Meeting Agenda
Continuum of Care (CoC) Board
Wednesday, November 13, 2019
1:00pm-2:30pm

Ventura County Office of Education,
Administration building
5189 Verdugo Way
Simi Room
Camarillo, CA

1. Call to Order

2. Approval of, Minutes of the meeting of Governance Board held Wednesday, October 9,2019

3. Board Comments

4. CoC Staff Comments

5. Public Comments: public comments regarding CoC matters NOT appearing on this agenda.

Continuum of Care Governance Board Business

6. Approval of the 2020 Point-in-Time Count Implementation Plan.

7. Approve the cancellation of the December 2019 CoC Board meeting and approve the tentative Board schedule for 2020.

8. Receive and file and unscheduled vacancy notice for CoC Board member Mike Taigman.

9. Receive a report on CoC Board Terms and term limits and board member nominees. Select new chair, vice-chair and fill board vacancy.

10. Receive and file a report from the CoC Public Information & Outreach Committee.

11. Receive and file a notice from the Housing Rights Center on New California Tenant Protections for Section 8 Voucher Holders and Veterans.

12. Receive and file correspondence from Ms. Mary Haffner regarding care the "Continuum of Care for the Seriously Mentally Ill in Ventura County".

Meeting Minutes
Continuum of Care (CoC) Board
Wednesday, October 9, 2019
1:00pm-2:30pm

Ventura County Office of Education Administration
5189 Verdugo Way, Simi Room
Camarillo, CA

1. Call to Order: CoC Board Chair, Mike Taigman, called the meeting to order at 1:05pm.

   Board Members: Kevin Clerici, Dawn Dyer, Susan Englund, Mara Malch, Pam Marshall, Manuel Minjares, Michael Nigh, Drew Powers, Mike Powers, Carmen Ramirez, Mike Taigman, Nancy Wharfield

   Staff: Tara Carruth, Amy Duganne, Jennifer Harkey

   HMIS Staff: Marissa Mach, Alicia Morales, Marcy Snider

   Public Attendees: Bill Berle, Cathi Nye, Susan White Wood, April Rosser, Ralph Reyes, Eric Harrison

2. Approval of Minutes of the meeting of Governance Board held Wednesday, September 11, 2019
   Minutes approved: Motion by Manuel Minjares, seconded by Drew Powers. Michael Nigh abstained. All in favor.

3. Board Comments: CoC Board Chair, Mike Taigman, announced his resignation from the Board. Carmen Ramirez thanked Mike Taigman for his leadership. Carmen announced that a new legislative bill signed by the Governor will place limits on rent increases and takes effect on January 1, 2020. Dawn Dyer announced that the July 2019 rent survey data will be available to the public soon, after the final review process is complete. Mara Malch mentioned the most recent national report on homelessness highlights the Oxnard/Thousand Oaks/Ventura metropolitan area and the increase in federal funding for supportive housing. Michael Nigh highlighted Senate Bill 329 signed by the Governor which prohibits landlords from counting housing vouchers as income.

4. CoC Staff Comments: Mercy House Oxnard shelter has been receiving referrals through the Coordinated Entry System (CES) to prioritize those who are most vulnerable for shelter beds with a focus on permanent housing placements. The CES team has prioritized and referred 24 disabled, homeless veterans to Ormond Beach for the Permanent Supportive Housing units. These units will have onsite case management provided by L.A. Family Housing. As of today, 8 of those referred have been approved and moved in! Thanks to Many Mansions and the Oxnard Housing Authority staff for their time and dedication to this project. We are continuing to seek more low-income veteran households, up to 50% Area Median Income, to apply for the remaining 2-bedroom and 3-bedroom units.

5. Public Comments: VCOE Homeless Liaison, Cathi Nye, announced that an art show will take place today at the VCOE Administrative office, to display artwork by 13 preschool Rio school students for enrichment week. Human Services Agency CES Pathways to Home Coordinator, Alicia Morales, highlighted the incredible work by our local homeless service providers who recently housed 15 households in Permanent Supportive Housing last week, requiring lengthy HUD documentation and coordinated efforts among 30 providers.

Continuum of Care Governance Board Business

6. <u>Review of the State Homeless, Housing, Assistance and Prevention (HHAP) program timeline and authorization for CoC Staff to release a Request for Proposals (RFP) with approved local timeline for funding.</u>
Tara Carruth gave an overview of the funding to support the expansion or development of local capacity to address immediate homelessness challenges. HHAP funding will be awarded to the local CoC and County of Ventura, with the State encouraging regional collaboration between CoCs, counties and cities. The timeline shows program guidance is expected to be published in October 2019 and applications will be due to the State by February 15, 2020. Some of the current gaps in Ventura County include street outreach services, comprehensive supportive services, housing navigation, permanent supportive and affordable housing units, and homelessness prevention. CoC Board members inquired about the Senate Bill 2 Permanent Local Housing Allocations (PLHA) coming to local jurisdictions and the alignment with the HOME Consortium. A suggestion was made to ensure the Ventura Council of Governments (VCOG) is aware of these funding priorities and the regional collaboration. Mike Powers motioned to approve the local funding timeline, confirm priorities and authorize staff to release the RFP. Seconded by Carmen Ramirez. All in favor.

