August 12, 2016

The Honorable Mark E. Hood
Presiding Judge of the Superior Court
County of Monterey
240 Church Street
Salinas, CA 93901

RE: Response to Civil Grand Jury Report/Housing Homeless Women Section

Dear Judge Hood:

On behalf of the Coalition of Homeless Services Providers, attached please find our response to the “Housing Homeless Women” section of the 2016 Civil Grand Jury report. The Coalition of Homeless Services Providers (CHSP) is a group of private nonprofit and public organizations working together to address the complex issue of homelessness. Our mission is to “eliminate homelessness in Monterey and San Benito Counties by promoting interagency coordination to develop and sustain a comprehensive system of housing and support services designed to maximize the self-sufficiency of individuals and families.” The programs of CHSP and its member agencies alleviate the human deprivation caused by family and individual homelessness and prevent the continuation of conditions of extreme poverty by breaking the cycle of homelessness.

Thank you for the opportunity to submit a response to the Civil Grand Jury report. Please feel free to contact me with any question you may have.

Sincerely,

Katherine J. Thoeni
Executive Officer

CC: CHSP Board of Directors
Monterey County Board of Supervisors
City of Salinas
City of Marina
City of Monterey
City of Seaside
Monterey County Department of Social Services
Monterey County Department of Behavioral Health
Findings and Recommendations

Finding F1: Monterey County’s Lead Me Home Plan has stalled due to factors including the recession, lack of development funds, lack of identified leadership and planning.

Finding F1: Monterey County Board of Supervisors shall appoint a leader to implement the Lead Me Home Plan to move forward.

The respondent partially agrees with Finding F1. Continuums of Care across the country were greatly impacted by the recession. The scope and severity of the housing market collapse during the recession drew national and local attention to the plight of those who have become or are struggling to avoid homelessness. Yet, while the housing slump that accompanied the recession, may have been the worst in 50 years, high levels of residential instability predated the recession. In addition to the recession, communities within the State of California also faced the closure of the redevelopment agency. Redevelopment agencies served as the second largest source of funding for affordable housing in California for 65 years. The loss of this support led to a decrease in the development of affordable housing throughout the state. At the local level, Monterey County suffers from insufficient numbers of landlords willing to participate in rental subsidy programs such as Housing Choice (Section 8), Supportive Services for Veteran Families (SSVF) and the Housing Support Program. Clearly, these national, state and local realities slow progress when it comes to addressing homelessness in our community.

Given the factors outlined directly above, and insufficient capacity to guide the strategies of the Lead Me Home Plan, the Plan stalled in certain areas for a period of time. This dynamic changed in the latter part of 2015 when the Monterey County Board of Supervisors directed County Department Directors to provide information related to local efforts to address homelessness. This process, and the resulting findings, confirmed the reality that additional capacity was needed to move the Plan forward. To respond, the Board of Supervisors approved a capacity expansion budget for the Coalition of Homeless Services Providers (Coalition) designated as Continuum of Care Coordinating agent by the Leadership Council (local Continuum of Care Board). The Leadership Council is comprised of representatives from the county, jurisdictions, homeless service providers, education, faith communities and affordable housing developers.

Coalition capacity expansion support led to the hiring of two additional staff members in March, 2016, an HMIS Data Coordinator and a Management Analyst, and funding to enhance the technology needed to fully implement the Coordinated Entry System, which is mandated by HUD/ESG/VA. The Coalition is well suited to guide the efforts of the Plan as it serves as a HUD/VA/ESG intermediary, is the lead agency for the Homeless Management Information System (HMIS), lead in sheltered/unsheltered Point in Time and Housing Inventory counts, and the local Coordinated Entry System. Significant Plan progress has been made from the approval of capacity expansion to the current date.

Lack of affordable housing is directly linked to homelessness. As the availability of affordable housing declines, the rate of homelessness increases. The community cannot address the problem of homelessness without addressing the problem of lack of affordable housing designed to serve those with an economic classification of 0-30% Area Median Income (AMI). The respondent agrees that political will is critical if homelessness in our community is to be successfully addressed, rather than managed. To succeed, political will should not be solely limited to the County, but must also include the cities within in it. It is important that genuine affordable housing and homeless program are located throughout the County, and not consolidated within just one or two jurisdictions. Success also requires a summoning of

Coalition of Homeless Services Providers Response to 2016 Civil Grand Jury Report/Housing Homeless Women
public will to overcome the inevitable neighborhood resistance to construction of affordable housing, and site homeless programs, in available spaces.

The respondent believes that the local agencies working on the homeless issue in our community are doing more than a reasonable job in addressing the situation. Given the complexity and breadth of the issue, there are always opportunities to improve the work being done. The respondent does not, however, agree that efforts are fragmented and lack leadership. The accomplishments of the Continuum of Care, numerous local agencies working together, and several County and jurisdictional departments, are significant, and should not be viewed merely as byproducts of a HUD mandate; rather, a focused, concerted effort to positively affect the lives of the homeless among us. These accomplishments include considerable successes in housing homeless throughout our community.

In spite of the recession, loss of redevelopment agency support, and insufficient landlord participation in the rental market, many outcomes of the Lead Me Home, 10 Year Plan to End Homelessness, have been met or on track. Since the Lead Me Home Plan was published in 2012, community accomplishments include, but are not limited to:

