The Contra Costa Continuum of Care 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.

Date, Time: Friday, January 20, 2017 10:00am – 12:00pm
Location: ZA Room, 30 Muir Road, Martinez, CA 94553

1. Welcome and Introductions
   • Call to order by Teri House, Vice-Chair

2. Contra Costa Coordinated Entry System
   • Jenny Robbins, Health, Housing, and Homeless Services Division, gave an overview of the Contra Costa Coordinated Entry System (CES) implementation timeline and updates.
   • Streamline services into CES via three portals (access, assessment, assignment) rolled out over the course of 2017 in three phases
   • Phase I: February 2017
     o Step 1—Access: there will be 3 primary points of access into system of care
       • 2-1-1 phone number will function as a hub connecting people to services and will prioritize and screen persons for shelter beds (full implementation by Fall 2017)
       • CARE centers will be rolled out in the upcoming year in Richmond, Concord, Walnut Creek with housing navigation services available on-site (operational mid February to March 2017)
         ▪ New! Warming Center in Central County will open as additional access and referral point (not yet operational will roll out between February and March 2017)
       • CORE (Coordinated Outreach, Referral, and Engagement) Teams will be mobilized to engage persons in community, encampments, on the streets and elsewhere to move them directly into the system, including to obtain services on-site and encouraging them to obtain services and housing
         o Step 2—Assess those experiencing homelessness through VI-SPDAT vulnerability index screening tool
         o Step 3—Assign and prioritize resources for the most vulnerable (roll out beginning February 2017)
   • Phase II: May 2017
     o 2-1-1 will implement prevention and diversion screening and referral services
• Phase III: September 2017
  o 2-1-1 begins centralized registration system for direct placement into emergency shelters

3. Panel Discussion on Youth Homelessness and Trafficking
  • Representatives of local agencies with experience working on issues related to youth homelessness and trafficking gave presentations and discussed questions regarding challenges, available programs, and best strategies to address youth homelessness in Contra Costa County, including human trafficking.
  • Teri House, Council on Homelessness (Vice Chair), moderated the discussion and provided an overview of the statistics and definitions that describe the population and how organizations and service providers can address their needs.
    o The term “homeless youth” pertains to both families and unaccompanied youth but with many definitions. There are multiple terms used for this population, including homeless, runaway, street youth, systems youth (post foster care or juvenile justice system), and unaccompanied youth.
    o There are a lot of statistics to describe the composition of the population, including that homeless youth are equally male and female; females more likely to seek help; at least 20% are pregnant; at least 40% are LGBTQ; at least 75% will drop out of school; many reported depression, trauma, and other mental health concerns.
    o The major causes of youth homelessness are high poverty rate; lack of affordable housing; racial disparities; uneven recession recovery; and barriers to housing.
  • The panelists provided additional ideas on who else should be present at the table for this multidisciplinary discussion:
    o Healthcare for the Homeless (present at meeting but not on panel) is a very important partner because they provide in house and onsite services
    o Child Abuse Prevention Council Youth Service Bureau (present but not on panel) is also beneficial to discussions about assisting youth experiencing trafficking.
    o County regional medical centers and psychiatric services should be at table because they are overburdened and could use resource partners that would help them prioritize their care and would also reduce their workload.
  • The panelists shared common challenges and proposed common solutions for some of the issues facing youth experiencing homelessness and/or trafficking:
    o Challenges
      • There is a need for more data sharing across communities, programs, and providers;
There is need for further collaboration between agencies and service providers, especially in terms of services and housing options available for youth throughout the County;
There is some difficulty in identifying homeless youth experiencing trafficking because self-disclosure can be infrequent;
There is a need for improved tracking of unaccompanied youth (as compared to youth in families), particularly those couch surfing, for purposes of enhancing access to housing and services and collection of data that spans the periods of system involvement.

**Proposed Solutions**
- Increase data collection and sharing, particularly across programs to track movement throughout and in and out of system and program utilization, particularly significant for trafficked youth;
- Increase multidisciplinary collaboration and coordination using teams, meetings and panels like this CoC meeting would resolve some data, information, and access deficits and definitional conflicts;
- Increase the use of trafficking screening tools by making available service provider training to enhance provider ability to identify trafficked youth;
- Promote strategic and multidisciplinary partnerships to enhance collaboration and coordination, particularly with health providers, and Probation at Juvenile Hall;
- Focus on youth as a subpopulation (like was done with veterans) to address their specific needs using targeted and evidence based tools and information to support youth; for instance, focus groups tailored to minors and TAY, introducing youth to available services like AB12 and health care accessibility, and using strategies with demonstrated success in the population, like client-centered care, trauma-informed care, harm reduction and self-empowerment strategies;
- Employ performance standards and outcome measurements;
- Expand support infrastructure in East County to match service needs there.

