

Lead Me Home

The Game Plan for Housing Homeless Persons in Monterey and San Benito Counties

*A May 2019 Update to the Original 10-year Plan
Dated 10/7/2011*

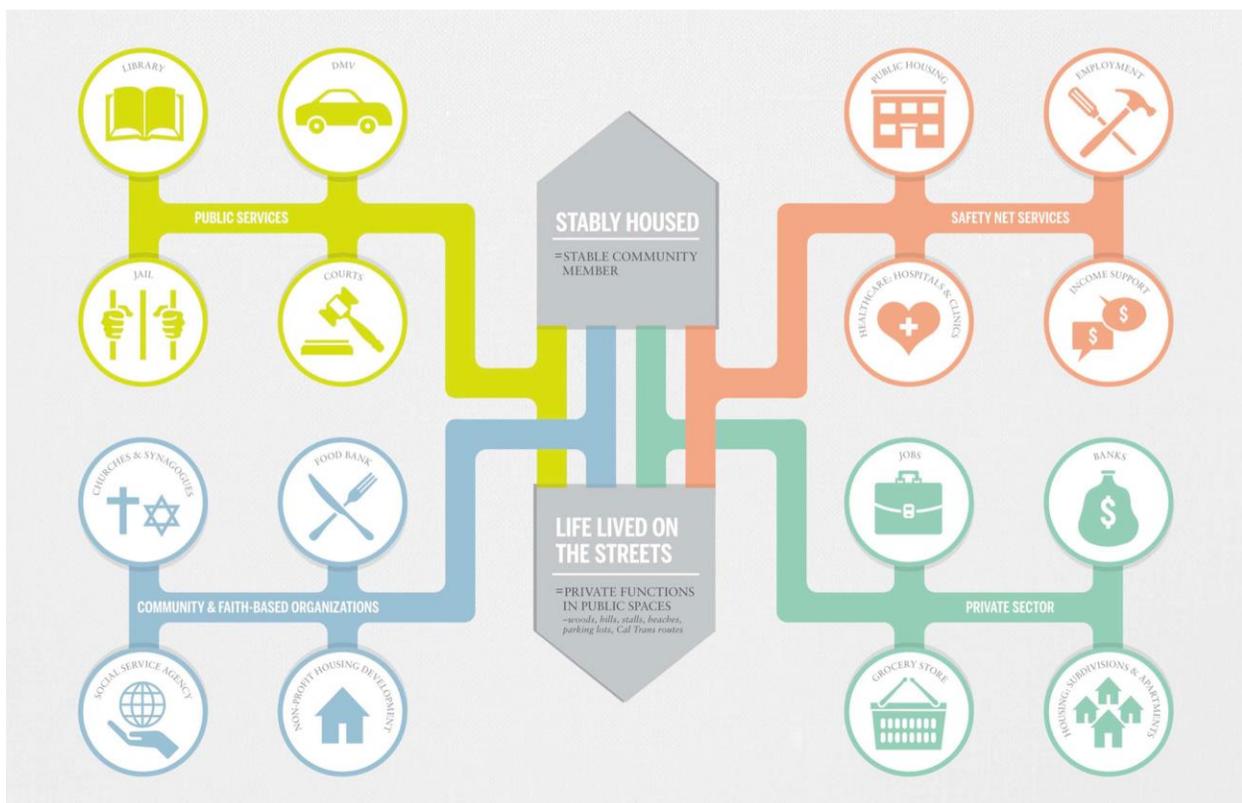


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Plan Overview

Lead Me Home Update to the 10-year Plan dated October 11, 2011, builds upon the successful relationships developed during the creation of the original 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 Plan Update 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 Plan Update seeks to use housing opportunity as a vehicle to link families & individuals with employment or income programs.

Mission

Lead Me Home Plan Update promotes broad involvement of all members of the community in forging the end to homelessness. *Lead Me Home Plan Update*, 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 remains a major concern in Monterey and San Benito Counties, and it is 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.

Description of Homelessness

The 2019 Monterey County Homeless Point-in-Time Census and Survey report revealed 2,704 unsheltered and sheltered homeless persons. This represents a 19.5% decrease from the 2017 Monterey County Point-in-Time Census and Survey. The sheltered count decreased from 850 in 2017 to 710 in 2019, a 16.5% decrease. The unsheltered count decreased from 2,514 in 2017 to 1,994 in 2019, a 20.7% decrease. (Table 1)

Table 1. Comparison of 2017 and 2019 Homeless Counts

	Sheltered	Unsheltered	Total
2017 Homeless Count	850	2,514	3,364
2019 Homeless Count	710	1,994	2,704
Difference:	-140 (16.5%)	-520 (20.7%)	-660 (19.6%)

Table 2 provides a comparison of 2017 and 2019 subpopulation counts. The number of adults with serious mental illness increased among both sheltered and unsheltered homeless persons from 2017 to 2019. The number of sheltered adults with a substance use disorder decreased from 2017 to 2019 while the number of unsheltered adults with a substance use disorder increased from 2017 to 2019. (Table 2)

In addition, there was an increase in number of unsheltered Veterans with family members from 2017 to 2019. Conversely, there was a decrease in the number of unsheltered unaccompanied youth from 2017 to 2019. (Table 2)

Table 2. Comparison of 2017 and 2019 Subpopulations

	2017 Count		2019 Count		Difference			
	Sheltered	Unsheltered	Sheltered	Unsheltered	Sheltered		Unsheltered	
					#	%	#	%
Adults with Serious Mental Illness	77	432	87	493	+10	+13	+61	+12
Adults with Substance Use Disorder	68	483	50	583	-18	-26	+100	+21
Adults with HIV/AIDS	0	10	7	0	+7	-	-10	-
Survivors of Domestic Violence	145	331	61	51	-84	-58	-280	-85
Veterans (includes family members)	82	59	81	151	-1	-1	+92	+156
Youth Unaccompanied	38	589	38	277	0	0	-312	-53

In Monterey County only, both the sheltered and unsheltered counts decreased from 2017 to 2019. Sheltered persons decreased from 724 in 2017 to 581 in 2019, a 19.7% decrease. Unsheltered persons decreased from 2,113 in 2017 to 1,841 in, a 12.9% decrease. (Table 3)

Table 3. Comparison of 2017 and 2019 Homeless Counts for Monterey County

	Sheltered	Unsheltered	Total
2017 Homeless Count	724	2,113	2,837
2019 Homeless Count	581	1,841	2,422
Difference:	-143 (19.7%)	-272 (12.9%)	-415 (14.6%)

To gain a more comprehensive understanding of individuals and families experiencing homelessness in Monterey County, respondents were asked basic demographic questions including age, gender, sexual orientation, and race/ethnicity.

Age

The complete breakdown by age was as follows:

- 7% were under the age of 25;
- 9% were between the ages of 25 and 30;
- 23% were between the ages of 31 and 40;
- 21% were between the ages of 41 and 50;
- 28% were between the ages of 51 and 60;
- 23% were between the ages of 61 or older.

Gender

Nearly two-thirds (63%) of respondents identified as male, 36% as female, and less than 1% as gender non-conforming (i.e, not male, female, or transgender).

Chronic Homelessness

In 2019, 562 individuals, or 23% of the total Point-in-Time homeless population in Monterey County, were experiencing chronic homelessness. Ninety-three percent (93%) of chronically homeless individuals were unsheltered.

Health Conditions

The top health conditions survey respondents reported experiencing in 2019 were:

- drug/alcohol abuse (45%);
- depression (44%);
- physical disability (27%); and
- chronic health problems (25%).

Solutions to Homelessness

Lead Me Home Plan Update is a multi-jurisdictional strategic plan that was initiated and is being implemented by the County of Monterey, cities, and the Salinas/Monterey, San Benito Counties Continuum of Care (CoC), CA 506. It consists of various data driven steps that the County, cities, and the CoC have taken in order to commit to, align, and implement core requirements and practices that have been nationally recognized as solutions and models to prevent and end homelessness including chronic homelessness among individuals living with a severe mental illness who are already chronically homeless or at risk of chronic homelessness

Core Requirements

Core requirements include those that are mandated by, and consistent with, federal and state legislative requirements.

1. Participating in the Homeless Management Information System

The local Homeless Management Information System (HMIS) is the primary repository for client level data for consumers of homeless services in the County of San Bernardino. The HMIS allows the Continuum of Care to analyze data from within the homeless system and evaluate essential information related to the provision and assessment of services provided within all levels of the Continuum of Care, including outreach and prevention, emergency shelters, transitional housing and permanent supportive housing.

2. Participating in the Coordinated Entry System

The Coordinated Entry System (CES) allows individuals and families to access services needed to move them out of a state of homelessness as quickly as possible. CES includes a client-focused approach to minimize the complexity and challenges associated with accessing multiple programs to avoid or exit homelessness. Service providers within the SBC CoC work collaboratively to coordinate services and information with the intent to provide the most effective and efficient client services.

The CoC is working toward case conferencing that would include municipalities, the County and service providers to integrate HMIS data and determine what steps are working to ensure housing results are tracked and better understand where funding resources are most needed.

3. Implementing a Housing First Approach

Housing First is a HUD best practice that the State is mandating while utilizing State funding including HEAP, CESH and NPLH as provided in subdivision (b) of Section 8255 of the Welfare and Institutions Code. The Housing First model has proven to allow for opportunities for people to end homelessness in greater numbers. Municipalities have seen marked results in reducing homelessness when implementing a housing first program.

Housing First is a low barrier approach that consists of the following elements:

- People experiencing homelessness can achieve stability in permanent housing, regardless of their service needs or challenges, if provided with appropriate levels of services;
- Barriers are removed that have hindered homeless persons from **obtaining** housing which include
 - too little income or no income;
 - active or history of substance use;
 - criminal record, with exceptions for state-mandated restrictions; and
 - history of having been or currently a victim of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement).
- Barriers are removed that have hindered homeless persons from **maintaining** housing which include
 - Failure to participate in supportive services;
 - Failure to make progress on a service plan;
 - Loss of income or failure to improve income; and
 - Fleeing domestic violence.

All funding through the State and HUD is now mandated to take a Housing First approach and all funding that will be programmed utilizing these funding sources will be Housing First.

All privately funded programs are also encouraged to adopt the core requirements.

Core Practices

HUD determines core practices that are based upon a range of evidence-based, best, and promising practices that have been used to help solve local homelessness in other communities.

- **Evidence-based practices** are founded on the integration of research results with clinical expertise, which helps professionals make decisions on proven results and not on personal experience or anecdote as has all too often been the case in homelessness service provision.
- **Best practices** are methods or techniques that have been generally accepted as superior to any alternatives because they produce results which are superior to those achieved by other means. These practices are not considered evidence-based because not enough rigorous research has shown them to be effective, which may yet happen.
- **Promising practices** are methods or techniques that have the potential to effectively address issues of concern in a community. They are solutions or approaches that are new, innovative and “startup” in nature and may not have been sufficiently tested, but still hold promise and potential. These practices can warrant additional research and testing to eventually become best practices.

Core practices include:

1. Street Outreach and Engagement

- **Outreach** with those individuals identified as in a Housing Crisis, begins the initial steps that lead to engagements which includes building a personal connection with the individuals, assessing their immediate needs with a basic field needs assessment, and working to identify barriers that the individual must address and overcome to improve health status, social support network and address their housing crisis. Outreach to the community can also serve as a means of educating the community about what the components of a Housing Crisis are, ways in which to support our community members living on the streets and the programs that serve those individuals.
- **Engagement** is continued multiple contacts with the individuals living on the street, continued attempts in those contacts to develop and establish a rapport and trust that leads to a trusting relationship that can facilitate the development of a Housing goal and plan as well as addressing the individuals medical, mental health and service needs. The process begins after the initial street outreach contact, which identifies individuals in a Housing Crisis. Engagement periods can be as little as one or two short contacts to years of hundreds of contacts. Staff who provide the engagement services are aware that refusals for any kind of contacts can rapidly shift and that initial rejections of their contacts can eventually lead to acceptance of services and development of a housing goal and plan. It is important that the community, agency's or government policies and resources recognize the length of time this can take and allow for this deep time consuming regular and persistent contact.

2. Harm Reduction

Harm Reduction is an approach aimed at reducing negative consequences of drug use in order to maintain housing stability. The approach incorporates non-judgmental, non-coercive provision of services and resources to reduce the harms of drug use without minimizing or ignoring the real and tragic harm of drug use that could lead to loss of housing. Instead of mandating abstinence, a case manager supports the drug user through a process of recovery.

3. Housing Navigation

Housing Navigation focuses on helping homeless households with developing a housing plan, addressing the barriers identified during the plan or during regular navigation activities, and assisting the household with acquiring documentation and completing forms required for housing. Navigation continues through housing search, including attending property owner meetings and setting appointments and assisting with completing paperwork needed around housing applications. Navigation also involves the securing of housing including inspections, utility startups and actual move in into housing. Each housing navigator provides services until a linkage with an assigned long-term case manager occurs once the individual is residing in their

housing. Thus, navigation differs from active case management in that the primary focus is assisting the individual with obtaining their housing whereas case management is long term and ongoing and helps the household maintain their housing once achieved.

4. Housing Search

Housing Locators, with support from a wide-range of community members, focus on finding various housing options for street outreach workers to engage homeless persons. Engaging a wide-range of community representatives in housing search activities with housing locators will result in an increase of affordable housing opportunities. This allows a street outreach worker to concentrate on developing a relationship that will help the worker motivate a homeless person to pursue an appropriate affordable housing opportunity and work with a housing navigator to obtain and maintain the housing.

5. Low Barrier Shelter and Transitional Housing

Low barrier shelter is temporary housing that is in contrast to shelters and transitional housing programs that have “housing-ready models” in which residents must address various issues (e.g., substance abuse) that led to their episode(s) of homelessness prior to entering permanent housing. Thus, treatment and compliance are required in exchange for help with obtaining permanent housing.

In low barrier shelter, however, there are no preconditions such as sobriety. A Housing First approach is embraced and anyone facing a housing crisis is offered immediate and low barrier access. Residents work with housing navigators to move into permanent housing as quickly as possible and receive home-based supportive services including substance abuse services if agreed upon and needed.

