Alameda County Health Care for the Homeless Commission
Friday, October 20, 2017 9:00am -11:00am
Health Care Services Agency 1000 San Leandro Blvd #300, San Leandro CA 94577

AGENDA

Item	Presenter	TAB	Time
A. CALL TO ORDER 1. Welcome & Introductions 2. Adopt agenda	boona cheema chair HCH Commission		9:00 AM 5 min
B. CLOSED SESSION 1. No Closed Session.			
C. PUBLIC COMMENT** Persons wishing to address items on or off agenda			5 min
D. CONSENT AGENDA Review and Approve Minutes of 9/15/2017 HCH Commission meeting		TAB 1	5 min
E. BOARD ORIENTATION Commission input as to future Board Orientation topics	David Modersbach, HCH Grants Mgr		5 min
F. REGULAR AGENDA 1. Presentation/Discussion: Alameda County Homeless Services Assessment & HCH Director Recruitment 2. Consumer/Community Input – Report from HCH Consumer/Community Advisory Board 3. Board Executive Committee report 4. HCH Program report 5. Hepatitis A Response in Alameda County 6. HCH Quality Committee Report/Update	Kathleen Clanon MD HCSA Med.Director Sam Weeks, DDS CCAB Board Chair Adria Walker, Executive Committee Jeffrey Seal MD HCH Interim Director Lucy Kasdin HCH Deputy Director Jeffrey Seal MD, Terri Moore	TAB 2 TAB 3	15 min 10 min 5 min 10min 10 min 10min
G. OTHER ITEMS 1. HCH CCAB/Commission Joint Meeting 12/15/17 2. Discussion of housing as health care efforts and direction of HCH Commission towards this issue. 3. Discussion of HCH Commission vacant seat. 4. Items for upcoming agendas 5. Housekeeping		TAB 4	5 min 15 min 10 min
H. ADJOURNMENT			11:00 AM

* Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH Grant Manager at least five working days before the meeting at (510) 667-4487 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH Commission regular meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: http://www.achch.org/.

.

Tab 1:
Minutes 9/15/2017 HCH Commission Meeting

Alameda County Health Care for the Homeless Commission

Friday, September 15, 2017 9:00am-11:00am

Health Care Services Agency 1000 San Leandro Blvd #300, San Leandro CA 94577

draft MINUTES

HCH Commissioners Present	Absent:	County Staff/Partners Present:
Adria Walker	Jean Richardson-Prasher	Heather MacDonald-Fine AHS Homeless Coordination Office
Gay McDaniel		David Modersbach HCH Grants Mgr
boona Cheema		Kathleen Clanon MD HCSA Medical Director
Lynette Lee		Lucy Kasdin, HCH Deputy Director
Fr. Rigo Caloca-Rivas		Terri Moore HCH Contracts Mgr
Samuel Weeks DDS		
Michelle Schneiderman MD		
Elecia Garrett, Public		

Item	Discussion/recommendations	Action
B. CALL TO ORDER 3. Welcome & Introductions 4. Adopt agenda	HCH Commission Chair boona cheema called the meeting to order at 9:07am Introductions: HCH Commission welcomed Dr. Michelle Schneiderman, who is Medical Director of Alameda Alliance for Health, Oakland resident, founder of SFGH Medical Respite program, with keen interest in homeless health care issues. Motion approved to adopt 9/15/17 Agenda	**Motion**: Adria Walker second Fr. Rigo Caloca-Rivas, Yea: unanimous
B. CLOSED SESSION 2. No Closed Session.	No closed session this meeting	
C. PUBLIC COMMENT** Persons wishing to address items on or off agenda	No members of public present to speak	
D. CONSENT AGENDA Review and Approve Minutes of 7/21/17 Meeting	Reviewed minutes from 7/21/17. Reviewed minutes from 8/18/17. Both sets of minutes were approved HCH Commission directed HCH staff that, moving forward, produce minutes with less level of detail regarding discussions. Topic and summary of process, accomplishments and decisions only.	**Motion:** Lynette Lee; second. Fr. Rigo Caloca-Rivas Yea: unanimous
E. BOARD ORIENTATION HRSA Operational Site Visit	HCH Grants Manager David Modersbach provided an overview of the HRSA Operational Site Visit which is planned for early 2018. Presentation available on ACHCH orientation materials page: http://www.achch.org/uploads/7/2/5/4/72547769/hrsa_health_center_operational_site_visit_orientation_9-2017.pdf	