- 11% overall decline in homelessness in Monterey County as compared with the 2013 and 2015 Homeless Census report. The decline represents the first time local homelessness has been decreased since HUD mandated homeless census activities.
- 25% increase in emergency shelter beds due to implementation of Winter Warming Shelter program(s).
- 36% increase in permanent supportive housing beds.
- 317 Rapid-Rehousing beds added since publishing of the Lead Me Home Plan.
- 6 bed Homeless Medical Respite program added since the publishing of the Lead Me Home Plan.
- Farmworker housing substantially increased via Spreckles development.
- Activation of the Housing Pipeline committee which is described in the response to Finding 2.
- Creation and implementation of standardized performance measures for homeless programs.
- Development of continuum-wide Coordinated Assessment and Referral System (CARS), also known as Coordinated Entry. Coordinated entry is a consistent, community wide process to match people experiencing homelessness to community resources that are the best fit for their situation. In a community using coordinated entry, homeless individuals and families complete a standard triage assessment survey that identifies the best type of services for that household. Participating programs accept referrals from the system, reducing the need for people to traverse the county seeking assistance at every provider separately. When participating programs do not have enough space to accept all referrals from the system, people are prioritized for services based on need. Coordinated Entry overview attached to this response.
- Creation of a Community Health Center located in the Chinatown area of Salinas, slated for opening in the fall of 2016. In keeping with the Lead Me Home Plan, the Community Health Center will serve as a pilot program linked with explorations into a broader Salinas Chinatown Human Services Campus.
- Homeless Management Information System (HMIS) data quality increased from 75% to 95.5% on a consistent basis, representing a 20% increase in statistical data quality.
- Community Foundation for Monterey County has established an ongoing forum to address issues related to Chinatown.
- Expansion of Medi-Cal eligibility to all income eligible people and expansion of outreach services for mainstream public assistance throughout the community, including areas where homeless congregate.
- Delivery of coordinated Case Management training and resource sharing for homeless service personnel.

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• Development of systems maps using HMIS data to assess the results from emergency and transitional housing and to inform strategic planning.
• Five year (Oct, 2010 to Oct, 2015) trend analysis of local transitional housing data.

In addition to continuing to build upon accomplishments outlined above, two strategies require additional traction. Those areas are work related to Discharge Planning and Employment. Additional effort will be placed in these areas.

F2. The creation of the Housing Pipeline Committee, the first and primary step of the Lead Me Home Plan, did not occur.
F2. The appointed leader of the Lead Me Home Plan shall re-activate the Housing Pipeline Committee by June 2017.

The respondent disagrees with Finding F2. The Housing Pipeline of the Lead Me Home Plan was reactivated in March 2016 and meets on a monthly basis. The committee is co-chaired by the Director of the Monterey County Department of Social Services and the Planning Manager of an affordable housing developer with administrative and staff support provided by the Coalition of Homeless Services Providers. Committee membership includes, but is not limited to; city and county representatives, homeless service providers, affordable housing developers, local foundations, homeless advocates and a retired judge. The committee is actively working to expand membership even more.

The primary focus of the committee is to identify and develop strategies to increase the number of housing units in Monterey and San Benito Counties available to individuals and families who fall into the 0-30% area median income (AMI) economic category. The identified economic classification captures the housing needs of homeless individuals and families as well as the working poor.

Seven (7) projects in active development with construction to be completed within the next three years currently populate the housing pipeline. The committee is committed to adding projects to the pipeline as opportunities unfold.

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<th>Notes</th>
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<td>18</td>
<td>Senior Housing</td>
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<td>MidPen Housing Corp.</td>
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<td>Chinatown location</td>
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<td>CHISPA</td>
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<tr>
<td>Total</td>
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In addition to the activities described above, the committee is currently educating itself on the topic of General Obligation Bonds. General obligation bonds (in our case, “housing bonds”) are debt instruments issued by states and local governments to raise funds for public works. Most cities, towns, and counties levy various taxes or fees to pay for general obligation bonds. For example, San Francisco proposed a ballot initiative for $310 million in bonds to construct and renovate 30,000 units of affordable housing to be paid for by an assessed valuation property tax. The 2015 ballot measure passed with an affirmative 74.26%.

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Consideration points of a county general obligation bond are complex and would require far-reaching involvement from
the county, jurisdictions, private citizens and political will. The committee is currently working to bring experts to the
table as we continue to explore potential benefits, challenges and strategies.

F3. Faith-based and non-profit organizations are providing funding and services to house homeless women, but it is insufficient.

F4. Faith-based and non-profits should focus more funding toward housing the homeless. This would reduce the need for other ancillary services, saving money.

The respondent partially agrees with Finding F3. The magnitude and persistent nature of homelessness and how it
impacts the community is extraordinarily complicated. It would be easy to claim that cutting “ancillary” services saves
money that might be applied to bricks and mortar “housing.” Many homeless individuals and families would be able to
return to conventional housing within a brief period of time with limited services if a truly affordable rental unit was
available. But others, however, require intensive support services in order to be able to manage the basic demands of
daily living. Supportive housing is distinguished from standard affordable housing in that; they are poor, have chronic
health conditions that are at least episodically disabling, such as mental illness, HIV/AIDS, substance use issues or other
substantial barriers to housing stability (domestic violence, trauma, a history of out-of-home placements) and inability to
obtain or maintain housing without tightly linked services. Wrap-around supportive services is an essential program
component for the homeless people who need them.

F4. Funding is provided by Monterey County and cities to build low cost housing most of which are unaffordable for
homeless women.

F4. Monterey County and cities within it shall include more very low cost housing in their action and development
plans, beginning with their 2017 plan.

The respondent agrees with Finding F4. Available funding to build additional affordable housing for individuals and
families living at 0-30% Area Median Income (AMI) is insufficient to meet the need in our community. The challenges to
increase affordable housing (0-30% AMI) at the local level are many and varied. Monterey County is a high rent
community with few affordable rental unit’s available and insufficient numbers of landlords willing to participate in
rental subsidy programs such as Housing Choice (Section 8) or HUD-VASH. In addition, lack of sufficient land, water and
funding compound an already challenged landscape.

The respondent agrees that Monterey County and the cities within it should articulate a commitment to preserving and
increasing affordable housing specifically for individuals and families living at 0-30% AMI in Housing Elements and
Consolidated Plans. It is important to note that the Coalition of Homeless Services Providers submits comment to each
jurisdiction urging this precise inclusion during Housing Element and/or Consolidated Plan update periods. The critical
need for genuine affordable housing is the same for homeless women, men, and families.