6. No Wrong Door

A no wrong door approach ensures that getting help is not a matter of talking to the right agency or the right staff person such as a case manager at the right time. The approach ensures that an individual or family can be immediately linked to appropriate supportive services regardless of their point of entry into the homeless assistance system by the staff that they first encounter.

7. Rapid Rehousing

Rapid Re-Housing is an intervention that connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Rapid Re-Housing programs assist individuals and families living on the streets or in emergency shelters solve the practical and immediate challenges to obtaining permanent housing. The primary focus of the program is to help a household find housing as quickly as possible. This is a trauma-informed

approach that supports households in their own housing and allow children to remain in school, adults can maintain or more easily obtain employment and families can easily stay together.

8. Permanent Supportive Housing

Permanent supportive housing is an evidence-based housing intervention for persons who have a disabling condition and in need of subsidized housing for which they pay no more than 30% of their adjusted monthly income. Services are provided on-site and off-site. The type of services depends on the needs and the will of the residents. Services may be short-term, sporadic, or ongoing indefinitely. Supportive services may include education, emergency assistance, employment, health care, mental health care, substance use counseling and treatment, and trauma care.

9. Progressive Engagement

Progressive Engagement is an approach to helping households end their homelessness as rapidly as possible, despite barriers, with minimal financial and support resources. More supports are offered to those households who struggle to stabilize and cannot maintain their housing without assistance. Assistance is provided on an “as-needed basis” to keep a participant housed and, within funding constraints, programs offer more intensive support, additional rental assistance, or step-up referrals and help to access community-based assistance.

10. Trauma Informed Care

Trauma-informed care is an approach that engages persons with histories of trauma by recognizing the presence of trauma symptoms and acknowledges the negative role that trauma has played in their lives. Acknowledgement includes understanding how trauma can overwhelm a person's ability to cope with the steps necessary to obtain and maintain permanent housing and appropriate supportive services. Actions include working with them to end their homelessness experience while avoiding situations that can lead to re-traumatization.

Summary of Planning Efforts

Planning efforts include a wide range of current efforts and initiatives to help implement the specific goals, strategies, and activities to end homelessness and make it non-recurring that involve a wide-range of public and private organizations within local partner jurisdictions, including cities and unincorporated.

Monterey County has engaged in planning efforts to reduce homelessness that include new cooperative efforts, including a Youth Action Board to reduce homelessness for youth. Youth Homelessness in the County is one of the highest in the nation, according to a recent study by Pivot Learning and the National Center for Youth Law. Many youth between 18-24 experience homelessness on the Peninsula. California State Monterey Bay (CSUMB) has homeless student youth who reportedly live in their cars while attending University.

The County has engaged in the following planning efforts:

1. Youth Action Board

The Youth Action Board (YAB) is committed to creating a fully-functional, coordinated system of care for homeless youth and young adults experiencing homelessness. YAB is also committed to identifying the most significant service gaps and potential solutions for homeless youth. YAB recently met with service providers to discuss the most significant gaps in services for 10 – to 24-year-olds in Monterey County, and offered their ideas for the best potential solutions.

The following potential solutions were reported:

More Services for Homeless Youth in Salinas

Monterey County youth face multiple issues including parents who cannot take care of them due to addiction and they end up in foster care. There is a heavy gang population in Salinas and in certain peninsula cities that recruit youth for drug sales and prostitution. Many youth live in overcrowded conditions that result in difficulty to learn and focus in school and do well to advance themselves. In order to strategize for the many challenges facing youth in Monterey County, the following services were recommended for Youth in Salinas and in the County.

Many youth end up fleeing domestic violence situations and have difficulty if they are LGBTQ+. Youth may need additional services such as suicide prevention and counseling.

Many more youth supportive shelters and drop-in centers are needed, especially in Salinas. Shelters need to be fully equipped with crisis intervention staff and dedicated case managers, life-skills training, rooms for young families, legal assistance, and in some cases, safe locations for youth fleeing gangs.

The YAB cited the need to prepare foster kids with all the competencies needed to live on their own at age 18 including how to get a job, write a check, manage money, find housing, get into college and, especially important for those who are sexually trafficked, or trafficked in the hospitality or agriculture industries, how to ask for help.

Improved Services for Homeless Youth in Monterey

Many more supportive services are needed in Monterey including: drop-in centers; safe houses; personal safety training; access to mental health services; services for homeless LGBTQ+; pre- and post-emancipated and youth supports; paid homeless peer community workers; mentors; financial skills; and apprentice opportunities.

Training and Jobs, Youth Court, and Legal Assistance

YAB participants stated they want job training and opportunities. A job navigator to connect homeless youth to employers would help immensely. Outreach, connections to services, a safe place to recover from trauma, adult advocates to end the stigma of homelessness – all these would help. Youth court and legal assistance was also prioritized.

2. Special Meeting for Seniors

Another population that is growing the most rapidly in Monterey County and throughout the nation are seniors. The DSS Aging and Adult Services (AAS) Branch of Monterey County, including the Area Agency on Aging (AAA) is involved in a number of housing and homeless prevention programs and initiatives for seniors. Unfortunately, we have seen the number of homeless older adults increase dramatically over the last few years. One major effort that is being initiated is a shared housing model that would help both seniors who are house rich and cash poor to rent rooms in their home to other seniors or others who have housing needs and for those who might want to share their home for financial benefit or the benefit of having companionship. Finding solutions for seniors is a priority in the region to ensure people may age in place.

Another senior advocacy group working in Monterey County is the Monterey County Community Voice for Aging whose mission is to challenge and inspire older adults to advocate for public policy that positively influences aging in our community.

In 2016, a special homeless summit was convened regarding senior homelessness and identified the following needs for seniors:

- building more senior housing with supportive services;
- Expand current homeless bed inventory through new emergency shelter beds and include senior/disabled accessibility to meet the needs of older adults, a shelter would need allowance for ADL assistance, plugs for medical equipment, and accessible cots;
- Transportation services for seniors/disabled;

- Eviction prevention/homelessness for older adults to allow them to age in place; and
- Wrap around ancillary services for older adults, especially for those with cognitive issues.

There was an elder Care Symposium: A Call to Action, Engagement Education, Empowerment of Citizen Problem Solvers held by the County of Monterey on September 15, 2018 at Monterey Peninsula College. Topics included senior housing, transportation and shelters.

3. County District 5 Dialogue on Homelessness

The purpose of the meeting was to invite participants to “describe the impact of homelessness to you and your community.” After a robust conversation about impact, the conversation shifted to solutions, which included:

- In Monterey, transportation is an issue. We need our shelters and warming centers to be in a central area where there is also the opportunity for work;
- We need warming shelters for the homeless that aren’t willing to engage in services;
- We need different size facilities to help fight NIMBY mentality;
- Buy houses in neighborhoods and convert them to multi-room units;
- Expanded emergency shelter **in MONTEREY** (near the library);
- Appropriately scaled shelters **WITHIN** neighborhoods;
- Invest in infrastructure and capital improvement – City of Monterey has a max 35 bed requirements in commercial zones;
- Purchase “distressed” homes and “HGTV” them within the community by partnering with rebuilding organizations;
- Incentivize the development of/renting of Granny-ADUs as Section 8 housing;
- Offer low interest loans for the development of ADUs that property owners agree to rent to Section 8 voucher holders for certain amount of time; and
- Explore use of MPUSD school sites.

4. Monterey & San Benito HEAP Prioritization HEAP Meeting Brief

For the CA HEAP program funding opportunity, the County strategized regionally with the CoC to host four meetings throughout the County in Salinas (insert date), Seaside (Date), Greenfield (insert date) and Castroville (insert date). The broader community was invited to attend the workshops with noticing in the following papers (insert papers). Each of the meetings was hosted by the CoC and facilitated by the Community Foundation of Monterey County staff. The meetings were held to determine the top priorities to work toward solutions to ending homelessness and funding for those priorities with the HEAP grant. Through meeting facilitation, participants were engaged and asked to determine priorities and then rate and rank their priorities.

The top recommendations by meeting participants throughout the County were:

- The Creation of a Community Navigation Team

This team would be made up of multiple people, including health professionals, social or case workers, law enforcement, and someone with knowledge and experience navigating the systems of support in the CoC. It was important that it be fully funded, with the ability to reach areas that are physically difficult to access. And there was a large importance placed on making sure that one of the team members had lived experience of homelessness.

- Creation of Shelters

Recommendations were for the creation of shelters, one in the Peninsula and one in Salinas. These were two requests that have high levels of support and are familiar to the Coalition. It was important to all that supportive services in conjunction with housing were needed. This was in alignment with suggestions that included a Housing First theme. An emphasis was placed on the need for addressing subpopulations in need of shelter support, including families, the aging population, and one specifically for adults with disabilities. Notable to all shelter development was the importance for them to be open and accessible to all genders. There was no specific location discussed for the Peninsula, while the 'in process' 855 East Laurel was determined for the Salinas location.

- Landlord Incentives

The primary idea behind this recommendation was to provide incentives (likely small, onetime payments) to landlords in order to encourage them to provide housing to individuals needing housing. Additional ideas related to this one included providing information and education to landlords on the subject of housing individuals experiencing homelessness, tying property improvement requests to a need to house low-income individuals, and providing assistance with move-in costs to individuals on the cusp of exiting from homelessness.

- Other Recommendations

Additional recommendations included increased prevention services (legal assistance, subsidies for the vulnerable, and providing services for the vehicularly housed) and rapid rehousing. the creation of a full-service drop-in center and emergency shelter in Salinas specifically for youth and TAY. It was emphasized that this shelter/drop-in center have room for the partners of youth, and provide laundry, showers, food, socks, and counseling/behavioral support.

- Commitments

At the end of the meetings, everyone was asked to write down a commitment they are willing to make to help solve homelessness. Commitments range from the personal to the professional. They include simply being more aware and compassionate to getting directly involved or connected with homeless people, to raising awareness and advocating for solutions. Some are

specific, some are general. The list below is a consolidation of all commitments made, since many were similar in nature. Frequency of each commitment types is not considered, since only a fraction of attendees actually completed a commitment card:

- Get civically engaged: go to community meetings, vote, talk with council members;
- Outreach: share information with homeless people in my community (newspaper column, talking with others, etc.);
- Volunteer for services: food pantry, meals, etc.;
- Raise money for services;
- Collaborate with other service providers;
- Volunteer to be a census and survey taker in 2019;
- Encourage church/temple to do more direct services, such as meals, overnights, use of address and phone, etc.;
- Accept Section 8 vouchers on my properties; and
- Help people around me directly (e.g., offer driveway), and/or just connect/talk.

The CoC, jurisdictions and County were actively engaged in these joint efforts to determine priorities for HEAP funding. These priorities are also important when it comes to the No Place Like Home, HUD ESG funding and other State programs such as California Emergency Solutions for Housing (CESH) program. The update of this 10-year plan is an effort to revisit past priorities and new priorities through community dialogue and engagement.

Partners in Ending Homelessness

The priority to end homelessness in Monterey County will need many partners and stakeholders. Monterey County partners include a wide-range of public and private entities that include CA-506 - Salinas/Monterey, San Benito Counties CoC, affordable housing developers, community clinics and health centers, other health care providers, educational institutions, faith-based organizations, housing and homeless services providers, health plans, local government, probation/criminal justice, non-profit agencies, private foundations, public housing authorities, people with lived experience of homelessness, and service providers for families, seniors, survivors of domestic violence, veterans, and youth.

The Community needs to be engaged and utilize and coordinate resources between the many partners and stakeholders. Coordination and data driven evaluation of programs is key to ensure housing results are yielded through programs.

One of the biggest needs to end the housing crisis in Monterey County is to build more housing. For profit developers built few housing opportunities since the boom and bust of the housing economy in 2006. However, non-profit housing developers continued to build affordable housing in the County. One asset in the County to build housing is affordable housing providers. Important recent developments for extremely low-income to moderate by affordable housing developers include:

1. Affordable Housing Providers

- **MidPen Housing**, <https://www.midpen-housing.org/> Constructing a 90-unit very low income project-based voucher apartment complex at 20 Soledad Street, Salinas;
- **CHISPA**, <http://www.chispahousing.org/> Constructing a 47-unit affordable senior project-based voucher apartment complex at 3098 De Forest Road, Marina. Developer of affordable multi-family, single family, senior, and farmworker family housing throughout the county;
- **Monterey County Housing Authority Development Corporation**, <http://hdcmonterey.org/> Recently constructed (1) a 41 unit senior affordable apartment complex at 30 E. Rossi Street, Salinas; (2) a 99-unit affordable multi-family apartment complex at 245 Calle Cebu, Salinas, and (3) a 50-unit low income family apartments units at 134 East Rossi Street, Salinas. Recently completed construction of Benito Farm Labor Center, 73 multifamily units in Soledad. Soon to build 54-unit multi-family affordable housing complex at 11299 Haight Street, Castroville.

Moon Gate Plaza

HOME - 5 Units (5 at Very Low Income)

CDBG - 7 Units

Inclusionary - 18 Units (6 at Very Low Income /12 at Low Income)

SRO - 41 Units (4 at Very Low / 37 at Low Income)

SERAF - 44 Units (30 at Extremely Low Income/ 14 at Low Income)

Haciendas Seniors

HOME - 3 Units (3 at Low Income)

Inclusionary - 8 Units (8 at Low Income)

Haciendas Phase III

HOME - 9 Units (9 at Very Low Income)

Inclusionary - 10 Units (10 Units at Low Income)

It often takes a variety of state and federal resources to create an affordable development. In the case of MidPen, CDBG covered the ground floor retail space that will include space for housing service providers that will enable resources to operate in the ground floor for residents who need those resources to remain housed. Federal HOME funds were utilized for housing units, along with tax credits. Housing choice vouchers will be a key funding source to ensure that housing units will be funded for the term of affordability of the development. In addition, the Central California Alliance for Health (CCAH) will be paying for twenty units for high utilizers of the health care system. Moon Gate Plaza represents a variety of traditional housing resources and non-traditional resources that will be utilized to create housing for those experiencing homelessness.

The commitment from CCAH represents a new recognition that housing and health play a key role in the success of individuals to find housing success. Other opportunities for health initiatives in housing include the following:

- Community Services Development Corporation whose mission is to pursue affordable housing for low income to moderate income residents of San Benito County by fostering strategic relationships with local, state, and federal agencies.

