SPECIAL JOINT MEETING of the
ALAMEDA HEALTH SYSTEM BOARD OF TRUSTEES
ALAMEDA HEALTH SYSTEM HOMELESS HEALTH CENTER CO-APPLICANT BOARD
ALAMEDA COUNTY HEALTH CARE FOR THE HOMELESS COMMISSION

Friday, November 3, 2023
8:00am to 5:00pm

Ronna Jojola Gonsalves, Alameda Health System, Clerk of the Board of Trustees
(510) 535-7515

LOCATION:
Open Session, In Person:
55 Harrison Street, Oakland
See Parking Information Below

ZOOM Meeting Link:¹
https://alamedahealthsystem.zoom.us/j/9361457125?pwd=aUF4anZtK01IRk1VMzSvQVY5NTdOZz09
Meeting ID: 936 145 7125
Meeting Password: 20200513

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Find your local number: https://alamedahealthsystem.zoom.us/u/agoA8zDn2

¹ Log into the meeting at www.zoom.com. You will be directed to download the meeting app (free) if you have not used ZOOM previously. ZOOM meetings may be accessed on computers and portable devices.
**SPECIAL NOTE:** The governor-declared state of emergency that altered public meeting protocols during the Covid pandemic has been lifted. All Alameda Health System Board of Trustees meetings and Board of Trustees Committee meetings will be held in accordance with current Brown Act requirements. As a result, our meetings will be held via a hybrid of in person and remote access.

The public is invited to attend the meetings in person or observe and participate in the meeting via the Zoom link above.

**Public Comment Instructions**
If you attend the meeting in person and wish to address the Board or Committee regarding an item on the agenda or in their purview, please complete a Speaker Card available near the entrance. If you need assistance, please see the Clerk of the Board.

If you attend the meeting remotely and wish to address the Board of Trustees or Committee regarding an item on the agenda or in their purview, send an email to cob@alamedahealthsystem.org PRIOR TO THE START OF THE MEETING. Your comment will be heard at the appropriate time. During the meeting, public comment requests may be submitted to the ZOOM meeting host or the Clerk of the Board, but requests must be submitted prior to the beginning of the public speaker time for that item.

Each speaker, whether in person or remote, will be allotted between one and three minutes to speak, depending on the number of speakers present.

**AGENDA TIMES ARE APPROXIMATE:** All times listed are approximations and subject to change. Agenda items will begin when the preceding item has ended.

**OPEN SESSION / ROLL CALL**

**PUBLIC COMMENT: Non-Agenda Items** 9:00 am

A. Welcome and Introductions 9:00 am

B. Building Community, Strengthening Relationships 9:20 am

C. Discussion on Shared Identity, Vision, and Commitments in Co-Designing Healthcare for Homeless Programs, Services, and Advocacy Priorities 10:45 am

D. Indigenous Systems of Health and Wellness: Conversation with Judge Abinanti, Native American Health Center, InterTribal Friendship House and Friendship House SF Leaders 1:00 pm

E. **CONCLUSION: Commitments and Next Steps** 2:45 pm

**TRUSTEE COMMENTS**

**ADJOURNMENT**
ADDENDUMS/PRE READING MATERIALS

1. Agenda, Goals, Priorities
2. Willing to be Disturbed
3. CASPEH Executive Summary
4. Yurok Tribe’s Wellness Court Heals with Tradition

RELEVANT LINKS

1. California Statewide Study of People Experiencing Homelessness
2. Yurok Wellness Center
3. InterTribal Friendship House
4. Friendship House San Francisco
5. Native American Health Center
6. Sogorea Te’ Land Trust

Directions for parking: Park in the garage at 255 2nd Street, Oakland. Take the sky bridge on the third floor of the garage to the 55 Harrison Street building. The security guard will provide access to the sixth floor. Metered street level parking is also available; however, we can only validate parking for the garage at 255 2nd Street. Participants who park at the street level will need to pay for their own parking and go to the second floor to check in with the security guard.

