CoC Learning Hub

October 15th, 2019
1 pm – 3 pm
2425 Bisso Lane, Concord
1. Introductions
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Presenter</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome/Introductions</td>
<td>• Contra Costa Council on Homelessness member</td>
<td>• Call to order</td>
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| 2. Behavioral Health Resources for People Experiencing Homelessness | • Michael Myette, Healthcare for the Homeless  
• Paolo Gargantiel, Behavioral Health Access Line  
• Michelle Richardson, Alcohol and Other Drugs | • Discussion of Mental Health services available through Healthcare for the Homeless, information about the Behavioral Health Access Line and Alcohol and Other Drug Treatment services. |
| 3. CoC Update | • Shelby Ferguson, H3  
• Jaime Jenett, H3  
• Jamie Klinger, H3 | • CES Updates  
• Funding Updates  
• System Map & Next Steps  
• Race & Ethnicity Assessment |
| 4. Community Announcements | • All | • Standing Item. Community announcements. |
| 5. Pin it | • All | • Standing Item. Future items of discussion and scheduling to be considered. |
2. Behavioral Health Resources for People Experiencing Homelessness

Michael Myette, Healthcare for the Homeless
Paolo Gargantiel, Behavioral Health Access Line
Michelle Richardson, Alcohol and Other Drugs
Healthcare for the Homeless

Michael Myette, LCSW
Mental Health Program Supervisor
Healthcare for the Homeless
HCH Mission Statement

Our mission is to improve the health of the homeless population in Contra Costa County by increasing access to health care and by providing a team-oriented approach to health care that focuses on harm reduction and integration of behavioral and medical services.
Who We Serve

HCH provides health services to adults, children and families who meet the federal definition of homelessness
HCH seeks to address barriers to care and factors that contribute to homelessness through an integrated model of care
HCH Mental Health Services

Staff:
5 Licensed Mental Health Clinicians

Location:
Shelters, Ambulatory Clinics, Mobile Vans, and Field Based

Referrals:
Provider Warm-Hand-Offs
CORE Outreach
Shelter Staff

Services:
Mental Health Assessments
Brief Therapy
Clinical Case Management
Referral Connection to Specialty MH and AOD Services
MH & Wellness Groups in the Shelters
HCH Mental Health

Therapeutic/Clinical Case Management Model

Ideal Goal

Outreach and rapport building for system disconnected and disenfranchised consumers

Brief therapy and CM support, and as needed, connection to longer term BH services

Common Reality

Often lifestyle challenges, AOD issues and past negative experience with system create ambivalence and stop/go engagement. HCH clinicians provide an open door policy and often provide longer term therapeutic case management support for such consumers with difficulty engaging with the larger system support services.

HMIOT – Recent Multi-Departmental collaboration with BH, H3 and HCH to create a more robust outreach and treatment support system for these challenging cases.
Multi Departmental Collaboration to Support MH Outreach, Treatment and Connection to Specialty MH Care and AOD Services

Health Care for the Homeless
- 4 Licensed Mental Health Clinicians – regionally assigned & shelter based

Health Housing and Homelessness
- CORE Team -- 2 Social Workers
- Shelters -- 5 MH Graduate Interns

Behavioral Health
- Licensed Mental Health Clinician – part of regional assignment and shelter based
- Transition Team Support
- Psychiatrist visiting shelters
- Rapid Access Appointment Support for Specialty MH
Street Outreach Team

- Chronic disease management
- **Addiction Treatment**
- Safe Injection Kits/Narcan
- Wound Care
- POCT HIV, HVC, & Syphilis
- **MH Therapy/Case Management/Linkage**
- STI Screening/Treatment
- **Medications**
- Linkage to Services
- Calfresh Application Assistance

**Multidisciplinary team:**
- Medical Doctor
- **Mental Health Clinician**
- Registered Nurse
- Community Health Worker
- Partners with H3 CORE Outreach
“Mobile” Clinics