2. Community Clinics, Health Centers, and Other Health Care Providers

- **Monterey County Health Department** operates seven full-time Federally Qualified Health Center Look-Alike primary and specialty care clinics: Laurel Pediatric Clinic, Laurel Internal Medicine Clinic, Laurel Family Practice Clinic, Laurel Vista Clinic, Alisal Health Center, Monterey County Health Clinic at Marina, and the Seaside Family Health Center, along with 2 satellite clinics in Marina and Salinas that provide primary care to people with severe mental illness. Patients are treated regardless of their ability to pay. Medi-Cal accepted;

- **Monterey County Health Department** operates seven facilities:
 - **Clinica de Salud de Valle de Salinas** operates 11 Federally Qualified Health Center clinics throughout the county, plus mobile clinic and dental services for men, women and children with an emphasis on farm worker families and the agricultural community. Sliding scale and Medi-Cal accepted. Clinica de Salud operates a mobile health care clinic that is funded by the Health Resources and Service Administration (HRSA). Monterey County lacks a formal HRSA funded homeless health care clinic in Monterey County. Neighboring counties, such as Alameda and Santa Barbara Counties have dedicated homeless health care clinics that enable health resources with housing outcomes. Monterey County will be looking at opportunities to expand the HRSA grant and create homeless health care clinics.
 - **Planned Parenthood Salinas and Seaside Health Centers** deliver vital reproductive health care, sex education, and information to people by appointment and on a walk-in basis, with or without insurance. Most birth control, annual exams, HIV testing, and STD testing will be covered for free, with no copay.
 - **Natividad Immunology Division Outpatient Clinic** provides free HIV testing and counseling, laboratory, case management, health education, treatment adherence education, mental health counseling, outreach, and referral services.
 - **Chinatown Health Services Center** provides access to outpatient mental health therapy and addiction treatment services and other medical services for people who are homeless.
 - **Mee Memorial Hospital Clinics** in King City and Greenfield provide primary care for adults and children. Medicare and Medi-Cal insurance are accepted.
 - **Montage Mobile Health Clinic** accepts anyone in need of medical services, regardless of their ability to pay, especially homeless and underserved populations on the Monterey Peninsula;
- **Hazel Hawkins Hospital** is a full service, 62-bed not for profit hospital providing exceptional health care to San Benito County and southern Santa Clara County that offers a full range of inpatient and outpatient services that include emergency services, stroke care, surgical services, radiology and diagnostic imaging services, laboratory services, palliative care, physical, speech and occupational therapy, respiratory care, and a new modern birthing center;
- **San Benito Health Foundation** offers Medical, Dental, Behavioral Health, Comprehensive Perinatal Service Program (CPSP) and the supplemental nutrition program Woman, Infants and Children (WIC);
- **San Benito County Public Health Department** works in partnership with the community to ensure optimal health and well-being of all people by preventing disease, injury and disability, promoting physical and mental health and protecting from health hazards.

3. Educational Institutions

- **Monterey County Office of Education** facilitates a network of district Homeless Student Liaisons that works together to develop common forms and compatible protocols for identifying and serving students in transitional living situations, as well as training modules for delivery in districts;
- **San Benito County Office of Education** has a homeless liaison and participates in local homeless planning committee meetings. The role of the SBCOE liaison regarding homelessness is as follows:
 - Making sure each district has a designated homeless liaison (administrator)
 - Working with liaisons on immediate enrollment processes (removing barriers of enrollment), school of origin and possible transportation options, automatically qualifying for the Free & Reduced Nutrition program, granting students full or partial credit for work completed when they have had to change schools, and knowing and utilizing referrals for community resources such as housing, food, etc.
 - Provide school site and county wide trainings on all of the above;

4. Faith-based Organizations

- I-Help program in Monterey County helps men and women who are clean and sober but “down on their luck” and find themselves without housing, food and other material things. These homeless men and women find hospitality, shelter, and a hot meal within the interfaith community of Monterey.

5. Housing and Homeless Service Providers

- **Housing Resource Center of Monterey County** provides housing resources, such as case management, housing search and placement, security deposit guarantees, temporary financial assistance (including utility deposits and payments), and supportive services to (primarily) low- and very-low income families and individuals throughout Monterey County;
- **Community Services Development Corporation (CSDC)** currently manage the leasing component of Helping Hands and own and manage other low-income housing in San Benito County. CSDC also provides permanent housing to homeless clients;
- **CHISPA (Community Housing Improvement Systems and Planning Association, Inc.)** is the largest private, nonprofit housing developer based in Monterey County and provides apartments for low and moderate-income people in Monterey, San Benito, and Santa Cruz Counties;
- **Community Homeless Solutions** manages the HOME (Homeless Opportunities Meals & Empowerment) Resource Center which consists of 50 beds (28 Males and 22 females) for homeless individuals;

- **Community Services & Workforce Development (CSWD)** is a division under the County Health & Human Services Agency which operates the County’s homeless, housing, workforce and migrant programs.

6. Health Plans

- **Central California Alliance for Health** is the Medi-Cal managed care health plan for lower-income residents of Monterey, San Benito, and Santa Cruz counties who lack a primary care “medical home” and thus rely on emergency rooms for basic services.

7. Local Government

- **County of Monterey Department of Social Services provides:**
 - Community Benefit Programs: CalWORKS, Electronic Benefit Transfers, CalFresh, Medi-Cal eligibility and registration, and General Assistance;
 - Family and Children’s Services: 24-hour child protective services, child welfare programs, foster care and adoption services, child abuse prevention programs;
 - Aging and Adult Services provides: 24-hour adult protective services, senior information/referral assistance, in-home supportive services, Supplemental Social Security income advocacy;
 - One Stop Career Centers provide: vocational assessment, employment readiness appraisal, education and job training services, referrals to community services, supportive services for job seekers;
 - Military and Veterans Affairs Office provides: benefit claims assistance and advocacy, appeals of benefit denials, and referrals to community services;
 - Community Action Partnership serves as a focal point to coordinate and plan for the provision of community services that support, assist, and empower low-income people and to attain and maintain self-sufficiency;
- **County of Monterey Health Department provides**
 - Behavioral Health and Substance Use treatment;
 - Primary and Specialty Care Clinic Services;
 - Public and Preventative Health;
 - Emergency Medical Services;
 - Public Guardian/Public Administrator/Conservator; and
 - Whole Person Care case management program for people who are homeless;
- **County of San Benito Health and Human Services Agency provides:**
 - Community Benefit Programs: CalFresh, Cal-Learn, General Assistance, Medical Services programs, Medi-Cal, USDA Food and Nutrition Service, Welfare Fraud Investigative Unit, Welfare-to-Work Program,
 - Family and Children’s Services: 24-hour child protective services, child welfare programs, foster care and adoption services, child abuse prevention programs;
 - H.O.M.E. (Housing Opportunities Meals Empowerment) Resource Center that included a warming shelter

- Operations of the Family Winter Shelter Program during the winter months of December-March. A total of 20-30 families receive emergency shelter.
- Operations of the America’s Job Center of CA (AJCC) which provides workforce services to job seekers and local businesses
- Operations of the San Benito County Migrant Center for seasonal Migrant Farm Workers. A total of 27, two- and three-bedroom units are available.
- Whole Person Care homeless persons outreach and engagement in comprehensive care coordination leading to permanent housing;
- **City of Salinas** is the local recipient and fiduciary controller of state Emergency Housing Grant funds and State CESH funding. The City of Salinas has played a vital role in ensuring federal ESG funds were dedicated through a non-competitive allocation through the State. The City of Salinas began administering the State of California ESG program in 2016. This funding revenue stream was matched by the State with General funds for two years. In 2018, the State put in additional resources to meet the housing and homelessness crisis by introducing the CESH program. The CESH program bifurcated the State ESG program (funded through federal, non-entitlement ESG funds) and State funds and created the CESH program. The City was designated as the Administrative Entity (AE) of these funds to ensure the funds would remain as a designated, non-competitive funding stream. The federal fund allocation is approximately \$277,000 annually and was matched in 2016 and 2017 with State funds and reached over \$1,000,000. CESH funding was awarded in late 2018 with over \$1,000,000 in funding, not including the ESG separate allocation of \$277,000. An additional \$567,000 was allocated recently in CESH to the region. The City of Salinas ensured that this additional funding for homeless resources remained in the region and it has primarily funded emergency shelter operations for both San Benito and Monterey County over the past four years.

The importance of homeless funding resources is clear when it comes to emergency shelter services. The NPLH funding can ensure there is funding for vulnerable populations and more extremely low-income and low-income people who would have no other options for housing without serious housing subsidies and supportive housing opportunities.

- **City of Salinas and County of Monterey** have put in an application for HEAP funds to collaborate on a permanent, 100-bed year-round homeless shelter located at 855 E. Laurel Drive, Salinas and permanent housing units to be located at 1220 Natividad Road, Salinas. The City of Salinas has the largest homeless population at 1,357 people experiencing homelessness. This shelter is envisioned to have wrap-around services that will boost resources to ensure people will exit into permanent housing.

8. Probation/Criminal Justice

- **Monterey County Probation Department** refers newly-released homeless adults to Monterey County Health Department for potential enrollment into Whole Person

Care for physical, mental, and substance use treatment, plus coordinated case management for social services, housing placement, and tenancy support;

- **Monterey County Sheriff's Department** allows Monterey County Health Department to pre-enroll homeless prisoners who are ready for release into Medi-Cal;
- **The Superior Court of Monterey County**, in collaboration with Monterey County Behavioral Health Bureau, Monterey County Probation Department, Sheriff Office, Public Defender Office and District Attorney Office operates a drug treatment court and mental health court that are aimed at reducing the repetitive cycle of arrest and incarceration for defendants who have serious mental disorders.

9. **Non-profit Agencies** (Non-profit agencies are listed in the Appendix A along with Governmental Agencies, Veterans Organizations and Faith-based Organizations).

10. Private Foundations

- **The Community Foundation for Monterey County** funds support programs and services for homeless women on the Monterey Peninsula;
- **Monterey Peninsula Foundation** and the **Community Foundation for Monterey County** fund the **Monterey Bay Economic Partnership's** initiative to create more affordable housing throughout the Monterey Bay region.

11. Public Housing Authorities

- **Housing Authority of Monterey County** provides rental assistance and develops and manages affordable housing throughout the County with Housing Choice Vouchers, public housing, farm labor housing, and tax credits & other affordable housing programs. The Housing Authority has 100 set-aside housing vouchers that are dedicated for homeless individuals. Once a homeless set-aside voucher has been used and a person has become permanently housed, a permanent housing choice voucher can be used to replace the homeless set-aside voucher and free the homeless set-aside voucher for someone else experiencing homelessness to find permanent housing.

12. People with Lived Experience of Homelessness

- **The Coalition of Homeless Service Providers** and its member organizations frequently seek the participation, input, and feedback of homeless individuals to better inform services, supports, and future planning;
- **Interim, Inc.** holds a monthly Recovery Task Force meeting facilitated by people with lived experience of mental illness. Many of these individuals have experienced homelessness as well. The Recovery Task Force provides input and feedback to the Behavioral Health Bureau. Additionally, MCHOME provides extensive outreach and engagement of homeless individuals in several locations in Salinas and Monterey;

- **Wes White** is an individual who has lived experience and has provided community leadership.

13. Service Providers for Families, Seniors, Survivors of Domestic Violence, Veterans, and Youth

Families:

- The **National Alliance for Mental Illness (NAMI)**: Advocates at the county, state and national levels for non-discriminatory access to quality healthcare, housing, education and employment for people with mental illness. NAMI Monterey County offers a wide variety of FREE educational programs and support groups to support those who work, live, or care for someone with a mental illness;
- **Community Homeless Solutions** – Homeward Bound, which is transitional housing for low income, homeless families with children.

Seniors:

- **Alliance on Aging** was established by local citizens to help seniors remain safely in their own homes for as long as possible. Alliance on Aging Staff and volunteers provide direct services, information and education to seniors, adult children, caregivers and “baby boomers” who are approaching and preparing for their senior years;
- **Monterey County Aging and Adult Services** provides support and assistance to people with disabilities, seniors, and their family caregivers. Services include 24-hour reporting and investigations of elder and dependent adult abuse, In-Home Support Services, the SSI-Advocacy Program and senior information and assistance services.

Survivors of Domestic Violence:

- **Emmaus House** women and Children fleeing domestic violence in private location in Hollister;
- **Community Homeless Solutions** provides shelter for homeless women with children or single homeless women fleeing domestic violence.

Veterans:

- The **Veterans Transition Center Housing Program** provides services for homeless veterans and their families through transitional housing and counseling;
- **Veterans Resource Center** is a resource for homeless veterans throughout Monterey and San Benito Counties. Emergency shelter can be approved for stays in Motels.

Youth:

- **Epicenter** empowers at-risk and system involved youth ages 16-24 by connecting them to community resources that provide opportunities for equity and hope, thereby improving youth outcomes in Monterey County;
- **Community Human Services** – Safe Place, which provides counseling, family reunification, temporary shelter and street outreach;
- **Community Human Services**, which provides transitional housing for youth and mental health counselling.

14. Representatives of family caregivers of persons living with serious mental illness

- The **National Alliance for Mental Illness (NAMI)**: Advocates at the county, state and national levels for non-discriminatory access to quality healthcare, housing, education and employment for people with mental illness. NAMI Monterey County offers a wide variety of FREE educational programs and support groups to support those who work, live, or care for someone with a mental illness;
- **FAMILY RESOURCE CENTER (FRC) - HOMELESS EDUCATION**: FRC provides supportive services and resources for homeless families and foster youth identified through the school districts.

15. Other community partners including committees

- Chinatown Action Team;
- Community Action Partnership;
- Emergency Food and Shelter Board;
- Housing Pipeline Committee;
- Salinas Downtown Community Board;
- San Benito County Homeless Providers Committee;
- San Benito County Food Bank;
- Veterans Action Team;
- Veterans Interdisciplinary Group;
- Whole Person Care Pilot Program

16. Coalition of Homeless Services Providers

A major partner in ending homelessness is the Coalition of Homeless Services Providers (CHSP), which serves as the Collaborative Applicant (CA-506) of the Monterey County Continuum of Care. CHSP meets every month.

