



**Contra  
Costa  
County**

To: Board of Supervisors  
From: FAMILY & HUMAN SERVICES COMMITTEE  
Date: October 9, 2018

Subject: Continuum of Care Plan for the Homeless/Health Care for the Homeless

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**RECOMMENDATION(S):**

RECEIVE report prepared by the Health Services Department on health care for the homeless and on the homeless continuum of care.

**FISCAL IMPACT:**

There is no fiscal impact. This is an informational report only.

**BACKGROUND:**

The Family and Human Services Committee, on September 24, 2018, received the following annual status reports from the Health Services Department on the Continuum of Care Plan for the Homeless and Healthcare for the Homeless. At the meeting, the Committee learned that the 2018 Point In Time Count of the homeless population saw a 39% increase in the HUD homeless over the 2017 count, likely due to the doubling of CORE outreach teams that conducted the counting. Five Contra Costa cities participate on the CORE teams as well as the County Public Works Department for a creeks team. Youth, families and undocumented are dramatically under-represented, and so a youth and family count was conducted separately from HUD requirements and was administered partly via an online survey. Outside agencies were able to distribute a web link to their clients, opening

☒ APPROVE

☐ OTHER

☐ RECOMMENDATION OF CNTY  
ADMINISTRATOR

☒ RECOMMENDATION OF BOARD  
COMMITTEE

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Action of Board On: **10/09/2018** ☒ APPROVED AS RECOMMENDED ☐ OTHER

Clerks Notes:

**VOTE OF SUPERVISORS**

AYE: John Gioia, District I Supervisor  
Candace Andersen, District II Supervisor  
Diane Burgis, District III Supervisor  
Karen Mitchoff, District IV Supervisor  
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: October 9, 2018

David Twa, County Administrator and Clerk of the Board of Supervisors

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By: Stephanie Mello, Deputy

up responses and promising to provide new statistics that will be helpful in future grant applications.

## **BACKGROUND: (CONT'D)**

The Committee also received information about the Built for Zero Campaign targeting veterans and the chronically homeless. The goal is to establish a complete list identifying homeless individuals to start actively managing their cases and continue services. Coordinated Entry is name for this redesign concept. The County's current shelter capacity addresses only 30% of what is needed. The Program has increased capacity through the addition of “warming centers”.

Supervisor Gioia opined that we are approaching a state of emergency and we are not doing enough to provide permanent housing rather than shelters. He expressed frustration over the lack of progress on the Richmond housing site and requested of staff that future statistical reports detail the number of people who actually received permanent housing. Supervisor Andersen suggested the 211 resource as a way to connect the homeless to needed services. She also suggested having the Youth Action Council work on engaging more youth.

The Committee received information about health care services for the homeless, including opioid addiction treatment, and the number of clients and encounters with clients. The data showed that homeless Medi-Cal patients were more than twice as likely to have a chronic health condition and drastically more likely to visit hospital emergency than general Medi-Cal patients. Highlighted was the gap in services for elderly people with conditions such as dementia, incontinence, and mental illness, citing that such conditions are often barriers to private board and care placement. Health Services staff suggested that County-operated board and care might fill that gap and for less cost than long-term County Hospital stays.

Supervisor Andersen asked staff what research had been done on County-run skilled nursing programs and if the County would realistically take on that service within the Health Care budget. She suggested that it might be more cost effective to contract out for these services. She asked about what other counties might be doing in this area and what, if any, contractors they use and how they fund the program. Staff commented that only preliminary discussions have occurred but he would work to develop a proposal.

## **HEALTH SERVICES REPORTS:**

Since 1990, the Health Care for the Homeless (HCH) Program has provided health care services to the homeless population in Contra Costa County through mobile clinics, stationary health centers, the Concord Medical Respite facility, street medical outreach clinics and the medication-assisted treatment program. Health care services provided by the HCH team include routine physical assessments, basic treatment of primary health problems such as minor wounds and skin conditions, respiratory problems, TB screening, acute communicable disease screening, coordination and referrals for follow up treatment

of identified health care needs, dental services, health education, behavioral health services, medication assisted treatment for opioid addiction, and outreach and enrollment services. A significant portion of the homeless patients seen by the HCH team have chronic diseases, including asthma, hypertension, diabetes, and mental health/substance abuse issues. They also have disproportionately more dental, substance abuse and mental health needs than the general population.

