CONTRA COSTA
CONTINUUM OF CARE
QUARTERLY MEETING

OCTOBER 21ST, 2016, 10:00 AM - 12:00 PM
AGENDA

1. Welcome/Introductions
2. Ensuring Opportunity Campaign
3. Bed Bugs Prevention and Control
4. Contra Costa Coordinated Entry System
5. CDBG/ESG Consortium Update
6. Mental Health Services Act Stakeholder Input
7. Policy and Legislative Updates
8. Homeless Awareness Month
9. Nuts & Bolts
10. Pin it
2. ENSURING OPPORTUNITY CAMPAIGN

Zuleika Godinez, Policy Coordinator, Ensuring Opportunity Campaign

Presentation on the Ensuring Opportunity to End Poverty in Contra Costa.
Ensuring Opportunity:
The Campaign to End Poverty in Contra Costa County
What is Ensuring Opportunity?

A collaborative effort to end poverty in Contra Costa County by addressing structural causes at the policy level.
The Campaign engages diverse stakeholders…

- Funders
- Nonprofit providers
- Public sector providers
- Faith-based community
- Businesses
- Labor organizations
- Cities
- Residents
- Elected officials
How will we make an impact?

1. Advocate for effective policies at local, state & federal level

2. Lead and support bold initiatives in collaboration with others

3. Reframe and amplify the conversation about poverty
6 Campaign focus areas

- Economic Security
- Education
- Health
- Housing Security
- Food Security
- Safety

Ensuring Opportunity
The Bay Area is facing a serious housing crisis.

CA has 21 of the 30 most expensive rental housing markets in the country.

CA has highest percentage of people living in poverty of any state when factoring housing costs:

- 20.6% (supplemental poverty measure) vs. 15% (official poverty measure)

In Contra Costa, 73% of extremely low income households (earn less than 30% of AMI) pay more than 50% of their income toward housing.
Housing Policy Brief

National, Statewide, and County Housing Trends

- Nationally
  - More renters
  - Low-Income renters continue to be more cost burdened

- California
  - Large share of severely rent-burdened households
  - High housing costs drive poverty rates

- Contra Costa County
  - Lack of affordable housing drives more Contra Costa families into poverty and continues to leave many people homeless
State and Local Solutions

- No “silver bullet” policy will solve the housing crisis
- We need solutions that tackle the problem from a number of angles:
  - address the needs of people who are homeless or at risk of becoming homeless
  - prevent the immediate displacement of low-income communities
  - increase affordable housing options for low-income communities
Housing Policy Brief

Address the needs of people who are homeless
- Permanent Supportive Housing
- Rapid-Rehousing

Preventing immediate displacement
- Rent Control and Just Cause for Eviction Protection

Expand supply of market-rate housing
- Regulatory reform
- Accessory dwelling units

Expanding supply that is affordable to low income families
- Housing impact fees
- Affordable housing bonds
- Community land trusts
Ensuring Opportunity’s Role Going Forward

1. Continue to expand our engagement in local collaborative efforts
   - Zero 2016 Initiative
   - Support displacement prevention efforts in Concord
   - Promote ADUs, given recent passage of the new legislation, and housing impact fees

2. Amplify and connect discussions and strategies being discussed throughout our county
   - Host countywide convening in early 2017
   - Use our communication channels (social media, website, blog, newsletter) to amplify the conversation

3. Explore statewide and regional solutions and advocacy efforts
How to stay informed:

- Join our contact list!
  