**Schools: Alejandra Chamberlain, Office of Education, Youth Development Services (YDS) Program**
- YDS is a county-wide grant funded program that provides homeless youth services oriented toward education, including free and reduced lunch, after school programs and support transferring schools
- Goals: share and inform county and organizational efforts with program/organization efforts to better leverage resources since County providing lot of resources and coordination with schools to ensure stability, continuous school enrollment and service prioritization
Challenges:
- Ability to quickly respond and track youth as they move to ensure service continuation and stability;
- Since youth tend to not want to go to West County (Richmond) for services, more services should be made available in Central and East County to where increased numbers of youth are located.

- Trafficking: Alex Madsen, Zero Tolerance aka Alliance to End Abuse
  - County Bureau within Health, Housing and Homeless Services (H3) that manages and coordinates a county-wide coalition against trafficking, which includes a policy and protocol subcommittee, law enforcement task force, outreach and awareness, multidisciplinary law enforcement and service providers around high risk trafficking cases. The bureau does not provide any direct services.
  - Primary providers of services for youth experiencing homelessness and trafficking
    - Community violence solutions (CVS)
    - Crisis Line
    - Zero Tolerance
    - Child Protective Services
  - Goal: mainstreaming and enhancing the use of a screening tool (CSEIT) as best practice to screen youth for sex trafficking
  - Primary challenge is disclosure—majority do not disclose (rapport and screening tools assist in overcoming this obstacle)

- Youth Services: Araceli “Cheli” Garcia, Youth Services Manager
  - Contra Costa Youth Continuum of Services (CCYCS) operates a youth shelter in west county and two transitional shelters in west county. CCYCS takes a partnership approach to participating in the system of care.
  - Calli House is no longer sheltering youth under 18; now minors being served at drop in center and use other providers for services and shelter of those minors. In 2016 Calli House served 30 minors and 150 overage youth.
  - Goal: Provide the most effective services to homeless youth: safe places for food and rest; access to health care; case management; and access to services.
  - Challenges: Tracking
    - Youth, particularly unaccompanied couch surfers are the most difficult to track.
    - Youth in families also move throughout the system.
  - Strategies used to address challenges: Focus on diverting youth using partners to provide differential services and offering youth with families wraparound services to enhance opportunities to track youth and provide consistent services.
• **Criminal Justice/Probation: Dan Batiuchok, Juvenile Hall**
  o Contra Costa Department of Mental Health at Juvenile Hall promotes transitional services by building mental health teams to assist with transitioning services and help reentry into community.
  o Challenges:
    • Probation (as part of justice system) as an entity is perceived negatively by youth and creates an obstacle limiting the County’s ability to provide transitional services to youth reentering the community. This perception also reduces the likelihood of self-disclosing trafficking.
    • Data silos exist due to hesitancy to share health and mental health information even though workarounds exist.

• **Youth PIT Count: Dana Ewing, Evaluator**
  o Contra Costa County Department of Health, Housing and Homeless Services (H3), Behavioral Health Office also collects and evaluates data on youth, chronic and veterans homelessness. This achieved in part through collaboration and coordination with local service providers to capture data that does not exist in HMIS systems or with County providers.
  o Goals: encourage housing providers to collaborate and coordinate on definitions (particularly distinction between youth with families and unaccompanied youth) and program usage because it is important for data collection and evaluation
  o Challenges:
    • Organizations do not share data because of confidentiality or data collection tools or indicators;
    • Data about services is not captured because service providers are not tracking individuals, services offered across the trajectory of youth involvement with the system of care or sharing information between themselves;

• **Audience Questions and Comments**
  o Audience wants to see more coordination among law enforcement and service providers and increased use of liaisons for youth that are picked up overnight. No liaisons are currently available after hours at most service provider locations.
  o Audience broached concerns over liability for the public and other organizations when helping unaccompanied youth. Per panel, no liability attached to providing referral services; law enforcement and others can still drop off youth; youth must give signed consent to share information with non-parent adults.
  o Audience requested more data on stabilizing, sheltering, serving youth
The faith community can assist efforts to address youth homelessness by participating in multidisciplinary meetings, PIT counts, and volunteering at community shelters and in other community services.

Organizations like Head Start share information they collect about their at risk populations, which tend to match numbers collected at the County level for both at risk and homeless populations. Those organizations also have robust programs from which information is also collected. Notably lacking from that data is information on unaccompanied youth.

4. Pin It
   - Next full membership meeting is April 21, 2017.