South Bay Coalition to End Homelessness General Meeting Minutes

Hosting Organization: Torrance Memorial Medical Center
Hoffman Conference Room 1, 3330 Lomita Blvd, Torrance, CA
Wednesday, April 24, 2019 ~ 9:30 -11:30 am

Attendees: Host Agency: Claire Coignard, Allison Alcala, Janette Dawson, Theresa Fendley; Guest Speakers: Shari Weaver (Harbor Interfaith Services), Julie DeGuzman (HIS), Justin Joe (Providence Little Company of Mary), Veronica Turner (Harbor/UCLA); Members: Mark Silverbush, co-chair (SBCEH), Beatrix Vega (Rainbow Services), Drago Barie (PACS), Grace Farwell (SBCCOG), Dennis Hsieh (Harbor/UCLA), Saira Cooper (LAHSA), Dr. Jennifer Pesavento (SoCal ROC), Jeanette Christian (Senator Feinstein), Trevor Yee (Harbor/UCLA), Mary Agnes Erlandson (St. Margaret’s Center), Steven Yu (LAHSA), Saba Tekle (LAHSA), Nancy Guitierrez (Torrande Unified), Veronica Miramantes (TUSD), Regina Marsh (DPSS), Janae Oliver (Kaiser Permenente), Veronica Aguilar (DMH), Nancy Wilcox (St. Peter’s by the Sea).

1. Welcome & Introductions. SBCEH co-chair Mark Silverbush opened the meeting at 9:45 a.m. Attendees introduced themselves.

2. Hosting Agency Overview. Claire Coignard explained Torrance Memorial Medical Center (TMMC) began its formal relationship with Harbor Interfaith and homeless services in 2008 when it adopted families staying at its shelter. The needs of those experiencing homelessness has risen with all the area hospitals since then. TMMC is partnering with community agencies and SBCEH to help leverage resources in its response to homelessness.

3. Meeting Minutes Review. The March meeting minutes were approved without change.

4. Advocacy Committee Report. Paul Stansbury first spoke about the impact the Supreme Count will have on how the 2020 Census is conducted. Concerns are being raised about citizenship questions and the effects of people not participating in the Census. Proposed changes to Medicaid to fund more adult residential facilities is being discussed. Currently the number of board and care facilities are decreasing, but proposed enhanced rates are being discussed. San Francisco is taking leadership to get more funding for these facilities.

5. LAHSA Greater Los Angeles Homeless Count Survey. Saira Cooper encouraged those in attendance to complete the hardcopy Count Survey form. This was sent to the Count volunteers but there were some technical difficulties so not everyone received the survey in February. Staff is also developing a survey to get feedback from the deployment site leads.

6. Panel Discussion: SPA 8 Hospital Response to Homelessness. SBCEH’s Hospital Committee shared its work in a panel discussion moderated by Nancy Wilcox. The panelist included:

   • **Justin Joe**, Director of Community Health Investment at Providence Little Company of Mary, representing Community Benefits. His job includes heading up a Community Needs Assessment every three years. The 2016 Assessments conducted independently at all the area hospitals identified homelessness as an issue. For the 2019 Assessment, Providence, TMMC, and Kaiser Permanente South Bay collaborated to hold one information session with homelessness stakeholders to get their inputs.
   • **Allison Alcala**, Hospital Social Worker at Torrance Memorial, representing Emergency Department Social Workers. She is one of eight social workers in TMMC’s ED and her responsibilities include providing resources and referrals that people who are homeless require.
• **Veronica Turner**, Clinical Social Worker Supervisor II at Harbor/UCLA Medical Center, representing LA County health care system. In 2016 she created a Homeless Task Force that operates out of the ED. 40% of the homeless patients they see live unsheltered on their campus grounds. PATH staffs two caseworkers on this Task Force.

• **Juliet DeGuzman**, Patient Navigator at Kaiser Permanente South Bay, representing Patient Navigators. Homeless patients are referred to her for focused engagement.

• **Shari Weaver**, Director of SPA 8 Coordinated Entry System (CES) at Harbor Interfaith Services, representing CES and the Hospital Liaison position. She has 18 years in homeless services and currently oversees all the CES programs in the South Bay - for individuals, families with minor aged children, and transitional age youth (18-24 yrs).

