

Mendocino County Homeless Services Continuum of Care

March 2020 - DRAFT

ACKNOWLEDGEMENTS

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Blythe Post, Mendocino County Office of Education

Organization representing a housing developer

Organization addressing needs of persons w/chronic substance abuse

Collaborative Applicant/Administrative Entity

Public Housing Authority

Organization addressing needs of seniors

Organization addressing needs of victims of domestic violence Organization addressing needs of persons with HIV/AIDS Organization providing health care services to the homeless

Organization addressing needs of persons with serious mental illness

County of Mendocino

Organization addressing needs of unaccompanied minors

Shelter Representative, Coast

Organization representing law enforcement Organization addressing needs of veterans

Individual representing people currently or formerly unsheltered

Organization addressing needs of chronically homeless

Shelter representative, North/Inland Organization serving the needs of children

I. Introduction

The purpose of the Mendocino County Strategic Plan to Address Homelessness ("Plan") is to share with the community a common agenda and plan of action to make homelessness RARE, BRIEF, and only ONE TIME. The Plan was developed by the Strategic Planning Committee of the Mendocino County Homeless Services Homeless Continuum of Care (MCHSCoC), a collaborative of over 31 public agencies and private non-profit organizations throughout the County that serve the unsheltered population. The Plan was reviewed by the MCHSCoC governing board and formally adopted on XXXMonth, XX, 2020. The following jurisdictions have also adopted this Plan: XXX, XXX, XXX.

This Plan also fulfills Federal and State requirements that local jurisdictions receiving funding from the U.S Department of Housing and Urban Development (HUD) have a community plan for addressing homelessness. Mendocino County's CoC is the U.S Department of Housing and Urban Development (HUD) designated Homeless Continuum of Care for Mendocino County, with the County providing project monitoring and fiduciary oversight.¹

This Plan is also seeks seeking to address the fragmentation that currently exists in the system, which diminishes the effectiveness of homelessness-related funding, service delivery, and system performance. The Plan recognizes that transforming our County's homeless service system will also require close collaboration with community members and key stakeholders, elected officials, agency staff, service and housing providers, and people with lived experience of homelessness. Thus, the Plan includes two additional goals related to strengthening collaboration both between the CoC and the broader community and within the CoC governing body itself.

¹ HUD requires that each Homeless Continuum of Care develop a plan that coordinates implementation of a housing and service system, conducts a Point-in-Time count of homeless persons, analyzes needs and provides strategies to address gaps in housing and services, provides information required to complete the Consolidated Plan(s), and plans for and evaluates performance of Emergency Solutions Grant (ESG) recipients. https://www.hudexchange.info/coc/coc-program-law-regulations-and-notices/

II. Homelessness in Mendocino County

Mendocino County covers 3,506 square miles of mostly mountainous terrain, making it the 15th largest among California's 58 counties—almost equal in geographic size to the states of Delaware and Rhode Island combined. The population of Mendocino County is 89,009.² Ukiah, the County Seat of Government, is the largest city in the County, with a population of 16,296. Fort Bragg, the primary population center on the coast, has a population of 7,478. Approximately 15% of Mendocino County residents reside in one of the County's four federally-designated Frontier Communities, which are communities with a population density of 6 or fewer people/square mile. Mendocino County's population is 66% White, 24% Hispanic, 6% Native American, and 4% bi-racial or other ethnicities and includes 10 Native American Indian rancherias. However, the ethnic profiles of Mendocino County's public schools—where, on average, 43% of students are Hispanic and 44% are White—illustrates the changing demographics of the County.

Mendocino County's scenic beauty contrasts sharply with a depressed economy and associated high levels of poverty. The median household income in Mendocino County is \$46,528, just 69% of the statewide median of \$67,169, and 16% of families live below the federal poverty level, compared to 11% of families Statewide (American Community Survey, February 2019 update). And, like the rest of California, Mendocino County has a shortage of rental units affordable and available to those most vulnerable to losing their housing—e.g., households with extremely low-incomes, which are those at or below the poverty guideline or 30% of their area median income. Many of these households are severely cost burdened, spending more than half of their income on housing. They are thus more likely than other renters to experience unstable housing situations like evictions. Not surprisingly, areas of high poverty and a high share of rentals are associated with higher rates of homelessness. Right now in California there are 22 units available and affordable for every 100 households with extremely low incomes (NY Times 1/14/2020).

While a number of factors heighten the risk of homelessness, poverty, leading to the inability to pay for housing, is the single greatest risk factor for homelessness.³ These factors include being African American, a member of an immigrant community, a new mother, Native American, LGBTI, having a history of incarceration, mental health or substance use problems, adverse childhood experiences, social isolation, experiencing interpersonal violence, low wage work, chronic health problems, a prior history of homelessness, and spending >50% household income on rent. The association between poverty and homelessness holds true in Mendocino County where, according to the Homelessness Needs Assessment and Action Steps for Mendocino County prepared in March 2018 by Dr. Robert Marbut ("Homeless Assessment"),

² California Department of Finance estimates for January 2019.

³ Margot Kushel, MD., Professor of Medicine, UCSF, Center for Vulnerable Populations. Presentation at Kaiser Permanente, October 18, 2018.

the majority of the County's homeless (61%) were living in Mendocino County, a high-poverty county, when they became homeless.

Nationally, the demographics of homelessness are changing as the baby boomer generation ages. Whereas in the early 1990s, 11% of single adults experiencing homelessness were aged 50 and over, by 2003, this rate had increased to 37%. Currently, approximately half of single adults who are homeless nationally are aged 50 and older. In Mendocino County, according to the Homeless Assessment, the median age for individuals experiencing homelessness is 46, which means that half of the homeless in Mendocino County are over 46 years of age—slightly younger median of 50 years of age. Nationally, approximately half of those who are homeless and aged 50 and older had their first ever experience of homelessness after the age of 50. In comparison, the median age an individual starts experiencing street-level homelessness in Mendocino County (or before moving to Mendocino County) is 41 years of age, again younger than the national median. The aging of the unsheltered population has critical policy implications because adults in their 50s and 60s who are homeless experience premature aging, having the health characteristics of people 20 years older.

Counting Mendocino County's Homeless Population

[This explanation of the following point-in-time count is from the website of the National Alliance to End Homelessness (https://endhomelessness.org/resource/what-is-a-point-in-time-count/).]

The U.S. Department of Housing and Urban Development (HUD) requires that communities receiving federal funds from the McKinney-Vento Homeless Assistance Grants program conduct a count of all people experiencing homelessness in the last week of January annually. Electronic administrative records are used to enumerate people living on the streets and in emergency shelters and transitional housing. In an unsheltered counting effort, outreach workers and volunteers are organized to canvas Homelesss Continuum of Care to enumerate the people who appear to be living in places not meant for human habitation.

During these point-in-time counts, communities are required to identify whether a person is an individual, a member of a family unit, or an unaccompanied youth under the age of 18 or age 18 to 24. In addition, communities must identify if a person is chronically homeless, indicating long-time or repeated homelessness, and the presence of a disability.

Why do we Count?

Point-in-time counts are important because they establish the dimensions of the problem of homelessness and help policymakers and program administrators track progress toward the goal of ending homelessness. The first of these counts was conducted in January 2005. Although the counting methodology has changed several times since then, we nevertheless

⁴ Margot Kushel, MD., Homelessness in older adults: Causes, consequences, & prevention, September 27, 2018. UCSF Center for Vulnerable Populations.

have data for Mendocino County's CoC for the last 15 years. Collecting data on homelessness and tracking progress can inform public opinion, increase public awareness, and attract resources to address the problem.

HUD uses information from the local point-in-time counts, among other data sources, in the congressionally-mandated Annual Homeless Assessment Report to Congress (AHAR). This report is meant to inform Congress about the number of people experiencing homelessness in the U.S. and the effectiveness of HUD's programs and policies in decreasing those numbers.

On the local level, point-in-time counts help communities plan services and programs to appropriately address local needs, measure progress in decreasing homelessness, and identify strengths and gaps in a community's current homelessness assistance system.

The point-in-time counts are not without limitations. There is variation in count methodology year-to-year within and across communities. Unsheltered counts have more limitations than sheltered counts. Thus, there is more variation in the methodology used to arrive at unsheltered counts. Point-in-time counts are, however, the only annual measure that enumerates people experiencing unsheltered homelessness in addition to those who are sheltered. (The U.S. Census strives to include people who are unsheltered in its once per decade census count.) And, despite its flaws, the annual point-in-time counts result in the most reliable estimate of people experiencing homelessness that we have and from which progress can be measured.