F5. There are insufficient resources to house the homeless, evidenced by the increasing number of encampments and
people living on the street.

R5. Monterey County and cities within it shall cooperate with non-profits on proposals for alternative temporary
shelters for the homeless.
The respondent agrees with Finding F5. Since the Lead Me Home Plan was published, Monterey County has seen shifts where homeless residents congregate and the number of homeless encampments has grown in urban areas. These shifts and growths have led to a startling increase in the visibility of homeless residents and concerns for public and human safety have become high priority. Emergency shelter beds are a key component in the continuum of care and current inventory should be maintained and expanded. It is important to note that government funding is shifting away from emergency shelter support in order to increase dollars for permanent housing. The respondent believes that two cross-population year round shelters are needed, one in that Salinas area and one on the Peninsula. At the very least, additional shelters should be open nightly while striving to expand to 24-hour availability in the future. In order to move homeless individuals and families through the emergency shelter system, comprehensive case management should be provided. In light of shrinking emergency shelter funding opportunities, the respondent urges Monterey County and cities within it to actively support the maintenance and expansion of local emergency shelter beds.

F6. The cities of Monterey, Salinas and Marina and Monterey County have identified property owned by them that could be used for low cost and transitional housing, but it is currently not being utilized.

R6. Monterey County and cities within it shall identify which of their owned property could be utilized for very low cost and transitional housing by June 2017.

The respondent partially agrees with Finding F6. It is the respondents understanding that the cities of Monterey, Salinas, Marina and Monterey County have identified property owned by them that may be considered as surplus. Not as readily known, on a wide-scale basis is the suitability of identified properties for development purposes. For example, a city may own a parcel with significant environmental issues preventing housing development without remediation. Other examples include properties with no attached water rights or land that is simply not conducive with development.

It would, however, be helpful on many levels to have a user friendly county-wide matrix that illustrates surplus properties by jurisdiction with notations indicating specific development challenges connected to each parcel. The respondent would also encourage the Monterey County School District to make available a listing of surplus school properties located in the community that could be considered for affordable housing development.

F7. Safe overnight parking for homeless women is scarce in Monterey County.

R6. Monterey County and cities within it shall increase permits for safe overnight parking for homeless women living in their vehicles by June 2017.

The Respondent partially agrees with Finding F7. Please see the attached position related to Temporary Homeless Encampments and Nighttime Safe Parking Programs as approved by the Board of Directors of the Coalition of Homeless Services Providers on August 19, 2014.
POSITION ON TEMPORARY HOMELESS ENCAMPMENTS

The Coalition of Homeless Services Providers (Coalition) approved the following position on August 19, 2014 regarding homeless encampments in Monterey and San Benito Counties. Incorporated as a nonprofit in 1994, the Coalition has a mission of ending homelessness by helping coordinate, support and fund our local Continuum of Care shelter/housing and service programs. To accomplish this, the Coalition strategically partners with other community stakeholders to implement Lead Me Home, the 10 Year Plan to End Homelessness in Monterey & San Benito Counties. Further, the Coalition fully supports the Federal HEARTH (Homeless Emergency Assistance, Rapid Transition to Housing) Act, with its focus on Prevention/Rapid-Rehousing, Permanent Supportive Housing, and regional, cross-system, multi-jurisdictional planning as the best strategies to reduce and end homelessness in our communities.

Temporary accommodations built by homeless people in public spaces are far from ideal solutions. As such, the Coalition does not endorse temporary homeless encampments. It is the position of the Coalition that permanent housing is the only lasting solution for homelessness. Without suitable shelter combined with supportive services, the fundamental needs of the homeless will remain unmet and the frustrations in our communities will increase.

To end homelessness, long-term plans for affordable housing are essential. Homeless encampments are a short-term response to the immediate crisis of individuals living on the streets, in the woods, on the beach and elsewhere in our communities. The increased capacity for shelter, housing, and service opportunities is our most critical recommendation as articulated in the Lead Me Home Plan to End Homelessness in Monterey and San Benito Counties. Until the local stock of recommended housing solutions meets demand, homeless people will continue to live on the streets in Monterey and San Benito Counties.

The Coalition recognizes that city and county officials may choose to endorse homeless encampments on a temporary basis. The Coalition offers the attached recommendations for temporary homeless encampments should a jurisdiction choose to develop a policy adopting temporary homeless encampments.

For additional information: Katherine Thoene/Executive Officer Coalition of Homeless Services Providers 831-883-3080 chspmontr@gmail.com
Coalition of Homeless Services Providers

TEMPORARY HOMELESS ENCAMPMENTS

Definitions

Temporary Homeless Encampment: means a transient or interim gathering or community residing out of doors on a site with services provided and supervised by a Sponsor or Managing Agency comprised of temporary enclosures (tents and other forms of portable shelter that are not permanently attached to the ground), which may include common areas designed to provide food, living and sanitary services to the occupants of the encampment. The definition of “Temporary Homeless Encampment” will also apply to Nighttime Safe Parking Programs.

Managing Agency: means an organization that organizes and manages a Temporary Homeless Encampment. A Managing Agency may be the same entity as the Sponsor.

Sponsor: means a local, community based organization(s), faith community or other organized network that has a written agreement with the Managing Agency to provide basic services and support for the residents of a Temporary Homeless Encampment. A Sponsor may be the same entity as the Managing Agency.

Tent: means a temporary structure, enclosure or shelter constructed of fabric or pliable material.

Safe Parking Program: means a program that provides overnight parking accommodations in designated public or private lots for homeless individuals and families who are living in their campers, cars or other vehicles.

Resident Council: means a group of Temporary Homeless Encampment occupants that participate in decision making activities, in an advisory capacity, with the Managing Agency and Sponsor on matters directly affecting the interests, well-being and safety of occupants.

Recommended Standards

The Coalition of Homeless Services Providers recommends the following Temporary Homeless Encampment standard should a city or county jurisdiction approve a temporary homeless encampment to be located within its geographic boundaries.