Our Mission
Caring, Healing, Teaching, Serving All

Strategic Vision
AHS will be recognized as a world-class patient and family centered system of care that promotes wellness, eliminates disparities and optimizes the health of our diverse communities.

Values
Compassion, Commitment, Teamwork, Excellence, Integrity, and Respect.

Meeting Procedures
The Board of Trustees is the Policy Body of the Alameda Health System. The Board has several standing Committees where Board matters are the subject of discussion at which members of the public are urged to testify. Board procedures do not permit: 1) persons in the audience at a Committee meeting to vocally express support or opposition to statements by Board Members or by other persons testifying; 2) ringing and use of cell phones, pagers, and similar sound-producing electronic devices; 3) signs to be brought into the meeting or displayed in the room; 4) standing in the meeting room. Citizens are encouraged to testify at Committee meetings and to write letters to the Clerk of the Board or to its members, 1411 East 31st Street Oakland, CA 94602.

Members of the public are advised that all Board and Committee proceedings are recorded (audio), including comments and statements by the public in the course of the meetings. Copies of the audio recordings will be made available to the public. Copies of the agendas and supporting documents can be found here: http://www.alamedahealthsystem.org/meeting-
agendas-and-minutes/. By attending and participating in Board/Committee meetings, members of the public consent to audio recording of any statements they may make during the proceedings.

Disability Access
To request accommodation or assistance to participate in the meeting please contact the Clerk of the Board. Requests made at least 48 hours in advance of the meeting will help to ensure availability.

In order to accommodate persons with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to perfumes and various other chemical-based scented products. Please help us to accommodate these individuals.

The AHS Board of Trustees is committed to protecting the private health information (PHI) of our patients. We ask that speakers refrain from disclosing or discussing the PHI of others. Please also know that, should you decide to disclose your PHI, the Trustees will still likely refer your matter, to the extent it involves PHI, to the executive staff for a confidential review of the facts and for confidential handling. If you would like more information regarding the confidentiality of PHI as it relates to the Health Insurance Privacy and Accountability Act, please refer to 45CFR Section 164.101, et.seq.
Purpose: In setting Alameda Health Systems strategic priorities from 2022-2027, the Board of Trustees made an explicit commitment to place patients and families at the center of all care decisions. Affirming the dignity and self-determination of patients and community members is a fundamental tenet of the person-centered care model. Operationalizing AHS’ and county’s strategic priorities, and offering a continuum of safe, timely, effective, efficient, equitable and patient-centered care across the life course needs relationships, collaboration and coordination which extend much beyond transactional, episodic and project-based interactions. We are actively creating opportunities for greater accountability by Alameda Health System.

The aim of this gathering is to embark on a collective journey to strengthen relationships with intention and attention. Retreat participants will engage with issues of physical, mental and social health, homelessness/insecure housing and substance use at the intersections of cultures, identities, access and experiences. We will explore diverse pathways for transformation, including Indigenous-led systems of care for health and wellness, and explore mindsets and approaches to help us collectively build a bay area ecosystem of care which is centered on the priorities of our fellow community members who continue to bear the greatest burden of inequities.

Goals:
1. Examine power dynamics and build relationships among participants using Liberatory Design approaches.
2. Gain clarity about a shared vision and goals for moving forward together to codesign affirming systems of care and supports for county residents experiencing homelessness, housing insecurity and compounding inequities.
3. Learn about Indigenous approaches to health and wellness and explore co-creating culturally affirming systems of care and supports with our multi-tribal Native community members.
4. Commit to actionable steps for ongoing relationship building collaboration and coordination towards equitable, and respectful health care and supports our county residents deserve and expect.