In November 2014, the Board approved “Forging Ahead Towards Preventing and Ending Homelessness: An Update to Contra Costa’s 2004 Strategic Plan”, that renewed our 2004 plan with the latest data, best practices, and community feedback and reaffirmed our commitment to the Housing First approach. As such, “Forging Ahead” establishes this guiding principle: “Homelessness is first a housing issue, and necessary supports and services are critical to help people remain housed. Our system must be nimble and flexible enough to respond through shared responsibility, accountability, and transparency of the community.” The Strategic Plan Update identifies two goals: 1) Decrease the length of time people experience homelessness by focusing on providing Permanent Housing and Services and; 2) Decrease the percentage of people who become homeless by providing Prevention activities. To achieve these goals, three strategies emerged:

1. Implement a coordinated entry/assessment system to streamline access to housing and services while addressing barriers, getting the right resources to the right people at the right time;
2. Use best, promising , and most effective practices to give the consumer the best possible experience through the strategic use of resources; and
3. Develop the most effective platforms to provide access, support advocacy, and connect to the community about homelessness and available resources.

## **Health Care for the Homeless**

The HCH Program’s Medication Assisted Treatment (MAT) team, which provides Nurse and Behaviorist Care Management services to patients seeking recovery from opiate addiction, has expanded to five CCHS Health Centers with between 500-600 patients served annually. This program works in collaboration with the CCHS primary care and the CCHS Behavioral Health divisions. MAT patients are prescribed Buprenorphine, a drug used to treat opioid addiction, enrolled in regular group classes to support their recovery, and assigned a nurse care manager to support this process and ensure medication and appointment compliance. The MAT program has seen significant growth in the last year through referrals for patients needing these services.

The HCH Program recently added a mobile dental clinic to our fleet and is now providing dental services to homeless patients at the Bay Area Rescue Mission, Brookside Shelter and Calli House Youth Shelter. Expanded dental services are planned in East County in the near future.

CCHS and the HCH team received a Health Center Quality Leader award in August 2018. This award recognizes the highest performing health centers nationwide. As a Health Center Quality Leader, CCHS achieved the best overall clinical performance among health centers, placing in the top 30% of the adjusted quartile rankings for clinical quality measures. This award was based on the quality of care that CCHS provides to our homeless patients.

The attached report highlights the increasing needs of the rapidly growing senior homeless population, as well as the disproportionate burden of medical and behavioral issues faced by those living without homes in Contra Cost County. Along with an aging population comes patients with more complex chronic health conditions and mental illness. With little housing choices, the HCH team struggles to address patients' illnesses on the street and in encampments, or as they shuffle between shelters. We cannot care for this population in a safe and humane manner without additional resources addressing the central issue of lack of stable housing. This population faces a crisis that needs to be addressed by the county with additional supportive long-term care facilities that are accessible for our patients.

### **Continuum of Care Plan for the Homeless**

The Homeless Program of the Health, Housing and Homeless Services Division partners with the Homeless Advisory Board and Continuum of Care to develop and carry out an annual action plan that identifies the objectives and benchmarks related to each of the goals and strategies of Forging Ahead. Further, the Homeless Program incorporates the strategic plan goals into its own delivery system of comprehensive services, interim housing and permanent supportive housing as well as contracting with community agencies to provide additional homeless services and housing with the goal of ending homelessness in our community.

Attached is a summary infographic of the 2018 Point in Time Count.

### **ATTACHMENTS**

Annual Update on Homeless Continuum of Care

Handout: 2018 Point in Time Count

Health Care for the Homeless