HOPE Interagency Council (IAC) Meeting Minutes
August 9, 2023

Present: Supervisor Slocum, Supervisor Mueller, Teri Chin, Lissette Espinoza-Garnica, Brian Greenberg, Adam Loraine, Melissa Platte, Ray Hodges, Iliana Rodriguez, Laura Bent, Claire Cunningham, Judith Guerrero, Aubrey Merriman, Alicia Garcia, Kelsey Dattilo

Guests: Marci Dragun, Christine Collaco, Lilian Henriquez, Matthew Hayes, Lody Burdick, Chloe Richter, Tammie Sweetser, Marianne Tessier, Selina Toy Lee, Khalia Parish, Selena September, Rozeena Jhinnu, Jenny Valencia, Matthew Romero, Clyde Virges, Jerome Olimpiada, Alec Raffin, Jessica Stanfill Mullin, Dee Garcia, Barbara Flores, Victoria Asfour, David Johnson, La Trice Taylor, Anita Rees

Topic	Discussion
Welcome	Supervisor Slocum called the meeting to order at 10:05 a.m.
Public Comment	No public comments.
Action to Set Agenda and Approve Minutes	Motion made by Lissette Espinoza-Garnica to set the agenda and to approve May 10, 2023, minutes; motion seconded by Laura Bent. **Vote:** Alicia Garcia for Pastor Paul Bains – yes Laura Bent – yes Teri Chin – yes Claire Cunningham – yes Lissette Espinoza-Garnica– yes Brian Greenberg – yes Judith Guerrero – yes Raymond Hodges – yes Adam Loraine – yes Aubrey Merriman – yes Ray Mueller – yes Melissa Platte – yes Kelsey Dattilo for Mariana Rocha – yes Iliana Rodriguez – yes Warren Slocum – yes **Motion passed.**
Working Together to End Homelessness (WTEH) Updates Jessica Stanfill Mullin, (Office of Sustainability)	• This is a living document. Plans will change over time and be documented. • Goals ○ Reach functional zero homelessness and add 27,156 new units of very-low, low-, and moderate-income housing to meet the 2023-31 RHNA targets

	▪ Primary Metric: Number of interim housing beds available, number of very-low, low-, and moderate-income housing permitted, in construction or in planning o Strengthen relationships with the homeless community through outreach teams and services provided to meet individual needs ▪ Primary Metric: Number of contacts with homeless individuals (and type of follow up received) • Workplan objectives o Collaborate ▪ Collaborate with community partners on solutions in the areas of funding, land, and policy ▪ Identify opportunities to increase access to services and provide greater individualized care o Educate ▪ Create tools and resources to educate San Mateo County residents of available housing and homeless services ▪ Educate decision makers and community members about the need for and approach to producing and preserving housing at affordable income levels o Innovate ▪ Address emerging issues around homelessness ▪ Develop creative approaches to providing funding, resources and services, and developing interim and permanent housing options • Collaborate Priorities o Phase 1 priorities ▪ Provide comprehensive onsite services at interim and permanent housing ▪ Explore opportunities to reduce the client to case manager ratio ▪ Develop comprehensive data sharing for client intake o Phase 2 priorities ▪ Adjust timeline for mental health and addiction services to meet client needs ▪ Improve or expand services through partnerships to provider greater access ▪ Assess income-based programs to determine if homeless individuals remain housed ▪ Explore flexible funding options for various homeless services • Educate Priorities o How to educate the clients about services available, and educate everyone about the work being done o Phase 1 priorities ▪ Launch community outreach campaign on housing and resources for homeless individuals ▪ Develop and share quarterly WTEH newsletter and regular social media engagement ▪ Update Home for All messaging on community benefits of housing o Phase 2 priorities

