

**HOPE Interagency Council (IAC) Meeting Minutes
February 5, 2025**

Present: Lisa Gauthier, Marci Dragun, Claire Cunningham, Teri Chin, Danielle Cwirko-Godycki., Melissa Platte, Mary Bier, Laura Fanucci, Judith Guerrero, Mariana Rocha, Laura Bent, Raymond Hodges, Aubrey Merriman

Guests: Jamie Davis, Chloe Richter, Wendy Zhou, Jessica Silverberg, Amy Davidson, Khalia Parish, Anne Okada, Jennifer Valencia, Star Baird, Todd Henderson, Mary Fullerton, Jennifer Stanfill-Mullin, Sarah Fields

Topic	Discussion
Welcome	Lisa Gauthier called the meeting to order at 10:04 a.m.
Public Comment	No public comments.
Action to Set Agenda and Approve Minutes	<p>Quorum achieved.</p> <p>Motion made by Laura Bent to set the agenda and to approve November 13, 2024 minutes; motion seconded by Teri Chin.</p> <p>Vote: Laura Bent – yes Mary Bier - yes Teri Chin – yes Claire Cunningham – yes Kate Comfort Harr Alternate: Laura Fanucci– yes Judith Guerrero – yes Raymond Hodges – yes Danielle Cwirko-Godycki – yes Melissa Platte – yes Mariana Rocha – yes Supervisor Gauthier - yes</p> <p>Motion passed.</p>
Federal Funding Policy Changes – Impacts and Readiness Planning Discussion	<ul style="list-style-type: none"> • Claire: I would like to open up for discussion to better understand the greatest concerns are regarding federal funding and how we as a system can better prepare for what is to come. • Raymond: the DOH legislative team is collecting information and strategizing what we can do. From the DOH side, our department has two divisions – Housing Authority & Housing Community and

	<p>Development team. On the Housing Authority side, we have some concerns regarding vouchers. We also have some concerns for funding on the community development side.</p> <ul style="list-style-type: none"> • Claire: What are the concerns about potential impacts? What are thoughts on coming with a plan with what we do not know? <ul style="list-style-type: none"> ○ Melissa: I do not know how the State would make up the difference in funding. Concerns for local cities, hospitals. ○ Danielle: When this was first announced, potential concerns about rides for seniors, meals on wheels. Unclear whether these services will be cut from funding. Also, meals for children at school. • Claire: If funding changes, we need to think about back up sources that exist and re-prioritize needs. There are many variables and challenges that are difficult to plan for. We need to think about the impacts, share information, and figure out on a macro level how to approach the situation. HSA is building out this infrastructure and we would like to open this up for feedback. <ul style="list-style-type: none"> ○ Aubrey: There are many things to think about. How do we support our staff? How will our organization and other organizations be affected? We could have a weekly meeting to discuss to share updates. ○ Claire: What do we think about a half hour weekly meeting? ○ Melissa: It would be worth a try. It would be a good opportunity to share what we are doing and gain clarity on messaging. ○ Supervisor Gauthier: Let's take it back to the CEO for discussion and feedback • No public comment.
<p>Subcommittee Report-Out</p>	<p>1. Introduction</p> <ul style="list-style-type: none"> • Sub-committee formed and met on January 21, 2025 to review HOPE IAC structure and purpose, as requested by HOPE IAC members at the November 2024 HOPE IAC meeting. • HOPE IAC is a Board of Supervisors-created committee. Changes to the structure and purpose of the HOPE IAC will require Board approval. New HOPE IAC Chair, Supervisor Gauthier, is informed of the context for these discussions and will be included in sub-committee conversations moving forward to inform decision making and recommendations to the Board. <p>2. Key Discussion Points</p> <ul style="list-style-type: none"> • Observations: <ul style="list-style-type: none"> ○ Redundancy in participation and multiple committee agendas and presentations. For example, multiple HOPE IAC members participate in the HOPE IAC, Continuum of Care (CoC),

HOMESTAT and other committee meetings that meet to discuss homelessness and housing efforts in San Mateo County

- Private sector participation has declined over the past decade.
- The HOPE IAC has evolved over time to focus on information sharing
- Members desire clarity for the Council's purpose and participation goals.

- **Potential Options:**

- The subcommittee discussed a few potential options for next steps, including:
 1. Maintain current HOPE IAC structure and consider changing the frequency of meetings
 2. Sunset HOPE IAC
 3. Reimagine the HOPE IAC and collaborate with a similar committee to define shared goals, purpose, and committee structure

- **Member Input:**

- Support reimaging HOPE IAC and connecting with other similar committees to explore future opportunities for collaboration
- Desire to distinguish roles and purpose of each committee, potentially reduce meeting redundancy and having multiple committees discuss the same topics with the same participants at the table.