Counting Youth

One gap that exists in these point-in-time counts is the coverage of unaccompanied youth (or those living separately from any family members) under the age of 25. Despite the fact that point-in-time counts are required to collect the number of unaccompanied youth under the age of 18, those numbers do not appear accurate, with many CoCs reporting that there are zero unaccompanied youth in their communities. Youth may be afraid or unwilling to enter individual shelters, and communities typically have scarce resources, beds, and units dedicated to youth. Moreover, unaccompanied youth are often not engaged with traditional homelessness assistance programs and congregate in different areas than older individuals experiencing homelessness. This means that, in most communities, the required count of sheltered youth is more likely a count of beds available to youth as opposed to the number of youth who need shelter. Without adequate coverage of homeless youth in point-in-time counts, there is a danger that they will continue to be underserved.

Children and youth living with their parent(s) in vehicles are also difficult to count accurately. For example, the point-in-time count attempts to count families who sleep in vehicles. But many families sleeping in vehicles do not park overnight where there are other people sleeping in vehicles because of safety concerns for children. Thus, many may be missed in the count. However, children and youth who are unsheltered but enrolled in school are counted by Mendocino County Office of Education's Foster and Homeless Youth Services (FHYS) program. The definition of homeless children and youth that FHYS uses is from the McKinney-Vento Homeless Assistance Act, which ensures educational rights and protections for children and

youth experiencing homelessness. Homeless children and youth are those who lack a fixed, regular, and adequate nighttime residence. This definition also includes:

- Children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.
- Children who may be living in motels, hotels, trailer parks, shelters, or awaiting foster care placement.
- Children and youth who have a primary nighttime residence that is a public or private
 place not designed for or ordinarily used as a regular sleeping accommodation for
 human beings.
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
- Migratory children who qualify as homeless because they are children who are living in similar circumstances listed above.

According to FHYS, there were 1,058 children and youth in 2019 in Mendocino County who met the McKinney-Vento definition of homelessness. The highest rate of child and youth homelessness is in Round Valley where 41% of children and youth were homeless in 2019.

Mendocino County's Point in Time Counts

Following are results from Mendocino County's point-in-time counts for the past four years, with the exception of the count of homeless veterans, which includes a column for the point-in-time count from 2011. This table indicates a steep decline in the numbers of unsheltered veterans. This is a result of the Veterans Administration's commitment to applying Housing First principles to caring for homeless veterans.

TOTAL POPULATION PIT COUNT DATA

| | 2016 PIT | 2017 PIT | 2018 PIT | 2019 PIT |
|---------------------------------------|----------|----------|----------|----------|
| Total Sheltered and Unsheltered Count | 1242 | 1238 | 880 | 785 |
| Emergency Shelter Total | 117 | 113 | 94 | 80 |
| Safe Haven Total | 0 | 0 | 0 | 0 |
| Transitional Housing Total | 75 | 47 | 63 | 167* |
| Total Sheltered Count | 192 | 160 | 157 | 247 |
| Total Unsheltered Count | 1050 | 1078 | 723 | 538 |

^{*} FEMA HOUSING BROUGHT TO THE COUNTY FOLLOWING 2017 WILDFIRES ACCOUNTS FOR THE STEEP INCREASE IN TRANSITIONAL HOUSING UNITS.

CHRONICALLY HOMELESS PIT COUNTS

| | 2016 PIT | 2017 PIT | 2018 PIT | 2019 PIT |
|--|----------|----------|----------|----------|
| Total Sheltered and Unsheltered Count of Chronically | 177 | 97 | 96 | 123 |
| Homeless Persons | | | | |
| Sheltered Count of Chronically Homeless Persons | 76 | 38 | 43 | 48 |
| Unsheltered Count of Chronically Homeless Persons | 101 | 59 | 53 | 75 |

HOMELESS HOUSEHOLDS WITH CHILDREN PIT COUNTS

| | 2016 PIT | 2017 PIT | 2018 PIT | 2019 PIT |
|--|----------|----------|----------|----------|
| Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children | 35 | 22 | 14 | 39 |
| Sheltered Count of Homeless Households with Children | 16 | 18 | 14 | 36 |
| Unsheltered Count of Homeless Households with Children | 19 | 4 | 0 | 3 |

HOMELESS VETERANS PIT COUNTS

| | 2011 | | 2016 PIT | 2017 PIT | 2018 PIT | 2019 PIT |
|---|------|----|----------|----------|----------|----------|
| Total Sheltered and Unsheltered Count of the No. of Homeless Veterans | | 92 | 19 | 24 | 12 | 16 |
| Sheltered Count of Homeless Veterans | | 18 | 5 | 11 | 6 | 7 |
| Unsheltered Count of Homeless Veterans | | 74 | 14 | 13 | 6 | 9 |

Another estimate of the homeless population in Mendocino County comes from the Homeless Assessment of 2018. The Homeless Assessment does not claim to provide a definitive count of the homeless population countywide, as the PIT count does. Rather, Dr. Marbut focused his work in and around those cities of Ukiah, Fort Bragg, and Willits because most of the individuals experiencing homelessness in Mendocino County are geographically located within and near those areas.

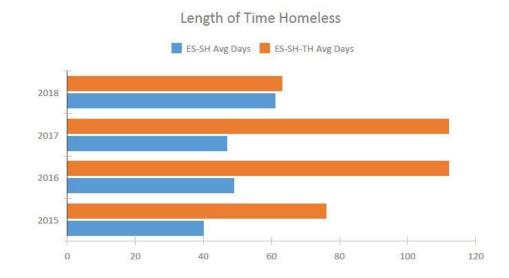
MENDOCINO COUNTY HOMELESS ASSESSMENT COUNTS

| | Ukiah | Willits | Fort Bragg |
|--|------------|---------|------------|
| | (including | | (including |
| | perimeter) | | perimeter) |
| Total Homeless in Programming | 198-225 | 20-26 | 96-160 |
| Individuals in 24/7 Homelessness Programming | 106 | n/a | 49 |
| Individuals Experiencing Street-Level Homelessness | 92-119 | n/a | 47-64 |

How Long are People Homeless?

According to the Homeless Assessment, on average, in 2018, 78% of people interviewed had been homeless for one or more years. Of those, just over half (51%) had been homeless 1-5 years, which is strikingly high and worthy of notice because the rate of successful recovery from homelessness starts dropping after one year, and then precipitously drops after two to three years (Marbut, p. 19). When the length of time one is living on the streets is shortened, people are safer and more people can use limited resources.

In terms of how effective homeless systems of care are at getting people into permanent housing situations, HUD measures how quickly people move into permanent housing situations after entering a homeless system of care. This performance measure is called *Length of Time Homeless* and is



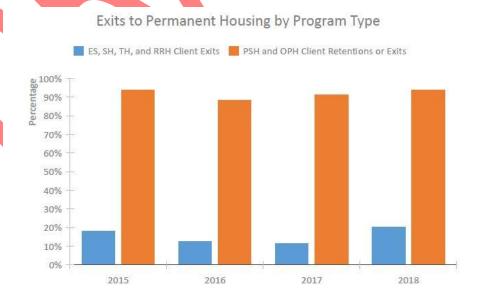
measured by calculating the average length of time people remain in emergency shelters (ES) or Safe Havens (SH, though there are none in Mendocino County) before moving on to permanent housing—the blue bar. HUD is also interested in measuring the average length of time people remain in emergency shelters, Safe Havens, and transitional housing before moving on to permanent housing—the orange bar. The HUD "length of time homeless" performance measure does not currently include the amount of time people spend living on the streets prior to entering the homeless system of care, but eventually street-level data will be included.

How Many People Are Getting Housed, and How Many Become Homeless Again?

The adjacent graph, Exits to Permanent Housing by Program Type, conveys two distinct pieces

of information. First, the blue bar indicates that, in all years shown, no more than 20% of people who entered the homeless system exited to permanent housing. The data include people who entered into emergency shelters (ES), Safe Havens (SH, none of which exist in Mendocino

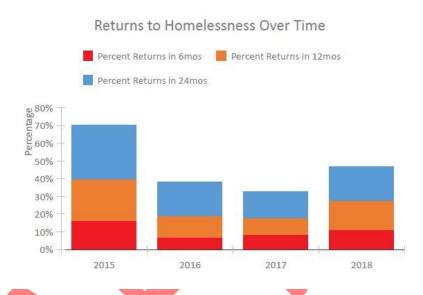
County), transitional



housing (TH), or received rapid re-housing funds.

