# AGENDA

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<td>1. Welcome and Introductions</td>
<td>Teri House, CCICH Chair</td>
<td>Call to order; introduction of Gary Kingsbury, AOD Advisory Board Liaison</td>
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<td>2. Contra Costa County Homeless Awareness Toolkit</td>
<td>Teri House, CCICH Chair; Lavonna Martin, Homeless Program</td>
<td>Engage CCICH in efforts to promote education, advocacy, and service to end homelessness in our community</td>
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<td>3. Ensuring Opportunity: Addressing Poverty in Contra Costa County</td>
<td>Erwin Reeves, Richmond Community Foundation</td>
<td>Present information from the Ensuring Opportunity Report Card Committee on housing security, food security, and economic security in Contra Costa County</td>
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<td>4. Homelessness and Homeless Services in Contra Costa County</td>
<td>Lavonna Martin, Homeless Program</td>
<td>Present data and information on homelessness and homeless services in Contra Costa County</td>
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<td>5. Strategic Plan Update</td>
<td>Amanda Stempson, HomeBase</td>
<td>Share August Progress Report on Strategic Plan Update process; share information on housing first and coordinated assessment</td>
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<td>6. Nuts &amp; Bolts</td>
<td>All</td>
<td>Share community updates</td>
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<td>7. Pin it</td>
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<td>Future items of discussion/scheduling to be considered by the CCICH Executive Committee</td>
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2. CONTRA COSTA COUNTY HOMELESS AWARENESS TOOLKIT

Teri House, CCICH Chair
Lavonna Martin, Homeless Program

Engage CCICH in efforts to promote education, advocacy, and service to end homelessness in our community
3. ENSURING OPPORTUNITY: ADDRESSING POVERTY IN CONTRA COSTA COUNTY

Erwin Reeves, Richmond Community Foundation

*Present information from the Ensuring Opportunity Report Card Committee on housing security, food security, and economic security in Contra Costa County*
4. Homelessness & Homeless Services in Contra Costa County

Lavonna Martin, Homeless Program

Present data and information on homelessness and homeless services in Contra Costa County
5. STRATEGIC PLAN UPDATE

Amanda Stempson, HomeBase
Jeff Crandall, HomeBase

Share August Progress Report on Strategic Plan Update process; share information on housing first and coordinated assessment
TITLE & GUIDING PRINCIPLE

Title:
Forging Ahead Towards Preventing and Ending Homelessness: An Update to Contra Costa's 2004 Strategic Plan

Guiding Principle:
Homelessness is first a housing issue, and our system must be nimble and flexible enough to respond through the shared responsibility, accountability, and transparency of the community.
TWO GOALS

• **Permanent Housing Goal**: Decrease the length of time people experience homelessness.

• **Prevention Goal**: Decrease the percentage of people who become homeless.
THREE STRATEGIES

• **Coordinated Assessment:** Implement a coordinated assessment system to streamline access to housing and services while addressing barriers, getting the right resources to the right people at the right time.

• **Performance Standards:** Use best, promising, and most effective practices to give the consumer the best possible experience through the strategic use of resources.

• **Communication:** Develop the most effective platforms, such as websites, email, videos, and social media, to provide access, support advocacy, and connect the community about homelessness and available resources.
OUTREACH EFFORTS

• Strategic Plan Ad Hoc Committee
• Focus Groups
• Key Stakeholder Interviews
• Con Plan Survey
CONSUMER OUTREACH

• Consumer input is a critical component in developing the update to the Strategic Plan to End Homelessness.

• Consumer Focus Groups were conducted with:
  - Concord Shelter (including Respite consumers)
  - 3 Anka MSCs (West, Central, and East County)
  - GRIP Family Shelter, and
  - Trinity Center
CONSUMER FEEDBACK: HOUSING

• Housing is a right.

• Housing first would be a big relief and allow people to focus on other issues like health, jobs, income, and getting benefits.

• Many consumers expressed extreme frustration with waiting lists for emergency housing, and lack of comfortable housing and shelters.
CONSUMER FEEDBACK: COORDINATED ASSESSMENT

• Consumers feel that they get shuffled around the system.

• Strong theme that the current system is confusing, inconsistent, and unfair.

• “It’s better to make things the same road. We don’t need 50 different roads or buttons to push, it’s too complicated.”
CONSUMER FEEDBACK: PREVENTION & OTHER SUPPORT SERVICES

• Consumers often don’t know which services were available to whom, when, and where.

• “We’re here for more than one reason.”
CONSUMER FEEDBACK: COMMUNICATION

- Need for far better communication through various sources, about services.

- “Provide more clarity. Make it simple.”
CONSUMER FEEDBACK: FINAL THOUGHTS

• “The quicker you can get people off the street, the easier it is because they haven't been impacted [emotional, physically, and socially] by being homeless.”

• "It is so easy to slip backward because of the loneliness.”
NEXT STEPS FOR STRATEGIC PLAN

• Draft input from Executive Committee/stakeholders in September
• Release plan in October 2014
• Endorsements of Board of Supervisors, City Councils in Fall 2014
• CCICH Executive Committee advocacy efforts in Fall 2014
• Develop 2015 Benchmarks for release by January
TEN YEAR PLAN: HOUSING FIRST

• National research as well as local experience demonstrate that a Housing First approach of getting people into housing as quickly as possible and then providing the support and services they need to maintain it leads to long-term stability and enhanced self-sufficiency.

• Additionally, the Housing First approach works not only with people who are transitionally homeless, but also with the hardest-to-serve homeless people, those who are chronically homeless and suffering from severe disabilities.
Homelessness is first and foremost a housing problem and should be treated as such.

Housing is a right to which all are entitled regardless of need.