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<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>8:00 am</td>
<td>Breakfast</td>
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<td>9:00 am</td>
<td>Welcome and Introductions</td>
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<td>• Framing the day and vision for on-going work</td>
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<td>9:20 am</td>
<td>Building community, Strengthening relationships</td>
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<td>• Art of conversation: A way of being in community</td>
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<td>• Understanding the power of community</td>
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<td>• Activity: Building this community/Identities</td>
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<td>10:30 am</td>
<td>Break</td>
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<td>10:45 am</td>
<td>Discussion on shared identity, vision, and commitments in co-designing healthcare for homeless programs, services and advocacy priorities</td>
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<td>• Using Liberatory Design Mindsets in co-design</td>
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<td>• Small group discussion: What could we be up to together</td>
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<td>• Whole group: Looking at what has emerged</td>
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<td>11:45</td>
<td>Wrap-up and Next steps</td>
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<td>12:00 pm</td>
<td>Lunch</td>
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<td>1:00 - 3:00 pm</td>
<td>Indigenous Systems of Health and Wellness: Conversation with Judge Abinanti, Native American Health Center and InterTribal Friendship House Leaders</td>
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<td>- Learn why culture and connection are key to health and well-being. Hear about local efforts to improve the health and wellbeing of multi-tribal native people in the bay area and Northern California.</td>
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<td>- Learn about <a href="#">Yurok Tribe and Tribal Court’s Multidisciplinary Model</a> and explore how we might cultivate relationships and collaborations to co-design holistic health care approaches with Native American community members in Alameda County</td>
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<td>3:00 - 3:15</td>
<td>Wrap-Up and Next Steps</td>
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<td>- Participant reflections on the day</td>
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**Refreshments 6/19**
As we work together to restore hope to the future, we need to include a new and strange ally—our willingness to be disturbed. Our willingness to have our beliefs and ideas challenged by what others think. No one person or perspective can give us the answers we need to the problems of today. Paradoxically, we can only find those answers by admitting we don’t know. We have to be willing to let go of our certainty and expect ourselves to be confused for a time.

We weren’t trained to admit we don’t know. Most of us were taught to sound certain and confident, to state our opinion as if it were true. We haven’t been rewarded for being confused. Or for asking more questions rather than giving quick answers. We’ve also spent many years listening to others mainly to determine whether we agree with them or not. We don’t have time or interest to sit and listen to those who think differently than we do.

But the world now is quite perplexing. We no longer live in those sweet, slow days when life felt predictable, when we actually knew what to do next. We live in a complex world, we often don’t know what’s going on, and we won’t be able to understand its complexity unless we spend more time in not knowing.

It is very difficult to give up our certainties—our positions, our beliefs, our explanations. These help define us; they lie at the heart of our personal identity. Yet I believe we will succeed in changing this world only if we can think and work together in new ways. Curiosity is what we need. We don’t have to let go of what we believe, but we do need to be curious about what someone else believes. We do need to acknowledge that their way of interpreting the world might be essential to our survival.

We live in a dense and tangled global system. Because we live in different parts of this complexity, and because no two people are physically identical, we each experience life differently. It’s impossible for any two people to ever see things exactly the same. You can test this out for yourself. Take any event that you’ve shared with others (a speech, a movie, a current event, a major problem) and ask your colleagues and friends to describe their interpretation of that event. I think you’ll be amazed at how many different explanations you’ll hear. Once you get a sense of the diversity, try asking even more colleagues. You’ll end up with a rich tapestry of interpretations that are much more interesting than any single one.

To be curious about how someone else interprets things, we have to be willing to admit that we’re not capable of figuring things out alone. If our solutions don’t work as well as we want them to, if our explanations of why something happened don’t feel sufficient, it’s time to begin asking others about what they see and think. When so many interpretations are available, I can’t understand why we would be satisfied with superficial conversations where we pretend to agree with one another.

There are many ways to sit and listen for the differences. Lately, I’ve been listening for what surprises me. What did I just hear that startled me? This isn’t easy—I’m accustomed to sitting there nodding my head to those saying things I agree with. But when I notice what surprised me, I’m able to see my own views more clearly, including my beliefs and assumptions.
Noticing what surprises and disturbs me has been a very useful way to see invisible beliefs. If what you say surprises me, I must have been assuming something else was true. If what you say disturbs me, I must believe something contrary to you. My shock at your position exposes my own position. When I hear myself saying, “How could anyone believe something like that?” a light comes on for me to see my own beliefs. These moments are great gifts. If I can see my beliefs and assumptions, I can decide whether I still value them.

