A G E N D A

CITY OF SEASIDE
HOMELESS COMMITTEE

REGULAR MEETING
COUNCIL CHAMBER
440 Harcourt Avenue
Thursday, April 26, 2018
6:30 PM

PLEASE TURN OFF YOUR CELL PHONES UPON ENTERING THE MEETING

1. CALL TO ORDER

2. ROLL CALL - ESTABLISHMENT OF QUORUM

3. REVIEW OF AGENDA

If there are any items that arose after the 72-hour posting deadline, this is the point in the meeting where a vote may be taken to add the item to the agenda. (A 2/3-majority vote is required).

4. PUBLIC COMMENT

Members of the public wishing to address the City Council on matters within the jurisdiction of the City of Seaside, but not on this agenda, may do so during the Public Comment period for up to three minutes. Public Comments on specific agenda items are heard under that item. For the public record, please state your name.

5. APPROVAL OF MINUTES

A. APPROVE MINUTES APRIL 12, 2018

6. BUSINESS ITEMS

A. DISCUSS AND APPROVE A MISSION STATEMENT FOR THE COMMITTEE

B. RECEIVE, DISCUSS AND PROVIDE DIRECTION REGARDING DRAFT LETTER INTRODUCING HOMELESS COMMITTEE TO BE SENT TO COMMUNITY ORGANIZATIONS

C. DISCUSSION OF SERVICES AND SERVICE PROVIDERS PROVIDING SERVICES FOR THE HOMELESS COMMUNITY AND SET LIST OF PRESENTATION TOPICS FOR FUTURE MEETINGS

D. RECEIVE, DISCUSS AND PROVIDE DIRECTION REGARDING DRAFT ANNUAL WORK PLAN

E. DISCUSS AND PROVIDE DIRECTION REGARDING CITY BUDGETED FUNDS FOR HOMELESS SERVICES

7. REPORTS FROM COMMISSIONERS

8. REPORTS FROM STAFF

9. ADJOURNMENT

Next Regularly Scheduled Meeting:
May 24, 2018
6:30 PM
Seaside City Hall

The City of Seaside is committed to providing accessible facilities and accommodating people with disabilities in all of its services programs and activities. If special considerations are needed by any person to fully participate in this meeting, they are asked to contact the City Clerk at 899-6707 no fewer than two business days prior to the meeting to allow reasonable arrangements. The City Council chamber is equipped with a portable microphone and assisted listening devices are available at all meetings. City Council Meetings that are held in the City Council Chambers are broadcast live to all Seaside residents on Comcast Channel 25 and U-verse Channel 99. Meetings are also available through live streaming at: http://cvp.telvue.com/player?id=T01629&video=52314&noplaylistskin=1&width=400&height=300
Videos of past meetings are available on demand through the City's website: http://www.ci.seaside.ca.us

Agenda-related writings or documents provided during public meetings are available for public inspection during the meeting or from the office of the City Clerk. This agenda is posted in compliance with California Government Code Section 54954.2(a) or Section 54956.

CITY OF SEASIDE
STAFF REPORT

Item No.: 5.A.

TO: Homeless Committee

BY: Lesley Milton-Rerig, City Clerk

DATE: April 26, 2018

SUBJECT: **APPROVE MINUTES APRIL 12, 2018**

PURPOSE & RECOMMENDATION

To review and approve the minutes for the last meeting.

BACKGROUND

It is recommended that the minutes be reviewed and approved.

ATTACHMENTS

1. 180412mHCsm

CITY OF SEASIDE
STAFF REPORT

Item No.: 6.A.

TO: Homeless Committee

BY: Lesley Milton-Rerig, City Clerk

DATE: April 26, 2018

SUBJECT: **DISCUSS AND APPROVE A MISSION STATEMENT FOR THE COMMITTEE**

PURPOSE & RECOMMENDATION

The purpose of this item is to discuss and adopt a mission statement for the Committee.

BACKGROUND

As this is the Homeless Committee's second meeting, adopting a mission statement will help the Committee as well as the public understand the priorities and direction the Committee. A mission statement is also a required element of the Committee Annual Work Plan, which is an item later on the agenda.

Members are encouraged to consider possible statements prior to the meeting and bring suggestions for discussion.

ATTACHMENTS

MONTEREY COUNTY
2017 HOMELESS CENSUS & SURVEY
COMPREHENSIVE REPORT

REPORT PRODUCED BY ASR

ABOUT THE RESEARCHER

Applied Survey Research (ASR) is a social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies. The firm was founded on the principle that community improvement, initiative sustainability, and program success are closely tied to assessment needs, evaluation of community goals, and development of appropriate responses.

HOUSING INSTABILITY RESEARCH DEPARTMENT (HIRD)

Vice President: Peter Connery

Department Director: Samantha Green

Project Lead: John Connery

Department Coordinator: Christina Connery

Research Analysts: Connie Chu, James Connery, Audra Eads, Kendra Fisher, Marissa Jaross, Jenna Gallant, and Javier Salcedo

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Acknowledgements

The 2017 Monterey Census & Survey planning team would like to thank the many individuals and agencies who contributed to this project. The participation of community volunteers and partner agencies is critical to the success of the count. Hundreds of community volunteers, City and County employees, and local community-based organizations assisted with all aspects of the count, from the initial planning meetings, to the night of the count, to the publication of this report.

Census Coordination Agency

Coalition of Homeless Service Providers

Katherine Thoeni, *Executive Officer*

Katrina Mckenzie, *Administrative Coordinator*

Roxanne Wilson, *HMIS Data Coordinator*

Janelle Delgado, *Management Analyst*

Funding for the 2017 Monterey County Census and Survey Provided by:

Monterey County Department of Social Services

Monterey County Behavioral Health

San Benito County Health and Human Services

PG Challenge

Coalition of Homeless Service Providers

Volunteer Recruitment and management

Coalition of Homeless Service Providers

United Way Monterey County

San Benito Health and Human Services

Thanks To

Salvation Army Monterey Corps

Central Coast Labor Council

San Benito County Warming Shelter

1st Presbyterian Church in Monterey

1st United Methodist Church in Salinas

Bethlehem Lutheran Church in Monterey

Big Sur Health Clinic

Catholic Charities

Community Hospital of the Monterey Peninsula

CSUMB

The Gathering Place

One Starfish Program

Additional Thanks

Daniela Mejia, David Killburn, Paris De La Rosa, Ann Houle, Marisol Jacobo, Georgina Alvarez, Roman Perez, Dana Cleary, Rick Medina, Janelle Delgado, Erik Rice, Evette Hernandez, Linda Nieves, Pracilla Painagua, Reyes Bonilla, Yolanda Talemante, Thomas Muir, Robin McCrae, Shirley Millico, Victor Martinez, Giselle Soler, Joe Farotte, Joe Fernandez, Manny Gonzalez, Victor Ramirez, Jeff Lehner, Patricia Fuentez, Tony Colin, Glorietta Rowland, Liz Hutton, Jill Allen, Cindy Storrs, Mary Eileen Kiniry, Jean Goebel, Kimberly Ferguson, Leila Emadin, Patty Carillo, Andres Ortiz, Barbara Mitchell, Brian Larkin, Crystal Magdaleno, Karina Pinedo, Leah Taylor, Tiffany Lynn-Cotta, Tina La Perle, Robert Voss, Breda Heller, Catherine Morga, Betsy Wilson, Carlos Jurado, Jesus Valenzuela, Karen Aruajo, Matt Huerta, Ben Muradyn, Rachel Muradyn, Margaret Huffman, Elsa Jimenez, Krista Hanni, Fatima Dias, Katy Castagna, Tre Watkins, Vanessa Robinson, Stephen Corbett, Darryl Hudson, Eric Gates, MaryLynn Herron, Laurel Widmer, Mark Widmer, Bonnie Jellison, Cheryl Camany, Rosa Salinas, Andrew Millington, Anthony Lopes, Jennifer Swain, Ana Foglia, Bill Delgado, Guillermo Rodriguez, Keith Rayburn, Kayshla Lopez, Miranda Mosey, Samantha Gomez, Melinda Wollf, Jack Murphy, Lamar Green, Laura Cortez, Robert Juardo, Bobby Merritt

For Additional Information

Coalition Of Homeless Services Providers
220 12th Street, Marina, CA 93933
(831)883-3080
www.chspmontereycounty.org

Introduction

Every two years, during the last ten days of January, communities across the country conduct comprehensive counts of the local population experiencing homelessness. These counts measure the prevalence of homelessness in each community, and collect information on individuals and families residing in emergency shelters and transitional housing, as well as people sleeping on the streets, in cars, in abandoned properties, or in other places not meant for human habitation.

The biennial Point-in-Time Count is the only source of nationwide data on sheltered and unsheltered homelessness, and is required by the U.S. Department of Housing and Urban Development (HUD) of all jurisdictions receiving federal funding to provide housing and services for individuals and families experiencing homelessness.

Continuums of Care report the findings of their local Point-in-Time Census in their annual funding application to HUD, which ultimately help the federal government better understand the nature and extent of homelessness nationwide. Census data also help to inform communities' local strategic planning, capacity building, and advocacy campaigns to prevent and end homelessness.

Monterey County worked in conjunction with Applied Survey Research (ASR) to conduct the 2017 Monterey Homeless Point-in-Time Census and Survey. ASR is a social research firm with extensive experience in homeless enumeration and needs assessment.

The Monterey County Homeless Point-in-Time Census has two primary components: a point-in-time enumeration of unsheltered homeless individuals and families (those sleeping outdoors, on the street, in parks, or vehicles, etc.) and a point-in-time enumeration of homeless individuals and families residing in temporary shelter (e.g. emergency shelter or transitional housing).

The 2017 Monterey County Homeless Point-in-Time Census was a comprehensive community effort. With the support of approximately 43 individuals with lived experience of homelessness, 93 community volunteers, staff from various City and County departments, and law enforcement, the entire county was canvassed between the hours of 5:30 a.m. and noon on January 25, 2017. This resulted in a peer-informed visual count of unsheltered homeless individuals and families residing on the streets, in vehicles, makeshift shelters, encampments and other places not meant for human habitation. Shelters and facilities reported the number of homeless individuals and families who occupied their facilities on the previous evening.

Monterey County also conducted a specialized count of unaccompanied children and transition-age- youth under the age of 25 years old. This dedicated count is part of a nationwide effort, established and recommended by HUD, to improve our understanding of the scope of youth homelessness. Trained youth enumerators who currently or recently experienced homelessness conducted the count in targeted areas where young people

experiencing homelessness were known to congregate.1 This is an important year for national data on young people experiencing homelessness, as HUD will use 2017 youth count results as a baseline for measuring progress toward ending youth homelessness by 2020.

In the weeks following the street count, an in-depth survey was administered to 654 unsheltered and sheltered homeless individuals of all ages. The survey gathered basic demographic details as well as information on service needs and utilization.

This report provides data regarding the number and characteristics of people experiencing homelessness in Monterey County on a single night in January. Special attention is given to specific subpopulations, including chronically homeless individuals, veterans, families, unaccompanied children under the age of 18, and transition-age-youth between the ages of 18 and 24.

To better understand the dynamics of homelessness over time, results from previous years, including 2013 and 2015, are provided where available and applicable.

FEDERAL DEFINITION OF HOMELESSNESS FOR POINT-IN-TIME COUNTS

In this study, the HUD definition of homelessness for the Point-in-Time Count is used. This definition includes individuals and families:

- Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement; or
- With a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

This definition does not include individuals who were sleeping in hotel/motels, jail or prison, were couch surfing, or living in "doubled up" situations.

PROJECT OVERVIEW AND GOALS

In order to for the 2017 Monterey County Point-in-Time Count and Survey to best reflect the experience and expertise of the community, ASR held regular planning meetings with local community members. These community members were drawn from county and city departments, community-based service providers, and other interested stakeholders. These individuals comprised the 2017 Planning Committee, and were instrumental to ensuring the 2017 Monterey Homeless Point-in-Time Census and Survey reflected the needs and concerns of the community.

The 2017 Planning Committee identified several important project goals:

- To preserve current federal funding for homeless services and to enhance the ability to raise new funds;
- To improve the ability of policy makers and service providers to plan and implement services that meet the needs of the local homeless population;

[1] Significant deduplication efforts were made in 2017 to ensure unaccompanied children and youth were not captured in both the youth and general street count efforts. For more information on these efforts and the overall count methodology, please see Appendix A.

- To measure changes in the numbers and characteristics of the homeless population since the 2015 Monterey County Homeless Point-in-Time Census and Survey, and to track progress toward ending homelessness;
- To increase public awareness of overall homeless issues and generate support for constructive solutions; and
- To assess the status of specific subpopulations, including veterans, families, unaccompanied children, transition-age-youth, and those who are chronically homeless.

This report is intended to assist service providers, policy makers, funders, and local, state, and federal government in gaining a better understanding of the population currently experiencing homelessness. This report also aims to aid these same groups in measuring the impact of current policies and programming, as well as planning for the future.

Point-In-Time Census

The 2017 Monterey County Homeless Point-in-Time Census and Survey included a complete enumeration of all unsheltered and publicly sheltered homeless persons. The general street count was conducted on January 25, 2017 from approximately 5:30 a.m. to noon and covered most of the 3,771 square miles of Monterey County. The shelter count was conducted on the previous evening and included all individuals staying in: emergency shelters, transitional housing facilities, and domestic violence shelters. The general street count and shelter count methodology were similar to those used in 2015, with some small improvements.

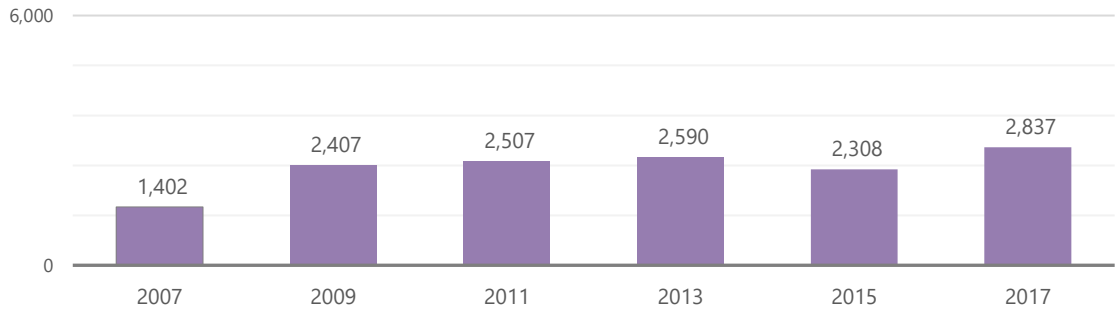
The methodology used for the 2017 Monterey County Homeless Point-in-Time Census and Survey is commonly described as a "blitz count" since it is conducted by a large team over a very short period of time. As this method is conducted in Monterey County, the result is an observation based count of individuals and families who appear to be homeless. The count is then followed by an in-person representative survey, the results of which are used to profile and estimate the condition and characteristics of the local homeless population. Information collected from the survey is used to fulfill HUD reporting requirements, and to inform local service delivery and strategic planning efforts.

In a continuing effort to improve data on the extent of youth homelessness, Monterey County also conducted a dedicated youth count similar to the one conducted in 2015. The dedicated youth count methodology was improved in 2017 to better ensure that unaccompanied children and transition-age-youth were not included in both the general street count and youth count. For more information regarding the dedicated youth count, deduplication, and project methodology, please see appendix A.

NUMBER AND CHARACTERISTICS OF HOMELESS PERSONS IN MONTEREY COUNTY

On January 25th, 2017 there were 2,837 individuals experiencing homelessness in Monterey County. This represents an increase of 23% from 2015 and the largest number recorded in the past 10 years.

Figure 1. TOTAL NUMBER OF HOMELESS INDIVIDUALS ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS WITH TREND



Source: Applied Survey Research. (2005-2017). Monterey County Homeless Census.

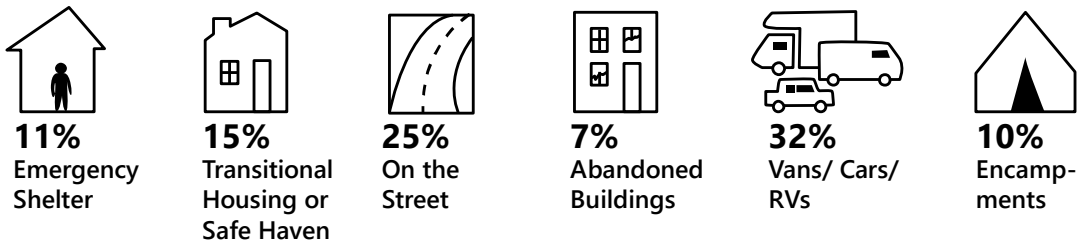
Figure 2. TOTAL NUMBER OF HOMELESS INDIVIDUALS ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS

Source: Applied Survey Research. (2017). Monterey County Homeless Census.

LIVING ACCOMMODATIONS

Nearly a third (32%) of all individuals experiencing homelessness in Monterey County were staying in vehicles in 2017. A quarter (25%) were living on streets, while eleven percent (25%) were staying in shelters, either emergency shelters or transitional housing.

Figure 3. CURRENT LIVING ACCOMMODATIONS



Source: Applied Survey Research. (2017). Monterey County Homeless Census.

Amongst all the cities in the county of Monterey, Salinas has seen the largest increase in individuals experiencing homelessness, increasing 155% since 2013. Seaside has seen a decrease of nearly 60%, while Prunedale and Pajaro saw even larger decreases (93% and 78%, respectively).

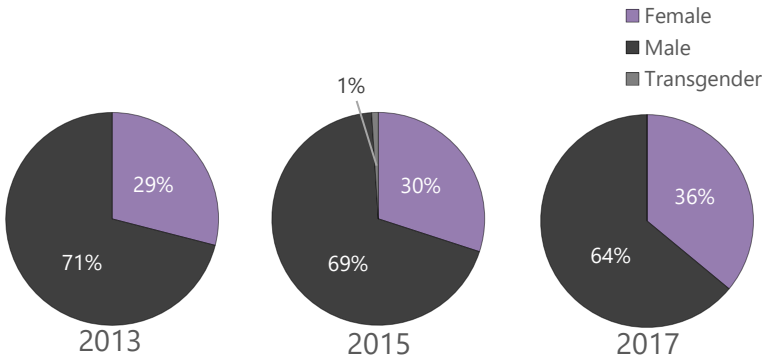
Figure 4. TOTAL NUMBER OF HOMELESS PERSONS BY JURISDICTION AND SHELTER STATUS

	UNSHELTERED		SHELTERED		TOTAL		
JURISDICTION	2015	**2017**	2015	**2017**	2015	**2017**	15-17 % CHANGE
Total Incorporated	1,300	**1,692**	601	**724**	1,901	**2,416**	27%
Monterey	306	292	31	46	337	338	0%
Salinas	634	1,097	233	264	867	1,361	57%
Marina	68	51	230	356	298	407	37%
Seaside	152	40	107	58	259	98	-62%
Sand City	55	31	0	0	55	31	-44%
Gonzales	0	0	0	0	0	0	-
Pacific Grove	13	35	0	0	13	35	-
King City	4	0	0	0	4	0	-
Greenfield	2	6	0	0	2	6	-
Del Rey Oaks	55	111	0	0	55	111	102%
Carmel	6	16	0	0	6	16	-
Soledad	5	13	0	0	5	13	-
Total Unincorporated	330	**419**	77	**0**	407	**419**	2%
Pajaro	144	14	77	0	221	14	-94%
Prunedale	8	16	0	0	8	16	-
Other	178	391	0	0	178	391	119%
County Office of Education*	0	**0**	-	-	0	**0**	-100%
Total	**1,630**	**2,113**	**628**	**724**	**2,308**	**2,837**	**23%**

Source: Applied Survey Research. (2013-2017). Monterey County Homeless Census.
Note: % Change was not calculated when jurisdiction was below 50 individuals.

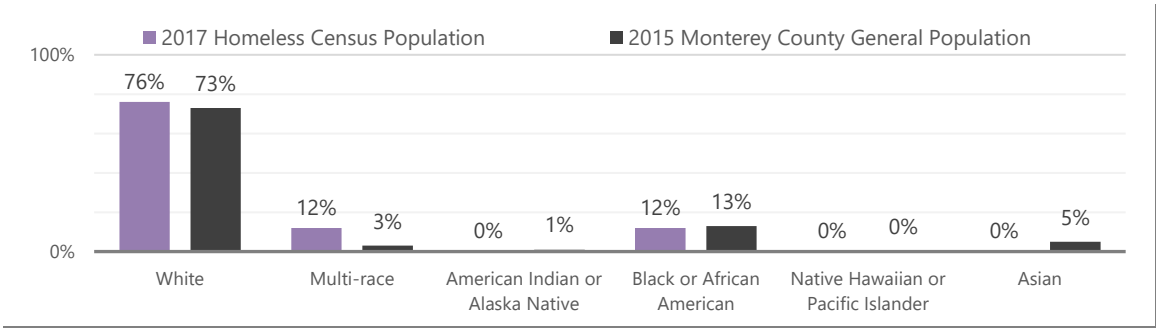
CHARACTERISTICS OF PERSONS EXPERIENCING HOMELESSNESS

Figure 5. TOTAL HOMELESS CENSUS POPULATION BY GENDER



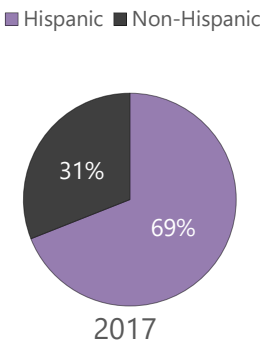
2013 N=2,590; 2015 N=2,308; 2017 N=2,837
Source: Applied Survey Research. (2013-2017). Monterey County Homeless Census.

Figure 6. TOTAL HOMELESS CENSUS POPULATION BY RACE



2017 n= 2837
Source: Applied Survey Research. (2015-2017). Monterey County Homeless Census.
U.S. Census Bureau. (January 2017). American Community Survey 2015 1-Year Estimates, Table DP05: ACS Demographic and Housing Estimates. Retrieved from http://factfinder2.census.gov
Note: Multiple response question. Percentages may not add up to 100 due to rounding.

Figure 7. TOTAL HOMELESS CENSUS POPLATION BY HISPANIC/NON-HISPANIC



2017 N=2,837
Source: Applied Survey Research. (2015-2017). Monterey County Homeless Census.

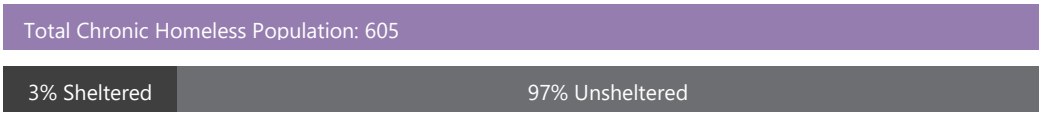
SUBPOPULATIONS

CHRONICALLY HOMELESS INDIVIDUALS

The Department of Housing and Urban Development defines a chronically homeless individual as someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years, *and* also has a disability that prevents them from maintaining work or housing. This definition applies to individuals as well as heads of household who meet the definition.

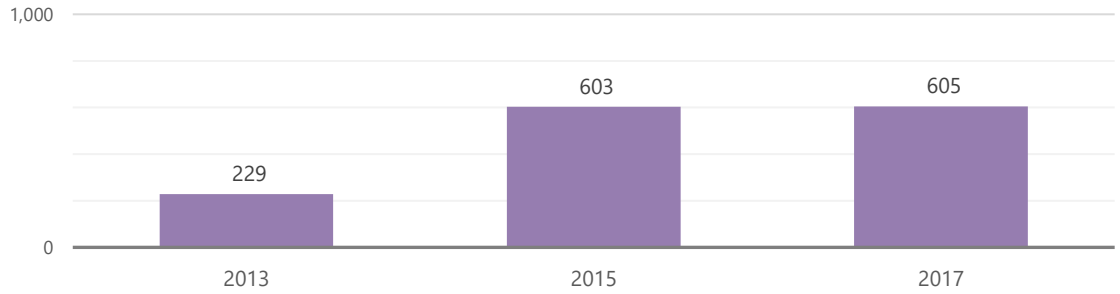
There were a total of 605 individuals experiencing chronic homelessness in 2017, nearly identical to 2015 (603).

Figure 8. CHRONIC HOMELESSNESS POPULATION ESTIMATES



Source: Applied Survey Research. (2017). Monterey County Homeless Census.

Figure 9. TOTAL NUMBER OF CHRONICALLY HOMELESS INDIVIDUALS ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS WITH TREND



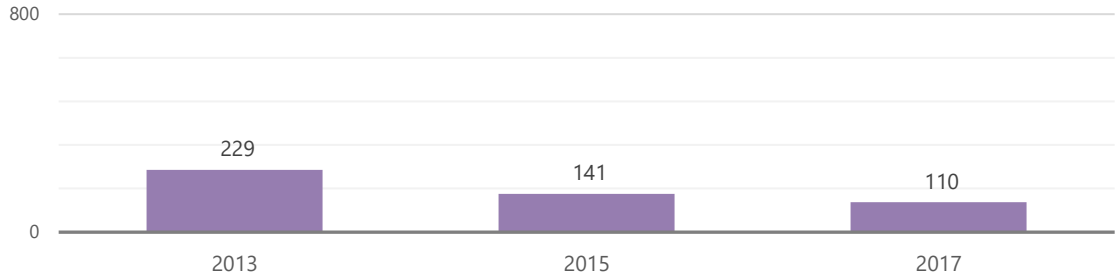
Source: Applied Survey Research. (2015-2017). Monterey County Homeless Census.

VETERANS EXPERIENCING HOMELESSNESS

Many U.S. veterans experience conditions that place them at increased risk for homelessness. Veterans experience higher rates of post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), sexual assault, and substance abuse than non-Veterans. Veterans experiencing homelessness are more likely to live on the street than in shelters, and often remain on the street for extended periods of time.

There were 110 veterans identified in the 2017 Homeless Census, a decrease of 22% since 2015 and slightly less than half from 2013.

Figure 10. TOTAL NUMBER OF HOMELESS VETERANS ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS WITH TREND

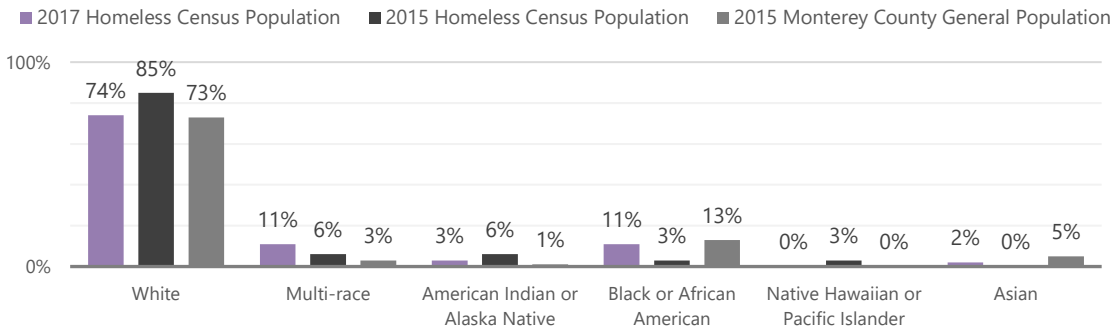


Source: Applied Survey Research. (2015-2017). Monterey County Homeless Census.

Figure 11. HOMELESS VETERAN POPULATION ESTIMATES

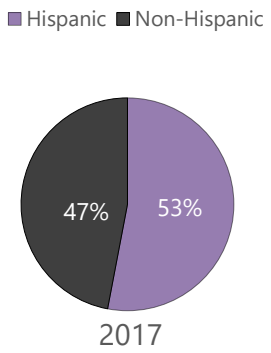
Source: Applied Survey Research. (2017). Monterey County Homeless Census.

Figure 12. TOTAL HOMELESS VETERAN CENSUS POPULATION BY RACE



2017 n= 110
Source: Applied Survey Research. (2017). Monterey County Homeless Census.
U.S. Census Bureau. (January 2017). American Community Survey 2015 1-Year Estimates. Table DP05: ACS Demographic and Housing Estimates. Retrieved from http://factfinder2.census.gov.
Note: Multiple response question. Percentages may not add up to 100 due to rounding.

Figure 13. TOTAL VETERAN HOMELESS CENSUS POPLATION BY HISPANIC/NON-HISPANIC



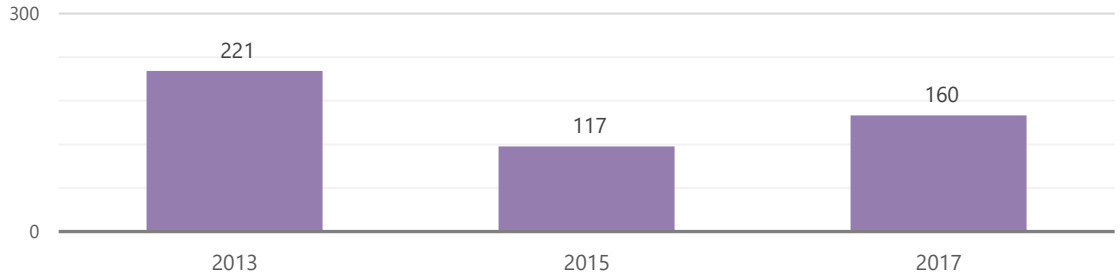
2017 N=110
Source: Applied Survey Research. (2015-2017). Monterey County Homeless Census. Homeless Veteran Status

HOMELESS FAMILIES WITH CHILDREN

National data from 2016 suggest that 35% of all people experiencing homelessness are persons in families. Very few families experiencing homelessness are unsheltered, as public shelters serve 90% of homeless families in the United States; this is a significantly higher proportion of the population compared to other subpopulations, including unaccompanied children and transition-age-youth. Data on families experiencing homelessness suggest that they are not much different from families in poverty.

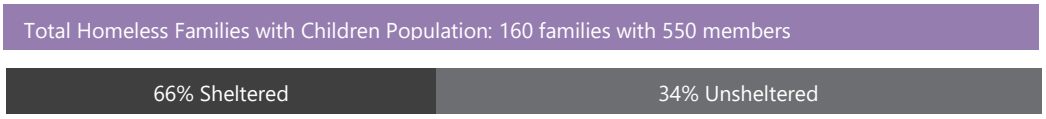
There were 160 families with 550 family members experiencing homelessness in 2017, an increase of 37% from 2015. Two thirds of families experiencing homelessness were living in shelters.

Figure 14. TOTAL NUMBER OF HOMELESS FAMILIES WITH CHILDREN ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS WITH TREND



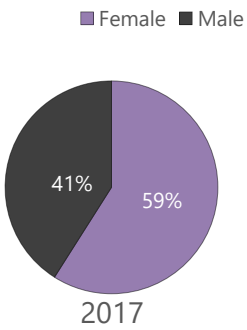
Source: Applied Survey Research. (2015-2017). Monterey County Homeless Census.