County and Community Resources Addressing Homelessness

Primary resources that address homelessness for persons with serious mental illness who are chronically homeless, homeless, or at-risk of being chronically homeless include:

County of Monterey Health Department operates the state/federally-funded Whole Person Care Pilot 1115 Waiver program to provide people who are homeless and high utilizers of hospitals and emergency rooms with comprehensive, coordinated case management consisting of physical and mental health, substance use treatment, sobering center services, medical-legal services, social services benefits, tenancy preparedness, landlord recruitment, Housing Choice Voucher coordination, financial assistance, housing placement and placement supports, transportation support, life skills education, meals and other basic provisions.

Monterey County Behavioral Health Bureau (MCBHB)

ACCESS to Services: Monterey County Behavioral Health Bureau has four Regional Offices in which client's services are provided for Monterey County residents of all ages. These clinics are located in Salinas, Marina, Soledad and King City. There is a Call Center that is answered by bilingual (English/Spanish Behavioral Health Staff. They are available to answer questions, make referrals and set up appointments to address mental health and substance use disorder issues that an individual or family may be needing.

Adult System of Care (ASOC) program provides a continuum of County operated and community-based mental health services to individuals with severe and persistent mental illnesses. Individuals participating in these services are Monterey County Medi-Cal beneficiaries who meet the State Department of Mental Health's medical necessity definition. In addition, the program serves non-Medi-Cal eligible adults who have severe and persistent mental illness. The services include inpatient, social rehabilitation, supportive housing, and outpatient services to adults eighteen (18) years of age and above. Specific services include medication support, mental health and case management, psycho-education and groups, including family support groups.

Monterey County Behavioral Health Bureau also collaborates with contract providers who provide supportive housing, linkage to employment and education services. Services are available to consumers in three (3) different County regions. In addition, the ASOC offers innovative programs with peer support services through the OMNI Resource Center ("Center"). This wellness Center is a peer and family member operated facility. The Center serves to assist consumers in pursuing personal and social growth through self-help groups, socialization groups, and peer support groups in order to address specifically issues of personal growth. Additionally, the Center offers skills and tools to those who choose to become leaders among their peers to take an active role in the wellness and recovery movement through various initiatives. Through mutual support, self-empowerment and effective programming, the Center's goal is that each individual will be able to connect, meet their challenges, and find a balance in their life and a meaningful role in their community. The Center also educates the public on mental health and recovery.

ASOC Program Staff work together with a wide range of other existing providers throughout Monterey County to facilitate client access to low cost, safe affordable housing. These include the following: Central Coast Center for Independent Living, Monterey County Coalition of Homeless Service Providers, Vet Center Program and Monterey County Housing Authority.

ASOC Programs assists its consumers with serious and persistent mental illnesses to find suitable housing in their community of choice where they can obtain services that meet their individualized plan of care. Housing options are based on the consumer needs and on their skill level to live independently. Some consumers return to live with their families. Others will require a setting in which they can be provided care and supervision twenty-four (24)/seven (7), such as in a Licensed Residential Care Facility. Other consumers can benefit from one or more of Interim Inc.'s housing programs.

Interim, Inc. ("Interim") is a non-profit public benefit corporation, founded in 1975 working in partnership with Monterey County Behavioral Health Bureau (MCBHB), Interim provides a continuum of residential treatment, affordable supportive housing, and social rehabilitation services for adults with psychiatric disabilities residing in Monterey County, California.

Interim's goals are to reduce the incidence of and the need for costly inpatient psychiatric hospital care, to prevent mentally ill adults from becoming homeless, and to assist those who are homeless to obtain and maintain housing in the community. Interim's goal is to help individuals with mental illness to achieve satisfying, productive lives in the community, and to achieve wellness and recovery. Our ASOC has a contract with Interim Inc. to provide housing for our consumers at five (5) different levels.

These levels include 1) Short-Term Crisis Residential (30-day program); 2) Transitional Housing (two-year program) where consumers learn living skills towards permanent housing; 3) Full Service Program ("FSP") Intensive Permanent Supportive Housing for consumers who are homeless or at risk of homelessness, and 4) Permanent Community Housing for consumers with solid independent living skills and with a good level of functionality.

In addition, 5) Interim provides FSP wrap-around intensive, and outreach for adults with psychiatric disability who are homeless or at risk of homelessness through the MCHOME Program. The purpose of the program is to assist consumers to move off the street into housing and employment and/or benefits through outreach, assessments, intensive case management services, mental health services, and assistance with daily living skills. However, independently of where the consumers choose to live, MCBH ASOC in collaboration with other agencies (i.e. Interim Inc.) assists our consumers to maintain their housing options in a supportive, least restrictive and integrated setting appropriate to the consumer.

To attain these goals, Interim assists clients to secure safe, affordable housing, master living skills, obtain and maintain employment, and establish positive relationships with family, friends, and neighbors, to manage symptoms of mental illness and to work toward recovery. Interim also assists clients to obtain a stable source of income and needed psychiatric, medical, vocational and educational services. Interim is the only agency in Monterey County providing this array of services for adults with serious mental illness.

Monterey County Behavioral Health Bureau Mobile Crisis Services: Monterey County Behavioral Health Department partners with local law enforcement departments to provide a Mobile Crisis Clinician to respond to mental health crisis in the community. Mobile Crisis Clinicians are dedicated to each Region to more effectively serve clients throughout Monterey County.

Emergency Crisis Services at Natividad Hospital: Monterey County Behavioral Health Bureau provides clinicians at the Emergency Department 24/7 to address mental health and substance use disorder crisis that clients or family members may be experiencing.

For a list of various resources by categories of assistance see Appendix A.

Service and Outreach Challenges

At nearly every opportunity for collecting consumer feedback on medical and mental health systems in Monterey County, transportation challenges are one of the most frequently cited barriers to receiving services. Some of the cited transportation challenges include a consumers' inability to obtain a license and/or vehicle, drive, receive timely transportation via family and friends, and afford and/or navigate the public transit system to reach clinics, hospitals, social services offices, meal programs, shelters, and homeless services providers.

In response, Monterey County Health Department Behavioral Health Bureau provides transportation to at least 150 consumers a week, and the Department's WPC pilot provides bus and taxi vouchers – both solutions exceed the capacities of these programs. The negative consequences are two-fold: transportation needs of existing and potential consumers/enrollees go unmet, resulting in prolonged suffering and recovery, and health professionals are now spending an inordinate amount of time providing transportation services rather than health/mental health services. Solutions being tested in other California counties include peer-based transportation coaching and coordination, and peer-based navigators to identify individual client transportation supports for clients. Any solution to transportation barriers must be free or affordable, and culturally competent from a consumer-perspective.

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 healthcare 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.

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.

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 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.

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 2019 Monterey County/San Benito Homeless Census and Survey, 73% (1,988 individuals) of the homeless population is unsheltered.

Housing Inventory Count Report

Provider	Facility Name	Family Units	Family Beds	Adult Only Beds	Child Only Beds	Seasonal Beds	Overflow/Vouchers	Total Beds
Emergency Shelter for Families:								
County of San Benito	Winter Shelter	0	0	0	0	78	0	78
Emmaus House	Emmaus House	10	30	0	0	0	0	30
Salvation Army	Frederikson House	4	16	0	0	0	0	16
Total:		14	46	0	0	78	0	124
Emergency Shelter for Mixed Populations:								
Community Homeless Solutions	Hamilton	2	11	5	0	0	0	16
Community Homeless Solutions	Natividad	5	24	8	0	0	0	32
Community Homeless Solutions	Winter Warming Shelter	0	0	0	0	68	0	68
YWCA	YWCA Safe House	1	10	0	0	0	0	10
Total:		8	45	13	0	68	0	126
Emergency Shelter for Adult Individuals:								
Community Homeless Solutions	H.O.M.E. Resource Center	0	0	50	0	0	0	50
Community Homeless Solutions	Homeless Medical Respite	0	0	6	0	0	0	6
Franciscan Workers	Women Alive!	0	0	16	0	0	0	16
Interim Inc.	McHOME	0	0	5	0	0	0	5
Interim Inc.	Manzanita House	0	0	15	0	0	0	15
Outreach United	I-HELP for Men	0	0	25	0	0	0	25
Outreach United	I-HELP for Women	0	0	14	0	0	0	14
Pajaro Rescue Mission	Pajaro Rescue Mission	0	0	34	0	0	0	34
Vets Transition Center	ERS	0	0	3	0	0	0	3
Victory Mission	Victory Mission	0	0	71	0	0	0	71
Total:		0	0	229	0	0	0	229
Emergency Shelter for Youth (Under 18 years):								
Community Human Services	Safe Place	0	0	12	0	0	0	12
Total:		0	0	12	0	0	0	12
Transitional Housing for Families:								

Provider	Facility Name	Family Units	Family Beds	Adult Only Beds	Child Only Beds	Seasonal Beds	Overflow/ Vouchers	Total Beds
Community Homeless Solutions	Homeward Bound – Lexington Court	6	18	0	0	n/a	n/a	18
Housing Authority	Pueblo Del Mar	54	216	0	0	n/a	n/a	216
Salvation Army	Casa de las Palmas	9	36	0	0	n/a	n/a	36
Salvation Army	Phase II	6	24	0	0	n/a	n/a	24
Total:		75	294	0	0	n/a	n/a	294
Transitional Housing for Mixed Populations:								
Community Homeless Solutions	Homeward Bound	25	75	0	0	n/a	n/a	75
Vets Transition Center	GPD-Service Intensive Trans	4	11	26	0	n/a	n/a	37
Vets Transition Center	GPD – Clinical	0	0	14	0	n/a	n/a	14
Vets Transition Center	GPD-Bridge	0	0	15	0	n/a	n/a	15
Total:		29	86	55	0	n/a	n/a	141
Transitional Housing for Adult Individuals:								
Community Homeless Solutions	Men in Transition	0	0	24	0	n/a	n/a	24
Community Homeless Solutions	Women in Transition	0	0	12	0	n/a	n/a	12
Community Homeless Solutions	Safe Passage	0	0	0	6	n/a	n/a	6
Franciscan Workers	House of Peace	0	0	33	0	n/a	n/a	33
Interim Inc.	Sunflower Gardens	0	0	2	0	n/a	n/a	2
Interim Inc.	Shelter Cove	0	0	32	0	n/a	n/a	32
Interim Inc.	Soledad House	0	0	7	0	n/a	n/a	7
Sun Street Centers	Seven Suns Transition Housing	0	0	36	0	n/a	n/a	36
Total:		0	0	146	6	n/a	n/a	152
Transition Housing for Youth (Under 18 years):								
Rancho Cielo	Transitional Housing Village	0	0	14	0	n/a	n/a	14
Total:		0	0	14	0	n/a	n/a	14
Permanent Support Housing for Mixed Populations:								
County of San Benito	Helping Hands Program	9	10	5	0	n/a	n/a	15
Housing Authority	HUD VASH Vouchers	17	42	157	0	n/a	n/a	199
Total:		26	52	162	0	n/a	n/a	214
Permanent Support Housing for Adult Individuals								
Interim Inc.	Wesley Oaks (CHISPA)	0	0	4	0	n/a	n/a	4
Interim Inc.	Sunflower Gardens	0	0	21	0	n/a	n/a	21
Interim Inc.	Sandy Shores	0	0	28	0	n/a	n/a	28
Interim Inc.	S+C II	0	0	14	0	n/a	n/a	14
Interim Inc.	Rockrose Gardens	0	0	9	0	n/a	n/a	9
Interim Inc.	MCHOPE	0	0	9	0	n/a	n/a	9
Total:		0	0	85	0	n/a	n/a	85

Provider	Facility Name	Family Units	Family Beds	Adult Only Beds	Child Only Beds	Sea-sonal Beds	Overflow/ Vouchers	Total Beds
Rapid Re-Housing for Mixed Populations:								
Vets Resource Center	SSVF-P1	6	12	6	0	n/a	n/a	18
Total:		6	12	6	0	n/a	n/a	18
Other Permanent Housing for Families:								
Housing Resource Center	Housing Support Program	9	35	0	0	n/a	n/a	35
Housing Resource Center	Family Stabilization Program	2	10	0	0	n/a	n/a	10
Total:		11	45	0	0	n/a	n/a	45

What We Can Do

In order to ensure a full continuum of housing options, *Lead Me Home Plan Update* 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 2018 - 2022 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 continue to oversee the formation of a Housing Pipeline Committee that is charged with developing a Homeless Housing Pipeline.

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

It illustrates 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 requires long-term, concentrated focus by the Housing Pipeline Committee for the duration of the 10 Year Plan and beyond. It also requires regular, focused outreach to all units of local government at the city and county levels in both counties. However, when 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. Continue to 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. Continue to incorporate the housing pipeline tool into review and rank for McKinney-Vento grants, particularly all new (bonus and re-allocation) grants by awarding points or otherwise incentivizing providers to develop units within the pipeline;
3. 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. Approach relevant city- and county-level housing and zoning agencies and encourage them to incorporate the pipeline into community development and planning decisions to increase and improve housing targeted to individuals and families living at 0-30% of area medium income (AMI).

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. 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. Continue to use the Coordinated Entry System (CES) to track existing vacancies, wait lists (master list), and eligibility criteria for programs participating in CES, and continue to create and distribute “Housing Watch,” which is a weekly newsletter that contains available rental information related to income based (low income) housing programs;
3. Continue to forge relationships with landlords to encourage and support them in accepting homeless people as tenants. Housing Resource Center, Central Coast Center for Independent Living, HUD VASH program, Dorothy’s Place, Housing Authority, Interim, Coalition and others actively recruit, educate and promote acceptance of homeless people as tenants. Continue to have annual Landlord Summits and work with individual landlords and property management companies. Outcomes so far have been modest because there is virtually no financial incentive for a landlord to participate in a subsidized housing program.

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. 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. Encourage city and county government agencies to commit matching funds to support the development and operation of PSH;
3. 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. 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. Consistent with the Housing Pipeline, lease units and/or provide rental subsidies to homeless persons using transition-in-place and permanent housing models;
2. 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. 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. 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. 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. 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. (re-)Create a dedicated source for revenue for a Housing Trust Fund;
3. 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. 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. 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. Once Housing Pipeline units begin to come online, measure performance outcomes on a systemic level and adjust 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. Using system performance measurement data, identify the most effective programs and practices and replicate them on a larger scale across both counties;
2. 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.

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.