  Mariana Moore, Ensuring Opportunity Director
  mmoore@richmondcf.org
  (510) 234-1200, ext. 311

  Zuleika Godinez, Policy Coordinator
  zgodinez@richmondcf.org
  (510) 234-1200, ext. 307

- Visit our website: [www.endpovertycc.org](http://www.endpovertycc.org)

- Follow us on Facebook and Twitter (@endpovertycc)
3. BED BUGS PREVENTION AND CONTROL

Tanya Drlik, IPM Coordinator, Contra Costa County

Presentation on resurgence of bed bugs, and how to prevent and control
A Little History

1700s: Colonists bring bed bugs to Americas

1800s: Rich & poor alike are plagued

Early 1900s: 1/3 of all residences infested in some cities; in low income areas nearly all have been infested at some point

1950s: Hard to find bed bugs for research

Late 1990s: Resurgence begins
Urban living increases the likelihood and speed of spread.
Global travel has increased tremendously.
We’ve changed the way we do pest control.
We have too much stuff!
Some other reasons for resurgence

• The public lacks awareness
• PCOs lack of knowledge & experience
• Researchers long neglected bed bugs
Impacts can be severe:
Stress and Insomnia
Desperation leads to DIY
The Myths of Bed Bugs, Cleanliness and Poverty
I CAN'T GET BED BUGS,
I WENT TO PRINCETON
Poor housekeeping does not cause bed bugs

But...

- Clutter and filth make it difficult to inspect
- Clutter and filth make it hard to treat for BBs
Poverty doesn’t cause bed bug infestations

But…

• Low income household are most likely to face serious infestations

• Serious infestations make it more likely that people living with them will spread them to others
Bed Bug Bites
There is no evidence that bed bugs vector disease.
Feed on blood with piercing/sucking mouthparts

Both adults and nymphs feed on blood.
Bed Bug Bites

• Bite is similar to a mosquito bite
• Allergic reaction to injected saliva
  – Reaction varies
  – Many people do not react at all
• No one can identify a bed bug bite from looking at it.
• Mainly feed at night, but will feed in the day
• Bites are most common on exposed skin
• Potential for secondary infection from scratching
Bed Bug Biology

Life cycle of the Bed Bug
*Cimex lectularius*

- Egg
- N1
- N2
- N3
- N4
- N5
- Adult

- Take a blood meal then molt
- Molt ≈ 5-8 days at 27 C

M.D. Reis 2009
**Cimex lectularius**
Common Human Bed Bug

- Feeds primarily on humans but will attack chickens, bats, rabbits and other mammals
- Worldwide distribution
- Ancestor probably a bat parasite that fed on cave dwelling humans
- Life cycle: 21 days at 86° F
  120 days at 65 ° F
Bed Bugs and Apple Seeds
Bed Bug Nymphs

Nymph emerging from an egg capsule

Nymphs beside the head of a pin
Nymphs Feeding

A nymph becoming engorged with blood.

Must have a blood meal to molt

A fully engorged nymph.
• No wings—cannot fly
• Cannot jump
• Can walk very quickly
• Bedbugs harbor in confined spaces & tend to be gregarious

• Can travel long distances for a blood meal

• Move around more than we thought
Examples of Bed Bug Signs

Staining and live adults on sheets.
Fecal Spots (& bed bugs) on wall
Eggs

Cast skins, fecal spots, empty egg cases
--Bed Bug Hitchhikers—in walker & wheelchair

Photos courtesy of General Pest Control Co.
Behaviors that Make Bed Bugs Hard to Control

• Nocturnal (mostly)
• Hide in cracks and crevices
• Easily move through walls to adjoining rooms
• Hitchhike on belongings
• Can live long periods without feeding
• Eggs are very small and glued to surfaces (also resistant to pesticides)
Other Issues for Group Living Situations

• The transient nature of group living
• Hoarding of belongings
• Under-reporting
• Lack of awareness of bed bugs—among the homeless and providers
What are our tools?