3. Next Steps

- HSA team will support with sharing context and background information with HOPE IAC Chair, Supervisor Gauthier, for further consideration and feedback on next steps.
- The sub-committee will meet again to continue this conversation
- Today, we have Jessica Stanfill-Mullin attending to share a bit about the HOME for All committee, a similar committee to HOPE IAC. This presentation will help us understand potential structure opportunities and consider future opportunities for collaboration.

Do the members have any questions or considerations to share?

- Aubrey: What do we think about the relationship between all these committees? We can stay open and figure out what is the best.
- Claire: No decisions have been made and we will most likely have another meeting with the subcommittee and then report it back here.
- Mariana: What are the committees that have related roles?
- Melissa: I would like to request a list of committees for reference.
- Teri: This group will need to go to Board of Supervisors for a decision. Continuum of Care is a mandate, not an option to change.

	<ul style="list-style-type: none"> • Aubrey: We want the meeting to have a purpose and actionable items that brings the best use from this committee. • Sarah: Is private sector or businesses a missing piece in this meeting? It has not been part of the HOPE IAC for some time. The Chambers and City Planners used to be involved. • Melissa: As we are better identifying the purpose, this used to be one of the intended purposes, but it has not been the case since before the pandemic. • Mariana: Our Housing Operations and Policy Committee meeting is meant to coordinate housing for individuals with mental health needs and DOH and others attend as well. The focus of the BHRS Housing Operations and Policy Committee has shifted. It previously centered on landlord outreach to house individuals with SUD and mental health issues. • Mary: It is great that this conversation is happening. It is sometimes difficult to get to meetings and so I think it's helpful to have the purpose of the meetings be clearly understood. I appreciate the re-imagination piece. • No public comment.
<p>Home For All Presentation Jessica Stanfill-Mullin</p>	<ul style="list-style-type: none"> • Jessica: Original background for Home for All came from looking at the job growth that has been experienced over the last decade. Rather than producing a report, Home for All developed an action plan. The Board allocated Measure K funds and a task force created Home for All. <p>Home For All Presentation</p> <ul style="list-style-type: none"> • Producing and Preserving Homes <ul style="list-style-type: none"> ○ Funding ○ Housing Policies ○ Land ○ Community Support • Home For All Process <ul style="list-style-type: none"> ○ Task Forces <ul style="list-style-type: none"> ▪ Housing, parking & traffic solutions, housing funding, second units, educator housing, housing & climate readiness ○ Steering council, internal coordinating committee ○ Community engagement program, learning network ○ Supporting efforts <ul style="list-style-type: none"> ▪ policy, strategy & tracking, communications, events & training, partnerships • Home for All website– online community resource <ul style="list-style-type: none"> ○ Strategies, solutions and progress that has been made. We try to keep them as updated as possible. ○ www.homeforallsmc.org • Home For All Toolkits <ul style="list-style-type: none"> ○ Housing best practices ○ Second Unit Center (ADU Resource Center of San Mateo County)

- Housing & Mobility
- Housing and Climate Readiness
- Community Engagement Toolkit
- Virtual Community Engagement
- Housing Messaging Resource
- Home for all convenings
 - 2018
 - Second units
 - Housing/messaging/frameworks
 - Connecting housing and transportation
 - 2019
 - Community engagement
 - Strategies for talking about housing
 - Addressing parking and congestion concerns of housing
 - 2020 and 2021
 - Second units
 - A changing housing narrative
 - Engaging virtually and keeping communities connected
- Community Engagement Program
 - Provide engagement support to four pilot cities in the Winter 2017 and Spring of 2018
 - Continued engagement with five more communities in 2019 and 2020
- Home for All Workplan
 - 21 elements
 - Faith housing liaison
 - Housing convenings and trainings
 - HIP housing shelter partnership
 - ADU resource center start-up
- Contact: www.homeforallsmc.org; @HomeforAllSMC
- Discussion
 - Teri: What is the makeup of steering council? Are there parts of Home for All that involve more private sector engagement?
 - Jessica Stanfill-Mullin: We had the office of education, SamTrans, health, transportation, SamCERA, other cities, Board of Supervisors, and legal representatives. We try to have a diverse makeup to hear and address various issues. City of Redwood City has been an incredible partner.
 - Melissa: One of the best parts of Home for All is that it is a strategic group. We hear that people enjoyed being part of it because it was very action oriented. I think this part is missing for us.
 - Jessica Stanfill-Mullin: Home for All initially did not focus on homelessness but expanded to this scope during the pandemic. That is something we collaborated with HSA on. There are