Fixed (one location) vans on certain days across Contra Costa County
Mobile Van Clinic Sites
HCH Ambulatory Services
Shelter Based Care

Concord Shelter

Brookside Shelter-Richmond
HCH Respite Care

- 26 Bed Male/Female Shelter Facility With Attached Health Clinic
- Medically Vulnerable In Need Of Recuperative Medical Services
- Hospitalized Homeless Direct Discharge To Respite Shelter

- **Services include:**
  - Stabilize Decompensated Illness
  - Mental Health Stabilization
  - Rehabilitation, Recuperative Opportunity
  - Brief Therapy and Clinical Case Management
  - Connect to Medical Care
  - Connect to Behavioral Health
  - Assist with Medical Coverage
  - Provide Health Education and MH support groups
Medication Assisted Treatment (MAT)

The CCHS MAT Program addresses opioid addiction with the use of medications, in combination with counseling and behavioral therapies, to provide a “whole patient” approach.

Services include:
Comprehensive treatment plan
Nurse Case Management
Mental Health Counseling
Participation in social support groups known as Choosing Change

If someone is interested in this program or wants more information:
Call the Alcohol and Other Drug (AOD) hotline at
1-800-846-1652
For More information or to make appointments

Visit us online at www.cchealth.org/hch

HCH Main Line: (925) 608-5300

Dental Main Line: (925) 608-5350

MAT/AOD Hotline: 1-800-846-1652

211 for all other resources
Behavioral Health Access Line

Paolo Gargantiel, LCSW
Contra Costa County Mental Health
Acting Access Line Program Supervisor
Contra Costa County Behavioral Health ACCESS LINE 1-888-678-7277
Answers to Frequently Asked Questions for PROVIDERS
What is the Behavioral Health Access Line?

- The Behavioral Health Access Line is the gateway to Contra Costa County’s Behavioral Health system of care, a community resource line that serves as the main point of entry into the county’s mental health clinics, Network Provider services, and substance use disorder treatment programs.

- It is the Mental Health Plan Authorization Line for Contra Costa County MediCal beneficiaries seeking and needing connection to Specialty Mental Health services, via outpatient programs that include Network Providers, Community Based Organizations, and Mental Health Clinics.

- It is the centralized screening and referral point for linkage to Contra Costa’s Alcohol and Other Drug System of Care, including Perinatal, Outpatient, Residential, Medication Assisted Treatment, and Withdrawal Management Services.

- As the “front door” welcoming uninsured and MediCal-eligible Clients to integrated services, the Access Line makes every effort to assist all callers and exhaust all known resources related to community mental health and substance use disorder treatment.
What does the Access Line do?

- Connect Clients to appropriate behavioral health services via a comprehensive telephonic screening and triage process, which includes determining insurance eligibility, clinical acuity, and level of care
- Assist with mental health emergencies and crisis situations via brief phone intervention and crisis/emergency triage (i.e., referral to ER, 911, PES, Welfare Check, Mobile Crisis Response Teams, Miller Wellness Center)
- Facilitate scheduling of initial intake appointments to County Mental Health Clinics and Substance Use Disorder treatment programs, for those that meet the requirements
- Provide referrals to CBOs, low-fee options, or MediCal authorization to a Network of mental health providers, including Therapists and Psychiatrists, according to acuity and coverage requirements
- Provide information and referral to community resources that promote wellness, recovery, and resiliency, including support groups, Transportation Assistance Programs, and Homeless services
- Provide brief intervention and AOD counseling by Substance Use Counselors, including use of Motivational Interviewing strategies
- Manage a volume of over 300 calls per day from Clients, caregivers, providers, and community members
- Manage a volume of over 600 referrals per month from Primary Care Providers and Children & Family Services
- Assist in navigating the Contra Costa County Behavioral Health System of Care and troubleshooting barriers to accessing services
Who is eligible for services?