I hope you’ll begin a conversation, listening for what’s new. Listen as best you can for what’s different, for what surprises you. See if this practice helps you learn something new. Notice whether you develop a better relationship with the person you’re talking with. If you try this with several people, you might find yourself laughing in delight as you realize how many unique ways there are to be human.

We have the opportunity many times a day, everyday, to be the one who listens to others, curious rather than certain. But the greatest benefit of all is that listening moves us closer. When we listen with less judgment, we always develop better relationship with each other. It’s not differences that divide us. It’s our judgments about each other that do. Curiosity and good listening brings us back together.

Sometimes we hesitate to listen for differences because we don’t want to change. We’re comfortable with our lives, and if we listened to anyone who raised questions, we’d have to get engaged in changing things. If we don’t listen, things can stay as they are and we won’t have to expend any energy. But most of us do see things in our life or in the world that we would like to be different. If that’s true, we have to listen more, not less. And we have to be willing to move into the very uncomfortable place of uncertainty.

We can’t be creative if we refuse to be confused. Change always starts with confusion: cherished interpretations must dissolve to make way for the new. Of course it’s scary to give up what we know, but the abyss is where newness lives. Great ideas and inventions miraculously appear in the space of not knowing. If we can move through the fear and enter the abyss, we are rewarded greatly. We rediscover we’re creative.

As the world grows more strange and puzzling and difficult, I don’t believe most of us want to keep struggling through it alone. I can’t know what do from my own narrow perspective. I know I need a better understanding of what’s going on. I want to sit down with you and talk about all the frightening and hopeful things I observe, and listen to what frightens you and gives you hope. I need new ideas and solutions for the problems I care about. I know I need to talk to you to discover those. I need to learn to value your perspective, and I want you to value mine. I expect to be disturbed by what I hear from you. I know we don’t have to agree with each other in order to think well together. There is no need for us to be joined at the head. We are joined by our human hearts.

From Turning to One Another: Simple Conversations to Restore Hope for the Future
Executive Summary

IN CALIFORNIA, more than 171,000 people experience homelessness daily. California is home to 12% of the nation’s population, 30% of the nation’s homeless population, and half the nation’s unsheltered population. While homelessness is a major issue for California, there are many conflicting ideas about what to do about it. To design effective programs and policies to address homelessness, we need to understand who is experiencing it, how they became homeless, what their experiences are, and what is preventing them from exiting homelessness.

To answer these questions, the University of California, San Francisco (UCSF) Benioff Homelessness and Housing Initiative conducted the California Statewide Study of People Experiencing Homelessness (CASPEH), the largest representative study of homelessness since the mid-1990s and the first large-scale representative study to use mixed methods (surveys and in-depth interviews). Guided by advisory boards composed of people with lived experience of homelessness and those who work on homelessness programs and policies, we selected eight counties that represent the state’s diversity and recruited a representative sample of adults 18 and older experiencing homelessness throughout California. The investigators conducted the research between October 2021 and November 2022. We administered questionnaires to nearly 3,200 participants, selected intentionally to provide a representative sample, and weighted data to provide statewide estimates. To augment survey responses, we recruited 365 participants to participate in in-depth interviews. With this context, CASPEH provides evidence to shape programs and policy responses to the homelessness crisis.
WHO EXPERIENCES HOMELESSNESS IN CALIFORNIA

First, we explore the life experiences of study participants. Individuals with certain vulnerabilities, those with a history of trauma, and/or those from racially minoritized groups, are at higher risk of experiencing homelessness. People who experience homelessness have higher rates of mental health conditions and substance use than the general population. For many, these problems predated their first episode of homelessness.

The homeless population is aging, and minoritized groups are overrepresented. The median age of participants was 47 (range 18-89). Participants who report a Black (26%) or Native American or Indigenous identity (12%) were overrepresented compared to the overall California population. Thirty-five percent of participants identified as Latino/x.