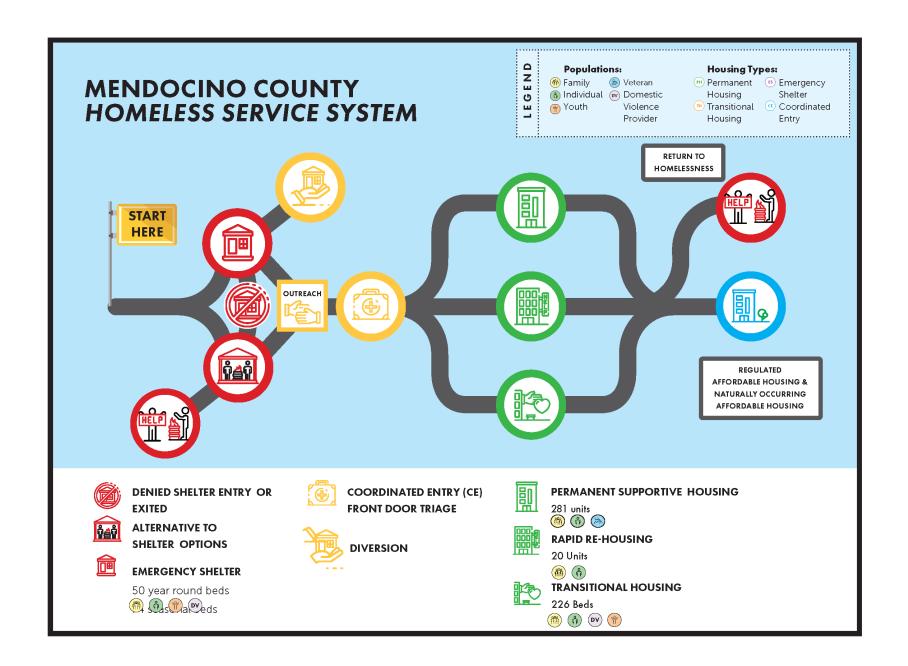
The orange bar indicates that an average of 90% of those who were in permanent supportive housing (PSH) or other permanent housing (OPH) in each of the years shown retained their housing, a positive demonstration of stability for clients once in permanent housing.

The percentages of people who entered the homeless system of care, exited the homeless system of care, and then re-entered the system again—within six months, 12 months, and 24 months—from 2015 – 2018 are shown in the table below. This is a key measure of how effective Mendocino County's homeless system of care is at reducing overall homelessness.



III. THE RESOURCES AVAILABLE TO ADDRESS HOMELESSNESS IN MENDOCINO COUNTY

The resources available to address the unsheltered population of Mendocino County include housing and services. But it is important to understand that people access these resources within a **system of care [NAME!**]. All service providers that participate in the system of care have agreed to use a Coordinated Entry System (CES) to facilitate the coordination and management of resources that comprise the crisis response system in the County. The CES allows service providers to efficiently and effectively connect people to interventions that aim to rapidly resolve their housing crisis. And reciprocally, the CES connects the most vulnerable persons in the community to available housing and supportive services equitably. The following graphic depicts how people in Mendocino County who are unsheltered move through Mendocino County's homeless system Continuum of Care [NAME!] and access housing and services.



The table that follows is an inventory of the homeless assistance resources—including both housing and supportive services—referenced in the graphic above that are available to the unsheltered population of Mendocino County. The table divides the resources into those available countywide and in the Ukiah, North County, and coast geographic regions.

COUNTYWIDE RESOURCES

| AGENCY/PROGRAM | SERVICE |
|--|--|
| COMMUNITY DEVELOPMENT COMMISSION | Rental subsidies (Permanent supportive housing) HUD-VASH subsidies Housing Choice Voucher Program Project-based Voucher Program Family Unification Program Mainstream Voucher Program |
| LEGAL SERVICES OF NORTHERN CALIFORNIA | Housing rights and public benefits issues |
| MENDOCINO COMMUNITY HEALTH CLINIC (TWO SITES: UKIAH, WILLITS) | Medical services: Women's health, Dental care, Mental health care, Substance abuse/opiate treatment services, and transportation services for the homeless in Ukiah |
| CONSOLIDATED TRIBAL HEALTH | Medical services |
| MENDOCINO COUNTY AIDS/VIRAL HEPATITIS CARE & PREVENTION NETWORK (MCAVHN) | Case management Client advocacy Client loans and grants Client social and informational events Food vouchers Harm reduction information and products Coordinated entry front door Syringe exchange Transportation assistance |
| MENDOCINO COUNTY HEALTH AND HUMAN SERVICES, SOCIAL SERVICES BRANCH | Public benefits, including general assistance CalWorks Housing Assistance for families with children CalFresh (food stamps) Employment Services CalWorks (AFDC/TANF) Housing and Disabilities Assistance Program (very limited) |
| MENDOCINO COUNTY HEALTH AND HUMAN SERVICES, MENTAL HEALTH BRANCH | Long-term case management Facilitation of transitional and permanent supportive housing (very limited) |
| MENDOCINO COUNTY HEALTH AND HUMAN SERVICES, PUBLIC HEALTH BRANCH | HIV/HCV testing, education, and counseling TB testing WIC clinic Immunizations |
| MENDOCINO COUNTY HEALTH AND HUMAN SERVICES, PUBLIC HEALTH BRANCH, DIVISION OF SUBSTANCE USE DISORDER TREATMENT | Substance abuse prevention, intervention, and treatment Prenatal substance use treatment Drug court services Jail diversion work Methamphetamine specific treatment |

| MENDOCINO COUNTY YOUTH PROJECT | Mental health services for children/youth (0-21 years) and their families Street outreach Crisis intervention Respite homes for homeless youth <18 years Transitional housing for homeless youth 18-21 years |
|--|--|
| PROJECT SANCTUARY (UKIAH, WILLITS, AND FORT BRAGG) | Domestic violence safe house—men and women's shelter (shelter provided to homeless women and children who are not victims of domestic violence if space available) Support groups and one-to-one counseling Paralegal assistance Violence prevention education for all ages Self-defense classes Motel vouchers (available to men on a limited basis) Transitional housing |
| NORTH COAST OPPORTUNITIES | Rural Communities Child Care Head Start Nutrition Education |
| RURAL COMMUNITIES HOUSING DEVELOPMENT CORPORATION | Sweat-equity housing for families Subsidized housing for seniors and families Permanent housing with support for people with Seriously Mentally Illness |

UKIAH AREA RESOURCES

| AGENCY/PROGRAM | SERVICE |
|----------------------------|---|
| FORD STREET PROJECT | Ukiah Food Bank Transitional housing Permanent housing Sober living environment Detoxification services Substance use disorder education and treatment Intensive outpatient treatment Case management Employment and training program |
| PLOWSHARES | Hot lunches Mail, phone messages, and information and referral services |
| REDWOOD COMMUNITY SERVICES | Building Bridges winter shelter (48 beds) Laundry and showers Coordinated entry front door Emergency Shelter Case Management Rapid Rehousing |

NORTH COUNTY RESOURCES

| AGENCY/PROGRAM | SERVICE | |
|----------------------------|----------------------------|--|
| WILLITS COMMUNITY SERVICES | Emergency food and shelter | |

| | Food bank twice/month supplemental groceries Client telephone access Referral to other homeless services Utility assistance |
|--|--|
| BROWN BAG LUNCH PROGRAM (WILLITS CITY PARK) | Saturday lunch |
| HARVEST TABLE (ASSEMBLY OF GOD, LAYTONVILLE) | Thursday dinner |
| WILLITS DAILY BREAD | Hot meal four afternoons per week |
| COVELO FOOD PANTRY | Once/month supplemental groceries |
| LEGGETT FOOD BANK | Once/month supplemental groceries |

COAST RESOURCES

| AGENCY/PROGRAM | SERVICE |
|---|---|
| MENDOCINO COAST HOSPITALITY CENTER | Hospitality House (24-person shelter for families, men, and women) Hospitality Center (Wellness programs for people with mental health challenges, homeless resources, and vocation programs) Vocational jobs training program Hospitality North (transitional housing (14 beds) for people with mental illness and/or people with children under 18 years of age; transitional housing (14 beds) at 101 Franklin St. for single adults) Hospitality Clinic (Adult mental health services for those with MediCal) Winter shelter (A revolving site shelter hosted by participating faith communities on the coast throughout the winter season. Light meal available.) Coast Street Medicine (Screening for anyone homeless or threatened by homelessness for medical and mental health issues; health education, connection with primary care providers at Mendocino Coast Clinics; and basic health procedures) |
| MENDOCINO COAST CLINIC | Primary and mental health care |
| GLEANINGS (OUR LADY OF GOOD COUNSEL CHURCH) | Monday and Wednesday lunch |
| FIRST BAPTIST CHURCH | Friday lunch |
| FORT BRAGG FOOD BANK (MENDOCINO FOOD AND NUTRITION) | Assistance with food Monday, Wednesday, and FridaysEmergency food |
| LIGHTHOUSE FOURSQUARE GOSPEL CHURCH | Sunday LunchTuesday and Thursday lunch |
| MENDOCINO PRESBYTERIAN CHURCH | Tuesday brunchTuesday shower programDinner last Wednesday of the month |
| SAFE PASSAGE FAMILY RESOURCE CENTER | Family services Housing referrals Family homeless prevention services and referrals to Mendocino Coast Hospitality Center |
| REDWOOD COAST SENIOR CENTER | Meals to seniors who are not shelteredReferrals to services |

The housing and supportive services available to the unsheltered population of Mendocino County are funded by local fundraising, volunteers, as well as competitive grants and allocations from the State and federal governments. The following table lists the funding that is currently coming into Mendocino County for homeless or homeless-related services.