Figure 15. HOMELESS FAMILIES WITH CHILDREN POPULATION ESTIMATES



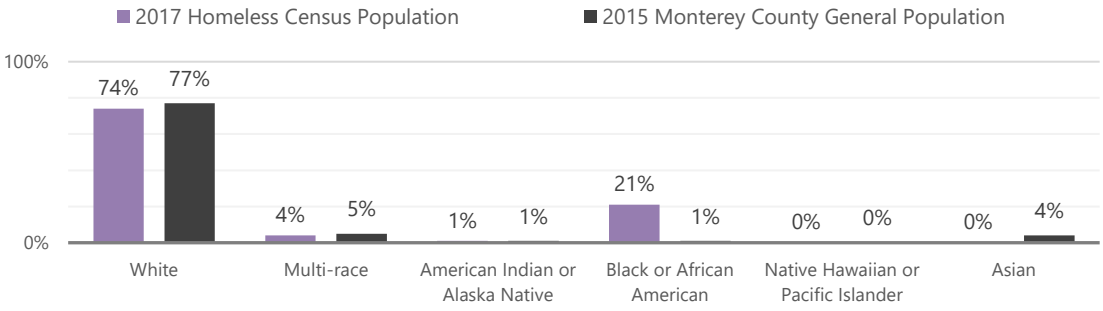
Source: Applied Survey Research. (2017). Monterey County Homeless Census.
Note: There is a significant number of persons in homeless families who are in a "double-up" situation that may or may not fall within the HUD PIT count definition of homelessness that could not be identified due to their typical location on private property.

Figure 16. INDIVIDUALS IN FAMILIES WITH CHILDREN EXPERIENCING HOMLESSNESS CENSUS POPULATION BY GENDER



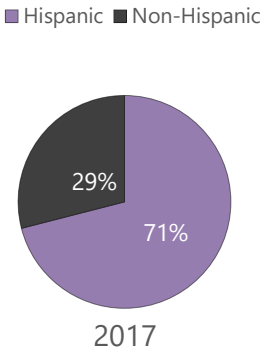
2017 N:550
Source: Applied Survey Research. (2013-2017). Monterey County Homeless Census.

Figure 17. INDIVIDUALS IN FAMILIES WITH CHILDREN EXPERIENCING HOMELESSNESS CENSUS POPULATION BY RACE



2017 n=550
Source: Applied Survey Research. (2015-2017). Monterey County Homeless Census.
U.S. Census Bureau. (January 2017). American Community Survey 2015 1-Year Estimates. Table DP05: ACS Demographic and Housing Estimates. Retrieved from http://factfinder2.census.gov.
Note: Multiple response question. Percentages may not add up to 100 due to rounding.

Figure 18. INDIVIDUALS IN FAMILIES WITH CHILDREN EXPERIENCING HOMELESSNESS CENSUS POPULATION BY HISPANIC/NON-HISPANIC



2017 N=550
Source: Applied Survey Research. (2015-2017). Monterey County Homeless Census. Homeless Veteran Status

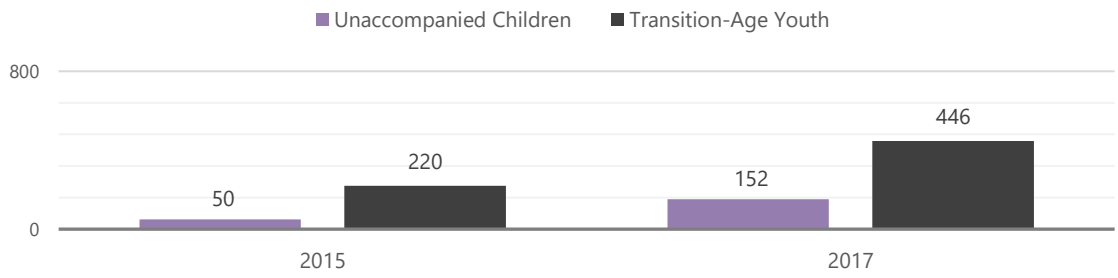
UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH

Due to the often hidden nature of youth homelessness, there are limited data available on unaccompanied children and transition-age-youth experiencing homelessness across the country. Unaccompanied children are youth under the age of 18 while transition-age-youth are young adults between the ages of 18-24. To get a better understanding of unaccompanied children and transition-age youth experiencing homelessness across the county, a special youth count was organized to better meet the unique challenges presented by this population. The youth count went out later in the day and relied on the knowledge of youth who had recently experienced homelessness or were currently experiencing homelessness.

2015 was the first year that Monterey County performed a dedicated and separate youth count. In 2017, that effort was expanded significantly. Working with youth specific shelters and programs across the county, multiple teams covered "hot spot" locations shared by youth experiencing homelessness, allowing them significantly increased coverage than two years previous.

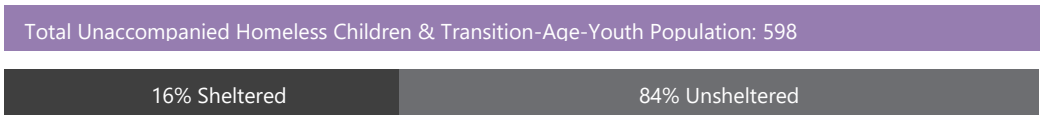
There were 598 individuals experiencing homelessness under the age of 25 in Monterey County, 25% of whom were under the age of 18. The number of unaccompanied children and transition-age youth represent an increase of 121% from 2015. Caution is recommended when interpreting this result, due to the improved scale of the effort in 2017.

Figure 19. TOTAL NUMBER OF UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH ENUMERATED DURING THE POINT-IN-TIME HOMELESS CENSUS WITH TREND



Source: Applied Survey Research. (2015-2017). Monterey County Homeless Census.

Figure 20. UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE YOUTH POPULATION ESTIMATES



Source: Applied Survey Research. (2017). Monterey County Homeless Census.
Note: There is a significant number of persons in homeless families who are in a "double-up" situation that may or may not fall within the HUD PIT count definition of homelessness that could not be identified due to their typical location on private property.

Homeless Survey Findings

This section provides an overview of the findings generated from the survey component of the 2017 Monterey County Homeless Point-in-Time Count and Survey. Surveys were administered to a randomized sample of homeless individuals between February 1 and February 21, 2017. This effort resulted in 654 complete and unique surveys. Based on a Point-in-Time Count of 2,837 homeless persons, with a randomized survey sampling process, these 654 valid surveys represent a confidence interval of +/- 3% with a 95% confidence level when generalizing the results of the survey to the estimated population of homeless individuals in Monterey County. In other words, if the survey were conducted again, we can be confident that the results would be within three percentage points of the current results.

In order to respect respondent privacy and to ensure the safety and comfort of those who participated, respondents were not required to complete all survey questions. Missing values are intentionally omitted from the survey results. Therefore, the total number of respondents for each question will not always equal the total number of surveys conducted.

SURVEY DEMOGRAPHICS

In order to gain a more comprehensive understanding of the experiences of individuals and families experiencing homelessness in Monterey County respondents were asked basic demographic questions including age, gender, sexual orientation, and ethnicity.

AGE

Thirteen percent (13%) of survey respondents were under the age of 25 at the time of the survey. Thirty-seven percent (37%) were between the ages of 25 and 40, 42% were between the ages of 41 and 60, and 8% were 61 years or older.

Figure 21. SURVEY RESPONDENTS BY AGE

Age Group	2015	2017
Less than 18 Years	1%	1%
18-24 Years	9%	12%
25-30 Years	17%	14%
31-40 Years	30%	23%
41-50 Years	20%	27%
51-60 Years	15%	15%
61 Years or More	8%	8%

2015 n=344; 2017 n=654

Source: Applied Survey Research. (2015-2017). Monterey County Homeless Census.

GENDER AND SEXUAL ORIENTATION

Over one third of survey respondents (37%) identified as female, 61% male, 2% transgender, and 1% do not identify as male, female, or transgender. Among the female population, 8% of women indicated that they were currently pregnant; 7 of the 18 pregnant respondents were under the age of 25. While there are limited national data on the number of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals experiencing homelessness, available data suggest LGBTQ individuals experience homelessness at higher rates, especially those under the age of 25. Sixteen percent (16%) of homeless survey respondents identified as LGBTQ in 2017. Of those, 43% identified as bisexual, 19% lesbian, 18% gay, 5% queer, and 3% transgender.

Respondents who identified as LGBTQ were more likely to report having been the victim of domestic violence (32%), compared to 19% of respondents who did not identify as LGBTQ. Respondents who identified as LGBTQ also reported a higher incidence of HIV or AIDS related illness (4% compared to 1%).

Figure 22. SEXUAL ORIENTATION AND LGBTQ IDENTITY

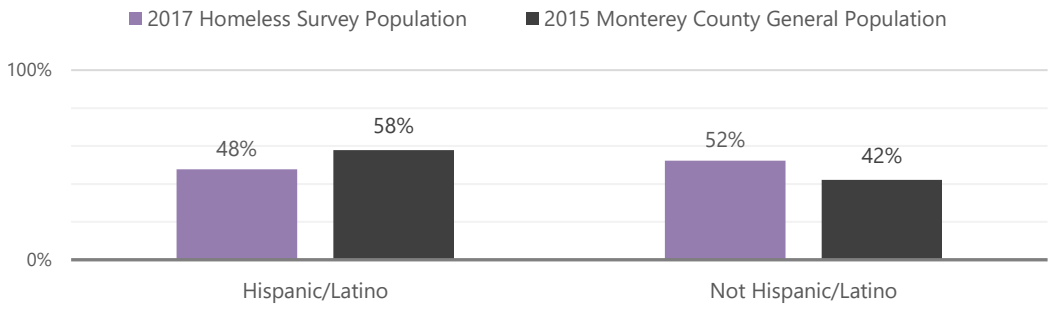
	2015		2017	
	%	n	%	n
LGBTQ Status				
Yes	19%	82	16%	103
No	81%	362	84%	551
BREAKOUT OF RESPONDENTS ANSWERING YES				
Gay	17%	9	18%	18
Lesbian	29%	4	19%	20
Queer	7%	1	5%	5
Bisexual	37%	10	43%	44
Transgender	5%	3	3%	3
Other	10%	19	16%	16

LGBTQ n: 444; Breakout n: 82 respondents offering 86 responses; LGBTQ 2017 n=654; Breakout n=103 respondents offering 106 responses
Source: Applied Survey Research. (2015-2017). Monterey County Homeless Census.
Note: Multiple response question. Percentages may not add up to 100.

RACE/ETHNICITY

The U.S. Department of Housing and Urban Development (HUD) gathers data on race and ethnicity in two separate questions, similar to the U.S. Census, and that format has been adopted in these reports. When asked their ethnicity, approximately half (52%) of homeless survey respondents reported they did not identify as Hispanic or Latino. In comparison to the general population of Monterey County, a slightly lower percentage of homeless respondents identified as Hispanic or Latino (48% compared to 58%).

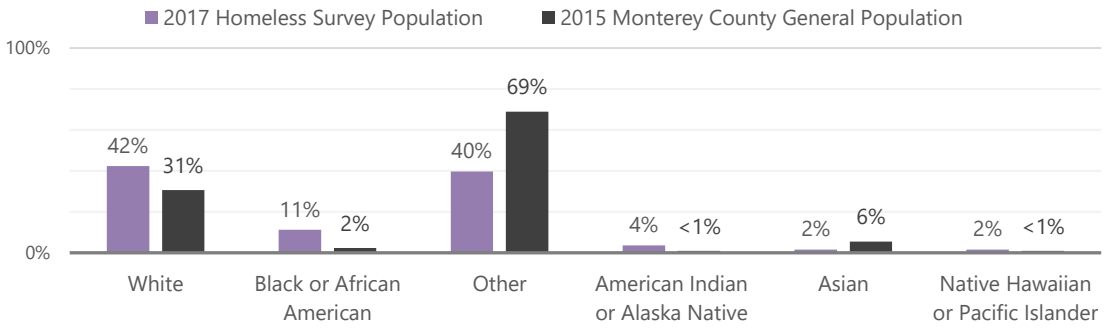
Figure 23. HISPANIC OR LATINO ETHNICITY



2017 n = 621
Source: Applied Survey Research. (2017). Monterey County Homeless Survey. And U.S. Count Bureau. (April 2015). American Community Survey 2015 1-Year Estimates. Table DP05: ACS Demographic and Housing Estimates. Retrieved from https://factfinder.census.gov.
Note: Percentages may not add up to 100 due to rounding.

When asked about their racial identity, differences between the general population and those experiencing homelessness were more distinct. A much higher proportion of survey respondents identified as Black or African-American (11% compared to 2%).

Figure 24. RACE

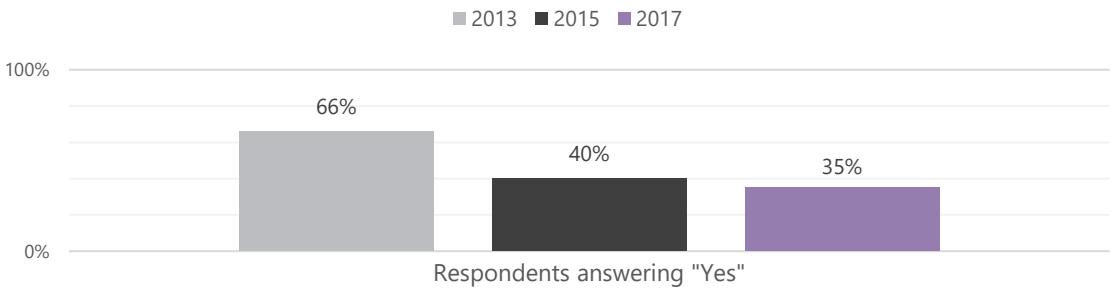


2017 n = 617
Source: Applied Survey Research. (2017). Monterey County Homeless Survey. And U.S. Count Bureau. (April 2015). American Community Survey 2015 1-Year Estimates. Table DP05: ACS Demographic and Housing Estimates. Retrieved from https://factfinder.census.gov.
Note: Percentages may not add up to 100 due to rounding.

INCIDENCE OF HOMELESSNESS

Unstable living conditions, poverty, housing scarcity, and many other issues often lead to individuals falling in and out of homelessness. For many, the experience of homelessness is part of a long and recurring history of housing instability. Nearly two thirds of (65%) 2017 survey respondents reported they had experienced homelessness previously.

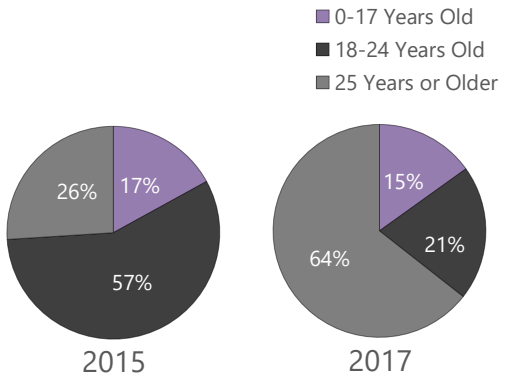
Figure 25. FIRST TIME HOMELESS (RESPONDENTS ANSWERING "YES")



2013 n=404; 2015 n= 427; 2017 n= 652
Source: Applied Survey Research. (2011-2017). Monterey County Homeless Census.

In an effort to better understand the experiences and age distribution of those experiencing homelessness, respondents were asked how old they were the first time they experienced homelessness. In response, 15% of respondents reported that they were under the age of 18, 21% reported they were between the ages of 18-24, and 64% reported they were 25 or older.

Figure 26. AGE AT FIRST EXPERIENCE OF HOMELESSNESS

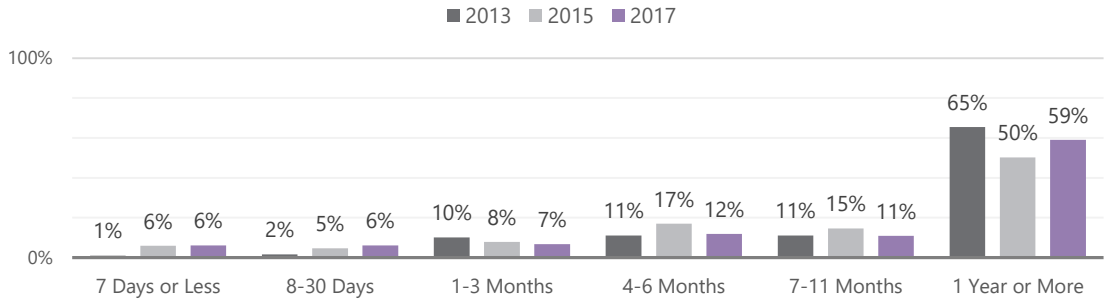


2015 n= 427; 2017 n= 634
Source: Applied Survey Research. (2015-2017). Monterey County Homeless Census.

DURATION OF HOMELESSNESS

When asked how long they had been homeless, over half (59%) reported they had been homeless for a year or more, slightly higher than 2015, when 56% of respondents reported they had been homeless for a year or more.

Figure 27. LENGTH OF CURRENT EPISODE OF HOMELESSNESS



2013 n= 399; 2015 n= 438; 2017 n= 652
Source: Applied Survey Research. (2011-2017). Monterey County Homeless Census.

LIVING ACCOMMODATIONS

Where individuals lived prior to experiencing homelessness and where they have lived since impacts the way they seek services, as well as their ability to access support from friends or family. Previous circumstances can also point to gaps in the system of care, and reveal opportunities for systemic improvement and homeless prevention.

Survey respondents reported many different living accommodations prior to becoming homeless, although most lived in or around Monterey County with friends, family, or on their own in a home or apartment.

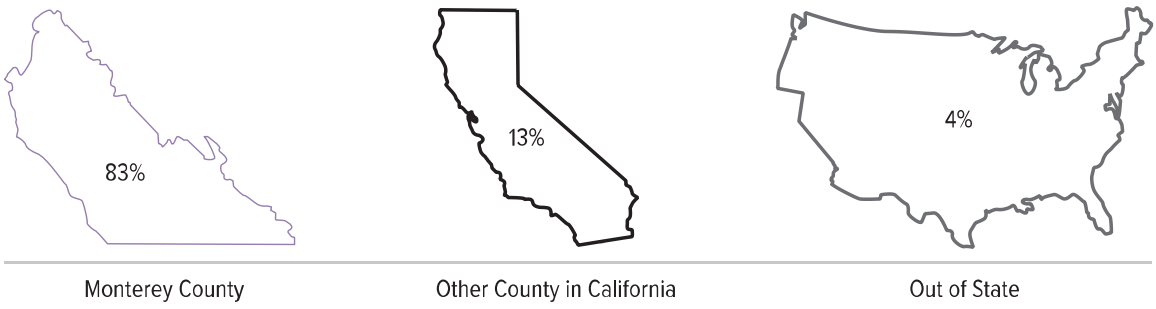
PLACE OF RESIDENCE

Knowing where individuals were living before they most recently lost their housing informs discussions regarding how local the homeless population is to the region. This information can also influence changes to available support systems if the Continuum of Care finds increasing numbers of individuals living locally before experiencing homelessness.

Eighty-three percent (83%) of respondents reported they were living in Monterey County at the time they most recently became homeless, an increase from 78% in 2015. Of those, over half (61%) had lived in Monterey County for 10 or more years. Seven percent (7%) had lived in Monterey County for less than one year.

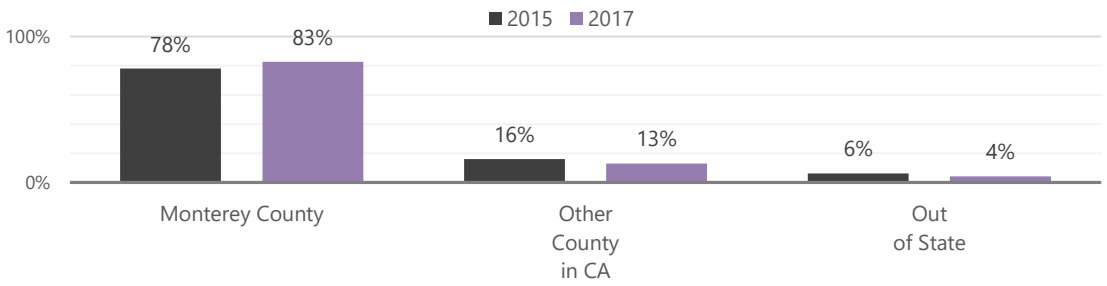
Four percent (4%) of respondents reported that they were living out of state at the time they lost their housing, and 10% reported they were living in another county in California.

Figure 28. PLACE OF RESIDENCE AT TIME OF HOUSING LOSS



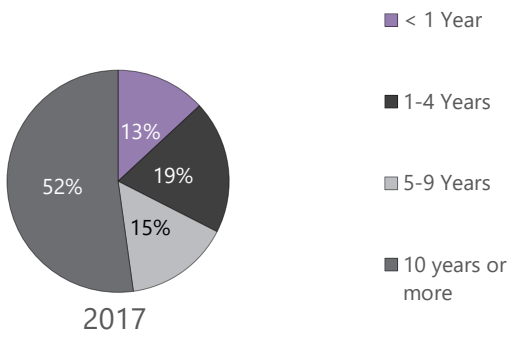
2017 n= 642
Source: Applied Survey Research. (2017). Monterey County Homeless Census.

Figure 29. COUNTY OF RESIDENCE IMMEDIATELY PRIOR TO BECOMING HOMELESS THIS TIME WITH TREND



2013 n: 393; 2015 n: 435; 2017 n: 642
Source: Applied Survey Research. (2013-2017). Monterey County Homeless Census.

Figure 30. HOW LONG HAVE YOU LIVED IN MONTEREY COUNTY?



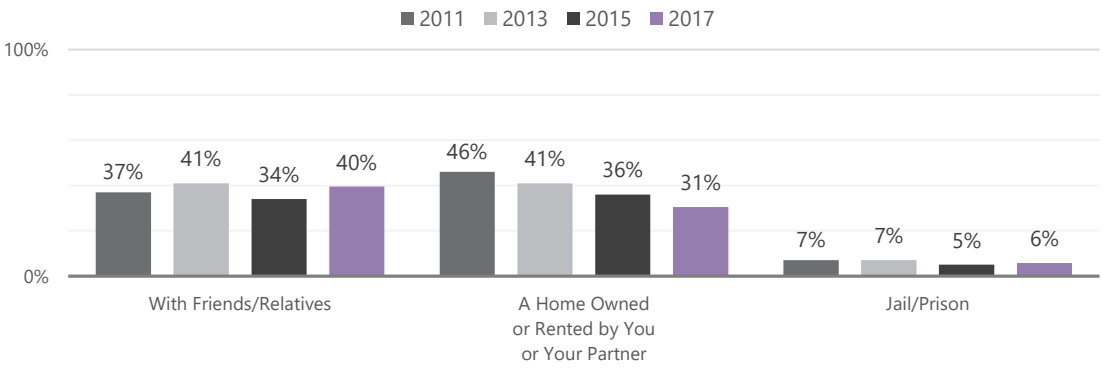
2017 n: 602
Source: Applied Survey Research. (2013-2017). Monterey County Homeless Census.

PRIOR LIVING ARRANGEMENTS

Similar to previous place of residence, the type of living arrangements maintained by individuals before experiencing homelessness provides a look into what types of homeless prevention services might be offered to help individuals maintain their housing.

Forty percent (40%) of respondents reported living in a home owned or rented by friends or relatives prior to becoming homeless, slightly greater than 2015 (34%). Thirty-one percent (31%) reported living in a home owned or rented by themselves or their partner, lower than in 2015 (34%). Six percent (6%) reported they were living jail or prison, 5% were staying in a hotel or motel, and 5% were staying in a subsidized housing or permanent supportive housing unit. Two percent (2%) of respondents reported they were in a hospital or treatment facility immediately prior to becoming homeless, 1% were in a juvenile justice facility, and 1% were in foster care.

Figure 31. LIVING ARRANGEMENTS IMMEDIATELY PRIOR TO BECOMING HOMELESS THIS TIME (TOP THREE RESPONSES IN 2017)



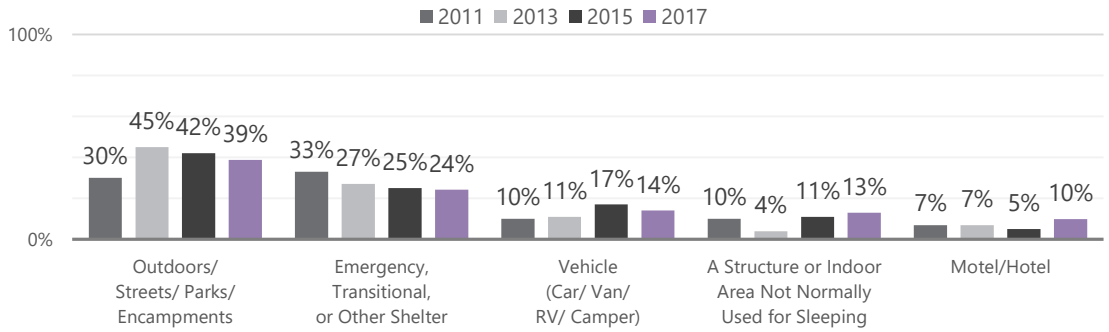
2011 n: 514; 2013 n: 380; 2015 n: 423: 2017 n: 623
Source: Applied Survey Research. (2011-2017). Monterey County Homeless Census.

CURRENT LIVING ARRANGEMENTS

While basic information on where individuals were observed during the general street count effort is collected, survey respondents are also asked about their usual nighttime accommodations. Understanding the types of places individuals experiencing homelessness are sleeping can help inform local outreach efforts.

Over a third (39%) of survey respondents reported currently living outdoors, either on the streets, in parks, or in encampment areas. Twenty-four percent (24%) reported staying in a public shelter (emergency shelter, transitional housing facility, or an alternative shelter environment). Fourteen percent (14%) reported living in vehicles, while 13% reported that they were sleeping in public buildings, foyers, hallways, or other indoor locations not meant for human habitation, and 10% were in a hotel or motel.

Figure 32. USUAL PLACES TO SLEEP AT NIGHT



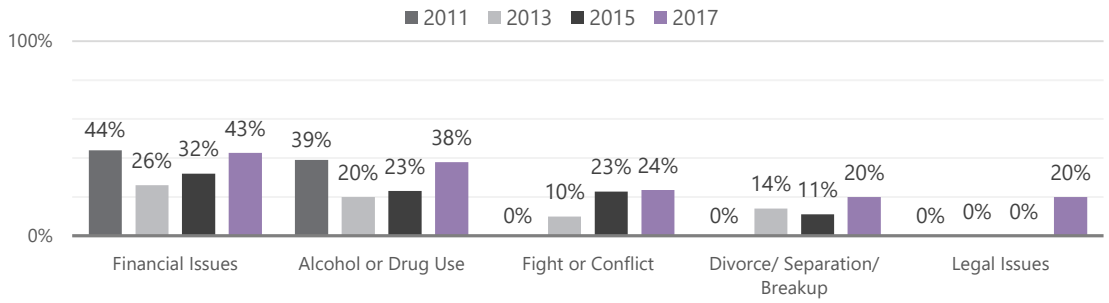
2011 n: 512; 2013 n: 402; 2015 n: 435; 2017 n: 654
Source: Applied Survey Research. (2013-2017). Monterey County Homeless Census.
Note: 2013 response option specified that motel/hotel was paid for by an ad agency.

PRIMARY CAUSE OF HOMELESSNESS

The primary cause of an individual's inability to obtain or retain housing is difficult to pinpoint, as it is often the result of multiple and compounding causes.

Nearly one half (43%) of respondents reported financial issues as the primary cause of their homelessness. Thirty-eight percent (38%) reported drugs or alcohol, much higher than 23% reported in 2015. Twenty-four percent (24%) reported a fight or conflict was the primary cause of their homelessness, 20% reported divorce or separation, and 20% reported legal issues.

Figure 33. PRIMARY CAUSE OF HOMELESSNESS (TOP 5 RESPONSES IN 2017)



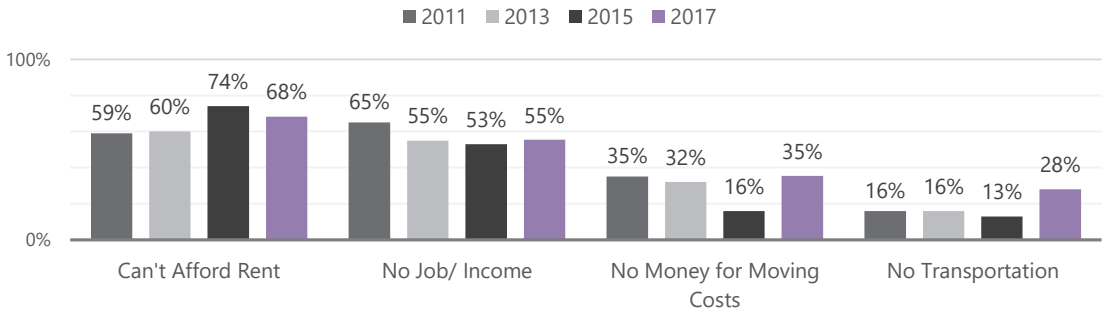
2011 n: 512 respondents offering 977 responses; 2013 n: 401 respondents offering 440 responses; 2015 n: 434 respondents offering 687 responses; 2017 n: 631 respondents offering 1,336 responses
Note: Legal Issue was added as a response option in 2017.
Source: Applied Survey Research. (2011-2017). Monterey County Homeless Census.

OBSTACLES TO OBTAINING PERMANENT HOUSING

Many individuals experiencing homelessness face significant barriers in obtaining permanent housing. These barriers can range from housing affordability and availability to accessing the economic and social supports (e.g. increased income, rental assistance, case management) needed to access and maintain permanent housing. An inability to find adequate housing can lead to an inability to address other basic needs, such as healthcare and adequate nutrition.

Respondents were asked what prevented them from obtaining housing. The majority (68%) reported that they could not afford rent. Over one half (55%) reported a lack of job or income, followed by 35% who reported that they had no money for moving costs, while 22% reported a lack of housing availability.

Figure 34. OBSTACLES TO OBTAINING PERMANENT HOUSING (TOP 5 RESPONSES IN 2017)



2011 n: 495 respondents offering 1,138 responses; 2013 n: 392 respondents offering 892 responses; 2015 n: 430 respondents offering 1,021 responses; 2017 n: 628 respondents offering 1,806 responses
Source: Applied Survey Research. (2011-2017). Monterey County Homeless Census.
Note: Multiple response question. Percentages may not add up to 100.

HISTORY OF FOSTER CARE

It has been estimated that one in five former foster youth experience homelessness within four years of exiting the foster care system.[2] In the State of California, foster youth are now eligible to receive services beyond age 18. Transitional housing and supportive services for youth 18-24 are provided through programs often referred to as Transitional Housing Placement-Plus. It is hoped that these additional supports, implemented in 2012, will assist foster youth with the transition to independence and prevent them from becoming homeless.