✓ Written Protocols
✓ Prevention
✓ Early detection
✓ Physical controls
  – Targeted vacuuming
  – Heat in various forms
  – Pest proofing
  – Steam
✓ Chemical controls
✓ Continued monitoring
✓ Education!
  – Managers
  – Staff
  – Clients
Targeted Vacuuming

Great for quickly reducing large populations

- Cannot eliminate an infestation
- Bed bugs cling tightly to rough surfaces
- Eggs are extremely difficult to dislodge
- Vacuums can become infested & spread bugs
- Dispose of bag in sealed plastic bag
- Store vacuum in plastic bag
Clutter Control

• Clutter provides so many places to hide
• Makes it so much harder to treat
• Much harder to inspect
“Dry” Steam Treatments

• Will kill all stages, including eggs
• Need a **commercial machine** with low vapor flow and high temperature
• Surface being treated should measure 160° F to 180° F
• Applicator must be diligent and meticulous
Problems with Steam

- Can moisten articles enough to cause mold
- Can raise humidity in room and cause mold
- Only kills bed bugs directly impacted by steam
- No residual and slow process
Heat “Fumigation”

• Can treat whole room, apartment unit, house
• Some mobile units available
Clothes Dryer

- Extremely effective
- Can put all kinds of things into a dryer, as long as they go in dry
  - Shoes
  - Wool suits
  - Backpacks
  - Stuffed animals
The Packtite

• Foldable personal heating chamber for luggage, books, backpacks, etc.
• Portable
• Fairly expensive
Metal Beds

• Metal beds will not prevent bed bugs but,
  – They can be much easier to clean and
  – Provide fewer hiding places

• They should NOT be tubular
Concord Shelter’s Metal Bed
Mattress Encasements

• Can’t prevent bed bugs

• But, keep bugs in infested mattresses and box springs from getting out

• Make beds easier to inspect

• If $$ is tight, encase the springs
Silica Aerogel Dust

• Cimexa® works by absorbing waxy coating off insect so it dehydrates
• Apply as a very light dust in cracks and walls
• Lasts for at least 10 years, as long as it doesn’t get wet
Passive Traps/Monitoring Devices

- ClimpUp is inexpensive
- ClimpUp only works on furniture with legs
- Talc goes in outer pitfall
- Furniture must be away from any wall

ClimpUp® Insect Interceptor

ClimpUps WON’T work here.

Properly deployed ClimbUps—nothing is touching floor or walls
Climbups can be used as an early warning system
Soapy Water

• Bed bugs caught with the fingers can be placed in soapy water to drown
• Soapy water in a spray bottle can be used to slow down a bed bug so it can be picked up
• Can be used to clean beds weekly
Insecticides

• Bed bugs are showing widespread resistance
• Insecticides should be one component of many in a treatment program
• DO NOT try to treat BBs with insecticides on your own
• Instead, call an experienced professional
• Encourage residents to alert you immediately: a small infestation is much easier to combat
Hire a QUALIFIED Pest Control Co.

- Make sure they have solid experience with bed bugs
- Get references and call them
- Go to cchealth.org/bedbugs

for a fact sheet on how to hire a company
What if you can’t afford a professional?

• Make sure you have a set of protocols that include strict intake procedures.
• Involve residents in regular cleaning and inspections
• Eliminate clutter
• Vacuum
• Use Steam
What if you can’t afford a professional, cont.

• Don’t pick up furniture from the curb
• Carefully inspect used clothing and furniture
• Dust holes and crevices with Cimexa®
• Seal holes and crevices in walls and furniture
• Isolate beds:
  – Seek and destroy all bed bugs on the bed
  – Use encasements if possible
  – Pull bed away from wall and use ClimbUps
• Keep inspecting regularly
• Enforce your IPM Protocols
It’s usually not necessary to throw everything away!

- Most furniture can be inspected and treated
- If you throw anything away that is infested, destroy it or mark it as infested
What has worked in shelters

• Educating staff and clients about bed bugs
• Strict Intake procedures
• Limiting belongings
• Weekly bed inspections & cleaning
• Weekly washing of bedding
• Weekly washing of clothing
Intake Procedures

- Only what can fit in a plastic tub can be brought in
- Remove and wash all clothing
- Shower
- Wash/dry all other belongings
- Treat other items in a hot dryer for 15 min
- Inspect items that can’t be washed or dried and seal in ziplock bags
Develop an IPM Protocol for Bed Bugs

• Use our template (cchealth.org/services/homeless)
• Modify it to suit your facility
• Enforce your protocols