The table is divided into two main sections. The first section lists grants (allocations and competitive grant awards) awarded to Mendocino County Health and Human Services Agency's (HHSA) three branches—Social Services (yellow), Public Health (blue), and Behavioral Health (green). The second section (beige) lists grants that have been allocated to Mendocino County's Homeless Continuum of Care from the U.S. Department of Housing and Urban Development (HUD) via the County. Funding received by Mendocino County HHSA and the MCHSCoC are allocated by the Boards established to oversee each entity. Prior to federal legislation that passed in 2016, local CoC's did not have the authority to determine how federal funds to serve the homeless are allocated, with the exception of the Emergency Solutions Grant. MCHSCoC is establishing policies and procedures to ensure the integrity and effective of the funding allocation process.

The purpose of this Strategic Plan is to use all the funds coming into the County to address homelessness (whether granted to the County, the CoC, or an individual organization or agency) as efficiently and effectively as possible through coordination, cooperation, and agreed-upon goals and strategies.

NOTE: The funding awards listed in the following tables span multiple funding periods. Additionally, some funds come from time-limited grants while others are noncompetitive allocations. Thus, totaling the grant amounts to determine annual countywide funding to address homelessness would be misleading.

Housing Programs and Homeless Services



County of Mendocino HHSA - Applicant and Provider of Funds

| | | | | | | | nealth & numan services Agency |
|---------------|--|--|-----|------------------|-------|---------------------|---|
| | Funding Source | Recipient of Funds | FY | 19-20 Funded | | FY 20-21 Planned | Target Population and Services |
| | Mendocino County General Assistance | Mendocino Coast Hospitality Center | \$ | 139,697 | \$ | | Shelter Services in Fort Bragg and Coastal Region |
| | | | \$ | 66,516 | \$ | 66,516 | Emergency Winter Shelter |
| | | Redwood Community Services | \$ | 152,000 | \$ | 152,000 | Inland Shelter and Day Resource Center |
| | | Plowshares Peace and Justice Center | \$ | 5,000 | \$ | | Meals for individuals experiencing homelessness |
| | | Willits Community Services | \$ | 31,570 | | · | Screenings for homelessness related services, hotel vouchers and emergency winter shelter |
| | | Willits Daily Bread | \$ | 4,500 | \$ | 4,500 | Meals for individuals experiencing |
| Services (SS) | CalWORKs Homeless Assistance Program | Mendocino County HHSA | \$ | 141,835 | | | Temporary Housing Assistance or deposits for Permanent Housing |
| | CalWORKs Housing Support Program | Mendocino County HHSA | \$ | 221,920 | | | Housing Subsidies for families enrolled in CalWORKs |
| | | Redwood Community Services | \$ | 121,080 | \$ | | Housing navigation expertise to develop and secure transitional and permanent housing solutions |
| Social | Adult Protective Services- Home Safe Program | Mendocino County HHSA | \$ | 72,139 | \$ | 72,139 | Housing support for vulnerable seniors |
| | Housing and Disabilities Program - HDAP | Mendocino County HHSA | \$ | 143,848 | \$ | | Housing support for individuals who have pending SSI benefits |
| | Partnership HealthPlan of California - Local Innovation Grants on Housing | Mendocino County HHSA with Rural Communities Housing Development Corporation (RCHDC) | \$ | 580,900 | \$ | | Capital investment for Phase I of Orr Creek Commons. (BOS approved MOU with RCHDC outlining expectations on Sep 10, 2019) |
| | | FIRST 5 Mendocino | \$ | 17,250 | \$ | 20,254 | Rapid Rehousing for families |
| | Homeless Housing, Assistance and | Mendocino County HHSA | \$ | - | \$ | 172,078 | Operating subsidies and reserves, landlord |
| | Prevention Program (HHAP) | | \$8 | 62,691.53 throug | gh Fi | iscal Year 24-25 | incentives, outreach and coordination, prevention and shelter diversion to permanent |
| | CA Governor's COVID-19 Emergency Funding | Mendocino County HHSA | \$ | 140,748 | \$ | | Emergency Funding to support efforts related to COVID-19 to serve persons experiencing |

Housing Programs and Homeless Services





| | Funding Source | Recipient of Funds | FY 1 | 19-20 Funded | FY 20-21 Planned | Target Population and Services | |
|------------|---------------------------------------|--|------|-------------------|---------------------|--|--|
| | Finding Home, Grants for the Benefit | Redwood Community Services | \$ | 282,475 | | Intensive care management for individuals with | |
| | of Homeless Individuals (SAMHSA | | | | | co-occurring mental health and substance use | |
| (BHRS) | GBHI) | Mendocino Coast Hospitality Center | \$ | 99,568 | | disorders who are experiencing homelessness | |
| B H | | | | | Through Sep 2020 | | |
| | | Ford Street Project | \$ | 42,504 | \$ 25,944 | | |
| rvices | | | | | Through Sep 2020 | | |
| Ser | Mental Health Block Grant | Mendocino Coast Hospitality Center | \$ | 67,239 | \$ 67,239 | Vocational services on the Coast for severely | |
| ر ح | | | | | | mentally ill clients experiencing homelessness | |
| Ş | Projects for Assistance in Transition | Mendocino Coast Hospitality Center | \$ | 18,202 | \$ 18,202 | Services for severely mentally ill clients who are | |
| | from Homelessness (PATH) | | | | | residents of the Homeless Shelter or | |
| l Re | | | | | | Transitional Housing Apartments | |
| and | No Place Like Home (CA Dept of | Competitive Allocation: HHSA submitted joint | \$ | 3,373,963 | | Capital investment for Phase II of Orr Creek | |
| | Housing and Community | application with RCHDC on Jan 7, 2020 | Awa | irds to be issued | - | Commons | |
| Health | Development) | Noncompetitive Allocation: Mendocino | \$ | 1,719,462 | • | Permanent supportive rental housing for people | |
| | | County HHSA | | | | living with a serious mental illness who are | |
| <u>ra</u> | | | | • | | homeless or at risk of homelessness | |
| Σ | | | | ing must be spe | ent by June 30, | | |
| Behavioral | | | 2021 | | | | |
| Be | | Technical Assistance: Mendocino County | \$ | 75,000 | \$ - | Assistance in the coordination and | |
| | | HHSA | | • | | implementation of local homelessness plans | |
| | | | | | | | |