A. Jurisdictions should consider shelter bed capacity within the locality to determine the fundamental need for Temporary Homeless Encampments.

B. Jurisdictions should consider establishing a Temporary Homeless Encampment permit process to memorialize standards, time-frames and agreements. Public hearings should be considered prior to issuing permits. Jurisdictions should not grant a Temporary Homeless Encampment permit for the same location more frequently than once in every 365-day period. Temporary Homeless Encampment activities should be limited to a six (6) to twelve (12) month duration. Temporary Homeless Encampments must be restored to its pre-encampment conditions within one-week after the permit expires.

C. Jurisdictions should consider and formalize liability, indemnification and/or hold harmless requirements between locality, Managing Agency and Sponsor.

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D. No part of Temporary Homeless Encampments should encroach on setbacks between properties, or into a critical area or critical area buffer. Any tent, canopy or membrane structure must be located a reasonably safe distance away for any building, fence, or internal combustion engine.

E. Exterior lighting should be directed downward and contained within the Temporary Homeless Encampment.

F. The maximum number of occupants within a Temporary Homeless Encampment should be determined by taking into consideration the size and conditions of the proposed site; however, it should not exceed 100 regardless of size or condition.

G. The Temporary Homeless Encampment should be located within one half mile of public transit service.

H. The Managing Agency and Sponsor should not permit children under the age of 18 to stay overnight in the Temporary Homeless Encampment, unless circumstances prevent a more suitable overnight accommodation for the child and parent or guardian. If a child under the age of 18, either alone or accompanied by a parent or guardian, attempts to stay overnight, the Managing Agency and should endeavor to find alternatives shelter for the child and any accompanying parent or guardian. No children under 18 that are not accompanied by a parent or guardian should be allowed in the Temporary Homeless Encampment. This standard may be waived with Safe Parking Programs if the child under the age of 18 is in direct custody and supervision of a parent or guardian. No children under the age of 18 that are not accompanied by a parent or guardian are allowed in the Safe Parking Program.

I. The Managing Agency, Sponsor and Temporary Homeless Encampment residents should ensure compliance with applicable state statutes and regulations and local ordinances concerning, but not limited to, drinking water connections, solid waste disposal, human waste, and outdoor fire or burning, electrical systems, and fire resistant materials.

J. The Managing Agency and Sponsor should actively participate in the established CA-506 Continuum of Care Homeless Management Information System (HMIS.) The Managing Agency and Sponsor should submit quarterly reports to the jurisdiction. Failure to submit reports may lead to the revocation of Temporary Encampment permits.

K. The Managing Agency and Sponsor should provide sanitary portable toilets in the number required to meet capacity guidelines by the manufacturer, self-contained hand washing stations by the portable toilets and by any area where food is either dispensed or consumed communally, sufficient refuse receptacles, adequate number of fire extinguishers with appropriate rating and adequate source of water for both sanitation and drinking.

L. The Managing Agency and Sponsor should appoint a member to serve as a point of contact for the local Police Department. At least one member should be on duty at all times at the Temporary Homeless Encampment. The names of the on-duty members should be posted daily.

M. The Managing Agency and Sponsor should actively solicit and permit inspections of the temporary homeless encampment by the local health district, and timely implement all directives of the health district within the time period specified by the health district. They should immediately report to the health district suspected food poisoning, unusual prevalence of fever, diarrhea, sore throat, vomiting, jaundice, productive cough, or when significant weight loss is a prominent symptom among occupants.

N. The Managing Agency and Sponsor should immediately contact the local Police Department if someone is rejected or ejected from the Temporary Homeless Encampment in the reasonable opinion of the on-duty member or on-duty security staff, the rejected/ejected person is a potential threat to the community.

O. The Managing Agency and Sponsor should permit reasonable inspections of the Temporary Homeless Encampment by the city/county code enforcement officers, building officials, fire marshal or their designee. The Managing Agency and Sponsor should implement all directives within the time period specified by the city/county code enforcement officer, building official, fire marshal or their designee.

P. The Temporary Homeless Encampment should not be materially detrimental to the public welfare or injurious to the property or improvements in its vicinity.
Q. The Managing Agency and Sponsor should establish a Resident Council minimally comprised of a Chair, Vice-Chair and Secretary. A Resident Council handbook should be developed to articulate resident council roles and responsibilities.

R. The Managing Agency and Sponsor should conduct a standard assessment prior to approving an occupant of the Temporary Homeless Encampment. It is suggested that members of the Resident Council participate in the assessment and approval process.

S. The Managing Agency and Sponsor should provide and enforce within said Encampment a written Code of Conduct, which provides for the health, safety and welfare of the temporary homeless encampment residents, but also mitigates impacts to neighbors and the community. All Temporary Homeless Encampment occupants should sign an agreement to abide by the code of conduct and failure to do so may result in a corrective action plan or the noncompliant occupant’s immediate expulsion from the property. It is suggested that members of the Resident Council participate in corrective action process.

T. The Managing Agency and Sponsor should ensure that Temporary Homeless Encampment occupants have access to supportive services to include, but not be limited to; mental health, primary medical services, employment readiness, financial literacy, benefit coordination, recovery programs and affordable housing opportunities.

U. The Managing Agency and Sponsor should actively participate in CA-506 Continuum of Care Coordinated Referral and Assessment activities with a documented priority to transition Temporary Homeless Encampment occupants into permanent or permanent supportive housing.

V. The Managing Agency and Sponsor should keep a log of all people who stay overnight in the temporary homeless encampment, including names and birth dates. Logs shall be kept for a minimum of one (1) year.

W. The Managing Agency and Sponsor should manage Temporary Homeless Encampment occupants and prohibit alcohol, drugs, weapons, fighting, and abuse of any kind while located on the property.