F. REGULAR AGENDA 7. Consumer/Community Input – Report from HCH Consumer/Community Advisory Board Sam Weeks, DDS CCAB Board Chair 8. Board Ad Hoc Committee reports - 9. HCH Program report :	**Sam Weeks** reported from the HCH Consumer/Community Advisory Board (HCH CCAB): a) HCH CCAB has accepted three new members, is at 11 members, and will not expand for the time being, focused now on developing strengths and skills. b) HCH CCAB is inviting Dr. Jeffrey Seal to next meeting to meet them and hear from him. c) CCAB wants to follow up their Encampment Letter with face-to-face meetings with policy makers. CCAB is inviting HCH Commission to have a joint HCH Commission/HCH CCAB meeting on Friday December 15 AM in Oakland followed by HCH Winter Gathering. d) HCH CCAB is carrying out a retreat on 10/11/17, supported by boona cheema and Janny Castillo from St. Mary's. The HCH Commission reviewed again the Encampment Letter and members reaffirmed their support, noting that support was given in July. Sam acknowledged that this support is adequate. The HCH Commissioners agreed to carry out a Joint Meeting with the HCH CCAB on December 15, 2017, followed by a HCH Winter Gathering. **Adria Walker** reported on behalf of the HCH Commission Executive Committee. The EC has formed and met once, will meet next in October. Goals of the EC include better drive the agendas of HCHComm meetings, create roles and direction for Commission, and develop expertise on Brown Act. Inviting HCH staff leadership to participate, eventually HCH Director. **Lucy Kasdin** provided HCH program report update; **attached**. • Commissioners discussed considerations going into identification of mobile services and encampment outreach sites. Questions about role of patients/homeless persons/CCAB in determining sites, political considerations, etc. • Additional discussion of HCH program role in health emergencies such as hepatitis, bedbugs, heat/cold, and other emergencies. • Discussion of Role of HCH in provision and maintenance of permanent housing. Question: Balancing funding of homeless systems development expansion VS. expansion of permanent housing resources… Lucy introduced **Ms. Terri Moore**, the new HCH Contracts Manager staff. Terri is experienced in homeless services and comes from BHCS.	

10. HCH Director Position	**Kathleen Clanon MD**, HCSA Medical Director provided update on approach to hiring a new HCH Director. Currently Interim Director is Jeffrey Seal MD, Deputy Director Lucy Kasdin and HCH Management Team are stepping forth to carry program along. HCSA leadership is awaiting October results of BOS-ordered study on Homelessness and Alameda County; may result in recommendations of BOS to consolidate Housing/Homelessness leadership, impacting decision for HCH Director. In November Kathleen anticipates convening HCH Commissioners, HCH staffers and HCSA to evaluate and propose Job Description, Classification and recruitment steps for HCH Director. HCH Commissioners clarified that they are interested in exercising their role in helping determine Director job description and hiring process. Kathleen agreed. Discussion of challenges of recruiting a Program Director with County salaries and current roles. HCH staff suggested looking at the entire HCH program management team skills and roles not just Director position. HCH Commission will agendize this issue on a monthly basis.	
11. Whole Person Care Presentation	**Kathleen Clanon MD** presented an overview of the Alameda County Care Collaborative (AC3), our Whole Person Care Pilot. Please see PPT presentation. Kathleen stated that AC3 is forming a Steering Committee and they will want a HCH Commissioner to be a member of that Committee. HCH Commissioners asked if any AC3 funds are going directly to HCH program, they are not planning to at this time but that could change, however the funding does end at the end of 2020.	
12. **Action Item:** Authorize submission of Specialty Services and Sites CIS	David Modersbach provided background of HCH Program goal to add 11 Specialty Care services to HCH Scope of Services Form 5A; and 3 new sites including HGH Dental to Form 5B. *HCH Commission voted unanimously to approve submission of the following 11 services:* Endocrinology, Dermatology, Rheumatology, Urology/Renal, Cardiology, Chest, GI, Oncology/Hematology, Neurology, Oral Surgery, ENT *HCH Commission voted unanimously to approve submission of CIS to add the following three sites:* Clarify AHS Highland Wellness Center Site (K6&K7 and HCP 4&5), Add AHS Highland Dental Clinic	**Motion:** Fr. Rigo Caloca-Rivas; second Elecia Garrett, Yea: unanimous
G. OTHER ITEMS 1. HCH Commission	Commission moved to create two subcommittees: Housing and Health and Financial.	**Motion:**