Housing Programs and Homeless Services



County of Mendocino HHSA - Applicant and Provider of Funds

| | • | • • | | | | | Health & Human Services Agency |
|--------------------|--|---|-----|---------------|-----|---------------------|--|
| | Funding Source | Recipient of Funds | FY | 19-20 Funded | | FY 20-21 Planned | Target Population and Services |
| | Whole Person Care (CA Department | Adventist Health Ukiah Valley | \$ | 172,800 | \$ | 50,000 | Benefits individuals with severe mental illness in |
| | of Health Care Services) | Manzanita | \$ | - | \$ | 36,000 | need of case management and housing support |
| | · | Mendocino Coast Clinics | \$ | 80,000 | \$ | 70,000 | |
| | | Mendocino Coast Hospitality Center | \$ | - | \$ | 36,000 | |
| | *Whole Person Care Figures are for | Mendocino Community Health Clinic | \$ | 80,000 | \$ | 70,000 | |
| | Calendar Year 2019 and Calendar Year | Mendocino County AIDS/Viral Hepatitis | \$ | - | \$ | 36,000 | |
| | | Network (MCAVHN) | | | | | |
| | end on 12/31/20. | Redwood Community Services | \$ | - | \$ | 79,000 | |
| | | Redwood Quality Management Company and | \$ | 1,687,000 | \$ | 1,315,300 | |
| | | their subcontracting agencies | | | | | |
| | | Mendocino County HHSA | \$ | 50,000 | TBD | | HHSA is piloting street level mobile |
| | | | | | | | outreach/engagement teams (for individuals) |
| 宝 | | | | | | | experiencing homelessness with local law |
| <u>B</u> | | | | | | | enforcement |
| Public Health (PH) | | | \$ | 340,446 | \$ | • | Supports 4 HHSA employees, 2.75 FTE total (.5 |
| Je S | | | | | | | Project Director, 1 Coordinator, 1 Data Analyst, |
| . <u>.</u> | | | ļ., | | | | .25 Fiscal Analyst) |
| lqn | • | Mendocino County HHSA WPC Pilot | \$ | 200,000 | \$ | | Spent for Whole Person Care |
| ٩ | Treatment Program (HMIOT) | | _ | ne-time funds | | | |
| | • | Mendocino County HHSA WPC Pilot | \$ | | | | Long-term and short-term housing supports for |
| | WPC Pilots (Dept of Health Care | | | | | | individuals who are mentally ill and homeless or |
| | Services) | | | | | • | at risk of homelessness |
| | One-Time IGT Funding | Mendocino County AIDS/Viral Hepatitis | \$ | 150,000 | \$ | 150,000 | Services following guidelines of the CA Dept of |
| | | Network (MCAVHN) | | | | | Public Health's Syringe exchange program, |
| | | | | | | | including syringe exchange, education and |
| | | | | | | | counseling, and linkage to other necessary |
| | | | | | | | services, including those provided through |
| | | | | | | | Whole Person Care |
| | | Manzanita | \$ | 160,000 | \$ | • | Services in connection with the SMI Wellness |
| | | | | | | | Centers in Ukiah and Willits, including housing |
| D 0 | | | | | | | navigation |
| Funding | California Access to Housing Act | | | | | | Will allow for capital projects, transitional |
| l un | | Trailarbill for Statewide funding of \$750,000,00 | 00 | | | | supports and housing, as well as prevention |
| | CallMODICA LICE to Decide to the control of the con | Trailerbill for Statewide funding of \$750,000,00 | JU | | | | services. |
| Potential | CalWORKs HSP to Purchase Housing | | | | | | Counties may apply for purchase of structures |
| ote | Structures | Statewide funding of \$1,500,000 | | | | | to be released to CW HSP eligible households, |
| Д | | Statewide fulluling of \$1,500,000 | | | | | not to exceed \$24,999 |

Housing Programs and Homeless Services Mendocino County Homeless Services Continuum of Care (MCHSCoC) Target Population and Services **Funding Source** Recipient of Funds Amount **Funding Status** Length 2019 Emergency Solutions Grant (ESG) **Redwood Community Services** 65,532 Awarded 2020-2021 Rapid Rehousing and HMIS Noncompetitive BOS Mendocino Coast Hospitality Center 65,532 Redwood Community Services 2019 Emergency Solutions Grant (ESG) 150,000 Awarded 2020-2021 Sheltering and HMIS Competitive BOS Mendocino Coast Hospitality Center 69.824 Rapid Rehousing and HMIS 2018 Emergency Solutions Grant (ESG) \$ Redwood Community Services 78,751 Pending 2019-2020 Rapid rehousing, homeless prevention, street outreach, sheltering, Disaster Relief Funding Mendocino Coast Hospitality Center 11,724 Round 1 Allocation 2019-2021 California Emergency Solutions and City of Fort Bragg Assistance for non-locals experiencing homelessness to return to Housing Program (CESH) their home cities Community Development Commission \$ 123.520 Round 1 Allocation 2019-2021 Prevention and stabilization services for current clients who are in danger of losing their housing and/or subsidy \$ 583,871 Round 1 and 2 Support for Unity Village Family Housing and Shelter Diversion Ford Street Project 2019-2021 Allocation Program Support for the Field Outreach and Critical Time Intervention 148.285 Round 1 and 2 2019-2020 Mendocino Coast Hospitality Center initiatives Allocation 384,613 Round 1 and 2 2019-2021 Expand inland winter shelter to provide year-round services; Rapid **Redwood Community Services** Allocation Rehousing HMIS and CES system funds \$ 98,916 Round 1 Allocation 2019-2023 Support for HMIS system Mendocino County HHSA Ś 71.141 Round 1 and 2 2019-2023 Admin support at 5% Allocation Homeless Emergency Aid Program City of Fort Bragg Ś 3,000,000 Contracted Dec 2019 -2019-2021 Capital for The Plateau housing development in Ft Bragg (HEAP) Jun 2021 Mendocino Coast Hospitality Center Ś 36,740 | Contracted Apr 2019 -2019-2021 Capital for facility repair Mar 2020 \$ Mendocino County Office of Education 135,000 Contracted Apr 2019 -2019-2021 Meals for students experiencing homelessness Jun 2021 Ś 132,720 Contracted Apr 2019 -**Project Sanctuary** 2019-2021 Capital for multi-shower and laundry facility for shelter families Jun 2021 621,788 Contracted Mar 2019 -Capital for Day Center and Homeless Shelter in Ukiah **Redwood Community Services** 2019-2021 Dec 2020 983,415 Planned Jun 2019 - Dec 2019-2021 Rural Communities Housing Development Capital investment for Phase II of Orr Creek Commons housing Corporation (RCHDC) 2022 development in Ukiah 150,000 Awarded 2019-2021 System to assist in shelter and services for individuals, identifying Homeless Management Information Mendocino County HHSA Systems (HMIS) HUD who are homeless or at risk of homelessness Continuum of Care Funding (CoC) -1,479,283 Awarded 2019-2021 Community Development Commission Permanent Supportive Housing Rental Assistance for the HUD Chronically Homeless 93,312 Awarded 2019-2021 Coordination of Coordinated Entry System

47.107 Awarded

924,734 Awarded

140,748 Awarded

2019-2021

2020-2025

2020-2021

housing

Admin and Monitoring Support for the CoC

persons experiencing homelessness

Rental assistance/rapid rehousing, operating subsidies and

reserves, landlord incentives, outreach and coordination (including employment), prevention and shelter diversion to permanent

Emergency Funding to support efforts related to COVID-19 to serve

Ś

Mendocino County HHSA

Continuum of Care (MCHSCoC)

Continuum of Care (MCHSCoC)

Mendocino County Homeless Services

Mendocino County Homeless Services

Homeless Housing, Assistance and

CA Governor's COVID-19 Emergency

Prevention Program (HHAP)

Funding

The goals, strategies, action steps delineated in this section were derived over the course of approximately four months by the Strategic Planning Committee (STRATEGIC PLANNING COMMITTEE) of the CoC governing board. Many of the recommendations from the Homeless Assessment are included as strategies here. In addition, the STRATEGIC PLANNING COMMITTEE benefitted from technical assistance provided by the Technical Assistance Collaborative through a grant from the Department of Housing and Community Development to improve the delivery of homelessness programs. The STRATEGIC PLANNING COMMITTEE was inspired by the All Home collaborative of Kings County, Washington in deciding on its overarching goals.

Goal 1: Making Homelessness Rare

Making homelessness rare will require addressing the <u>causes of homelessness</u>, which are myriad and institutional. A <u>2013 national study</u> found that community rates of homelessness are driven by rent increases in the housing market, the availability of a strong safety net, economy, demographics, and influx of people moving to a region. Working together with community advocates, providers and partners the CoC aims to align efforts toward prevention, increasing affordable housing, and supporting the expansion of pre-adjudication programs and sentencing alternatives to make homelessness RARE in Mendocino County.