	- Finalize and share the Permanent Supportive Housing toolkit - Redesign and relaunch HFA community engagement program • Innovate Priorities ○ Phase 1 priorities - Design more individualized service plans for specific cohorts - Identify options to offer comprehensive services to individuals in the field - Research options for a countywide Universal Basic Income program - Explore opportunities to increase funding and expand availability of services - Develop navigation centers and affordable housing in North County and on the Coast - Identify additional funding for rental assistance and recruit landlords for the Section 8 - Develop and identify funding for affordable housing; streamline approvals ○ Phase 2 priorities - Identify options to allow homeless individuals to retain economic benefits while starting a new job - Identify options to provide childcare, housing, an address for employment, job training while individuals try to become employed - Acquire at least three more Project Homekey sites • Next steps ○ Departmental County working group to implement/make progress on Phase 1 priorities ○ Home for All to oversee progress on workplan and convene partners to implement priorities ○ Communicate progress to community partners and residents ○ Launch community outreach and education campaigns • Questions? ○ Lissette: is the working group open to the public? - The working group is comprised of key staff within the department who develop the plan. We don't have a standing WTEH group, but we can take it into consideration. ○ Teri: Regarding the number of units, is 27,000 units the County goal, and is that only county jurisdiction? - City jurisdiction is included as well. - Teri: What is RHNA? • Regional Housing Need Allocation • The number of units to build over 8 years to keep up with job growth and population growth ○ San Mateo County was asked to build roughly 47,000 total units, 27,000 of which are to be built for very-low, low-, and moderate-income. ○ Adam: Is there a final version available to public? - We will make available our main priorities. Please let us know if you think we are missing anything you think is important. - Adam: You mentioned one of the priorities is to update messaging about community benefit. Could you share more?

<table>
<tr><td></td><td>HFA is working with DC group about messaging and has done a training. Decision makers report back that messaging should be more accessible
HFA is developing a communication toolkit, hoping to share this fall
No public comment.</td></tr>
<tr><td>Homeless Outreach Updates
Matthew Hayes (Human Services Agency)
Outreach Teams</td><td>Outreach module
Clarity/HMIS outreach module
For tracking unsheltered residents to assist them with returning to housing
Used by homeless outreach workers and service providers
Client data collected:
Basic data elements
Name
Social Security Number
Date of birth
Race and ethnicity
Gender
Veteran status
Disabling condition
Client engagement & services
Services
Referrals
Program enrollments
Assessments
Location information
Current living situation
Encampment information
Identified throughout the county by outreach teams, using information collected from their normal outreach and engagement and from rapid response requests through the Outreach App.
Size and composition of each encampment are tracked in real time.
Number of individuals residing there are indicated.
Encampment mapping
Outreach teams identify the current living situation of unsheltered individuals, then use this information to map homeless encampments throughout the County
By name lists
Data collected through the outreach module is used to develop a By Name list (BNL) of individuals residing in encampments
An encampment BNL is a comprehensive list of every person in encampments experiencing unsheltered homelessness, updated in real time when they access services and engage with outreach teams.</td></tr>
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	◦ It provides a single, more robust source of data that can be shared across agencies to better analyze and understand what is happening in this population and help inform responses. ◦ "By-Name-List" would include name and basic information about the residents at each encampment mapped in the outreach module. • The benefits of a BNL ◦ System level ▪ Provides real-time information about encampments and clients residing there ▪ By identifying where clients are residing, we can prioritize community resources, including outreach ▪ Helps to track the status of encampments (activity, size, etc) and track movement through our system ▪ Helps to identify other trends ◦ Individual level ▪ Provides information on client locations to help facilitate outreach and engagement (hard to engage clients if we don't know where they're staying). ▪ Provides information on linkages to outreach teams (and other service providers) ▪ Identification of service gaps ▪ Helps facilitate and track housing interventions ▪ Coordination of MDTs • Questions? ◦ Lissette: Could you include sexual orientation as a basic data element? ▪ Yes, we can consider that. WeHOPE Outreach: • Our goal: ◦ To provide dignity and respect to people experiencing homelessness ◦ To provide essential services ◦ To complete CES Assessments in the field ◦ To address as many needs as possible in the field (including mental health, substance use, and medical) ◦ To move people experiencing homelessness to shelter and/or housing as quickly as possible ◦ To respond to rapid response requests within 24 hours • Our approach: ◦ To meet the felt needs of the individual prior to meeting additional needs (providing hot food, snack bags, hygiene kits, showers, sleeping bags, etc.) ◦ To do a CES as quickly as possible ◦ To build trusting relationships and keep our word by following through on commitments ◦ Determining if each client is suffering from chronic, episodic, or cyclical homelessness and address their needs according to their type of homelessness • Methodology