People experiencing homelessness in California are Californians. Nine out of ten participants lost their last housing in California; 75% of participants lived in the same county as their last housing.

Participants have been homeless for prolonged periods. Thirty-nine percent of participants were in their first episode of homelessness. The median length of homelessness was 22 months. More than one third (36%) met federal criteria for chronic homelessness.

Participants reported how stress and trauma over the life course preceded their experience with homelessness. Participants reported experiences of discrimination, exposure to violence, incarceration, and other traumas prior to homelessness. These experiences interacted and compounded to increase vulnerability to homelessness.

Physical and sexual victimization throughout the life course was common. Nearly three quarters (72%) experienced physical violence in their lifetime; 24% experienced sexual violence. Sexual violence was more common among cis-women (43%) and transgender or nonbinary individuals (74%).

Participants reported high lifetime rates of mental health and substance use challenges. The majority (82%) reported a period in their life where they experienced a serious mental health condition. More than one quarter (27%) had been hospitalized for a mental health condition; 56% of these hospitalizations occurred prior to the first instance of homelessness. Nearly two thirds (65%) reported having had a period in their life in which they regularly used illicit drugs. Almost two thirds (62%) reported having had a period in their life with heavy drinking (defined as drinking at least three times a week to get drunk, or heavy intermittent drinking). More than half (57%) who ever had regular use of illicit drugs or regular heavy alcohol use had ever received treatment.

PATHWAYS TO HOMELESSNESS

Second, we sought to understand the context of participants’ lives prior to their most recent episode of homelessness. High housing costs and low income left participants vulnerable to homelessness.

In the six months prior to homelessness, the median monthly household income was $960. A high proportion had been rent burdened. Approximately one in five participants (19%) entered homelessness from an institution (such as a prison or prolonged jail stay); 49% from a housing situation in which participants didn’t have their name on a lease or mortgage (non-leaseholder), and 32% from a housing situation where they had their name on a lease or mortgage (leaseholder).
Participants exiting housing to homelessness reported having minimal notice. Leaseholders reported a median of 10 days notice that they were going to lose their housing, while non-leaseholders reported a median of one day.

Non-leaseholders reported lower incomes and housing costs than leaseholders. In the six months prior to homelessness, the median monthly household income for non-leaseholders was $950. Of non-leaseholders, 43% were not paying any rent; among those who reported paying anything, the median monthly rent was $450. Among non-leaseholders who paid rent, 57% were rent burdened (paying more than 30% of household income for rent). Many non-leaseholders previously had been in leaseholding arrangements, but were able to forestall homelessness by moving in with family or friends. Not only did participants lack legal rights, but they often were living in substandard and overcrowded conditions. These arrangements tended to be highly stressful, leading to conflicts.

Leaseholders had higher incomes, but higher housing costs. The median monthly household income for leaseholders in the six months prior to homelessness was $1400. The median housing costs were $700. While 10% of participants whose names were on the lease didn’t pay for housing, among those who paid rent, 66% met criteria for rent burden. Sixteen percent of leaseholders had received a rental subsidy in their last housing. Those who became homeless immediately after leaving a leaseholding situation were similar in many ways to the non-leaseholders but lacked options to move to after losing their housing.

The most common reason for leaving last housing was economic for leaseholders and social for non-leaseholders. Twenty-one percent of leaseholders cited a loss of income as the main reason that they lost their last housing. Among non-leaseholders, 13% noted a conflict within the household and 11% noted not wanting to impose. For leaseholders, economic considerations interacted frequently with social and health crises. For example, participants’ (or household members) health crises led them to lose their job.

Participants who entered homelessness from institutional settings reported not having received transition services. Nineteen percent of participants entered homelessness from an institutional setting, such as prolonged jail and prison stays. Few reported having received services prior to having exited.

A low proportion of those who entered homelessness from housing situations had sought or received homelessness prevention services. Many participants were unaware of these services. Overall, 36% of participants had sought help to prevent homelessness, but most sought help from friends or family, rather than non-profits or government agencies.