| # | Strategy | Action Steps | Person/Org. Responsible | Timeframe |
|-----|--|--|--|-----------|
| 1.1 | Source new housing opportunities | 1.1.1 Identify new funding for development of housing for homeless | 1.1.1 CoC Board members | Ongoing |
| | of all types whenever possible. | 1.1.2 Review current housing projects and identify possible areas of expansion | 1.1.2 Shelter & Solutions Cmte | |
| | | 1.1.3 Partner with local housing developers to reserve/fund units for households experiencing homelessness | 1.1.3 Applicable agencies | |
| | | 1.1.4 Collaborate with CA State Agencies to identify state-owned | 1.1.4 Health and Human Services | |
| | | properties available for short-term and long-term housing interventions (CA Governor Executive Order N-23-20—attached | and Local Jurisdictions | |
| 1.2 | Identify and support programs within the County that provide effective homelessness prevention services. | 1.2.1 Survey all homeless service providers regarding formal and informal homeless prevention services provided 1.2.2 Review long-term outcomes of previous homeless prevention efforts and establish performance measurement goals 1.2.3 CoC to identify and adopt most effective intervention models 1.2.4 Include above model in Homeless Prevention processes and procedures 1.2.5 Develop, approve, and implement MCHSCoC homeless prevention (HP) policy and procedures, including inclusion in Coordinated Entry system | 1.2.1 HHSA w/Strategic Planning Cmte (STRATEGIC PLANNING COMMITTEE) 1.2.2 HMIS/Performance Measurement Cmte 1.2.3 CoC Board 1.2.4 Coordinated Entry (CE)/Discharge Planning Cmte 1.2.5 CoC Board | 2020 |
| 1.3 | Identify and support programs within the County that provide effective homelessness diversion services. | 1.3.1 Survey all homeless service providers regarding formal and informal homeless diversion services provided 1.3.2 Review long-term outcomes of previous homeless diversion efforts and establish performance measurement goals | 1.3.1 HHSA w/Strategic Planning Cmte (STRATEGIC PLANNING COMMITTEE) | 2020 |

| # | Strategy | Action Steps | Person/Org. Responsible | Timeframe |
|-----|---|---|---|-----------|
| | | 1.3.3 CoC to identify and adopt most effective intervention models | 1.3.2 HMIS/Performance | |
| | | 1.3.4 Include above model in homeless diversion processes and | Measurement (PM) Cmte | |
| | | procedures | 1.3.3 CoC Board | |
| | | 1.3.5 Develop, approve, and implement MCHSCoC homeless diversion | 1.3.4 Coordinated Entry | |
| | | policy and procedures, including inclusion in Coordinated Entry | (CE)/Discharge Planning Cmte | |
| | | system | 1.3.5 CoC Board | |
| 1.4 | Promote expansion of meaningful mental health and substance | 1.4.1 Support a continuum of Dual Diagnosis (Behavioral Health/SUDT) services & treatment programs | 1.4.1 CoC/HHSA & NGOs | 2021 |
| | abuse treatment options to address housing barriers. | 1.4.2 Promote & prioritize successful support services that prevent homelessness due to relapse & recidivism risks for clients with behavioral health and/or Substance Use issues 1.4.3 Promote & support effective Anti-Stigma, Trauma-informed | 1.4.2 CoC/HHSA & NGOs | |
| | | community information, trainings & educational programs 1.4.4 Establish behavioral health/SUDT treatment efficacy measures 1.4.5 Develop and cross train providers (county wide) in timely referral, warm handoff protocols and resources for behavioral health & SUDT services | 1.4.3 CoC with HHSA/NGSs/Mendocino College | |
| | | | 1.4.4 HHSA and CoC 1.4.5 CoC with HHSA (includes Administrative Service Organization(s), contractors, and subcontractors) | |
| 1.5 | Review and evaluate overall | 1.5.1 Conduct the annual Point In Time (PIT) and Housing Inventory Count | 1.5.1 PIT/HIC ad hoc committee | Ongoing |
| | system volume needs on a regular | (HIC) | | |
| | basis for continuous program | 1.5.2 Identify and collect data from sources outside the PIT/HIC that could | 1.5.2 HHSA | |
| | improvement. | inform the evaluation of overall system volume needs | | |
| | | 1.5.3 Review and analyze data from 2020 PIT and HIC, and gathered from other sources | 1.5.3 PIC/HIC Cmte | |
| | | 1.5.4 Report on findings in annual Housing Inventory Report | 1.5.4 PIC/HIC Cmte | |

HOW WE WILL KNOW IT WORKED

We will see a 5% annual decrease in the total number of homeless as measured by HUD's Longitudinal Systems Analysis (LSA).

GOAL 2: Making Homelessness Brief and One-Time

To make homelessness brief and one-time, funding and programs must be aligned to support the strengths and address the needs of people experiencing homelessness. Shortening the length of time families and individuals are homeless reduces trauma and also creates capacity in the crisis response system for others in need. Ensuring that those who to move to permanent housing do not become homeless again and return to our crisis response system also increases capacity of crisis services to serve more individuals.

| # | Strategy | Action Steps | Person/Org. Responsible | Timeframe |
|-----|---|--|--|-----------|
| 2.1 | Identify the most effective homelessness programs within the County, particularly those that provide emergency, transitional, and permanent housing to individuals experiencing homelessness, and provide support to expand services. | 2.1.1 Gather outcomes of annual Housing Inventory Report. 2.1.2 Establish performance measurement goals for all types of projects 2.1.3 Add minimum outcome thresholds to grant rating and ranking criteria (for a project to be eligible for funds) 2.1.4 Create project evaluation processes to hold projects accountable | 2.1.1 HHSA 2.1.2 Rating and Ranking Ad Hoc 2.1.3 Rating and Ranking Ad Hoc 2.1.4 CoC Board and STRATEGIC PLANNING COMMITTEE | 2022 |
| 2.2 | Increase utilization of resources already available in the system. | 2.2.1 Recruit and hire a Landlord-Tenant Navigator focused on centralizing recruitment and retention of landlords. (New Position) 2.2.2 Internal Barriers Review: Review Barriers to Entry and Mobilization Through the System—to reduce steps and length of time from system access to housing. 2.2.3 Analyze and evaluate rapid re-housing resources to maximize effectiveness. 2.2.4 Review the utilization of resources and maximize (e.g. are all available beds being used?) 2.2.5 Increase awareness of coordinated entry access points and procedures. | 2.2.1 CoC Board and/or collaborative applicant to identify agency/org. 2.2.2: Coordinated Entry Cmte 2.2.3 Shelter and Solutions Cmte 2.2.4 Coordinated Entry and HMIS Cmtes 2.2.5 Coordinated Entry and Shelter and Solutions Cmtes | 2021 |
| 2.3 | Create quicker and seamless movement through the homelessness system for all individuals and families experiencing homelessness (e.g., operating at maximum capacity by increasing utilization of the overall system). | 2.3.1 Hire a Coordinated Entry manager (new position) 2.3.2 By-name list case conferencing 2.3.3 Formalize Practices and Referrals 2.3.4 Ensure all appropriate programs are using the CES 2.3.5 Establish system-wide service eligibility and triage criteria for allocating resources (w/emergency protocols) | 2.3.1 CoC Board and/or collaborative applicant to identify agency/org. 2.3.2. CEDP cmte 2.3.3. HMIS/PM & CEDP cmtes 2.3.4. CoC Board & CE 2.3.5 HMIS/PM & CEDP cmtes | 2021 |
| 2.4 | Develop and Implement a Homeless Outreach Team. | 2.4.1 Establish collaboration between County, Cities and law enforcement agencies regarding HOTeams in each region. 2.4.2 Identify strategies required to engage different cohort groups of unhoused persons in the most effective manner for that cohort. | Action Steps will be facilitated by HHSA in collaboration with local jurisdictions, law enforcement, and CoC members. | 2022 |

| # | Strategy | Action Steps | Person/Org. Responsible | Timeframe |
|-----|--|---|--|-----------|
| | | 2.4.3. Consider implementing a Homeless Multi-Disciplinary Personnel Team to provide collaborative case conferencing about individual homeless individuals with complex needs. 2.4.3 The CoC shall encourage service providers to participate in and facilitate inter-jurisdictional training around street outreach efforts. | | |
| 2.5 | Fully build out and robustly use HMIS. | 2.5.1 Develop training curriculum for new HMIS end users 2.5.2 Create ongoing training for HMIS end users and organization administrators 2.5.3 Increase HMIS bed coverage rate by engaging homeless housing providers that are not participating in HMIS. | All Action Steps will be done by HHSA's HMIS lead | 2020 |
| 2.6 | Establish low barrier and no- barrier shelter(s)—with uniform eligibility criteria across agencies—for families with children. | 2.6.1 Identify and select model for family shelter(s). 2.6.2 Identify agency willing to apply for funding to operate a family shelter. 2.6.3 Identify building or location—including State surplus lands—for the shelter to function with highest access to community supports and services/day shelter or access to housing navigator assisting with permanent housing. 2.6.4 Agencies working with families commit to HMIS and countywide case management system for referring families and triaging needs. 2.6.5 Career and Technical Education and childcare programs aligned with shelter for access for parents into work programs. Collaborate with CALWORKS and align requirements. | 2.6.1 Shelter Solutions Cmte 2.6.2 Shelter Solutions Cmte 2.6.3 Homeless Housing Assistance & Prevention (HHAP) program ad hoc 2.6.4 HHSA (HMIS lead) 2.6.5 Organization operating family shelter | 2020 |

HOW WE WILL KNOW IT WORKED

We will see a 5% annual decrease per year in the length of time that people are homeless as measured by HUD's LSA.