In 2017, 13% of respondents reported a history of foster care, lower than in 2015 (16%). The percentage of youth under the age of 25 who had been in foster care was higher than adults over the age of 25; 18% compared to 12%.

Figure 35. HISTORY OF FOSTER CARE

2017 n= 610
Source: Applied Survey Research. (2015-2017). Monterey County Homeless Census.

[2] Fernandes, AL. (2007). Runaway and Homeless Youth: Demographics, Programs, and Emerging Issues. Congressional Research Services, January 2007, http://www.endhomelessness.org/content/general/detail/1451.

SERVICES AND ASSISTANCE

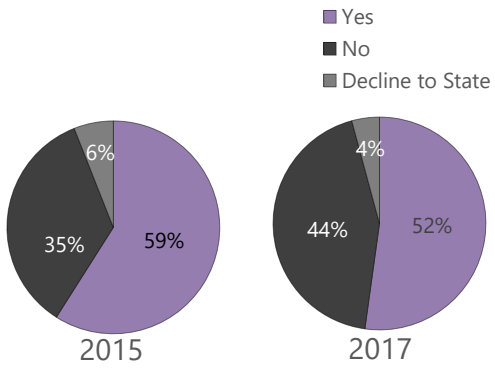
Monterey County provides services and assistance to those currently experiencing homelessness through federal and local programs. Government assistance and homeless services work to enable individuals and families to obtain income and support. However, many individuals and families do not apply for services. Many believe that they do not qualify or are ineligible for assistance. Connecting homeless individuals and families to these support services creates a bridge to mainstream support services and prevents future housing instability.

GOVERNMENT ASSISTANCE

There are a variety of forms of governmental assistance available to individuals experiencing homelessness. However, knowledge of services available, understanding of eligibility requirements, and perceived stigma of receiving governmental assistance can all impact the rate at which eligible individuals access these supports.

Over half (52%) of respondents in 2017 reported they were receiving some form of government assistance.

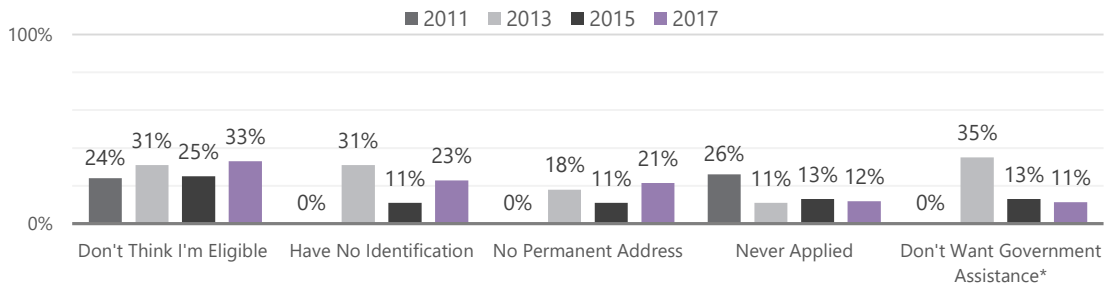
Figure 36. PERCENT RECEIVING ANY FORM OF GOVERNMENT ASSISTANCE



2015 n= 438; 2017 n= 642
Source: Applied Survey Research. (2015-2017). Monetery County Homeless Census.

Of those who reported they were not receiving any form of government support, the greatest percentage reported they did not think they were eligible (33%). Twenty-three percent (23%) indicated they had no identification, and 21% reported that a lack of permanent address was a barrier to receiving government assistance.

Figure 37. REASONS FOR NOT RECEIVING GOVERNMENT ASSISTANCE



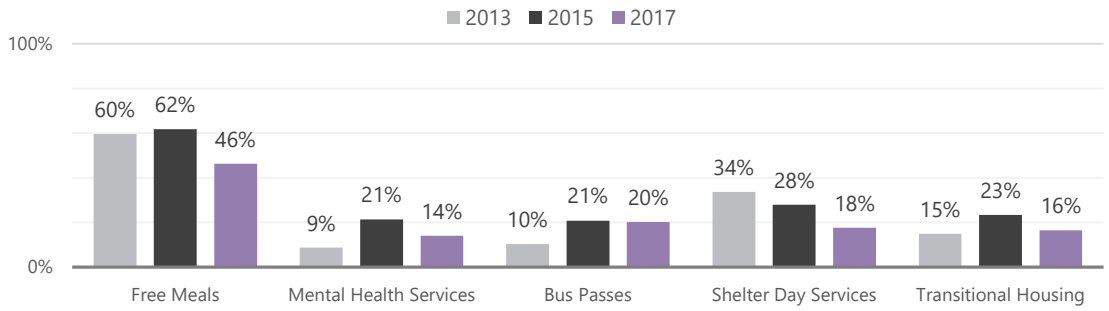
2011 n: 195 respondents offering 469 responses; 2013 n: 107 respondents offering 171 responses; 2015 n: 138 respondents offering 190 responses 2017 n: 280 respondents offering 421 responses
Source: Applied Survey Research. (2011-2017). Monterey County Homeless Census.
Note: Multiple response question. Percentages may not add up to 100.
**Response option changed in 2015 from "don't need" to "don't want."*

Services and Programs

In addition to governmental assistance, there are numerous community-based services and programs made available to individuals experiencing homelessness. These services range from day shelters and meal programs to job training and healthcare.

Nearly half of respondents reported using meal services (46%). Fourteen (14%) percent of respondents reported utilizing mental health services, while one in five respondents reported using bus pass services.

Figure 38. SERVICES OR ASSISTANCE (TOP FIVE RESPONSES IN 2017)



2011 n: 379 respondents offering 713 responses; 2013 n: 319 respondents offering 369 responses; 2015 n: 427 respondents offering 923 responses 2017 n: 614 respondents offering 1,206 responses.
Source: Applied Survey Research. (2013-2017). Monterey County Homeless; Census.
Note: Multiple response question. Percentages may not add up to 100.

EMPLOYMENT AND INCOME

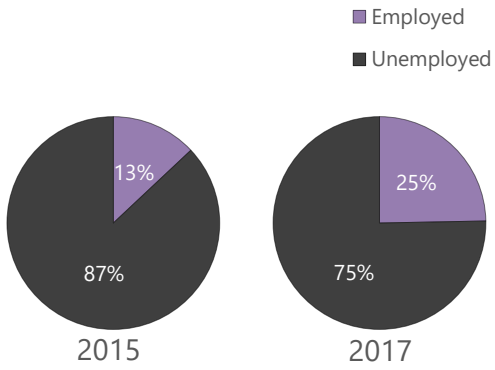
While the majority of survey respondents reported being unemployed, a number reported part-time or full-time work and many were receiving an income, either public or private. Despite some income, data suggest that employment and income were not enough to meet basic needs.

The unemployment rate in Monterey County in January 2017 was at 11%, slightly down from 12% in 2015.[3] It is important to recognize that the unemployment rate is not seasonally adjusted and represents only those who are unemployed and actively seeking employment. It does not represent all joblessness, nor does it address the types of available employment. The unemployment rate for homeless respondents was 75%, a slight decrease from 87% in 2015. Forty-seven percent (47%) of unemployed respondents indicated that they were currently looking for work, 28% indicated they were currently unable to work, and a quarter (25%) of respondents were currently not looking for work. Over two thirds (72%) survey respondents had graduated high school, while 7% indicated they had a college degree. Nearly a third (28%) had not completed high school.

Income from all sources varied between those with regular employment and those who were unemployed. Nearly half (46%) of unemployed respondents reported an income of $99 or less per month, in comparison to 8% of those who were employed. Unemployed income is typically from government services, benefits, recycling, or panhandling. Overall income for those with employment was higher than those without. For example, 56% of employed respondents reported making $750 or more per month, while only 21% of unemployed respondents made the same amount per month.

[3] State of California Employment Development Department. (2017). Unemployment Rates (Labor Force). Retrieved 2017 from http://www.labormarketinfo.edd.ca.gov

Figure 39. EMPLOYMENT AND MONTHLY INCOME



	EMPLOYED		UNEMPLOYED	
	2015	2017	2015	2017
$0-$99	8%	8%	35%	46%
$100-$449	6%	17%	32%	21%
$450-$749	28%	19%	19%	12%
$750-$1,099	17%	23%	10%	11%
$1,100-$1,499	22%	16%	3%	8%
$1,500-$3,000	17%	14%	%	2%
More than $3,000	3%	3%	0%	1%

2015 Employment status n= 326; Income employed n= 76, Income unemployed n= 118 2017 Employment status n= 593; Income employed n= 145, Income unemployed n= 441.
Source: Applied Survey Research. (2015-2017). Monterey County Homeless Census.
Note: Percentages may not add up to 100% due to rounding.

HEALTH

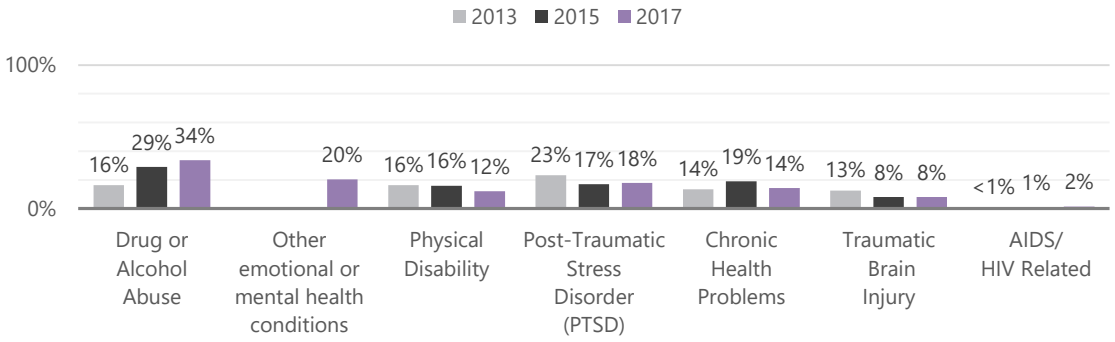
The average life expectancy for individuals experiencing homelessness is 25 years less than those in stable housing. Without regular access to healthcare and without safe and stable housing, individuals experience preventable illness and often endure longer hospitalizations. It is estimated that those experiencing homelessness stay four days (or 36%) longer per hospital admission than non-homeless patients.[4]

CHRONIC HEALTH CONDITIONS

More than half of respondents (61%) reported one or more health conditions. These conditions included chronic physical illness, physical disabilities, chronic substance use, and severe mental health conditions.

The most frequently reported health condition was drug or alcohol abuse (34%), followed by an emotional or mental health condition (20%), and then Post-Traumatic Stress Disorder (PTSD) (18%). Fourteen percent (14%) reported a chronic health problem, 8% a traumatic brain injury, and 2% reported having an AIDS or HIV related illness.

Figure 40. HEALTH CONDITIONS



2013 n: 392 2015 n: 502; 2017 n: 654
Source: Applied Survey Research. (2017). Monterey County Homeless Census.
Note: Multiple response question. Percentages may not add up to 100.
Note: Other emotional or mental health conditions was added as a response option in 2017.

[4] Sharon A. Salit, M. E. (1998). *Hospitalization Costs Associated with Homelessness in New York City.* New England Journal of Medicine, 338, 1734-1740.

DOMESTIC/PARTNER VIOLENCE OR ABUSE

Histories of domestic violence and partner abuse are prevalent among individuals experiencing homelessness, and can be a primary cause of homelessness for many. Survivors often lack many of the financial resources required for housing due to a limited employment history or dependable income. Five percent (5%) of all survey respondents reported they were currently experiencing domestic/partner violence or abuse, a decrease from 9% in 2015. When asked about experiences throughout their lifetime, 19% reported domestic/partner violence or abuse.

Domestic violence varied by gender with 9% of female respondents reporting current experiences of domestic violence, compared to 3% of male respondents. Looking at domestic violence across the lifetime, 33% of female and 10% of male respondents reported previous experiences of domestic violence.

Figure 41. HISTORY OF DOMESTIC VIOLENCE

2017 n= 636
Source: Applied Survey Research. (2017). Monterey County Homeless Census.

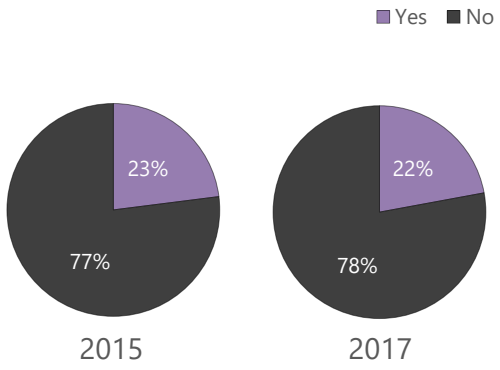
CRIMINAL JUSTICE SYSTEM

Homelessness and incarceration are often correlative. Individuals without stable housing coupled with food instability are at greater risk of criminal justice system involvement, particularly those with mental health issues, veterans, and youth. Individuals with past incarceration face significant barriers to exiting homelessness due to stigmatization and policies that affect both their ability to gain employment and their access to housing opportunities.[5]

INCARCERATION

When asked if they had spent a night in jail or prison in the last 12 months, one fifth (22%) of respondents experiencing homelessness reported that they had, similar to 2015 (23%). Fifteen percent (15%) of respondents reported that they were on probation or parole at the time of the survey. Similarly, 14% of respondents were on probation or parole at the time they became homeless.

Figure 42. SPENT A NIGHT IN JAIL OR PRISON IN THE LAST 12 MONTHS



2015 n= 429; 2017 n=629
Source: Applied Survey Research. (2015-2017). Monterey County Homeless Census.

[5] Greenberg, GA, Rosenheck, RA. (2008). Jail Incarceration, Homelessness, and Mental Health: A National Study. Psychiatr Serv, 2008 Feb;59(2): 170-7.

HUD Defined Subpopulations

Opening Doors: Federal Strategic Plan to Prevent and End Homelessness outlines national objectives and evaluative measures for ending homelessness in the United States. In order to adequately address the diversity within the population experiencing homelessness, the federal government identifies four subpopulations with particular challenges or needs. Consequently, these subpopulations represent important reportable indicators for measuring local progress toward ending homelessness.

The following sections examine each of these four subpopulations, identifying the number and characteristics of individuals included in the 2017 Monterey County Homeless Point-in-Time Count and Survey.

Of the 654 surveys completed in 2017, the results represent 142 chronically homeless individuals, 45 homeless veterans, 70 individuals in homeless families, 87 unaccompanied children and transition-age-youth. Surveys were completed in unsheltered environments and transitional housing settings.

CHRONICALLY HOMELESS INDIVIDUALS

The Department of Housing and Urban Development defines a chronically homeless individual as someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years, *and* also has a disability that prevents them from maintaining work or housing. This definition applies to individuals as well as heads of household who meet the definition.

The chronically homeless population represents one of the most vulnerable populations on the street; the mortality rate for those experiencing chronic homelessness is four to nine times higher than the general population.[6] Data from communities across the country show that public costs incurred by those experiencing extended periods of homelessness include emergency room visits, interactions with law enforcement, incarceration, and regular access to social supports and homeless services. These combined costs are often significantly higher than the cost of providing individuals with permanent housing and supportive services.

The U.S. Department of Housing and Urban Development reported that roughly 22% of the national homeless population, or 77,486 individuals, was chronically homeless in 2016.[7] Chronic homelessness has been on the decline in recent years, as communities across the country increase the capacity of their permanent supportive housing programs and prioritize those with the greatest barriers to housing stability. While the national decrease in chronic homelessness seems promising, federal budget constraints limit the amount of money available to support housing programs and services. As a result, *Opening Doors*, which began with a plan to end chronic homelessness by 2016, has extended the goal to 2017.[8]

6 United States Interagency Council on Homelessness. (2010). Supplemental Document to the Federal Strateic Plan to Prevent and End Homelessness: June 2010. Retrieved 2017 from https://www.usich.gov/resources/uploads/asset_library/BkgrdPap_ChronicHomelessness.pdf

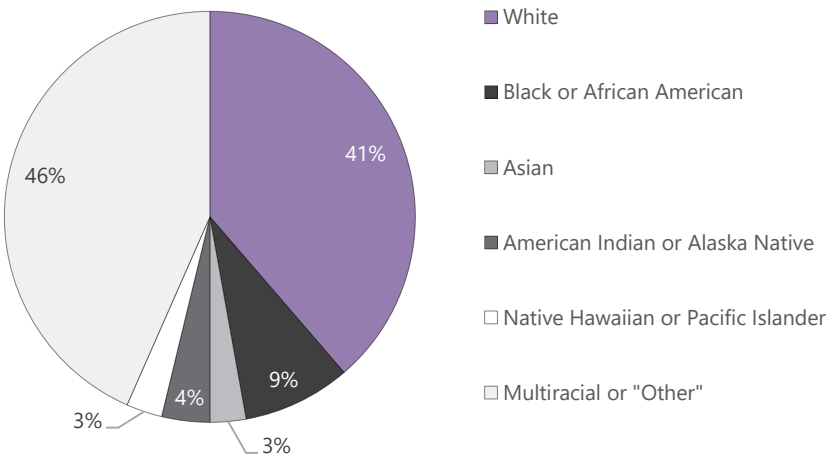
7 Department of Housing and Urban Development. (2016). Annual Assessment Report to Congress. Retrieved 2017 from https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf

8 Cavallaro, E. (2017). Ending Chronic Homelessness, Now in 2017. National Alliance to End Homelessness. Retrieved 2017 from http://www.endhomelessness.org

DEMOGRAPHICS OF CHRONICALLY HOMELESS SURVEY RESPONDENTS

The majority of chronically homeless individuals were male (69%), higher than the non-chronically homeless population (59%). A similar percentage of chronically homeless respondents identified as Hispanic or Latino compared to non-chronically homeless respondents (47% and 48%, respectively). Five percent (5%) of chronically homeless respondents identified as veterans.

Figure 43. RACE AMONG PERSONS EXPERIENCING CHRONIC HOMELESSNESS



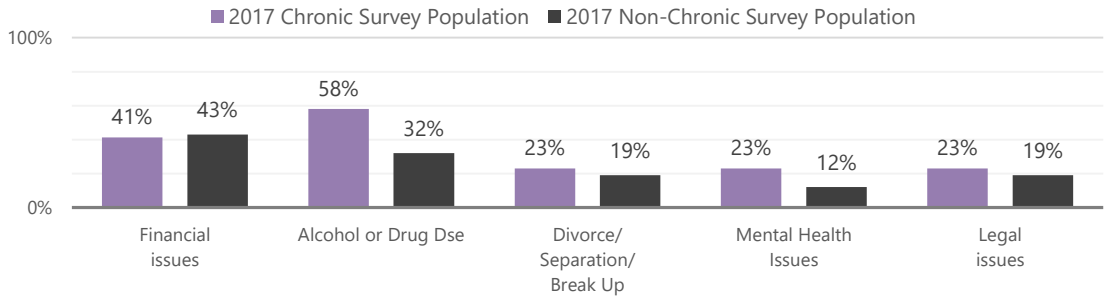
Chronic Survey Population n= 140
Source: Applied Survey Research. (2017). Monterey Homeless Census.
Note: Percentages may not add up to 100 due to rounding.

Primary Cause of Homelessness Among Those Experiencing Chronic Homelessness

Over half (58%) of chronically homeless survey respondents identified alcohol or drug use as the primary cause of their homelessness; this was an increase compared to 32% in 2015. Nearly a quarter (23%) of chronically homeless respondents reported mental health issues as a primary cause compared to 12% of non-chronically homeless respondents respectively.

While chronically homeless respondents reported some similarities in the initial cause of their homelessness compared to non-chronic respondents, alcohol or drug use was a much more common cause of homelessness among chronic respondents compared to non-chronic respondents.

Figure 44. PRIMARY CAUSE OF HOMELESSNESS, CHRONIC AND NON-CHRONIC COMPARISON (TOP 5 CHRONIC RESPONSES)



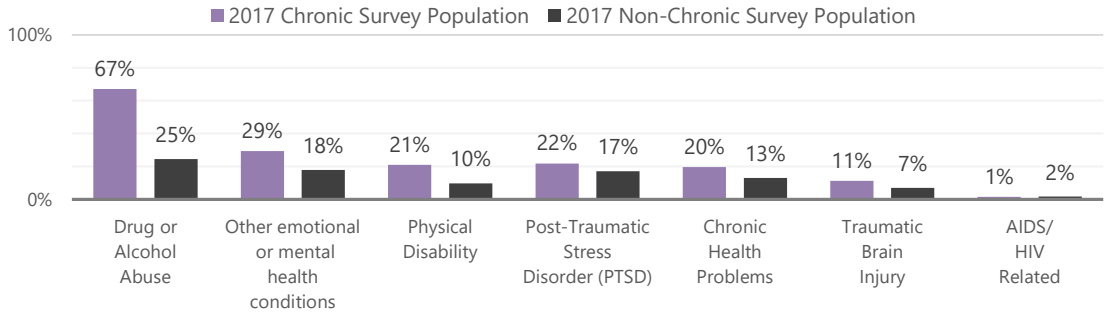
Chronic Survey Population n= 143; Non-Chronic Survey Population= 488
Source: Applied Survey Research. (2017). Monterey County Homeless Census.
Note: Multiple response question. Percentages may not add up to 100.

Health Conditions Among Those Experiencing Chronic Homelessness

The definition of chronic homelessness requires a condition that prevents an individual from maintaining work or housing, and many respondents reported experiencing multiple physical or mental health conditions. Sixty-seven percent (67%) of chronically homeless survey respondents reported alcohol or substance use. Twenty-nine percent (29%) reported an emotional or mental health disability. Twenty-two percent (22%) reported Post-Traumatic Stress Disorder (PTSD).

In general, higher rates of health conditions were reported for those who were chronically homeless compared to their non-chronically homeless counterparts.

Figure 45. HEALTH CONDITIONS, CHRONIC AND NON-CHRONIC COMPARISON



Chronic Survey Population n= 143; Non-Chronic Survey Population= 511
Source: Applied Survey Research. (2017). Monterey County Homeless Census.
Note: Multiple response question. Percentages may not add up to 100.

HOMELESS VETERAN STATUS

Many U.S. veterans experience conditions that place them at increased risk for homelessness. Veterans experience higher rates of post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), sexual assault, and substance abuse than non-Veterans. Veterans experiencing homelessness are more likely to live on the street than in shelters, and often remain on the street for extended periods of time.

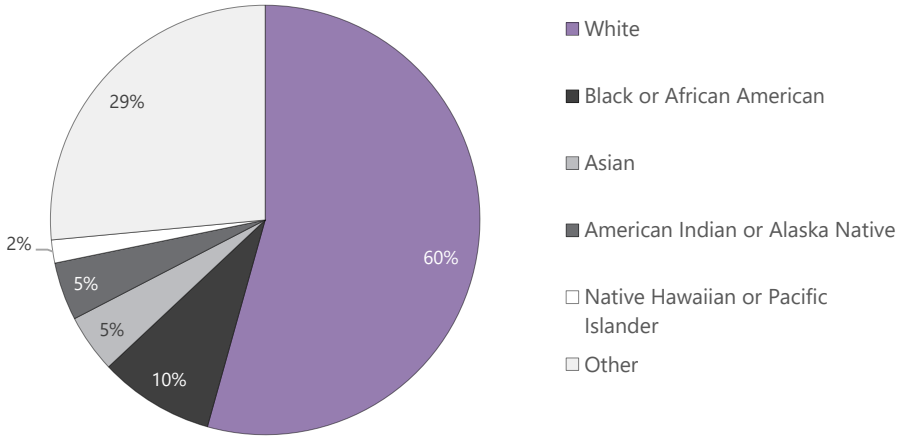
The U.S. Department of Veterans Affairs (VA) provides a broad range of benefits and services to veterans of the U.S. Armed Forces. These benefits can involve different forms of financial assistance, including monthly cash payments to disabled veterans, health care, education, and housing benefits. In addition to these supports, the VA and HUD partner to provide additional housing and support services to veterans' currently experiencing homelessness or at risk of experiencing homeless.

Between 2009 and 2016, there has been a 48% decrease in the number of homeless veterans across the nation. According to data collected during the national 2016 Point-in-Time Count, 39,471 veterans experienced homelessness across the country on a single night in January 2016.[9]

DEMOGRAPHICS OF HOMELESS VETERANS

Eighty percent (80%) of veteran survey respondents identified as male, 16% female, and 4% transgender. Thirty-two percent (32%) of veterans identified as Hispanic or Latino, less than the non-veteran respondents (49%). Sixty percent (60%) of veterans reported their racial identity as white and 10% as Black or African American.

Figure 46. RACE AMONG VETERANS



Veteran n = 42

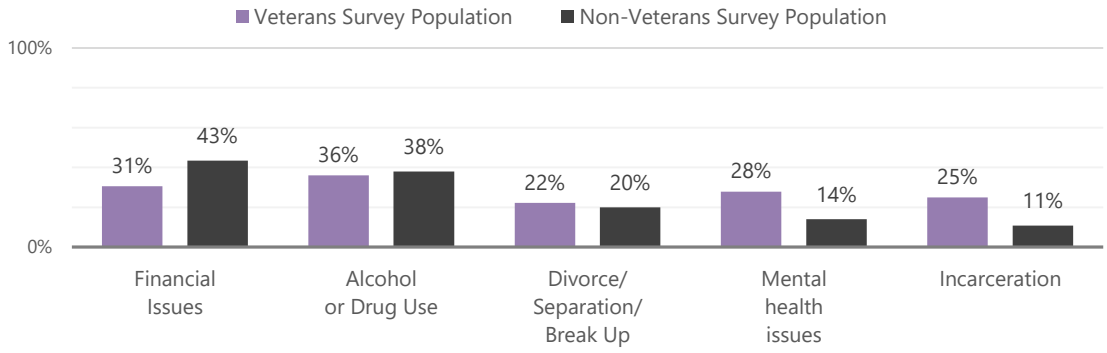
Source: Applied Survey Research. (2017). Monterey County Homeless Count.

[9] Department of Housing and Urban Development. (2017). Annual Assessment Report to Congress. Retrieved 2017 from https://www.hudexchange.info/resources/documents/2014-AHAR-Part1.pdf

Primary Cause of Homelessness Among Veterans Experiencing Homelessness

The most frequently cited cause of homelessness among veterans was alcohol or drug use, representing 36% of the veteran population. Thirty-one percent (31%) reported financial issues as the primary cause of their homelessness, while 28% reported mental health issues, and 25% reported incarceration.

Figure 47. PRIMARY CAUSE OF HOMELESSNESS, VETERAN AND NON-VETERAN COMPARISON

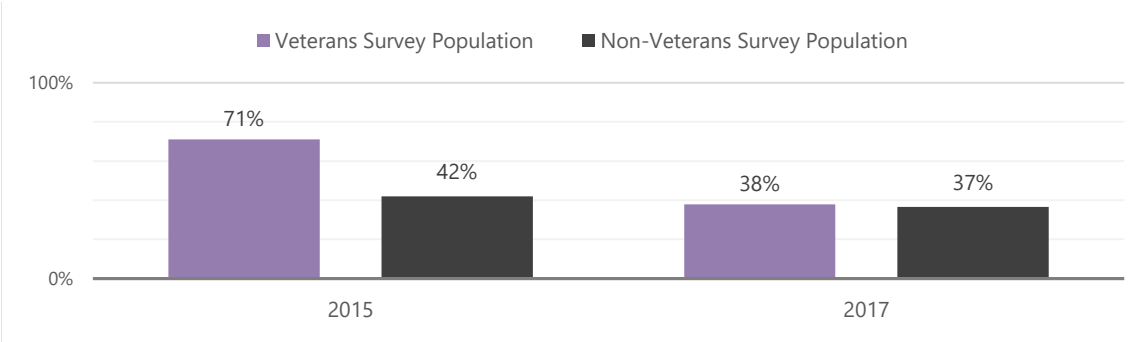


Veteran Survey Population n= 36; Non-Veteran Survey Population= 595
Source: Applied Survey Research. (2017). Monterey County Homeless Census.
Note: Multiple response question. Percentages may not add up to 100.

Disabling Conditions Among Veterans Experiencing Homelessness

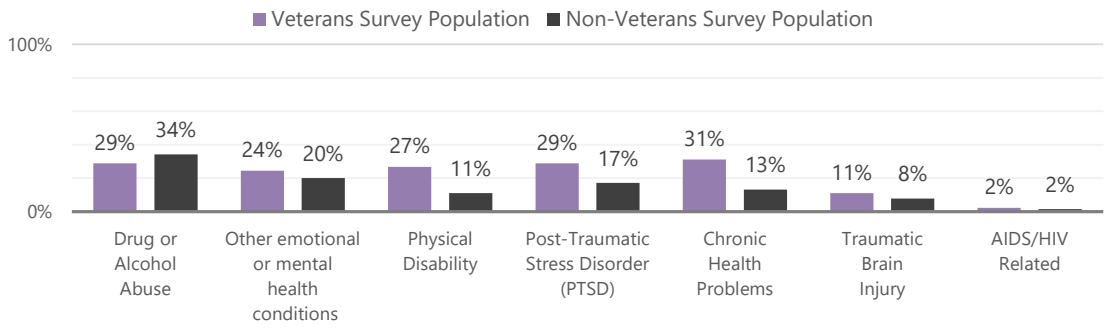
A slightly higher percentage of veteran respondents reported having one or more disabling conditions, 38% compared to 37% of non-veterans. Disabling conditions among veteran survey respondents has decreased from 71% in 2015 to 38% in 2017.

Figure 48. DISABLING CONDITIONS AMONG HOMELESS VETERANS, VETERAN AND NON-VETERAN COMPARISON



Veteran Survey Population n: 45; Non-Veteran Survey Population: 609
Source: Applied Survey Research. (2017). Monterey County Homeless Census.

Figure 49. HEALTH CONDITIONS, VETERAN AND NON-VETERAN COMPARISON



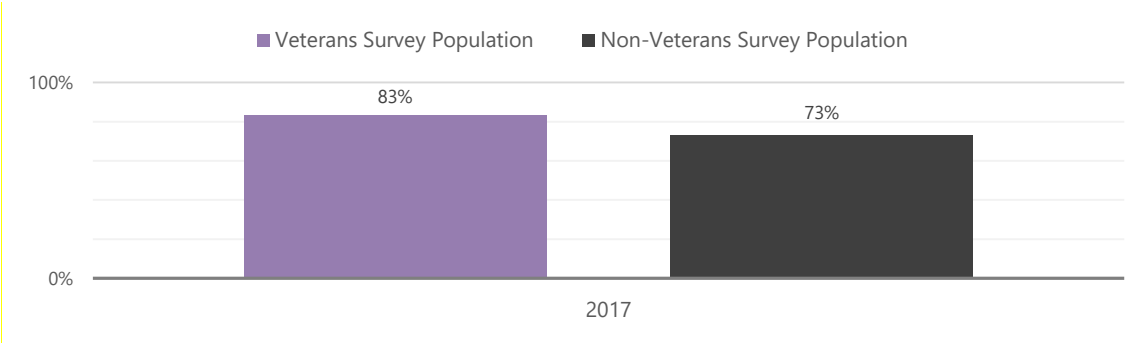
Veteran Survey Population n= 45; Non-Veteran Survey Population n= 609
Source: Applied Survey Research. (2017). Monterey County Homeless Census.
Note: Multiple response question. Percentages may not add up to 100.