7. <u>Approval of redirection of County Executive Office HEAP administrative funding allocation to fund a Landlord Engagement Pilot program with United Way of Ventura County.</u>
Tara Carruth explained the importance of landlord engagement initiatives to assist with the utilization of housing vouchers and other rental assistance programs. United Way of Ventura County has proposed to take the lead in piloting this program, as successfully modeled in other communities. Eric Harrison, President & CEO of United Way of Ventura County, expressed his excitement for this pilot program and highlighted the interest from private funders who want to help secure housing resources. Eric explained that some other landlord engagement programs have been successful in other communities, such as the United to End Homelessness program in Orange County. Amy Duganne, CoC Housing Consultant, explained the top three strategies include damage mitigation, holding fees and signing bonuses. CoC Board members inquired about pet deposits and the need for conflict resolution to retain units. United Way intends to implement a 24-hour hotline for landlords to report issues. Carmen Ramirez motioned to approve, seconded by Mike Powers. Unanimous approval.

8. <u>Received and filed a report on the Ventura County Homeless Management Information System (VC HMIS) Administration proposal to conduct a system wide evaluation and assessment to gather information from the various service providers.</u>
The HMIS Lead Agency, the Human Services Agency, operates and manages the VC HMIS system. Marissa Mach, Deputy Director at the Human Services Agency provided feedback on the increase in VC HMIS licensed users and the training requirements. There has been a transition between system vendors from Bowman to WellSky which has created the need for more training and there have been challenges with the HUD requirements.

9. <u>Received a report on the Foster Youth to Independence (FYI) Initiative with the Area Housing Authority of the County of Ventura and the Human Services Agency Child Welfare Agency and Authorize Staff to finalize a Memorandum of Understanding.</u>
Jennifer Harkey gave an overview of the cross-system collaboration to acquire up to 25 housing vouchers for youth ages 18 to 24 with current or prior history of child welfare involvement. These vouchers cannot be project based, as they are limited to 36 months per youth. A Memorandum of Understanding (MOU) has been drafted by CoC staff and currently being reviewed by the Area Housing Authority of the County of Ventura and the Child Welfare Agency.

November 13, 2019

CoC Governance Board

SUBJECT: Approval of Ventura County 2020 Ventura CountyHomeless Count Implementation Plan and launch volunteer recruitment efforts in preparation for preparing the 2020 Homeless Count and Subpopulation Survey data and Housing Inventory Count to be reported to U.S. Department of Housing & Urban Development (HUD) no later than April 30, 2020.

Background: Annually, the Ventura County Continuum of Care staff and volunteers conduct the annual Point in Time Count and Subpopulation Survey of homeless persons throughout the county. This one-night survey of sheltered persons and one day count and survey of unsheltered persons results in a snapshot report of one day of homelessness across the community. Accompanying this report is the annual Housing Inventory Count of all emergency shelter, transitional housing, rapid re-housing, supportive housing and other housing dedicated to homeless persons. These reports are submitted to the U.S. Department of Housing and Urban Development as part of the requirements of receiving HUD Continuum of Care funding. These reports help to inform the CoC Board as well as other stakeholders in the community on the need for resources within the community as well as trends in the populations experiencing homelessness. Data collected is also being used by the State of California in allocating state funding for homeless assistance and housing programs.

Discussion: The attached 2020 Implementation Plan includes the HUD-approved methodology for conducting the annual homeless count and subpopulation survey. The CoC staff coordinate the efforts with leads in each city and the unincorporated areas of the county. These community leads assist with recruitment of and training of community volunteers who will canvass the community on the early morning of January 29th, 2020 until the early afternoon hours. The goal is to have comprehensive coverage of the community and work with law enforcement and homeless service providers to identify areas where volunteers should be deployed. Volunteers go out in teams of two to survey individuals and will use the Simtech Solutions "Counting Us" mobile app to collect survey data. Volunteers are also able to collect survey by observation if the participant is not willing to participate in the voluntary survey. Additionally, Community Leads will identify areas such as homeless encampments that require trained service providers with the support of law enforcement to collect surveys. These locations may be surveyed on a day following the count if the day falls within the 7-day window following the homeless count day of January 29. Service site locations may also be surveyed in the 7-day windows following the count.

The sheltered portion of the count is primarily reported through the Homeless Management Information System. Shelters and Transitional Housing programs that do not participate in HMIS can collect survey data through the Counting Us app for comprehensive reporting data that is aligned with the data in HMIS.

Lastly, CoC staff work with all housing and shelter providers to collect data for the Housing Inventory Count or HIC. The HIC is a report for all shelter and housing programs dedicated to serving homeless households. The report includes the utilization of all programs on the same night as the Point in Time Count. This reporting is one of the reasons staff emphasize the need for complete HMIS coverage of

these projects. Projects not using HMIS including VASH, privately funded shelters and domestic violence programs are reported outside of HMIS and included in the HIC.

Community Leads have been identified for all communities except the City of Moorpark.

