45	0
Transitional Housing*	1	54	181	112	161	36
Total in each category	3	125	414	249	1473	65

*Permanent supportive housing not reported.

NUMBER OF “SHELTERED” HOMELESS IDENTIFIED = 1,958



CONTRA COSTA HEALTH SERVICES DEPARTMENT
CONTRA COSTA COUNTY

TO: Family and Human Services
Committee Members

DATE: June 8, 2009

FROM: Andrea DuBrow, Project Director, Health Care for the Homeless

SUBJECT: Health Care for the Homeless Semi-Annual Report

Recommendations

1. Accept this report from the Health Services Department; and
2. Forward this report to the Board of Supervisors for acceptance; and
3. Direct staff to continue to report on an annual basis to the FHS Committee regarding progress and status of the Health Care for the Homeless Program and to submit an additional written report to the Board of Supervisors, at six-month intervals.

Background

Since 1990, the Health Care for the Homeless (HCH) Project has provided health care services to the homeless population through mobile clinics, as well as through the CCHS integrated ambulatory system of care, and the Departments of Mental Health and Alcohol and Other Drugs. Primary health care services provided by the HCH Mobile Team include routine physical assessments, basic treatment of primary health problems such as minor wounds and skin conditions, respiratory problems, TB screening, acute communicable disease screening, and coordination and referrals for follow up treatment of identified health care needs. A significant portion of the homeless patients seen in the mobile clinics have chronic diseases, including asthma, hypertension, diabetes, and mental health/substance abuse issues.

The mobile team is comprised of a Medical Director, Family Nurse Practitioners, Public Health Nurses and a Registered Nurse, Community Health Workers, Financial Counselor, Mental Health Specialist, and a Substance Abuse Counselor.

Homeless patients who receive care on one of the mobile clinics are referred into one of the CCHS ambulatory care health centers for primary and specialty care, into County mental health and substance abuse services and to Contra Costa Regional Medical Center for emergency, inpatient hospital, outpatient surgeries,

laboratory and radiology. There are currently three ambulatory care clinics, located throughout the County, designated specifically for homeless patients to help them transition from the mobile clinic setting into the ambulatory care system. HCH staff members are present at each of these clinics.

During 2008, the CCHS saw 12,372 homeless patients who generated 82,432 visits. The attached presentation contains additional information on this population.

New Actions

The following activities have occurred since the December 2008 briefing to the Board of Supervisors on HCH activities:

Expanded Medical Services Grant Completed

In June 2007, CCHS received a two-year \$480,000 Federal grant to expand medical services to homeless patients. HCH acquired the CCHS Health-On-Wheels Van to expand mobile clinic operations throughout areas of need in Contra Costa and hired 1FTE Nurse Practitioner and 1 FTE Registered Nurse, along with a Driver/Clerk. The grant required HCH to serve an additional 1,700 homeless patients through this expansion. We have exceeded our goal, as evidenced by the increase in over 2,000 patients since last year alone. The HCH Project now operates two teams in different parts of the county, five days per week.

HCH base funding has increased from \$320,000 to its current level of \$846,000. We anticipate that this funding will continue, provided that we maintain our current level of services to patients.

American Recovery and Reinvestment Act of 2009

In May 2009, the HCH Project was awarded an additional \$220,000 in stimulus funds to address the "Increased Demand for Services." This amount of funding was calculated by a formula based on the number of homeless patients served by the HCH Program. Funding is for a two-year period and is expected to be used to provide services to additional homeless patients.

In June 2009, the HCH Project submitted an application for a Capital Improvement Project to replace the Martinez Family Practice Site (Building 2 on the CCRMC Campus) with a new modular building. This project will modernize the clinic and streamline clinic flow for maximum efficiency. The new unit will enhance the effectiveness and efficiency of providing clinical services to patients through reduced waiting times for clinic appointments at the Martinez site and

throughout the CCHS system. A homeless-specific clinic will be offered at this site upon its opening. Funding for this project is also calculated on a formula basis at \$683,000, and we will receive notification of a grant award on July 1, 2009.

Stimulus funds through the ARRA are expected to provide an additional \$903,000 for HCH services for the next two years.

Federal Performance Review of HCH Project

During May 2009, the Health Resources and Services Administration conducted an on-site Performance Review of the HCH Project, with an emphasis on the following performance measures:

1. Number of patients served by the HCH Program.
2. Percentage of adult homeless patients, ages 18 years and over, with diagnosed hypertension whose diagnosed blood pressure was less than 140/90.
3. Cost per patient served by the HCH Program.

The site visit went very well, and will be followed by a Performance Report written by the HRSA Office of Performance Review. An accompanying action plan for performance improvement will be developed by the HCH Project that will be submitted to HRSA in July. This presents opportunities to improve our performance while noting that no problem areas were identified during the site visit.

*Health Care for the Homeless
Contra Costa Health Services*

Presentation to the
Family & Human Services Committee
Contra Costa County Board of Supervisors
June 8, 2009

Andrea DuBrow, MSW, MPH
Administrative Manager

Kate Schwertscharf, PHN
Nurse Program Manager

Who qualifies for services?