ACCESS TO SERVICES AMONG VETERANS EXPERIENCING HOMELESSNESS

Overall, the number of veterans connected to any form of government assistance was higher than the non-veteran population, 66% compared to 51%.

When asked about the specific services they are receiving, the most frequent responses were free meal services (53%), bus passes (28%), and transitional housing services (22%).

Figure 50. ACCESS TO SERVICES, VETERAN AND NON-VETERAN COMPARISON



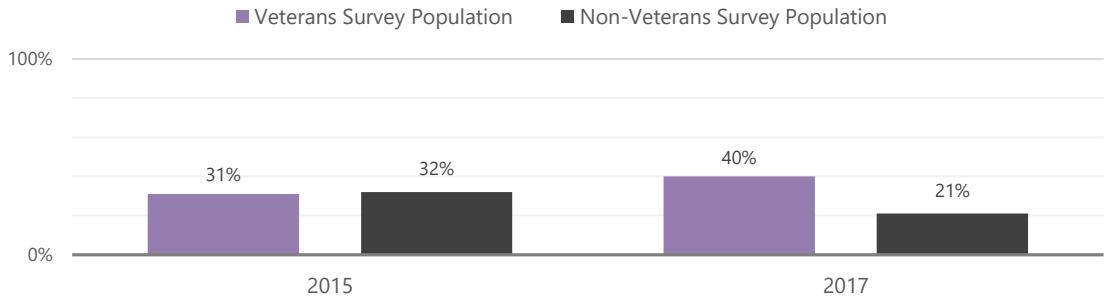
Veteran Survey Population n= 36; Non-Veteran Survey Population n = 578
Source: Applied Survey Research. (2015-2017). Monterey County Homeless Census.

INCARCERATION AMONG VETERANS EXPERIENCING HOMELESSNESS

Among those who are incarcerated, veterans are more likely than non-veterans to be first time offenders, to have committed a violent offense, and to have longer prison sentences. Veterans who are incarcerated may also face the loss of various VA benefits during this time.[10]

A higher percentage of veterans (40%) reported having spent a night in jail in the last 12 months when compared to non-veterans (21%).

Figure 51. A NIGHT SPENT IN JAIL OR PRISON IN THE LAST 12 MONTHS, VETERAN AND NON-VETERAN COMPARISON



Veteran Survey Population n= 35; Non-Veteran Survey Population n= 594
Source: Applied Survey Research. (2015-2017). Monterey County Homeless Census.

[10] Military Benefits. (2014). Incarcerated Veterans. Retrieved 2014 from http://www.military.com/benefits/veteran-benefits/incarcerated-veterans.html.

FAMILIES WITH CHILDREN EXPERIENCING HOMELESSNESS

National data from 2016 suggest that 35% of all people experiencing homelessness are persons in families. Very few families experiencing homelessness are unsheltered, as public shelters serve 90% of homeless families in the United States; this is a significantly higher proportion of the population compared to other subpopulations, including unaccompanied children and transition-age-youth. Data on families experiencing homelessness suggest that they are not much different from families in poverty.

The risk of homelessness is highest among households headed by single women and families with children under the age of six.[11] Children in families experiencing homelessness have increased incidence of illness and are more likely to have emotional and behavioral problems than children with consistent living accommodations.[12]

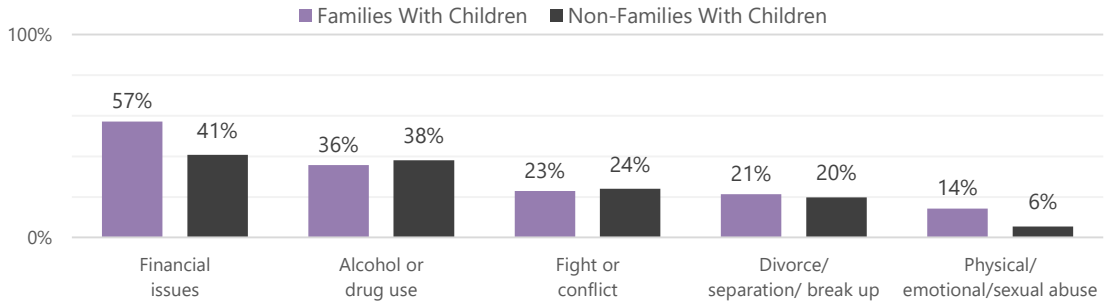
DEMOGRAPHIC CHARACTERISTICS AMONG HOMELESS FAMILIES WITH CHILDREN

A small number of individuals in homeless families with children participated in the Monterey County Survey, a total of 70 respondents.[13] Eighty-four percent (84%) of survey respondents in families were female, higher than survey respondents not in families (31%). Fifty-four percent (54%) of those surveyed in families identified as Hispanic or Latino, slightly higher than those not in families (47%).

PRIMARY CAUSE OF HOMELESSNESS AMONG HOMELESS FAMILIES WITH CHILDREN

Fifty-one percent (51%) of individuals in families with children reported having experienced domestic violence, and 6% reported they were currently experiencing domestic violence at the time of the survey. Fourteen percent (14%) reported physical, emotional or sexual abuse as the primary cause of their homelessness. The most frequently reported cause was financial issues (57%), followed by alcohol or drug use (36%) and fight or conflict (23%).

Figure 52. PRIMARY CAUSE OF HOMELESSNESS, FAMILIES WITH CHILDREN AND NON-FAMILIES WITH CHILDREN COMPARISON



Individuals in Families with Children Survey Population n: 70; Non- Families with Children Survey Population n: 581
Source: Applied Survey Research. (2017). Monterey County Homeless Census.
Note: Multiple response question. Percentages may not add up to 100.

[11] U. S. Department of Health and Human Services. (2007). Characteristics and Dynamics of Homeless Families with Children. Retrieved 2015 from http://aspe.hhs.gov/

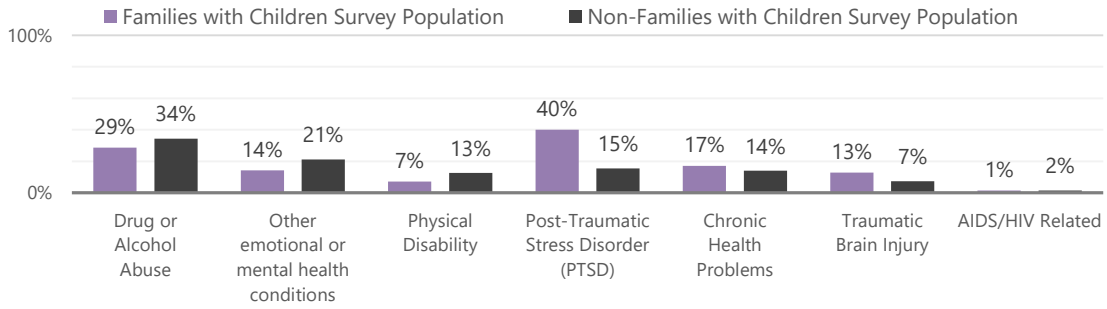
[12] U.S. Interagency Council on Homelessness. (2015). Opening Doors. Retrieved 2015 from http://www.usich.gov/

[13] Caution should be used when interpreting these data due to small number of surveys conducted with homeless individuals in families with children

HEALTH CONDITIONS AMONG HOMELESS FAMILIES WITH CHILDREN

Among homeless families with children, Post-Traumatic Stress Disorder (PTSD) was the most frequent (40%) health condition cited. Although fewer homeless families indicated drug or alcohol abuse, homeless families were more likely to indicate chronic health problems as well as traumatic brain injuries.

Figure 53. HEALTH CONDITIONS, FAMILIES WITH CHILDREN AND NON-FAMILIES WITH CHILDREN COMPARISON



Families with Children Survey Population n: 70; Non- Families with Children Survey Population: 584
Source: Applied Survey Research. (2017). Monterey County Homeless Census.
Note: Multiple response question. Percentages may not add up to 100.

UNACCOMPANIED HOMELESS CHILDREN AND TRANSITION-AGE-YOUTH

Due to the often hidden nature of youth homelessness, there are limited data available on unaccompanied children and transition-age-youth experiencing homelessness. Although largely considered an undercount, current federal estimates suggest there are 35,686 unaccompanied children and transition-age-youth on the streets and in public shelters across the country.[14] According to the National Association for the Education of Homeless Children and Youth, there may be somewhere between 1.6 to 1.7 million experiencing some form of homelessness. Some Young people experiencing homelessness have a harder time accessing services, including shelter, medical care, and employment due to the stigma of their housing situation, lack of knowledge of available resources, and a dearth of services targeted to young people.[15]

In 2012, the U.S. Interagency Council on Homelessness amended the federal strategic plan to end homelessness to include specific strategies and supports to address the needs of unaccompanied homeless children and transition-age-youth. As part of this effort, the Department of Housing and Urban Development placed increased focus on gathering data on unaccompanied homeless children and youth during the Point-in-Time Count.

According to National Network 4 Youth, half of all unaccompanied youth report mental health problems. Rates of depression, conduct disorder, and PTSD are three times as high among runaway youth as the general youth population. And suicide is the leading cause of death among street youth. Additionally, 40-50% report drug problems. Trauma and rape rates are 2-3 times higher than the general youth population. While homeless youth engage in crime as part of their survival strategy (prostitution, drug sales, forced entrance into a residence, etc.), research shows they are more likely to be the victims of crime rather than the perpetrators. Over 1/3 report exchanging sex for food, shelter or drugs. Finally, unaccompanied youth face barriers to education and employment which affects their future ability to live independently

Monterey County implemented a dedicated youth count and survey in 2013 to improve data on unaccompanied children and youth. These efforts were replicated, with minor improvements, in 2015 and 2017. The following section provides an overview of the findings on unaccompanied children and youth identified in Monterey's general point-in-time count, as well as in the specific youth count.

[14] Department of Housing and Urban Development. (2016). Annual Assessment Report to Congress. Retrieved 2017 from https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf

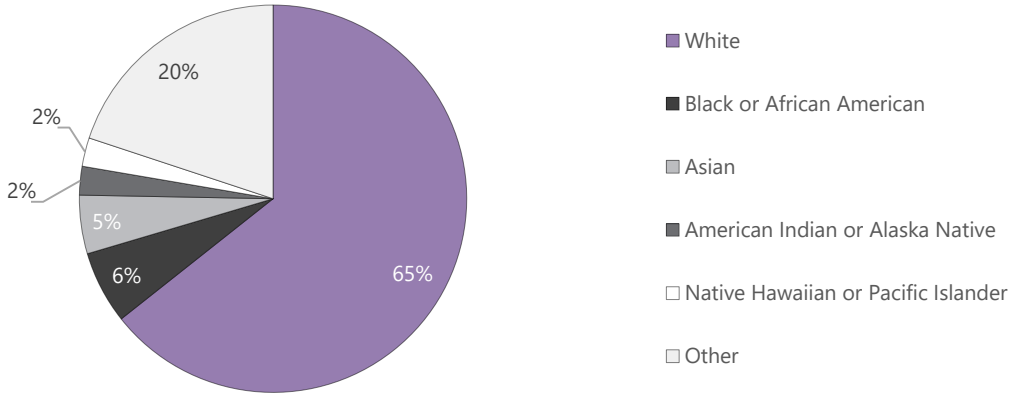
[15] National Coalition for the Homeless. (2011). Homeless Youth Fact Sheet. Retrieved 2011 from http://www.nationalhomeless.org.

DEMOGRAPHIC CHARACTERISTICS AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH

Over two-thirds (69%) of the population of youth respondents under the age of 25 identified as male, more than the general population (60%). Three percent (3%) indicated that they do not identify as male, female, or transgender. Twenty-three (23%) of youth respondents identified as LGBTQ, higher than the adult population (15%).

Forty-nine percent (49%) of youth respondents reported they were Hispanic or Latino, similar to 47% of respondents 25 years and over. The highest reported race for youth respondents was white (65%), followed by black or African American (6%).

Figure 54. RACE AMONG UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH



Under 25 n = 82

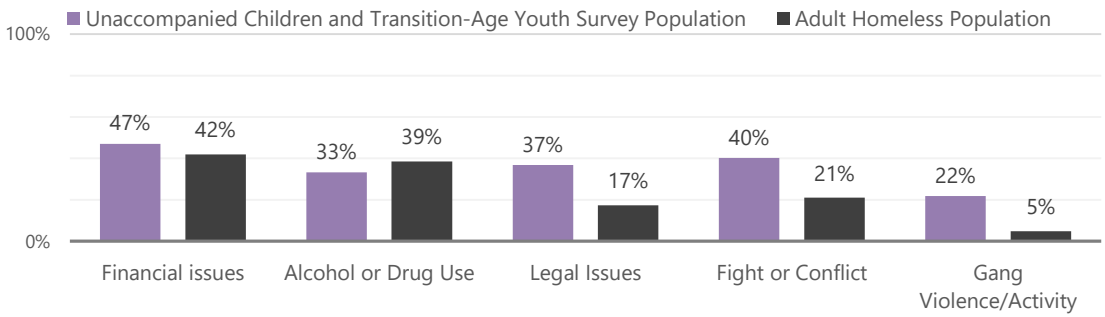
Source: Applied Survey Research. (2017). Monterey County Homeless Count.

Note: Percentages may not add up to 100 due to rounding.

Primary Cause of Homelessness Among Unaccompanied Homeless Children and Transition-Age-Youth

Homeless youth survey respondents reported some differences in cause of homelessness compared to respondents 25 years or older. Unaccompanied homeless children and transition age youth were much more likely to cite fight or conflict, legal issues, or gang violence as a cause of their homelessness.

Figure 55. PRIMARY CAUSE OF HOMELESSNESS, UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH AND NON-UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH COMPARISON

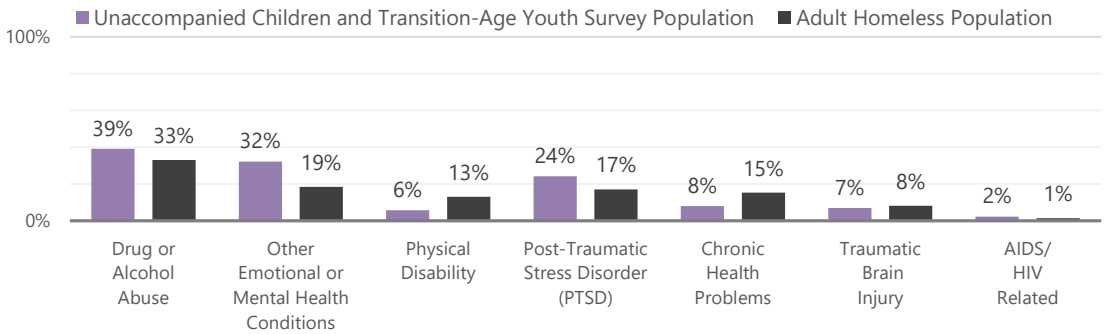


Unaccompanied Children and Transition-Age-Youth Survey Population n= 87; Non- Unaccompanied Children and Transition-Age-Youth Survey Population n= 564
Source: Applied Survey Research. (2017). Monterey County Homeless Census.
Note: Multiple response question. Percentages may not add up to 100.

Health and Social Barriers Among Unaccompanied Homeless Children and Transition-Age-Youth

Though better than the general homeless population, health is still an issue for homeless youth. Homeless youth were more likely to indicate drug or alcohol use, but they were far less likely to report experiencing physical disability and chronic health problems.

Figure 56. HEALTH CONDITIONS, UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH AND NON-UNACCOMPANIED CHILDREN AND TRANSITION-AGE-YOUTH COMPARISON



Unaccompanied Children and Transition-Age-Youth Survey Population n= 87; Non- Unaccompanied Children and Transition-Age-Youth Survey Population= 567
Source: Applied Survey Research. (2017). Monterey County Homeless Census.
Note: Multiple response question. Percentages may not add up to 100.

Institutional Involvement Among Unaccompanied Children and Transition-Age-Youth

About one in five (18%) of youth respondents reported they had been in the foster care system, and 5% of all youth respondents indicated that aging out of foster care as the primary cause of their homelessness. Thirty-six percent (36%) of youth respondents indicated they spent a night in jail in the past year, compared to 20% of adult responses. Additionally, more youth (21%) were currently on probation or parole when compared to adult responses (15%).

Conclusion

Between 2015 and 2017 Monterey County and its provider partners have made significant investments and reforms to meet the needs of people experiencing homelessness, moving more people off of the streets and into housing.

The survey component continues to provide a valuable insight into the experiences of individuals experiencing homelessness throughout Monterey County. For example, in Monterey County, a disproportionate number of Black or African Americans experience homelessness. For many, the experience of homelessness is part of a long and recurring history of housing instability, exemplified by the fact that 65% of survey respondents indicated that they had previously experienced homelessness. Knowing where individuals were living before they most recently lost their housing informs discussions regarding how local the homeless population is to the region. This information can also influence changes to available support systems if the Continuum of Care finds increasing numbers of individuals living locally before experiencing homelessness, demonstrated by the 83% of survey respondents who reported living in Monterey County prior to becoming homeless. Among survey respondents, over a third (39%) of survey respondents reported currently living outdoors: either on the streets, in parks, or in encampment areas. Although pinpointing a single cause of homelessness can be difficult, financial issues and alcohol and drug use continue to be key contributing factors of homelessness in Monterey County. Many individuals experiencing homelessness face significant barriers in obtaining permanent housing. Financial obstacles (cost of rent, no income, no money for moving costs, and lack of transportation) continue to be barriers limiting individuals from obtaining housing.

There have been a number of accomplishments and improvements from 2015. The data in the 2017 Monterey County Homeless Census and Survey can help educate the public, service providers, and policy makers on how to best serve the homeless population and help ensure that homelessness is a rare, brief, and one-time event. Study after study shows that prevention, Housing First initiatives and supportive services are the first steps in ending homelessness, and Monterey County is working diligently to develop these systems of change. In the interim, there is a lot of work to be done to address the immediate needs of the 2,107 persons who are unsheltered and in need of assistance.

Appendix 1: Methodology

Overview

The purpose of the 2017 Monterey County Homeless Point-in-Time Census and Survey is to produce a point-in-time estimate of people who experience homelessness in Monterey County, a region that covers approximately 3,771 square miles. The results of the street count were combined with the results from the shelter and institution count to produce the total estimated number of persons experiencing homelessness in Monterey County on any given night. The subsequent survey was used to gain a more comprehensive understanding of the experiences and demographics of those enumerated on the night of the count. A more detailed description of the methodology follows.

Components of the Homeless Census Method

The Point-in-Time Census methodology had three primary components:

1. The general street count between the hours of 5:30am to 11:00am on January 25th – an enumeration of unsheltered homeless individuals
2. The youth street count between the hours of 4 pm and 9 pm – a targeted enumeration of unsheltered youth under the age of 25
3. The shelter count for the night of the street count – an enumeration of sheltered homeless individuals staying in emergency shelter or transitional housing programs

The unsheltered and sheltered homeless counts were coordinated to occur within the same time period in order to minimize potential duplicate counting of homeless persons.

The Planning Process

Beginning in November, regular meetings were held to prepare for the census. These meetings were hosted by the Coalition of Homeless Service Providers and were attended by a mix of county officials, local service providers, shelter staff, youth outreach teams, and others. Additional, separate meetings were held with youth shelter and program staff and, separately, veteran program staff in order to address specific concerns in counting these populations. These meetings focused on a variety of issues related to the planning process and were focused on a variety of issues, including logistics surrounding the count, volunteer and guide recruitment, outreach to subpopulations, strategies for covering geographic areas, and many more. During this process, valuable feedback and input was gathered from the community and incorporated into the planning process and count preparation.

STREET COUNT METHODOLOGY

DEFINITION

For the purposes of this study, the HUD definition of unsheltered homelessness for Point-in-Time Census is used. This definition includes individuals and families with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. For unaccompanied children and transition-age-youth, the definition does not include couch surfing, a common sleeping accommodation in that age range.

METHODOLOGICAL IMPROVEMENTS

ASR has been working with the county of Monterey since 2005, so the count has a very established and mature methodology that is mostly unchanged on a cycle-to-cycle basis. However, there were a few methodological improvements made in Monterey County in 2017. First and foremost among those were a series of focus groups held with individuals experiencing homelessness in the county. These were designed to gather "hot spot" information – locations in the county that were known as common destinations for the population experiencing homelessness. Indicators were then placed on census tract maps, letting teams know that these areas had been designated as "hot spots." Small improvements included an earlier start time, increased youth participation, and veteran outreach.

VOLUNTEER AND GUIDE RECRUITMENT AND TRAINING

Many individuals who live and/or work in Monterey County turned out to support the effort to enumerate the local population experiencing homelessness. More than 80 community volunteers and City and County staff registered to participate in the 2017 general street count. The volunteer recruitment effort was led by the Coalition of Homeless Services Providers (CHSP) and was greatly aided by numerous shelters and day programs from throughout the county. Extensive outreach efforts were conducted, targeting local non-profits that serve the homeless and local volunteer programs, as well as other individuals who may be interested in participating in the count.

Volunteers registered to participate, and received additional details on the count via CHSP staff.

To recruit guides, shelters and day programs from throughout the county were asked to identify individuals experiencing homelessness with considerable knowledge of where to find individuals experiencing homelessness on the street, how to find encampments, how to identify if vehicles were being used as sleeping locations, and how to identify situations where safety was a concern. Additionally, shelter and program staffs were asked to recommend guides who were reliable and interested in the process. All guides were paid for their time, earning $15 per hour worked, including a mandatory one hour training that was held in the days before the count.

SAFETY PRECAUTIONS

Safety is of the upmost importance during the count, and every effort was made to minimize potentially hazardous situations. Information regarding potentially dangerous encampment areas or other locations was shared when appropriate. Techniques for avoiding potentially

dangerous situations were shared. The observational nature of the count was emphasized and has been found to be highly successful in minimizing potentially dangerous situations in the past. Volunteers were given guidance on how to act when canvassing encampment areas as well as how to respect a population that was likely to be sleeping. Additionally, the knowledge and experience of guides are valuable for safety reasons and volunteers and teams are encouraged to listen to their guide when they give suggestions regarding safety.

Street Count Deployment Centers

For convenience, two locations were picked to act as deployment centers on the morning of the count: one in Salinas and one in Seaside. Volunteers and guides were assigned to either one of these locations based on preference and expected demand. There were 4 staff at each deployment, two from ASR and two from CHSP. Staff helped to assemble teams, assign tracts, and manage the check-in once teams returned.

Street Count Teams

Teams are generally comprised of 2 individuals, one volunteer from the community and one guide, generally an individual who is currently experiencing homelessness. Each team is assigned 1-4 census tracts as their assignment, depending on the size of the tracts. They are responsible for covering all areas that are accessible by the public, including parks, streets, business fronts, and wherever the guide believes there may be individuals experiencing homelessness. Teams are encouraged to have their community volunteer drive their vehicle, while the guide acts as a navigator and enumerator during the process. All teams are given a brief refresher training before heading out into the field.

Data Limitations

While efforts were made by the Monterey County Office of education to include data on homeless children in schools, time constraints and resources limited these efforts to the Salinas area.

In the days before the count, there were significant weather impacts throughout the region. While anecdotal reports indicate that this had an impact on enumeration efforts, the true extant of that impact is unknowable.

YOUTH STREET COUNT METHODOLOGY

Goal

The goal of the 2017 dedicated youth count was similar to that of past youth counts in 2013 and 2015, to be more inclusive of children and youth under the age of 25 experiencing homelessness. Many of these children and youth do not use homeless services, are unrecognizable to adult street count volunteers and may be in unsheltered locations that are difficult to find. Therefore, traditional street count efforts are not as effective in reaching youth.

HUD has announced that the youth count in 2017 will be the “baseline” for future years, serving as a barometer to gauge the effectiveness of future efforts to end homelessness amongst children and youth. Recognizing that youth have been underrepresented in the past and need special outreach, ASR worked with Monterey County to develop a localized strategy to better include unaccompanied children and youth under 25 in the count. Just as in past

years, the goal was to improve upon the process, not just replicate what was done in past years.

Research Design

As in 2013 and 2015, planning for the 2017 supplemental youth count included many youth homeless service providers. Local providers worked with ASR staff to conduct focus groups to identify "hot spot" locations where homeless youth were known to congregate. Service providers in Salinas and Monterey County were asked to recruit currently homeless youth to participate in the count. Rancho Cielo and Safe Place recruited more than 20 youth to work as peer enumerators, counting homeless youth in the identified areas of Monterey County on January 25, 2017. Youth workers were paid $15 per hour for their time, including the training conducted prior to the count. Youth were trained on where and how to identify homeless youth as well as how to record the data. It has been recognized by the Department of Housing and Urban Development as well as the United States Interagency Council on Homelessness that youth do not commonly comingle with homeless adults and are not easily identified by non-youth. Because of this difficulty, they have accepted and recommended that communities count youth at times when they can be seen, rather than during general outreach times.

Data Collection

It was determined that homeless youth would be more prominent on the street during daylight hours, rather than in the evening when the general count was conducted. The youth count was conducted from approximately 4 PM to 9 PM on January 25, 2017. Youth worked in teams of two to four people, with teams coordinated and overseen by youth street outreach workers.

SHELTER COUNT METHODOLOGY

Goal

The goal of the shelter count was to gain an accurate count of the number of homeless persons who were being temporarily housed in shelters across Monterey County.

Definition

An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals).

Research Design

Data was collected from shelters on the night of January 24th. The Coalition of Homeless Service Providers used the HMIS data management system to gather data on shelters in Monterey County. HMIS provides data on all individuals staying in shelters, including household status, age, gender, and race and ethnicity.

SURVEY METHODOLOGY

Planning and Implementation

The survey of 654 homeless persons was conducted in order to yield qualitative data about the homeless community in Monterey County. These data are used for the McKinney-Vento Continuum of Care Homeless Assistance funding application and are important for future program development and planning. The survey elicited information such as gender, family status, military service, length and recurrence of homelessness, usual nighttime accommodations, causes of homelessness, and access to services through open-ended, closed-ended, and multiple response questions. The survey data bring greater perspective to current issues of homelessness and to the provision and delivery of services.

Surveys were conducted by homeless workers and shelter staff, who were trained by Applied Survey Research. Training sessions led potential interviewers through a comprehensive orientation that included project background information and detailed instruction on respondent eligibility, interviewing protocol, and confidentiality. Homeless workers were compensated at a rate of $7 per completed survey.

It was determined that survey data would be more easily collected if an incentive gift was offered to respondents in appreciation for their time and participation. Socks were given as an incentive for participating in the 2017 Homeless Survey. The socks were easy to obtain and distribute, were thought to have wide appeal, and could be provided within the project budget. This approach enabled surveys to be conducted at any time during the day. The gift proved to be a great incentive and was widely accepted among survey respondents.

Survey Administration Details

The 2017 Monterey County Survey was administered by the trained survey team between February 6th and March 10th. In all, the survey team collected 654 surveys.

Survey Sampling

The planning team recommended approximately 600 surveys for 2017. Based on a Point-in-Time estimate of 2,831 homeless persons, with a randomized survey sampling process, the 654 valid surveys represent a confidence interval of +/- 3% with a 95% confidence level when generalizing the results of the survey to the estimated population of homeless individuals in Monterey County.

The 2017 survey was administered in both transitional housing facilities and on the street. In order to assure the representation of transitional housing residents, who can be underrepresented in a street-based survey, survey quotas were created to reach individuals and heads of family households living in these programs. Individuals residing in emergency shelters were reached through street surveys during the day when emergency shelters were closed.

Strategic attempts were made to reach individuals in various geographic locations and of various subset groups such as homeless youth, minority ethnic groups, military veterans, domestic violence victims, and families. One way to increase the participation of these groups was to recruit peer survey workers. Like past surveys, the 2017 survey also prioritized a peer-to-peer approach to data collection by increasing the number of currently homeless surveyors.

In order to increase randomization of sample respondents, survey workers were trained to employ an "every third encounter" survey approach. Survey workers were instructed to approach every third person they encountered whom they considered to be an eligible survey respondent. If the person declined to take the survey, the survey worker could approach the next eligible person they encountered. After completing a survey, the randomized approach was resumed. It is important to recognize that while efforts are made to randomize the respondents, it is not a random sample methodology.

Data Collection

Care was taken by interviewers to ensure that respondents felt comfortable regardless of the street or shelter location where the survey occurred. During the interviews, respondents were encouraged to be candid in their responses and were informed that these responses would be framed as general findings, would be kept confidential, and would not be traceable to any one individual.

Data Analysis

To avoid potential duplication of respondents, the survey requested respondents' initials and date of birth, so that duplication could be avoided without compromising the respondents' anonymity. Upon completion of the survey effort, an extensive verification process was conducted to eliminate duplicates. This process examined respondents' date of birth, initials, gender, ethnicity, and length of homelessness, and consistencies in patterns of responses to other questions on the survey.

Survey Challenges and Limitations

The 2017 Monterey County Homeless Survey did not include an equal representation of all homeless experiences. For example, a greater number of surveys were conducted among transitional housing residents than in previous years. However, this provided an increased number of respondents living in families and provided a more comprehensive understanding of the overall population. There may be some variance in the data that the homeless individuals self-reported. However, using a peer interviewing methodology is believed to allow the respondents to be more candid with their answers and may help reduce the uneasiness of revealing personal information.

Appendix 2: Definitions & Abbreviations

- *Chronic homelessness* is defined by the U.S. Department of Housing and Urban Development, the U.S. Department of Health and Human Services, and the U.S. Department of Veterans Affairs as "an unaccompanied homeless individual or family member with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years (for a cumulative total of 12 months or more)."
- *Disabling condition*, for the purposes of this study, is defined as a physical disability, mental illness, depression, alcohol or drug abuse, chronic health problems, HIV/AIDS, Post-traumatic Stress Disorder (PTSD), or a developmental disability. A health condition has an impact on housing stability or employment.
- *Emergency shelter* is the provision of a safe alternative to the streets in a shelter facility. Emergency shelter is short-term, usually for 180 days or fewer. Domestic violence shelters are typically considered a type of emergency shelter, as they provide safe, immediate housing for victims and their children.
- *Family* is defined as a household with at least one adult and one child under 18.
- *Homeless* under the category 1 definition of homelessness in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, includes individuals and families living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements, or with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.
- *HUD* is the abbreviation for the U.S. Department of Housing and Urban Development.
- *Sheltered homeless* individuals are those homeless individuals who are living in emergency shelters or transitional housing programs.
- *Single individual* refers to an unaccompanied adult or youth, age 18 and over.
- *Transition-Age-Youth (TAY)* refers to an unaccompanied youth aged 18-24 years.

