LEAD ME HOME

THE GAME PLAN FOR HOUSING HOMELESS PEOPLE IN MONTEREY AND SAN BENITO COUNTIES
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*Sept 2010 – June 2011*

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This Plan was produced by HomeBase/The Center for Common Concerns, a nonprofit law firm dedicated to advancing solutions to homelessness. HomeBase was under contract to The Coalition of Homeless Services Providers, funded by the Department of Social and Employment Services. HomeBase staffed the development and convenings of the Leadership Council and all staff working groups. For further information about the Plan and Plan implementation, contact Glorietta Rowland, Coalition of Homeless Services Providers at CHSPMontry@aol.com or (831) 883-3080.
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**Lead Me Home** builds upon the successful relationships developed during the creation of this Plan. These relationships are multi-organizational, multi-governmental, and multi-sectoral. Collaboratively, an approach has begun to identify successful practices, organize resources, scale up to the size of the problem, and produce public value by delivering meaningful results. This will require continued innovation by community-based organizations, advances in government policy practices, and meaningful private sector investment.

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

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

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**MISSION**

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

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

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**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.

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

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

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

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

**Monterey County**

- 2,507 people are homeless in Monterey County on any given night, and 3,472 experience homelessness annually. This includes 251 families and 271 unaccompanied children and youth. This is a growth in the homeless population of 4% since the 2009 census.

- Nearly 2/3 of those homeless (61%) are male, and almost half (47%) are between the ages of 31-50.

- 73% are unsheltered, with 30% living outdoors, on the streets, in parks and in encampments.

- Growing numbers of people are chronically homeless. It is estimated that 1,345 individuals are chronically homeless on any given night, an increase of 22% since 2009.

- Growing numbers (43%) are homeless for the first time. This is an increase of 10% since 2009.

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1 2010 U.S. Census Bureau, American Community Survey
2 California Employment Development Department, Maps of Unemployment Rates and Jobs, August 2011
• 57% of those homeless have one or more disabling conditions, including a physical disability, mental illness, substance abuse disorder or a chronic health condition.

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

San Benito County

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

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

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

• 20% of the homeless population is chronically homeless.

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

• More than half (56%) cited job loss as the primary cause of their homelessness.
Stable housing is the foundation upon which people build their lives -- absent a safe, decent, affordable place to live, it is next to impossible to achieve good health, positive educational outcomes, or reach one’s economic potential. Indeed, for many persons living in poverty, the lack of stable housing leads to costly cycling through crisis-driven systems like foster care, emergency rooms, psychiatric hospitals, emergency and domestic violence shelters, detox centers, and jails. By the same token, stable housing provides an ideal launching pad for the delivery of health care and other social services focused on improving life outcomes for individuals and families. This is especially true for children; when they have a stable home, they are more likely to succeed socially, emotionally, and academically.

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

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

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

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

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\(^6\) Ibid.
In Seattle, Washington, outcome data from two Housing First permanent supportive housing projects for chronically homeless individuals show that the programs saved the City an estimated $3.2 million in reduced emergency social and health services costs over the course of 2007.  

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

<table>
<thead>
<tr>
<th>Number of Bedrooms</th>
<th>Monterey County</th>
<th>San Benito County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero-Bedroom</td>
<td>83</td>
<td>77</td>
</tr>
<tr>
<td>One-Bedroom</td>
<td>94</td>
<td>104</td>
</tr>
<tr>
<td>Two-Bedroom</td>
<td>108</td>
<td>115</td>
</tr>
<tr>
<td>Three-Bedroom</td>
<td>152</td>
<td>164</td>
</tr>
</tbody>
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Figure 3: Work Hours/Week at Minimum Wage Needed to Afford Fair Market Rent (FMR)

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 2011 Monterey County/San Benito Homeless Census and Survey, 71% (1,911 individuals) of the homeless population is unsheltered.