This will save you a great deal of time, labor and money.
How to strip a bed
For more information:

County WEBPAGE:
www.ccchealth.org/bedbugs
You can contact me:

Tanya Drlik
Contra Costa County
Integrated Pest Management Coordinator
925-335-3214
tdrlik@hsd.cccounty.us
Website: cchealth.org/bedbugs
Recommended Encasement

• Sleep Fresh® Mattress Encasements

• [http://www.pharmacy-solutions.com/fresh.htm](http://www.pharmacy-solutions.com/fresh.htm)

• Can be washed in a machine 5-10 times

• Last for a year before having to replace
4. CONTRA COSTA COORDINATED ENTRY SYSTEM

Jaime Jenett, CoC Planning and Policy Manager, Homeless Services

Overview of Contra Costa Coordinated Entry system design and implementation.
Consumers may self-refer or enter the homeless system of care through referrals from service providers, law enforcement, primary and behavioral health care providers, business owners, and community members. Referral agencies then work with consumers to identify, assess, and prioritize health and housing needs.

**IDENTIFICATION, ASSESSMENT, AND PRIORITIZATION**

- **Homeless Info Line**
  - Referrals to service providers
  - Shelter referrals
  - Housing needs assessment
  - Prevention/Diversion Screening

- **CORE Team**
  - Day and nighttime outreach
  - Referrals to behavioral health
  - Housing needs assessment
  - Street medicine
  - Benefits enrollment
  - Shelter placement

- **CARE Centers**
  - Basic needs (shower, food, laundry)
  - Primary and behavioral health services
  - Shelter referrals
  - Benefits enrollment
  - Housing needs assessment
  - Rapid Rehousing screening
  - Warming center

Consumers work with housing providers to obtain the most appropriate permanent housing for each household. Some utilize emergency and transitional shelter while working toward permanent housing.

**HOUSING PLACEMENT**

- Housing services:
  - Financial Assistance and Services to rapidly rehouse individuals
  - Housing Navigation
  - Housing Location

- **PERMANENT HOUSING**
  - Permanent Supportive Housing
  - Board and Care
  - Housing w/out subsidy
Consumers may self-refer or enter the homeless system of care through:

- referrals from service providers
- law enforcement
- primary and behavioral health care providers
- business owners
- community members.

Referral agencies then work with consumers to identify, assess, and prioritize health and housing needs.
ACCESS

**Homeless Info Line**
- Referrals to service providers
- Housing needs assessment
- Prevention/Diversion Screening
- Shelter referrals (future)

**CORE Team**
- Day and nighttime outreach
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- Housing needs assessment
- Street medicine
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- Shelter placement

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At Risk
Literally Homeless

Literally Homeless
Literally Homeless
Homeless Info Line

2-1-1 Contra Costa
CORE Team

Monday – Saturday
7 am – 1 am
3 Teams across County
CARE Centers

West County
165 22nd Street
Richmond
M-F
8 am – 5 pm

Central County
1924 Trinity Ave
Walnut Creek
M-F
8 am – 5 pm

Central County
2047-A Arnold Industrial Way
Concord
M-F
8 am – 5 pm
CARE Capable Center

Central County
Monument Crisis Center
1990 Market Street
Concord
M, W, Th, F          Tu
8 am – 5 pm          8 am – 7 pm
Warming Center

Central County
2047-A Arnold Industrial Way
Concord

M-Sat
7 pm – 7 am
ASSESS

Homeless Info Line

• Basic Service Assessment
• Prevention and/or Diversion Assessment

CORE Team

• Basic Service Assessment
• Housing Assessment (VI-SPDAT)

CARE, CARE Capable and Warming Centers

• Basic Service Assessment
• Housing Assessment (VI-SPDAT)
HOUSING NAVIGATION
What’s Different?