	- Assess clients for mental health and substance use - Assist clients by transporting them (if they are willing) to inpatient, outpatient, IMAT and other resources to address their substance use issues - Connect clients with case managers who look like them and speak the same language (when possible) - Assist clients with legal issues (accompany clients to court, visit clients in jail) - A day in the life of a case manager: - Deploy from WeHOPE in pairs - Bring hot meals, snack packs, essential supplies to encampments and other places homeless people congregate - Go to places where clients congregate and offer them services - Do CES assessments in the field - Use motivational interviewing to assist client in their willingness to receive services - Encourage people to enter substance abuse treatment when needed - Transport clients to Social Security, DMV, IMAT, Hospital - Things to know: 40% of clients in South County are Spanish Speaking 70% of clients have substance abuse issues - Around 20% of our clients are open to substance use treatment 80% of Spanish speaking clients are in encampments 10% of clients we assist are in cars or RVs 65% of clients we assist are 55+ San Mateo Police Department - Two-person team: Victoria Asfour and David Johnson - History of outreach services - In 2005, SMPD pioneered the homeless outreach officer program - The City purchased the Vendome Hotel for permanent supportive housing, run by LifeMoves - Outreach Team increased to two officers and became city wide - September 2022, SMPD hired full-time civilian outreach worker/partnered with retired outreach officer for city wide homeless services - What does the HOT team do? - Triage homeless calls and referrals from dispatch, officers, and community partners - Fill the gap between services and client - Support around shelter referrals and housing resources - Case manage and conduct continued follow-ups - Work closely with challenging clients who have been resistant to obtaining services - Attend collaborative meetings with other organization such as the MDT/HOT and FCC/CIT - Establish, network, and maintain relationships with numerous community partners - Take clients to DMV, take them to court appearances, etc.

	▪ Want to create a relationship with the jail to assist clients who would be exiting into homelessness • What does the HOT team NOT do? ○ Take enforcement action ▪ We are not enforcement officers. ○ Share Homeless Information Management System (HIMS) data for enforcement or investigative purposes ○ Force clients to accept services ▪ They have the right to refuse service • What is outreach? ○ Proactively seek out clients who are experiencing homelessness and provide outreach/homeless services through consistency, compassion, and connection ○ Responding to dispatch calls ▪ Encampments ▪ Alongside of the freeway ▪ Street Outreach ▪ Community Referrals ▪ Tunnels ▪ Parking Garages ○ Work closely with LifeMoves and Samaritan House • What a case plan consists of: ○ Holistic approach (Connect clients to supportive services to meet overall needs) ○ Main goal is to get them to CES ○ HOT refers, links, and guides clients to services • Considerations ○ Shelter process/referrals start with Samaritan House (City of San Mateo's Core Agency), CES assessment ○ HOT will not attach to all homeless calls. Certain behaviors necessitate a patrol response first. HOT sometimes works solo. ○ HOT might not be able to respond immediately but will follow-up based on the information we receive ○ Services are voluntary (they cannot be forced) ○ Outreach is a process and successfully obtaining the proper services takes time, so be patient • What to do when you see a client and/or family experiencing homelessness ○ Please call the non-emergency line 650-522-7700: ▪ If there is an immediate response needed ▪ If there is a sense of urgency/ concern regarding a client in need of services in the community ○ If you do not need an immediate response: ▪ Please send an email to outreach@cityofsanmateo.org:

	• If there are homeless concerns in a particular area • If you observe an encampment • If you would like to refer a client/family • If you notice someone living in their RV/Car • Questions? o Lissette: Do you use the outreach module mentioned earlier? ▪ Yes. o Teri: Does the phone number provided go directly to you? ▪ No. We also give out our numbers, but we created a central hub to direct calls for immediate response when we are not available. o Adam: Have you created a metric of success to bring back to the department? ▪ We consider success as any forward momentum. ▪ Recorded 200 contacts for approximately 80 total clients in the first 3 months. LifeMoves • Program overview: o The Outreach Services Teams conduct daily outreach to individuals experiencing homelessness. o Collaborate with multiple community and internal teams to provide holistic and tailored services to clients experiencing unsheltered homelessness including healthcare, employment, and recovery services. o Departments ▪ HOT, police-funded outreach, and Millbrae H.E.L.P ▪ Healthcare for the Homeless and Kaiser Outreach o Population served: singles, Couples, and families ▪ Primarily singles and couples, but recently serving more families o Location: throughout San Mateo County • Outreach breakdown (field) o Homeless outreach teams ▪ Homeless outreach teams (HOT) ▪ Police-funded outreach ▪ Millbrae HELP • Pilot program • Focused services at the Millbrae BART station ▪ Night outreach ▪ Rapid response dispatch (pilot) o Health outreach teams ▪ Healthcare of the Homeless ▪ Kaiser Outreach • Supportive services