Jurisdiction	Community Lead
Simi Valley	The Samaritan Center
Thousand Oaks	Many Mansions
Camarillo	Deputy Dyer
Oxnard	City of Oxnard
Ventura	City of Ventura
Pt. Hueneme	Melissa Perezchica-Ramirez + PHPD
Ojai	Help of Ojai
Santa Paula	SPIRIT of Santa Paula
Fillmore	One Step a la Vez
Moorpark	
County	County Service Providers

Recommendations:
1) Approve the 2020 Homeless Count Implementation Plan.

The Point-in-Time Homeless Count and Survey Implementation Plan

The Ventura County Homeless Count and Survey will take place on the morning of January 29th, 2020, surveying persons who were unsheltered the night of January 28, 202020.

The Point-in-Time (PIT) Homeless Count and Survey Implementation Plan (Plan) consists of three parts: I) activities prior to the night of the count; II) activities during the night of the count; and III) activities after the night of the count.[1]

I.   Activities Prior to the Point-in-Time Count:

a. Point-in-time count must be carried out on one night during the last 10 days of January

The U.S. Department of Housing and Urban Development (HUD) requires that a count of sheltered and unsheltered persons who are homeless (as defined in Appendix A) must be carried out on one night in the last 10 calendar days of January unless a request to count outside of this period of time is granted by HUD.[2]

b. Ensure that the sheltered and unsheltered count occur during the same time period

HUD states that

> "A critical step to ensuring that the same number of persons is reported on the HIC and the PIT is to conduct both counts during the same time period. HUD requires that CoCs identify the date on which the count was conducted; however, the term 'night' signifies a single period from sunset to sunrise, which spans two actual dates. The 'night of the count' begins at sunset on the date of the count and ends at sunrise on the following day, as shown in the illustration below."[3]

It is important to note that "HUD strongly recommends that CoCs conduct the sheltered and unsheltered count, and the HIC, at the same time."[4]

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[1] "CoCs must designate a single night for their count so that the sheltered and unsheltered counts, as well as the Housing Inventory Count (HIC), are all based on the same night (2014 Point-in-Time Methodology Guide, p. 23)."

[2] "Notice for Housing Inventory Count (HIC) and Point-in-Time (PIT) Data Collection for Continuum of Care (CoC) Program and the Emergency Solutions Grants (ESG) Program," August 4, 2016, p. 18.

[3] Ibid., p. 20

[4] Point-in-Time Count Methodology Guide: 2014, p. 23.

c. Guarantee that the point-in-time count accurately reflects the entire geographic area

HUD states that

"In some CoCs, there might be geographic areas that CoCs are not required to incorporate into the count. These might include deserts, dense forests, and other remote locations that are uninhabitable by people. Additionally, there are some areas where the CoC may have counted for several years and found no persons experiencing homelessness. In making the decision to exclude some geography, it is important that CoCs discuss these regions with people knowledgeable about the areas, and then document the decision-making process that is used to decide if a specific area will not be included in the PIT count. Areas that are excluded from a CoCs unsheltered count should be identified in the CoC's PIT count plan that is approved by the CoC governing board. CoCs should be prepared to provide this information to HUD through HUD's CoC Program Competition."[5]

d. Organize the point-in-time count by geography

Organizing the point-in-time count by geography will consist of the following four actions:

a. the county will be divided into organizational regions;
b. the organizational regions will be divided into planning communities;
c. the planning communities will be divided into implementation areas; and
d. the implementation areas will be divided into count zones.

e. Organizational Regions will be Divided into Planning Communities

Planning communities will consist of incorporated cities and unincorporated areas.

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[5] Ibid., p. 18.

Cities

- Fillmore
- Simi Valley
- Thousand Oaks
- Moorpark
- Camarillo
- Ojai
- Oxnard
- Port Hueneme
- Santa Paula
- Ventura

Unincorporated areas:
- Piru
- Casa Conejo
- Casitas Springs
- El Rio
- Meiners Oaks
- Mira Monte

f. Planning Communities will be Divided into Implementation Areas

Each of the Planning Communities will be divided into Implementation Areas which will be designated as Red, Yellow, or Green Areas according to the definitions below.

- **Red Areas** will be defined as implementation areas where there are no homeless persons as determined by local community representatives and stakeholders;

- **Yellow Areas** will be defined as implementation areas where only professional outreach workers might go. These areas may prove too difficult to cover and/or unsafe for volunteer counters, such as community representatives or stakeholders, in their effort to count and survey homeless persons. Immediately prior to, or immediately after the count, local professional representatives involved in the homeless count such as law enforcement or street outreach workers will verify if homeless persons lived in these areas and determined the number of homeless persons who will be included in the count;

- **Green Areas** will be defined as implementation areas where homeless persons can be found as determined by local community representatives.

All the incorporated cities in the county, along with significant areas within their surrounding unincorporated territory, will likely be identified by local key person teams as Green Areas.

g. Implementation Areas will be Divided into Count Zones

Implementation Areas that were designated as Green Areas will be divided into Count Zones. Teams of Counters will be deployed to designated count zones within each of the Green Areas. Teams of Counters will not be deployed to Yellow or Red Areas.

h. Coordinate the Count and Subpopulation Survey

Coordinating the count and subpopulation survey will include implementing the following activities in each local Planning Community: 1) establishing a key person team; 2) distinguishing areas within the planning community where homeless people live; 3) identifying places where homeless people live within the identified areas; 4) identifying places where homeless people receive social services; 5) raising public awareness and community involvement; and Implementing the Count and Subpopulation Survey.

