



**South Bay Coalition to End Homelessness  
General Meeting Minutes  
for July 28, 2021  
held via Zoom Teleconference**

**Attendees:** This list was unavailable.

**Welcome.** SBCEH co-chair Mark Silverbush opened the meeting at 10:04 am (Nancy Wilcox attended but was having technology challenges). Because the meeting was held via video conference, our traditional round of introductions was not made.

**Advocacy.** Paul Stansbury, chair of our Advocacy Committee, gave the following report:

- The Los Angeles City Council passed an ordinance regarding encampments that would allow for the clearing an area based on its location. There was concern this would be enforced inconsistently since it will be up to each councilperson on how he or she applied the new ordinance in their district. The locations would have to be approved by the full Council.
- The Los Angeles County the Board of Supervisors approved a motion to create a “blue ribbon panel” on homelessness. It will focus on examining different governance structures that other continua of care throughout the county use to oversee their homelessness programs, and will make recommendations in six months on possible changes that can be made to the Los Angeles Homeless Services Authority (LAHSA).
- At the national level, there appears to be a bipartisan support for the “hard infrastructure” bill but the “soft” (social programs) infrastructure bill will be a Democratic piece of legislation. The bipartisan agreement allows the hard infrastructure work to start the legislative process.

**Special Topic: LA-HOP.org and South Bay Street Outreach Efforts.** Ari Hamilton, Service Planning Area (SPA) 8 Coordinated Entry System (CES) Regional Outreach Coordinator, centered his presentation on the South Bay street outreach programs. (The notes below are provided as additional information to his attached briefing.)

- LA-HOP.org, which stands for LA-Homeless Outreach Portal, is a web-based application that provides a uniform way for anyone to request street outreach services, including social service works, first responders, and people themselves in need. It is also a community-facing information page, providing news about current programs such as LAHSA’s COVID response.
- Street outreach teams can respond to people based on HUD’s “homeless” definition. However, outreach teams cannot respond to people if they are located on private property, such as at a motel, shelter, or hospital. LA-HOP is focused on providing outreach, housing or shelter resources, so other requests are not suitable such as for a medical referral. For these other types of requests, Ari does try to reach out to the people affected to learn more about their needs and to offer a more appropriate recommendation.
- Outreach teams are typically out from 7:00 or 8:00 in the morning to about 3:00 pm, a time window when services are available that they can be connected to. There are specialized teams that perform nighttime outreach, but the rule-of-thumb is that street outreach is a daytime activity. Safety is also a consideration.

- There is an overlapping web of proactive outreach across the region. Reactive outreach adds more “community eyes” on helping to identify people experiencing homelessness.
- Outreach teams cannot enforce any ordinances, so if someone is trespassing, they cannot tell that person to move along as an example. Every person’s needs is different so the results are just as varied, respecting that people take time to accept services.
- The South Bay disproportionately uses LA-HOP much more than other regions, based on the number of people homeless identified by the Homeless Count.
- Street outreach during the past year with COVID showed that self-referrals grew substantially, but the number of people located dropped off because outreach teams were responding to the immediate changing needs of providing meals and helping people shelter-in-place. Outreach specialist were similarly refocused on conducting COVID testing, and many outreach generalists were reassigned to Project Room Key. While the initial outreach effort diminished because of the pandemic, it has since popped back stronger than ever over the past few months and more people are being located.
- The regional map shows the relationship between where LA-HOP requests have been made relative to where people were found during the Homeless Count. This helps to identify where more community outreach can be made about using this reporting portal.
- Email addresses are now required to make a LA-HOP report because when the program first started, people were misidentifying themselves as being city officials. If someone doesn’t have an email address, they can call 2-1-1 or phone LAHSA’s hotline to make the referral.
- Successful LA-HOP referrals should not be for people that you see just once, or who are walking on the streets because they will be difficult for the teams to find them.
- If someone receives a notice that the request was closed because of a safety concern, Ari will continue to work with an outreach team to see if there is a way to get around that concern before putting a “hard stop” on it.
- Ari said the time it takes for someone to go into a bridge shelter from the living on the streets depends on the bed availability. If there is a open spot, it could take typically 2-4 days.
- The demographics of people being identified by LA-HOP are trending to be more seniors who are more recently homeless. Ari also felt the overall vulnerability spanned the two extremes. For self-referrals, they tend to be lower acuity, younger (more tech savvy and able to use the app), and those sleeping in vehicles. For community reporters and first responders, they tend to be higher acuity, older, and with overlapping health conditions.
- The reporters are kept anonymous to the unhoused person.