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7 Downtown Emergency Service Center, preliminary data on one-year outcomes, Nov. 28, 2007 and Debra Srebnik, Ph.D, King County Mental Health and Chemical Abuse and Dependency Services Division, One Year Outcomes Report for Plymouth on Stewart “Begin at Home” Program, Oct. 15, 2007.
9 Fair Market Rents (FMRs) are annually established by HUD and are used to determine rent amounts under the Housing Choice Voucher program, Housing Assistance Payment Contracts, Moderate Rehab programs as well as other Section 8 programs. FMRs are set based on the 40th percentile of gross rent, the dollar amount below which 40 percent of the standard-quality rental housing units are occupied by recent movers (households who moved to their present residence within the past 15 months). Gross rent includes the shelter rent plus the cost of all tenant-paid utilities, except telephones, cable or satellite television service, and internet service.
10 http://www.mercurynews.com/breaking-news/ci_18602889
Overview Of Existing Shelter And Housing In Monterey And San Benito Counties

Emergency Shelter

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

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

<table>
<thead>
<tr>
<th>Emergency Shelters Programs in Monterey County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Community Human Services: Safe Place</td>
</tr>
<tr>
<td>2. Franciscan Workers/Dorothy’s Place: Women Alive!</td>
</tr>
<tr>
<td>3. Interim Inc: Manzanita House</td>
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<tr>
<td>4. Pajaro Rescue Mission: Crisis Teen Challenge</td>
</tr>
<tr>
<td>5. Pajaro Rescue Mission: Pajaro Mission</td>
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<tr>
<td>6. Salvation Army: Frederickson House</td>
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<tr>
<td>7. Shelter Outreach Plus: Hamilton House</td>
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<tr>
<td>9. Shelter Outreach Plus: I-HELP Salinas</td>
</tr>
<tr>
<td>10. Shelter Outreach Plus: Natividad Shelter</td>
</tr>
<tr>
<td>11. Victory Outreach: Pajaro Mission Beds</td>
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<tr>
<td>12. YWCA: Lawson House</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Shelter Programs in San Benito County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Community Services and Workforce Development: Winter Family Shelter</td>
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<tr>
<td>2. Homeless Coalition of San Benito County: Winter Single Adult Shelter</td>
</tr>
</tbody>
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Transitional Housing

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

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

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

Transitional Housing Programs in San Benito County

1. Emmaus House

Permanent Supportive Housing

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

4. Housing Authority: S+CII – Single Males and Females with a Permanent Disability
5. Interim, Inc.: Acacia House – Single Males and Females with Illness
6. Interim, Inc.: Casa de Paloma – Single Males and Females with Mental Illness
7. Interim, Inc.: MCHOPE – Single Males and Females with Mental Illness
8. Interim, Inc.: Sandy Shores – Singles Males and Females with Mental Illness
6. HUD VASH Housing Vouchers: Veterans – Males, Females, Families with Children

Rental Assistance Providers in Monterey County

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

What We Can Do

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

KEY STRATEGIES:

- Create a comprehensive housing pipeline
- Focus housing development on target populations
- Identify new funding sources to support the creation of permanent housing
- Improve system-level permanent housing outcomes
These strategies align with federal and state efforts to prevent and end homelessness. Opening Doors, the Federal Strategic Plan to Prevent and End Homelessness and the California Ten Year Plan to End Chronic Homelessness call for the adoption of “Housing First” as a key strategy. The federal Plan also recommends expanding the supply of permanent supportive housing and affordable housing so that residents pay no more than 30% of their income for housing. In addition, the Department of Housing and Urban Development (HUD) Strategic Plan FY 2010 – 2015 focuses on expanding housing alternatives in order to end homelessness.