- *Transitional housing* facilitates the movement of homeless individuals and families to permanent housing. It is housing in which homeless individuals may live up to 24 months and receive supportive services that enable them to live more independently. Supportive services – which help promote residential stability, increased skill level or income, and greater self-determination –may be provided by the organization managing the housing, or coordinated by that organization and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures at one site, or in multiple structures at scattered sites.
- *Unaccompanied* refers to children under the age of 18 who do not have a parent or guardian present.
- *Unsheltered* homeless individuals are those homeless individuals who are living on the streets, in abandoned buildings, storage structures, vehicles, encampments, or any other place unfit for human habitation.

MONTEREY COUNTY

2017 HOMELESS CENSUS & SURVEY

COMPREHENSIVE REPORT

ASR

MONTEREY COUNTY HOMELESS SERVICES RESOURCE GUIDE

Coalition of Homeless Services Providers

February 2016

Community Action Partnership
Helping People. Changing Lives.

Coalition of Homeless Services Providers

The Coalition of Homeless Services Providers is the County's designated Continuum of Care Coordinator (CoC). A CoC represents the totality of services and housing available to individuals and families in crisis/homelessness within a defined region. Monterey and San Benito Counties recently merged CoCs in order to create an integrated, regional approach to addressing homelessness. In 2009, new federal legislation was enacted by Congress called the HEARTH (Homeless Assistance, Rapid Transition to Housing) Act – which built upon the former McKinney-Vento legislation, but with a renewed focus on prevention and a systems-wide (at all levels-Federal, State & Local) approach to addressing and ending homelessness. In response, in Monterey and San Benito Counties, a new, HEARTH Act-compliant 10 Year Plan to End Homelessness (Plan) called *Lead Me Home*, was developed and adopted in late 2012 with representative input and guidance from local Counties' Depts. Of Social Services, Behavioral Health, Public Health, Public Housing, Business and Civic Community, Law Enforcement, Justice, Community-Based Service Providers and Affordable Housing Developers, Targeted Population Government Services (Veterans, seniors, schools, youth) and local Elected Officials.

Coalition of Homeless Service Providers
Martinez Hall, 220 12th St.
Marina, CA 93933
Ph: (831) 883-3080 Fax: (831) 883-3085
chspmontry@aol.com

The Community Action Partnership (CAP) was established in 1964 during President Johnson's "War on Poverty." CAP funding today is drawn down through Community Services Block Grants. The CAP is designated by the County Board of Supervisors to specifically provide a focal point to coordinate and plan for the provision of community services that support, assist, and empower low-income people and to improve their quality of life. The CAP engages in three major activities to achieve this mission: contracting with nonprofit and public agencies for services, collaborating with community stakeholders, and supporting educational community activities.

Monterey County
Community Action Partnership
1000 S. Main St Salinas, CA 93901
(831) 755-8492
http://mcdss.co.monterey.ca.us/cap/

In partnership with the Coalition of Homeless Service Providers, the Community Action Partnership has compiled this guide to assist the community in connecting to resources that serve the homeless and at-risk populations in Monterey County.

This guide to homeless services in Monterey County is comprised of public and non-profit resources. The guide is not exhaustive and every effort has been made to include accurate and current information. Services in the community are frequently changing and the details regarding specific services provided should always been confirmed directly by the individual agency. The inclusions of services into this guide do not imply recommendation or endorsement.

DIRECTORY OF SERVICES

February 2016

EMERGENCY SHELTER RESOURCES

COMMUNITY HUMAN SERVICES- SAFE PLACE
590 Pearl St. (831) 373-4421
Monterey, CA 93940
www.chservices.org
Provides 4 beds for runaway and homeless youth up to age 17 in two licensed foster homes for up to 21 days.

FRANCISCAN WORKERS – WOMEN ALIVE! SHELTER
30 Soledad St. Administration
Salinas, CA 93901 (831) 757-3838
www.dorothysplace.org
Emergency walk-in overnight shelter for street women. No I.D. required. Homeless women may enter from 7-8:00pm every night and must leave by 6:30am the next morning. Capacity of 16 beds per night. (No children)

I–HELP-OUTREACH UNLIMITED
P. O. Box 1447 (831) 251-8663
Marina, CA 93933
www.WeHelpIHELP.org
I-HELP (Interfaith Emergency Lodging Program) offers homeless men and women overnight lodging seven nights a week at Peninsula-area houses of faith. Meals are provided.

INTERIM, INC – MANZANITA HOUSE
P. O. Box 3222 (831) 649-4522
Monterey, CA 93942
www.interiminc.org
Short-term residential crisis program for people with psychiatric disabilities who are in psychological distress or crisis. 30 day maximum stay.

INTERIM, INC – MCHOME
P. O. Box 3222 (831) 883-3030
Monterey, CA 93942
www.interiminc.org
Provides mobile outreach, supportive housing, intensive services to homeless adults with mental illness in Monterey County.

PAJARO RESCUE MISSION
111 Railroad Ave. (831) 722-2074
Watsonville, CA 95076
www.teenchallengemontereybay.org
Shelter for up to 35 homeless men in modern, well ventilated dorms. Faith based organization provides food, support and substance use counseling.

SALVATION ARMY - FREDERIKSEN HOUSE
www.tsamonterey.com (831) 899-1071
Emergency shelter for men and women with children. Limited stay and there is a waiting list. The Salvation Army also provides case management, information & referral services.

COMMUNITY HOMELESS SOLUTIONS – SALINAS SHELTER
www.shelteroutreachplus.org (831) 422-2201
24-hour emergency shelter for battered and/or homeless women and their children.

COMMUNITY HOMELESS SOLUTIONS – SEASIDE SHELTER
www.shelteroutreachplus.org (831) 394-8372
Seaside Shelter for women and children. A 16-bed emergency shelter home with access to food, clothing, and case management services.

COMMUNITY HOMELESS SOLUTIONS – MEN'S LODGING PROGRAM
3050 Lexington Ct. (831) 384-3388
Marina, CA 93933
www.shelteroutreachplus.org
Provides shelter, meals and support for homeless men, limited stay. 14 beds available.

UNITED WAY 2-1-1
60 Garden Ct., Ste 350 Dial - 211
Monterey, CA 93940
www.211mc.org
Information and referral for community services in Monterey County.

VICTORY MISSION
43 Soledad St. (831) 424-5688
Salinas, CA 93901
Provides shelter, food, showers, and clothing. Provides overnight shelter to homeless males 18yrs or older.

YWCA MONTEREY COUNTY

915 Hilby Ave #26	236 Monterey St	24 Hr Domestic
Seaside, CA 93955	Salinas, CA 93901	Violence Hotline:
(831) 655-9222	(831) 422-8602	(831) 372-6300 Crisis
www.ywcamc.org		(831) 757-1001
		800-992-2151

Serves victims of domestic violence with emergency shelter (women and children only) 24-hr confidential crisis hotlines.

COMMUNITY KITCHENS

COMMUNITY HUMAN SERVICES- SAFE PLACE
590 Pearl St (831)-373-4421
Monterey, CA 93940
www.chservices.org
Breakfast provided in the "Dream Kitchen" at Safe Place- Tuesday and Fridays from 9:30-11:00 am for runaway and homeless youth up to age 25. Dinner provided at the Monterey Youth Center at El Estero Park-Thursdays from 5:30-6:30 pm.

FIRST UNITED METHODIST CHURCH
404 Lincoln Ave. (831) 424-0855
Salinas, CA 93901
http://salinasfirst.org/
Serves breakfast 6:30am-8am, lunch 11:30am-12:30pm, M-F

FRANCISCAN WORKERS - DOROTHY'S KITCHEN
30 Soledad St. Administration
Salinas, CA 93901 (831) 757-3838
www.dorothysplace.org
Serves breakfast at 8:30 am and lunch at 1:00 pm every day to persons in need. Provides food boxes for individuals and families from 11:00 am to 12:00 pm weekdays only.

PAJARO RESCUE MISSION – PAJARO MEN'S CENTER
111 Railroad Ave. (831) 722-2074
Watsonville, CA 95076
Nourishing meals twice a day with access to showers and clothing. Daily Bible services and other supportive services provided daily.

SALVATION ARMY GOOD SAMARITAN CENTER - PENINSULA
800 Scott St. (831) 899-4988 M-F 8:30-10:30
Sand City, CA 93955 10:30-12
www.tsamonterey.com
Coffee-pastry breakfast and hot lunch. Hope Mobile meal services parking area on Del Monte Naval Postgraduate School, M-TH 11:30am.

TRANSITIONAL HOUSING

COMMUNITY HUMAN SERVICES- GENESIS HOUSE
1146 Sonoma Ave. (831) 899-2436
Seaside, CA 93955
www.chservices.org
State licensed residential recovery program for 36 men and women seeking recovery from substance abuse.

COMMUNITY HUMAN SERVICES – SAFE PASSAGE
544 Pearl St. (831) 717-4126
Monterey, CA 93940
www.chservices.org
SAFE PASSAGE –Affordable housing facility in Monterey for homeless youth and youth aging out of foster care, ages 18-21. Rent is calculated at 30% of adjusted gross income.

FRANCISCAN WORKERS-HOUSE OF PEACE
30 Soledad St. (831) 757-3838
Salinas, CA 93901
www.dorothysplace.org
Transitional living program that promotes and provides safety, and stability for chronically homeless individuals. Case management on site. 12 beds.

INTERIM, INC – SHELTER COVE, MARINA
P. O. Box 3222 (831) 384-7251
Monterey, CA 93942
www.interiminc.org
Transitional housing program for homeless adults living with mental illness. Shared units. Maximum two year program.

INTERIM, INC – TRANSITIONAL HOUSING PROGRAMS
P. O. Box 3222 (831) 649-4522
Monterey, CA 93940
www.interiminc.org
SOLEDAD HOUSE/SUNFLOWER GARDENS – Transitional housing for individuals with mental illness.

PAJARO RESCUE MISSION – CRISIS INDUCTION CENTER
111 Railroad Ave. (831) 722-2074
Watsonville, CA 95076
www.teenchallengemontereybay.org
Intense daily routine for men and women with life controlling problems.

PUEBLO DEL MAR – HOUSING AUTHORITY OF THE COUNTY OF MONTEREY
3043 MacArthur Dr. (831) 582-9461
Marina, CA 93933
http://sunstreetcenters.org/
A safe, affordable, transitional housing program for homeless families with children who are in recovery from substance abuse.

SALVATION ARMY - CASA DE LAS PALMAS & PHASE II HOUSING
www.tsamonterey.com (831) 899-1071
Transitional living center which assists parents and children on their path to self sufficiency.

COMMUNITY HOMELESS SOLUTIONS – HOMEWARD BOUND
3087 Wittenmyer Ct. (831) 384-3388
Marina, CA 93933
www.shelteroutreachplus.org
Transitional housing for low income, homeless, single mothers with children.

COMMUNITY HOMELESS SOLUTIONS – LEXINGTON COURT, MEN IN TRANSITION, WOMEN IN TRANSITION
3050 Lexington Ct. (831) 384-3388
Marina, CA 93933
www.shelteroutreachplus.org
Transitional housing for low income, homeless, intact (dual parent) families with children or single fathers with children, single homeless women.

SUN STREET CENTERS – SEVEN SUNS
8 Sun St. (831) 753-5145
Salinas, CA 93901
www.sunstreetcenters.org
Self-supporting transitional housing facilities for men seeking a safe and supportive, clean and sober place to live.

SUN STREET CENTERS- MENS RESIDENTAL PROGRAM
8 Sun St. (831) 753-5145
Salinas, CA 93901
www.sunstreetcenters.org
State licensed recovery program for men seeking life free from drugs and alcohol addiction.

VETERANS TRANSITION CENTER – HOUSING PROGRAM
220 12th St. (831) 883-8387
Marina, CA 93933
www.vtcmonterey.org
Services for homeless veterans and their families through transitional housing and counseling.

RENTAL SUPPORT SERVICES

CATHOLIC CHARITIES
1705 2nd Ave. 922 Hilby Ave, Ste. C
Salinas, CA 93905 Seaside, CA 93955
(831) 422-0602 (831) 393-3110
catholiccharitiescentralcoast.org
Eviction prevention assistance, financial education, Nutrition Education, and assistance with Covered California and CalFresh applications.

HOUSING AUTHORITY OF THE COUNTY OF MONTEREY
123 Rico St. (831) 775-5000
Salinas, CA 93901
www.hamonterey.org
Owns and manages low income housing developments.

HOUSING RESOURCE CENTER
201-A John St. (831) 424-9186
Salinas, CA 93901 (800) 946-1911
www.hrcmc.org
Homeless prevention, rental assistance and low-income housing program referrals – Provides financial literacy education. Rental assistance for homeless CalWORKs recipients.

INTERIM, INC – SANDY SHORES
P. O. Box 3222 (831) 649-4522
Monterey, CA 93942
www.interiminc.org
Permanent, affordable housing for homeless adults living with mental illness.

INTERIM, INC – PERMANENT SUPPORTIVE HOUSING
P. O. Box 3222 (831) 649-4522
Monterey, CA 93942
www.interiminc.org
ACACIA HOUSE/CASA DE PALOMA/SUNFLOWER GARDEN/ ROCKROSE GARDENS & other properties–Permanent supportive housing for individuals with mental illness. Apartments or shared housing.

MILITARY & VETERANS AFFAIRS OFFICE

1000 S. Main St., Ste. 209A
Salinas, CA 93901
(831) 647-7613

1200 Aguajito Rd.
Monterey, CA 93940
(831) 647-7613

www.co.monterey.ca.us/va

Services for military veterans include benefits claims assistance, veteran's van program.

VETERANS RESOURCE CENTERS OF AMERICA

40 Bonifacio Plaza
Monterey, CA 93940

(831) 375-1184

vetsresource.org

Supportive services for veterans families, rental assistance, transportation and more.

ANCILLARY SERVICES

CALIFORNIA STATE UNIVERSITY, MONTEREY BAY CHINATOWN RENEWAL PROJECT
22 Soledad St (831) 770-1929
Salinas, CA 93901
www.chinatownclc.wix.com/chinatown
www.chinatowncommunitygarden.webs.com/
Community Learning Center for people experiencing homelessness in Chinatown. Free internet access, educational classes, support groups, counseling, and social service enrollment assistance.

CASTRO PLAZA FAMILY RESOURCE CENTER
10601 McDougal St. (831) 633-5975
Castroville, CA 95012
http://www.nmcusd.org/cms/page_view?d=x&piid=&vpid=1305624831636
Support for homeless children and families including clothing, school supplies and referral to other community resources to remove barriers to education.

CHISPA
295 Main St. #100 (831) 757-6251
Salinas, CA 93901
www.chispahousing.org
CHISPA is a non-profit housing developer in Monterey County that offers affordable rentals to families who qualify by income.

CLINICA DE SALUD DEL VALLE DE SALINAS
Monterey County (831) 970-1972
Mobile Clinic
www.csvs.org
Mobile clinic provides medical and dental care to the homeless population. Site locations found on website.

COMMUNITY HUMAN SERVICES – SAFE PLACE

590 Pearl St. (831) 373-4421 24-hr help line
Monterey, CA 93940 (831) 241-0914
www.chservices.org
Safe Place provides street outreach, survival aid such as food, socks, clothing, and hygiene products to runaway and homeless youth up to age 25.

COMMUNITY HUMAN SERVICES- FAMILY SERVICE CENTERS

433 Salinas St., 1178 Broadway Ave.
Salinas, CA 93901 Seaside, CA 93955
(831) 757-7915 (831) 394-4622
www.chservices.org
Mental health counseling for individuals on an outpatient basis. Bi-lingual (English/Spanish). Medi-Cal accepted.

COMMUNITY HUMAN SERVICES- OFF MAIN CLINIC

1083 S. Main St. (831) 424-4828
Salinas, CA 93901
www.chservices.org
Medication assisted drug treatment for adults seeking recovery from heroin/opioid abuse. Bi-lingual (English/Spanish) Medi-Cal accepted.

COMMUNITY HUMAN SERVICES-OUTPATIENT TREATMENT CENTERS

2560 Garden Rd., Ste. 201-A, 1087 S. Main St.
(831) 658-3811 (831) 237-7222
www.chservices.org
Individual and group counseling on an outpatient basis for men and women seeking recovery from substance abuse. Bilingual (English/Spanish). Medi-Cal accepted.

FAMILY RESOURCE CENTER(FRC)-HOMELESS EDUCATION

110 S. Wood St., Rm. #K4 (831) 809-3636 M-F
Salinas, CA 93905 8am-2:30pm
Support services and resources for homeless families identified by the school.

FIRST UNITED METHODIST CHURCH
404 Lincoln Ave. (831) 424-0855
Salinas, CA 93901
salinasfirst.org/
Safe space day program is open 6:30am-1pm. Access to computers, telephones, restrooms, etc. Clothing closet also available Monday, Wednesday, and Friday 9:30am-11am.

FRANCISCAN WORKERS - DOROTHY'S DROP-IN CENTER
30 Soledad St. Administration
Salinas, CA 93901 (831) 757-3838
www.dorothysplace.org
Open every day except Tuesday and Sunday, 9:00am-1:00pm. Showers, laundry, and mail services available. Connection to social services both onsite and offsite. Walk-in free health clinic on Wednesday, 12:30pm – 1:30pm.

FOOD BANK FOR MONTEREY COUNTY
815 W. Market St. M-F 7:30 am-4:30 pm
Salinas, CA 93901
(800) 870-3663
www.foodbankformontereycounty.org
Provides emergency supplemental food to low-income residents of Monterey County.

HEAP/ REACH
Home Energy Assistance Program (HEAP)
(888) 728-3637
Relief for Energy Assistance through Community Help (REACH)
(800) 933-9677
www.energyservices.org
Assists low income families with paying their PG&E bill. The Salvation Army hosts HEAP on Thursdays from 9:30 am-12pm at 2460 North Main St in Salinas (443-9655). The Salvation Army Sand City (899-4988) hosts REACH Services Monday through Friday from 1 pm- 4:30 pm.

INTERIM, INC – BRIDGE HOUSE
P. O. Box 3222 (831) 647-3000
Monterey, CA 93942
www.interiminc.org
State-licensed, transitional residential treatment program for adults living with both mental illness and substance abuse and dependency disorders.

INTERIM, INC-PAJARO STREET WELLNESS CENTER
339 Pajaro St., Ste. A (831) 754-3838
Salinas, CA 93901
www.interiminc.org
Peer support, employment services, dual recovery services and family support for persons with mental health challenges.

MONTEREY COUNTY AGING AND ADULT SERVICES
800-510-2020
mcdss.co.monterey.ca.us/aging/
Information and assistance; adult protective services and in-home supportive services.

MONTEREY COUNTY DEPARTMENT OF SOCIAL SERVICES
1000 S. Main St., Ste. 216 New applicants: 866-323-1953
Salinas, CA 93901 Current recipients: 877-410-8823
mcdss.co.monterey.ca.us/
Medi-Cal, CalFresh (Food Stamps), General Assistance and CalWORKs (cash assistance) programs.

MONTEREY COUNTY RAPE CRISIS CENTER
(831) 373-3955 (831) 771-0411
(831)375-4357 (831) 424-4357
Monterey, CA 93942 Salinas, CA 93902
www.mtryrapecrisis.org
24 hour crisis line with information and referrals regarding sexual assault and violence.

PASS THE WORD MINISTRY, INC
One Starfish Safe Parking and Supportive Services
Phone: (831) 275-5167
Provides hot breakfast for homeless persons on Saturdays near El Estero Park at 9:00 am and on Sundays at Windows by the Bay at 9:30 am.

SALVATION ARMY – GOOD SAMARITAN CENTER - PENINSULA
800 Scott St. (831) 899-4988 M-F 8:30-4:30pm
Sand City, CA 93955 (closed 12-1pm)
www.tsamonterey.com
Day Center in Sand City serves homeless and low income clientele. Supportive services include showers, and access to phone, fax, computers, food, laundry, clothing closet, spiritual counseling and rental assistance.

SALVATION ARMY – SALINAS CENTER
2460 North Main St. (831) 443-9655
Salinas, CA 93906
www.tsagoldenstate.org
Community center with a variety of family services.

COMMUNITY HOMELESS SOLUTIONS – M.O.S.T. VAN
Mobile Services to Salinas, North County (Pajaro), South County (Gonzales) and Monterey Peninsula
(831) 384-3388
www.shelteroutreachplus.org
The Mobile Outreach Service Team (M.O.S.T.) program operates 5 days a week and distributes blankets, tarps, food, toiletries, and more.

COMMUNITY HOMELESS SOLUTIONS – 12th STREET DAY CENTER
299 Twelfth St., Ste. C MW 1:30 pm-3:30 pm-women
Marina, CA 93933 T 1:30pm -3:30pm-men
(831) 384-3388
www.shelteroutreachplus.org
Services include: transportation, laundry facilities, computer access, mental health assistance and social service referrals.

SUICIDE CRISIS LINE
(831) 649-8008 (877) 663-5433 24 hr Crisis Line
Suicide prevention service of the Central Coast operates a 24 hour/7 day a week hotline serving Santa Cruz, Monterey, and San Benito Counties.

SUN STREET CENTERS-OUTPATIENT COUNSELING
12 Peach Dr. (831) 753-6001
Salinas, CA 93901
www.sunstreetcenters.org
For men and women. Individual and group counseling for people struggling with alcohol or drug abuse. Bi-lingual services available.

SUNRISE HOUSE
119 Capitol St. (831) 758-3302
Salinas, CA 93901
www.sunrisehouse.org
Services for at-risk teens - Youth and family counseling for a variety of issues including drugs and alcohol, violence, and crisis matters.

THE GATHERING PLACE FOR WOMEN
490 Aguajito Rd. (831) 241-6154
Carmel by the Sea 93923 *Universalist Church of the Monterey Peninsula*
www.thegatheringplacemonterey.org
A refuge for unsheltered women, hot lunch, clothing, emergency assistance, referrals to services and "Next Step" assistance. Tuesdays, 11:30-1:30 pm

UNITED WAY 2-1-1
60 Garden Ct., Ste 350 Dial - 211
Monterey, CA 93940
www.211mc.org
Information and referral for community services in Monterey County.

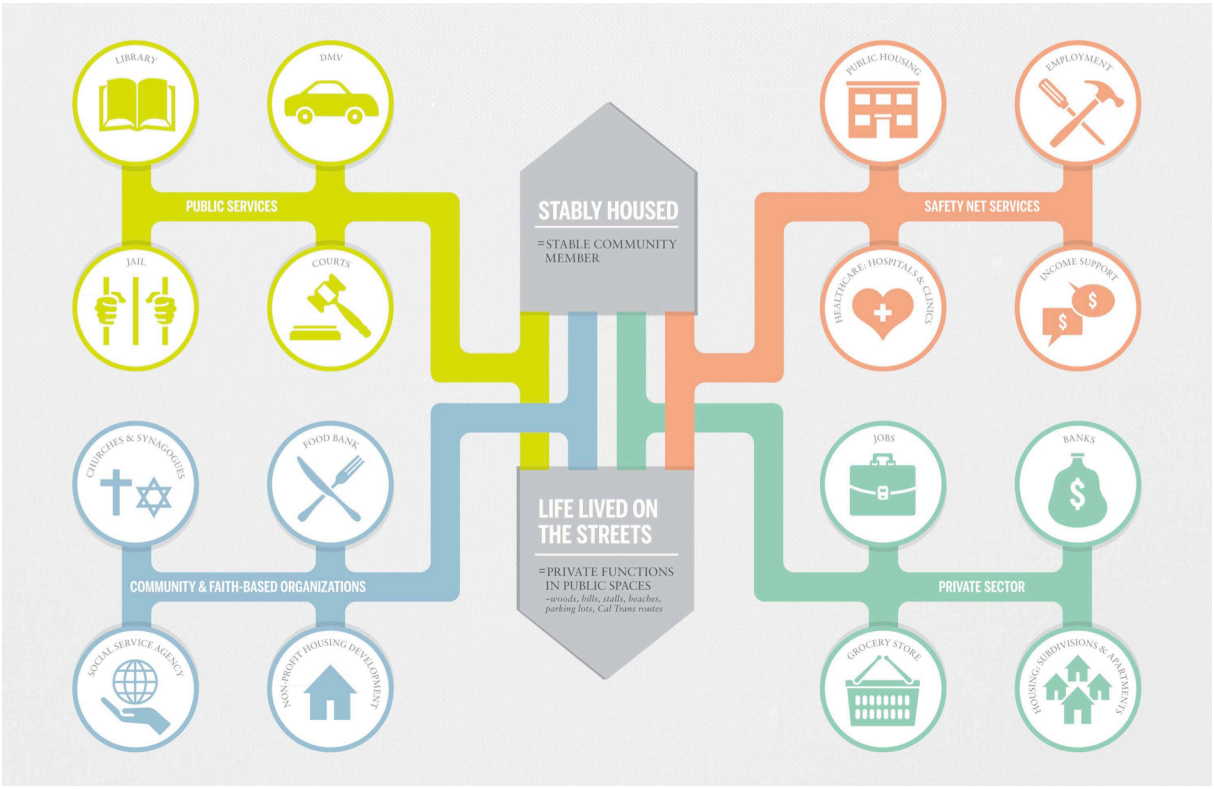
VETERANS RESOURCE CENTERS OF AMERICA
40 Bonifacio Plaza (831) 375-1184 Monday-Friday
Monterey, CA 93940 8:00am-5:00pm
vetsresource.org
Supportive services for veterans families. Rental assistance, transportation and more.

VETERANS TRANSITION CENTER – MARTINEZ HALL DAY PROGRAM
220 12th St. (831) 883-8387
Marina, CA 93933
www.vtcmonterey.org
Support services to homeless veterans including food, clothing, and blankets.

• Working Together for Our Community •

LEAD ME HOME

THE GAME PLAN FOR HOUSING HOMELESS PEOPLE IN MONTEREY AND SAN BENITO COUNTIES



We gratefully acknowledge the dedication of resources, including time at meetings, of the following participants in the planning process:

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Sept 2010 – June 2011

Co-Chairs of Leadership Council

Mary Adams, President and CEO of United Way of Monterey County
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PLAN OVERVIEW

Lead Me Home builds upon the successful relationships developed during the creation of this Plan. These relationships are multi-organizational, multi-governmental, and multi-sectoral. Collaboratively, an approach has begun to identify successful practices, organize resources, scale up to the size of the problem, and produce public value by delivering meaningful results. This will require continued innovation by community-based organizations, advances in government policy practices, and meaningful private sector investment.

Lead Me Home is founded on a new vision of a system that starts with stabilizing existing tenancies to prevent homelessness, re-housing people before they enter shelter, and linking people to appropriate community supports so that they may find and keep stable housing, as well as improve their economic position.

Lead Me Home seeks to use housing opportunity as a vehicle to link families & individuals with employment or income programs.

MISSION

Lead Me Home, the 10 Year Plan to End Homelessness in Monterey and San Benito Counties, promotes broad involvement of all members of the community in forging the end to homelessness. *Lead Me Home*, under the guidance of the Leadership Council, will faithfully endeavor to:

- Understand the problem
- Recognize the solutions
- Agree to implement the solutions
- Find the funding to execute the solutions
- Support those who do the work through the transitions ahead
- Guide the direction of a 2-county effort with multiple partners & players
- Lead! Promote, request, allocate, dedicate, advocate for continued implementation of the Plan.

VISION

Members of our Central Coast communities live in decent, safe and affordable housing from which they access services and supports that stabilize their lives.

GUIDING PRINCIPLES

- Treat people with dignity and respect.
- Aim for the highest quality of life for the community as a whole by integrating community standards of care into all housing and service delivery.
- Achieve results and demonstrate positive outcomes.
- Foster comprehensive solutions within a system-wide perspective.
- Make coordinated, cost-effective, strategic, and continuous investments in the housing and services needed to assure that our people are homeless no more.

COUNTY CONTEXT

Homelessness is growing in both Monterey and San Benito Counties, catalyzed by the grim economic situation that is forcing more people out of their housing and making it even more difficult for those already homeless to regain residential stability.

Both Counties are struggling with pockets of deep, entrenched poverty and high unemployment, which are fueling increased homelessness. Monterey County's poverty rate is 17.1%, greater than the overall rate for the state (15.8%).[1] However this figure does not accurately portray the levels of distress in the County as it is not adjusted to take into account the area's high rental costs, and it is a countywide average in which the wealth of a few enclaves masks the deep poverty of other areas. With the economy dominated by low wage, seasonal jobs from the agriculture and tourism sectors, Monterey County residents have always struggled with employment instability and a severe gap between wages and housing prices. Now with the recession reducing jobs across all industries, its August 2011 unemployment rate was 10.7% and in San Benito County it was 12.9%.[2] The rate in particular communities is even higher: Castroville (20.4%), Gonzales (20.5%), King City (18.0%), Salinas (15.1%), Hollister (14.5%) and San Juan Bautista (14.0%).[3] Evidence of the level of economic distress can also be seen in the Counties' foreclosure rates: Monterey County's rate is .42% and San Benito County's rate is .66%, both significantly higher than the national rate of .18%.[4]

This Plan, *Lead Me Home,* is an effort by both communities to develop an effective response that shrewdly targets resources to have maximum impact. The goal is to both prevent homelessness for those in precarious economic situations through timely interventions that reinforce residential stability and address underlying causes and to address the needs of people with disabilities who are chronically homeless and in need of integrated and sustained support. The Plan's approach keeps a strong focus on housing, as it is central to people being able to regain health and wellness and maximize self-sufficiency, and on services linked to housing that reinforce residential stability and economic security.

The recent 2011 Monterey and San Benito Counties Homeless Census and Survey provides the following snapshot of homelessness in the two counties.

Monterey County

- 2,507 people are homeless in Monterey County on any given night, and 3,472 experience homelessness annually. This includes 251 families and 271 unaccompanied children and youth. This is a growth in the homeless population of 4% since the 2009 census.
- Nearly 2/3 of those homeless (61%) are male, and almost half (47%) are between the ages of 31-50.
- 73% are unsheltered, with 30% living outdoors, on the streets, in parks and in encampments.
- Growing numbers of people are chronically homeless. It is estimated that 1,345 individuals are chronically homeless on any given night, an increase of 22% since 2009.
- Growing numbers (43%) are homeless for the first time. This is an increase of 10% since 2009.

[1] 2010 U.S. Census Bureau, American Community Survey
[2] California Employment Development Department, Maps of Unemployment Rates and Jobs, August 2011
[3] California Employment Development Department, Monthly Data Release, "Monthly Labor Force Data for Cities and Census Designated Places, August 2011.
[4] Real Estate Trends, available at: http://www.realtytrac.com/

- 57% of those homeless have one or more disabling conditions, including a physical disability, mental illness, substance abuse disorder or a chronic health condition.