- Contra Costa Behavioral Health strives to create an effective, high quality integrated system to meet the needs of all residents of Contra Costa County.

- Any Contra Costa resident who experiences a mental or emotional crisis can get help from our Crisis Services.

- Although available primarily to Contra Costa County residents who have Medi-Cal insurance or may be Medi-Cal eligible, the Access Line provides assistance and crisis triage/support to all callers. Anyone can call to be screened and to request information about community mental health, substance use, and related resources.

- Although most services are provided to those who are Medi-Cal-eligible, various programs have different eligibility requirements for which the Access Line will be able to screen.

- As part of the Access Line screening process, Financial Counselors are available to provide assistance with applying for Medi-Cal insurance if needed. Those who are uninsured can also apply online via CoveredCA.com, in person at their local county human services agency, or by phone by calling Covered California at (800) 300-1506.

- If MediCal is assigned to another county (non foster or adopted), services may be limited to federally qualified health centers (Miller Wellness Center) and crisis/emergency (PES, ER) until MediCal is transferred to Contra Costa; if residency in Contra Costa County can be confirmed, certain exceptions can be considered during the screening process.
When is the Access Line available and what to expect when calling?

▪ The Access Line offers 24-hour availability for information, referral, and crisis support; appointment scheduling and comprehensive screenings are completed Monday-Friday 8am-5pm

▪ Language preference can be indicated by the caller at the beginning of the call as part of an automated phone tree. The Access Line provides assistance in all languages either via staff or interpreters, and also provides referrals that account for the cultural or linguistic need of the person needing services

▪ During periods of high-volume calls, calls screened as non-crisis or non-urgent may need to be called back by a licensed clinician or substance use counselor within 1-2 business days

▪ A licensed mental health clinician or substance use counselor will ask specific screening questions related to the person’s history, current presenting issues/symptoms, and clinical need. Telephone screenings can take anywhere from 10 to 30+ minutes

▪ Depending on several factors, including the specific insurance coverage and acuity/severity of symptoms, Access Line staff will determine eligibility for different programs and provide referrals accordingly. Access Line staff will also help to address a crisis situation or urgent need, barriers to accessing services, and exhaust all known resources to assist callers.
Are there any exclusions?

- The following diagnoses are not covered by Specialty Mental Health Services: Autism, Mental Retardation/Intellectual Disability, Dementia, and Mental Disorders related to a Medical Condition (i.e., Traumatic Brain Injury/TBI)

- Clients with the above diagnoses will likely be referred to the Regional Center, PCP, Neurologist, or other health care provider, but may be eligible for services if the primary focus of treatment is an included mental health diagnosis and the Clients can effectively engage in treatment with a provider with the relevant specialty, if available.

- Clients with primary commercial coverage/private insurance will likely be referred to that primary coverage for services (certain exceptions can be explored as part of the screening process); if Moderate-Severe Acuity, services will be referred to that responsible health plan

- Clients with Medicare only will be referred to Medicare providers

- Those who are on Parole will be referred to Parole Mental Health (925-499-6110) for medication services and are not eligible to be seen at the County Mental Health Clinic (may be screened for therapy referrals if MediCal-eligible)

- Veterans who qualify for services through the VA will be referred to the VA Behavioral Health Clinic (925-372-2105) for services
Who staffs the Access Line?

Clerical staff provide administrative support and assistance with managing high-volume calls and referrals.

Licensed mental health clinicians (Psychologists, Marriage & Family Therapists, Licensed Clinical Social Workers) and certified Substance Use Counselors complete the telephone screening and referral process.

The Community Support Worker helps to coordinate linkage to care and provides outreach to Clients that need extra assistance.
“The best time to call Access and get through is in the morning hours between 8am and 10am.”

“You should have your MediCal card with you when you call, just to make the process a little faster.”

“Prepare yourself for the personal questions that the therapist will ask as part of the screening, but know that your answers will be kept private and confidential.”