Strategies and Action Steps

Who is Responsible: The Housing Pipeline Committee

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

Strategy A – Create a Comprehensive Housing Pipeline

Part 1 – Pipeline Tool

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

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

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

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

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

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

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

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

**Part 2 – Remove System Barriers**

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

**Action Steps**

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

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

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

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**Strategy B – Focus Housing Development on Target Populations**

**Part 1 – Permanent Supportive Housing**

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

**Action Steps**

1. **Years 1-3:** Determine the number of PSH units needed to house chronically homeless individuals in both counties based on Point-in-Time Counts, provider reports, and other sources and incorporate them into the housing pipeline.
2. **Years 4-6:** Encourage city and county government agencies to commit matching funds to support the development and operation of PSH.

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

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

### Part 2 – Extremely Affordable Housing

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

**Action Steps**

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

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

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

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

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

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

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

**Action Steps**

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

2. **Years 4-6:** (re-)Create a dedicated source for revenue for a Housing Trust Fund.
3. **Years 7-10:** Support the Funding Action Team to identify new sources of funding for homeless housing, such as a transit tax, allocations from the California Tax Credit Allocation Committee, taxes on commercial square footage, recapture of avoided costs, etc. This team will assess the size and scale of housing proposals as suited to local need and financial opportunity.

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**Strategy D – Improve System-Level Interim Housing Outcomes**

**Part 1 – Ensure appropriate interim housing is available**

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

**Action Steps**

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

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

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

**Part 2 – Improve performance**

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

**Action Steps**

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

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

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

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

In ensuring that people have access to the full range of support they need, it is also important for communities to work to improve homeless access to mainstream services, especially federal and state benefits. These programs provide essential supports that help people maintain their housing, or if already homeless, assist them in obtaining the resources to re-access housing.
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. Access to SSI/SSDI not only gives people a cash benefit, they also receive health insurance through Medicaid.

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

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

**Current Resources**

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

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

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

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

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

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

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

**DOMESTIC VIOLENCE SERVICES**
- Franciscan Workers - shelter for victims of domestic violence
- YWCA of Monterey County - shelter, employment training and career counseling for victims of domestic violence
- Monterey County Community Action Partnership - shelter for victims of domestic violence, counseling, legal services and crisis intervention
SOCIAL SERVICES (BENEFITS, FAMILY SERVICES, CASE MANAGEMENT, EMPLOYMENT SERVICES, HOUSING ASSISTANCE, TRANSPORTATION AND OTHERS)

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

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

<table>
<thead>
<tr>
<th>HOMELESS SERVICES AND PROGRAMS (of those receiving services, types of services received)</th>
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<tbody>
<tr>
<td>Free meals: 47%</td>
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<tr>
<td>Transitional housing: 16%</td>
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<tr>
<td>Emergency shelters: 23%</td>
</tr>
<tr>
<td>Food pantry: 25%</td>
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<tr>
<td>Buss passes: 14%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>GOVERNMENT BENEFITS (of those receiving benefits, types received)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Stamps: 50%</td>
</tr>
<tr>
<td>SSI/ SSDI: 6%</td>
</tr>
<tr>
<td>Medi-Cal/ Medi-Care: 13%</td>
</tr>
<tr>
<td>General Assistance: 9%</td>
</tr>
<tr>
<td>Cash Aid/CalWORKS: 10%</td>
</tr>
</tbody>
</table>

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

**Health Services Needed**

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

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

**What We Can Do**

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

**KEY STRATEGIES:**

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

**Strategies and Action Steps**

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

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

**Strategy A – System Level Services Integration**

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

**Action Steps**

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

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

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

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

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

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

**Action Steps**

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

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

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

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

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

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

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

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

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

**Action Steps**

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

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

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

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16 Meyers-Peebles, R., National Blueprint for Reentry: Model Policies To Promote The Successful Reentry of Individuals with Criminal Records Through Employment and Education (Legal Action Center: 2008).
people who are homeless, a variety of best practice strategies have been developed that assist in job location and retention, including:

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

  Employment Strategies Under the Customized Employment Model

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

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

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

<table>
<thead>
<tr>
<th>Length of Unemployment</th>
<th>Most Commonly Cited Reasons for Not Being Employed</th>
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<tbody>
<tr>
<td>1 Year or Longer</td>
<td>Lack of available jobs 34.7%</td>
</tr>
<tr>
<td>6 months to 1 Year</td>
<td>Alcohol/Drug Issue 27.3%</td>
</tr>
<tr>
<td>6 months or Less</td>
<td>Need for transportation 26.8%</td>
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<tr>
<td></td>
<td>No Phone 26.8%</td>
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<tr>
<td></td>
<td>Need Training 26%</td>
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**Current Resources**

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

(1) Mainstream federal funding includes:

- U.S. Department of Labor programs such as Veteran’ Employment and Training Services (VETS) which offers employment and training services to eligible veterans through the Disabled Veterans’ Outreach Program (DVOP) and Local Veterans’ Employment Representatives (LVER) Program, and the Homeless Veteran’s Reintegration Program (HVRP) which makes awards to local WIBs, public agencies, commercial entities, and nonprofit organizations to reintroduce veterans into the workforce through meaningful employment opportunities.
• The U.S. Department of Health and Human Services, Job Opportunities for Low-income Individuals Program (JOLI), which funds organizations that help low-income individuals, including homeless persons, attain self-sufficiency through non-traditional methods, including microenterprise development, business expansion, and new business ventures.

• The U.S. Department of Veterans Affairs Per Diem program which funds programs including those that 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.

<table>
<thead>
<tr>
<th>ONE-STOP CAREER CENTERS</th>
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<tbody>
<tr>
<td><strong>Partners</strong></td>
</tr>
<tr>
<td>Mandated</td>
</tr>
<tr>
<td>- State Vocational Rehab</td>
</tr>
<tr>
<td>- Employment Service Ag</td>
</tr>
<tr>
<td>- Public Assistance Pro</td>
</tr>
<tr>
<td>Optional</td>
</tr>
<tr>
<td>- Homeless Assistance P</td>
</tr>
<tr>
<td>- Other Agencies</td>
</tr>
<tr>
<td><strong>Eligible Participants</strong></td>
</tr>
<tr>
<td>- Adults (18 and older)</td>
</tr>
<tr>
<td>- Dislocated Workers</td>
</tr>
<tr>
<td>- Low-Income Youth (14 to 21):</td>
</tr>
<tr>
<td>• Deficient in basic skills</td>
</tr>
<tr>
<td>• School dropout</td>
</tr>
<tr>
<td>• Homeless, runaway, or foster child</td>
</tr>
<tr>
<td>• Pregnant teen or teen parent</td>
</tr>
<tr>
<td>• Offender</td>
</tr>
<tr>
<td>• Requiring additional assistance to complete an educational program or to secure and hold employment</td>
</tr>
</tbody>
</table>

(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 who are homeless, *Lead Me Home* 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. Years 1-3: Expand job training and employment opportunities for homeless people. Eliminate programmatic barriers such as “job-readiness” and put people to work as soon as possible.

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

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

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

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

Action Steps

1. Years 1-3: Develop appropriate goals and outcome measures for serving homeless people and collect data, including the number of homeless people placed in jobs each quarter.
2. *Years 1-3*: Increase employment program staff participation in business communities (e.g. chambers of commerce) to more effectively market consumers’ employment services by advertising the strengths of consumers in the workplace.

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

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

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

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

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

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

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

**Action Steps**

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

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

3. *Years 7-10*: Develop contract and grant award criteria to encourage employment of homeless or formerly homeless persons.
4. **Years 1-10**: Target key funding streams (e.g. CDBG, HOME, etc.) and engage community leaders during Consolidated Plan processes.