**Special Topic “E6” Multi-Discipline Outreach and SPA 8 Agency Spotlight.** Laurie Ramey, Senior Director for Outreach and Street-Based Medicine for Mental Health America of Los Angeles (MHALA) began her presentation with an overview of the agency before she focused on the E6 teams that she heads up (The notes below are provided as additional information to his attached briefing.).

- MHALA underwent a large change, closing its “Village” and moving to a new location in Long Beach called the Integrated Services Center (ISC). Their café will be opening sometime next year, with the delay due to COVID complications.

- The HIP and ARCH programs are similar and overlap. The LA County Department of Mental Health is undergoing changes that will affect the scope of these programs. Referrals to the FSP can be made by any field-based outreach team via LA-HOP. Referrals to mental health programs generally require a screening from a clinician, which Laurie's teams are equipped to do.
- There are two access centers in Long Beach that offer homeless assistance programs: at the Multi-Service Center (MSC) and at MHALA's new ISC. There are two CES systems that they work with: the LAHSA-based program (for the LA Continuum of Care) and the Long-Beach CES. Some of the MHA services are specifically for Long Beach residents.
- The HOP/E6-SPA 8 Health Services will start implementing mobile-based street medical outreach clinics. It is often difficult to get unhoused people to go to a medical office. New equipment, such as a small portable ultrasound machines, will be available to help diagnose problems.
- When the pandemic first hit, the street based medical teams were tasked with going to encampments to perform wellness checks and COVID testing. Many of the unhoused wanted to shelter-in-place rather than go into shelter, which made wellness checks more vital. They are currently doing COVID testing 4 days a week, with another day to do follow-ups to be more responsive to the needs. With Delta variance, there is more interest with the unhoused to get vaccinated.
- Her teams are mobile rather than setting up a tabled events. With COVID, there first were cases in Downtown LA and then spread out to other regions. Laurie felt since the SPA 8 encampments are not as large and more isolated, there is less chance for transmission.
- She also commented that the outreach effort in our SPA is very cohesive, unlike in other regions.
- Street based medicine has partnerships with Harbor/UCLA medical staff.
- Outreach coordination is done in many ways: There are weekly meetings that Ari facilitates and where he serves as the "air traffic controller." He also determines which outreach team is deployed to the LA-HOP reports. For mental health concerns, a DMH or MHA team can be deployed. Often the referral doesn't give the entire picture of a person, so a specialist can also follow up once a generalist makes contact and determine the participant's needs. Outreach staff also look at HMIS notes to see if a client is actively working with a particular agency to help reconnect them.
- The E6 teams do not have any capacity issues at this time.
- The ISC is a service center, not a residential facility. People needing housing are often referred to the DHS Housing for Health program. People can also be dually enrolled in multiple programs.

**Co-Chairs' Report.** Because of time, this report was omitted.

**Member Announcements.**

- Brittany Jones with LAHSA reported that they are still looking for a SPA 8 Community Relations Coordinator
- Laurie Jacobs reported that she will be our South Bay Cities Council of Governments homeless contact since Grace Farwell moved to another organization.

**The meeting was adjourned at 11:32 am.**

Respectfully submitted by Nancy Wilcox.