• Only 3 entry points
• Resource distribution based on vulnerability versus first-come-first-serve
• CARE Centers offer housing navigation
• Warming Center
• Standard policies and protocols across providers
• Coordinated exit from homelessness
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**HOUSING PLACEMENT**

- **Permanent Supportive Housing**
- **Board and Care**
- **Housing w/out subsidy**

**Housing services:**
- Financial Assistance and Services to rapidly rehouse individuals
- Housing Navigation
- Housing Location
Next Steps

• Committees meet
  – Coordinated Entry Oversight
  – Communications
  – Planning and Implementation
  – Polices and Procedures
  – Data and Evaluation/Performance Measures
• Develop and approve tools, policies and procedures
• Develop communications plan
• MOUs with funded agencies

Roll out early next year!
Jaime Jenett, MPH
CoC Planning and Policy Manager
Jaime.jenett@hsd.cccounty.us
925-313-7720
5. CDBG/ESG CONSORTIUM UPDATE

Gabriel Lemus, County CDBG Planner; Teri House, CDBG Consultant, City of Antioch; Brenda Kain, Cmty Services Program Mgr, City of Concord

Updates on CDBG and ESG, including three-year time period, alignment with coordinated entry and CoC objectives, and new state ESG funding.
6. MENTAL HEALTH SERVICES ACT
STAKEHOLDER INPUT

Warren Hayes, MHSA Program Manager

Opportunity to provide input on improving public mental health services in Contra Costa County.
Contra Costa County
Mental Health Services Act
Community Forum

Community Program Planning Process for the Fiscal Year 2017-20 MHSA Three Year Program and Expenditure Plan
November 3, 2016 – Central Contra Costa County
Mental Health Services Act (MHSA)

• Proposition 63 voted into law in November 2004 by California’s citizens.
• Taxed 1% of income over $1 million.
• Provides additional funding to the County’s existing public mental health system of care.
• Services are to be consumer driven, family focused, based in the community, culturally competent, and integrated with other appropriate health and social services.
• Requires that a three year program and expenditure plan be developed with the active participation of local stakeholders in a community program planning process.
MHSA Three Year Program and Expenditure Plan

• Contra Costa’s current Three Year Plan was approved by the Board of Supervisors for FY 2014-17.

• Preceded by a comprehensive community program planning process

• Over 500 consumers, family members, service providers and other interested individuals participated in 52 focus groups and community forums that identified service needs, and offered strategies for meeting these needs.

• We are asking for your input as we prepare for the upcoming Three Year Plan starting July 2017.
Current MHSA Three Year Plan

For Fiscal Year 2016-17 the Three Year Plan set aside $43.1 million for over 80 programs and plan elements in the following five components:

• **Community Services and Supports** – $31.6 million for children with serious emotional disturbance and adults with serious mental illness

• **Prevention and Early Intervention** - $8 million for services to prevent mental illness from becoming severe and debilitating

• **Innovation** - $2 million for new or different patterns of service that can be subsequently added into the system.

• **Workforce Education and Training** - $650,000 to recruit and retain CCBHS County employees and contract staff.

• **Capital Facilities/Information Technology** - $850,000 toward implementing an electronic mental health record system.

The full Three Year Plan and FY 16-17 Plan Update is on the MHSA web page.
What Input do We Need From You Today?

We would like input from you in three areas:

1. Discuss current mental health issues in the community, and strategies to address these issues

2. Identify new and/or emerging public mental health needs and recommended strategies for meeting these needs.

3. Prioritize previously identified service needs
What Input do We Need From You Today?

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1. Discuss current mental health issues in the community, and strategies to address these issues.