Committees	Initial Members of **Housing &Health Committee** are Lynette Lee and Elecia Garrett, with boona cheema and Adria interested and supportive; Initial Members of **Finance Committee** are Gay McDaniel and Fr. Rigo Caloca-Rivas.	Adria Walker; second Gay McDaniel, Yea: unanimous
2. Jean Prasher HCH Commission Seat	**David** shared application for a seat for the HCH Commission. Commission is working to replace Jean Prasher, who represented East County/South County. Only applicant so far is North County. Commissioners will review, and continue to recruit and discuss at next meeting.	**Motion:** Gay; second Fr. Rigo, Yea: unanimous
3. Items for upcoming agendas	Next meeting agenda items: • HCH Director • Replace HCH Commissioner Prasher. • HCH CCAB/Commission Joint Meeting 12/15/17 • Suggestion of deeper discussion of housing as health care efforts and direction of HCH Commission.	
• H. ADJOURNMENT	HCH Commission meeting adjourned at 11:07am	**Motion:** Fr. Rigo Caloca-Rivas; second Gay, Yea: unanimous

Tab 2:
HCH Director’s Report

HCH Directors Report

Friday October 20, 2017

Alameda County Health Care for the Homeless Commission

Jeffrey Seal MD, Interim HCH Director/Medical Director

- Personnel updates: Working with HCSA Human Resources on:
  - HCH Director Job Description,
  - HCH Finance Manager recruitment,
  - Administrative Assistant recruitment
  - Registered Nurse III recruitment (Street Psychiatry)
  - Senior Management Analyst job description
- Restructuring of HCH operations meeting and contract management, including regular data review with key staff
- Increased work with HCSA with a goal of improved integration in housing and health services
- Various program updates: Hepatitis A, Change in mobile clinics, Development of Street Psychiatry program, participation in emergency planning, working with Public Health Department on improving Tuberculosis treatment and management among homeless.
- Trust Clinic: Upcoming program metrics development meeting, improved/expanded referrals through working with our outreach partners, preparation for contract renewal.
- Program development updates (working with consultant Daniel Cohen to develop key initiatives and priorities, timeline, HCH stakeholder interviews, mission and vision development)

Tab 3:
Hepatitis A Response

Alameda County Hepatitis A Vaccine Resource List

Community Clinics:

Individuals connected to community clinics can request a vaccination from their provider. These sites include: LifeLong Medical Care, West Oakland Health Center, Tri-City HCs, Axis Community HCs, Tiburcio Vasquez HC, Native American HCs, and La Clinica de la Raza HCs.

Local Pharmacies:

Individuals can receive the vaccine at a pharmacy. They should call Medi-Cal member services on the back of their Medi-Cal card to learn which pharmacies are in network. Generally it will be the pharmacy where they pick up any medications they are taking.

Additional Resources:

- **The Family Justice Center** is open **every Thursday** for vaccinations. Just show up 1pm-4pm. (470 27th St,/Telegraph Oakland). No insurance is required.
- **Highland Hospital** (1411 E. 31st St, Oakland) is offering vaccinations to the homeless population

Health Care for the Homeless Mobile Van Schedule: Free vaccines available

Dates/Times	Site
Mondays ***9:00 AM to 4:30 PM***	City Team Shelter **City Team Oakland 722 Washington Street, Oakland**
Tuesdays ***9:00 AM to 4:30 PM***	EOCP Crossroads Shelter, **7515 International Blvd, Oakland, CA 94621**
Wednesdays AM ***9:00-12:30*** PM ***12:30 – 4:30PM***	**4th Wednesday of Each Month** Building Futures Church **1395 Bancroft Ave. San Leandro** **2nd Wednesday of Each Month** Cronin House **2595 Depot Road Hayward, CA 94545**
Thursdays ***9:00 AM to 4:00 PM***	**1st and 3rd Thursdays** Multi Cultural Institute **1920 7th Street, Berkeley 94710** **(Mobile parks at 4th Street near RR tracks)** **2nd Thursday** New Hope **22110 Montgomery St Hayward, CA 94541** **4th Thursdays** Union City Home Depot **30055 Industrial Pkwy SW, Union City, CA 94587**
Fridays ***9:00 AM to 4:30 PM***	St. Vincent De Paul, **2272 San Pablo Ave, Oakland, CA 94612**

