CCICH FULL MEMBERSHIP MEETING MINUTES

Meeting Date: April 17, 2015
Time: 10:00 am – 12:00 pm
Location: ZA Room, 30 Muir Road, Martinez, CA 94553

1. Welcome and Introductions
   a. Call to order by Brenda Kain

2. Community Updates
   a. 4 C’s: Complex Community Care Coordination
      i. Esmeralda Okenda, John Muir Medical Center, presented on their client centered healthcare model
      ii. The program began in October of 2012, but has evolved significantly since its adoption
         1. Attempt to reduce ED visits and inpatient days within the first 6 months of enrollment
         2. Around half of the clients they serve are homeless or at-risk of homelessness.
      iii. Goals: (1) empowerment to improve housing and (2) healthcare, (3) meeting transportation needs by providing bus tickets or meeting clients where they are, (4) improving mental health outcomes by obtaining reliable treatment, and (5) reducing the impact of substance use
   b. Health Care for the Homeless (HCH)
      i. Rachel Birch, HCH, presented on the ancillary health programs and services offered by Contra Costa Behavioral Health
      ii. Introductions to new members:
         1. Julia Surges: Heads the Consumer Advisory Board
         2. Dr. Joe Mega: replacing Dr. Nishant Shah as the new medical director
            a. Dr. Mega has a background in public health from Baltimore City and completed his residency in a family practice in Martinez
      iii. Enrollment program:
         1. Focusing on insuring anyone that was uninsured
         2. The numbers have improved greatly since the program started
      iv. Health needs assessment:
         1. Identifying reasons for missing appointments
      v. Dental services:
1. The Concord Shelter is being used as the current pilot with exclusively homeless persons
2. They need additional equipment, but plan on expanding the program to low income individuals

vi. Mobile Healthcare Van:
   1. Will be running Summer 2015
   2. HCH will publish the van’s locations and times

vii. Education and Activity Program:
   1. Identified areas by the consumer board
   2. Currently looking for feedback and assistance from the community

c. Multi-Faith ACTION Coalition (MFAC)
   i. Doug Leech, MFAC, presented on the task force working groups
   ii. Housing and Shelter Task Force:
      1. Rabbi Getz presented at the Mayor’s Conference
         a. Gained support to the Zero: 2016 campaign by having interested mayor’s sign a pledge
      2. Trinity Center started a emergency site warming center using a scattered site model that partners with local churches
      3. Policy advocacy for AB 35 and AB 1335 which would provide a low income tax credit
   iii. Food Security Task Force:
      1. Focuses on the gap with Calfresh enrollment
      2. Many people that qualify are not currently accessing benefits
      3. Presented each mayor with the number of people that could be enrolled in their respective cities
   iv. Health Task Force:
      1. Support the continued operation of Doctor’s Medical Center
      2. Support the Contra Costa Cares Program which advocates that healthcare is a basic human right
   v. Jobs and Economic Security Task Force:
      1. Focused on supporting a living/minimum wage

d. SSVF Community Plan
   i. Tim O’Keefe, Esla Zavala, and Natalie Siva presented on the veteran plan developed by Shelter, Inc., the Berkeley Food and Housing Project, and the East Bay Recovery Project.
   ii. Contra Costa was one of the first counties to receive SSVF funding
      1. Over the past couple of years congress has expanded the funding
      2. The purpose of the SSVF program was to end veteran’s homeless
      3. To end homelessness, many veterans need access to supportive housing services.
   iii. Trends:
1. Decline of homeless veterans in the past 40 years by 48%
2. However, greater than 20% increase in the cost of housing (49% in the last two years)
   iv. SSVF is meant to be a last resort funding, the goal is to have the VA act as a bridge

3. PIT/HIC Data Release
   a. Dana Ewing, Homeless Program, and Josh Jacobs, HomeBase presented on the HIC/PIT
   b. Homeless Program has been developing maps from Homeless Outreach's entry system and from Anka's paper survey results, the maps can be viewed here:
      i. https://www.arcgis.com/home/webmap/viewer.html?webmap=8b757f8848ad476db2cf9d7c479f74aa
   c. The 2015 methodology included a more robust outreach team effort by expanding the count over three days, and a new service site based count
   d. Key findings: The count saw similar results from the 2014 sheltered count and the 2013 unsheltered count

   a. Jennifer Baha, Zero: 2016 Coordinator, reported that we are on target in being able to take down our homeless veterans population, but more effort needs to be focused on our chronically homeless population
   b. The Zero: 2016 group will regularly provide progress updates
      i. Take down targets = PIT count data + a multiplier identified by community solutions

5. Behavioral Health Integration Update
   a. Lavonna Martin, Homeless Program, gave an update on the Behavioral Health divisions progress over the past five years. The new division combines AOD, Homeless Program, and Health Services into one department.
   b. Amanda Stempson, HomeBase, gave an update on the three phases:
      i. Planning and research phase: figuring out how the system is working
      ii. Program design phase: identify what is working well, what they already have and what they need, looking across to other communities to see what they could emulate
         1. Integrated case conferencing
         2. Integrated treatment
      iii. Implementation phase: respite center, interventions, identifying additional opportunities
   c. The 2015 Behavioral Health Integration System Transformation Report is available here:
d. You can stay up-to-date on Behavioral Health developments by reviewing the behavioral health newsletter here:

e. As Behavioral Health moves forward in the integration process, there is a greater need to build capacity and structure
   i. Currently interviewing for a deputy director for behavioral health
      1. Teri House is the representative for CCICH

6. Concord Naval Weapons Station Update
   a. U.S. Navy intends to transfer 1,400 acres of CNWS to Concord as part of the Concord Reuse Project Area Plan. Concord invited experienced real estate development companies to submit development proposals for CNWS. Proposals must dedicate 25% of their total proposed units to affordable housing, a subset of which encompasses housing for the homeless.
   b. They received 8 proposals and currently there are 2 in the running:
      i. Lennar: publicly traded Fortune 500 company based in Miami, Florida
         1. Second largest homebuilder in the United States
         2. The company has extensive experience with military base redevelopment in California
         3. Capital and financial background to finance these large-scale projects
      ii. Catellus: privately held development company based in Oakland, CA
           1. 30 years of experience in commercial and residential development
           2. Background in transforming former military bases and industrial sites into thriving communities
           3. Subsidiary of Prologis, a global industrial real estate investment company headquartered in San Francisco, California
   c. Updates on CNWS progress are available here:
      i. http://www.concordreuseproject.org/

7. Pin It
   a. Next full membership meeting: July 24, 2015 (note: this is the fourth Friday in July to accommodate the NAEH Conference)