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

**Action Steps**

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

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

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

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19 California Department of Corrections, Prevention Parolee Failure Program: An Evaluation (Sacramento: California Department of Corrections, 1997).
20 http://www.endhomelessness.org/content/article/detail/3668
Where This Strategy is Working

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

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

Current Resources

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

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

Foster Care

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

Health Care

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

Mental Health Care

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

Corrections

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

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

<table>
<thead>
<tr>
<th>KEY STRATEGIES:</th>
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<tbody>
<tr>
<td>• Enhance pre-release services to ease transition from incarceration to community</td>
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<tr>
<td>• Implement pre-arrest diversion strategies and alternatives to incarceration</td>
</tr>
<tr>
<td>• Create universal discharge policies for hospitals and other, relevant medical facilities</td>
</tr>
<tr>
<td>• Transition aged-out foster youth to housing and income stability</td>
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</tbody>
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This work will align with federal efforts to prevent and end homelessness. *Opening Doors*, the Federal Strategic Plan to Prevent and End Homelessness, includes strategies calling for the establishment of medical respite programs and to improve discharge planning for youth exiting the foster care system. In addition, the federal Second Chance Act aims to connect people released from prison and jail to mental health and substance abuse treatment, expand job training and placement services, and facilitate transitional housing and case management services; the Independent Living Program (ILP) provides federal funds to states for life/employment skills training, education, counseling and peer support to youth between 16-21 about to exit foster care; and the Transitional Living Program (TLP) provides similar training and support as well as housing assistance for all runaway and homeless youth.

### Strategies and Action Steps

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

**Outputs and Outcomes:**

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

### CORRECTIONS

**Strategy A – Plan for Stability Prior to Release**

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

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**Action Steps**

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

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

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

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

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

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

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**Strategy B – Implement Alternatives to Arrest and Incarceration**

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

**Action Steps**

1. *Years 1-3*: Conduct cross-training for police and service providers. Law enforcement officers will receive training in how to engage with homeless people, mental health issues, crisis intervention techniques, use of the 5150 involuntary psychiatric hold, and what housing and services are available in order to do appropriate referrals. Law enforcement will provide their perspective on the issues they confront as well.
   
   • Enhance and replicate training by Community Action officers in the City of Monterey to train other jurisdictions’ police/law enforcement officers on homeless outreach strategies and goals of discharge planning policies.
2. **Years 4-6**: Create specialty courts that involve partnerships with social services, public defenders, district attorneys, and courts.

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

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

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

**HEALTHCARE**

**Strategy C – Create Universal Healthcare Discharge Policies**

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

**Action Steps**

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

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

2. **Years 4-6**: Develop systems to identify homeless individuals and medically indigent adults when they present for emergency services and link them to appropriate housing interventions.
3. **Years 7-10**: Develop more medical respite beds for people who are medically fragile and not able to enter permanent housing.

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

**FOSTER YOUTH**

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

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

**Action Steps**

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

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

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

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

5. **Years 1-10**: Create public awareness and marketing campaign designed to increase political support and raise funds.
A comprehensive and seamless system of care that offers ready access to a full range of housing and services and provides care in a coordinated manner is essential to effectively preventing and ending homelessness. Such a system requires significant collaboration and integration across mainstream and homeless providers of housing and services. This includes both system level integration of planning, data gathering and fund allocation activities as well as client level integration of service delivery. A centralized administrative and governing council is needed to provide a strong guiding vision for integration efforts and to provide the motivation and incentives to spur the necessary changes in how agencies operate. This includes a variety of activities ranging from helping agencies increase communication and information sharing to facilitating adoption of joint goals and protocols in serving clients. Ultimately the goal of integration is to create new configurations and models of service provision that enhance access to assistance, improve the quality and comprehensiveness of care, and promote more efficient use of resources.