	ways that we can collaborate with HOPE IAC in the future relating to address the topic of homelessness and provide resources.
<p>Integrated Medication Assisted Treatment (IMAT) Services Overview Mary Fullerton, Todd Henderson</p>	<ul style="list-style-type: none"> • Overdose Prevention & IMAT Team Services • Current State: National picture <ul style="list-style-type: none"> ○ Overdose deaths are at the highest levels ever recorded, and continue to at an exponential rate ○ 107,543 drug overdose deaths in U.S. in 2023 ○ Of those deaths, 75% were attributed to synthetic opioids (mainly fentanyl) nationwide ○ Initially the opioid epidemic severely impacted white Americans in rural and suburban areas, today Black Americans are suffering disproportionately. <ul style="list-style-type: none"> ▪ Also reflected in San Mateo County data • Three waves of rise in Opioid Overdose Deaths <ul style="list-style-type: none"> ○ Wave 1: The “Perfect” storm <ul style="list-style-type: none"> ▪ 1996 Oxycontin was introduced ▪ Pain defined as the 5th vital sign ○ Wave 2: Transition to heroin <ul style="list-style-type: none"> ▪ Most available substitute at time ▪ White powder (E) / black tar (W) ○ Wave 3: Shift to synthetics <ul style="list-style-type: none"> ▪ Cheaper, easier to manufacture ○ Wave 4: Fentanyl + Stimulants • Can you tell which of these pills are real and which are fake? <ul style="list-style-type: none"> ○ High level of sophistication of fake pills ○ Many counterfeit pills that are laced with fentanyl • MAT Medications & Opioid Use Disorder (OUD) <ul style="list-style-type: none"> ○ The use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. Aka: Medication in Addiction Treatment. ○ Supervisor Gauthier: Is MAT used for the rest of their lives? <ul style="list-style-type: none"> ▪ It depends. For many people it depends because it has a lot to do with what is interfering with their recovery. For some, it is medication for the rest of their lives, but not for everyone • Why MAT? <ul style="list-style-type: none"> ○ Relapse rate for opioid use disorders without MAT is 85% ○ MAT quiets the limbic system (emotion/reward) so the prefrontal cortex (thinking) part of the brain can be in charge ○ Allows client to take advantage of behavioral treatment programs ○ Recommend course of MAT treatment is at least 6-12 months • Commonly used MAT medications: <ul style="list-style-type: none"> ○ Opioids

- Methadone - only at BAART Clinic
 - Naltrexone (Vivitrol)
 - Buprenorphine
 - Suboxone films, Subutex tablets
 - Sublocade – Long Acting Injectable (LAI)
- Nicotine
 - Bupropion
 - Varenicline
- Alcohol
 - Naltrexone (Vivitrol - LAI)
 - Acamprosate
 - Gabapentin
 - Disulfiram (Antabuse)
- Cocaine, Methamphetamines
 - Methamphetamines
 - None FDA approved – yet!
- Opioid use disorder treatment options
 - Opioid receptor in the brain
 - Methadone (heroin, prescription pain pills, and fentanyl)
 - Buprenorphine
 - Naltrexone
- Integrated Medication Assisted Treatment
 - BHRS Pilot 2013
 - MAT & case management
 - Decrease care costs for high utilizers
 - IMAT 2015
 - Partnership
 - BHRS, HPSM
 - Embedded in SMMC & Primary care
 - IMAT Expansion
 - 2018 – OUD rx in ED
 - 2021 – SMMC in-pt
 - 2024 – Jail & Nav Center Overdose Prevention
- IMAT Criteria – Who we serve
 - Chronic, harmful Alcohol & Opioid use
 - High utilization of SMMC Emergency (ED, PES)
 - Criminal Justice or Law Enforcement involved
 - Health Plan of San Mateo (HPSM) members
 - Or eligible
 - Motivated to reduce / stop Alcohol or Opioids