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1. Current Mental Health Issues

Issues identified by Consumers:

• What does help getting to and from services look like?
• What should services in my culture look like?
• How can I get housing that I can afford?
1. Current Mental Health Issues (contd)

Issues identified by Family Members:

• Helping family members navigate mental health, medical and alcohol and drug services – what should that look like?
• What should emotional support of family members look like?
• How should public mental health partner with the community when violence and trauma occurs?
1. Current Mental Health Issues (contd)

Issues identified by **Service Providers**:

- What should care look like for persons with serious mental illness who live in supportive housing?
- How do we care for young people who have both mental health and alcohol and drug problems?
- How do we help people who get better move to lower levels of care?
2. New and/or Emerging Needs

• What community mental health needs and strategies would you like to discuss that have not been mentioned?
3. Identified Service Needs

Previously stakeholders identified the following needs:

**ACCESS**

- Finding the right services
- Getting services when you need it
- Getting care in my community, in my culture, in my language
- Getting to and from services
3. Identified Service Needs (contd)

**CAPACITY**

- Serve those who need it the most
- Improved response to crisis and trauma
- More housing and homeless services
- Assistance with meaningful activity
- Children and youth in-patient and residential beds
- More support for family members and loved ones of consumers
- Support for peer and family partner providers
- Care for the homebound frail and elderly
- Intervening early in psychosis
3. Identified Service Needs (contd)

Integration

• Better coordination of care between providers of mental health, substance use disorders, homeless services and primary care
• Help with moving to a lower level of care as people get better
• More transparent program and fiscal accountability
• Better communication to enable stakeholder trust and participation
How You Can Provide Input

- Participate in today’s community forum
- Provide verbal and/or written input to Contra Costa Behavioral Health Service representatives
- Participate in CCBHS sponsored stakeholder committees and workgroups
- Send email to mhsa@hsd.cccounty.us

- Input received before December 31 will be considered in the development of the DRAFT MHSA Three Year Plan.
- Input received after December 31 will be considered comments on the draft plan.
What Happens After Today

- Draft MHSA Plan for FY 17-20 developed
  - FEB
- Draft Plan posted and circulated for stakeholder and 30 day public comment
  - MAR
- Mental Health Commission hosts a public hearing
  - APR
- Draft Plan summarizes, analyzes and responds to any substantive written recommendations for revisions
  - MAY
- Mental Health Commission reviews the Three Year Plan and makes recommendations
  - MAY
- Board of Supervisors reviews and approves the final Plan for FY 17-20
  - JUN
Today’s Agenda

3:00 – Welcome, overview of MHSA and the Community Planning Process
3:30 - Introduction to CCBHS stakeholder committees
3:45 - Introduction of small group discussion topics
4:00 – Break
4:15 – Small group discussions
5:45 – Summary and next steps
6:00 – Optional input invited
  • Provide public comment
  • Apply your dots to prioritize service needs
  • Provide written input
  • Speak with CCBHS staff
  • Evaluate today’s event

Reasonable Accommodations: Spanish translation, gift cards available upon request
7. POLICY AND LEGISLATIVE UPDATES

Tara Ozes, HomeBase

Presentation on latest updates around CNWS, No Place Like Home, and other federal and state legislative items.
BRIEF HISTORY OF CNWS BASE REALIGNMENT

• 2005: Navy approved inland area of base for closure
• 2006: Concord City Council designated as Local Reuse Authority (point of contact for Dep’t of Defense)
• 2007: CNWS Homeless Collaborative formed to work in coordination with City of Concord and CoC
  • Goal is to establish programs, services, and housing for the benefit of homeless individuals and families
Concord Naval Weapons Station

- 2012: Legally Binding Agreement signed between Collaborative and City of Concord for land transfer of homeless units
  - 130 to 260 homeless units with support services
  - Total of approximately 16 developable acres
  - Located near public transit and other amenities
- May 2016: Lennar selected as Phase 1 Master Developer

Contra Costa Council on Homelessness
CONCORD CITY COUNCIL MEETINGS

• **July 12:** Restated Agreement to Negotiate between the LRA and Lennar; Formation of new **Community Advisory Committee**

• Advisory body to encourage/provide public input into the Specific Plan process for the Development Phase One Property of the Community Reuse Project
CONCORD CITY COUNCIL MEETINGS

• September 13: Approved selection process and schedule for appointment of members to the Community Advisory Committee.

• Member Criteria: Concord resident, diversity of interest, broad community/geographic representation, familiarity & commitment to Reuse Project goals & principles.