“When I’m doing a satisfaction survey, callers tell me that they find the therapists on the line to be kind, considerate, and helpful.”
Answers to Frequently Asked Questions by CLIENTS
How do I access Behavioral Health Services?

The Behavioral Health Access Line at 1-888-678-7277 is the main entry point for accessing mental health and substance use disorder services. For those who have a Primary Care Provider or a current behavioral health treatment provider, those providers are also able to initiate referrals for services.

Who is served by Contra Costa Behavioral Health?

Contra Costa Behavioral Health strives to create an effective, high quality integrated system to meet the needs of all residents of Contra Costa County. Any Contra Costa resident who experiences a mental or emotional crisis can get help from our Crisis Services. Although most services are provided to those who are MediCal-eligible, various programs have different eligibility requirements for which the Access Line will be able to screen.
What is the Access Line?

The Behavioral Health Access Line is the gateway to Contra Costa County’s Behavioral Health system of care, a community resource line that serves as the main point of entry into the county’s mental health clinics, Network Provider services, and substance use disorder treatment programs. The Access Line offers 24-hour availability for information, referral, and crisis support, with appointment scheduling and comprehensive screenings completed Monday-Friday 8am-5pm. As the “front door” to integrated services, the Access Line makes every effort to assist all callers and exhaust all known resources related to community mental health and substance use services.
What should I expect when I call the Access Line?

Access Line staff will start with requesting basic identifying information that helps with intervening in a possible crisis, as well as determining eligibility for services. A licensed mental health clinician and/or substance use counselor will complete a telephone screening in order to refer to appropriate services. Aside from situations that require emergency assistance or those allowed by law (such as mandated reporting of abuse/neglect), answers will be kept private and confidential to ensure that all callers feel welcome to call and seek help.
A licensed mental health clinician or substance use counselor will ask specific screening questions related to the person’s history, current presenting issues/symptoms, and clinical need. Depending on several factors, including the specific insurance coverage and acuity/severity of symptoms, Access Line staff will determine eligibility for different programs and provide referrals accordingly. Access Line staff will also help to address a crisis situation or urgent need, barriers to accessing services, and exhaust all known resources to assist callers.
Do I need insurance?

Although available primarily to Contra Costa County residents who have Medi-Cal insurance or may be Medi-Cal eligible, the Access Line provides information, referral, and crisis triage/support to all callers.

How do I get connected with insurance?

As part of the Access Line screening process, Financial Counselors are also available to provide assistance with applying for Medi-Cal insurance if needed. Those who are uninsured can also apply online via CoveredCA.com, in person at their local county human services agency, or by phone by calling Covered California at (800) 300-1506.
How can I get to my appointment?

If there are transportation barriers to getting to appointments, the Access Line will provide a referral to available transportation assistance programs through the different health care plans. In addition, a referral can be provided to a Commute Navigation Specialist through the Office of Clients Empowerment for additional assistance, if needed.

Do you have services in my language?

The Access Line provides assistance in all languages either via staff or interpreters, and also provides referrals that account for the cultural or linguistic need of the person needing services.
Who will be involved in my mental health treatment?

Depending on the kind and level of care a person needs, a mental health clinician/therapist, psychiatrist, nurse, community support worker, or case manager may be part of the treatment team.

How do I make the most of my treatment?