- Not already connected to a provider who can provide MAT
 - E.g.: BHRS Mental Health
- County IMAT Teams
 - IMAT AOD
 - IMAT Interface
 - SMMC, Jails & Community
 - Primary Care Clinics
- IMAT AOD Referrals
 - Referral sources
 - SMMC staff, access call center, correctional health, BHRS, RTX, self-referral, primary care doctors, other hospitals, community providers
 - SMMC referrals
 - Most patients at SMMC who are using alcohol or opioids are referred to IMAT, if eligible.
 - The ED frequently starts people on Suboxone after an evaluation.
 - MAT referral follow up
 - IMAT works to connect clients to ongoing MAT treatment with their current treatment provider or the HR360 MAT clinic.
- Typical IMAT AOD Patient Experience
 - Outreach & Engagement
 - Immediate (Non ED: 24-48 hours)
 - Screen for eligibility
 - AUD/OUd screening
 - MAT Psycho-Ed
 - Assess motivation
 - Link to current providers for MAT when possible. E.g.: BHRS, PCI, Ravenswood, Kaiser
 - Intake (Approx days 1-7)
 - Brief window of enhanced engagement
 - Link to detox or safe sobering
 - Benefit enrollment
 - Refer to HR360 MAT Clinic for follow up care
 - Case Management
 - Help fill Rx
 - Link w/ other services such as RTX, outpatient tx, mental health, PCP
 - Recovery support
 - Ongoing CM as needed
- IMAT in the Community & Navigation Center – Todd Henderson
 - We have such a unique team based out of San Mateo Medical Center (SMMC).

- When I met 'Bob' at SMMC, he was recovering from a recent fentanyl overdose. We began talking and building trust. He shared that he had been using drugs his entire life, as had his parents. We connected him to Medication-Assisted Treatment (MAT), and from there, he entered residential treatment. After completing the program, he moved into the Navigation Center. We referred him to therapy and supported him in setting personal goals. Eventually, he secured employment through VRS. He's still at the Navigation Center, and just yesterday, he was matched with a housing voucher. It is incredible to see the impact of these services and resources. He has also decided to continue his education and complete his GED.
- Some of the other things we do at the Navigation Center are harm reduction classes, which is available to any resident at the Navigation Center.
- There are holiday support groups that help clients work through difficult emotions. It is wonderful and amazing work to see someone progress through their journeys.
- Harm Reduction
 - Where to get Naloxone?
 - Correctional Health Services and the Sheriff's Office have installed the first naloxone vending machine in San Mateo County to anyone who needs it, including inmates who are being released, their families and friends and members of the public.
 - IMAT at SMCC – (650) 573-2735
 - Chain pharmacies
- How to refer clients to IMAT Services
 - Call 1-800-686-0101
 - BHRS Provider Accessibility
 - Welcoming Policy and “No Wrong Door” – You will be welcomed into SUD Treatment by every provider in our network of care
 - Every outpatient/intensive outpatient program is wheelchair accessible.
 - Not every residential program is wheelchair accessible, but referrals are made to those who are.
 - Every program has accommodations for hearing and vision impaired individuals
 - Concerns about quality or access? Call or email BHRS Office of Consumer and Family Affairs – 800-388-5189 or ocfa@smcgov.org
- IMAT referral process
 - IMAT AOD (7 days a week)
 - Call: 650-573-2735 (share with clients. Expect a response in 24-48 hours)
 - IMAT Primary Care Clients (Weekdays)
 - Contact PC interface team
 - Christina Vasquez or Devin Aceret
 - HS_BHRS_IMAT_Interface@smcgov.org
 - Referrals for other Substance Use treatment needs: call center – 800-686-0101
- Contacts from IMAT
 - Mary Taylor Fullerton

	<ul style="list-style-type: none"> ▪ mfullerton@smcgov.org ○ Todd Henderson <ul style="list-style-type: none"> ▪ thenderson1@smc.org ○ Alex Perez <ul style="list-style-type: none"> ▪ aperez@smc.org <ul style="list-style-type: none"> • No public comment.
HSA Updates Claire Cunningham and Matthew Hayes (Human Services Agency)	<ul style="list-style-type: none"> • Introductions of new COH staff <ul style="list-style-type: none"> ○ Amy Davidson – Director at Center on Homelessness ○ Jamie Davis - Assistant to Amy Davidson, Center on Homelessness • Homeless Outreach Team (HOT) 2.0 (started January 1, 2025) <ul style="list-style-type: none"> ○ Jessica Silverberg: street outreach programs are provided to clients who are unhoused individuals in 4 regions across the County. HOT 2.0 that started in January made changes and enhancements to the service structure. <ul style="list-style-type: none"> • No public comment.
Roundtable Announcements	<ul style="list-style-type: none"> • No public comment.
Closure	Meeting Adjourned at 11:29 a.m.
Next Meeting	The next meeting is on May 7, 2025