X. Because each Temporary Homeless Encampment has unique characteristics, including but not limited to size, duration, uses, number of occupants and composition, the jurisdiction should have the authority to impose the conditions to the issuance of the permit for Temporary Homeless Encampments to mitigate effects on the community upon finding that said effects are materially detrimental to the public welfare or injurious to the property or improvements in the vicinity. Conditions, if imposed, should relate to findings and be calculated to minimize nuisance generating features in the matters of noise, waste, air quality, unsightliness, traffic, physical hazards and other similar matters that the Temporary Homeless Encampment does not meet the requirements and standards or adequate mitigation may not be feasible or possible, the city/county may deny issuance of a temporary homeless encampment permit.

End of Document
Monterey/San Benito Counties (CA-506)
Coordinated Entry System

The CA-506 Continuum of Care is comprised of two counties—San Benito and Monterey Counties. Due to the large geographic size of the CoC, the community has selected a decentralized Coordinated Entry process using a “no wrong door” approach.

Coordinated entry is a consistent, community wide process to match people experiencing homelessness to community resources that are the best fit for their situation. In a community using coordinated entry, homeless individuals and families complete a standard triage assessment survey that identifies the best type of services for that household. Participating programs accept referrals from the system, reducing the need for people to traverse the county seeking assistance at every provider separately. When participating programs do not have enough space to accept all referrals from the system, people are prioritized for services based on need. In the Monterey/San Benito Counties Continuum of Care (CoC), the system is referred to as the Coordinated Assessment and Referral System (CARS).

The coordinated entry system will:

- Use existing resources more effectively by connecting people to the housing program that is the best fit for their situation.
- Reduce the need for people to call around to multiple housing programs and fill out multiple applications to join waitlists. Coordinated entry assesses people for all participating permanent housing programs at the same time.
- Provide clear communication about what housing is available and when it is available.
- Leverage technology to improve system effectiveness.
- Improve information about homelessness and program and system performance. This information will help us to advocate for more resources to provide housing and services for homeless people and to better direct existing resources.
- Strengthen systems change efforts and improve CoC-wide collaboration.

Project Overview
All homeless individuals and families entering the CARS system complete a standard triage assessment survey that considers the household’s situation and identifies the best type of housing intervention to address their situation.

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standard triage assessment survey used is the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). The VI-SPDAT is integrated into the Homeless Outreach Mobile Engagement (HOME) app for people who are homeless, and conducted at CARS partner agencies, including shelters, service centers, transitional housing programs, permanent housing programs, and outreach programs, or wherever people who are homeless first encounter our system of care.

Homeless housing programs, including permanent supportive housing, rapid rehousing, and transitional housing, fill available spaces in their programs from a master list of eligible households generated from the HOME app. To ensure the most needy are housed first, the master list is prioritized based on VI-SPDAT scores, length of time homeless, severity of need, and local population priorities. This coordination improves the targeting of housing resources CoC-wide, and reduces the need for people to traverse the county seeking assistance at every provider separately. HMIS data are integrated with HOME app data in a data warehouse.

CARS uses a decentralized “any door” system of access, so that persons in need can contact the system at any one of multiple participating programs in different geographic locations. CARS coordinated entry is inclusive and known to street outreach teams, homeless service providers, institutions (hospitals and jails), 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. These groups and institutions will either serve as Access Points or have the ability to make referrals to Access Points.

**Local Vision for Coordinated Entry**
All individuals and families experiencing or at risk of homelessness in Monterey and San Benito counties will have a fair, standardized, automated, and easily accessible process for timely access to the most appropriate housing intervention and services given their needs, in a client centered, culturally competent setting that supports client choice and dignity.

**Target Population**
CARS serves all families and individuals who are homeless or at risk of homelessness as defined under the federal HEARTH Act and its implementing regulations.

**Geographic Coverage**
CARS covers the entire CoC area, which includes all of Monterey and San Benito counties.

**Governance Structure**
CARS is governed by the Monterey/San Benito Counties CoC. As referred to above, the CoC is ultimately responsible for compliance with HUD requirements under the CoC Interim Rule that include:

- Establishing and operating a centralized or coordinated assessment system.
- Meeting the HUD coordinated entry requirements described above, in the CoC Interim Rule, in any other HUD Notice, and in the CoC Notice of Funding Available (NOFA).
- Developing a specific policy for how the coordinated entry system will address the needs of persons fleeing domestic violence, but who are seeking assistance from non-victim service programs.
- Establishing and following written standards for CoC assistance.
- Coordinating with ESG recipients in establishing the centralized or coordinated assessment system and CoC written standards.

The Homelessness Prevention and Rapid Rehousing Program (HPRP) Committee of the CoC has significant responsibilities that include:

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Meeting monthly to help plan, implement, and operate CARS.
Serving as a forum for CoC member, provider, and community participation and feedback in planning, implementing, and operating CARS, and in identifying needs and solutions related to the project.
Developing specific, program, policy, and technology options and solutions for recommendation to and approval by the CoC.
Coordinating with the staff of the CARS Lead Agency.
Coordinating with the CoC’s HMIS and CARS technology provider.
Reviewing system performance data and evaluating the efficiency of CARS.
Other tasks as needed.

Agency Roles & Responsibilities
Lead Agency – Coalition of Homeless Service Providers
Due to its proven leadership in homelessness, high profile, and access to resources and expertise, the Coalition of Homeless Service Providers (Coalition) has been selected by the CoC as the CARS lead agency. Thus, the Coalition is responsible for day-to-day administration of CARS, including but not limited to:

- Hiring and training staff to support CARS.
- Managing and overseeing contractors working on components of CARS.
- Working to ensure resources are available for the project.
- Gathering (with provider input) and keeping up to date information regarding shelter and housing bed/unit availability.
- Expanding HMIS capacity to fully incorporate all components of CARS.
- Ensuring a technology solution so that providers that are not currently participating in HMIS can use the system and conduct assessments.
- Implementing and administering the CARS master list.
- Providing training across the homeless service provider network to enact systems change to incorporate CARS.
- Developing and updating CARS policies and procedures.
- Managing the client eligibility and acceptance determination appeals process.
- Participating in case conferences requested to resolve housing placement issues or concerns.
- Preparing materials for and facilitating CoC and HPRP Committee meetings related to CARS.
- Creating and widely disseminating materials regarding CARS and how to access its services.
- Providing reports on the progress of CARS to elected officials and public, and serving as a point of contact for media and public requests for information.