- 44% cited job loss as the primary cause of their homelessness.

San Benito County

- 193 people are homeless in San Benito County on any given night, and 401experience homelessness annually. 31% are in families with children.

- 39% are unsheltered. However, most of those sheltered when the census was conducted in January were in the winter shelter which closes in April.

- More than ½ (57%) are male, and half are between the ages of 31-50.

- 20% of the homeless population is chronically homeless.

- More than half (57%) are homeless for the first time.

- More than half (56%) cited job loss as the primary cause of their homelessness.

PRIORITY 1: ASSURE ACCESS TO ADEQUATE HOUSING

Provide a Full Continuum of Housing Options and Services to Help People Who are Homeless or At-Risk Access and Maintain Permanent Housing

Stable housing is the foundation upon which people build their lives -- absent a safe, decent, affordable place to live, it is next to impossible to achieve good health, positive educational outcomes, or reach one's economic potential. Indeed, for many persons living in poverty, the lack of stable housing leads to costly cycling through crisis-driven systems like foster care, emergency rooms, psychiatric hospitals, emergency and domestic violence shelters, detox centers, and jails. By the same token, stable housing provides an ideal launching pad for the delivery of health care and other social services focused on improving life outcomes for individuals and families. This is especially true for children; when they have a stable home, they are more likely to succeed socially, emotionally, and academically.

"Housing First", a nationally recognized approach for addressing homelessness evolved from the recognition of the vital role of housing in a person's life. Under "Housing First", the goal is to help people regain housing as quickly as possible, without numerous prerequisites such as employment, sobriety or acceptance of services. "Housing First" helps people access permanent housing in conjunction with services to address the issues that have contributed to their homelessness, including health or behavioral health treatment and education or job training to enhance their employability and earning potential. It has been found to be effective with many populations, including individuals who have serious disabilities and have been homeless for extended periods of time as well as with families.

- A HUD-sponsored study of three Housing First programs serving people who are chronically homeless and have a mental illness or a co-occurring disorder found that 84% of clients were still housed after 12 months[5].

- A two-year evaluation of Los Angeles' Beyond Shelter Housing First program for families found that 90% of mothers graduating from the program had increased residential stability, improved mental health functioning, reduced drug and alcohol use and increased trauma recovery. More than 80% were employed and 80% of children were enrolled in school[6].

Many people who are homeless, especially those who are chronically homeless or disabled need their housing linked with services. This is known as permanent supportive housing and it provides people with the range of services and supports they need to maintain residential stability, realize health and wellness, and achieve maximum self-sufficiency. For some people, the services may be temporary, needed only for a limited time period while they make the transition back to stability. Importantly, permanent supportive housing has been found to be cost-effective, resulting in significant cost-savings as people reduce their use of emergency services.

[5] Locke, G, Khadduri, J and O'Hara, A. *Housing Models.* Discussion Draft for the 2007 National Symposium on Homelessness Research. p. 14.
[6] Ibid.

- In Seattle, Washington, outcome data from two Housing First permanent supportive housing projects for chronically homeless individuals show that the programs saved the City an estimated $3.2 million in reduced emergency social and health services costs over the course of 2007.[7]

In order to prevent and end homelessness, Monterey and San Benito Counties need to ensure that there is an adequate supply of affordable housing, including permanent supportive housing. Currently, Monterey and San Benito Counties have a significant deficit of affordable housing due to the high priced housing market. Most minimum-wage workers are unable to afford housing without incurring an excessive cost-burden. In Monterey County, a minimum-wage worker would have to work 108 hours per week to afford a 2-bedroom apartment at 30% of their income and in San Benito County the number is 115 hours.[8]

HUD's definition of affordability is for a household to pay no more than 30 percent of its annual income on housing. Households who pay more have an excessive rent burden that can put them at-risk of homelessness and interfere with their ability to pay for other necessities.

Number of Bedrooms	Monterey County	San Benito County
Zero-Bedroom	83	77
One-Bedroom	94	104
Two-Bedroom	108	115
Three-Bedroom	152	164

Figure 3: Work Hours/Week at Minimum Wage Needed to Afford Fair Market Rent (FMR)[9]

In addition, there is a severe lack of housing for local farmworkers. A report from the California Institute for Rural Studies found that the circumstances of farmworkers in the Salinas Valley were exceptionally bad, due to the severe shortage of housing. The report states that "Housing is in short supply, terribly expensive, and often dilapidated and dangerous." These problems are especially severe for undocumented farmworkers. A recent report by the Policy Institute of California documents that Monterey County has a larger share of undocumented residents than any county in California. The report determined that about 62,000 undocumented immigrants live in Monterey and San Benito counties — 13.5 percent of the population.[10]

The Counties also need to ensure an adequate supply of interim housing, including emergency shelters and transitional housing suited to those experiencing a transitional life moment (such as youth leaving foster care, service members returning from duty). According to the 2011 Monterey County/San Benito Homeless Census and Survey, 71% (1,911 individuals) of the homeless population is unsheltered.

[7] Downtown Emergency Service Center, preliminary data on one-year outcomes, Nov. 28, 2007 and Debra Srebnik, Ph.D, King County Mental Health and Chemical Abuse and Dependency Services Division, One Year Outcomes Report for Plymouth on Stewart "Begin at Home" Program, Oct. 15, 2007.

[8] National Low Income Housing Coalition, *Out of Reach: Rental Housing at What Cost*? (2010) at http://www.nlihc.org/oor/oor2010/?CFID=80447593&CFTOKEN=39115055.

[9] Fair Market Rents (FMRs) are annually established by HUD and are used to determine rent amounts under the Housing Choice Voucher program, Housing Assistance Payment Contracts ,Moderate Rehab programs as well as other Section 8 programs. FMRs are set based on the 40th percentile of gross rent, the dollar amount below which 40 percent of the standard-quality rental housing units are occupied by recent movers (households who moved to their present residence within the past 15 months). Gross rent includes the shelter rent plus the cost of all tenant-paid utilities, except telephones, cable or satellite television service, and internet service.

[10] http://www.mercurynews.com/breaking-news/ci_18602889

Overview Of Existing Shelter And Housing In Monterey And San Benito Counties

Emergency Shelter

In Monterey County, emergency shelter is offered by 12 facilities. Of the 229 beds available, 65 are for households with children and 164 are for households without children.

Two seasonal emergency shelters (one for individuals and one for families) are located in San Benito County. Of the 84 beds available 60 are for households with children and 24 are for individuals.

Emergency Shelters Programs in Monterey County
1. Community Human Services: Safe Place
2. Franciscan Workers/Dorothy's Place : Women Alive!
3. Interim Inc: Manzanita House
4. Pajaro Rescue Mission: Crisis Teen Challenge
5. Pajaro Rescue Mission: Pajaro Mission
6. Salvation Army: Frederickson House
7. Shelter Outreach Plus: Hamilton House
8. Shelter Outreach Plus: I-HELP (Interfaith-Homeless Emergency Lodging Program) Monterey Peninsula
9. Shelter Outreach Plus: I-HELP Salinas
10. Shelter Outreach Plus: Natividad Shelter
11. Victory Outreach: Pajaro Mission Beds
12. YWCA: Lawson House

Emergency Shelter Programs in San Benito County
1. Community Services and Workforce Development: Winter Family Shelter
2. Homeless Coalition of San Benito County: Winter Single Adult Shelter

Transitional Housing

In Monterey County, there are a total of 675 transitional housing beds. Of these, 424 are for households with children and 251 are for households without children. There are 14 facilities in all, each of which serves a particular sub-population, as indicated below. In 2010, 74% of Monterey residents moved from transitional to permanent housing, an outcome which exceeds HUD's goal of 65% moving to permanent housing within 12 months. The Continuum of Care plans to increase this percentage in future years as follows: 76% in 12 months, 85% in 5 years, and 90% in 10 years.

In San Benito County there is only one transitional housing facility, which serves single women with children who are victims of domestic violence.

Transitional Housing Programs in Monterey County
1. Community Human Services: Elm House – Single Females
2. Community Human Services: Safe Passage – Single Males and Females (Transitional Age Youth 18-21)
3. Housing Authority: Pueblo de Mar – Families in Recovery
4. Interim Inc.: Hayes Housing/MCHOME - Single Males and Females with Mental Illness
5. Interim Inc.: Shelter Cove - Single Males and Females with Mental Illness
6. Interim Inc.: Soledad House - Single Males and Females with Mental Illness
7. Interim Inc.: Sunflower Gardens – Single Males and Females with Mental Illness
8. Pajaro Rescue Mission: Crisis Teen Challenge – Single Males
9. Shelter Outreach Plus: Homeward Bound – Families (for Single & Dual Parents) with Children
10. Shelter Outreach Plus: Men in Transition – Single Males
11. The Salvation Army: Casa de las Palmas – Families with Children
12. Veteran's Transition Center: Coming Home Program – Veterans: Males, Females, Families with Children
13. Victory Mission: Lake Street Hotel – Single Men
14. Victory Mission: Victory Mission – Single Men

Transitional Housing Programs in San Benito County
1. Emmaus House

Permanent Supportive Housing

Monterey County has a total of 243 permanent housing beds, available for particular sub-populations as indicated below. Currently, 145 of its permanent supportive housing beds are designated for people who are chronically homeless. Most of these chronic homeless beds are restricted to Veterans as VASH vouchers. In addition, 65 new units that will be affordable for those earning 35-60% of the Area Median Income (AMI) are in development through a partnership between the Monterey County Continuum of Care, Monterey County Redevelopment and Housing (RHO) and the City of Salinas. In 2010, Monterey County's permanent supportive housing had a 100% retention rate, far exceeding HUD's goal of 77%. *Lead Me Home* will develop a system for the regular production of permanent supportive housing as a signature Plan product.

Permanent Supportive Housing Programs in Monterey County
1. Central Coast HIV/ AIDS Services: Calm Waters – Those with HIV/AIDS: Single Males and Females and Families with Children
2. Central Coast HIV/ AIDS Services: Casa de Paz – Those with HIV/AIDS: Single Males and Females and Families with Children
3. Central Coast HIV/ AIDS Services: Safe Shelter – Those with HIV/AIDS: Families with Children
4. Housing Authority: S+CII – Single Males and Females with a Permanent Disability
5. Interim, Inc.: Acacia House – Single Males and Females with Illness
6. Interim, Inc.: Casa de Paloma – Single Males and Females with Mental Illness
7. Interim, Inc.: MCHOPE – Single Males and Females with Mental Illness
8. Interim, Inc.: Sandy Shores – Singles Males and Females with Mental Illness
9. Interim, Inc.: Sunflower Gardens – Single Males and Females with Mental Illness
6.HUD VASH Housing Vouchers: Veterans – Males, Females, Families with Children

Rental Assistance Providers in Monterey County
1. Housing Resource Center
2. Salvation Army
3. Housing Authority, County of Monterey (Sec. 8 (now referred to as the 'Housing Choice Voucher Program), S+C, etc.)
4. Catholic Charities
5. Some Local Churches

What We Can Do

In order to ensure a full continuum of housing options, *Lead Me Home* enhances the supply of affordable housing, permanent supportive housing and interim housing. This Plan establishes a "Housing First" approach to help people re-access housing as quickly as possible.

KEY STRATEGIES:

- Create a comprehensive housing pipeline
- Focus housing development on target populations
- Identify new funding sources to support the creation of permanent housing
- Improve system-level permanent housing outcomes

These strategies align with federal and state efforts to prevent and end homelessness. Opening Doors, the Federal Strategic Plan to Prevent and End Homelessness and the California Ten Year Plan to End Chronic Homelessness call for the adoption of "Housing First" as a key strategy. The federal Plan also recommends expanding the supply of permanent supportive housing and affordable housing so that residents pay no more than 30% of their income for housing. In addition, the Department of Housing and Urban Development (HUD) Strategic Plan FY 2010 – 2015 focuses on expanding housing alternatives in order to end homelessness.

Strategies and Action Steps

Who is Responsible: The Housing Pipeline Committee

Outcomes:

- Increase permanent housing stock for homeless persons by 75 units after 5 years and 200 units after 10 years.
- Increase permanent supportive (i.e. 'supportive' means housing for those with a documented disability) housing units by 500 in 10 years.

Strategy A – Create a Comprehensive Housing Pipeline

Part 1 – Pipeline Tool

In order to increase community-wide focus on and support for the creation of new permanent housing opportunities for people who are homeless, the Leadership Council will oversee the formation of a Housing Pipeline Committee that will be charged with developing a Homeless Housing Pipeline.

The Homeless Housing Pipeline will be a tool that can serve as a barometer to help measure the success of community development efforts in both counties. It should also be a primary reference source that jurisdictions consult when creating their housing elements.

It will illustrate the location and scale of current and proposed future housing development efforts (both construction- and leasing-based), track key zoning or land use changes and challenges, and identify underutilized land areas and/or housing stock.

> **WHAT IT TAKES TO GET THIS DONE:** ***Creating an effective Homeless Housing Pipeline will require long-term, concentrated focus by the Housing Pipeline Committee for the duration of the 10 Year Plan and beyond. It will also require regular, focused outreach to all units of local government at the city and county levels in both counties. However, if executed properly, it has the potential to be a unifying force for divergent stakeholders, improve coordination by various sectors, and become the primary benchmark for determining how housing and development funding from all sources***

Action Steps

1. *Years 1-3:* Convene a Housing Pipeline Committee comprised of homeless housing developers, mainstream affordable housing developers, and city and county redevelopment housing agency staff to develop the housing pipeline tool.

2. *Years 1-3:* Incorporate the housing pipeline tool into review and rank for McKinney-Vento grants, particularly all new (bonus and reallocation) grants by awarding points or otherwise incentivizing providers to develop units within the pipeline.

3. *Years 4-6:* Approach entitlement jurisdictions for HUD formula grants (CDBG, HOME, ESG) and encourage them to incorporate the housing pipeline into their RFP processes by awarding points and/or encouraging applicants to develop units within the pipeline.

4. *Years 7-10:* Approach relevant city- and county-level housing and zoning agencies and encourage them to incorporate the pipeline into community development and planning decisions

Part 2 – Remove System Barriers

Facilitate and streamline access to housing and housing-related supportive services by people who are at-risk of homelessness.

Action Steps

1. *Years 1-3*: Designate agencies to outreach to outlying areas of both Counties to help people access housing and housing-related services that will assist in removing barriers to housing, including accessing identification, addressing legal issues (including evictions and credit problems), and other barriers.

2. *Years 4-6:* Create a Housing Vacancy Database with up-to-date listings on affordable, homeless, and other relevant housing units in the County to track existing vacancies, wait lists, eligibility criteria, and;

3. *Years 1-10*: Forge relationships with landlords to encourage and support them in accepting homeless people as tenants.

Strategy B – Focus Housing Development on Target Populations

Part 1 – Permanent Supportive Housing

In accord with a Housing First approach, develop a full range of permanent supportive housing (PSH) that is designed to assist people with disabilities into permanent housing as quickly as possible.

Action Steps

1. *Years 1-3:* Determine the number of PSH units needed to house chronically homeless individuals in both counties based on Point-in-Time Counts, provider reports, and other sources and incorporate them into the housing pipeline.

2. *Years 4-6*: Encourage city and county government agencies to commit matching funds to support the development and operation of PSH.

3. *Years 7-10*: Encourage city and county government agencies to commit local and/or locally controlled funds (such as CDBG) to support the development and operation of PSH.

4. *Years 1-10*: The Funding Action Team will make identifying and braiding funding sources to create new PSH a top priority, addressing both development costs as well as ongoing operational subsidies.

Part 2 – Extremely Affordable Housing

In addition to PSH, expand the availability of permanent housing that is affordable to homeless persons with extremely low incomes (0 – 30% of AMI – Area Median Income).

Action Steps

1. *Years 1-3*: Consistent with the Housing Pipeline, lease units and/or provide rental subsidies to homeless persons using transition-in-place and permanent housing models.

2. *Years 4-6*: Using the Housing Pipeline, encourage city and county government agencies to dedicate local and/or locally-controlled funds towards the development of extremely affordable housing and engage other stakeholders to commit funds.

3. *Years 7-10*: In accordance with the Housing Pipeline, support the development of new units and or/rehabilitate aging housing structures and venues to accommodate the community's need for extremely affordable housing.

4. *Years 1-10*: Provide incentives for developers to dedicate units to extremely low income/un-housed people by targeting jurisdictional revenue to activities which help to sustain affordability of the units such as debt reduction, rental subsidies, long-term leases with rental caps.

5. *Years 1-10*: Conduct public education and outreach to build support for the development of housing for homeless people.

Strategy C – Identify New Funding Sources to Create Affordable Permanent Supportive Housing

Identify secure, sustainable funding sources to create affordable permanent supportive housing for homeless people.

Action Steps

1. *Years 1-3:* Convene government and potential third-party investors (such as foundations) to develop a Social Investment Bond Structure as the system to support permanent supportive housing development. This will entail a feasibility phase to tailor a Social Impact Bond to fit local needs.

2. *Years 4-6:* (re-)Create a dedicated source for revenue for a Housing Trust Fund.

3. *Years 7-10*: Support the Funding Action Team to identify new sources of funding for homeless housing, such as a transit tax, allocations from the California Tax Credit Allocation Committee, taxes on commercial square footage, recapture of avoided costs, etc. This team will assess the size and scale of housing proposals as suited to local need and financial opportunity.

Strategy D – Improve System-Level Interim Housing Outcomes

Part 1 – Ensure appropriate interim housing is available

Ensure a sufficient supply of interim housing, including respite care, emergency and transitional housing, to meet the need for all parts and populations of both Counties to address crises, assess needs and provide service linkages, and move people into permanent housing as quickly as possible.

Action Steps

1. *Years 1-3*: Maintain or develop as needed, emergency shelter and/or transitional housing for targeted populations who are in a life transition, including families, people with a mental and/or substance abuse disorders (including single women), farm workers, transition age youth (ages 18-24) who are homeless or exiting foster care (aging out or emancipating), victims of domestic violence, and released prisoners.

2. *Years 4-6*: Analyze existing emergency shelter and transitional housing programs and, as needed and feasible, develop a plan and timeline for converting units to permanent housing or transition in place housing as appropriate.

3. *Years 7-10:* Once Housing Pipeline units begin to come online, measure performance outcomes on a systemic level and make adjustments to the mix of housing, as appropriate

Part 2 – Improve performance

Create and implement standardized, concrete performance measures to monitor interim housing programs in order to shorten the length of time spent in homelessness.

Action Steps

1. *Years 1-3*: Create and implement standardized, concrete performance measures for interim housing, including fostering self-sufficiency, linkage with permanent housing, access to income through benefits or employment, access to education and training, and access to other supports.

2. *Years 4-6*: Using performance measurement data, identify the most effective programs and practices and replicate them on a larger scale across both counties.

3. *Years 7-10*: Incorporate performance outcome measurement data into resource allocation decisions.

PRIORITY 2: PROVIDE SERVICES, KEEP PEOPLE HOUSED

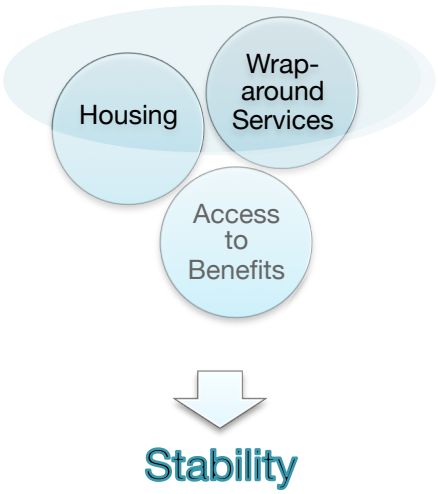
Provide Integrated, Wraparound Services to Facilitate Long-Term Residential Stability

Integrating homeless and mainstream systems of care can increase the effectiveness of efforts to prevent and end homelessness. Since people who are homeless often have a wide variety of needs and interact with many service systems, integrating these systems can improve the comprehensiveness and coordination of the care they receive and also create greater efficiency by eliminating redundancies.

People who are homeless interact with homeless-specific agencies as well as the health, mental health, corrections, child welfare, foster care, social services and housing systems.

System level service integration allows people and information to move easily between programs, thus maximizing the likelihood of successful outcomes, facilitating people's transition from homeless services to community-based services and allowing evaluation of outcomes and resources from a system-wide perspective. The integration of services across the mainstream and homeless service systems allows people's housing, income and service related needs to be addressed in a comprehensive and coordinated manner.

System integration strategies include common data management systems that facilitate interagency information sharing, referrals and case management and allow for system-wide data collection and analysis. They also include system-wide planning, program evaluation, and resource allocation; development of interagency policies and procedures to guide service provision; and interagency cross training of staff.



Integrated, interdisciplinary care is essential to address the multiple and complex needs and problems faced by most homeless people, especially those suffering from mental and substance use disorders.

Such system level integration facilitates client level service integration such as interdisciplinary service teams and multi-service centers and other service co-location strategies. Client level service integration is most effective when it allows broad-based, comprehensive, continuous, and individualized service provision that simultaneously and seamlessly addresses the client's housing, medical, psychosocial, economic/material, and other needs.

In ensuring that people have access to the full range of support they need, it is also important for communities to work to improve homeless access to mainstream services, especially federal and state benefits. These programs provide essential supports that help people maintain their housing, or if already homeless, assist them in obtaining the resources to re-access housing.

MAINSTREAM BENEFITS PROGRAMS

- TANF/CalWorks
- Social Security
- SSI (Supplemental Security Income)/ SSDI (Social Security Disability Income)
- Medicaid/MediCAL/Medicare
- SCHIP (State Children's Health Insurance Program)
- CalFresh/Supplemental Nutrition Assistance Program (SNAP)
- GA (General Assistance)
- Unemployment benefits
- Worker's Compensation
- Veteran's benefits
- WIA benefits (Workforce Investment Act)

Because benefit application processes are often complicated, many people do not access the benefits they are eligible for. In Monterey County, 40% of the homeless population is not accessing any sort of government assistance.

The federally sponsored SOAR (SSI/SSDI Outreach, Access and Recovery) Project is a proven approach to assisting homeless people with disabilities to access SSI/SSDI benefits. Communities that have implemented this model of assertive assistance have achieved average application approval rates of 73% and decreased application decision times to an average of 91 days.[11] Access to SSI/SSDI not only gives people a cash benefit, they also receive health insurance through Medicaid.

In order to fund many of the services needed by people who are homeless or at-risk, it is important to support community-based agencies and supportive housing providers in developing the capacity to bill Medicaid/MediCal. Many important services needed to help people achieve health and stability are potentially reimbursable by Medicaid, including health services, mental health care, assessments and goal setting, case management and psychosocial rehabilitation. Now in the wake of healthcare reform, Medicaid offers an even more important source of funding for these services as the expansion of Medicaid eligibility means that most people who are homeless will be covered. Since Medicaid/MediCal requires a non-federal cash match, the leadership council will focus on sources of funding to meet the match.

Another important strategy for expanding the availability of needed services is development of pro-bono and volunteer programs. These can be a key source of services ranging from legal services to dental care to haircuts.

Current Resources

Monterey and San Benito Counties have an extensive network of services, including both homeless and mainstream services, which are used by people who are homeless and at-risk.

MENTAL HEALTH CARE

- Health Department – Behavioral Health Division
- Community Human Services - recovery services for *individuals with mental health issues, crisis hotline*
- Interim, Inc. - affordable housing, employment, education services for adults with psychiatric disabilities
- Department of Veterans Affairs

YOUTH SERVICES

- California Human Development Corporation - tutoring, mentorship & career counseling for youth & farmworker families

[11] SOAR National Outcomes Data – June 30, 2010 at: http://www.prainc.com/SOAR/soar101/pdfs/SOAROutcomes2010.pdf

HEALTH CARE

- George L. Mee Memorial Hospital
- Natividad Medical Center
- San Benito Healthcare District (Hazel Hawkins Memorial Hospital)
- Community Hospital
- Monterey County Community Action Partnership - AIDS advocacy, end of life services
- Clinica de Salud
- Franciscan Workers
- Department of Veterans Affairs
- Hazel Hawkins Hospital (San Benito)
- San Benito Health Foundation

SUBSTANCE ABUSE COUNSELING/TREATMENT

- Community Human Services - recovery services for individuals with substance abuse issues, crisis hotline
- Salvation Army, Monterey Peninsula Corps - drug and alcohol treatment services
- Sun Street Centers - substance abuse education, recovery services
- California Human Development Corporation - substance abuse residential treatment, outpatient services
- Monterey County Community Action Partnership, recovery services, counseling
- The Housing Authority of Monterey - alcohol and drug abuse treatment, counseling, advocacy services
- The Veterans Transition Center - alcohol and drug abuse treatment, counseling, advocacy services
- Interim, Inc. - alcohol and drug abuse treatment, advocacy, counseling services
- Victory Outreach - alcohol and drug treatment services
- Catholic Charities - alcohol and drug abuse treatment, advocacy, counseling services
- Department of Veterans Affairs - alcohol and drug abuse treatment services

DOMESTIC VIOLENCE SERVICES

- Franciscan Workers - shelter for victims of domestic violence
- YWCA of Monterey County - shelter, employment training and career counseling for victims of domestic violence
- Monterey County Community Action Partnership - shelter for victims of domestic violence, counseling, legal services and crisis intervention

FOOD, CLOTHING, SUPPLIES, AND SHOWERS

- Franciscan Workers - food, showers, computer and employment services.
- Salvation Army, Monterey Peninsula Corps provides food, showers, laundry, day laborer services, phone and fax services, lockers
- Food Bank for Monterey County - emergency food service
- Victory Mission – meals, clothing
- Monterey County Community Action Partnership – food, clothing
- The Housing Authority of Monterey - food
- Veteran Transition Center - food
- Pajaro Rescue Mission - food, clothing, showers, supplies
- The Community Food Bank of San Benito County
- Loaves and Fishes Family Kitchen (San Benito) – food
- Jovenes de Antano (San Benito) – food
- Second Harvest Food Bank (San Benito) – food
- Small Steps (San Benito) – clothing for children

SOCIAL SERVICES (BENEFITS, FAMILY SERVICES, CASE MANAGEMENT, EMPLOYMENT SERVICES, HOUSING ASSISTANCE, TRANSPORTATION AND OTHERS)

- The Department of Social and Employment Services - HPRP, 2-1-1, 24 Hour Child Protective Services, Pathways to Safety- child welfare/ CPS, Family to Family, Foster Care Services, Adoption and Child Abuse Prevention Council. In addition, Aging and Adult Services include: Information and Assistance, 24 Hour Adult Protective Services, In Home Supportive Services, Public Authority for IHSS, Multipurpose Senior Services Program, Supplemental Security Income Advocacy Program, Area Agency on Aging, Military and Veterans Affairs. The department also administers CalWORKS – Cash Assistance, Electronic Benefit Transfer, CalFresh (formerly named Food Stamps), Medi-Cal; MC-CHOICE – Monterey County Children's health outreach for insurance, care and enrollment, General Assistance – temporary cash assistance.
- Salvation Army, Monterey Peninsula Corps - case management services, rental and utility assistance
- Shelter Outreach Plus - supportive services in conjunction with housing
- Veterans Transition Center - supportive services (case management, life skills training, transportation, and employment services in conjunction with transitional housing
- California Human Development Corporation - employment training, emergency support services, case management, housing assistance, disability services, citizenship and immigration programs, day laborer services, camp for youth, utility assistance
- Monterey County Community Action Partnership - family counseling, anger management, credit repair, financial literacy, budget classes, utility assistance, referral services, 24-hour hotline, job support services, GED assistance, Spanish literacy classes, homeless prevention services
- The Housing Authority of Monterey - life skills, employment training, case management
- Epiphany Lutheran and Episcopal Church - transportation and utility assistance, counseling, advocacy services
- Franciscan Workers - education, utility assistance, childcare, transportation, employment services, counseling, advocacy services
- Faith Emergency Shelter - street outreach
- Interim, Inc. - education, street outreach, case management, life skills, employment services, transportation
- The Housing Authority of Monterey - life skills, employment training, case management
- Victory Outreach - education, street outreach, employment services
- Catholic Charities of Monterey County - case management services
- Department of Veterans Affairs - case management, employment services
- Monterey County Office of Education - counseling, advocacy, education, transportation services
- Environmental Justice Network – counseling, advocacy services
- Community Services Development Corporation of San Benito County – utility and rent assistance
- Hope Services (San Benito) – employment and job training, adult day programs, children's services, counseling
- Jovenes de Antano (San Benito) - transportation

Snapshot of Key Data

The Monterey County/San Benito 2011 Homeless Census and Survey found that the vast majority of people (74%) who are homeless are receiving some type of shelter, meal/food or transportation service. Almost half the population accesses free meals and other day services through the centers providing them.

HOMELESS SERVICES AND PROGRAMS
(of those receiving services, types of services received)

Free meals:	47%
Transitional housing	16%
Emergency shelters	23%
Food pantry	25%
Buss passes	14%

HEALTH SERVICES NEEDED

Dental care:	78%
Eye care	43%
Medical care	66%
Substance abuse treatment	13%
Mental health services	15%

The 2011 Census and Survey reported that more than a quarter (26%) of homeless respondents indicated that they have needed medical care but were unable to receive it.

GOVERNMENT BENEFITS (of those receiving benefits, types received)

Food Stamps:	50%
SSI/ SSDI:	6%
Medi-Cal/ Medi-Care	13%
General Assistance	9%
Cash Aid/CalWORKS	10%

60% of respondents were accessing some sort of government benefits.

What We Can Do

In order to improve the efficiency and coordination of the service delivery system, under Lead Me Home services will be integrated at both the system and client level. In addition, key services will be enhanced and linked to housing.

KEY STRATEGIES:

- Integrate services at the system level to improve efficiency, access, and quality care
- Enhance and integrate services at the client level
- Improve access to mainstream benefits

These recommendations are aligned with federal efforts to prevent and end homelessness. Opening Doors, the Federal Strategic Plan to Prevent and End Homelessness encourages the development of partnerships between housing and service providers to facilitate integrated service provision and it calls for increasing the availability of behavioral health services for people who are homeless or at-risk. In addition, the U.S. Department of Health and Human Services (HHS) 2007 Strategic Action Plan on Homelessness recommends coordination of services and housing, through system level actions that forge better referral relationships, allow cross-system training and a system-wide focus on service sustainability.

Strategies and Action Steps

Who is Responsible: The Services and Employment/Income Committee; Tax Credit Action Team

Outputs & Outcomes:

- In 5 years, 90% of those deemed homeless and at-risk will be enrolled in housing stabilization services.
- In 8 years, 100% of those housed after experiencing homelessness or to prevent homelessness will have completed services supporting housing retention
- Streamlined intake process; clients connected to services more quickly
- Reduced duplication of services; increased coordination between non-profits and mainstream agencies

Strategy A – System Level Services Integration

Achieve system level services integration that allows people and information to move seamlessly between programs and systems of care.

