South Bay Coalition to End Homelessness (SBCEH) General Meeting

Wednesday, May 18, 2016, 9:30 am-12:00 pm
First Christian Church
2930 El Dorado St., Torrance, CA

Attendees: Guest Speaker: Jaime Garcia (Hospital Assoc of Southern Calif); Hosting Agency: Chery Carew (First Christian Church), Nick Rasmussen (Family Promise); Attendees: Co-Chair Mark Silverbush, Mary Bartel (Project: Needs), Keith Bennett (City of Carson), Mary Agnes Erlandson (St. Margaret’s Center), Lori Eastman (Providence Little Company), Helena Cummings (TUSD), Carolina Esquinas (TUSD), Cecil Flournoy (City of Carson), Nyscelle Garcia (Safe Families for Children), Lynn Kronzek (HIS), Gerardo Magallanes (1736 FCC), Zhena McCullom (DMH), Heang Mean (DPSS), Peter Min (Love INC), Lao Moua (PATH), Bobbie Nashed (AHH), Janae Oliver (Kaiser), Zulima Pelayo (211 OC), Chuck Scarpaci (Christian Outreach in Action), Sharice Sowell (LAUSD), Jo Takarabe (CPAF), Serennah Tuff-Erwin (SHARE!), Duce Vargas (Rainbow), Nancy Wilcox (St. Peter’s By The Sea), Tammy Wood (LAUSD).

1. Welcome and Introductions. SBCEH Co-chair Mark Silverbush opened the meeting at 9:42 am. Everyone introduced themselves.

2. Hosting Agency Overview. Nick Rasmussen, executive director for Family Promise of the South Bay, gave an overview of this program. They have 13 rotating host congregations throughout the South Bay where up to 15 family members can stay. Over 600 volunteers from these and other partnering congregations are part of their program. They have been part of our homeless coalition and thanked it for connecting them with services that can be offered to their clients. Their office is located on First Christian Church’s campus.

3. Minutes Review and Approval. The April 2016 meeting minutes were approved without change.

4. Guest Speaker. Jaime Garcia, Regional Vice President for the Hospital Association of Southern California (HASC), spoke on hospital needs with the Coordinated Entry System (CES).
   a. Jaime first gave an overview of HASC. Its goal is to improve the operating environment for hospitals and the health status of the communities in which they serve. Its membership includes 176 hospitals (90% of the total number) and 40 hospital systems.
   b. Jaime’s role is working on advocacy and with the common denominators all its members share. Examples include: the regulatory rules soundings ambulance transport; developing community-based organizations to help bridge and collaborate on major health topics such as Affordable Care Act (ACA).
   c. Providing more context, he said there are 74 emergency departments (ED) in LA County. Based on 2014 data, there were 2.8 million ED visits with 524,000 resulting
in hospital admissions (the State has a two year lag on generating this data). With the ACA, there are less who use the ED within the general population with more seeking health care at local clinics. However, far too many homeless still use the ED for their primary care; these persons fall into the category of “treat and release” – discharged that same day. Recuperative care centers are starting to open.

d. He views CES as an opportunity for provide a single port of (service) entry for hospitals for those who are homeless. Hospitals are challenged to provide behavioral health support where the ongoing case management piece is missing once patients leave the hospital. He would like to see improved relationships with skilled nursing facilities; they generally cannot take a homeless person.

e. When the homeless use the ED, it affects the entire system. They cannot be discharged back out to the streets if they need ongoing medical care so hospitals must keep them. This in turn causes a ripple effect on services for other patients.

f. Local ED staff is also challenged when patients are resistant to accepting housing. Lori Eastman, who works at Little Company of Mary in Torrance, recalls an 80-year old homeless patient who refused to use any of his limited income on housing. Building relationships with individuals is needed. Hospital social worker staff often has a case load of 50 patients.

g. Jaime is hopeful the LA County Homeless Initiatives will bring more attention to these challenges, along with the resources it takes to address them. He is actively working with the strategy focused on this.

h. When asked about tapping into Medi-Cal reimbursement as a funding source, Jaime responded LA Care is more proactive on this front, but it is still a challenge to identify who provides the case management.

i. Concerns about the lack of bridge housing for discharged patients was raised. It it especially challenging to find appropriate facilities for those with a mental illness.

5. SPA 8 Community Planning Meeting. Nancy Wilcox announced the Coalition was convening a community planning meeting to discuss our regional needs. It will be held Tuesday, May 24th at the San Pedro United Methodist Church. This is required as part of the CES request for proposal, which will be released this week.

6. Homeless Count 2016 (HC16) Initial Results. Mark gave a report on the HC16 results released by LAHSA, which focuses on the LA Continuum of Care (CoC). The notes below supplement the information provided in the attached May 10th LAHSA presentation.

a. This is the largest unsheltered count conducted in the nation. 100% of LA CoC was covered, a first for the Count.

b. The decrease in the overall shelter count was down in 2016 from 2015. However, this is not due to the recent “Reallocation” (i.e., newly unfunded programs) of transitional housing programs. There was a decrease in the number of motel vouchers available (considered emergency shelter beds).
c. The Youth Count was not included in HC15 for methodological reasons; these results were in this year’s Count causing the overall numbers to be higher.

d. Veteran homelessness is down significantly – 44% for unsheltered Vets - due to the tremendous resources poured into the County for both permanent supportive housing and rapid re-housing. SSVF, which is a RRH intervention for individuals and families, added $400 million in aid nationwide; this program also funds prevention assistance. LAHSA and others LA technical assistance agencies developed a [Veterans Dashboard](#) that tracks how many Veterans have been housed.

e. Family homeless has also decreased by 17%. This speaks to the success of the Countywide program Homeless Family Solutions System.

f. For those living in tents, make-shift shelters, and vehicles, there was an increase of 20%. People living in these situations are not only increasing but are also becoming more visible (in the past, they were more typically hidden).

g. The Youth Count findings are factored in at the SPA level.

h. SPA 8 had an increase of 22% when you isolate the LA CoC data (i.e., all of SPA 8 minus Long Beach).

i. There is a misconception that there are many homeless individuals pouring into LA. Data shows 70% have lived in LA before becoming homeless. There is like migration out of LA as well, but this is not captured by LAHSA’s survey.

7. **Advocacy Committee Report Back.** Paul Stansbury gave a report-back on the “millioinaire’s tax” LA County is proposing to raise a continuous funding stream for homelessness programs.

8. **Co-Chair’s Report.** Nancy Wilcox reported she continues to work on the LA County Supervisorial District 4 Candidate Forum.

9. **Member Agency Announcements.**

   a. Paul reported that May is Mental Health month. There will be a fair on May 26th at the San Pedro Mental Health Center.

   b. Mary Agnes Erlandson announced the Lennox Fair that will be held on June 18. There will be 40-50 agencies providing information and assistance to over 2,000 people.

   c. Janae Oliver said Kaiser Permanente South Bay issued an RFP for a housing navigator to work at their hospital.

Respectfully submitted by Nancy Wilcox.