Contra Costa Council on Homelessness
FULL MEMBERSHIP MEETING

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.

MINUTES

Friday, July 24, 2015, 10:00 am – 12:00 pm
ZA Room, 30 Muir Road, Martinez, CA 94553

1. Welcome and Introductions
   a. Call to order by Teri House

2. 2015 Point in Time Count Data and Trends
   a. Josh Jacobs, HomeBase, and Dana Ewing, Homeless Program, presented on the HIC/PIT
   b. The new methodology allowed the county to collect more accurate data
   c. 3,715 people experienced homelessness on January 27th
      i. Of the adults surveyed, 1 in 3 were chronically homeless
         1. This is nearly double national average
      ii. The data also saw an increase in the number of families in the community
         1. This was likely due to the improved methodology and means that this number more clearly reflects the actual numbers of families experiencing homelessness in the community
   d. The data includes sheltered, unsheltered, and other temporary living arrangements
      i. HUD reporting requires sheltered and unsheltered
      ii. Other temporary living arrangements includes those that are doubled up or living in another tenuous living situation
   e. Homeless Program has been developing maps on service sites and the known encampments
      i. https://www.arcgis.com/home/webmap/viewer.html?webmap=8b757f8848ad476db2cf9d7c479f74aa
   f. 2015 Point in Time Count report and infographic now available

3. Contra Costa Cost of Homelessness Study
   a. Lavonna Martin, Chief of Homeless Program, gave an update on the multi-phase Cost of Homelessness study
   b. Currently they have completed Phase 2, and are moving into Phase 3
i. Phase 1: Integration of homeless service, behavioral health, and primary health care data
ii. Phase 2: identify utilization and related cost of providing county health services to homeless consumers, including high cost individuals
   1. Completed in June 2015
   2. Examined primary and behavioral health care costs
   3. National data has been available, but this was the first time the costs were examined specific to the community
iii. Phase 3: Integration of additional data to include police intervention, emergency transport services, and temporary shelter
iv. Phase 4: Compare utilization and associated cost of services to persons actively homeless to those who are formerly homeless

   c. Key findings from Phase 2
   i. 6,061 homeless men women and children received shelter, support services, or housing assistance
   ii. It cost the community $45,412,145 to provide healthcare expenditures for 3,170 people
      1. Inpatient hospital costs were highest
      2. 43% of the cost were in primary care
      3. Next highest was mental health, at 18%
      4. 12% of utilizers account for 71% of healthcare costs
         a. 398 individuals account for $32 million of $45 million
      5. It costs about $24,000 per year to provide PSH to one individual
         a. For the $32 million spent providing healthcare for the highest-cost users, more than 1,300 homeless households could be permanently housed

4. Zero: 2016 Update
   a. Jennifer Baha, Zero: 2016 Coordinator, reported on our efforts to house veterans experiencing homeless by the end of 2015 and the chronically homeless by 2016
      i. Contra Costa joined 70 other communities across the United States in this campaign
   b. Functional zero means that any point in time, the number of veterans and people experiencing chronic homelessness will be no greater than the respective current monthly housing placement rates
      i. Need to coordinate efforts to connect the right people to the right housing
   c. On target to take down the homeless veterans population, but more effort needs to be focused on the chronically homeless population
      i. Take Down Targets: [PIT Count Data] x [Multiplier Identified by Community Solutions (specific to each community)]
   d. Campaign activities derived from the action camp:
      i. Worked on developing goal statement, strategies, and plan
1. Housing 237 veterans by Dec 31, 2015 and 763 Chronically Homeless individuals by Dec 31, 2016, and all homeless families and unaccompanied youth by 2020

ii. Strategies
   1. Change the local culture to engender collective responsibility
   2. Increase use and communication of data to drive change
   3. Identify new housing resources and maximize existing housing inventory
   4. Optimize comprehensive and sustainable services and system to end homeless

iii. Housing placements
   1. 30 vets were housed in June
      a. 97 total veterans have been housed since the beginning of the year
      b. 140 more housing placements are needed to met the goal
   2. 25 chronically homeless individuals were housed in June
      a. 685 more housing placements are needed to met the goal

e. Future activities
   i. Clergy Outreach Event: sponsored by MFAC in August
   ii. July Webinar Watch Parties: Trainings around landlord engagement strategies
   iii. Board of Supervisors Presentations prepared by the Zero: 2016 Committee in late August 2015
   iv. City Leaders and Staff Presentations prepared by the MFAC in Summer/Fall 2015
   v. Zero: 2016 Progress Updates: prepared by the Zero: 2016 Committee will be continuous though 2016

5. Nuts and Bolts
   a. Stand Down on the Delta
      i. Sept 11-14, 2015 - Antioch County Fairgrounds, 10-10pm
      ii. www.deltaveteransgroup.org
   b. VetCon
      i. August 17, 2015 - Concord Hilton, 9-3pm.
   c. Project Homeless Connect 11
      i. October 7, 2015 - Willow Pass Community Center, 9-3pm.

6. Pin It
   a. Next full membership meeting: October 16, 2015, 10-12pm
   b. Next Executive Board meeting: August 25, 2015, 3:30-5:00pm