Even if the cause of homelessness was multifactorial, participants believed financial support could have prevented it. Seventy percent believed that a monthly rental subsidy of $300-$500 would have prevented their homelessness for a sustained period; 82% believed receiving a one-time payment of $5,000-$10,000 would have prevented their homelessness; 90% believed that receiving a Housing Choice Voucher or similar option would have done so.
EXPERIENCES DURING HOMELESSNESS

Next, we examined participants’ experiences of homelessness. Homelessness is devastating to health and well-being. Participants’ experiences were difficult and marked by significant health challenges, high use of drugs and alcohol, frequent victimization, and interactions with the criminal justice system. For the most part, participants were disconnected from the job market and services.

▫ Most participants were unsheltered. More than three quarters (78%) noted that they had spent the most time while homeless in the prior six months in unsheltered settings (21% in a vehicle, 57% without a vehicle). Over the prior six months, 90% reported at least one night in an unsheltered setting. Participants who stayed in shelters reported general satisfaction with them; many who didn’t expressed concerns about curfews, the need to vacate during the day, health risks, and rules. Forty-one percent of participants noted a time during this homelessness episode where they wanted shelter but were unable to access it.

▫ Participants reported poor health and many health challenges. Forty-five percent of all participants reported their health as poor or fair; 60% reported a chronic disease. More than one third of all participants (34%) reported a limitation in an activity of daily living, and 22% reported a mobility limitation.

▫ Among women of reproductive age, pregnancy was common. One quarter (26%) of those assigned female at birth age 18-44 years had been pregnant during this episode of homelessness; 8% reported a current pregnancy.

▫ Despite these health challenges, participants had poor access to healthcare. While 83% of participants reported having health insurance (primarily Medicaid); half (52%) reported a regular non-emergency department (ED) source of care. Half (49%) had seen a health care provider outside the ED in the prior six months. Almost one quarter (23%) reported an inability to get needed healthcare in the prior six months.

▫ Participants had high rates of acute and emergent health service utilization. In the prior six months, 38% reported an ED visit that didn’t result in a hospitalization; 21% reported a hospitalization for a physical health concern and 5% for a mental health issue.

▫ Many participants had symptoms of mental health conditions; few had access to treatment. Participants noted how the stresses of homelessness exacerbated their mental health symptoms. Two thirds (66%) noted symptoms of mental health conditions currently, including serious depression (48%), anxiety (51%), trouble concentrating or remembering (37%), and hallucinations (12%). Only 18% had received non-emergent mental health treatment recently; 9% had received any mental health counseling and 14% any medications for mental health conditions.
Substance use, particularly methamphetamine use, was common; few received treatment. Many participants reported using drugs and alcohol to help them cope with the circumstances of homelessness. Almost one third (31%) reported regular use of methamphetamines, 3% cocaine, and 11% non-prescribed opioids. Sixteen percent reported heavy episodic drinking. Nearly one quarter (24%) noted that substance use currently caused them health, legal, or financial problems. Approximately equal proportions reported that their use of drugs had decreased, stayed the same, or increased during this homelessness episode. Six percent of participants reported receiving any current drug or alcohol treatment. Twenty percent of those who report current regular use of illicit drugs or heavy episodic alcohol use reported that they wanted treatment, but were unable to receive it.

Criminal justice involvement and experiences of violence were common. Nearly one third (30%) of participants reported a jail stay during this episode of homelessness. Participants reported that homelessness left them more vulnerable to violence. More than one third of all participants (38%) experienced either physical (36%) or sexual (10%) violence during this episode of homelessness. Cis-women (16%) and transgender or non-binary individuals (35%) were more likely to experience sexual violence.

Participants noted substantial disconnection from labor markets, but many were looking for work. Some of the disconnection may have been related to the lack of job opportunities during the pandemic, although participants did report that their age, disability, lack of transportation, and lack of housing interfered with their ability to work. Only 18% reported income from jobs (8% reported any income from formal employment and 11% from informal employment). Seventy percent reported at least a two-year gap since working 20 hours or more weekly. Of all participants, 44% were looking for employment; among those younger than 62 and without a disability, 55% were.