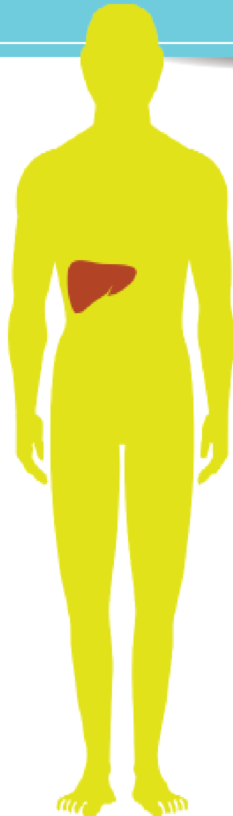
Hepatitis A Virus Infection

Why Should You Care About Hepatitis A?

If a person has an infection with the Hepatitis A virus, it can easily spread from person-to-person and cause liver disease lasting a few weeks to a serious illness lasting many months. In some cases, people can die because of Hepatitis A.

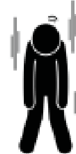
How Does Hepatitis A Spread?

- Touching objects or eating food that someone with Hepatitis A infection handled
- Having sex with someone who has a Hepatitis A infection



What Are the Symptoms of Hepatitis A?

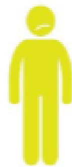
Fever



Fatigue

Nausea

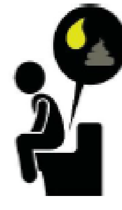
Loss of appetite



Jaundice (yellowing of the skin or eyes)

Stomach pain

Vomiting



Dark urine, pale stools, and diarrhea

If you think you have Hepatitis A because of these symptoms, see your doctor or visit the closest Emergency Room. Always wash your hands with soap and water after going to the bathroom and before preparing food.

How Can You Prevent Hepatitis A?

- Get two shots of the Hepatitis A vaccine
- Don't have sex with someone who has Hepatitis A infection
- Use your own towels, toothbrushes, and eating utensils
- Don't share food, drinks, or smokes with other people

Places where you can likely get Hep A shots for free:

- Your doctor's office
- Local pharmacies (it is covered by Medi-Cal)
- Family Justice Center 470 27th Street, Oakland, CA 94612. Thursdays 1pm-4pm. For more information call (510) 267-3230 or visit http://www.acphd.org/clinics.aspx

Adopted from County of San Diego Health and Human Services Agency EISB 9/17

Tab 4:
Discussion Piece added by HCH Commission Chair

HOUSING IS A HUMAN RIGHT PREVENTION IS A STRATEGY SAFE HABITAT A NECESSITY

boona cheema
Daniel Barth

Dire Circumstances

Homelessness is a humanitarian disaster.

Residents of our communities, our neighbors, brothers and sisters, our seniors and our children are increasingly sleeping on the pavement, hidden under bushes, in our parks, in their cars, in doorways, under blankets and, when lucky, under the cover of a tent. These harsh living conditions lead to quick deterioration of physical health, exacerbate existing mental health crises, increase social isolation, create hunger, and encourage drug and alcohol use as self-medication. Many are already addicted to drugs or alcohol or both, are people living with HIV/AIDS, people preyed upon by predators, and/or victims of rape and forced prostitution. Children and youth are traumatized by this experience and our seniors are neglected. More and more people are leaving our prisons without an exit strategy for housing, while evictions of the economically poor are on the rise, increasing the number of people whose needs become more complex, within a system not prepared for the deluge.

While progress has been made towards ending homelessness for our veteran population, nationwide we are experiencing even greater rationing of care, dedicating existing resources for those who are experiencing chronic homelessness with co-occurring illnesses, and/or poor health and persistent mental illness. Significant dollars have been targeted and complex systems designed to decide who qualifies for, and who is placed in, housing. This works for about 20 percent of the homeless population. We are dedicating few resources and minimal funds for prevention, in comparison to funds for building permanent housing. We are providing even less for the 80 percent who may "qualify" for services but are not prioritized for permanent housing.

Everyone has a fundamental right to safe, decent affordable housing. People who live without this protection nonetheless have the right to respite and sleep, dignity of habitat, health care, meaningful work, further education, community, and freedom from criminalization for their homeless status. Quality of life for homeless people continues to suffer while resources are wasted on writing citations and tickets, encampment abatement. Tactics like these provide no progress towards ending homelessness.