Action Steps

1. *Years 1-3:* Designate preventing and ending homelessness as a joint mission of all relevant County and City agencies. All public agencies in the County and Cities must work together in this effort, taking responsibility for identifying people who are homeless or at-risk and linking them with appropriate services.

2. *Years 1-3*: Develop referral agreements between outreach workers and other housing and service providers and designate priority access to housing and treatment slots for clients engaged by outreach workers

3. Years 4-6: Develop a centralized information and referral system, perhaps linked to 2-1-1 and/or SAMS Guide, to be used by outreach workers and to provide easy access to referrals and other services. (See Priority 1: Prevention, Strategy 2, Action Step 2)

4. *Years 7-10*: Utilize HMIS to provide a single point of entry for homeless services and case management coordination and link housing resources and availability.

> **WHAT IT TAKES TO GET THIS DONE:** ***Effectively integrating services across multiple providers in both counties will require an investment in a common database that contains confidential client information and appropriate policies, procedures and client releases to allow data sharing. Since many providers already use HMIS, as required by HUD, it will be easiest to expand the scale and functionality of that system.***

Strategy B – Enhance and Integrate Services at the Client Level

Enhance case management capacity across the system to facilitate access to the full array of services needed to achieve housing stability and increase access to mental health and substance abuse services, including detox.

Action Steps

1. *Years 1-3:* Improve system-wide capacity to streamline referrals and improve service coordination by developing case management tools (such as a universal case plan form) and some common policies and procedures in core areas (such as client eligibility determination and documentation).

2. *Years 1-3*: As appropriate, offer satellite services including targeted outreach, housing resources, transportation, and benefits assistance in appropriate locations throughout the County, including Cities where services are currently unavailable.

3. *Years 1-3*: Continue with existing efforts to make medical and behavioral health clinical services including both mental health and substance abuse treatment, readily available to all homeless people who need them, particularly those who are chronically homeless, regardless of their ability to pay or to meet SSI/ MediCal eligibility criteria. Identify additional resources for these efforts.

4. *Years 1-3*: Initiate the creation of a "home health center" or clinic offering a variety of flexible health-related services as a catalyst project for the Salinas Chinatown Human Services Campus.

5. *Years 4-6:* Building on the "home health center" or clinic, create a main services hub at the proposed Salinas Chinatown Human Services Campus that co-locates services for clients. The Human Services Campus ("Campus") can provide centralized access to a broad range of services. Providers, mainstream agencies, and other service providers around both counties will have direct access to Campus Services and communication with Campus Staff as well as regional centers that are located in existing intervention access points that connect to the Campus. As feasible, regional centers could be located in South Monterey County, Salinas, the Monterey Peninsula, North Monterey County, and San Benito County.

   WHAT IT TAKES TO GET THIS DONE: ***The Chinatown Action Team in Salinas has been developing a Multi-Service Center Human Services Campus program model that can be developed to coordinate with Lead Me Home goals with regional connection points in several locations across both counties. A Chinatown Renewal Team already meets in Salinas to find sufficient resources and leadership for this project. The Lead Me Home Funding Team could coordinate efforts to develop a funding plan and, over***

6. *Years 4-6:* Partner hospitals with existing services to establish respite care centers and detoxification facilities (See Priority 5, Strategy C, Action Step 3. This may include "set-aside" beds within existing and/or new facilities.

7. *Years 7-10*: Expand mental health resources to serve those who have diagnoses that are not currently eligible for County reimbursement, including people with post-traumatic stress disorder, mood disorders and chemical addictions.

Strategy C – Improve Access to Mainstream Benefits

Reduce and help mitigate barriers to mainstream benefits, including complicated application procedures and unnecessary paperwork duplication.

Action Steps

1. *Years 1-3*: Seek out SSI/SSDI Outreach, Access, and Recovery (SOAR) training opportunities and implement the program at each relevant provider and government agency.

2. *Years 4-6:* Enhance coordination with mainstream benefits programs by routinely stationing eligibility staff, e.g. DSES, Social Security, etc., at homeless provider agencies and/or training staff at provider agencies to do more effective preliminary work, then transferring information into benefits applications.

3. *Years 7-10*: Increase access to online multi-benefit application programs (such as C4Yourself.com) that streamline access to certain cash, food & nutrition, and medical programs.

PRIORITY 3: SUPPORT ECONOMIC STABILITY

Increase Economic Security for People Experiencing or Most At-Risk of Homelessness by Providing Opportunities to Access Income Sufficient to Afford Housing

Employment plays a key role in ending homelessness, giving people dignity, self-respect, and the resources to help pay for housing and other necessities of life. It also supports recovery for those suffering from mental and substance use disorders. Contrary to stereotypes, homeless people do want to work and they often want to engage in work quickly.[12] Given the opportunity, training, and sustained support, even people with multiple disabilities can succeed at work, including those who have been homeless for long periods or who have experienced frequent episodes of homelessness.[13]

Benefits of Employment

Unfortunately, homeless people face many barriers to finding and sustaining employment. People who are chronically homeless often suffer the impacts of mental illness, substance abuse and co-occurring disorders. Homeless people also confront serious personal challenges, such as a lack of interviewing skills, job credentials, a fixed address and phone number, identification cards, and interview clothes; they may also have issues adapting to a regular work schedule or work environment and problems with their personal appearance or hygiene.[14] Many homeless youth face additional obstacles, including a lack of education or vocational preparation.[15] Moreover, many homeless individuals are on the wrong side of the "digital divide," meaning they are unfamiliar or uncomfortable with increasingly prevalent modern technology such as computers.[16] In addition, many mainstream employment programs do not effectively serve this population.

Cross-training is needed to change staff attitudes and practices to better accommodate the special needs of people who are homeless and/or have mental and substance use disorders. In response to the special needs of

[12] Marrone, J., "Creating hope through employment for people who are homeless or in transitional housing," *American Journal of Psychiatric Rehabilitation*, (2005).
[13] See, e.g., Burt, M., Aron, L. Y., & Lee, E., "Homelessness: Programs and the people they serve," The Urban Institute. (1999); Rog, D. J., & Holupka, C. S., "Reconnecting homeless individuals and families to the community," *The 1998 Symposium on Homelessness Research* (Fosburg, L. & Dennis, D., eds., 1998); Theodore, N., *Homeless who can't make enough to get ahead* (Chicago Coalition for the Homeless, 2000).
[14] See Calloway, M. & Morrissey, J., "Overcoming service barriers for homeless persons with serious psychiatric disorders," *Psychiatric Services* vol. 49 (1998); Draine, J. et al., "Role of social disadvantage in crime, joblessness, and homelessness among persons with serious mental illness," *Psychiatric Services* vol. 53 (2002).
[15] Long, D. et al., *Employment and Income Supports for Homeless People* (2007).
[16] Meyers-Peeples, R., *National Blueprint for Reentry: Model Policies To Promote The Successful Reentry of Individuals with Criminal Records Through Employment and Education* (Legal Action Center: 2008).

people who are homeless, a variety of best practice strategies have been developed that assist in job location and retention, including:

- Customized Employment: Developed especially for those with physical, mental and developmental disabilities, this model provides additional support to job seekers through strategies including supported employment, supported entrepreneurship, individualized job development, job carving and restructuring, use of personal agents (including individuals with disabilities and family members), development of micro-boards, micro-enterprises, cooperatives and small businesses, and use of personal budgets and other forms of individualized funding that provide choice and control to the person and promote self-determination.

Employment Strategies Under the Customized Employment Model

- Employment First: These programs seek to help clients find employment as quickly as possible. They are modeled on outcomes from the Employment Intervention Demonstration Project (EIDP, which found that providing rapid access to jobs was a more effective strategy to increase positive employment outcomes than requiring participation in extensive reemployment readiness services[17] and the SAMHSA-funded Access to Community Care and Effective Services and Support (ACCESS) Program which targeted mentally ill homeless individuals and concluded that these clients are best served by placing as great an emphasis on providing employment services as on providing housing and clinical treatment.[18] Employment First programs are client-driven, recognize client strengths and skills, and allow for extensive flexibility and customization. They often include on-the-job-training, paid internships and other strategies to rapidly move people into the workforce.

- Integrated Housing and Employment: Many communities have found that linking housing with employment services produces better outcomes in terms of both housing stability as well as acquisition and retention of employment.

[17] *See* Cook, J. et al., "Vocational outcomes among formerly homeless persons with severe mental illness in the ACCESS program," *American Psychiatric Association*, Vol. 52(8) (2001).

[18] *See id*.

According to the 2011 Monterey County Homeless Census and Survey, most people who are homeless (88%) are unemployed, and most of them (76%) have been unemployed for a year or longer. The most common reason cited for being unemployed was the lack of available jobs (34.7%). 44% of survey respondents identified loss of their job as the primary event that led to their homelessness. Most people cited economic factors as the reason they could not afford permanent housing, 65% cited no job or source of incomes, 59% the inability to afford rent, and 35% lack of money for moving costs such as security deposits or first/last months rent.

Length of Unemployment	
1 Year or Longer	75.5%
6 months to 1 Year	16.3%
6 months or Less	8.3%

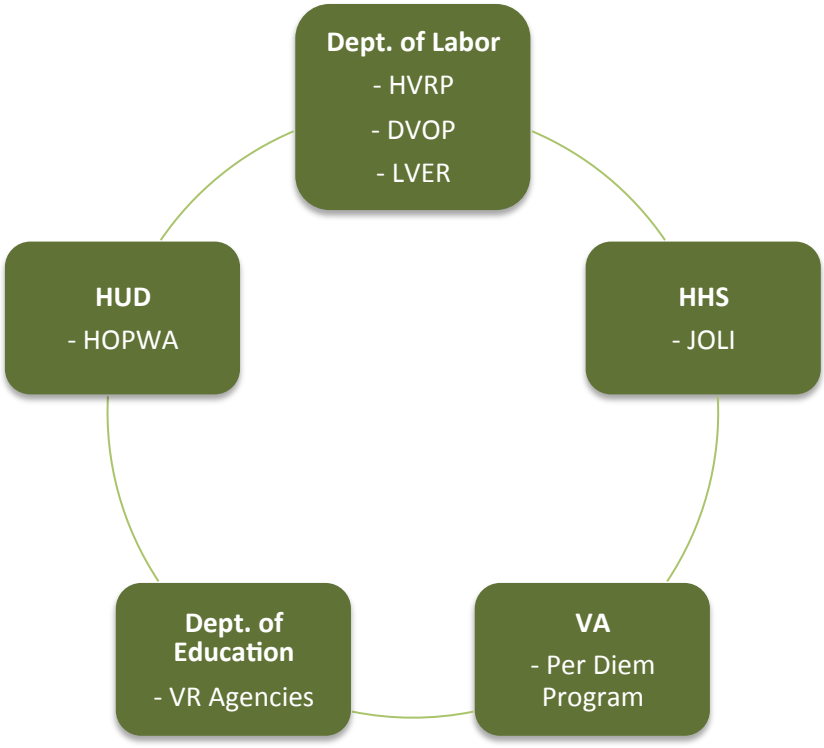
Most Commonly Cited Reasons for Not Being Employed	
Lack of available jobs	34.7%
Alcohol/Drug Issue	27.3%
Need for transportation	26.8%
No Phone	26.8%
Need Training	26%

Current Resources

Current employment -related resources in Monterey and San Benito Counties fall into 3 categories: (1) mainstream federal funding; (2) Workforce Investment Act (WIA) resources, administered by the Department of Labor at the federal level but facilitated locally by the local Workforce Investment Board (WIB); and (3) CalWORKS programs.

(1) Mainstream federal funding includes:

- U.S. Department of Labor programs such as Veteran' Employment and Training Services (VETS) which offers employment and training services to eligible veterans through the Disabled Veterans' Outreach Program (DVOP) and Local Veterans' Employment Representatives (LVER) Program, and the Homeless Veteran's Reintegration Program (HVRP) which makes awards to local WIBs, public agencies, commercial entities, and nonprofit organizations to reintroduce veterans into the workforce through meaningful employment opportunities.



- The U.S. Department of Health and Human Services, Job Opportunities for Low-income Individuals Program (JOLI), which funds organizations that help low-income individuals, including homeless persons, attain self-sufficiency through non-traditional methods, including microenterprise development, business expansion, and new business ventures.

- The U.S. Department of Veterans Affairs Per Diem program which funds programs including those that that help increase clients' skill levels, employment prospects, or chances of getting higher-paying work.

- The Rehabilitation Services Administration of the Department of Education formula grants to States to fund State vocational rehabilitation (VR) agencies. VR agencies provide employment-related services for individuals with disabilities, including (1) vocational counseling, guidance, and referral services; (2) services to improve physical and mental capacities; (3) vocational and other training, including on-the-job training; (4) rehabilitation technology services and devices; (5) supported employment services; and (6) job placement services.

- U.S. Department of Housing and Urban Development's HOPWA (Housing Opportunities for Persons with AIDS) program whose funding may be used to finance employment programs.

(2) Workforce Investment Act (WIA) resources include three formula-based funding streams administered by DOL. WIA money is distributed to States and then to localities and is overseen by the State and local Workforce Investment Boards (WIB). Each local WIB charters at least one comprehensive One-Stop Career Centers in its area.

ONE-STOP CAREER CENTERS

Partners	Eligible Participants
Mandated - State Vocational Rehabilitation - Employment Service Agencies - Public Assistance Programs **Optional** - Homeless Assistance Providers - Other Agencies	- Adults (18 and older) - Dislocated Workers - Low-Income Youth (14 to 21): • Deficient in basic skills • School dropout • Homeless, runaway, or foster child • Pregnant teen or teen parent • Offender • Requiring additional assistance to complete an educational program or to secure and hold employment

(3) CalWORKS employment-related programs include:

- Welfare to Work, a work program for adult CalWORKS cash assistance recipients
- Child Care Services for working CalWORKS adults and to CalWORKS adults who are in the Welfare to Work program
- Transportation services for CalWORKS adults and children through the Children's Transportation Program.
- The KEYS Program which assists CalWORKS receipients in obtaining a low-interest loan to purchase an automobile.

What We Can Do

In order to facilitate access to employment by people with are homeless, *Lead Me Home* calls for initiation of an Employment First approach; enhancing support available after job placement and pursing economic and community development opportunities to create new jobs. Additionally, it calls for efforts to enhance access to mainstream benefits.

KEY STRATEGIES:

- Launch Employment First coordinated with housing support services
- Strengthen job development capacity and increase on-site support following job placement
- Pursue economic and community development opportunities that will create new jobs for homeless or formerly homeless persons.
- Enhance access to mainstream benefits (TANF, VA Benefits, SSI/SSDI, SNAPs, CalFresh, MediCal, Medicare).

These recommendations are aligned with federal efforts to prevent and end homelessness. Opening Doors, the Federal Strategic Plan to Prevent and End Homelessness, includes increasing meaningful and sustainable employment for people experiencing or most at risk of homelessness as one of its key objectives. In addition, the Customized Employment model is being promoted by the Department of Labor in conjunction with the Department of Housing and Urban Development. This model is based on lessons learned from the federally-funded programs, including the Ending Chronic Homeless through Employment and Housing (ECHEH) Projects; the Employment Intervention Demonstration Project (EIDP), and SAMHSA-funded Access to Community Care and Effective Services and Support (ACCESS) Program.

Strategies and Action Steps

Who is Responsible: The Employment Services and Income Committee (Members of the Committee can include: Shoreline, Franciscan Workers, the Chambers of Commerce, Interim Inc., Shelter Outreach Plus, Central Coast HIV/AIDS Services, DSES / One Stop Career Centers, EDD, the Literacy Campaign, OET, etc.)

Outcomes:

- Increase income through employment (or benefits) for 65% of homeless persons who have enrolled and are exiting employment or job training programs at Plan year 5.

Strategy A – Launch Employment First Coordinated With Housing Support Services

Provide comprehensive employment assistance and job training services, focusing on "employment first" practices such as on-the-job training that are also coordinated with housing interventions.

WHAT IT TAKES TO GET THIS DONE: ***Employment First (like Housing First) is designed to meet people where they are, and requires strong, integrated services and supports for consumers from outreach until long into the housing experience. These services include mental health services, substance use services, and other types of support. Work First programs are client-driven and emphasize choice for the consumers.***

Action Steps

1. *Years 1-3:* Expand job training and employment opportunities for homeless people. Eliminate programmatic barriers such as "job-readiness" and put people to work as soon as possible.

2. *Years 1-3:* Work with employment program providers, representatives from the Chamber of Commerce, Downtown Business Association, Employment Development Department, and Workforce Investment Board to develop strategies for training and employing homeless people.

3. *Years 4-6:* Employment and job-training programs partner with other providers to provide case management services to retain participants in housing and provide support services, including referral and monitoring of mental health and substance abuse services to neighborhood-based service providers so homeless people receive a coordinated package of services that helps them to sustain employment.

4. *Years 1-10*: Enhance the effectiveness of mainstream employment programs in serving homeless people.
    a. At mainstream employment agencies including the EDD, have a specialist that works with homeless people for employment assistance at mainstream employment programs and tailors services to meet their unique needs and realities.
    b. Develop outcome measures to monitor effectiveness in placing homeless people in employment.

Strategy B – Strengthen Job Development Capacity and Increase On-Site Support Following Job Placement

Action Steps

1. *Years 1-3:* Develop appropriate goals and outcome measures for serving homeless people and collect data, including the number of homeless people placed in jobs each quarter.

2. *Years 1-3:* Increase employment program staff participation in business communities (e.g. chambers of commerce) to more effectively market consumers' employment services by advertising the strengths of consumers in the workplace.

3. *Years 1-3:* Increase individual consumer profiling and job matching capacity.

   WHAT IT TAKES TO GET THIS DONE: ***Consumer profiling and job matching is a formal process of assessing the vocational and inter-personal skills needed to succeed in any given work environment and matching them to detailed profiles of consumer strengths to improve job retention outcomes.***

4. *Years 4-6*: Create a Tax Credit Cooperative to assist small- to medium-sized businesses take advantage of federal hiring incentives in order to expand employment and training opportunities for persons experiencing homelessness, such as the Work Opportunity Tax Credits for hiring TANF and SSI/SSDI recipients, disabled veterans, and ex-felons

   WHAT IT TAKES TO GET THIS DONE: ***Many employers report that they would take advantage of federal tax credits that can be used to incentivize hiring of persons who are homeless if they understood them better and had more capacity to perform effective eligibility certifications, calculate tax credits, and maintain program compliance over time. The Services and Employment /Income Committee can assist these employers to creating a Tax Credit Cooperative that can serve as a clearinghouse for information and answer questions.***

5. *Years 4-6:* Enhance access to employment supports, including child care, transportation, and funds for clothing and tools.

6. *Years 7-10:* Develop low-barrier job training programs based on successful models implemented in other communities such as the development of a culinary skills training institute for homeless or formerly homeless persons.

Strategy C – Pursue economic and community development opportunities that will create new jobs for homeless or formerly homeless persons

Action Steps

1. *Years 1-3*: Identify a Key Point Person(s) from the business community to participate in the Services and Employment/Income Committee.

2. *Years 4-6*: Develop social enterprise model that provides on-the-job-training for landscaping services during Chinatown Renewal Project in Salinas (see CHAT plan).

3. *Years 7-10:* Develop contract and grant award criteria to encourage employment of homeless or formerly homeless persons.

4. *Years 1-10:* Target key funding streams (e.g. CDBG, HOME, etc.) and engage community leaders during Consolidated Plan processes.

Strategy D – Enhance Access to Mainstream Benefits (GA, TANF, VA Benefits, SSI/SSDI, SNAPs, CalFresh, Medi-Cal, Medicare)

Action Steps

1. *Years 1-3:* Develop the capacity to screen for benefits eligibility and assist people with applications using the SOAR model, as well as a uniform benefits application and other technologies.

2. *Years 4-6:* Make it easier for homeless people to apply for benefits by designating a staff person at each benefits program to be specifically trained to assist and advocate for homeless clients and developing an expedited application process for homeless people.

3. *Years 7-10:* Facilitate inter-agency collaboration in assisting people to access benefits. Cross train homeless program and benefit program staff and promote interagency collaboration in documentation of diagnoses and assessments.

PRIORITY 4: RETURN TO HOUSING

Enhance All Discharge Planning Efforts and Make Housing Status a Central Focus for All Exit Planning

Inadequate discharge planning is a major contributing factor to homelessness. Too often, public and private institutions, including prisons and jails, hospitals, mental health facilities, substance abuse treatment programs and the foster care system contribute to homelessness by discharging people to the street or shelters. Ending such practices is a vital aspect of preventing and ending homelessness. Putting in place effective discharge planning helps to ensure that individuals are linked with the housing and services they need to achieve ongoing housing stability, wellness and maximum self-sufficiency.

Snapshot of Key Data

- **Hospitals:** People living on the street frequently do not receive the medical care they need and tend to be frequent users of expensive emergency room and inpatient care. Too often discharged into unsuitable accommodations or back into homelessness, an unhealthy and costly cycle occurs as they bounce between the streets, shelters and hospital without ever getting the assistance they need to stabilize and recover.

  In Santa Clara County, a study of frequent users of hospital emergency rooms found that 62% lacked stable housing.

- **Corrections:** Many people are released from jails and prisons into homelessness. In California, 10% of parolees are homeless, and in urban areas, such as San Francisco and Los Angeles the numbers are even higher (30-50%).[19] Facing significant barriers as they re-enter society without housing or needed services, the rate of recidivism is high. This is unfortunate for the individuals who have been unable to reintegrate themselves into society and costly for communities both in terms of tax dollars as well as public safety. Investing in housing, including re-entry housing, permanent supportive housing and mainstream affordable housing, reduces costly recidivism, yielding better outcomes for both ex-offenders and communities.

  The average per day cost of supportive housing in San Francisco is estimated to be $23 whereas the estimated per diem cost is $60 for an inmate at Alameda County's Santa Rita jail.[1] Not only does housing cost less, but studies also show that access to housing leads to a reduction in recidivism.

- **Foster Care:** Many youth who "age out" of foster care become homeless due to a lack of support networks and inadequate discharge planning to link them with housing and services. In the course of a year, the estimated odds of experiencing homelessness for a young adult who ages out of foster care are 1 in 6.[20] This vulnerable segment of the population has special needs that must be taken into consideration in order to facilitate a successful transition to adulthood and independence. In addition, a significant portion of youth in foster care has an emotional disorder and/or substance abuse problem.

[19] California Department of Corrections, *Prevention Parolee Failure Program: An Evaluation* (Sacramento: California Department of Corrections, 1997).
[20] http://www.endhomelessness.org/content/article/detail/3668

Where This Strategy is Working

Program evaluations from around the country have documented the effectiveness of discharge planning with a strong housing focus in reducing both homelessness and costly recycling and recidivism.

OUTCOMES ACHIEVED	PROGRAM
✓ Reduced recidivism to jail and lower rates of homelessness	• Maryland's Shelter Plus Care program, which provides rental subsidies, case management and support services to persons with serious mental illness coming from jails, has achieved low rates of recidivism to both jail and homelessness. Less than 7% of clients return to jail and less than 1% become homeless.[21]
✓ Reduced jail time and significant cost-savings	• The Thresholds Jail Program in Cook County, Illinois, which assists people with mental illnesses who are released from jail in accessing housing, mental health services, entitlements and a host of other social services, has resulted in an 82% drop in the number of days clients spend in jail. For the first thirty clients who completed one year of the program, savings are estimated at $157,640.[22]
✓ Reduced emergency room visits and inpatient hospital days and notable cost-savings	• Santa Clara County's New Direction Program, which provides a comprehensive range of discharge and transition planning services to help frequent users of hospital emergency rooms to achieve greater health and housing stability and to reduce their use of hospital emergency services, has resulted in a 31% reduction in emergency department visits; a 53% decrease in inpatient hospital days; and an almost 50% reduction in emergency department and inpatient and outpatient clinic costs.
✓ Reduced emergency room visits and hospital costs, and decreased arrests	• San Diego's Serial Inebriates Program (SIP), which provides homeless chronic inebriates with alcohol treatment and wraparound services with transitional living and permanent housing placement assistance in lieu of jail time, has resulted in a 92% decrease in emergency room visits, a 80% decrease in hospital costs and a 58% decrease in arrests.

Current Resources

Recognizing the importance and effectiveness of discharge planning in addressing homelessness, *Lead Me Home* will enhance existing discharge planning underway within the counties. Currently, the following discharge planning activities are underway in Monterey County.

[21] Substance Abuse Mental Health Services Administration (SAMHSA). 2003. *How States Can Use SAMHSA Block Grants to Support Services to People Who are Homeless.*

22 Dincin, J. et al. "Preventing Re-Arrests of Mentally Ill Persons Released from Jail", Thresholds Jail Program Study, 2007. http://www.thresholds.org/jailtables.asp

Foster Care

- → The Transitional Independent Living program connects youth with a program coordinator (social worker) to create Transitional Independent Living Plans (TILPS) for the first six months after foster care.
- → Peacock Acres Transitional Housing, a THP-Plus program, is a two-year transitional housing program that has 15 beds for youth aging out of foster care.
- → Transition Age Youth (TAY) is a permanent supportive housing project that has 4 bedrooms for youth with diagnosable psychiatric disabilities.
- → Community Human Services' Safe Passage is a transitional supportive housing program providing 6 beds for homeless youth ages 18-21, including youth aging out of foster care.

Health Care

- → The Local Homeless Assistance Committee (LHAC) has formed a subcommittee to address the issue of homeless discharge planning with Salinas Valley Memorial Hospital, Natividad Medical Center, Community Hospital, and Mee Memorial Hospital.
- → Central Coast HIV/AIDS Services work in partnership with the OPIS clinic at Community Hospital and the NIDO clinic at Natividad Medical Center to create housing plans for homeless individuals with HIV/AIDS.
- → The Salvation Army Monterey Peninsula Corps works in partnership with Community Hospital of the Monterey Peninsula (CHOMP) to create housing plans and provide temporary shelter for homeless individuals.

Mental Health Care

- → Interim, Inc. works in partnership with Monterey County Behavioral Health Department to prevent discharge into homelessness.
- → MCHOME provides discharge-planning activities for homeless individuals with mental illness, but does not have the capacity to provide these services to all clients. When there is capacity, Interim's Manzanita House provides short-term crisis services as well as emergency placement.

Corrections

- → Transitional Case Management- Parole Planning and Placement (TCMP-PRP) provides case management for parolees 90 days prior to parole.
- → Throughout parole, the Parole and Community Team (PACT) provides outreach to parolees on mainstream and community specific programs.
- → The Sheriff's Department has recently strengthened existing strategies for county inmates preparing for release that have no place to go through a six-week re-entry project.
- → Monterey County's Day Reporting Center, initiated in 2009, provides treatment, training and case management services for offenders who are at a moderate- to high risk of returning to jail in order to reduce the number of probation and parole violators and reduce recidivism and crime rates.

What We Can Do

Lead Me Home builds on these important efforts by enhancing and formalizing existing discharge planning efforts.

KEY STRATEGIES:

- Enhance pre-release services to ease transition from incarceration to community
- Implement pre-arrest diversion strategies and alternatives to incarceration
- Create universal discharge policies for hospitals and other, relevant medical facilities
- Transition aged-out foster youth to housing and income stability

This work will align with federal efforts to prevent and end homelessness. Opening Doors, the Federal Strategic Plan to Prevent and End Homelessness, includes strategies calling for the establishment of medical respite programs and to improve discharge planning for youth exiting the foster care system. In addition, the federal Second Chance Act aims to connect people released from prison and jail to mental health and substance abuse treatment, expand job training and placement services, and facilitate transitional housing and case management services; the Independent Living Program (ILP) provides federal funds to states for life/ employment skills training, education, counseling and peer support to youth between 16-21 about to exit foster care; and the Transitional Living Program (TLP) provides similar training and support as well as housing assistance for all runaway and homeless youth.

Strategies and Action Steps

Who is Responsible: The Discharge Planning Committee, The Action Teams for Foster Youth, Healthcare and Criminal Justice

Outputs and Outcomes:

- County-wide discharge planning policy that implements a 30-day post-discharge plan created by each discharging institution to monitor the homeless or those at risk of homelessness
- 20% decrease per year in percentage of people being discharged into homelessness over 5 years

CORRECTIONS

Strategy A – Plan for Stability Prior to Release

In the corrections system, provide housing-focused discharge planning for inmates assessed as homeless or at-risk and initiate support services *during incarceration* to prepare for release in order to ease their transition back into their communities.

Action Steps

1. *Years 1-3*: Create a pre-release agreement between SSA and Monterey County Jail and San Benito County Jail to put eligible inmates on disability benefits prior to release.

2. *Years 1-3*: Identify agencies that are currently working with inmates before release and provide opportunities for these organizations to provide training and expanded re-entry services, including housing access and employment.

3. *Years 4-6*: Develop systems to identify if individuals are homeless at jail intake and allow them access to pre-release services, which should include linkage with housing, connection to community-based treatment and services, and assistance in applying for benefits.

4. *Years 7-10:* Work with housing providers to develop dedicated/set-aside "re-entry vouchers" to provide housing with case management for ex-offenders returning to the community.

5. *Years 1-10*: Create marketing and public education strategies targeted to policy makers and solicit funding from Business Improvement Districts for the outreach teams for hard to house ex-offenders.

WHAT IT TAKES TO GET THIS DONE: ***The Funding Action Team will need to aggressively pursue funding to provide dedicated housing for reentering populations, such as Second Act funds, and actively seek to create housing opportunities for reentering persons in existing housing stock.***

Strategy B – Implement Alternatives to Arrest and Incarceration

Engage individuals before arrest by developing pre-arrest diversion strategies and alternatives to incarceration so that homeless people who commit petty crimes are linked with housing and services to address their needs and reduce likelihood of future involvement with law enforcement.

Action Steps

1. *Years 1-3*: Conduct cross-training for police and service providers. Law enforcement officers will receive training in how to engage with homeless people, mental health issues, crisis intervention techniques, use of the 5150 involuntary psychiatric hold, and what housing and services are available in order to do appropriate referrals. Law enforcement will provide their perspective on the issues they confront as well.

    - Enhance and replicate training by Community Action officers in the City of Monterey to train other jurisdictions' police/law enforcement officers on homeless outreach strategies and goals of discharge planning policies.

2. *Years 4-6*: Create specialty courts that involve partnerships with social services, public defenders, district attorneys, and courts.

    - Educate judges and court staff about the client population and about restorative justice and alternative sentencing options.

