



**Regional Task Force on the Homeless  
Ad Hoc Committee on Health and Homelessness**

**Meeting Notes  
March 17, 2021**

**I. Hopes for the Committee:**

<b>Name</b>	<b>Organization</b>	<b>Key Hope for the Committee</b>
Karen McCabe, Committee Chair	Scripp’s Mercy Hospital	Establish improved communication and referral pathways between the healthcare and homeless sectors
Camey Christenson	211 San Diego	RTFH and the sub-committee can take a leadership role in merging sectors that need to work with one another, and stay focused on practical applications and early wins
Ben Moraga	Sharp Healthcare Foundation	Develop a bridge from hospitals to shelters
Jonathan Castillo	PATH	Learned 40% of people referred by healthcare providers had never touched healthcare system (1800 people). Establish an “overpass” between health and homelessness, and how to work with healthcare partners to help prioritize those that are most vulnerable with acute needs for PSH
Hanan Scrapper	PATH	Develop a way to serve the whole person and prioritize how to address physical and mental health needs and data sharing to promote integration
Filipa Rios	Interfaith Community Services	Establish partnership and collaboration across sectors, as experience has shown that the healthcare sector are working with people Interfaith has not traditionally touched
Jon Lewiss	Interfaith Community Services	Mechanism to decrease or eliminate the population of people leaving the hospital to the streets
Deacon Jim Vargas	Father Joe’s Villages	Project 25 was successful because they brought health and homelessness together, and have begun to conduct street medicine for people who are unsheltered. The systems need to be linked for projects to be successful
Lindsey Wade	Hospital Association of San Diego and Imperial Counties	Opportunity to level set on what resources are available at discharge and how to collaborate on how to best support people who are homeless
Jeff Gehring	Family Health Centers of San Diego	Bridge gap between healthcare and homeless providers, across systems as there is often a gap in transitions of care
Tamera Kohler	Regional Task Force on the Homeless	While prioritizing people based on health needs is not in a traditional book of business for a Continuum of Care, that does not prevent us from doing so locally. Looking forward to bringing committee recommendations to RTFH’s overall work



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		and communicating with jurisdictions and recognizing that housing is a safe, health option. Encourage committee to drive toward action
Susan Bower	Regional Task Force on the Homeless	Fully integrate the two systems as a standard practice throughout the region.

**II. Development of Charter**

- Revisions to initial draft are attached

**III. Identification of a Co-Chair –**

- Jonathan Castillo, PATH, was selected and agreed to Co-Chair the committee

**IV. Meeting Frequency/Actions/Timelines**

- Committee agreed to initially meet monthly and re-assess in the future. RTFH staff will send a Doodle poll to assess regular meeting date/time
- Develop a map identifying healthcare resources, housing/shelter resources, and data on the number of unsheltered people in the various jurisdictions
- Next meeting will focus on developing the attached workplan/strategy document