In order to make the most of behavioral health treatment, it is important to attend scheduled appointments, follow through on referrals, and work collaboratively with providers on treatment goals. Active and consistent participation in one's treatment often leads to the most positive outcomes.
Alcohol and Other Drugs Services

Michelle Richardson
Substance Abuse Program Manager
Alcohol and Other Drugs Services
Drug Medi-Cal Organized Delivery System (DMC-ODS) Overview

The California Bridge to Reform is a demonstration program to test a new paradigm to provide health care services for individuals with Substance Use Disorders [SUD]

It expands availability and type of SUD treatment for Drug Medi-Cal [DMC] beneficiaries

Creates a Continuum of SUD services and care modeled after the American Society of Addiction Medicine (ASAM) Criteria
To provide a continuum of services modeled on the American Society of Addiction Medicine (ASAM) Criteria to include:

LEVELS OF CARE

Withdrawal Management (Social Model Detox)- 3.2
Outpatient – 1.0
Intensive Outpatient- 2.1
Residential Services – 3.1
Recovery Services
Case Management
Physician Consultation
Medication Assisted Treatment [MAT]
Waiver Requirements

Places individuals in the least restrictive environment – not necessarily residential treatment and not necessarily fixed Length of Stays [LOS]

Coordination with Mental Health and Primary Health Care

MOU with the Managed Care Plan – CCHP & Anthem Blue Cross

Requires a face-to-face Assessment with the client

Medical Necessity must be met:

- Presence of DSM-5 for SUD Criteria &
- Medical necessity for the Level of Care needed by the client
Waiver
Benefits for Beneficiaries

Treatment continuum promotes movement across levels of care

Expands available services and service eligibility

Ensures timely access to all the Waiver-required services

Provides choice of providers in the service area

Allows for additional length of stay for probation/parole & pregnant women (Non-Medi-Cal funding)
Waiver Benefits for Beneficiaries—continued

More co-occurring support through Licensed Practitioner of the Healing Arts [LPHA] at each provider site

Medical support as a result of Physician consultation

Pharmacotherapy through Medication Assisted Treatment

Residential Treatment is now a (DMC) covered benefit

Co-location at Mental Health Clinics & Homeless Shelters
Residential & Outpatient Treatment Features

Residential: 24/7 facilities. Non medical, primary goal is stabilization then safely transfer to lower levels of treatment. Services include treatment planning, identifying triggers, education, counseling

Outpatient offer up to a maximum of six (6) hours per week for adolescents and nine (9) per week for adults, based on individual needs

Intensive Outpatient- offer up to 19 hours per week, typically 3 hours per day 3 times per week

Withdrawal Management: 24/7 social model detoxification. Frequent observation & monitoring. Nourishment and hydration until stable. Transfer to treatment as needed
Entry into the SUD System

Everyone enters through the Behavioral Health (BH) Access Line, which is now fully integrated with two (2) exceptions: Methadone and Withdrawal Management – conversion to centralized access.

Screening at BH Access Line

Substance Abuse Counselors who are co-located at certain sites can conduct a full Assessment.
What It Means for the Delivery of Services
Lengthy and detailed certification process at 2 Homeless Shelters and co-location of Substance Abuse Counselors

Newly developed procedures may not necessarily be perfect. While it provides a framework, variations may need to occur by site

42 CFR Part 2 – Confidentiality

Preventing duplication of services e.g. Case Management

Streamlining processes and forms to prevent overburden consumer/client

Engaging staff to develop an integrated vision and workflows may be challenging due to competing priorities and emerging needs
Co-location Opportunities

Streamlined access to SUD treatment services

Increased collaboration between Alcohol and Other Drug Services (AODS) and Health, Housing, Homeless

Reduction of stigma for SUD and homeless populations
Services Offered-Withdrawal Management/Detox (3.2)

- Pueblos del Sol, Concord
- East County/Wollam House, Pittsburg
- Ozanam Center, Concord

Southern Solano Alcohol Council, Vallejo
Helen Vine Recovery Center, San Rafael
Services Offered - Outpatient (1.0)

WEST COUNTY
- Ujima West-San Pablo
- Center Point-El Sobrante
- West County Adult Mental Health-San Pablo
- West County Children’s Mental Health-Richmond

CENTRAL COUNTY
- Ujima Central-Concord
- Center Point-Concord
- Central County Adult Mental Health-Concord
- Central County Children’s Mental Health-Concord