• Applications were due September 26th; screening by Council, interviews by Local Reuse Authority, and appointments in November.
CONCORD NAVAL WEAPONS STATION

• CNWS Homeless Collaborative aligning efforts with EBHO Concord Committee regarding advocacy; met September 21st in a joint meeting.

• New Lennar Hiring: Rachel Flynn, Director of Planning and Building in Oakland, to oversee planning and entitlement of the Concord Naval Weapons Stations; started October 3rd.

• Pursuing integrated homeless housing through research and discussions.
NO PLACE LIKE HOME PROGRAM

- **June 30, 2016**: AB 1618 signed into law, establishing No Place Like Home (NPLH) Program.
  - $2 Billion bond project to fund capital costs for development of Permanent Supportive Housing (PSH) for people who are Chronically Homeless or at risk and suffer from a mental illness.
    - $1.8 billion for a competitive program; $200 million non-competitive; $6.3 million for Technical Assistance funding.
  - Bond to be repaid over time using 7% of revenue generated by MHSA/Prop. 63 (1% tax on income over $1 million).
NO PLACE LIKE HOME PROGRAM

Competitive Program: (Multiple funding rounds)

First Round: $263.6 million:

• $242.6 million

• $21 million small county set aside (8% of each competitive round)
NO PLACE LIKE HOME PROGRAM

• **September 13, 2016:** Budget Act **AB 1628** approved by Governor Brown.

• This budget bill implements the bond financing mechanism for NPLH:

• Empowers California Health Facilities Financing Authority (CHFFA) to issue taxable or tax exempt revenue bonds.

• Department of Housing and Community Development (HCD) will receive the bond revenue and develop the guidelines for disbursing the money to counties.
NO PLACE LIKE HOME PROGRAM

Impact to MHSA:

• Limitations: Places $140 million cap on total amount of funding that can be diverted from MHSA annually.
  • No exact county-by-county impact information available just yet.

• Department of Health Care Services (DHCS) to:
  • Revise MHSA county annual revenue and expenditure reporting requirements, in consultation with county representatives;
  • Regularly post the annual revenue and expenditure reports and each county's three-year MHSA expenditure plan.
NO PLACE LIKE HOME PROGRAM

NPLH Advisory Committee:

• Will be established to –
• Advise on implementation and guideline development;
• Review progress in distributing funding;
• Provide advice and guidance more broadly on statewide homelessness issues.
NO PLACE LIKE HOME PROGRAM

NPLH Advisory Committee: 14 Seats Total

• 6 seats already assigned:
  • Director of Housing and Community Development (Chair)
  • Director of Health Care Services
  • Secretary of Veterans Affairs
  • Director of Social Services
  • State Treasurer
  • Chair of Mental Health Services Oversight and Accountability Commission
8 seats to be appointed by the Governor:

- Chief Administrative Officer or Member of a County Board of Supervisors (one from Small County, one from Large County)
- Director of a County Behavioral Health Dept.
- Administrative Officer of a City
- Resident of Supportive Housing
- Representative of a Local or Regional CoC Org. that Coordinates Homeless Funding
- Representative of a Community Mental Health Org., and;
- Representative of an Affordable Housing Org.

Application for these seats can be found at: https://www.gov.ca.gov/m_appointments.php.
NO PLACE LIKE HOME PROGRAM

Preliminary Timeframe:

• Fall 2016: Initial research and stakeholder outreach; development of Advisory Committee.
• Winter 2016: Framework paper released and public comment.
• Spring - Summer 2017: Guideline developed; Guidelines and NOFA completed.
• Fall 2017: Validation process.
• December 31, 2017: NOFA Released (pending validation).
NO PLACE LIKE HOME PROGRAM

NPLH Budget Legislation Package for 2016-2017:

- **$45 million** for Rapid Rehousing; HCD Budget, Federal ESG expansion.
- **$22 million** for 2 family housing programs; DHHS Budget:
  - *Bringing Families Home*: Matching grant program to reduce homelessness in families in child welfare system.
  - *CalWORKs Housing Support Program*: Provides housing/support services for CalWORKs families in danger of homelessness.
- **$45 million** for Social Security Income Outreach to individuals with disabilities experiencing homelessness.
NO PLACE LIKE HOME PROGRAM

Housing First:

• The NPLH legislation package is also said to support a Housing First approach, in line with other California state legislation recently signed into law.
STATE LEGISLATION

September 30: Housing First bill signed into law.