1. Establishing a Community Key Person Team

A Community Lead will be established for each planning community (city and unincorporated areas) and consist of representatives from public and private organizations who are knowledgeable about homelessness and where homeless persons live. Such key persons will include representation from business, civic, educational, faith-based, law enforcement, local government, neighborhood, and nonprofit organizations. Homeless and formerly homeless persons will also be encouraged to join.

2. Distinguishing Implementation Areas within the Planning Community

Each Community Key Person Team will distinguish implementation areas within their planning community where homeless people can be found. Such areas will include a quadrant or section of a city or unincorporated area or an entire neighborhood. Those sections of the planning

community where homeless persons could be found will be designated as Green Areas. Conversely, those sections where homeless persons are known not to live or spend time will be designated Red Areas.

3. Identifying Verifiable Places where Homeless People Live/Congregate

Each Community Lead will also identify specific locations where homeless people live and/or congregate within their designated Green Areas. Such places will include abandoned buildings, commercial areas, parks, sidewalks, vacant lots and vehicles. Known encampments will also be specifically identified within Green Areas. Other places may include a whole neighborhood or a specific length of a street. Such information will be kept confidential.

4. Identifying Places where Homeless People Receive Social Services

Each Community Lead will also identify non-residential locations and/or programs where homeless people go to receive social services and other forms of assistance. Programs will include locations that distributed packaged food and/or clothing, serve meals, and provide shower or laundry services, including those operated by faith-based organizations. Other program sites will include those that were known to provide domestic violence, health care, mental health care, substance abuse, transportation, and veteran services for homeless persons.

5. Raising Public Awareness and Community Involvement

The primary purpose of raising public awareness and community involvement will be to recruit volunteers to help implement the count in each planning community. Volunteers will be recruited both locally and countywide from a wide-range of sources including city and county employees, homeless service providers, other social service agencies, non-profit organizations, faith-based institutions, local businesses, civic organizations, educational institutions, currently and formerly homeless individuals and other interested community stakeholders.

Flyers and other materials will be developed for distribution at community meetings and forums, media outlets and various public facilities, service locations, churches, college campuses and other public locations. A project website will be established with general project information and volunteer outreach materials. Volunteer registration will also be promoted through the web site during the months leading up to the day of the count.

Community involvement will include creating teams of volunteers to count homeless persons in designated Green zones. Teams will include persons who are involved in community service or interested in community service. Teams will also include persons who have considerable exposure as well as little exposure to homelessness.

i. Establish a methodology consistent with HUD requirements

HUD requires that point-in-time counts "be conducted in compliance with HUD counting standards and related methodology guidance, as described in HUD's *Point-in-Time Count Methodology Guide* available on the HUD Exchange.[6]

Unsheltered Count

HUD requires Continuums of Care (CoC) to indicate the methods used to count unsheltered homeless persons in the annual Continuum of Care Program application which include those listed below. The methods checked will be those used to complete the unsheltered count.

Night of the Count Complete Census: The CoC canvassed the entire geographic area covered by the CoC.

☒ Night of the Count Known Locations: The CoC canvassed only specific neighborhoods, blocks, census tracts, or other geographic areas within the CoC to count unsheltered homeless people staying in those locations.

Night of the Count Random Sample: The CoC identified all geographic areas in the community where people who are unsheltered might be located and selected a random sample of these areas to canvas. The CoC then extrapolated the data from the random sample to derive the unsheltered count estimate.

☒ Service Based Count: The CoC surveyed people at various social service locations or other public or private locations to identify people who were unsheltered, but not counted, on the night of the count (either because CoCs did not use a night of the count approach or because unsheltered people were missed on the night of the count). In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where that person was sleeping on the night of the most recent count.

☒ HMIS: CoCs may use HIMIS with their street outreach to survey people within the geographic area.

HUD also requires Continuums of Care (CoC) to note what approaches were used to collect demographic and subpopulation data for unsheltered homeless persons and to report those approaches used in the annual point-in-time chart due to HUD during the spring through its Homelessness Data Exchange (HDX) website. The approaches checked below will be those used to complete the unsheltered count.

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[6] Ibid., p. 19.

☒ Surveys/interviews of people identified as unsheltered on the night of the PIT count

   Surveys/interviews of people identified as unsheltered on the night of the PIT count, but completed later

   Surveys/interviews of people identified within 7 days following the night of the PIT count night who may have been unsheltered on the night of the PIT count (e.g., "service-based" surveys at locations where people who are homeless go for assistance

☒ HMIS data from street outreach and/or other providers

   Other (Please Specify)

In regards to the survey/interview, HUD also asks that CoCs verify in HDX whether "all people who were encountered during canvassing on the night of the count or during post night of the count PIT activities asked to complete a survey/interview." The answer is "yes" and will be reported to HUD in HDX as follows:

   ☒ All people encountered were surveyed

Also, in regard to the survey/interview, HUD also asks that CoCs verify in HDX the information or method(s) "used to produce an unduplicated total count of homeless people across your sheltered and unsheltered populations."