The Lead Me Home Plan outlines key pieces of an integrated and effective system to prevent and end homelessness for our local residents, focused on housing.
Current homeless-focused collaborative bodies in Monterey and San Benito Counties include:

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

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

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

**Data Infrastructure**

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

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

Other data is collected through the HUD-required Point-in-Time (PIT) Counts which provide information on the overall number of sheltered and unsheltered homeless persons on a specific night. PIT Counts also provide breakdowns of the number of adults in households with children, adults in households without children and households composed solely of children.
and youth, age 17 or under, as well as the numbers of people who fall into particular sub-population categories, including persons who are chronically homeless, persons with severe mental illness, chronic substance abusers, veterans, persons with HIV/AIDS, victims of domestic violence and unaccompanied children.

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

**Plan Leadership and Implementation**

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

**KEY STRATEGIES:**

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

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

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

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

Strategy A – Develop Resources & Formalize Support for Plan Implementation

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

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

Action Steps

1. Years 1-3: Identify funds to support an FTE focused on plan implementation.

2. Years 1-3: Draft MOUs to define collaborative relationships between the Leadership Council and public and nonprofit agencies serving people who are homeless or at-risk.

3. Years 1-3: Identify Council members from public and nonprofit agencies, businesses and schools, and consumers.

Strategy B – Identify Funds to Implement Plan Initiatives

Part 1 – Develop new funds

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

Lead Me Home – The Game Plan for Housing Homeless People in Monterey and San Benito Counties
**Action Steps**

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

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

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

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

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

**Action Steps**

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

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

**Strategy C – Establish Outcomes Measures and Track Progress**

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

**WHAT IT TAKES TO GET THIS DONE: Performance Measurement & Evaluation**

*Action Team should work with HMIS Administrator to further develop and enhance the Homeless Management Information System (HMIS) to have the capacity to collect and analyze data on homelessness and program outcomes and to facilitate inter-agency case management and information-sharing. Standards and outcome measures should be developed for both homeless programs and mainstream programs for serving people who are homeless or at-risk.*
Action Steps

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

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

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

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

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

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

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

4. *Years 4-6:* Publish outcomes as part of community-wide indicators report or in a “report card” format.
## Acronyms Used in This Plan

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
<th>MOU</th>
<th>Description</th>
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<tbody>
<tr>
<td>CoC</td>
<td>Continuum of Care</td>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>CHSP</td>
<td>Coalition of Homeless Services Providers</td>
<td>PH</td>
<td>Permanent Housing</td>
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<tr>
<td>Con Plan</td>
<td>Consolidated Plan</td>
<td>PHA</td>
<td>Public Housing Authority</td>
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<tr>
<td>FSP</td>
<td>USICH Federal Strategic Plan</td>
<td>PM</td>
<td>Performance Measures</td>
</tr>
<tr>
<td>GPD</td>
<td>Grant and Per Diem Program (a VA TH program for homeless veterans)</td>
<td>PSH</td>
<td>Permanent Supportive Housing</td>
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<tr>
<td>HEARTH Act</td>
<td>Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009</td>
<td>S+C</td>
<td>Shelter Plus Care</td>
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<td>HMIS</td>
<td>Homeless Management Information System</td>
<td>SHP</td>
<td>Supportive Housing Program</td>
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<tr>
<td>HUD</td>
<td>U.S. Department of Housing and Urban Development</td>
<td>TA</td>
<td>Technical Assistance</td>
</tr>
<tr>
<td>ICH</td>
<td>Interagency Council on Homelessness (referring to a state-level agency within Nevada)</td>
<td>TH</td>
<td>Transitional Housing</td>
</tr>
<tr>
<td>McKinney</td>
<td>McKinney-Vento Act (authorizing HUD’s homeless grant programs)</td>
<td>USICH</td>
<td>United States Interagency Council on Homelessness</td>
</tr>
<tr>
<td>MORE Health</td>
<td>Monterey Regional Health Development Group</td>
<td>VA</td>
<td>U.S. Department of Veterans Affairs</td>
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For more information, or to participate as implementation unfolds, contact Glorietta Rowland, Coalition of Homeless Services Providers at CHSPMontry@aol.com or (831) 883-3080.

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

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