GOAL 3: Improve community and policy maker engagement around homelessness

| # | Strategy | Action Steps | Person/Org. Responsible | Timeframe |
|-----|--|---|--|-----------|
| 3.1 | Gain buy-in and agreement for one overarching strategic plan—with action steps. | 3.1.1 Engage leadership in underserved areas of the County's jurisdiction. 3.1.2 Use data (worldwide/national) on promising and evidence based practices to highlight successful strategies that can be used in our communities. 3.1.3 Provide informational presentations to policy making bodies, community agencies, and public on purpose, process and importance of having a consistent and coordinated approach to addressing homelessness. 3.1.4 Seek endorsement of Strategic Plan from entities within various jurisdictions. | All Action Steps will be done by Strategic Planning Committee | 2020 |
| 3.2 | Improve strategic coordination between the CoC, the County and cities. | 3.2.1 Set up regular meeting between CoC and the BOS Ad-Hoc Committee on Homelessness 3.2.2 On all regular CoC agendas, there shall be a standing item for jurisdictional updates related to homelessness. 3.2.3 Members of the CoC shall engage local jurisdictions early in the development of capital projects. | 3.2.1 Strategic Planning Committee 3.2.2 Strategic Planning Committee 3.2.3 HHSA | 2020 |
| 3.3 | Develop a community understanding of the scope, scale, and structure of the homelessness problem and need to use common nomenclature to improve decision making. | 3.3.1 Form an Outreach and Public Relations team to prepare and make public presentations. 3.3.2 Create a press release once per year on PIT count and other homeless data. 3.3.3 The CoC shall make annual presentations to the governing body of each jurisdiction once each year to report on strategic plan progress and upcoming initiatives/projects. 3.3.4 Talk to local media about what is being addressed, the CoC's challenges and limitations, what the public can do to help. | All Action Steps will be done by Strategic Planning Committee. | 2022 |
| 3.4 | Increase engagement of persons experiencing homelessness in planning, implementation and decision making for the CoC. | 3.4.1 Conduct focus groups with people experiencing homelessness regarding service provider training and education. 3.4.2 Follow up with provider trainings as identified in focus groups. 3.4.3 Establish encampment engagement protocols. 3.4.4 Develop and implement a process to compensate or incentivize people who are currently or formerly shelterless to participate in the governance of the County's homeless system of care. 3.4.5 Establish a 'Client Council.' | 3.4.1 Strategic Planning Committee 3.4.2 Strategic Planning Committee 3.4.3 CoC Board and HHSA 3.4.4 Membership Committee 3.4.5 Membership Committee | Ongoing |

HOW WE WILL KNOW IT WORKED

We will see increased engagement of residents as measured by increased attendance at CoC board and committee meetings.

We will see increased engagement and leadership of business and faith leaders increased attendance at and/or joining the CoC board.

We will see homeless services expanded to the outlying regions of the County, such as the South Coast and North County, including Covelo.

GOAL 4: Improve the CoC's capacity to govern itself.

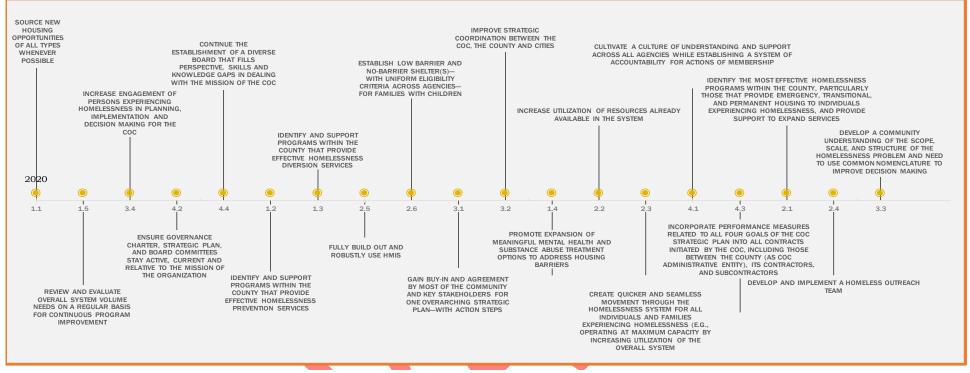
| # | Strategy | Action Steps | Person/Org. Responsible | Timeframe |
|-----|--|---|--|-----------|
| 4.1 | Cultivate a culture of understanding and support across all agencies while establishing a system of accountability for actions of | 4.1.1 Provide listening session with external and internal partners to identify and address the shortfalls of the current operations. 4.1.2 Establish an internal and external ethics policy with the ability to hold members accountable when policies are not followed. 4.1.3 Complete a presentation presenting what solutions each agency brings to | 4.1.1 CoC Co-chairs and HHSA 4.1.2 HHSA | 2021 |
| | membership. | help the CoC mission, to be used to educate other agencies and the public. | 4.1.3 Membership Cmte | |
| 4.2 | Ensure governance charter, strategic plan, and board committees stay active, current and relative to the | 4.2.1 Increase monitoring activities, using the HUD provided CoC Monitoring Toolkit. 4.2.2 Develop check list of steps required annually to update or create new Strategic Plan and will be responsible for updating the plan on behalf of | 4.4.1 HHSA 4.4.2 Strategic Planning Committee | Ongoing |
| | mission of the organization. | CoC Board. 4.2.3 Hold an annual CoC Day Away to revitalize CoC members' passion and dedication to homeless services. 4.2.4 Create and annually revise MCHSCoC Guide Book that includes: Mission | 4.4.3 CoC Board will host | |
| | | and Vision Statements; Current Strategic Plan, Governance Charter and CoC Meeting Schedule; and list of current homeless services. 4.2.5 Define a review process that allows for review of the governance charter | 4.4.4 CoC Membership Committee4.2.5 Strategic Planning Committee | |
| | | to make sure the charter stays current and relative to the issues at hand in relation to board seats. | , and the second | |
| 4.3 | Incorporate performance measures related to all four goals of the Strategic Plan and all contracts initiated by the CoC, including those between the County (as CoC Administrative Entity), its Contractors, and Subcontractors. | 4.3.1 Promote data-informed decisions and focus on system performance. 4.3.2 Agree on consistent contract language across all homeless service-related projects. 4.3.3 Use performance measures in contracts. | 4.3.1 CoC Board4.3.2 HHSA for County contracts & CoC Board for CoC contracts4.3.3 HHSA and CoC | 2021 |
| 4.4 | Continue the establishment of a diverse board that fills perspective, skills and knowledge gaps in dealing with the mission of the CoC. | 4.4.1 Conduct skills inventory for all board members to find the skills gap that may be needed by consultants or additional board seats. 4.4.2 CoC leadership will actively attend events to speak with leaders in the community to make sure that the local needs are being accomplished by the boards long term goals and objectives. | 4.4.1 CoC Co-Chairs 4.4.3 CoC Co-Chairs | Ongoing |

HOW WE WILL KNOW IT WORKED

We will have effective and efficient governance at the CoC and within the homeless system infrastructure as measured by surveys conducted before and after listening sessions by whomever conducts listening session.

HHSA and CoC contracts all include measurable performance measures.

Timeline for Strategies to Address Homelessness in Mendocino County



| DATE | STRATEGIES | POSITION |
|------|--|----------|
| 1.1 | Source new housing opportunities of all types whenever possible | 20 |
| 1.5 | Review and evaluate overall system volume needs on a regular basis for continuous program improvement | -15 |
| 3.4 | Increase engagement of persons experiencing homelessness in planning, implementation and decision making for the CoC | 10 |
| 4.2 | Ensure governance charter, strategic plan, and board committees stay active, current and relative to the mission of the organization | -10 |
| 4.4 | Continue the establishment of a diverse board that fills perspective, skills and knowledge gaps in dealing with the mission of the COC | 15 |
| 1.2 | Identify and support programs within the County that provide effective homelessness prevention services | -10 |
| 1.3 | Identify and support programs within the County that provide effective homelessness diversion services | 5 |
| 2.5 | Fully build out and robustly use HMIS | -5 |
| 2.6 | Establish low barrier and no-barrier shelter(s)—with uniform eligibility criteria across agencies—for families with children | 15 |
| 3.1 | Gain buy-in and agreement by most of the community and key stakeholders for one overarching strategic plan—with action steps | -10 |
| 3.2 | Improve strategic coordination between the CoC, the County and cities | 20 |
| 1.4 | Promote expansion of meaningful mental health and substance abuse treatment options to address housing barriers | -10 |
| 2.2 | Increase utilization of resources already available in the system | 10 |
| 2.3 | Create quicker and seamless movement through the homelessness system for all individuals and families experiencing homelessness (e.g., operating at maximum capacity by increasing utilization of the overall system | -10 |
| 4.1 | Cultivate a culture of understanding and support across all agencies while establishing a system of accountability for actions of membership | 15 |
| 4.3 | Incorporate performance measures related to all four goals of the CoC Strategic Plan into all contracts initiated by the CoC, including those between the County (as CoC Administrative Entity), its Contractors, and Subcontractors | -15 |
| 2.1 | Identify the most effective homelessness programs within the County, particularly those that provide emergency, transitional, and permanent housing to individuals experiencing homelessness, and provide support to expand services | 10 |
| 2.4 | Develop and Implement a Homeless Outreach Team | -10 |
| 3.3 | Develop a community understanding of the scope, scale, and structure of the homelessness problem and need to use common nomenclature to improve decision making | 5 |