Negative health outcomes and mortality rates are highly correlated with homelessness. Until recently, Bay Area cities have doubled down on status quo actions by choosing to enact "quality-of-life" laws that restrict unsheltered people's right to sleep, to sit, be sheltered from rain and cold, receive food, congregate, or hold onto possessions not on their person. Jurisdictions continue to expend significant resources on homeless camp

abatement as their most immediately feasible remedy for short-term amelioration of business and community fears regarding encampments.

Strategies for Prevention and Rapid Re-Housing

Homeless prevention programs still receive only about 10% of the total funds dedicated to homelessness. Prevention efforts have not slowed the increase in numbers of people who become homeless for the first time and are forced to live on the streets. Every East Bay resident is affected by the housing crisis and its effect in decreasing quality of life. Most unhoused people are displaced local residents, formerly incarcerated, and/or lack mental health treatment**. In California, a 10% increase in rent correlates with 6.5% increase in homelessness.** Citizens and jurisdictions must commit to improve the health and lives of people experiencing homelessness and help get unsheltered people off the streets, and give them access to health care and housing. The task is daunting, and the paucity of existing local resources does not meet the most basic of the emergent needs.

Federal, state and local agencies must organize resources together. Policies that govern existing prevention services can allow for greater flexibility within multiple systems for cross-agency approaches, and addresses administrative barriers. Collaboration possibilities include agencies such as: Social Services Agency, Children and Family Services, Office of Education, First 5, Senior Services, Health Services, Public Health, Mental Health, Probation, Community Development, Consumer and Business Affairs.

At the local level, a comprehensive strategy needs to effectively identify and asses households in danger of homelessness, and prevent the worst from happening, especially by diverting families in housing crises. Prevention resources should be prioritized for populations and individuals most vulnerable to evictions. Outreach workers should dedicate themselves to connecting vulnerable populations with legal assistance that can help prevent evictions. The stock of housing that has historically supported people who are housing-insecure, by providing rapid re-housing, is largely unavailable today. Affordable and stable housing support must also address people's health and employment needs.

Work support programs are disappearing. Greater income support and housing subsidies are needed for people without access to meaningful and stable employment at income levels sufficient to afford housing.

People with serious health mental health conditions, youth aging out of foster care or juvenile justice systems, and adults with frequent contact with hospitals and criminal justice need access to service partnership providers in or near their housing.

Solutions focused on prevention for all vulnerable populations must ensure that people are better connected to help before losing their housing. This includes effective prison and institutional discharge planning to prevent post-release homelessness.

Focused on displacement, legal services seek to preserve safe and decent housing for low-income tenants and avert evictions, especially when tenants are forced to move due to landlord foreclosure or tenants face escalating rental costs. Preventing illegal evictions is far more effective and humane than reversing the personal and financial costs once people become homeless.

People leaving foster care systems and juvenile probation, and formerly incarcerated individuals must be provided with resources and supportive services to ensure successful re-integration into their family and community of origin when possible. This may include re-integration with Section 8 families. Wraparound support, especially for former foster youth, needs to be provided to the individual for 6 months prior to discharge and to families after discharge, including access to community college or vocational training, access to public benefits, and supportive services for long-term self-sufficiency and homelessness prevention.

Prevention is most effective when provided as housing subsidies. Indeed, most people who are homeless indicate the support they need to obtain permanent housing is assistance paying rent. Rapid Rehousing services are more available for the 20 percent who “qualify, for non-chronically homeless single adults, and families. Rapid Rehousing strives to ensure that homelessness is a rare, brief and one-time experience.

For people who live with serious mental illness, permanent supportive housing is most effective. Housing Court, a specialty court for matters involving residential housing, and similar legal interventions for tenancy preservation, offers mediation with landlords to prevent eviction. Similarly, Mental Health Court prevents people living with serious mental illness from cycling through jails and shelters. Interagency collaborations (local and/or state) can build community-wide approaches, enable funding, and host data sharing.

Prevention activities are most effective when the intervention is well-targeted and delivered with efficiency. Communities most commonly focus on targeting interventions to promote rapid exit from shelters and supporting people with disabilities as they leave psychiatric or correctional institutions. Effective homeless prevention requires ongoing commitment by public agencies to these strategies, strong leadership and alliance-building, and adequate resources.