- All homeless people in Contra Costa County
 - Lacking a fixed, regular, adequate nighttime residence
 - Primary nighttime residence in a shelter, welfare hotel, transitional housing
 - “Doubled-up” without name on a lease, couch surfing, etc.

Funding for HCH Services

- *Section 330(h) Public Health Services Act*
Health Care for the Homeless grant from the Federal Government (BPHC/HRSA)
- Expanded Medical Capacity Grant – June 2007-09 to provide services to 1,700 more homeless patients per year. Expect funding to continue. *Combined funding \$850,000*
- Increased Demand for Services- \$220K for two years from the Recovery Act, with no expectation of continued funding.

Number of Patients in 2008

- 12,372 unduplicated homeless patients
- 82,432 visits: mobile clinics, ambulatory clinics, emergency department, mental health, substance abuse programs.

Increased demand for services: 2007 vs. 2008

- 20% increase in number of patients served
- 10% increase in number of patient visits

Why the increase?

- Expanded ability to provide services through increased grant funding
- Economic situation created increased demand
- *Contra Costa Times* article, “Local community clinics and public hospitals see big jump in uninsured patients” stated:
 - *“Costa Regional Medical Center has seen a 12 percent boost in emergency room patients in the past year. It typically has less than a 5 percent increase.”*
- Statewide, California hospitals reported a 33 percent increase in uninsured emergency room patients and a 73 percent jump in consumers having difficulty paying their out-of-pocket medical bills, according to a November survey by the California Hospital Association.

HCH Services

- **Mobile Clinic:**
 - routine physical assessments
 - basic treatment of primary health problems such as minor wounds and skin conditions
 - treatment for respiratory problems
 - TB testing
 - acute communicable disease treatment
 - referrals for follow up in ambulatory/specialty care
 - substance abuse and mental health services

Mobile Clinic Locations

- Adult Emergency Shelters
Concord & Richmond
- Calli House (youth), Richmond
- Bay Area Rescue Mission
- GRIP Souper Center & Family Shelter, Richmond
- Love-A-Child, Baypoint
- Loaves & Fishes, Antioch
- Multi-Service Centers,
Richmond, Antioch
- AOD Treatment Facilities
- Monument Futures, Concord
- Monument Corridor
- Home Depot : El Cerrito,
Pittsburg, Concord
- Ambrose Community Center,
Baypoint
- Salvation Army, Antioch
- Winter Nights Interfaith Shelter, Central & East County

Two mobile teams, 5 days/week

- Serve multiple locations of the County on the same day
- Provide clinical services with the homeless outreach team (Project HOPE)

Specialized Homeless Ambulatory Care Clinics

- Richmond, Concord and Antioch health centers offer special clinics just for homeless patients
 - Bypasses waiting times for appointments
 - Bypass financial counseling process
 - Make the process more “user friendly” for homeless patients
 - Helps patients transition to mainstream health care delivery system

Ambulatory Care, Specialty, & Hospital Services

- Family practice care
- Specialty care
- Outpatient surgery
- Emergency Department
- Inpatient care
- Laboratory
- Radiology
- Pharmacy

Mental Health Services

- **Mental Health Treatment Specialist provides screenings, assessments, referrals into the Mental Health system for medication and treatment of clients in the shelters and at other mobile clinic sites**

Alcohol and Other Drug Services

- Substance Abuse Treatment Specialist provides screenings, referrals, and coordination of detox and recovery services specifically for homeless patients in shelters and other mobile clinic sites

Patient Demographics 2008

- 51% male
- 49% female
- 21% of homeless patients are completely uninsured, on no publicly-funded program
- 56% Medi-Cal; 2% Medi-Care
- All of our patients at 100% of the Federal Poverty Level and below.

Race/Ethnicity of Patients Seen Compared to CCC in 2008

Race	HCH	County
White	34%	53%
Latino/Hispanic	29%	21%
Black/African American	24%	9%
Asian/Pacific Islander	8%	13%
American Indian/Alaskan Native	0.5%	0.3%
Unknown	5%	3%

Which Supervisor Districts are Patients From?

District	2007	2008
I- Supervisor Gioia	39%	30%
II- Supervisor Uilkema	10%	13%
III- Supervisor Piepho	8%	6%
IV- Supervisor Bonilla	17%	19%
V- Supervisor Glover	23%	26%
Other	3%	5%

Strong Consumer Involvement

- Active consumer advisory board
- Provide valuable recommendations & feedback

Challenges & Opportunities

- Discharge Planning – improved outcomes for homeless patients leaving the hospital through collaboration with local hospitals, HCH, and COHP
- Respite Care program- under discussion & development with COHP
- Dental services – Cuts to Denti-Cal program; developing community-based pro-bono options

Stimulus Funding Opportunities

- Two-year funding amounts:
- Increased Demand for Services funding
 - Additional \$220,000 to see more patients
- Capital Improvement Project funding
 - Submitted June 1, 2009 for capital improvements to Martinez Family Practice site (\$680,000)
 - Will add a Homeless clinic to Martinez