Partner Agencies
All programs that receive CoC, ESG, HUD VASH, or targeted VA funding are required by their funding sources to participate in CARS. All other programs serving persons who are or are at risk of experiencing homelessness are encouraged and welcome to join CARS. Agencies with programs that are not required by their funder to participate in the CES will sign a Memorandum of Understanding (See Attachment D) agreeing to participate in CARS. In general, partner agencies are responsible for:

- Ensuring that clients seeking assistance have prompt access to screening and assessment in a safe and welcoming environment.
- Carrying out screening and assessment of clients, responding to their immediate needs, using CARS tools and technology, supporting referral of clients per CARS protocols, accepting client referrals per CARS protocols.
- Attending CARS trainings.
- Following CARS policies and procedures.
- For receiving agency – accepting and promptly acting on client referrals through CARS.

• Participating in case conferences requested to resolve housing placement issues or concerns.
• Abide by client eligibility and acceptance determination decision.
• Attending CARS-related meetings.

Any Door Model
Because of the diversity and geographic size of the Monterey and San Benito Counties CoC, CARS uses a decentralized “any door” system of access. This benefits persons in need because they can contact the system at any one of multiple participating programs in different geographic locations. The principles of the approach are:

• A client can seek help through any of the participating programs and will receive integrated services.
• Clients gain equal access to information and advice about the housing assistance for which they are eligible in order to assist them in making informed choices.
• Participating providers have a responsibility to respond to the range of client needs pertaining to homelessness and housing, and act as the primary contact for clients who apply for assistance through their service unless or until another provider assumes that role.
• Participating providers will guide the client in applying for assistance or accessing services from another provider regardless of whether the original provider delivers the specific housing services required by a presenting client.
• Participating providers will work collaboratively to achieve responsive and streamlined access services and cooperate to use available resources to achieve the best possible housing outcomes for clients, particularly for those with high, complex or urgent needs.

Access Points
To ensure easy access to assistance, CARS provides access to assessments, housing, and services from multiple, convenient locations throughout the Monterey and San Benito counties. Person in need may initiate a request for housing/services by walking into or calling any participating program, or through contact with a street outreach program.

The minimum requirements for a program to participate as a physical access point are:

• Have user access to the HOME App.
• Have at least one staff person trained and authorized both to use of the HOME app and to conduct the VI-SPDAT assessment.
• Sign a CARS participation agreement.
• Agree to follow CARS policies and procedures, community guidelines for conducting assessments and communicating about coordinated entry.
• Agree to provide additional referrals to other community services, as appropriate, to people completing the assessment.

Detailed information regarding CARS access points, locations, contact information, and hours of operation are posted on the Coalition of Homeless Service Provider’s website: http://www.chsmontereycounty.org.

Assessment

Standardized Assessment Tool – VI SPDAT
CARS uses the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) as the standard assessment tool. The VI-SPDAT is built into the HOME app, facilitating participation in CARS by programs that do not use HMIS.

The VI-SPDAT is completed in the HOME app with all individuals and families who are homeless under HUD’s definition Coalition of Homeless Services Providers Response to 2016 Civil Grand Jury Report/Housing Homeless Women
of homelessness. The assessment can be conducted by any program participating in CARS.

Training and Authorization of Users
As mentioned above, the VI-SPDAT can only be conducted by staff (or volunteers) who have successfully completed training and been authorized by the Coalition as the CARS lead agency. Trainings are coordinated by CoC staff and include but are not limited to training on:

- Using the HOME app
- Completing the VI-SPDAT (conducted by OrgCode or a certified local trainer)
- Communicating with clients about coordinated entry and answering their questions.

Pre-Screening Questions
As a first step, the individual or family should be asked basic pre-screening questions to determine if they need homelessness assistance and whether they have already received the VI-SPDAT. If it is determined that they do not need homelessness assistance, the assessment process should not be continued. Rather, they should be provided or directed to other more appropriate services, e.g., prevention services if they are at risk of homelessness.

If the individual or family does need homelessness assistance, staff should check the HOME app to see if they have already received the VI-SPDAT in the past year. If not, or if it seems their situation has changed significantly since the last time, the assessment can proceed as follows.

Communication
The assessment should be conducted in a setting that promotes safety, privacy, and confidentiality. Staff conducting the assessment should follow community guidelines below for explaining the assessment process and benefits. Key points that may be covered include:

- That the assessment takes about 10 minutes and most responses are “yes” or “no,” or just one word.
- That the collected information will be entered into the HOME app which will help ensure that they will only need to compete the assessment once, that they will go onto the master list, and that they will not have to go around to different agencies getting on separate waiting lists.
- That if they have an existing case manager helping them apply for housing, they should continue working with that case manager.
- That the assessment will help result in a recommended housing intervention.
- That due to limited housing availability, it is unlikely that the recommended intervention will be available immediately, and it is important provide up-to-date contact information for when the intervention does become available.
- That the assessment is voluntary, but that not completing it will make it easier to provide the assistance needed.
- That the assessment will be conducted and entered into the HOME app only if a Release of Information (ROI) is signed.

Release of Information and Data Sharing
The assessment and VI-SPDAT are covered by a standard HIPAA-compliant ROI. The ROI authorizes the agency to conduct the assessment and VI-SPDAT, enter the information into the HOME app, and share the individual or family’s information with other participating agencies to facilitate connecting the individual or family with housing and services. The ROI must be signed before any information can be collected and entered into the HOME App.

Coalition of Homeless Services Providers Response to 2016 Civil Grand Jury Report/Housing Homeless Women
Conducting the Assessment
If the ROI has been signed the assessment can be conducted. The assessment can be entered directly into the HOME app, or if more comfortable for the client, completed on paper. If completed on paper, the results must be entered into the HOME app within 24 hours of the assessment.