BARRIERS AND FACILITATORS OF RETURNS TO HOUSING

Next, we examined what prevented participants from re-entering housing. While participants faced many barriers to returning to housing, the primary one was cost. Participants overwhelmingly wanted permanent housing, but they had conflicting feelings about emergency shelter.

Nearly all participants expressed an interest in obtaining housing, but faced barriers. Nearly 9 in 10 (89%) participants noted housing costs as a barrier to re-entering permanent housing. Other barriers included lack of necessary documentation, discrimination, prior evictions, poor credit history, challenges associated with physical or behavioral health conditions, and family considerations (such as having enough space for their children).
Participants were not receiving regular assistance, such as housing navigation, to help them exit homelessness. Fewer than half (46%) had received any formal assistance to re-enter housing during their episode of homelessness. Only 26% received assistance monthly or more frequently in the prior six months. Two thirds of participants believed that their lacking assistance was a barrier in their re-entering housing.

Participants believed that financial assistance would help them obtain housing and exit homelessness. Eighty-six percent thought that a monthly subsidy of $300-$500 a month would help them re-enter housing. Ninety-five percent thought a lump-sum payment of $5,000-$10,000 would help them. Ninety-six percent thought that a Housing Choice Voucher (or similar rental subsidy) would help them re-enter housing.

POLICY RECOMMENDATIONS

Based on these findings, we offer policy recommendations. The full report presents more detailed recommendations; we list our top six here:

1. Increase access to housing affordable to extremely low income households (those making less than 30% of the Area Median Income) through (1) supporting production of housing (e.g., Low Income Housing Tax Credits, leveraging land use tools), (2) expanding availability of rental subsidies (e.g., Housing Choice Vouchers), and (3) supporting their use on the rental market (e.g., increase housing navigation services, create and enforce anti-discrimination laws).

2. Expand targeted homelessness prevention (e.g., financial support, legal assistance) at service settings (e.g., social service agencies, healthcare settings, domestic violence services, community organizations) for both leaseholders and non-lease holders. Expand prevention and transition services at institutional exits (jails, prisons). Expand and strengthen eviction protections.

3. Provide robust supports to match the behavioral health needs of the population by (1) increasing access to low barrier mental health, substance use, and harm reduction services during episodes of homelessness (including unsheltered settings) and (2) appropriately staffing permanent supportive housing with evidence-based models (e.g., pathways to housing, assertive community treatment, and intensive case management) that meet the needs of the population.

4. Increase household incomes through evidence-based employment supports (e.g., training, transportation) and affirmative outreach to support increasing receipt of benefits.

5. Increase outreach and service delivery to people experiencing homelessness, including a focus on unsheltered settings.

6. Embed a racial equity approach in all aspects of homeless system service delivery. Ensure that prevention activities and coordinated entry prioritization schemes address racial inequities; and that service delivery is conducted in a way that support racial equity.
Yurok tribe’s wellness court heals with tradition

Yurok Chief Judge Abby Abinanti at her desk in Klamath, Calif. The handmade wooden acorns are given out individuals who successfully complete the tribe’s wellness court program. (Francine Orr / Los Angeles Times)

BY LEE ROMNEY
MARCH 5, 2014 7:35 AM PT

KLAMATH, Calif. -- Lauren Alvarado states it simply: “Meth is everywhere in Indian country.”

Like many here, she first tried methamphetamine at age 12. Legal trouble came at 13 with an arrest for public intoxication. In the years that followed, she relied on charm
and manipulation to get by, letting her grandmother down often.

But today, at 31, Alvarado and her grandmother have built a new trust. She has been clean for nine months, she said recently, and is “hopeful, more grateful.”

Her recovery has come through a novel wellness program that puts traditional Yurok values to work to heal addicted men and women from California’s largest tribe, whose ancestral land -- and reservation -- hugs the banks of the Klamath River.