EAST COUNTY
- Ujima East-Pittsburg
- REACH Project-Antioch, Brentwood, Oakley
- East County Adult Mental Health-Pittsburg
- East County Children’s Mental Health-Antioch
Services Offered - Intensive Outpatient (2.1)

WEST COUNTY
- Ujima West-Richmond
- Center Point-El Sobrante

CENTRAL COUNTY
- Ujima Central-Concord
- Center Point-Concord

EAST COUNTY
- Ujima East-Pittsburg
- REACH Project-Antioch, Brentwood, Oakley
Services Offered - Residential (3.1)

**WEST COUNTY**
- Ujima The Rectory-San Pablo

**CENTRAL COUNTY**
- Ujima La Casa-Martinez
- Diablo Valley Ranch-Clayton
- Frederic Ozanam Center (The Oz)-Concord
- Pueblos del Sol-Concord
- Discovery House-Martinez

**EAST COUNTY**
- East County Wollam-Pittsburg
- J. Cole Recovery Homes (Cole House)-Antioch
Services Offered - Medication Assisted Treatment

WEST COUNTY
- BAART-Richmond
- Choosing Change-West County Health Center

CENTRAL COUNTY
- Choosing Change-Concord Health Center 2 & Miller Wellness Center

EAST COUNTY
- BAART-Antioch
- Choosing Change-Antioch, Brentwood & Pittsburg Health Centers

Aegis Treatment Centers-Lodi, Manteca, Merced and Stockton
Thank You!

Questions??

Prevention Works, Treatment is Effective, People Recover!

La Prevención funciona, el Tratamiento es efectivo, las personas se Recuperan
3. CoC Updates

Shelby Ferguson, H3
Jaime Jenett, H3
Jamie Klinger, H3
CE Update
Shelby Ferguson, H3
<table>
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<tr>
<th>Concord</th>
<th>Richmond</th>
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<tr>
<td>Started 7th night on Oct 1</td>
<td>Starts 7th night on Nov 1</td>
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➢ Re-entry Transition Aged Youth (TAY)
➢ CalWORKS families
➢ Two youth specific CORE teams starting at the beginning of next year
Safe Parking Program

✓ Trinity Center is providing a safe parking environment for its members as well as supportive services for people who are living in their vehicles at St. John Vianney Catholic Church (SJV) in Walnut Creek.

✓ Collaboration between Trinity Center, SJV in Walnut Creek, Walnut Creek Police Department and Guardian Security

✓ 12 total stalls available each night; 2 for those with disabilities

✓ Available 9:15pm – 6:00am with security on site 7 days a week

✓ Access to bathroom inside the church
Funding Overview: 2019 funding to date

Federal
CoC NOFA
(Submitted! See CCHealth.org/H3)

State
HEAP (Round 1)
CESH (Rounds 1 and 2)
## HEAP Project Progress

**Total Allocated:** $7,196,770

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<th>Allocation</th>
<th>Intervention</th>
<th>Progress</th>
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<tr>
<td>Admin</td>
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<td>RRH</td>
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<tr>
<td>West County</td>
<td>North Richmond Duplexes</td>
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<td>CORE Expansion &amp; Vehicles</td>
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<tr>
<td></td>
<td>Increase Warming Center Hours</td>
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<td></td>
<td>Storage/Pet Friendly Environment</td>
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<td>CORE Expansion &amp; Vehicles</td>
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<td>CARE Center + Storage/Pet Friendly Environment</td>
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<td>East County</td>
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<td>Storage/Pet Friendly Environment</td>
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TAY Rapid Rehousing RFP using HEAP funds

Rapid Rehousing for Transition Aged Youth

Up to $500k for 18 months

Bidders’ Conference on Tuesday, October 29, 2019 from 10:30 am to 12:00 pm.