- Provide Coordinated Assessment and Referral System-CARS aka Coordinated Entry System

The Coordinated Assessment and Referral System, also known as CARS is a consistent, community wide process to match people experiencing homelessness to programs that are the best fit for their situation. Homeless individuals and families complete a standard triage assessment survey that identifies both vulnerability levels and the best type of intervention for that household. Participating programs accept referrals from the system, reducing the need for people to travel distances seeking housing assistance at every provider separately. When participating programs do not have enough space to accept all referrals from the system, people are prioritized based on vulnerability.

The CoC took seriously the Coordinated Entry requirement as issued by HUD and other federal partners and implemented a two-year planning process to determine the best pathway for our CoC. The CoC selected a decentralized “any door” system of access, so that persons in need can contact the system at any one of participating programs in different geographic locations. CARS coordinated entry is inclusive and known to street outreach teams, homeless service providers, institutions (jails and hospitals), public service institutions (health departments, county clinics, human services), faith-based organizations, emergency and crisis support groups (including domestic violence groups), and intake systems such as 211.

Many communities build Coordinated Entry Systems on an augmented HMIS (Homeless Management Information System) platform. Although effective, this approach may limit Coordinated Entry usage only to those programs/groups that utilize HMIS. Our CoC wanted to ensure that Coordinated Entry was available to the widest number of organizations and programs regardless of HMIS usage. To accomplish this feat, Community Technology Alliance (CTA) developed a Homeless Outreach Engagement (HOME) Application. The HOME application is a cross-platform app, compatible with both Windows and IOS systems. HOME is loaded with the VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Prescreen Tool). From any location, a trained user is able to administer the vulnerability survey from a SMARTphone, laptop, tablet, or desktop computer and place a homeless person on the Master List making them eligible for homeless housing programs.

The local CARS programs blend technology, policy and practice to ensure that the most vulnerable homeless individuals and families are streamlined and prioritized for open homeless program beds or units. Funding for building the cutting-edge technology was provided from the County of Monterey as well as a grant to CTA from Cisco Systems, a worldwide leader in information technology. The CoC instituted a two-level user structure for our Coordinated Entry System. Phase I users are programs that utilize HMIS and are authorized to view certain Coordinated Entry and HMIS information in a bi-directional manner.

Phase II users are programs that do not use HMIS and have the authority to administer the VI-SPDAT in order to place a homeless individual or family on the Coordinated Entry System Master List, but do not have the credentials to view HMIS related data. Although it was a complicated process, Phase II access allows groups who interface with the homeless population such as law enforcement, recovery programs, faith communities, mobile clinics, probation, and others to ensure that all homeless persons have the ability to be placed on the Master List for available housing services. The process for a client is as follows: The client accesses coordinated entry through participating agency/program/group and client is pre-screened for homelessness. If not homeless, other appropriate services are offered. Authorized Phase I or Phase II users use the HOME app to complete the VI-SPDAT with homeless client. One of three VI-SPDAT assessment tools (individual, family or unaccompanied youth) are used. Once completed, the user enters “send” and the information is captured on the Master List which is the platform that houses all information and “sorts” based on level of vulnerability, household type, and appropriate matches with homeless programs. Coalition of Homeless Services Providers designated staff manage the Master List and refer the client the first available opening for which they are prioritized and

eligible. The receiving agency promptly carries out intake activities and makes program decisions. CoC policy dictates timelines for the various steps in the process and each program must notify the Coalition of Homeless Services Providers with accept or decline decisions in writing. If declined, the participating program must specifically document the reason for denial which must be in line with acceptable reasons for denial outlined in the Coordinated Entry policy. This process ensures that no program is declining a client referral without good cause. Coalition of Homeless Services Providers serves as lead agency for the Coordinated Entry System. Our Coordinated Entry System has been fully implemented for almost three years.

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; and
- 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.

What We Can Do

In order to improve the efficiency and coordination of the service delivery system, under *Lead Me Home Plan Update* 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, U.S. Department of Health and Human Services (HHS) 2018 - 2022 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:

- Streamlined intake process; clients connected to services more quickly;
- Reduced duplication of services; increased coordination between nonprofits 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. Continue to emphasize preventing and ending homelessness as a joint mission of all relevant County and City agencies through the Leadership Council. 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. Finish the job of developing 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. The Coalition will continue to work with United Way and Community Technology Alliance to link 211 into CES. A beta period was just completed and in preparation of an official launch in the next 90 days. This means that anyone who conducts CES assessments will also be able to access 16 specific 211 domains and will receive information through text, email or verbally.

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. 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 due to capacity issues;
2. 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. Concerted efforts will be made to expand residential drug treatment beds;
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;
4. Continue to build upon the Salinas Chinatown Health Services Center (CHSC), which opened in October 2016, and is operated is operated by Dorothy’s Place in partnership with Monterey County Department of Social Services, Monterey County Health Department Whole Person Care, and the City of Salinas. It is located at 115 E. Lake Street. The CHSC offers special health services specifically for people struggling with chronic homelessness. Services offered include: Outpatient mental health treatment (Community Human Services); Medical/dental (Clinica de Salud de Valle del Salinas); Syringe exchange (Access Support Network); HIV/Hepatitis testing/treatment (Access Support Network); Monterey County Public Health Nursing|Whole Person Care; Disabilities assistance

(Central Coast Center for Independent Living); Evening medical clinics (CSU Monterey Bay); and a Mental health outreach (Interim Inc.). The CHSC also offers facilities for clients to use restrooms and take hot showers at no cost. Showers are individual and secure with room to change and to bring in private belongings. This fully monitored and safe facility provides comfort and privacy to the community;

5. Continue to 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;
6. 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. Continue to seek out SSI/SSDI Outreach, Access, and Recovery (SOAR) training opportunities and implement the program at each relevant provider and government agency through Monterey County Department of Social Services and San Benito County Health and Human Services;
2. Continue to enhance coordination and training 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.

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. 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.

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. Many homeless youth face additional obstacles, including a lack of education or vocational preparation. 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. 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 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 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 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. 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.

According to the 2019 Monterey County Homeless Census and Survey, most people who are homeless are unemployed (75%). The most common reason cited for being unemployed was the lack of available jobs (34.7%). Forty-three percent (43%) of survey respondents stated that financial issues as the primary event that led to their homelessness. Most people cited economic factors as the reason they could not afford permanent housing, 55% cited no job or source of incomes, 68% the inability to afford rent, and 35% lack of money for moving costs such as security deposits or first/last month's rent.

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 Veterans 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.
 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 recipients 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 Plan Update* calls for initiation of an Employment First approach; enhancing support available after job placement and pursuing 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. 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. 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. 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. 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 tailor 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. 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. 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. 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. 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. Enhance access to employment supports, including child care, transportation, and funds for clothing and tools;
6. 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. Identify a Key Point Person(s) from the business community to participate in the Services and Employment/Income Committee;
2. Develop social enterprise model that provides on-the-job-training for landscaping services during Chinatown Renewal Project in Salinas;
3. Develop contract and grant award criteria to encourage employment of homeless or formerly homeless persons;
4. 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. 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. 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. 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;
- **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%). 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 reentry housing, permanent supportive housing and mainstream affordable housing, reduces costly recidivism, yielding better outcomes for both ex-offenders and communities;
- **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.

Current Resources

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

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 Plan Update 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.

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. 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. 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. 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. 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. 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. 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. 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. 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).

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. 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. Develop systems to identify homeless individuals and medically indigent adults when they present for emergency services and link them to appropriate housing interventions;
3. Develop more medical respite beds for people who are medically fragile and not able to enter permanent housing;
4. Conduct outreach and public education around the Affordable Care Act to help put eligible people on insurance.

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. 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. 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. Develop a sub-lease program targeted for transitional-age youth;
4. Target Family Reunification Vouchers for Transitional-Age Youth;
5. Create public awareness and marketing campaign designed to increase political support and raise funds.

PRIORITY 5: EFFORTS TO PREVENT CRIMINALIZATION OF HOMELESSNESS

Monterey County efforts to prevent criminalization include:

1. Outreach

- Virtually every day, City of Monterey Police Department officers come in contact with a wide range of people from all walks of life and many different backgrounds. Some of these people find themselves living on the fringes of our society. They have been referred to as homeless, transients, travelers, the displaced, and many other names. Our local police officers recognize these daily contacts allow officers to be a conduit for help with the ultimate goal of both short-term assistance and long-term re-entry back to a productive member of society. The City of Monterey Police Department seeks to achieve these goals by actively participating in several programs including:
 - The Gathering for Women - A weekly meeting for homeless women offering assistance and building relationships;
 - Monterey Homeless Exchange - A monthly meeting of social service providers to identify barriers to success, brainstorm solutions, and pool resources;
 - Homeless Outreach Teams - Police Officers partnered with specific service providers who go out in the field and contact specific individuals to provide direct access to support.

2. Monterey County Courts and Court Programs

- *Assaultive Behavior program* is part of a Pretrial diversion program or as a condition of sentencing. The program is an 8-hour educational awareness and prevention class for persons charged with a minor assault offense or who may show signs of aggressiveness or assaultive behavior;
- *Domestic Violence Court* for criminal domestic violence charges was created to provide specialization and efficiency in the handling of the increasing number of domestic violence cases being filed in the County;
- *Drug Court* provides specialization and efficiency in the handling of the increasing number of drug related cases being filed in the County. The judicial officer in a Drug Treatment Court develops expertise in handling issues unique to drug cases - providing sensitive, consistent sentencing and firm oversight on each case;
- *DUI Treatment Court* helps reduce DUI recidivism while fostering a healthier and safer life for the participants and their families by providing treatment, alcohol and drug testing, education, supervision, judicial review and more for high-risk offenders;
- *Mental Health Court (Creating New Choices Program)* is a collaboration of Superior Court, Probation Department, Sheriff's Office, Department of Behavioral Health, District Attorney's Office, and Public Defender's Office, that works to reduce the repetitive cycle of arrest and incarceration for defendants who have serious mental disorders;

- *Military Diversion Court* establishes a pretrial diversion program for current and former members of the U.S. military who are charged with a misdemeanor offense. In Monterey County, the military diversion court is a judicially supervised collaboration court calendar which includes the District Attorney, Public Defender, Veterans Health Administration, Probation, Behavioral Health Bureau, Sheriff's Office and other community partners. At the end of the period of military diversion (typically 24 months), if the defendant has performed satisfactorily, and has benefited from the program, the court will dismiss the criminal charges;
- Misdemeanor Court allows the defendant enters a plea to the charge of guilty, no contest or not guilty. The defendant is given an opportunity to tell the Judge about any mitigating circumstances surrounding the charge which might affect the sentence;
- Theft Offender Program is part of a Pretrial Diversion Program or as a condition of sentencing. The program is an 8-hour educational awareness and prevention class for persons charged with a minor theft offense. A registration fee will be required by the program and is to be paid directly to the program;
- Monterey Veterans Treatment Court targets the root causes of veterans' criminal behavior with the goal of reducing the veteran's contact with the criminal justice system for successful community reintegration through treatment and support. In these courts, veterans take part in a program tailored to address their needs. As part of the program, participants meet frequently with a judicial officer, other veterans, treatment providers, mentors, and support teams.

3. Support Programs

- *Mobile Outreach Services Team (MOST)* provides assistance for people living outside on the street in the Monterey Peninsula, Salinas, and North and South County areas. Operated by Community Homeless Solutions, services include referrals to shelters, substance abuse programs, linkages to medical care, and other supportive services within Monterey County. The MOST van has a limited supply of emergency food, clothing, blankets, and other supplies for immediate distribution at their stopping places. Schedule of service varies, contact Community Homeless Solutions for the current operations calendar;
- *MCHOME* - Homeless Outreach helps homeless adults with mental illness off the streets and into housing and treatment. Provides intensive integrated services, including assistance with housing (transitional/permanent), intensive case management services, mental health services, medication evaluation and support. Eligibility: Must be adults (aged 18 and older) with a serious mental illness. Application Process: Call for appointment. Documents required: Call for information. Website: www.interiminc.org/mchome-homeless-services/;
- *Behavioral Health ACCESS AB109 Program* is a collaborative of Monterey County Behavioral Health clinical staff and Monterey County Probation Department to provide services to men and women on PRCS and 1170h split sentences, with the primary goal of assisting in the reduction of recidivism risk by targeting factors that increase an

individual's risk of reoffending. Behavioral Health services include clinical assessment, treatment planning, case management, crisis intervention, referrals to substance abuse treatment and/or specialty mental health services, medication management, brief individual therapy and evidence-based practice groups to target criminogenic risks and needs as identified by the Ohio Risk Assessment System. Referrals made are part of a comprehensive approach used in an attempt to reduce recidivism and improve community safety by addressing identified risk factors;

- *Behavioral Health ACCESS Probation/High-Risk Offenders Program* provides service delivery to men and women on formal probation with the primary goal of assisting in the reduction of recidivism risk by targeting factors that increase an individual's risk of reoffending. The team provides assessment and linkage to community-based services which can include substance abuse treatment, specialty mental health services for psychiatric care and medication management, case management, crisis intervention, brief individual / family therapy as well as evidenced based groups;
- *Behavioral Health Creating New Choices Full Service Partnership* is a collaborative effort between Behavioral Health, Probation, District Attorney, Public Defender and the Courts in Monterey County to provide intensive case management, psychiatric care, Probation supervision and therapeutic mental health court services to mentally ill offenders. CNC offers services in the Full Service Partnership or 'whatever it takes' model. Referral Process: Clients are referred to CNC through the court system. The court refers candidates to the CNC program either through a judge, public defender, district attorney or private counsel who believes a client meets the basic eligibility criteria.

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 Update* 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 following standing committees are coordinated by CHSP:

- Leadership Council (CoC Board of Directors)
 - *serves as CoC Board of Directors
 - Meets every other month. Additional meetings included as necessary

- Housing Pipeline Committee
 - *works on strategies and methods to increase number of affordable rental units targeted to individuals and families economically classified as 0-30% Area Median Income (AMI)—covers the homeless population and poor/working poor
 - Meets monthly

- Discharge Planning Committee
 - Meets every other month
 - *works on homeless discharge issues for medical, jails and foster youth.