Created by Yurok Tribal Court Chief Judge Abby Abinanti, a longtime San Francisco County Superior Court Commissioner, the 4-year-old “wellness court” has earned a rare trust with the criminal justice system in Del Norte and Humboldt counties.

Some tribal members charged with nonviolent crimes linked to drugs or alcohol come as a condition of probation; others are diverted to Abinanti’s court before trial. If they succeed, charges are dropped.

A written agreement with Del Norte County spells out that arrangement, which tribal law experts say no other California tribe has brokered. Humboldt County officials have also agreed to case-by-case diversions.

Other participants find their way to the program without the hammer of the criminal justice system. They come on their own, persuaded that the cultural focus and village-style expectations of communal responsibility will work where other approaches have not.

Alvarado was one of those. She sought out wellness court coordinator Anthony Trombetti after a minor arrest left her facing a choice.

“Either I would keep messing up and I would be in jail, or I would have to be better for myself,” Alvarado said. “I chose myself.”
Wellness court staff found Alvarado a job assisting a doctoral student in natural resource management who had come back to the reservation to research mid-sized carnivores. On a late fall afternoon, the two women sat together before the tribal council and Alvarado helped explain the transects they’d marked, the bones they had found, the maps she helped create.

She was so nervous, Alvarado later acknowledged, she thought she would throw up. But it didn’t show. She beamed with pride as tribal chairman Thomas O’Rourke asked her to name her father’s village.

For participants who have taken the greatest steps toward self-discovery, Trombetti presents a large, hand-carved, redwood acorn. The symbolism is strong: Like them, it must fall, crack and find nourishment before it can flourish.

Alvarado is one of just two to receive one. She keeps it on the dresser in the sober living home she is managing in Crescent City. She credits Trombetti and other wellness program staff for her success, but has special praise for Abinanti, who sits around a common table with court participants and never rejects a call for help.

“She really wants for you to become whole again,” Alvarado said of Abinanti, 66. “She wants to hear what’s in your heart.”

Lori Nesbitt is the wellness court advocate. She pores over county jail logs at the tribal enrollment office to identify those who need help. She snoops with aunts and uncles of court participants to get the lowdown on how they’re really doing.

“People say, ‘That’s intrusive,’ but it’s not, it’s how we do things,” Nesbitt said, noting that aunts and uncles have particular authority to discipline in Yurok culture.

Not long ago, after a girl bolted from drug treatment, Nesbitt and Abinanti piled into a car to look for her, and found her at the Crescent City McDonald’s. She tried to run
away, but then Abinanti showed her who was with them: her grandmother and aunt. She stopped in her tracks.

Tribal members are scattered through the remote coastal mountains that hug the river. It is Abinanti’s staff who fetch them for state court appearances, transport them to drug treatment -- as far away as Manteca -- and make sure they stay. If they are allowed visits with their children, the tribe gets them there.

Rebecca Salinas, 32, sought out the program after hearing of Trombetti’s group counseling sessions. Like Alvarado, she and her brother were caught in the inter-generational trap of addiction: Their parents sold methamphetamine when they were kids and they followed suit.

Clean for nearly 11 months now, Salinas recently told Abinanti during a court appearance that she had landed a job. When she was using, she lost custody of her four children one at a time. Overjoyed, she reported that her second-oldest, age 10, would be coming home to her after Christmas.

“Did you sign up for the gift program?” Abinanti asked. “Because she’ll be needing presents.”

Afterward, the tribal court’s SUV pulled up to take Salinas on the long drive to pick up two of her girls for a weekend visit. The next morning, they sat around the kitchen table of her sober-living house, beading.

As a young girl, Salinas had stored away beads to make Yurok regalia and dresses -- believed to be alive with their own spirit -- to pass on through the generations. “All I did was bead,” she said.

In wellness court, Trombetti had urged her to get back to it. Now, she is working on regalia for the summer Jump Dance.
“You put a lot of medicine into these pieces. I knew I had to be clean and sober to do it,” Salinas said. “Now I can make those dresses for my kids, and pass them on.”

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