Justin explained assessing people and connecting them with community-based services was challenging. Providence now refers them to CES because it understands what while there are expanded housing and treatment programs now available, they can be complicated to navigate. Providence want to mirror Harbor/UCLA’s program. Veronica added that it was important for all the hospitals to work together as they see patients make the circuit between them. Although she has direct access to county resources, some patients do not qualify so she refers them to Jessica Bailey, our region’s Hospital Liaison, who can then link them to other programs. Shari gave an overview on the origins of CES and how the community stakeholder base has expanded. Those visiting the ED are not just there for medical services but sometimes for a safe place to rest.

In Spring 2017, United Way Greater Los Angeles awarded HIS a grant to pilot a position to connect area hospitals with CES. This Hospital Liaison position provides linkages and referrals into homeless services. It also helps facilitate coordination between the area hospitals: because a TMMC staffer cannot talk to someone at Kaiser about whether a patient has been to its ED, the Hospital Liaison provides this connection because she sits at the hub with “spokes” going to each of the five hospitals. At the end of the grant year, the private hospital saw the value of this position so they combined their resources to provide continued funding for sustain it. Shari reported that Harvard Medical contacted her recently and is going to model a program after this one.

Juliet shared a story about a Kaiser patient who was referred to recuperative care and then successfully got matched to a housing voucher. Another patient was homeless since she was 14. After being abused and experienced domestic violence, she has a difficult time trusting people and was very suspicious of her nurses and hospital social workers. Juliet was able to gain her trust and eventually got her enrolled in General Relief and Cal Fresh by outreaching to her every day. The patient recently made her first phone call to set up an appointment with Kaiser, a huge step for her. She revealed she has two children who live nearby and wants to watch them grow up.

Veronica said in the past 2.5 years, Harbor/UCLA has seen over 600 homeless patients, with 230 visits in the last year. She shared a patient story of someone in a wheelchair needing hip surgery. With the help of PATH, they were able to provide shelter for him for the six months it took for him to get into the Housing for Health DHS program. Because he has stable housing, he can now schedule his hip surgery. Her Homeless Task force is being duplicated at County/USC, but Nancy added she felt Harbor/UCLA’s success is due to Veronica’s exceptional ability to work with homeless patients.

A question about older adults was raised. Veronica said there is definitely a growing need for more affordable board and care facilities. Shari pointed out that many patients do not qualify for skilled nursing facilities. CES is witnessing an increase of people on fixed incomes experiencing homelessness, especially when one of the partners dies leaving the survivor with just one income. She referenced a recent Kaiser study showing a 28% increase in older persons who are becoming homeless. Prevention services were also discussed.
Although the Hospital Liaison is now funded by the harbor and central SPA hospitals, Jessica will outreach to the two northern hospitals, Centinela and Gardena Memorial.

HMIS licenses are needed for the hospital staff to access this database directly. Nancy said there is additional funding through Measure H for more licenses, but she did not know if they would go to hospital stakeholders or be used by service providers. A data integration effort was suggested to bring all the hospital information management systems under one umbrella. Once such system, EDIE, is currently used by TMMC and Providence.

SB1152 went into effect in 2019. Hospitals must now provide food, clothing, shelter referrals, transportation, vaccinations, and medications to those experiencing homelessness who come into their medical centers. No funding came with this senate bill so hospitals are accepting clothing donated from community and faith organizations.

7. Co-Chairs’ Report. Nancy continues to work with LAHSA staff to update the 2019 Housing Inventory Count. She recently received training on how to conduct the Downtown Women’s Center’s Needs Assessment and will begin surveying women in CD15. Working with Jennifer Pesavento, they are exploring funding opportunities to provide educational stipends to homeless and formerly homeless individuals seeking vocational training at SoCal ROC. She invited everyone to attend the April LAHSA Commission meeting which will be held at the Carson Center on April 26th. Mark encouraged participation in United Way’s Homewalk, being held on May 18th.

8. Member Agency Announcements. The following announcements were made:

   a. Jennifer Pesavento announced the May 7th Blood Drive at So Cal ROC, and invited everyone to the annual fashion show highlighting students’ designs.

   b. Jeanette Christian of Senator Feinstein’s office reported on the bill she introduced to provide $750 million annually for five years for homeless supportive housing services funding, the “Fighting Homelessness Through Services and Housing Act.”

   c. Janae Oliver said Kaiser has developed the community profile from the Community Needs Assessment held in January. She will share it once it has completed its review cycle.

The meeting ended at 11:30 am.

Respectfully submitted by Nancy Wilcox.