- SB 1380 makes California a Housing First state.
- Establishes the California Homeless Coordinating Council –
  - Requires departments administering state programs targeted to end homelessness to incorporate the core components of Housing First into their programs by July 1, 2019.
STATE LEGISLATION

September 21:

• **AB 801**: Requires public universities to give priority admission preferences to students who are homeless through *Success for Homeless Youth in Higher Education Act*.

• **AB 1995**: Requires community college campuses that have shower facilities for students to grant access to any student that presents as homeless, is enrolled in coursework, has paid enrollment fees, and is in good standing.
September 26:

- **AB 1761**: Creates an "affirmative defense" for human trafficking victims who are prosecuted for non-violent crimes that their trafficker forced them to commit. The affirmative defense gives the victim a greater chance of having their case heard and having their charges dismissed. The defense also applies to children charged with commercial sex crimes.
FEDERAL POLICY UPDATE –
SSA AME DEFINITION

• Social Security Administration (SSA) published notice of proposed rulemaking (NPRM) to change definition of “Acceptable Medical Evidence” on September 9th.

• Considering adding Advanced Practice Registered Nurses (APRNs) and possibly Physician Assistants (PAs), and Licensed Clinical Social Workers (LCSWs) as Acceptable Medical Sources.
FEDERAL POLICY UPDATE – SSA AME DEFINITION

• Changes reflect current trends for how most people are receiving care – especially low-income & homeless individuals.

• SSA also proposes it will not longer give “controlling weight” to prior administrative medical findings – less reliance on source of opinion, and more on content.

• Effect: Will reduce wait-time for SSI/SSDI applicants; applicants experiencing homelessness will be connected with benefits more quickly & reliably.
FEDERAL POLICY UPDATE – SSA AME DEFINITION

Opportunity for Public Comment:

• **November 8th**: Deadline to submit comments.
  • Possible comments will advocate:
  • Inclusion of PAs, LCSWs, and LMFTs;
  • Clearer definitions of other Acceptable Medical Sources in the Rule.

• HomeBase to circulate Comment Letter at Council on Homelessness meeting November 3rd.
8. HOMELESS AWARENESS MONTH

Jaime Jenett, CoC Policy and Planning Manager, CCHS

Update on activities and advocacy efforts underway for Homeless Awareness Month.
Contra Costa County 2016 Homelessness Awareness Toolkit
Promoting education, advocacy, and service to end homelessness in our community

During the month of November, Contra Costa will join national efforts to increase awareness and promote solutions to ending homelessness. Every night there are nearly 4,000 homeless men, women, and children in Contra Costa County. We each play a part in ending homelessness in our community.

How will you get involved?

**Educate**
- Know the **statistics** of homelessness in your community
- Learn about our **strategies** to end homelessness
- Learn about the local **Contra Costa Zero: 2016** campaign to end chronic and veteran homelessness, **National Hunger and Homeless Awareness Week** and what Housing First means

**Advocate**
- Talk to your city/town council about options to end homelessness in your community
- Encourage landlords to **rent to homeless individuals**
- Forward/repost this toolkit to others interested in homelessness

**Service**
- **Donate** to the Contra Costa Housing Security Fund
- **Volunteer** with your local church or service provider
- **Donate** to a local homeless provider

1350 Arnold Dr., Ste. 202, Martinez, CA / 925-313-7700
homelessprogram@hsd.cccounty.us / cchealth.org/homeless
Standing Item: Share Community Announcements
Standing Item: Future items of discussion and scheduling to be considered.