EXECUTIVE DEPARTMENT STATE OF CALIFORNIA

EXECUTIVE ORDER N-23-20

WHEREAS California faces a severe housing crisis that has made housing unaffordable for too many Californians and, in turn, exacerbated the problem of homelessness; and

WHEREAS homelessness in California is not confined to urban corridors but is present in urban, suburban, and tribal and rural communities throughout the state; and

WHEREAS data released recently by the U.S. Department of Housing and Urban Development based on the 2019 Point-in-Time Count indicated that there were 151,278 individuals who were homeless in California, over 108,000 of whom were unsheltered, and that the homeless population has been steadily increasing; and

WHEREAS Californians driven into homelessness often develop significant health issues over time and, often experience significant morbidity and die sooner; and

WHEREAS it is estimated that a substantial proportion of individuals who are homeless experience chronic physical and mental health disorders, yet are not receiving regular and consistent medical or psychiatric care; and

WHEREAS California's homelessness crisis has put considerable stress on many public services including transportation, libraries, schools, health services and public safety, as well as created public health challenges; and

WHEREAS California's homelessness crisis has impacted certain business sectors throughout the state and is a top concern to many residents, businesses, communities, tribal governments, cities, and counties across the state; and

WHEREAS unauthorized encampments of people who are homeless are increasing in many areas of the state within the public right of way and near or on private or tribal property, resulting in traffic and fire hazards, crime, risk of injury and death, and other conditions detrimental to public health and safety, both for people who are homeless and people who are not; and

WHEREAS since 2018, almost 200 counties and cities have declared a shelter crisis, pursuant to Government Code section 8698 et seq.; and

WHEREAS over the past two years, the state has substantially increased its efforts to address street homelessness by providing more than \$2.7 billion in new funding, significantly increasing its support for safety net services, eliminating barriers to getting navigation centers and temporary housing built to allow homeless adults to receive services and stability in



order to find longer-term housing, enacting the most aggressive rent-gouging protections, launching a 100-Day Challenge Initiative to bring counties and cities together to more urgently address homelessness in their communities, and expediting funding allocations to local governments, including allocations to counties to reduce the number of families in the child welfare services system experiencing homelessness; and

WHEREAS solutions to homelessness require additional innovation, cooperation and urgency within the public sector, and among the public and private and tribal sectors; and

WHEREAS because reducing the population of homeless individuals in California is a matter of critical statewide importance, the state can and needs to do more to help local communities act with urgency to address street homelessness and the society-wide problems associated with the homelessness crisis.

NOW, THEREFORE, I, GAVIN NEWSOM, Governor of the State of California, by virtue of the power and authority vested in me by the Constitution and statutes of the State of California, do hereby issue this Order to reduce street homelessness, break down barriers to homeless individuals accessing health care and other critical services, and to increase housing options for those experiencing homelessness. This Order shall become effective immediately.

IT IS HEREBY ORDERED THAT:

- 1. All state agencies specifically referenced in this Order shall develop by no later than February 28, 2020 accountability metrics for state agencies and for local partners to assess the use of the state resources referenced in the following paragraphs and their impact on reducing street homelessness, breaking down barriers to homeless individuals accessing health care and other critical services, and increasing housing options for those experiencing homelessness. The metrics shall be published online and regularly updated. In carrying out this Order, state agencies shall consider the extent to which local partners regularly and publicly report data based on the local metrics.
- 2. The Department of Finance, pursuant to its authority under Government Code sections 11005, 11005.1, and 13306, shall immediately establish the California Access to Housing and Services Fund within the Department of Social Services, to receive future state appropriations, as well as donations from philanthropy and the private sector, and to provide much needed dollars for additional affordable housing units, providing rental and operating subsidies, and stabilizing board and care homes;
- 3. To rapidly increase housing options for those experiencing homelessness, the following actions shall occur by no later than January 31, 2020:

- a. The Department of General Services shall identify all properties from the digitized inventory of excess state land created by EO N-06-19 that can be used by local partners, including tribal governments, counties, cities, or non-profit agencies, on a short-term emergency basis to provide shelter for individuals who are homeless, so long as such usage will not delay affordable housing development on those properties.
- b. The Department of General Services shall conduct an initial assessment of all state facilities to identify facilities that can be used by local partners on a short-term emergency basis to provide shelter for individuals who are homeless and in need of health and social services.
- c. The Department of Transportation (Caltrans) shall develop and share a model lease template to allow counties and cities to use Caltrans property adjacent to highways or state roads in those jurisdictions on a short-term emergency basis to provide shelter for individuals who are homeless, building on recent partnerships with the cities of Los Angeles, San Jose, and San Francisco, and consistent with Streets & Highways Code section 104.30. Priority for future partnerships to make state land available to counties and cities for short-term emergency housing shall be given to jurisdictions where a shelter crisis declared pursuant to Government Code section 8698 et seq. is in effect.
- d. The Office of Statewide Health Planning and Development shall work with local jurisdictions, tribal communities, and private entities to conduct an initial assessment of the appropriateness and availability of vacant and decommissioned hospitals and health care facilities for use by local partners on a short-term emergency basis to provide shelter for individuals who are homeless.
- e. The Department of Food and Agriculture, in consultation with the Department of General Services, the Department of Housing and Community Development, the Department of Social Services, and the Office of Emergency Services, shall conduct an initial assessment of fairgrounds in or near jurisdictions where a shelter crisis is currently in effect, and, for those fairgrounds, determine the population capacity and space that would currently be available to local partners on a short-term emergency basis to provide shelter for individuals who are homeless.
- 4. The Department of General Services shall supply 100 travel trailers from the state fleet, and the Emergency Medical Services Authority shall supply complementary modular tent structures, to provide temporary emergency housing and the delivery of health and social services in communities across the state. The Department of General Services and the Emergency Medical Services Authority shall supply trailers and tents immediately and

end by September 30, 2020, unless the secretaries of the Government Operations Agency and the Health and Human Services Agency both concur on a case-by-case basis that the specific circumstances warrant the continued use of the trailers or tent structures. These trailers and tent structures shall only be used where the following criteria have been satisfied:

- a. A shelter crisis declared pursuant to Government Code section 8698 et seq. or its equivalent under the applicable laws governing the jurisdiction of a federally recognized tribe in California is in effect.
- b. Local partners, including counties, cities, and non-profit agencies, have the capacity and resources to deploy, operate, secure, and maintain the trailers or tent structures.
- c. Local partners make appropriate health, social, housing, and other appropriate services available to support the needs of individuals temporarily housed in the trailers or tent structures and transition them into permanent, safe and stable housing.
- d. Local partners agree to regularly and publicly report data based on the accountability metrics referenced in paragraph
 1.
- 5. To further assist local jurisdictions in addressing street homelessness, there shall be a multi-agency state strike team comprised of the Business, Consumer Services, and Housing Agency; the Government Operations Agency; the Health and Human Services Agency; the Labor and Workforce Development Agency; and the Transportation Agency. The strike team shall be coordinated by the Homeless Coordinating and Financing Council and provide technical assistance and targeted direct support to counties, cities, and public transit agencies seeking to bring individuals experiencing homelessness indoors and connect them with appropriate health, human, and social services and benefits.

FURTHERMORE, all counties, cities, public transit agencies, special districts, school districts, tribal governments, and non-governmental actors, including businesses, faith-based organizations, and other non-profit agencies, are requested to examine their own ability to provide shelter and house homeless individuals on a short-term emergency basis and coordinate with local authorities to provide shelter and house individuals.

IT IS FURTHER ORDERED that as soon as hereafter possible, this Order shall be filed with the Office of the Secretary of State and that widespread publicity and notice shall be given to this Order.

This Order is not intended to, and does not, create any rights or benefits, substantive or procedural, enforceable at law or in equity, against the State of California, its departments, agencies, or other entities, its officers or employees, or any other person.

IN WITNESS WHEREOF I have hereunto set my hand and caused the Great Seal of the State of California to be affixed this 8th day of January 2020.

GAY NEWSOM

Governor of California

ATTEST:

ALEX PADILLA Secretary of State