- Documentation
    - Identification card
    - Medical card
    - Social Security card
    - Birth certificate
- Homeless and housing services
    - CES mobile assessments
    - Shelter placements
    - Housing referrals
    - Low-income housing
    - Senior housing
- Health care
    - Doctor facilities, residential treatments, outpatient services, mental health services, health insurance
    - Health Care for the Homeless, Wole Person Care, Street Medicine Team
- General assistance, Social Security, Social Security Disabilities, Unemployment
- Build relationships with clients and community partners
- Family/friends reunification
- Support and advocacy
- Transportation coordination
- Employment assistance
- Challenges
    - Night outreach: a lot of support services and resources are not open at night
    - More services are requiring further documentation
    - The newly implemented 90-day residency requirement

- Questions?
    - Judith: For undocumented individuals, have you worked with the consulates to get documentation?
        - Yes. We've even assisted with transportation to the consulate in Sacramento. We're working to build relationships with consulates to expedite services.
    - Iliana: Maybe establish a standing meeting with consulates who are needed most often? Similar to how Social Services in Fair Oaks come in quarterly?
        - Another option is mobile consulates.
        - In Half Moon Bay, they've built relationship at a particular consulate.
    - Lissette: Is it still essential to have a 90-day residency requirement?
        - Iliana: We need to prioritize county residents when using county funds like Measure K.

Pacifica Resource Center

- PRC is the Core agency that serves Pacifica
- In 2016, we added a shower in our office for clients

	▪ In 2019, we developed outreach in response to need in community
	  ○ Steady increase in unhoused in Pacifica and along the coast
	▪ Provide case management in-house with staff in addition to outreach
	  ○ Each of our staff provide multiple types of support, not individuals who do only one type
	▪ Coordination with Pescadero
	▪ Started program 2020. Of the 123 referrals, 47% returned to some form of housing (17% to shelter and 30% permanent housing)
	▪ Difficulties:
	  ○ Meet folks where they are
	    ▪ Some feel more empowered outside. They have more control.
	  ○ Limited to what we can do
	▪ What we can do as a Core Service Agency
	  ○ Food program
	  ○ Shower program
	  ○ Refer to CES
	▪ Anita shared two client success stories
	
	Teri shared some information about the Redwood City Outreach Strategy Team. They are a coordinated interagency team funded between city, state, and county.
	
	No public comment.

HOMESTAT Update
Iliana Rodriguez (County Executive's Office)
	• New initiative structured after COMPSTAT (policing model in NYC)
	• Monthly, in-person meetings
	• We look at our strategies across the system through data to see what gaps and learning can be highlighted
	• Refine, revise, and improve the system.
	  ○ We want to improve together.
	• Recently had our first meeting. Some highlights:
	  ○ Reviewing lessons learned from RRH and who the program is serving
	  ○ Escalation policies
	    ▪ 60 or 90 days are not enough when someone is in a mental health crisis
	  ○ Client incentives
	    ▪ What is an appropriate incentive?
	  ○ Long stayers in family and adult shelter
	    ▪ 60-day policy, some clients have been in shelter for 365 days+
	    ▪ Created a long-term stayers shelter MDT to delve into the challenges for specific clients
	    ▪ The system is complex
	      • New services available through CalAIMS and other areas that some providers don't know about

	◦ Feedback from people present at the meeting: ▪ Laura: • Thanks for opening the door for these conversations • My case managers reported back having some anxiety about sharing • When we have complex cases, we can only solve them when everyone comes together and are honest • Inspired to see leaders who knew what was going on in the county and could make recommendations ▪ Judith: • Everyone at shelter for longer than a year has a lot of complex issues. It was nice to have a space for others to make recommendations. • Next month's topic will be HOT • No public comment.
Roundtable Announcements	Teri: Expanded WeHOPE shower services to RWC library. Judith: Our immigration office staffed with paralegal. If you're willing to come out to us, we can establish a consultation for immigration services. Brian: LifeMoves' Ride to End Homelessness (bicycling event) is happening soon. Sign up on our website. La Trice: When we're talking to the community, we should also talk about the assets of unsheltered residents. They are resilient. Some of them are working. They are not defined by their alcoholism or mental illness. They are active members of San Mateo County.
Closure	Meeting Adjourned at 11:51 a.m.
Next Meeting	November 8, 2023