   ☒ Comparison of personally identifying information (PII), such as name, date of birth, and Social Security Number

   ☒ Comparison of unique client identifiers (not PII)

In order to ensure data quality collection, HUD requires that CoCs engage

> "in activities to reduce the occurrence of counting unsheltered homeless persons more than once during a PIT count. These strategies are known as deduplication techniques. Deduplication techniques should always be implemented when the PIT count extends beyond a single night or when the PIT count is conducted during the day at service locations used by homeless people as well as at night shelters."[7]

Within the annual CoC Program Application, HUD lists steps and asks that CoCs select those steps "taken to reduce the occurrence of counting unsheltered homeless persons more than once during the PIT count." The steps checked below will be those used to ensure persons are not counted more than once.

> ☒ Training: The CoC conducted training(s) for PIT enumerators or CoC staff;
> Blitz Count: The CoC used a "blitz" approach, or a one-night count that was completed on the same night as the sheltered count, where the CoC counts persons experiencing homelessness at a time when it is unlikely they would be counted more than once by different counters (i.e., late in the night or early in the morning);
> ☒ Unique Identifier: The CoC used a unique identifier, such as a combination of date of birth, first and last name initials, or gender assigned to unsheltered homeless persons to ensure accuracy of data collected;
> ☒ Survey Question: The CoC asked specific survey question(s) of each participant, including asking if they have already been interviewed, to ensure accuracy of data collected; or
> ☒ Enumerator Observation: The enumerator(s) recorded observations of unsheltered homeless persons that assisted in ensuring the data quality.

Sheltered Count

HUD requires CoCs to update their Housing Inventory Count (HIC) and identify all projects listed as emergency shelter (ES), Safe Havens (SH), or Transitional Housing (TH) because all persons residing in these projects should be included in the sheltered PIT count. Any new projects should be added and any projects no longer in existence should be deleted.

HUD States that

> "For the sheltered count, preparations should begin as early as practical to identify and confirm emergency shelter, Safe Haven, and transitional housing projects in the CoCs that should be included in the PIT count. These are the same projects CoCs must inventory and include in their HIC. CoCs should review their HIC to ensure that they are including all

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[7] "FY 2016 Continuum of Care (CoC) Application Detailed Instructions," p. 42.

projects listed in the count. On an ongoing basis, but minimally when updating the HIC, CoCs should seek to identify any new projects to ensure the HIC is a complete inventory, including projects that might not have been on the previous year's HIC because they are new or have not cooperated with the CoCs in the past."[8]

The unsheltered count and survey instrument will be used to collect required data for those emergency shelters, safe havens, and transitional housing programs that do not participate in HMIS including those that serve survivors of domestic violence.

HUD also requires Continuums of Care (CoC) to indicate the methods used to count sheltered homeless persons in the annual Continuum of Care Program application which include those listed below.[9] The methods checked will be those used to complete the unsheltered count.

⊠ **Complete Census Count:**
a. providers counted the total number of sheltered homeless persons residing in each program on the night designated as the PIT count.
b. CoCs that relied completely on their HMIS to conduct their sheltered PIT count should select this option.

Random Sample and Extrapolation:
a. the CoC used a random sample and extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.
b. the random sample may be based on HMIS data or some other data source.

Non-random Sample and Extrapolation:
a. the CoC used a non-random sample and extrapolation techniques to estimate the number and characteristic of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.
b. the non-random sample may be based on HMIS data or some other data sources.

HUD also requires Continuums of Care (CoC) to indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons in the annual Continuum of Care Program application which include those listed below.[10] The methods checked will be those used to complete the unsheltered count.

⊠ **HMIS–**The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data;

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[8] Point-in-Time Count Methodology Guide: 2014, p. 26.
[9] Ibid., p. 36.
[10] Ibid., p. 37.

HMIS plus Extrapolation-The CoC used HMIS data and extrapolation techniques to estimate the subpopulation information of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing data;

Interview of sheltered persons–The CoC conducted interviews in emergency shelters, Safe Havens, and transitional housing to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data;

Sample of PIT interviews plus extrapolation-The CoC conducted interviews with a sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless populations to provide statistically reliable estimates for all sheltered persons.

In order to ensure data quality collection, HUD requires that CoCs indicate the "methods used to ensure the quality of data collected during the sheltered PIT count."[11] Within the annual CoC Program Application, HUD lists methods and asks that CoCs select those methods taken to ensure that "high quality was collected on sheltered persons. The methods checked below will be those used to ensure data quality.

☒ **Training:** The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT counts;

☒ **Follow-up:** The CoC reminded providers about the sheltered PIT count and followed-up with providers to ensure the maximum possible response rate from all programs;

☒ **HMIS:** The CoC used HMIS to verify data collected from providers for the sheltered PIT count;

☒ **Non-HMIS Un-duplicated techniques:** The CoC used non HMIS based strategies to verify that each sheltered homeless person was only counted once during the sheltered PIT count;

k.   Establish a timeline

	Date(s):
October Activities:	
Organize planning committees	October 3, 2019
Recruit key persons	October 24, 2019
Begin volunteer recruitment	November 2019
Begin updating Housing Inventory Chart	November 2019
Begin reviewing count and survey instrument	November 2019

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11 Ibid., p. 39.