The VI-SPDAT and its questions are supported by an extensive body of evidence from peer-reviewed studies and government documents. Any changes to the wording (unless authorized) or the order of the questions could make the assessment less valid. Thus, the assessment process should adhere to the following rules:

- Clients may be asked to answer the questions as accurately as possible.
- The order of questions should not be changed.
- All questions should be asked, including all linked questions.
- The wording used should not be changed (unless authorized).
- The information gathered and entered should only be through client self-report (not through staff opinion or guesses or third-party information).

Updates to the Assessment
As long as individuals/families remain homeless, they should complete the VI-SPDAT annually to capture changes in their circumstances. In addition, individuals/households may complete an update whenever they experience a significant change in their circumstances.

Basic Referral Steps/Responsibilities

<table>
<thead>
<tr>
<th>Step</th>
<th>Timeliness Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>When a bed/unit will be available, CoC staff start process of locating highest ranking appropriate client.</td>
</tr>
<tr>
<td>Step 2</td>
<td>CoC staff attempt to make contact with appropriate client; for efficiency CoC staff may chose to contact up to the 3 highest ranking appropriate clients per unit.</td>
</tr>
<tr>
<td>Step 3</td>
<td>If contact not made, CoC staff move on to the next highest ranking appropriate client.</td>
</tr>
<tr>
<td>Step 4</td>
<td>Once contacted, client decides whether or not to accept referral.</td>
</tr>
<tr>
<td>Step 5</td>
<td>If referral declined, CoC staff move on to the next highest ranking appropriate client. Absent extenuating circumstances, client declining 2 referrals will be moved to bottom of master list for their VI-SPDAT score.</td>
</tr>
<tr>
<td>Step 6</td>
<td>If referral accepted, CoC staff record the referral within the master list and follow up with receiving program as needed.</td>
</tr>
</tbody>
</table>

Receiving Program Steps

<table>
<thead>
<tr>
<th>Step</th>
<th>Timeliness Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Once referral made, receiving program attempts to contact client to schedule appointment.</td>
</tr>
<tr>
<td>Step 2</td>
<td>Once client contacted, receiving program schedules appointment.</td>
</tr>
<tr>
<td>Step 3</td>
<td>If the client misses appointment, receiving program attempts to schedule 2nd appointment. Absent extenuating circumstances,</td>
</tr>
</tbody>
</table>

Coalition of Homeless Services Providers Response to 2016 Civil Grand Jury Report/Housing Homeless Women
client missing 2 appointments will be moved to bottom of master list for their VI-SPDAT score.

<table>
<thead>
<tr>
<th>Step 4</th>
<th>Absent extenuating circumstances, client has 3 business days after intake interview to provide to provide missing application materials.</th>
<th>3 business days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 5</td>
<td>Receiving program provides client with written eligibility/acceptance determination (see below).</td>
<td>3 business days or when application materials complete</td>
</tr>
<tr>
<td>Step 6</td>
<td>If client accepted, receiving program works with client to arrange move in.</td>
<td>30 calendar days latest</td>
</tr>
<tr>
<td>Step 7</td>
<td>Receiving program records program entry in HMIS (or uses the master list to refer back to CoC if client rejected).</td>
<td>Immediately</td>
</tr>
</tbody>
</table>

**Extenuating Circumstances**
A key goal of the process is to balance the need for process efficiency with the goal of ensuring that clients, who often face considerable challenges, have every opportunity to access and succeed in housing. Thus, clients who decline more than one referral, who miss two or more appointments, or who are late in providing application materials can be excused if there are extenuating circumstances.

“Extenuating circumstances,” means circumstances outside of the client’s control preventing the client from accepting the referral, attending an appointment, or providing documentation timely. This is a case-by-case determination. Examples of extenuating circumstance include:

- Verifiable medical problem or lack of funds preventing accepting of a housing referral
- Verifiable Illness or lack of transportation means preventing attendance at appointment
- Required documentation not available in time from the source preventing timely provision of application materials.

Extenuating circumstances do not include matters within a client’s control. For example, they do not include a client’s choice or preference for location of housing, unless for example a different location is needed for accessibility reasons or safety from domestic violence, or for example a particular program is required for recovery from military sexual violence.

A determination of extenuating circumstances requires the client to provide documentation of the extenuating circumstance where possible or legally allowable, and to communicate regularly regarding steps to move forward in the process.

**Expectation that Receiving Program will Accept Referrals**
To ensure system efficiency and the best possible client service, receiving programs are generally expected to accept every referral received from CARS.

**Declining of Referrals from CARS**
Notwithstanding the above expectation, receiving programs may decline an individual or family referred through CARS if any of the following exceptions are demonstrated:

Coalition of Homeless Services Providers Response to 2016 Civil Grand Jury Report/Housing Homeless Women
• There is no appropriate vacancy available
• Household presents with more or fewer people than the unit is designed for in line with housing standards
• The individual or family is not eligible under funding source or local eligibility requirements for the program in question (see the Local Eligibility Limits by Housing Program Type)
• For recovery-based housing programs only: if an individual indicates unwillingness to comply with sober program requirements
• The program provides documentation that it lacks the resources needed to effectively or safely serve and support the individual or family in question
• For transitional housing programs only: if the client has already graduated from a transitional housing program within the previous two years
• Client misses two or more intake appointments within a 48-hour period of time
• Clients may decline a referral because of program requirements that are inconsistent with their needs or preferences. There are no limitations on this decision
• The program provides documentation that it is contractually required to serve only clients referred from a sole source or separate process (e.g., processes for County Behavior Health, CalWORKS Housing Support, or SSVF)
• There is a conflict of interest as defined in writing by the receiving agency, e.g., where the client is related to a staff or Board member of the receiving agency

Receiving Program Accountability for Turning Down Referrals
If a receiving program shows a pattern of declining otherwise acceptable referrals, it will be subject to accountability measures. A “pattern” is defined as two or more instances of declining an otherwise acceptable referral within a period of 60 calendar days. A second violation occurs when there is another instance of declining an otherwise acceptable referral within 12 months from the first violation. Additional violations occur when there are any other instances of declining an otherwise acceptable referral within 12 months from the second violation.

