



**HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)
Services Coordinating Committee Meeting Agenda**

November 6, 2023, 9am

Committee members must participate in person (except for just cause reasons, or for emergency reasons approved by the HSOC):

**Room 356, County of San Luis Obispo Department of Social Services
3433 South Higuera Street, San Luis Obispo**

Approved members with just cause reasons and the public may participate by
Zoom video call:

<https://us06web.zoom.us/j/82524825161?pwd=jelaOWsPrfx6nFeEzkFOcyFiPaxakd.1>

Or dial in:

1 669 444 9171 US

Meeting ID: 825 2482 5161

Passcode: 473786

1. Call to Order and Introductions
2. Public Comment
3. Consent: Approval of Minutes
4. Action/Information/Discussion
 - 4.1. Implementing Five-Year Plan Line of Effort 2 – Reduce or Eliminate Barriers to Housing Stability
 - 4.1.1. Discussion Item: Street Medicine
 - 4.1.2. Information Item: Warming Center Updates
 - 4.1.3. Information Item: Updates from 5Cities Homeless Coalition
 - 4.1.4. Discussion Item: Update on Creation of ad hoc Committee to Focus on Coordinated Entry

4.1.5. Discussion Item: VA (Veterans Affairs) One Team Initiative

5. Future Discussion/Report Items
6. Next Regular Meeting: December 4, 2023, at 9am
7. Adjournment

The full agenda packet for this meeting is available on the SLO County HSOC web page:

[https://www.slocounty.ca.gov/Departments/Social-Services/Homeless-Services/Homeless-Services-Oversight-Council-\(HSOC\).aspx](https://www.slocounty.ca.gov/Departments/Social-Services/Homeless-Services/Homeless-Services-Oversight-Council-(HSOC).aspx)



**HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)
SERVICES COORDINATING COMMITTEE MEETING MINUTES**

Date

October 10, 2023

Time

9am

Location

Conference Room 1, Department of Social Services
3563 Empleo St, San Luis Obispo, CA 93401

Members Present

Jack Lahey
Michael Azevedo (alternate for Janna Nichols)
Wendy Lewis

Members Absent

Abby Lassen
Allison Brandum
Amelia Grover
Brandy Graham
Devin Drake
Jane Renahan

Staff and Guests

Erica Jaramillo
Jennifer Nitzel
Laurel Weir
Lauryn Searles
Marie Bolin
Michelle Pedigo

Riley Meve
Russ Francis
Scott Collins

1. Call to Order and Introductions

Jack called the meeting to order at 9:13am. Introductions were made.

2. Public Comment

Wendy commented that ECHO (El Camino Homeless Organization) will be reaching out to partner agencies for letters of support for a funding request to add 20 beds to their Paso Robles facility.

Laurel commented that the Homeless Services Division will be requesting to the Board of Supervisors to renew the Housing Now contract and expand the program to 80 beds.

Jack commented that CAPSLO (Community Action Partnership of San Luis Obispo) has begun a new matching and referral process through Coordinated Entry, and encouraged people to reach out to Lauryn Searles with any questions, including if service providers and Public Housing Authorities have people and units they are hoping to match.

3. Consent: Approval of Minutes

Minutes could not be approved due to lack of quorum.

4. Action/Information/Discussion

4.1 Implementing Five-Year Plan Line of Effort 2 – Reduce or Eliminate Barriers to Housing Stability

4.1.1 Information Item: Medi-Cal Renewals

Riley Meve from Homebase presented on Homebase's Medi-Cal renewal tool kit, which helps people experiencing homelessness to renew their Medi-Cal subscriptions. Homebase are in the process of translating the toolkit into Spanish. The CalAIM (California Advancing and Innovating Medi-Cal) Initiative provides access to housing related services as well as health care for people with complex health needs, including people experiencing homelessness. CalAIM's two main components are Enhanced Care Management and Community Supports. The Medi-Cal renewal process restarted in California as of June 2023. Medi-Cal renewal notices are sent by mail to the last known address, but people

experiencing homelessness often do not have a mailing address. It is estimated that 2-3 million people will lose their coverage, including 1.5 million people who are still eligible. People experiencing homelessness are at risk of losing their health coverage and CalAIM housing supports.