Meet with entitlement jurisdictions	December 2019
Complete implementation plan	December 27, 2019
December Activities:	
Continue volunteer recruitment	
Continue updating Housing Inventory Chart	
Finalize count and survey instrument	
Meet with key persons	
January Activities:	
Provide volunteer training	January 10 - 18, 2020
Collect and review mobile app survey data	January 29, 2020
February Activities:	
Enter, clean, and analyze unsheltered count and survey data	
Continue to collect sheltered data	
Analyze sheltered data	
March Activities:	
Provide draft of homeless count and survey report for review by stakeholders	
April Activities:	
Submit final homeless count and survey report to stakeholders	
Submit Point-in-Time Chart to HUD in HDX	
Provide final report to all entitlement jurisdictions	

I. **Publicize the count**

Per HUD's suggestion, the CoC will designate "one person to discuss with the media the purpose, plan, and limitations of the PIT count, as well as how the PIT count data are utilized by both the CoC and HUD."

"This person can work with the media to:

- **Draw attention to local homelessness issues.** Publicizing current local data on homelessness can garner additional funding and resources to support the count and local programming to help homeless people. Take the opportunity to educate volunteers about the homeless data and plans in the CoC.
- **Recruit volunteers.** Volunteer recruitment should begin by late fall. To recruit volunteers, CoCs should briefly describe the different roles for volunteers and which dates their assistance is needed.
- **Increase participation among the unsheltered population.** Informing and educating unsheltered homeless people about the unsheltered count will help to prevent widespread avoidance of the enumerators (see Chapter 5, *Executing the Unsheltered Count*, for more information on this topic).
- **Report count results.** After all of the data has been tabulated, unduplicated, and verified, the CoC membership should review and interpret the count totals."[12]

Key media tips by HUD will also be considered which include:

- Use local and statewide media outlets to both publicize the event and recruit volunteers to assist with the count.
- Use the media to report the PIT count results to communities.
- Create a press release. The release can either focus on local data or cumulative statewide results (for Balance of State CoCs).
- Address trends in data. Provide contextual information that might help explain trends.
- Articulate the uses *and* the limitations of count data. The CoC's count results alone might not answer 'why' questions, but they will usually provide good answers to 'where' and 'who' questions. Personalize data, provide anecdotes–but do not compromise the privacy rights of homeless persons.

Also, per HUD's suggestions, the CoC will leverage community support. HUD notes that "Gaining political support and active participation from several key partner organizations can lead to wider community participation."

HUD also notes that "Some potential options for leveraging community support include:

- **Local government officials (city, county, state):** Contact the local mayor's office or town/city council. Invite them to participate in the count. Ask if they can provide publicity, financial support, and if necessary, a letter encouraging reluctant or non-participating providers to participate. It is especially important to engage local government officials

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[12] Ibid.

responsible for submitting Con Plans because PIT count data will be used to complete their Con Plans.

- **Community leaders/homelessness advocates:** Often communities have people who are well connected and influential in the community who have a particular interest in ending homelessness. Look to local homeless coalitions, or boards of directors for these individuals. They can be very helpful in leveraging other necessary support and resources.
- **Local funders:** Community foundations and United Way can fund a number of human service organizations and have wide outreach capacity and influence. The organizations might be able to fund a particular part of the count or provide a volunteer base.
- **Faith-based community:** Religious leaders often have wide influence in their respective religious communities and larger community, and often have their own programs to serve homeless people. The leaders can be particularly influential in engaging the cooperation of faith-based missions that might be reluctant to participate in the PIT count.
- **Local colleges and universities:** Staff or faculty of local colleges or universities can assist in the development of count methodology, data analysis, and sampling tools. In addition, students can obtain field work experience by serving as PIT count volunteers.
- **Local law enforcement:** Local law enforcement (e.g., police and sheriff departments) can be a valuable resource for the unsheltered count. Officers can provide accurate information about known locations where people who are homeless live and sleep. Police officers are also sometimes needed to accompany enumerators and surveying areas that are known to be unsafe (e.g., abandoned buildings and alleys). In addition, increased vehicle patrols in higher crime areas might improve volunteer safety and participation.

However, CoCs should carefully consider how extensively they should involve law enforcement officers in the PIT count, especially if they will be in uniform and driving official vehicles. There is a fine line between providing safety and protection for enumerators and the potential suspicion and fear a law enforcement presence might elicit among people who are homeless, especially among people with criminal records, who could be engaged in illegal activities, or those who have had negative experiences with police."[13]

m. Engaging reluctant service providers

CoC will pursue the following HUD tips to gain the participation of service providers reluctant to participate in the count and survey:

- Meet in person with providers to address and alleviate their concerns directly.
- Hear their specific concerns in the planning process; integrate their ideas when practicable.
- Offer volunteer resources to assist them in conducting interviews and collecting data.
- Discuss the value of data collection for understanding local needs and securing needed resources and offer data and information gleaned from the count in return for their

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[13] Ibid., pgs 32 and 33.

participation. This practice helps providers better understand the characteristics of homeless people outside of the clients they serve and offers information that can be used for resource development or other purposes.