Facing Reality

While all of the above programs, policies and strategies will keep some people housed, many more will become homeless each year **as long as the current economic forces promote gentrification and economic inequality**. This forces us to a full discussion of creating alternative habitats/dwellings where people can live with dignity and support while they wait for placement in permanent housing which might be built in the next decade.

Creating Safe Habitat

Enabling Legislation. Several East Bay cities have access to funds provided by California statute, AB 932 "Shelter Crisis: Homeless Shelters". Low-cost, community-engaged solutions are challenging to implement but have proven to be cost-effective. Enabling legislation allows cities to fight the fight to bring immediate solutions into action.

Short of permitting Safe Organized Sites ("SOS") as described below, basic human rights of homeless people must be met by supporting access to hygiene facilities (bathrooms, wash stations, showers, laundry) and sanitation, adequate food and potable water, cooking facilities, access to medicine, access to additional safe places such as Warming Centers during inclement weather. To mitigate conditions of illness that are symptomatic of poverty and homelessness, unsheltered people require access to social workers, health workers, nurses and doctors, substance and mental health treatment, opportunities for education and employment. The right to shelter on demand, when pathways to more permanent housing are also available, shortens the duration that people must live outdoors.

Safe Haven, Safe Park, Rest Area, Sanctuary Camp. Sanctioned camp models are located on publicly-controlled or private land (blighted commercial, nonprofit, faith-based) used by a group to manage a supported encampment with little or no jurisdictional involvement. Models range along a spectrum from charitable (help is handed from provider to client, with institutional funding required) to self-managed (rules created by residents, staff facilitate, public agencies deliver support, partnership with neighborhood). Most Bay Area examples lean heavily toward charitable models. Levels of permanence range from temporary (provides safe shelter until people are adequately housed; the current standard is 4 months to fills a gap in existing housing system). "Temporary" is a revolving door as only the luckiest get housed in 4 months in the current situation of less than 1 percent housing availability in the Bay Area.

A **Rest Area** is distinct in accommodating a lower threshold of community engagement by a short-term camper. It is provided, sometimes at the front-end of a self-organized Sanctuary Camp, for a night's respite and an opportunity to experience the camaraderie and sense of purpose that a Sanctuary Camp can provide, and offers a step-up to that commitment level.

Iterations of San Francisco's Navigation Center and Oakland's Safe Haven do not use a self-organizing organizational structure. Instead, instead they offer safety for a time-limited basis in an externally-reinforced 24-hour staffed structure, operating under the obligation to provide intensified services to stabilize campers, connect to mainstream resources and County Coordinated Entry. They support housing "document readiness" to secure more permanent housing. These approaches are at least 7 times more expensive than self-organized versions.

Self-Organized Camp. Self-organizing seeks to increase the degree of safety, support, stability, and predictability in a camp. Residents who self-organize are inherently seeking to prove that they are capable of conducting themselves as a community that can successfully interact with and integrate as neighbors in a larger community. Self-managed camps provide a more tangible sense of belonging, resident ownership of a safe place to call home, increased safety in the neighborhood surrounding the camp, purposeful and reciprocal roles and relationships. The model includes a well-established code of conduct (sobriety, safety/nonviolence, non-harassment, cooperation, participation). With an ethos of mutual support, participation evolves into expectations for voluntary contributions that formalize into operational duties, including for security. The organization is led by a horizontal leadership team for day-to-day decision-making, in between weekly camp meetings where everyone's attendance and voice is required and due process is maintained.

Transformative, Self-Evolving Village. These emerge along a continuum – from unsupported encampment to more permanent housing – as an organic response by unsheltered residents themselves, usually in partnership with community advocates and stakeholders. The effort organizes by itself or with nonprofit support, as it builds a model that demonstrates social, environmental, and economic sustainability as a low-impact, low-cost, collectively-driven initiative. In addition to small sleeping units and on-site shared amenities, educational and vocational activities may be located in the camp.

Developing safe sites for sleeping outdoors is a public health requirement, even where it is not accepted as a public policy option. Providing for sleep is not a permanent solution to homelessness. But given the health and housing emergency, measures must be taken to secure safe spaces where safe and dignified sleep can occur.

Any citizen possesses the sacrosanct right to self-determination and autonomy to determine what is appropriate for their circumstances. Time-limited interventions for safe sleeping violate this right. Self-governance upholds this right. Varying levels of peer and professional oversight can support locations where unsheltered people are not expressly ready for autonomous, self-organized, and participatory solutions.