- Services/Income/Employment Committee
 - Meets every other month
 - *works to increase opportunities and access to mainstream and agency based services; income supports and employment opportunities

- Coordinated Entry System Committee
 - Meets every other month
 - *focus on policy level issues and decisions related to the Coordinated Entry System

- Chinatown Action Team
 - Meets every month
 - *focus on issues, challenges, opportunities in the Chinatown (Salinas) area

- HMIS Oversight Committee
 - Meets every month
 - *Focus on high level policy and procedural systems work related to HMIS.

- HMIS Data Quality Forum
 - Meets every month
 - *For agency level HMIS administrators to receive individual assistance with HMIS data in order to ensure high level of accuracy

- HMIS User Group
 - Meets every month
 - *Designed to provide training, feedback and support to all front line HMIS users

- HMIS Advanced Report Trainings
 - Meets every quarter
 - *For agency level HMIS administrators responsible to report compilation. Provides training and individual assistance.

- New HMIS User Training
 - Meets every 45 days
 - *Designed to train new agency level staff who have been tasked with HMIS duties.

- HMIS Advanced User Meeting
 - Meets every other month
 - *Targeted to very experienced HMIS users and administrators to deliver advanced training.

- HMIS Administrator Forum
 - Meets twice a year. Additionally, as needed
 - *Convened to provide a networking/listening session to agency level HMIS administrators

- New Phase I Coordinated Entry User Training
 - Meets every month
 - *Provides training to agency level staff to become a Coordinated Entry assessor. Phase I agencies also participate in HMIS.

- New Phase II Coordinated Entry User Training
 - Meets every quarter
 - *Provides training to agency level staff/volunteers to become a Coordinated Entry assessor. Phase II agencies do not participate in HMIS and have a lower data access ability.

*Although not a Leadership Council group, the Coalition of Homeless Services Providers meets every month.

- 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 joined in 2011. 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 2019, Monterey and San Benito Counties conducted a 2019 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.

No Place Like Home Data Collection in Monterey County

Independent Audits/Annual Compliance Report

Per California's Code of Regulations Title 25 §7325, all government-funded rental housing developments must submit an independent audit prepared by a certified public accountant within 90 days after the end of each project's fiscal year. These audits serve as an "annual compliance report" by ensuring each program continues to engage in eligible activities and costs according to their grant requirements. NPLH Program Guideline Sections 214(a) and 214(b) makes this requirement applicable to all units funded by NPLH.

Developers will submit their compliance reports to the Contra Costa Department of Conservation and Development (DCD) for all NPLH-Assisted units in order to fulfill this requirement. The data in these reports will be submitted to the California Department of Housing and Community Development, including all items listed in Section 214 (e) of the NPLH Program Guidelines by the last day of the fiscal year.

Technical assistance and more intensive monitoring will be provided to projects that have not completed their annual compliance reports correctly.

Systems in Place to Meet Section 214 Requirement

Systems in place to collect the data required under Section 214, including any planning efforts and barriers to collecting the data in Section 214 (g):

County sponsored projects addressing homelessness are contractually obligated to collect and track data and submit reports per program guidelines. Together, the Homeless Management Information System (HMIS), the Avatar Electronic Medical Record (EMR) System, and a biennial countywide homeless count and survey support successful data collection and reporting for various projects addressing homelessness.

Monterey County utilizes HMIS, a local information technology system, to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. HMIS can be used to produce an unduplicated count of homeless persons, understand patterns of service use, and measure the effectiveness of homeless programs.

The Avatar EMR system provides Monterey County Behavioral Health Bureau licensed clinical staff and contractors throughout the county the ability to efficiently obtain accurate client information. The Avatar EMR System produces a single longitudinal health record for clients and can provide aggregated data for clients. Client data is collected via self-report and staff observations using tailored tools and entered and stored in the Avatar EMR System.

The Coalition of Homeless Services Providers leads the biennial Homeless Unsheltered Count, also known as the Homeless Census to count those living on the margins in Monterey and San Benito Counties. The numbers are analyzed and used for future considerations of funding to address the growing homeless issue in the community.

Data from each of these tools can be compared and analyzed to produce useful information to help understand the causes and implications of homelessness.

Provider documentation compliance, variance of self-reported client data, and the transitory nature of people who are or who are at risk of homelessness present challenges to ensuring the accuracy of reportable data. Some of the main challenges collecting data requested by the NPLH grant include:

1. Arrests and jail admissions are not automatically tracked by the current Avatar EMR System in place;
2. The Avatar EMR System is only able to track emergency room visits and inpatient psychiatric facility admissions to the County hospital;
3. Obtaining the information from jail admissions as well as emergency room and hospital stays in facilities other than the County Hospital would require self-report or provider observation.

MCBH has extensive experience tracking fiscal, contractual and clinical data for state and federal grant agencies within the department and with its contract providers. The MCBH Compliance Plan holds staff and contractors accountable to supporting the integrity of all health data submissions through accuracy, reliability, validity, and timeliness. Additionally, all of the following deliverables outline in the NPLH Grant can be built into the contract expectations and tracked by the provider; as well as through the utilization of the Avatar EMR System:

1. Emergency room visits for NPLH tenants before and after move-in;
2. Average number of hospital and psychiatric facility admissions and in-patient days before and after move-in;
3. Number of arrests and returns to jail or prison before and after move-in.

Plan Leadership and Implementation

Effective implementation of the *Lead Me Home Plan Update* 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.

Strategies and Action Steps

Who is Responsible: Ultimate responsibility for implementation of the *Lead Me Home Plan* belongs to the Lead Me Home Continuum of Care (LMH CoC) and its Board, the Leadership Council, which is a broad representation of the public and private homeless service sectors, including homeless client/consumer interests. The Leadership Council encourages all members of the community to participate in group discussions, committees and working groups. The Leadership Council works to assure diverse population input to LMH CoC deliberations and decision-making, including consumers and community members, as well as gender, ethnic, cultural and geographical representation. All interested persons are encouraged to attend meetings, provide input and voice concerns.

The Leadership Council provides annual public invitations for new members. Outreach is made to obtain participation from the following groups:

- Homeless service providers and agencies;
- Local homeless coalitions and networks;
- Community and faith-based organizations;
- Nonprofit and for profit housing developers;
- Local government representatives, both elected officials and staff;
- Key civic leaders;
- Homeless and formerly homeless people;
- Homeless advocates;
- Public Housing Authorities;
- Public and private health care organizations;
- Mental health service providers and funders;
- Substance abuse service providers and funders;
- Foster care;
- Local job councils;
- Legal services;
- Colleges and universities;
- Veteran service agencies;
- Representative of special needs populations such as:
 - Persons experiencing chronic homelessness
 - Veterans
 - Persons with serious mental illnesses
 - Persons with substance abuse issues
 - Persons with HIV/AIDS
 - Victims of domestic violence
 - Youth;
- Religious leaders;
- Businesses and business associations;
- Key members of local planning groups;
- Employers;

- Political leaders;
- Law enforcement and corrections agencies; and
- School districts.

The Leadership Council is comprised of 21 total community stakeholders. Twelve of the seats are classified as Category 1 Voting Member-Appointed Seats and not subject to term limits to ensure continuity. Nine of the seats are classified as Category 2 Voting Members-Rotating Seats and are subject to term limits.

Category 1 Seats are from the public sector, consisting of the following officials, or their respective alternates approved by the Leadership Council.

1. Executive Director, Housing Authority of the County of Monterey;
2. Four seats designated for Monterey County Mayors as recommended by the Monterey County Mayors Association;
3. Mayor, City of Hollister or other San Benito County jurisdiction;
4. Member, Monterey County Board of Supervisors;
5. Member, San Benito County Board of Supervisors;
6. McKinney-Vento Homeless Liaison as recommended by the Office of Education;
7. Executive Director, Monterey County Health Department;
8. Executive Director, San Benito County Health and Human Services;
9. Executive Director, Monterey County Department of Social Services.

Category 2 Seats are from the private sector and subject to term limits. Category 2 designated members serve two-year terms beginning July 1 of each year with a maximum of two continuous terms. After two continuous terms, a Category 2 member may reapply for membership following a one-year hiatus. Efforts are made to draw Category 2 members from Leadership Council subcommittees when feasible. Five Category 2 designated members must be held by the following community stakeholders, approved by the Leadership Council.

1. Homeless or formerly homeless persons;
2. Homeless service providers and agencies (2 seats);
3. Philanthropy;
4. Faith-based organizations.

The remaining 4 seats of Category 2 designated members are comprised of other community representatives that include, but are not limited to:

1. Nonprofit and for profit housing developers;
2. Public and private health care organizations;
3. Homeless Advocates;
4. Other mainstream and/or nonprofit service providers to include, but not be limited to; mental health, recovery, domestic violence, legal services, re-entry programs, foster care, employment programs, business associations, law enforcement, Veterans and youth.

Strategy A – Develop Resources & Formalize Support for Plan Implementation

The Leadership Council (LC) was established 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 LC serves as the oversight body, supported by various committees and action teams focused on particular issues.

The LC serves as the Continuum of Care Board of Directors and is made up of a wide range of public and private agency representatives including elected officials. As directed by the U.S. Department of Housing and Urban Development (HUD), the Leadership Council is to “act on behalf of the Continuum using the process established as a requirement by § 578.7(a)(3) and must comply with the conflict-of-interest requirements at § 578.95(b) in 24 CFR Part 578

The LC is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests. It encourages all members of the community to participate in group discussions, committees and working groups. The LC works to assure diverse population input to Lead Me Home deliberations and decision-making, including consumers and community members, as well as gender, ethnic, cultural and geographical representation. All interested persons are encouraged to attend meetings, provide input and voice concerns.

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

Strategy B – Identify Funds to Implement Plan Initiatives

Funds currently being used to provide housing and services to the homeless population include:

County:

Whole Person Care (WPC) is a program of Monterey County Health Department and its community partners to provide comprehensive case management for our county’s most vulnerable Medi-Cal recipients who are high users of hospital and emergency department facilities. This focus population may also:

- be homeless/chronically homeless;
- have mental illness or substance use disorders or both;
- have multiple chronic disease.

Mental Health Services Act funds are administered by the Monterey County Behavioral Health (MCBH). Funding components include:

- Community Services & Supports (CSS) funds programs that serve individuals affected by moderate to severe mental illness and their families;
- Prevention & Early Intervention (PEI) which is designed to prevent mental illnesses from becoming severe and disabling;
- Innovation (INN) Programs are defined as novel, creative, and/or ingenious mental health practices or approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative of unserved and underserved individuals. The Innovation Component allows counties the opportunity to “try out” new approaches that can inform current and future mental health practices/approaches and contributes to learning rather than having a primary focus on providing a service.

CalWORKs Housing Support Program, which is administered by the Monterey County Department of Social Services, targets CalWORKs homeless families or those at risk for homelessness. Major components include housing identification, rent and moving assistance, and case management and services.

Section 8 Housing Choice Voucher Program, which is administered by the Housing Authority of the County of Monterey targets low-income families, seniors and those with disabilities by providing a direct housing subsidy to landlords, with the enrollee paying any difference in cost.

Public Assistance Benefits and Services, which is administered by the Community Benefits Branch of the CalWORKs Housing Support Program, which is administered by the Monterey County Department of Social Services, provides temporary public assistance benefits and services to assist eligible residents of Monterey County meet their basic needs. Programs include temporary cash assistance, General assistance, Medi-Cal, CalFresh, and CalWORKs. Eligibility for these public benefits is based upon income and resource levels.

Proposition 47 Grant Program, which is administered by the Monterey County Health Department Behavioral Health Bureau provides funds for the implementation of Substance Use Disorder Treatment services and expands existing mental health services in a culturally relevant manner using evidence-based interventions in underserved South Monterey County. Prop 47 Grant funds were used to contribute towards the construction of two new service sites in King City, South County’s largest city, to provide substance abuse disorder treatment. Also funded was a centrally located Sobering Center, job training, civil legal services, restorative justice, and case management.

Public Safety Realignment Act (AB 109) is an agreement between Monterey County Probation Department, Department of Social Services (DSS) and Office for Employment Training for implementation of allocated monies from AB 109 for supportive services including employment, education, substance abuse, mental health, housing and behavior modifications which have proven to be successful to help break the cycle of criminality.

Cities:

Salinas

California Emergency Solutions and Housing Program (CESH) provides grants to Administrative Entities (AE), designated by a Continuum of Care (CoC) to assist persons who are experiencing or are at risk of homelessness. Allocated funds must be used to carry out one or more of the eligible activities

- Rental assistance, housing relocation, and stabilization services to ensure housing affordability to individuals experiencing homelessness or who are at risk of homelessness. Rental assistance provided pursuant to this paragraph shall not exceed 48 months for each assisted household, and rent payments shall not exceed two times the current HUD fair market rent for the local area, as determined pursuant to 24 CFR part 888;
- Operating subsidies in the form of 15-year capitalized operating reserves for new and existing affordable permanent housing units for homeless individuals and/or families;
- Flexible housing subsidy funds for local programs that establish or support the provision of rental subsidies in permanent housing to assist homeless individuals and families. Funds used for purposes of this paragraph may support rental assistance, bridge subsidies to property owners waiting for approval from another permanent rental subsidy source, vacancy payments, or project-based rent or operating reserves;
- Operating support for emergency housing interventions, including, but not limited to, the following:
 - Rental assistance provided from flexible housing subsidy funds shall not exceed 48 months for each assisted household, and rent payments shall not exceed two times the current HUD fair market rent for the local area, as determined pursuant to 24 CFR Part 888. Operating subsidies from flexible housing subsidy funds shall be in the form of 15-year capitalized operating reserves for new or existing affordable permanent housing units for homeless individuals and/or families.
 - Navigation centers that provide temporary room and board, and case managers who work to connect homeless individuals and families to income, public benefits, health services, permanent housing, or other shelter.
 - Street outreach services to connect unsheltered homeless individuals and families to temporary or permanent housing.
 - Shelter diversion, including, but not limited to, homelessness prevention activities such those described in 24 CFR Part 576.103, and other necessary service

integration activities such as those described in 24 CFR Part 576.105, to connect individuals and families to alternate housing arrangements, services, and financial assistance;

An AE shall not use more than 40 percent of any funds allocated in a fiscal year for operating support for emergency housing interventions.