RFPs due 5 pm on Tuesday, November 12, 2019

Eligible & Funded Activities

➢ Admin ($68,744)
➢ Systems Support ($68,744)
   HMIS, CoC Training
➢ Housing Security Fund ($697,798)
➢ Operating Support for Emergency Housing Interventions ($539,593)

Priorities for Emergency Housing Interventions
1. Expand Rapid Resolution Services and Increase Emergency Shelter Beds
2. Expand Outreach
3. Expand Prevention

CESH Update
Total Award: $1,374,879
System Map

Goals

• Visual representation of system resources
• Identify scope and limits of current resources
• Identify capacity needed to address homelessness using the system of care
System Map

Summary

- There are PH resources to meet about 50% of the need per year.
- ES only meets 57% of need for unsheltered.
- Average LOTH increased from 15-17 months.
Understanding What It Takes to Right Size the System

**Bring Resources into the System**
1. Add Shelter Beds
2. Scale Rapid Resolution Services
3. Increase PSH

**Maximize Current Resources**
1. Reduce Inflow
2. Reduce Length of Time Homeless
3. Enhance Prioritization Strategies
Building on the system map: Next steps

**System Level:**
- System Performance Measures
- Evaluation & Implementation of Triage Tools
- Policies & Procedures Updates
- CoC Priority Planning for 2020

**Project Level:**
- Project Performance Measures
- Data Standards
- Housing First Training and TA
- HMIS Training and TA
- Monitoring TA
Technical assistance updates

TAC

▪ System Mapping
▪ CE RRH Integration continues with design sessions in November (stay tuned!)
▪ System Performance Measures research underway and development with CoH and providers begins in November

HOMEBASE

Housing First TA coming January for Provider Partners!
TA will include:
▪ Provider Training
▪ TA for implementation
▪ TA for building monitoring capability (around Housing First)
Racial Equity Assessment

Jamie Klinger, H3
Race & Ethnicity Equity Assessment

Who: Individuals in the homeless system of care

What: Race and ethnicity service data from HMIS*

When: 2018*

Where: Contra Costa County

Why: To understand differences in demographics, service utilization, and outcomes by race and ethnicity to improve equitable opportunities within the coordinated entry system (CES).
Findings

Figure 1. Comparison of Census Ethnicity Population Estimates to the Individual CoC Consumers

- Fewer Hispanic/Latinx were in the homeless system of care, compared to the general Hispanic/Latinx population in the County.
Findings

Figure 2. Comparison of Census Race Population Estimates to the Individual CoC Consumers

- 40% of consumers were African American, 4x higher than County population.
Findings: Chronic Homelessness

- More than 1 in 4 White consumers experienced chronic homelessness.
- Native Islander/Hawaiians experienced the lowest rates of chronicity.
Findings: Domestic Violence

Figure 4. Domestic Violence by Race & Ethnicity

- Asians, American Indians, and Whites reported experiencing higher rates of domestic violence compared to all consumers.
Findings: Mental Health

- White consumers had the highest rates of a self-reported mental health disability and Native Islander/Hawaiian had the lowest rates.
Findings: Positive Housing Exits

- Nearly half of all African Americans and persons of multiple races exited to housing in 2018.
- American Indians had the lowest rates of positive housing exits.
Next steps

Further analysis
• Sub-populations
• Outcomes

Planning support
• Identify causes and impacts
• Identify action steps to improve systems and programs (i.e. data collection and measurement, training, policies)
• Implement action steps
4. Community Announcements
The Census Bureau is looking for Contra Costa County residents for supervisory and non-supervisory jobs. To be eligible, you must be at least 18 years old, have a valid Social Security number, and be a U.S. citizen.

$25 - $27.50 per hour

Apply Online: [2020census.gov/jobs](http://2020census.gov/jobs)

For more information or help applying, please call 1-855-JOB-2020 (1-855-562-2020)

Federal Relay Services 1-800-877-8339 TTY/ACSII
5. Pin It

Future items of discussion and scheduling to be considered.