Accountability measures for receiving programs showing violations of this policy will be in progressive tiers as follows:

• Tier 1 (one pattern violation): Agency must participate in a conference with CoC Coordinator to determine reasons and plan to resolve
• Tier 2 (second pattern violation in 12 months): Agency is required to develop and implement a written Performance Improvement Plan (PIP) which may include staff re-training; the PIP must be approved by the CoC Coordinator
• Tier 3 (any addition pattern violations in an additional 12 months or evidence of failure to implement the PIP): Lower score in CoC and/or other funding competitions, and potential CoC grant reallocation

Receiving Program Follow Up Responsibilities
• Take reasonable steps to notify the client verbally and with a letter of the decision and reasons within one business day after completion of the client’s application and program decision. Where no mailing address can be determined, the letter should be left at the program front desk.
• The decision letter must:
  o Use a decision letter format provided by CoC staff with space for the agency to provide additional information regarding the decision.
  o Be put on agency letterhead, be dated, and be signed by an authorized staff member.
  o Give the first available move-in date (if the client is accepted).
  o Include a brief statement of reasons for the denial, must include a statement that the client has a right to an appeal process, must include instructions for appealing the decision (if the client is rejected).
  o Comply with the HIPAA privacy rule or any other applicable confidentiality requirements.
• Copy any rejection letter to CoC staff at the same time it is provided to the client.
• Communicate timely with CoC staff so that all steps can be taken to reassign the client.
• Participate in any case conference, if requested by CoC staff, to assist in finding a more appropriate referral.
• Accept client if appeals process overturns denial decision

Additional Receiving Program Responsibilities
• Keep CoC staff apprised weekly of any beds/units that are currently vacant, or that they know will become vacant, along with relevant programmatic details, so that CoC staff can update the master list and separate report on upcoming bed/unit availability. RRH programs will indicate whether funding is or will be available for financial assistance, along with funding source (e.g., SSVF).
• Check the master list daily to see if any referrals have been made to the program.
• Ensure that HMIS records are complete, accurate, and timely.

Client Appeals Process
Clients referred by or through CARS have a right to appeal adverse program admissions decisions by receiving programs. The appeals process is as follows:

Notice of Denial to Applicant
• The above-referenced decision letter will serve as effective written notice of a decision to deny program admission.

Scheduling a Hearing
• The client must make a request for a hearing in writing and delivered to CoC staff in person, via mail, or via e-mail. The request must be received by CoC staff within 10 business days after the date of the written notice to deny program admission.
• CoC staff must schedule and send written notice to the client and receiving program director of the hearing within 10 business days after the date of the client’s request. The notice to the receiving program director must include a copy of the client’s request.

Hearing Procedures
• The CoC Coordinator, or his or her designee, will conduct hearings. In all cases, the hearing must be conducted by a person other than one who participated in or approved the denial decision, or a subordinate of this person.
• The client must be given the opportunity to provide written or oral objections to the denial decision, and the receiving program must be given the opportunity to provide written or oral justifications for the denial decision.
• If the client fails to appear for the hearing, the denial decision will be upheld.

Appeal Decision
• CoC Coordinator, or his or her designee, will be responsible for making the final decision on whether or not program admission should be granted or denied.
• In making the decision, the following factors should be evaluated:
  o Were the grounds for denial stated factually in the notice of decision to the client?
  o Were the grounds for the denial decision valid? If there was no basis for the decision in applicable law, regulations, or CARS policies and procedures, then the decision to deny will be overturned.
  o Was there sufficient evidence supporting the grounds for denial? If the evidence proves there were valid grounds for denial, and denial is required by law or CoC policy, then the decision to deny will be upheld.
• The CoC Coordinator, or his or her designee, will provide written notice within 10 business days of the hearing to the client and receiving program director of the final decision, including a statement of the reasons for the decision.
Accessibility

- The appeals process will comply with applicable law on disability, language, and literacy access.
- Accommodations must be offered as required by the law at any and all stages of the appeals process on the basis of disability, language, or literacy.
- Examples of accommodations include but are not limited to: reading of the denial notice to the client, language translation of materials, use of a translation line or service, and provision of assistive listening services.
Monterey County Coordinated Entry System Schematic

**HOME App**
- Loaded with VI-SPOA's
- Bi-directional API links HOME to HMIS Lync
- Cross platform, open source
- Works on any device with desktop or mobile browser
- Web based admin, end user and reporting interfaces

**HMIS Database(s)**
- HMIS data elements uploaded
- To HMIS Lync via XML/API
- Data transfer from HMIS Lync to your current HMIS system possible, provided vendor supports such functionality

**Other Database(s)**
- Link API-compatible systems to HMIS Lync
- Upload data or use notification system

**HMIS Lync Data Warehouse**
- Open source warehouse composed of independent microservices
- Services include:
  - Client match using Open Enterprise Master Reference Index (EMP)
  - Housing Match Logic
  - Housing Inventory Tracking
  - Custom Assessments
  - Local priorities

**HMIS Lync leverages a Postgr SQL database for on-the-fly transactions and a massop release database for reporting on big data. HMIS data standards compliant and multi-HMIS schema compliant.**

**Tableau Reports Library includes:**
- Demographics and Outcomes
- Length of time homeless
- Recidivism: extent persons return to homelessness
- Number of homeless persons
- Jobs and income growth
- Homeless prevention and housing placement
- Successful housing placement
- HIC/PIT Aggregate
- HUD Performance Measures Dashboard
- Annual Performance Report (APR) Dashboard
- Annual Homeless Assessment Report (AHAR) Dashboard