There are two rules that may mitigate this. First, if an individual is very low income, they may not have to complete a renewal packet. Second, if a jurisdiction knows that an individual is experiencing homelessness, expedited renewal may be possible, but the individual has to contact Medi-Cal. Providers can help by keeping contact information for individuals updated, ensuring people experiencing homelessness have a mailing address, creating Medi-Cal accounts online, and by calling or visiting a Medi-Cal office to renew directly.

4.1.2. Action Item: Vote to Recommend Creation of an Ad Hoc Committee to Focus on Coordinated Entry

The item was tabled due to lack of quorum.

5. Future Discussion/Report Items

- Categorization of all different service provider meetings relating to homelessness
- Action Item: Vote to Recommend Creation of an Ad Hoc Committee to Focus on Coordinated Entry

6. Next Regular Meeting: November 6, 2023, at 9am

7. Adjournment

Jack adjourned the meeting at 10am.



**HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)
SERVICES COORDINATING COMMITTEE MEETING MINUTES**

Date

August 7, 2023

Time

9am-11am

Location

Room 356, Department of Social Services
3433 S. Higuera, San Luis Obispo, CA 93403

Members Present

Abby Lassen
Allison Brandum
Amelia Grover
Brandy Graham
Elaine Archer
Jack Lahey
Wendy Lewis

Members Absent

Devin Drake
Jane Ranahan

Staff and Guests

Aurora William
Erica Jaramillo
Esther Salzman
Jessica Thomas
Laurel Weir
Luke Dunn
Michael Azevedo

Merlie Livermore
Rick Gulino
Russ Francis

1. Call to Order and Introductions

Jack Lahey called the meeting to order at 9:02am. Introductions were made.

2. Public Comment

No public comment was presented.

3. Consent: Approval of Minutes

Amelia Grover made a correction in the minutes. She shared that the statement saying Dignity Health was in partnership with the Public Health in conducting a Street Medicine Assessment meeting was incorrect. Amelia shared that Dignity Health is doing this independently. Elaine Archer moved the motion to approve the minutes with correction. Amelia Grover seconded.

Done through voice vote, majority voted in favor, the minutes passed.

4. Action/Information/Discussion

4.1. Implementing Five-Year Plan Line of Effort 2 – Reduce or Eliminate Barriers to Housing Stability

4.1.1. Action Item: Vote to Approve the Proposed Prioritization Scoring for the By Name List Used to Make Referrals to Participating Housing Programs

Amelia Grover moved the motion to approve. Janna Nichols seconded, with amendment to add sentence to where it says clients score 8 higher...as appropriate...

“Clients may be moved ahead in priority for Rapid Rehousing over higher scoring clients if a client has identified housing units where the landlord is willing to rent to that particular client and the unit may be lost to other non-CES participating renters, if rental is delayed”.

Voice vote was called, the motion passed.

4.1.2. Action Item: Vote to Recommend Name Change and Focus of Services Coordinating Committee to Coordinated Entry Steering Committee

Janna Nichols made a motion to recommend creation through HSOC, a Coordinated Entry Policies & Procedures committee and that County explore

further how to continue conversation of service integration outside of Brown Act committee. She recommended keeping the name Homeless Services Coordinating Committee until its composition and role are clearly defined. Allison Brandum seconded. Voice vote was called. Jack Lahey abstained. Motion passed.

5. Future Discussion/Report Items

- Keep Coordinated Entry Policy and Procedures committee as agenda item to be addressed in next EXEC meeting.
- How is Services Coordinating piece being addressed
- The Categorization of all meetings to see what is being covered by what committee
- Future of Housing Committee
- Coordinated Entry and HMIS Integration
- Use of VI-SPADAT and its assessment
- Supportive Services required by Coordinated Entry
- If client is not service engaged, how to they remain on the list
- Veterans Administration One Team Initiative

6. Next Regular Meeting: October 2 at 9am.

7. Adjournment

The meeting was adjourned at 10:51am.

Street Medicine/ECM



November 6, 2023

COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

Objectives



Background



Braiding HHIP with IPP funds to offer comprehensive person-centered care



Street medicine and ECM outreach



Ongoing collaboration and referrals

Medi-Cal: CalAIM Goals

1

Implement a whole-person care approach and address social drivers of health.

2

Improve quality outcomes, reduce health disparities, and drive delivery system transformation.