In the event a provider chooses not to participate with its own staff, CoCs should ask if the provider would allow the CoC to send volunteers to administer surveys or at least conduct a basic observation-based count. If a provider continues to refuse, CoCs must strive to report as accurately as practicable about the homeless population residing in that project.[14]

n. Preparing for a youth count

CoC will develop a specific strategy to count homeless youth that will include the following activities encouraged by HUD:

- **Collaborate with local school district homeless liaisons.** Schools can be important partners for PIT counts. Local school districts should be contacted to help conduct outreach and increase awareness about the count. Schools liaisons have crucial insights about how best to access and communicate with homeless youth, and can be important resources for spreading information about events and organizations associated with the CoCs' PIT counts. CoCs should also collaborate with the local school district homeless liaisons to help identify all homeless children who are unsheltered or staying in a shelter on the night designated for the count are included in the PIT count. Since schools use a more expansive homeless definition than HUD's definition used for the PIT count, it is important to confirm that only children and youth meeting the HUD definition are included in the PIT count results reported to HUD.
- **Recruit currently or formerly homeless youth to assist with the count.** For the unsheltered count, communities that have successful strategies for conducting counts of unsheltered youth often enlist homeless or formerly homeless teenagers and young adults to assist with the count. Before the count, these youth can assist in identifying where unaccompanied youth might be staying or congregating. They can also provide input on survey design, provide assistance to outreach efforts on the night of the count, and engage homeless children and youth in the PIT count process.
- **Engage organizations serving homeless youth.** Identify and engage all stakeholders that might encounter or serve unaccompanied, homeless youth age 24 or under to participate in local PIT count planning meetings. Key providers include:
  - Runaway and Homeless Youth (RHY) programs
  - Youth shelters
  - Youth drop-in centers
  - Street outreach teams
  - Youth-focused transitional housing programs
  - Faith-based organizations and youth groups

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[14] Ibid., p. 34.

- o   Local churches that serve hot meals
- o   Health clinics–youth-based and adult, including mobile health outreach
- o   Local middle schools, high schools, and alternative education programs
- o   Youth employment programs
- o   Food banks

- **Identify locations where homeless youth congregate.** Get input from youth and youth providers to identify locations, or "hot spots," which might include:
  - o   Abandoned buildings
  - o   High traffic urban areas (i.e., nightclubs, tattoo parlors, record stores, arcades)
  - o   Pizza places, soda shops, etc. near high schools
  - o   Parks
  - o   Malls
  - o   Fast food restaurants
  - o   LGBTQ friendly gathering spots (school support groups, bookstores, coffee houses identified by LGBTQ service providers and youth)
  - o   Encampments inside and outside of urban areas

- **Hold magnet events.** Develop special events located at easily accessible and non-threatening locations that include activities, food, or other appropriate incentives that might draw in youth who do not typically use shelters and services and are difficult to locate on the streets.
- **Use social media to raise awareness and outreach.** Data from studies indicates that even youth living on the street use social media. Social media can be used to spread the word about the count, including information about location and incentives, which could lead to a larger number of youth participating in the count.
- **Identify a lead homeless youth PIT count coordinator to facilitate data collection, engage other youth providers, and coordinate collection of data from locations where homeless youth congregate.**
- **Provide services, food, and incentives to youth being counted.** The incentive could be advertised as part of the general mobilization effort to attract youth to participate in the count. Observations and anecdotal evidence from Youth Count! partners suggest that the incentives work for many youth. Examples of incentives include two-way public transportation tickets, a credit card with $10 credit, a backpack filled with hygiene items and information about services, a $5 restaurant card, bag lunches, and/or providing food, movies, and games, and a warm, dry place to spend time with friends for the night.
- **Survey locations during multiple times throughout the day of the count.** Youth might not be visible on the street during school hours. Consider assessing count routes prior to the count to ensure that teams are in the right places at the right times. A location that is crowded in the morning might be empty only a few hours later. A CoC may choose to extend the hours of the count into the evening hours to reach youth during the time between when drop-in programs close for the day and when they retire for the night. CoCs choosing to do this must take the steps necessary to ensure people are not double

counted. CoCs surveying an area multiple times throughout the day must use an interview that allows for deduplication.[15]

II. Activities during the night of the count

Unsheltered Count

The following activities will occur during the night of the count

a. Homeless count volunteers will gather at deployment centers before 6 am on the night of the count

Before 6 am homeless count volunteers will gather at their assigned deployment centers on the night of the count.

b. Teams of homeless count volunteers will begin counting at 6 am within their count zones on the night of the count

Before sunrise of the night of the count, teams of homeless count volunteers will begin counting at 6 am within their count zones until 12pm.

c. Counters must return to deployment centers after they are finished counting

Counters will return to their assigned deployment center after they are finished counting within their assigned count zones.

d. Who should be included in the count

As required by HUD, counters "must count all individuals or families who meet the criteria in paragraph (1)(i) of the homeless definition in 24 CFR 578.3."