- Systems support for activities necessary to maintain a comprehensive homeless services and housing delivery system, including Coordinated Entry System (CES) data, and Homeless Management Information System (HMIS) reporting, and homelessness planning activities. This activity could include training and data collection activities, as well as activities to expand CES access to populations with special needs, such as homeless youth, provided that such activities are necessary to maintain a comprehensive homelessness services and housing delivery system;
- Develop or update a CES, if the CoC does not have a system in place that meets the applicable HUD requirements, as set forth in Section II.E.3.b of this NOFA. Eligible CES costs do not include capital development activities, including, but not limited to, real property acquisition, construction, or rehabilitation activities;
- Development of a plan addressing actions to be taken within the CoC service area if no such plan exists. If an applicant requests funding to develop a plan, the applicant shall submit the developed plan to HCD prior to the expiration of the contract executed with HCD.

The Community Development Block Grant a program of the U.S. Department of Housing and Urban Development, funds local community development activities with the stated goal of providing affordable housing, anti-poverty programs, and infrastructure development. Funds may be used for land acquisition for new affordable housing projects, rehabilitation of existing housing, construction or renovation of community centers, infrastructure improvements, fair housing services and support for homeless systems of care.

Federal Emergency Solutions Grant (ESG) is a HUD program grant administered by the California Department of Housing and Community Development (HCD). ESG provides funding to help improve the quality of existing emergency shelters for the homeless, make additional shelters available, meet the costs of operating shelters, provides street outreach and helps prevent homelessness. The program also provides short-term homelessness prevention assistance to persons at imminent risk of losing their housing due to eviction, foreclosure or utility shutoffs. The State of California runs an Emergency Solutions Grant Program.

Emergency Solutions Grant (ESG) is a HUD program grant administered by the California Department of Housing and Community Development (HCD). ESG provides funding to help improve the quality of existing emergency shelters for the homeless, make additional shelters available, meet the costs of operating shelters, provides street outreach and helps prevent homelessness. The program also provides short-term homelessness prevention

assistance to persons at imminent risk of losing their housing due to eviction, foreclosure or utility shutoffs. The State of California runs an Emergency Solutions Grant Program.

HOME Investment Partnerships Program (HOME) is a HUD program that provides formula grants to states and units of local government used by communities – often in partnership with local nonprofit groups – to fund a wide range of activities that build, buy and/or rehabilitate affordable housing for rent or homeownership or provide direct rental assistance to low-income people.

Continuum of Care/Coalition of Homeless Services Providers:

HUD Continuum of Care Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; effectively manage, promote and utilize the coordinated entry system and optimize self-sufficiency among individuals and families experiencing homelessness.

Homeless Emergency Aid Program (HEAP) provides immediate emergency assistance to people experiencing homelessness or at imminent risk of homelessness, and that those uses are aligned with California’s Housing First policy. Eligible uses include, but are not limited to:

- Services: Street outreach, health and safety education, criminal justice diversion programs, prevention services, navigation services, and operating support for short-term or comprehensive homeless services;
- Rental assistance or subsidies: Housing vouchers, rapid re-housing programs, and eviction prevention strategies;
- Capital improvements: Emergency shelter, transitional housing, drop-in centers, permanent supportive housing, small/tiny houses, and improvements to current structures that serve homeless individuals and families. Some communities are discussing solutions to address homelessness and the public health crisis by using funds for handwashing stations or public toilet and shower facilities;
- At least five percent of HEAP funds must be used to establish or expand services meeting the needs of homeless youth or youth at risk of homelessness. Administrative costs are capped at five percent of program funds. This does not include staff costs directly related to carrying out program activities.

Department of Veteran Affairs:

The HUD-Veterans Affairs Supportive Housing (HUD-VASH) program combines Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). VA provides these services for

participating Veterans at VA medical centers (VAMCs) and community-based outreach clinics. It is a partnership between County of Monterey Housing Authority and the Department of Veteran Affairs clinical services.

U.S. Department of Veterans Affairs’ Supportive Services for Veteran Families (SSVF) is intended primarily to serve individuals experiencing crisis homelessness. It provides temporary financial assistance and a range of other flexible services geared toward preventing homelessness among those at risk and rapidly stabilizing in permanent housing those who do become homeless. It is important to note that, despite its name, the program serves both families with children and individual veterans. It is a partnership between the *U.S. Department of Veterans Affairs (VA)* and Housing Resource Center of *Monterey County*.

Substance Abuse and Mental Health Services Administration (SAMHSA) Grants is a federal block grant program available through the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment and the Center for Mental Health Services to support local programs for substance use disorders and mental illness. Funds are administered by the Monterey County Health Department.

Non-profit Organizations:

Non-profit organizations obtain funding from numerous sources including grants, government contracts, foundations, and fundraising events.

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. 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. Establish priorities for funding and allocation of resources in line with the priorities;
3. 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. 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. 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. 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. Identify gaps in HMIS participation with service providers and improve data quality and utilization rates;
3. Organize and host multi-sector meetings to establish community-wide performance outcomes in each of the Plan content areas;
4. 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. Annually review, monitor and re-adjust goals, strategies, and actions set forth in the plan;
2. Convene an annual “state of homelessness” conference, including housing, treatment and service agencies working with homeless people to discuss outcomes and progress;
3. 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. Publish outcomes as part of community-wide indicators report or in a “report card” format.

Appendix A

EMERGENCY SHELTER RESOURCES

COMMUNITY HOMELESS SOLUTIONS – SALINAS SHELTER

Salinas, CA (831) 422-2201

www.communityhomelesssolutions.org

A 32-bed Emergency Shelter for homeless women and children or single homeless women with prioritized beds for those fleeing domestic violence. Access to food, clothing, and case management. Call for telephone screening.

COMMUNITY HOMELESS SOLUTIONS – HAMILTON SHELTER

Marina, CA (831) 394-8372

www.communityhomelesssolutions.org

A 16-bed Emergency Shelter for homeless women and children or single homeless women with prioritized beds for those fleeing domestic violence. Access to food, clothing, and case management. Call for telephone screening.

COMMUNITY HOMELESS SOLUTIONS – MONTEREY COUNTY WARMING SHELTER

111 W. Alisal Street

Salinas, CA 93901 (831)384-3388

www.communityhomelesssolutions.org

Emergency shelter for homeless men, women, and children.

Check-in at 4:00 p.m. No staging please.

Shelter closes at 8:00 a.m. daily

COMMUNITY HUMAN SERVICES - SAFE PLACE

590 Pearl St.

Monterey, CA 93940 (831) 373-4421

www.chservices.org

Provides twelve shelter beds year-round for youth ages 18-24. Check-in from 6-7 pm. Admittance on a first come, first served basis. Also, provides four beds for runaway and homeless youth up to age 17 in two licensed foster homes for up to 21 days.

HOME RESOURCE CENTER

1161 San Felipe Rd.

(831) 256-1852

Hollister, CA

<http://hhsa.cosb.us/h-o-m-e-warming-shelter/>

Shelter opens at 4:30 PM and closes at 8 AM. Showers are available, breakfast, lunch and a sack lunch is provided. Transportation is also provided with van pick up begins 4:30 and drop offs beginning at 7 am in the morning. This is an adult only shelter.

I-HELP FOR MEN- OUTREACH UNLIMITED

Information Line

(831) 251-8663

www.IHELPMontereyBay.org

Interfaith Emergency Lodging Program (I-HELP) offers single homeless men overnight lodging 7 nights a week at rotating Peninsula-area houses of faith. Meals are provided. Program can serve approximately 25 per night.

I-HELP FOR WOMEN- OUTREACH UNLIMITED

Information Line (831) 251-8663

www.IHELPMontereyBay.org

I-HELP (Interfaith Emergency Lodging Program) offers single homeless women overnight lodging 7 nights a week at rotating Peninsula-area houses of faith. Meals are provided. Pick-up location: Parking lot directly across the street from the YWCA (600 Camino El Estero) in Monterey. Homeless women seeking to participate should arrive no later than 4:30 pm Program can serve approximately 10 women per evening.

INTERIM, INC – MCHOME

Monterey County (831) 883-3030

www.interiminc.org

MCHOME program provides outreach, housing and intensive, integrated services to homeless adults with psychiatric disabilities. MCHOME's goal is to move homeless individuals with psychiatric disabilities off the street and into housing, permanently. A full-service partnership program providing mobile street outreach, housing assistance, and intensive services to homeless adults with mental illness in Monterey County.

ORPHAN PRODUCTIONS- COUNTY SAFE PARKING PROGRAM

Marina, CA (831) 204-0230

safeparkingprogram@gmail.com

Overnight Safe Parking Program for homeless adults and their respective children if applicable. Legally registered vehicles are required. Program opens at 7:00 p.m. nightly and closes each morning at 7:00 a.m. Call to schedule appointment with Case Manager prior to program enrollment.

PAJARO RESCUE MISSION

111 Railroad Ave.

Watsonville, CA 95076 (831) 722-2074

www.teenchallengemb.org

Shelter for up to 35 homeless men in modern, well ventilated dorms. Faith based organization provides food, support and substance use counseling.

PASS THE WORD MINISTRY-ONE STARFISH SAFE PARKING PROGRAM

Various Locations

Monterey Peninsula (831) 275-5167

www.onestarfishsafeparking.org

Overnight Safe Parking Program for homeless adults. To register for the program, call telephone number and leave a call-back number. A Social Worker will return call within 48 hours to schedule an intake interview.

SALVATION ARMY - FREDERIKSEN HOUSE

Seaside, CA (831) 899-1071

www.tsamonterey.com

60-day Emergency shelter for families with children. Access to case management and other support services. Must be clean and sober.

VICTORY MISSION

43 Soledad St.

Salinas, CA 93901 (831) 424-5688

<http://www.victorymissionsalinas.com/>

70 bed Emergency Shelter for single homeless men ages 18 and older. Provides shelter, food, showers, clothing and other supportive services. Doors open at 6:30 p.m. daily.

YWCA MONTEREY COUNTY SAFEHOUSE

236 Monterey St Crisis lines (831) 372-6300
Salinas, CA 93901 (831) 757-1001

www.ywcamc.org

Serves victims of domestic violence with emergency shelter (women and children only) Confidential location. Call crisis line to request assistance.

VETERANS RESOURCE CENTER

40 Bonifacio Plaza (831) 375-1184
Monterey, CA 93940

mvrc@vetsresource.org

Supportive services for homeless Military Veterans and their families. Emergency shelter through approved motel stays if no other local shelter availability exists. Access to case management and additional supportive services. Call to request assistance.

VETERANS TRANSITION CENTER

220 12th St. (831) 883-VETS
Marina, CA 93933

mvrc@vetsresource.org

Emergency shelter for unaccompanied male homeless veterans. Access to case management and additional supportive services. Call to request assistant.

COMMUNITY KITCHENS/MEALS

COMMUNITY HUMAN SERVICES - SAFE PLACE

590 Pearl St
Monterey, CA 93940
www.chservices.org

(831)-373-4421

Breakfast provided in the "Dream Kitchen" at Safe Place- Tuesday and Fridays from 9:00-11:00 am for runaway and homeless youth up to age 24. 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.
Salinas, CA 93901
<http://salinasfirst.org/>

(831) 424-0855

Serves breakfast 6:30 am-8 am, lunch 11:30 am-12:30 pm, Sunday through Friday. Clothes closet, art room, 12-step groups, computer lab and access to other supportive services.
Closed Saturdays.

FRANCISCAN WORKERS - DOROTHY'S KITCHEN

30 Soledad St.
Salinas, CA 93901
www.dorothysplace.org

Administration
(831) 757-3838

No cost breakfast from 8:30-9:30 am daily and lunch from 1:00-2:00 pm daily. Dinner for women only (no children) during emergency shelter hours from 7:00-8:00 pm. Emergency food boxes available from 11:00-noon, M-F.

GATHERING FOR WOMEN – WOMEN'S DAY CENTER

147 El Dorado Street
Monterey, CA 93940
www.gatheringforwomen.org

(831) 241-6154

Food Services 8:00 am – 2:00 pm Monday – Friday. Gathering for Women is a refuge for homeless women on the Monterey Peninsula. Provides women with a caring community, a hot nutritious meal, needed clothing, comprehensive resource support, limited emergency assistance, education to promote their health and safety, and connections to community service providers.

PASS THE WORD MINISTRY - ONE STARFISH SUPPORTIVE SERVICES

Contact program for location and info (831) 275-5167
<http://www.wehelphomelesswomen.org/one-starfish.html>

Provides hot breakfast for homeless persons on Saturdays at El Estero Park at 9:00 am & Sundays at Windows by the Bay at 9:30 am.

PAJARO RESCUE MISSION – PAJARO MEN'S CENTER

111 Railroad Ave.
Watsonville, CA 95076
www.teenchallengemb.org

(831) 722-2074

Nourishing meals twice a day with access to showers and clothing. Daily Bible services and other supportive services provided daily.

SALVATION ARMY SABU SHAKE GOOD SAMARITAN CENTER - PENINSULA

800 Scott St.

Sand City, CA 93955

(831) 899-4988

www.tsamonterey.com

Coffee-pastry breakfast (Monday-Friday 8:30-10:30 am) and hot lunch (Monday-Friday 10:30-12 pm). Hope Mobile meal services parking area on Del Monte Naval Postgraduate School, Monday-Thursday 11:30 am.

TRANSITIONAL HOUSING

COMMUNITY HOMELESS SOLUTIONS – HOMEWARD BOUND

Marina, CA 93933 (831) 384-3388

www.communityhomelessolutions.org

Transitional housing for low income, homeless families with children. Program referrals are part of the local Coordinated Assessment and Referral System operated by the Coalition of Homeless Services Providers. Do not call this program directly. Call the Coalition of Homeless Services Providers at (831) 883-3080 and request a homeless assessment.

COMMUNITY HOMELESS SOLUTIONS- MEN IN TRANSITION

Marina, CA (831) 384-3388

www.communityhomelessolutions.org

Transitional housing for homeless single men or women —Program referrals are part of the local Coordinated Assessment and Referral System operated by the Coalition of Homeless Services Providers. Do not call this program directly. Call the Coalition of Homeless Services Providers at (831) 883-3080 and request a homeless assessment.

COMMUNITY HOMELESS SOLUTIONS – LEXINGTON COURT, INTACT FAMILIES

Marina, CA 93933 (831)384-3388

www.communityhomelessolutions.org

Transitional housing for intact families with children. Program referrals are part of the local Coordinated Assessment and Referral System operated by the Coalition of Homeless Services Providers. Do not call this program directly. Call the Coalition of Homeless Services Providers at (831) 883-3080 and request a homeless assessment.