Everyone is “housing ready” with the appropriate level of support (contrast: housing preparedness).

Transparency and flexibility in project eligibility are key.

The most appropriate housing model may change over the course of a person’s lifecycle.
WHAT IS HOUSING FIRST?

Minimizes barriers to housing access or preconditions of housing readiness, sobriety, or engagement in treatment

Assists participants to move into permanent housing quickly

Provides the intensive supportive services needed to help residents achieve and maintain housing stability and improvements in their overall condition

Seeks to “screen in” rather than “screen out” and end homelessness for people with the greatest barriers to housing success
WHY HOUSING FIRST?

- Works for the most vulnerable
- Reduces costs for avoidable crises
- Offers housing as foundation for making positive change
HOUSING FIRST PRINCIPLES (NAEH)

• Homelessness is first and foremost a housing problem and should be treated as such

• Housing is a right to which all are entitled

• People who are homeless or on the verge of homelessness should be returned to or stabilized in permanent housing as quickly as possible and connected to resources necessary to sustain that housing

• Issues that may have contributed to a household’s homelessness can best be addressed once they are housed

http://www.endhomelessness.org/library/entry/organizational-change-adopting-a-housing-first-approach
HOUSING FIRST KEY PRINCIPLES (USICH)

• Safe and affordable housing

• All people can achieve housing stability in permanent housing; supports may look different

• Everyone is “housing ready”

• Improved quality of life, health, mental health, and employment can be achieved through housing

• Right to determination, dignity and respect

• Configuration of housing and services based on participants needs and preferences

WHAT IS COORDINATED ASSESSMENT?

Guiding Question:

“What housing and service assistance strategy is best for each household of the several services available?”
SYSTEM COMPONENTS: ACCESS

• The entry point for individuals and families facing a housing crisis to determine whether the homeless assistance system is the right place to serve them.

• Models of Access:
  - Centralized Intake
  - Multi-Site Coordinated Intake managed by one Agency
  - Multi-Site Coordinated Intake managed by multiple Agencies
  - 211/Hotline combined with any of the above
CLIENT FLOW MAPPING:
CURRENT SYSTEM

BHD is integrating

Re entry

Referrals from Partners

MSCs
ER
Some ES
ES
Law Enforcement
Hospital/ER
MSCs/ES
MULTI-SITE COORDINATED MODEL WITH PHONE AND OUTREACH

- Referral and Assignment to PH
- Site-Based (In Person)
- Phone (Virtual)
- Outreach (In the Field)
WHAT THIS CHANGE MEANS FOR OUR SYSTEM

- Triage (Phone, Site, Outreach)
- Diversion (Current Structure)
- Prioritization for Permanent Housing (VI-SPDAT)

- Prevention Services
- MSCs
- Emergency Shelter
- Transitional Housing
- Rapid Rehousing
- Permanent Housing
CLIENT FLOW MAPPING:
COORDINATED ACCESS & ASSESSMENT

- Warm Handoffs to Phone System
- Client Calls Crisis/2-1-1
- Client Calls BH Access Line
- Client Accesses Phone System
- Diversion Attempted

Branches:
- Refer to Site for In-Person VI-SPDAT (Preferred)
- Conduct VI-SPDAT Over the Phone (with follow-up)
- Refer to Outreach Team for VI-SPDAT in the Field
SYSTEM COMPONENTS: ASSESS

• Document client homeless history and housing barriers
• Identify appropriate services using consistently-used assessment tool
• Capture data to meet program needs and funder requirements
• Obtain consent for sharing with providers
• Draft a housing plan
ASSESSMENT

• Unanimous agreement: VI-SPDAT
  • Pre-screening pre-assessment/triage tool for gaining an understanding of acuity and likelihood of housing instability
  • Combines the VI (Vulnerability Index) and the SPDAT (Service Prioritization Decision Assistance Tool)

http://100khomes.org/blog/introducing-the-vi-spdat-pre-screen-survey
VI-SPDAT: QUESTIONS & SCORING

A. History of Housing & Homelessness
- 2+ years homeless and/or 4+ episodes

B. Risks
- Use of crisis services (hospital, psych, police)
- Experienced or threatened with violence
- Legal issues
- Engage in risky behavior
- Living “outside” or on streets

C. Socialization & Daily Functions
- Owe money or lack $$
- Lack of happiness, fulfillment in life
- Lack of friends, family connections
- Poor hygiene, poor daily living skills

D. Wellness
- Does not seek healthcare support
- Kidney disease
- Hx of frostbite, hypothermia
- Liver disease, cirrhosis
- HIV+/AIDS
- Other medical conditions (cancer, HepC, etc.)
- Problematic drug/alcohol use
- Mental health, developmental, trauma
- Tri-morbidity
- Emotional, physical, psychological trauma

Scoring Summary:
PSH > 10
RRH 5 to 9
Usual care 0 to 4
NEXT STEPS: COORDINATED ASSESSMENT

• Coordinated Assessment Committee meets every third Friday, 9-11 am, Homeless Program Conference Room
  • Next meeting: Friday, September 19th

• Pilot Testing of VI-SPDAT

• Develop Prevention/Diversion strategies

• Design Referral and Assignment system

• Zero: 2016 application
6. NUTS & BOLTS

Share community updates
7. PIN IT

*Future items of discussion/scheduling to be considered by the CCICH Executive Committee*

Reminders:

- The **Tuesday, October 14th Executive Committee meeting is cancelled** to accommodate the Executive Committee Orientation & CoC Governance Retreat on Friday, October 17th.

- The next **CCICH Full Membership Meeting** is Friday, December 12th, 10 am – noon, Concord Police Department, 3rd floor training room, 1350 Galindo St., Concord, CA.