3

Create a consistent, efficient, and seamless Medi-Cal system.

Person-Centered Care



Health data on people experiencing homelessness

San Luis Obispo's 2022 Homeless Point-In-Time Count: Top health conditions for unhoused individuals



46% POST-TRAUMATIC STRESS DISORDER.



43% PSYCHIATRIC OR EMOTIONAL CONDITION



35% DRUG OR ALCOHOL ABUSE



31% CHRONIC HEALTH CONDITION.

CalAIM funding awarded to Public Health

HHIP Round 1:
\$34,500

HHIP Round 2:
\$199,477

IPP:
\$436,656

PATH CITED:
\$826,768 (?)

TA
Marketplace:
ECM "Start-up"



SLO County Public Health's ECM/Street Medicine Team Composition.

Street Medicine: Delivering care for people who are unhoused.



Public Health Nurses



Behavioral Health Specialist



Social Worker Aide (Housing services liaison)

Enhanced Care Management Services

Individuals Experiencing Homelessness

ECM should address barriers to housing stability by connecting Members and their families to housing, health, and social support resources.

Examples of applicable services for this Population of Focus within ECM include (but are not limited to):

- Facilitating access to housing-related Community Supports to identify housing and preparing individuals to secure and/or maintain stable housing
- Maintaining regular contact with clients to ensure there are no gaps in the activities designed to address an individual's health and social service needs, and swiftly addressing any gaps to endure progress toward regaining health and function
- Coordinating and collaborating with various health and social services providers, including Regional Centers, including sharing data (as appropriate) to facilitate better-coordinated whole-person care
- Supporting client's treatment adherence, including scheduling appointments, appointment reminders, coordinating transportation, ensuring connection to public benefits identifying barriers to adherence, and accompanying Members to appointments as needed
- Utilizing best practices such as Housing First, Harm Reduction, Progressive Engagement, Motivational Interviewing, and Trauma Informed Care



Who can be referred to the ECM program?

Eligibility Criteria (as of July 23) for Adults (whether they have dependent children/youth living with them or not)

I. Experiencing homelessness, defined as meeting one or more of the following criteria:

- Lacking a fixed, regular, and adequate nighttime residence
- Having a primary residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground
- Living in a supervised publicly or privately operated shelter, designed to provide temporary living arrangements (including hotels and motels paid for by federal, state, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing)
- Exiting an institution into homelessness (regardless of length of stay in the institution)
- Will imminently lose housing in next 30 days; (vii) Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions related to such violence

AND

II. Have at least one complex physical, behavioral, or developmental need, with inability to successfully self-manage, for whom coordination of services would likely result in improved health outcomes and/or decreased utilization of high-cost services.



Individuals at Risk of Avoidable Hospitalizations

The assessment and care planning process should identify the drivers of the ED or inpatient episodes in detail, which may extend beyond conditions into specific social needs. Since repeat ED utilization is often a result of lack of access to usual care, special attention should be given to the client's primary care provider (PCP) and connection to that PCP, or selection of a different PCP. Similarly, any gaps in access to specialists that may have driven the admission should be carefully assessed and addressed with CenCal Health.

Examples of applicable services for this Population of Focus within ECM include (but are not limited to):

- Ensure there are not gaps in the activities designed to avoid institutionalization or hospitalization and swiftly addressing those gaps to ensure the individual can remain healthy in the community.
- Ensure the identification of, and consistent engagement with, the Member's PCP and other specialists and behavioral health clinicians (as needed) to ensure appropriate outpatient treatment for underlying medical conditions.
- Supporting Member treatment adherence, including scheduling appointments, appointment reminders, coordinating transportation, ensuring connection to public benefits identifying barriers to adherence, and accompanying Members to appointments as needed
- Ensuring connection to public benefits, identifying barriers to adherence and accompanying Members to appointments, as needed.



Who can be referred to the ECM program?

Eligibility Criteria for Adults at Risk of Avoidable Hospitalizations

I. Adults who meet one or more of the following conditions:

- Five or more emergency room visits in a six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence;
- Three or more unplanned hospital and/or short-term skilled nursing facility (SNF) stays in a six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence.

No further criteria are required to be met to qualify for this ECM Population of Focus.



Questions?



Thank you!