COMMUNITY HOMELESS SOLUTIONS –WOMEN IN TRANSITION

Marina, CA (831) 384-3388

www.communityhomelessolutions.org

Transitional housing for single homeless women. Access to case management and other supportive services. Call program directly for application and screening information.

COMMUNITY HUMAN SERVICES – SAFE PASSAGE

544 Pearl St.

Monterey, CA 93940 (831) 717-4126

www.chservices.org

Transitional housing facility in Monterey for homeless youth and youth aging out of foster care, ages 18-21. Program referrals are part of the local Coordinated Assessment and Referral System operated by the Coalition of Homeless Services Providers. Do not call this program directly. Call the Coalition of Homeless Services Providers at (831) 883-3080 and request a homeless assessment.

FRANCISCAN WORKERS - HOUSE OF PEACE

Salinas, CA 93901 (831) 757-3838

www.dorothysplace.org

Transitional program for single homeless men and women. Access to case management and other supportive services. Program referrals are part of the local Coordinated Assessment and Referral System operated by the Coalition of Homeless Services Providers. Do not call this program directly. Call the Coalition of Homeless Services Providers at (831) 883-3080 and request a homeless assessment.

INTERIM, INC – SHELTER COVE, MARINA

Marina, CA (831) 384-7251

www.interiminc.org

Transitional housing program for homeless adults living with mental illness. Shared units. Maximum two-year program.

INTERIM, INC – TRANSITIONAL HOUSING PROGRAMS

Monterey County (831) 649-4522
www.interiminc.org

SOLEDAD HOUSE/SUNFLOWER GARDENS – Transitional housing for individuals with mental illness.

PAJARO RESCUE MISSION – CRISIS INDUCTION CENTER

111 Railroad Ave.
Watsonville, CA 95076 (831) 722-2074
www.teenchallengemb.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.
Marina, CA 93933 (831) 582-9461
<http://sunstreetcenters.org/>

Transitional housing program for homeless families with children who are in recovery from substance abuse. Program referrals are part of the local Coordinated Assessment and Referral System operated by the Coalition of Homeless Services Providers. Do not call this program directly. Call the Coalition of Homeless Services Providers at (831) 883-3080 and request a homeless assessment.

SALVATION ARMY - CASA DE LAS PALMAS & PHASE II

Monterey County (831) 899-1071
www.tsamonterey.com

Transitional housing program for families with children. Must be clean and sober. Call program directly for application and screening information.

SUN STREET CENTERS – SEVEN SUNS

8 Sun St.
Salinas, CA 93901 (831) 753-5145
www.sunstreetcenters.org

Self-supporting transitional housing facilities for single men in recovery from substance abuse. Call program directly for application and screening information.

VETERANS TRANSITION CENTER – TRANSITIONAL HOUSING PROGRAM

220 12th St.
Marina, CA 93933 (831) 883-8387
www.vtcmonterey.org

Transitional housing program for homeless military Veterans and their families. Access to case management, clothes closet, food and other supportive services. Program referrals are part of the local Coordinated Assessment and Referral System operated by the Coalition of Homeless Services Providers. Do not call this program directly. Call the Coalition of Homeless Services Providers at (831) 883-3080 and request a homeless assessment.

RENTAL SUPPORT SERVICES

CATHOLIC CHARITIES

1705 2nd Ave.
Salinas, CA 93905
(831) 422-0602

922 Hilby Ave, Ste. C
Seaside, CA 93955
(831) 393-3110

catholiccharitiescentralcoast.org

Eviction prevention assistance, financial education, Nutrition Education, and assistance with Covered California and CalFresh applications. Housing support when funding is available.

HOUSING AUTHORITY OF THE COUNTY OF MONTEREY

123 Rico St.
Salinas, CA 93901

(831) 775-5000

www.hamonterey.org

Provides housing and housing support services through administration of Housing Choice Vouchers (formerly Section 8), Public Housing, Farm Labor Housing, and other programs.

HOUSING RESOURCE CENTER OF MONTEREY COUNTY

201-A John St.
Salinas, CA 93901

(831) 424-9186

(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 – PERMANENT SUPPORTIVE HOUSING

P.O. Box 3222
Monterey, CA 93942

(831) 649-4522

www.interiminc.org

Community Housing/SUNFLOWER GARDEN & other properties—Permanent supportive housing for individuals with mental illness. Apartments or shared housing.

INTERIM, INC – SANDY SHORES

P.O. Box 3222
Monterey, CA 93942

(831) 883-5100

www.interiminc.org

Permanent, affordable housing for homeless adults living with mental illness.

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

Rapid Rehousing and Homeless Prevention program for homeless military Veterans and families. Program referrals are part of the local Coordinated Assessment and Referral System operated by the Coalition of Homeless Services Providers. Do not call this program directly. Call the Coalition of Homeless Services Providers at (831) 883-3080 and request a homeless assessment.

CENTRAL COAST CENTER FOR INDEPENDENT LIVING

318 Cayuga Street, Suite 208
Salinas, CA

(831)757-2968

www.cccil.org

Rapid Rehousing and Homeless Prevention program for homeless individuals and families. Access to case management and other supportive services. Program referrals are part of the local Coordinated Assessment and Referral System operated by the Coalition of Homeless Services Providers. Do not call this program directly. Call the Coalition of Homeless Services Providers at (831) 883-3080 and request a homeless assessment.

ANCILLARY SERVICES

CALIFORNIA STATE UNIVERSITY MONTEREY BAY - CHINATOWN LEARNING CENTER

22 Soledad St

Salinas, CA 93901

(831) 770-1700

www.chinatownclc.wix.com/chinatown

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 McDougall St.

Castroville, CA 95012

(831) 633-5975

<http://www.nmcusd.org>

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

Salinas, CA 93901

(831) 757-6251

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

Mobile Clinic

(831) 970-1972

www.csvs.org

Mobile clinic provides medical and dental care to the homeless population. Site locations found on website.

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.communityhomelessolutions.org

The Mobile Outreach Service Team (M.O.S.T.) program operates 4 days a week and distributes blankets, food, toiletries, & more.

COMMUNITY HOMELESS SOLUTIONS – 12th ST. DAY CENTER

299 Twelfth St., Ste. C

Marina, CA 93933

(831) 384-3388

www.communityhomelessolutions.org

Services for single homeless women include: laundry facilities, showers, and social service referrals. Tuesdays 1:30-4:30 pm

COMUNITY HUMAN SERVICES - GENESIS HOUSE

1146 Sonoma Ave.

Seaside, CA

93955

(831) 899-2436

www.chservices.org

State licensed residential recovery program for 36 men and women seeking recovery from substance abuse.

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.
Salinas, CA 93901 (831) 424-4828

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.
Monterey, CA 93940 Salinas, CA 93901
(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.

COMMUNITY HUMAN SERVICES – SAFE PLACE

590 Pearl St.
Monterey, CA 93940 24hrs (831) 241-0914

www.chservices.org

Safe Place provides street outreach, survival aid such as food, socks, clothing, and hygiene products to run away and homeless youth up to age 25.

FAMILY RESOURCE CENTER (FRC) - HOMELESS EDUCATION

110 S. Wood St., Rm. #K4
Salinas, CA 93905 (831) 809-3636

www.salinascityesd.org/family-resource/

Supportive services and resources for homeless families and foster youth identified through the school district. Monday - Friday 8 am-2:30 pm

FIRST UNITED METHODIST CHURCH

404 Lincoln Ave.
Salinas, CA 93901 (831) 424-0855

salinasfirst.org/

Safe space day program is open 6:30 am - 1 pm. Access to computers, telephones, restrooms, etc. Clothing closet also available Monday, Wednesday, and Friday 9:30 am - 11 am.

FRANCISCAN WORKERS – DOROTHY’S PLACE DROP-IN CENTER

30 Soledad St. Administration
Salinas, CA 93901 (831) 757-3838

www.dorothysplace.org/drop-in-center

Open daily, 7:30 am - 6:00 pm. Showers, laundry, and mail services available. Connection to onsite and offsite social services, including case management and transitional housing.

FRANCISCAN WORKERS – CHINATOWN HEALTH SERVICES CENTER

115 E. Lake St. Administration
Salinas, CA 93901 (831) 757-3838
www.dorothysplace.org

Open 7 Days a week, 24 hours a day for restrooms and showers. Open Monday - Friday, 8:00 am-5:00pm for additional homeless services.

FOOD BANK FOR MONTEREY COUNTY

353 Rossi Street. (800) 870-3663 or
Salinas, CA 93901 (831) 758-1523
www.foodbankformontereycounty.org

Provides emergency supplemental food to low-income residents of Monterey County. Monthly schedule of distribution sites across Monterey County is available on website. Office open Monday-Friday 7:30 am - 4:30 pm

GATHERING FOR WOMEN

147 El Dorado Street
Monterey, CA 93940 (831) 241-6154
www.gatheringforwomen.org

A refuge for unsheltered women, offering supportive services, clothing, case management, emergency assistance, and showers in a caring environment. 8:00 am – 4 pm, Monday - Friday.

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

Central Coast Energy Services (888) 728-3637
Salvation Army Salinas (831) 443-9655
www.energyservices.org

Assists low income families with paying their home energy bill. One time per calendar year payment. Salvation Army Salinas hosts HEAP on Thursdays 9:30 am-12 pm at 2460 North Main St in Salinas. Leave a message with Central Coast Energy Services for a return call.

INTERIM, INC – BRIDGE HOUSE

www.interiminc.org (831) 647-3000

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
Salinas, CA 93901 831-800-7530
www.interiminc.org

Peer support, employment services, dual recovery services and family support for persons with mental health challenges. Wellness programs are free and open to anyone with mental health challenges. Programs are also offered off-site at other community locations.

MONTEREY COUNTY AGING AND ADULT SERVICES

Locations in Salinas, King City & Marina
See website for more information 800-510-2020
mcdss.co.monterey.ca.us/aging/

Provides support and assistance to people with disabilities, seniors, and their family caregivers. Services include 24-hour reporting and investigations of elder and dependent adult abuse, In-Home Supportive Services, the SSI-Advocacy Program, and senior information & assistance services.

MONTEREY COUNTY ELECTIONS DEPARTMENT

1441 Schilling Pl – N. Building
Salinas, CA 93901

(831) 796-1499

www.montereycountyelections.us

Provides assistance and guidance to Monterey County homeless individuals in how to register and vote. Bilingual and informational services are available.

MONTEREY COUNTY DEPARTMENT OF SOCIAL SERVICES

1000 S. Main St., Ste. 216
Salinas, CA 93901

New customers:(866) 323-1953

Current:(877) 410-8823

<http://mcdss.co.monterey.ca.us/>

Provides temporary public assistance benefits and services to assist eligible residents of Monterey County meet basic needs. Programs include Temporary Cash Assistance for Needy Families (cash aid), General Assistance, Medi-Cal, CalFresh (food stamps), and CalWORKs. Eligibility for these public benefits is based upon income and resource levels.

MONTEREY COUNTY RAPE CRISIS CENTER

Monterey, CA 93942
Salinas, CA 93902

(831) 375-4357

(831) 424-4357

www.mtryrapecrisis.org

24-hour crisis line with information and referrals regarding sexual assault and violence advocating for all victims and survivors of sexual assault and child sexual abuse.

RELIEF FOR ENERGY ASSISTANCE THROUGH COMMUNITY HELP (REACH)

Salvation Army 800 Scott St.
Sand City, CA

(800) 933-9677

(831) 899-4988

montereypeninsula.salvationarmy.org

Assists low income families with paying their PG&E utility and electric bill when facing service shutoff. REACH services Monday-Friday from 1 pm - 4:30 pm, call for eligibility information.

SALVATION ARMY – GOOD SAMARITAN CENTER, PENINSULA

800 Scott St.
Sand City, CA 93955

(831) 899-4988

www.tsamonterey.com

Supportive services include showers, access to phone, fax, computers, hot meals, food boxes, laundry, lockers, clothing closet, spiritual counseling and rental assistance. Monday-Friday 8:30-4:30 pm (closed 12-1 pm)

SALVATION ARMY – SALINAS CENTER

2460 North Main St.
Salinas, CA 93906

(831) 443-9655

www.tsagoldenstate.org

Community center with a variety of family services including shelter, meal assistance, bill pay assistance, and employment assistance.

SUICIDE PREVENTION OF THE CENTRAL COAST

(877) 663-5433 24hrs

(831) 649-8008

www.suicidepreventionservice.org

Family Service Agency of the Central Coast operates a 24 hour/7 day a week suicide prevention hotline serving Santa Cruz, Monterey, and San Benito Counties.

SUN STREET CENTERS - MEN'S RESIDENTIAL PROGRAM

8 Sun Street
Salinas, CA 93901 (831) 753-5145
www.sunstreetcenters.org

State-licensed recovery program provides a supportive environment for men seeking a life free from the drug and alcohol addiction. The facility includes a kitchen, library, several meeting rooms and a recreational area.

SUN STREET CENTERS - OUTPATIENT COUNSELING

11 Peach Dr.
Salinas, CA 93901 (831) 753-6001
www.sunstreetcenters.org

Counseling services for men and women. Group and individual sessions are provided for people struggling with alcohol or drug abuse. Bi-lingual services available. Counseling for couples and families are also available.

UNITED WAY 2-1-1

60 Garden Ct., Ste 350
Monterey, CA 93940 Dial - 211
www.211mc.org

FREE, easy-to-use source of information and referrals that connects to a wide variety of service needs. Resource available 24 hours a day, 7 days a week, in 170 languages. 2-1-1 provides for fast, free, confidential help for community services in Monterey County.

VETERANS RESOURCE CENTERS OF AMERICA

40 Bonifacio Plaza
Monterey, CA 93940 (831) 375-1184
vetsresource.org

Supportive services for veteran families. Rental assistance, transportation and more. Monday-Friday 8:00 am-5:00 pm

VETERANS TRANSITION CENTER – MARTINEZ HALL-DAY PROGRAM

220 12th St.
Marina, CA 93933 (831) 883-8387
www.vtcmonterey.org

Support services to homeless veterans including food, clothing, and blankets.