    WHAT IT TAKES TO GET THIS DONE: ***Key aspects of specialty courts include: court advocates for clients to help them navigate the system; putting information on citations letting people know about specialty court options; and building in links to services and mental health and substance abuse treatment by locating courts at service agencies and/or having service providers on-site at courts to facilitate access to services and supports. Additionally, the use of web-conferencing at libraries (telecourts) can make it easier for people to get to their court proceedings. Data collection was stressed as essential in order to track success in reduced recidivism and cost-savings resulting from use of specialty courts.***

3. *Years 7-10*: As the multi-service center, Human Services Campus and regional centers come online, develop service models that allow for after-hours referrals by law enforcement as an alternative to incarceration (See Priority 3, Strategy B-1).

HEALTHCARE

Strategy C – Create Universal Healthcare Discharge Policies

For hospitals, mental health facilities, and substance abuse treatment programs, develop housing-focused discharge planning policies and procedures for staff.

Action Steps

1. *Years 1-3*: Designate staff at all area hospitals to participate in quarterly hospital discharge planning roundtable meetings that center on housing-focused discharge planning trainings. Roundtable meetings will be organized by the Healthcare Action Team. Curriculum can be developed to bring local practices to scale (such as social work and benefits assistance programs at Natividad Hospital) and to provide ongoing support to roundtable members through training and care management meetings.

    WHAT IT TAKES TO GET THIS DONE: ***The purpose of the hospital discharge planning roundtable is to enhance coordination among providers, including the primary care system and the County, to increase service availability and cultural sensitivity to homeless clients. It will require regular, sustained effort by the Healthcare Action Team to prepare and facilitate meetings.***

2. *Years 4-6*: Develop systems to identify homeless individuals and medically indigent adults when they present for emergency services and link them to appropriate housing interventions.

3. *Years 7-10*: Develop more medical respite beds for people who are medically fragile and not able to enter permanent housing.

4. *Years 1-10*: Conduct outreach and public education around the Affordable Care Act to help put eligible people on insurance.

FOSTER YOUTH

Strategy D – Transition Aged-out Foster Youth to Housing and Income Stability

For the foster care system, provide discharge planning that focuses on housing and acquisition of life skills needed to achieve independence and increase the supply of specialized youth housing.

Action Steps

1. *Years 1-3*: Expand the services available to assist youth in successfully transitioning out of foster care in order to be able to provide a broader range of services to more consumers, begin interventions with foster youth at an early age, and create more peer- focused supports

2. *Years 4-6*: Develop policies and procedures with juvenile detention systems and school districts geared towards linking foster youth with service providers and link them to targeted housing.

3. *Years 4-6*: Develop a sub-lease program targeted for transitional-age youth.

4. *Years 7-10*: Target Family Reunification Vouchers for Transitional-Age Youth.

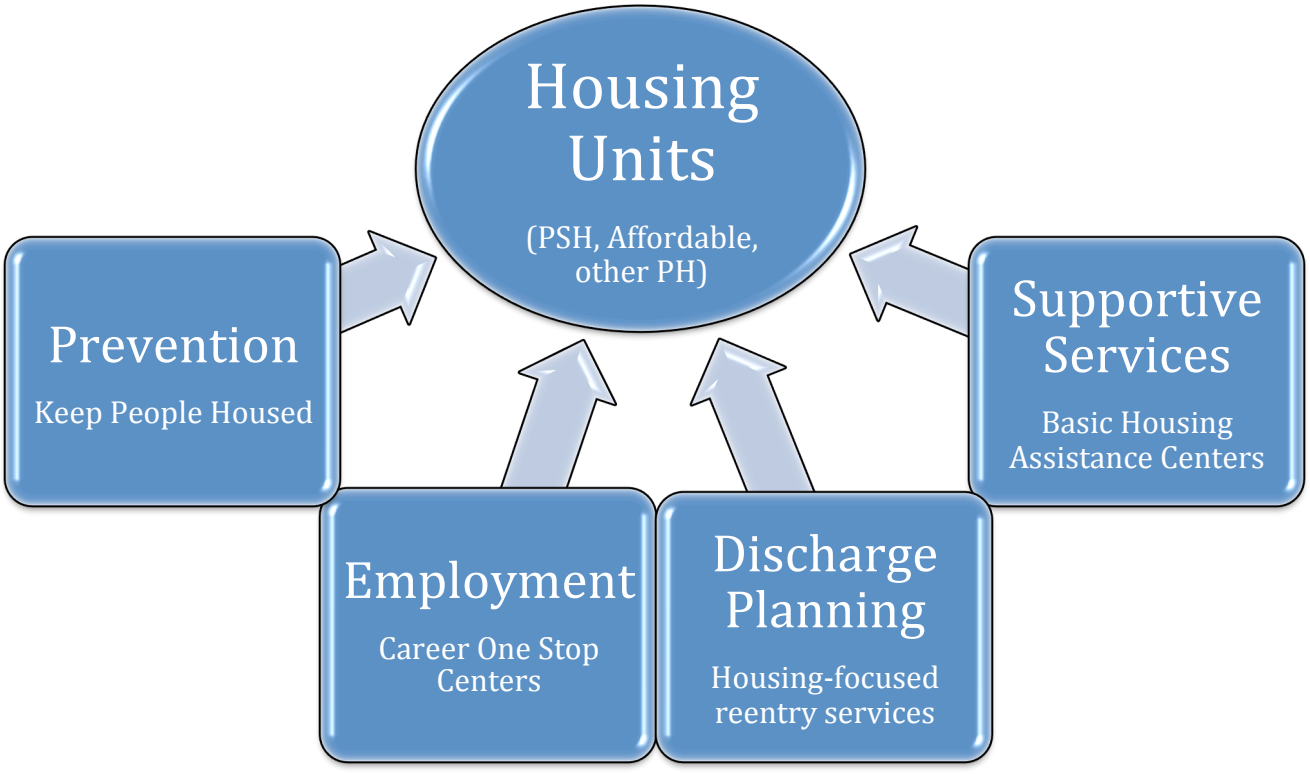
5. *Years 1-10*: Create public awareness and marketing campaign designed to increase political support and raise funds.

Implementation: Organize Resources; Govern a Network

Effectively Administer, Coordinate, and Finance Implementation of the Plan

A comprehensive and seamless system of care that offers ready access to a full range of housing and services and provides care in a coordinated manner is essential to effectively preventing and ending homelessness. Such a system requires significant collaboration and integration across mainstream and homeless providers of housing and services. This includes both system level integration of planning, data gathering and fund allocation activities as well as client level integration of service delivery. A centralized administrative and governing council is needed to provide a strong guiding vision for integration efforts and to provide the motivation and incentives to spur the necessary changes in how agencies operate. This includes a variety of activities ranging from helping agencies increase communication and information sharing to facilitating adoption of joint goals and protocols in serving clients. Ultimately the goal of integration is to create new configurations and models of service provision that enhance access to assistance, improve the quality and comprehensiveness of care, and promote more efficient use of resources.

The *Lead Me Home* Plan outlines key pieces of an integrated and effective system to prevent and end homelessness for our local residents, focused on housing.

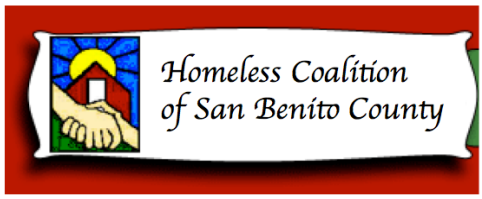


Current homeless-focused collaborative bodies in Monterey and San Benito Counties include:

- The Coalition of Homeless Service Providers (CHSP) is a group of private nonprofit and public organizations working together to address homelessness. Founded in 1994, CHSP is engaged in countywide strategic planning and serves as the Continuum of Care Coordinator. Key goals for the Continuum of Care include: increasing collaboration and coordination among emergency, transitional, and permanent supportive housing providers to better serve clients and improving the timeliness and dissemination of information on shelter availability, usage, needs, and gaps according to target populations.

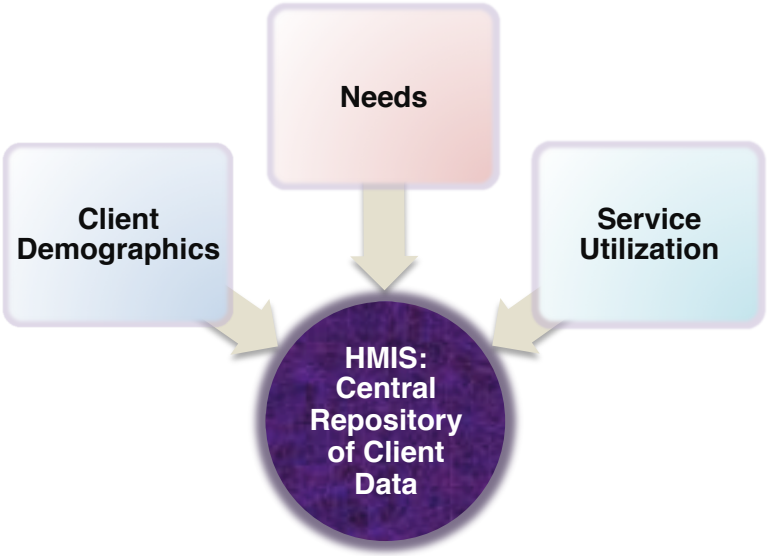
- The Local Homeless Assistance Committee (LHAC) is a working group of the Monterey County Department of Social and Employment Services/ Community Action Partnership. Formed in 1999 by the County Board of Supervisors, its purpose is to provide strategic planning and oversight for the local Continuum of Care. It is currently engaged in an extensive process aimed at developing an updated homeless services plan based on the HEARTH Act. As *Lead Me Home* is adopted and implementation begins, the LHAC may be phased out and/or subsumed by the Leadership Council.

- The Homeless Coalition of San Benito County is a collaborative effort of local citizens, faith based organizations, city and county governments. Its mission is to provide temporary shelter and social services (including emergency winter shelter, showers, hot meals, employment training, mental health and substance abuse counseling) to the county's homeless population.



Data Infrastructure

System-wide data collection and analysis is a key aspect of a comprehensive and integrated system of care as it facilitates understanding of client needs and service gaps, allows evaluation of program performance, and guides program development and resource allocation decisions. Homeless Management Information Systems (HMIS) perform this function. They also can enhance service integration by facilitating interagency information sharing and case management.



Monterey County implemented a Homeless Management Information System (HMIS) in 2004. San Benito will join in 2011. Currently, ESG funded providers and non-HUD funded providers do not have adequate resources to participate consistently in data collection. The Continuum of Care is collaborating with providers on a regular basis to build capacity. This includes obtaining computer and software resources as well as providing technical assistance.

Other data is collected through the HUD-required Point-in-Time (PIT) Counts which provide information on the overall number of sheltered and unsheltered homeless persons on a specific night. PIT Counts also provide breakdowns of the number of adults in households with children, adults in households without children and households composed solely of children

and youth, age 17 or under, as well as the numbers of people who fall into particular sub-population categories, including persons who are chronically homeless, persons with severe mental illness, chronic substance abusers, veterans, persons with HIV/AIDS, victims of domestic violence and unaccompanied children.

In January 2011, Monterey and San Benito Counties conducted a 2011 Homeless Census and Survey. It went beyond the HUD requirements and provided a more comprehensive picture of homelessness by including supplemental data from the county jail, county hospitals, permanent supportive housing, and residential and rehabilitation facilities, and data from the Monterey County Office of Education.

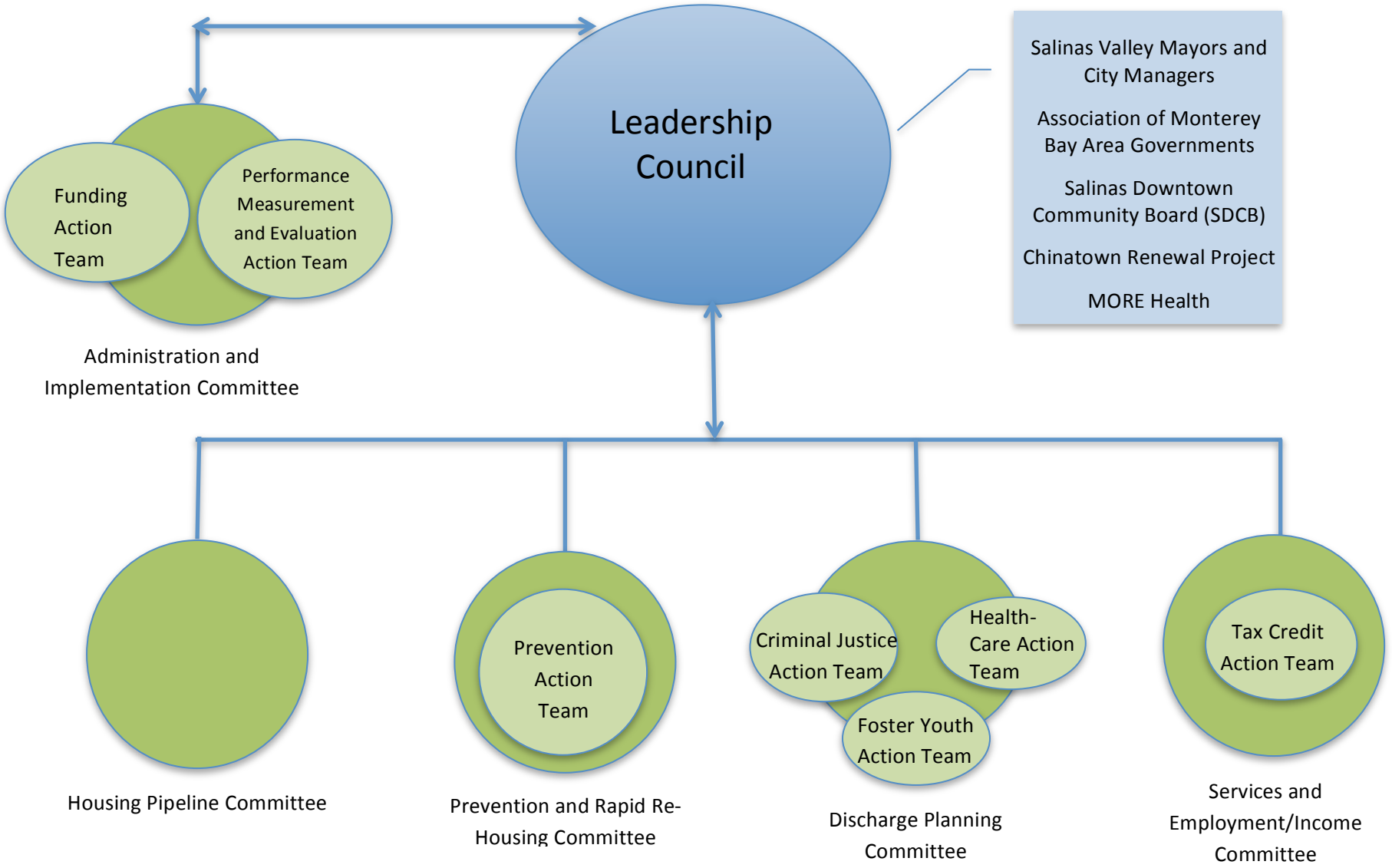
Plan Leadership and Implementation

Effective implementation of the Ten Year Plan requires an oversight body that can provide the leadership needed to facilitate necessary cross-system and cross-agency collaboration, guide future planning, and raise the funding needed to carry out Plan recommendations. The Monterey & San Benito Counties Ten Year Plan will be overseen and implemented by a Leadership Council, 4 committees, and a variety of action teams. This structure builds on already existing leadership infrastructure in the two Counties, including the planning group that developed this Plan. See Plan's Administration and Implementation structure on the next page.

KEY STRATEGIES:

- Develop resources and formalize support for Plan implementation
- Identify funds to implement Plan initiatives
- Establish outcomes measures and track progress
- Annually evaluate success in addressing homelessness and progress in Plan implementation. Use analysis to guide planning and program development, facilitate continuous improvement, inform funding allocation

These recommendations are aligned with federal recommendations about Plan development and implementation. The United States Interagency Council on Homelessness (USICH) recommends that Plan implementation and oversight bodies involve a broad spectrum of the community, including business and civic leadership, local public officials, faith-based volunteers, and mainstream systems that provide housing, human services, and health care. In addition, the USICH encourages community plans to use data from PIT Counts, HMIS and other sources to inform planning activities; facilitate action by including specific steps, timelines, responsible parties and performance measures; provide cost estimates and financing strategies, including leveraging mainstream resources; and engage in public education to build support for Plan implementation.



Lead Me Home: The Game Plan for Housing Homeless People in Monterey and San Benito Counties
Administration and Implementation Structure

Strategies and Action Steps

Who is Responsible: The Leadership Council and Administration & Implementation Committee; Funding Action Team; Performance Measurement & Evaluation Action Team

Outputs & Outcomes:

- 100% of resources targets established in *Lead Me Home* are met within 5 years
- Selected housing and service projects are fully funded to increase system capacity, 1 per year for each of 10 years

Strategy A – Develop Resources & Formalize Support for Plan Implementation

Establish a Leadership Council as the administrative and governing body with the legitimacy, representation, power, and resources to be able to effectively and efficiently direct the community's efforts to prevent and end homelessness. The Leadership Council will serve as the oversight body, supported by various committees and action teams focused on particular issues.

> **WHAT IT TAKES TO GET THIS DONE:** ***Support the Leadership Council by identifying at least 1 FTE from Monterey and/ or San Benito Counties whose primary job responsibility is to perform the day-to-day duties needed to coordinate the efforts of the various action teams and other sub-groups charged with implementing portions of the Plan***

Action Steps

1. *Years 1-3*: Identify funds to support an FTE focused on plan implementation.
2. *Years 1-3*: Draft MOUs to define collaborative relationships between the Leadership Council and public and nonprofit agencies serving people who are homeless or at-risk.
3. Years 1-3: Identify Council members from public and nonprofit agencies, businesses and schools, and consumers.

Strategy B – Identify Funds to Implement Plan Initiatives

Part 1 – Develop new funds

In order to successfully implement several plan strategies, the Leadership Council will need to identify new funding streams.

Action Steps

1. *Years 1-3:* Organize a public education and fundraising campaign to collect contributions from business and civic organizations and from private citizens. Develop Social Impact Bonds (see Priority 2-C-1), Housing Trust Fund (see Priority 2-C-1), and Tax Credit Cooperative (Priority 4-B-4)

2. *Years 1-3:* Establish priorities for funding and allocation of resources in line with the priorities.

3. *Years 1-10:* Assess and effectively use funds available to the community and to local jurisdictions, such as Department of Social Services, Health Department and other relevant sources. Include Redevelopment Agency funds, Inclusionary Zoning fees, Prop 63, Housing Trust Fund, CDBG, FESG, ESG, Continuum of Care grants and other funding. Develop grants infrastructure (see Priority 1-B-1)

Part 2 - Document Cost-Savings Resulting from Implementation of Plan Strategies

The Leadership Council can also spearhead efforts to effectively capture costs avoided in other systems of care (such as hospital emergency departments, jails, and courts) and redirect them to the interventions that reduce and eliminate those costs in an effort to more effectively use limited resources.

Action Steps

1. *Years 1-3:* Create a baseline of the costs of homelessness for the first three years of Plan implementation. This should encompass costs incurred by police, hospitals, mental health and substance abuse crisis centers, social service programs, and the corrections system/ jail and prison. Once best practices are implemented, track service utilization, document cost-savings, and reinvest savings in identified programs/ housing.

2. *Years 4-6:* Implement mechanisms to document and capture cost-savings in mainstream systems and programs due to reduced use of services by homeless people after they access housing. Reinvest cost savings in affordable housing, homeless housing and services, and plan implementation.

Strategy C – Establish Outcomes Measures and Track Progress

Establish system-wide performance standards and outcome measures to track progress towards preventing and ending homelessness.

> **WHAT IT TAKES TO GET THIS DONE:** ***Performance Measurement & Evaluation Action Team should work with HMIS Administrator to further develop and enhance the Homeless Management Information System (HMIS) to have the capacity to collect and analyze data on homelessness and program outcomes and to facilitate inter-agency case management and information-sharing. Standards and outcome measures should be developed for both homeless programs and mainstream programs for serving people who are homeless or at-risk.***

Action Steps

1. *Years 1-3:* Further develop and enhance the Homeless Management Information System (HMIS) to have the capacity to collect and analyze data on homelessness and program outcomes and to facilitate inter-agency case management and information-sharing.

2. *Years 1-3:* Identify gaps in HMIS participation with service providers and improve data quality and utilization rates.

3. *Years 1-3:* Organize and host multi-sector meetings to establish community-wide performance outcomes in each of the Plan content areas.

4. *Years 4-6:* Facilitate participation in HMIS by mainstream and non-HUD or VA funded agencies.

Strategy D – Annually Evaluate Success in addressing Homelessness and Progress in Plan Implementation. Use Analysis to Guide Planning and Program Development, Facilitate Continued Improvement, and Inform Funding Allocations

Action Steps

1. Y*ears 1-10:* Annually review, monitor and re-adjust goals, strategies, and actions set forth in the plan.

2. *Years 1-10:* Convene an annual "state of homelessness" conference, including housing, treatment and service agencies working with homeless people to discuss outcomes and progress.

3. *Years 1-10:*Develop an Annual Work Plan each based on data and performance evaluation and incorporate any necessary course corrections. Consider whether agencies are effectively adapting the new priorities called for in the Plan and identify how to support them in making necessary changes, including assistance with strategic planning, development of new systems and other capacity building efforts, and staff training and cross-training.

4. *Years 4-6:* Publish outcomes as part of community-wide indicators report or in a "report card" format.

Acronyms Used in This Plan			
CoC	Continuum of Care	MOU	Memorandum of Understanding
CHSP	Coalition of Homeless Services Providers	PH	Permanent Housing
Con Plan	Consolidated Plan	PHA	Public Housing Authority
FSP	USICH Federal Strategic Plan	PM	Performance Measures
GPD	Grant and Per Diem Program (a VA TH program for homeless veterans)	PSH	Permanent Supportive Housing
HEARTH Act	Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009	S+C	Shelter Plus Care
HMIS	Homeless Management Information System	SHP	Supportive Housing Program
HUD	U.S. Department of Housing and Urban Development	TA	Technical Assistance
ICH	Interagency Council on Homelessness (referring to a state-level agency within Nevada)	TH	Transitional Housing
McKinney	McKinney-Vento Act (authorizing HUD's homeless grant programs)	USICH	United States Interagency Council on Homelessness
MORE Health	Monterey Regional Health Development Group	VA	U.S. Department of Veterans Affairs

For more information, or to participate as implementation unfolds, contact Glorietta Rowland, Coalition of Homeless Services Providers at CHSPMontry@aol.com or (831) 883-3080.

We would like to thank the Leadership Council, all those who participated in the many meetings, and our friends at HomeBase.

A final thank you to Amanda Buck for contributing the Plan's graphic.

CITY OF SEASIDE
STAFF REPORT

Item No.: 6.C.

TO: Homeless Committee

BY: Lesley Milton-Rerig, City Clerk

DATE: April 26, 2018

SUBJECT: **DISCUSSION OF SERVICES AND SERVICE PROVIDERS PROVIDING SERVICES FOR THE HOMELESS COMMUNITY AND SET LIST OF PRESENTATION TOPICS FOR FUTURE MEETINGS**

PURPOSE & RECOMMENDATION

To discuss the different options of services provided by services providers and prioritize a list of presentation topics for future meetings.

BACKGROUND

During the inaugural meeting of the Committee, it was noted that there are several different private, non-profit and social service organizations providing a variety of services benefiting the homeless community operating throughout the region and in the City of Seaside.

Staff agreed to provide the Committee a list of resources for a full discussion so that the Committee can understand the scope of services already being provide locally and find ways to leverage the City of Seaside resources and effort with intent to make a greater impact.

Also discussed was the need to inform the Committee on a variety of topics as it relates to homelessness, including possible presentations from service providers.

Staff recommends that the Committee review the attached documents and be prepared for a discussion of possible topics for future study sessions.

Weblinks for Educational Resources:

- 2017 Monterey County Homeless Census and Survey - http://www.chspmontereycounty.org/wp-content/themes/chsp/img/2017-Monterey-County-Census-Report.pdf
- Lead Me Home 10 Year Plan - http://www.chspmontereycounty.org/10YRPLANFINAL10.7.11.pdf
- City of Seaside CDBG Annual Action Plan (Draft) - as approved by the City Council on April 19, 2018 - http://www.ci.seaside.ca.us/DocumentCenter/View/3997

- Monterey County Homeless Services Resources Guide - http://mcdss.co.monterey.ca.us/cap/download/CAP_HG_2016.pdf

ATTACHMENTS

CITY OF SEASIDE
STAFF REPORT

Item No.: 6.D.

TO: Homeless Committee

BY: Lesley Milton-Rerig, City Clerk

DATE: April 26, 2018

SUBJECT: **RECEIVE, DISCUSS AND PROVIDE DIRECTION REGARDING DRAFT ANNUAL WORK PLAN**

PURPOSE & RECOMMENDATION

To review, discuss and provide direction on the draft work plan, make recommended edits and make a recommendation to forward to the City Council for approval.

BACKGROUND

An oral discussion on the attached draft work plan will take place at the meeting.

Staff recommends that the Committee be prepared to add, remove, or clarify any parts of the draft work plan during the meeting and direct staff to forward to the City Council for approval prior to the May 1 deadline.

ATTACHMENTS

1. BCC Workplan Instructions
2. Annual Work Plan-Homeless Committee

ANNUAL WORK PLAN TEMPLATE AND INSTRUCTIONS

This is a standard template for use by Boards and Commissions in completing their annual Work Plans. Work Plans are based on a fiscal year rather than a calendar year. Work Plans are to be completed by each Board and Commission and approved at a regular Board or Commission meeting no later than April 1 of each year. The Office of the Clerk will then transmit the Work Plans to the City Council for approval in May.

Please use the following instructions when completing the Work Plan:

Cover Sheet (Page 1): This area should include the name of the Board or Commission, the timeframe covered by the Work Plan (i.e. Fiscal Year 2016, July 1, 2015 – June 30, 2016), members' names, Chairperson's name, and vacancies as of April 1. Do not list Commissioner addresses or phone numbers on the Work Plan. This page will need to be updated each year.

Mission Statement (Page 2): This area of the Work Plan should clearly state the mission of the Board or Commission. The mission may be extracted from the enabling legislation (i.e. Ordinance, Board action, Resolution) that formed the Board or Commission or may be a purpose statement approved by the Board or Commission and derived from the enabling legislation. This section may also contain the roles and responsibilities of the Board or Commission. This page may not need to be updated each year.

Historical Background (Page 2): This area should provide the reader with some historical information about the Board or Commission (i.e. when it was formed, issues of focus in years' past, significant outcomes of work by the Board or Commission). NOTE: Accomplishments from the previous year should not be discussed here – there is another area on the Work Plan where this is done. This page may not need to be updated each year.

Fiscal Year Work Plan (Page 3): This area should provide the goals/objectives (no more than five) of the Work Plan, the activities planned to accomplish the goals, the priority ranking of each goal and the timeline anticipated to accomplish the goal. This page will need to be updated each year.

Prior Year Accomplishments (Page 4): This area should address the prior year Work Plan accomplishments including each goal/objective, activities that supported the successful completion of the goal and the status of the goal. The status column should inform the reader whether the goal was a) completed, b) not started and why, c) in process and expected completion date, or d) eliminated and why. This page will need to be updated each year.

Ongoing Projects: (Page 5) This area provides the Board or Commission with an opportunity to inform the reader of ongoing projects that the Board or Commission is continuing to work on. This page may not need to be updated each year.

City of Seaside Homeless Committee

Annual Work Plan

Looking Ahead to FY 2018-2019
Adopted by the Committee (DATE) 2018

Members Appointed When Adopted:

Sasha Allen
Natalia Molina
Kenneth Murray
Alessandro Tani
Dominique Jones
Molly Fittro
VACANT
(7 Committee Positions)

Mission Statement:

(TO BE INSERTED AFTER APRIL 26, 2018 MEETING)

Historic Background

The Homeless Committee was created by the City Council In November 2, 2017. Staff immediately began the recruitment effort for commissioners and the inaugural meeting of the Committee took place on April 12, 2018.

General duties of the Homeless Committee:

The Commission on the Status of Homelessness shall have the power, and it shall be the duty of the commission to make recommendations to the City Council and to advise the Council in the following matters:

- Review and comment on City ordinances, programs and policies and state mandates related to housing, CDBG grants and programs, and other poverty mitigation programs;
- Monitor and assist the City's progress in implementing needed homeless services and facilities;
- Develop policy recommendations and processes to measure the effectiveness of new and existing policies in ending and preventing homelessness and coordinate with the CDAC for their required reporting in the HUD mandated Annual Action Report;
- Identify strategic goals for the City and estimate resources needed to accomplish these goals; investigate funding to implement programs to benefit the homeless community.
- Identify partnerships with County, City and other community programs that can be leveraged to achieve the goals of ending or preventing homelessness in the City of Seaside.

Responsibilities

The commission on the status of homelessness shall:

- Hold public meetings on matters related to homelessness;
- Investigate best and contemporary practices with regard to eliminating and preventing homelessness;
- Serve in advisory capacity to the City Council, commissions, committees, and boards on related issues;
- Prepare an annual report to the City Council on progress and effectiveness of various programs and policies.

Inaugural Fiscal Year 2018-19 Work Plan:

A. Understand the different types of homeless statuses, the different states of homelessness and the different influencing factors of homelessness and prioritize the type of homeless service to target. The current priority is Recently homeless and nearly homeless.
B. Understand the types of organizations that are currently providing services for homelessness in our community and find ways to leverage opportunities. Include service providers and a listing of services that are provided, also identify if there are designated areas for homeless to sleep.
C. Identify and make a recommendation to the City Council for the expenditure of $30,000 budgeted for FY 17-18 funds, potentially including identification of services that could be augmented instead of created.
D. Seek ways to conduct a direct survey of those that are homeless and or collaborate with others that may already have that data.

CITY OF SEASIDE
STAFF REPORT

Item No.: 6.E.

TO: Homeless Committee

BY: Lesley Milton-Rerig, City Clerk

DATE: April 26, 2018

SUBJECT: **DISCUSS AND PROVIDE DIRECTION REGARDING CITY BUDGETED FUNDS FOR HOMELESS SERVICES**

PURPOSE & RECOMMENDATION

That the Committee discuss possible recommendations to the City Council for budgeted funds for homeless services.

BACKGROUND

The City Council budgeted $30,000 during the 2017-2018 Fiscal Year with intent to find a use to benefit homeless or nearly homeless individuals in the Seaside Community. When initially budgeted, the City Council did not have a clear expectation where it would be expended and has recommended that the Committee make a recommendation for it's highest and best use.

Recently there have been many discussions regarding the use of funds at the Council level but ultimatly they are waiting on a proposal from the Committee. Funds must be expended or at very minimal encumbered prior to June 30, 2018.

Staff recommends that the Committee members be prepared to discuss possible options for use of the $30,000 funds and make a recommendation to the City Council.

ATTACHMENTS