This includes individuals and families

"with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground" on the night designated for the count. RRH assisted households who are still unsheltered on the night

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[15] Ibid., pgs 62 and 63.

of the count (e.g., staying in an encampment and being assisted by a RRH project to obtain housing) must be included as part of the unsheltered count."

e. **Who should <u>not</u> be included in the count?**

Also, as required by HUD, the CoC must <u>not</u> count households residing in the following locations:

- Persons residing in PSH programs, including persons housed using HUD Veterans Affairs Supportive Housing (VASH) vouchers.
- Persons residing in RRHD projects, funded in the FY2008 CoC Competition.
- Persons residing in OPH housing, including persons in a GPD Transition in Place (TIP) project on the night of the count.
- Persons counted in any location not listed on the HIC (e.g., staying in projects with beds/units not dedicated for persons who are homeless).
- Persons temporarily staying with family or friends (i.e., "doubled-up" or "couch surfing").
- Persons residing in housing they rent or own (i.e., permanent housing), including persons residing in rental housing with assistance from a RRH project on the night of the count.
- Persons residing in institutions (e.g., jails, juvenile correction facilities, foster care, hospital beds, detox centers).[16]

f. **Who should be included in the survey?**

All persons counted will be surveyed. However, before surveying someone, counters will inform persons that

- the Ventura County Continuum of Care is conducting a count of persons who are homeless;
- their participation is **completely anonymous and confidential**;
- they will not be asked their name, social security number, or any personal information that can be linked to the person;
- their participation will help provide better programs and services for people who are homeless.

Safety Comes First

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[16] "Notice for Housing Inventory Count (HIC) and Point-in-Time (PIT) Data Collection for Continuum of Care (CoC) Program and the Emergency Solutions Grants (ESG) Program," August 4, 2016, p. 18.

All counters will be given the following instructions:

- **If you believe a person is homeless and if the individual does not wish to speak to you --** thank them and complete questions 4 through 7 based upon your observations ONLY if you are certain that the person meets HUD's criteria of sleeping in a place not meant for human habitation (e.g., sidewalk, abandoned building, tent, vehicle, park bench, etc.).

- **If you believe a person is homeless and if you do not wish to disturb the person because the person is sleeping** --complete questions 4 through 7 based upon your observations ONLY if you are certain that the person meets HUD's criteria of sleeping in a place not meant for human habitation (e.g., sidewalk, abandoned building, tent, vehicle, park bench, etc.).

- **If you believe a person is homeless and if you feel it is unsafe for you to engage the person--** complete questions 4 through 7 based upon your observations ONLY if you are certain that the person meets HUD's criteria of sleeping in a place not meant for human habitation (e.g., sidewalk, abandoned building, tent, vehicle, park bench, etc.).

- **NOTE**: The goal is to have all of your questions answered by at least 90% of all persons counted. Therefore, please ask each person that you are counting each question unless noted otherwise. For example, asking a question may be contingent on the answer of the previous question.

- Having all questions answered will help ensure that enough data has been collected for each subpopulation that is required by HUD for each city within the county. The less data the less chances of accurate data.

g. **Subpopulation data must be collected by counters**

HUD requires all CoCs to "provide demographic data for both sheltered and unsheltered persons according to the following three household types:

- **Persons in households with at least one adult and one child**. This category includes households with one adult and at least one child under age 18.
- **Persons in households without children**. This category includes single adults, adult couples with no children, and groups of adults (including adult parents with their adult children).
- **Persons in households with only children.** This category includes persons under age 18, including children in one-child households, adolescent parents (under age 18) and their children, adolescent siblings, or other household configurations composed only of children."

Also, "CoCs must collect and report information on the demographic characteristics of all people reported as sheltered or unsheltered by household type and, within each household type, by age category, gender, race, and ethnicity. CoCs must also report information by household type for veteran and youth households."[17]

HUD also requires CoCs to collect data regarding the following subpopulations:

- Adults with a serious mental illness
- Adults with a substance use disorder
- Adults with HIV/AIDS
- Chronically homeless individuals
- Chronically homeless families
- Veterans
- Victims of Domestic Violence (optional)
- Youth – unaccompanied under age 18 (includes parenting youth and their children)
- Youth – unaccompanied ages 18 – 24 (includes parenting youth and their children?)

The count and survey instrument that will be used to meet HUD requirements will include the following:

1. Where did you sleep last night? (select the choice below that is closest to answer given)
   If person slept in a vehicle, what kind? How many persons slept overnight in same vehicle?

2. Did you become homeless because of the recent fires?

3. What is the first initial of your first name?
   What is the first initial of your last name?

4. What is your gender?
   Female; Male; Transgender; Gender Non-Conforming; Don't Know; Refused

5. Age

6. What is Your Race?
   1=African American or Black; 2=American Indian or Alaskan Native;
   3=Asian; 4=Native Hawaiian or Pacific Islander; 5=White;
   6=Multiple Races or Other; 7=don't know; and 8=refused to answer

7. Are you Hispanic or Latino?

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[17] Ibid., p. 21.

8. State Born (select or record state under other)
   If the person was born outside of U.S., select or record country.
9. Is this the first time you've been homeless?
10. Did you become homeless for the first time during the past 12 months?
11. Have you been living in a shelter and/or on the streets or in abandoned buildings, or vehicle for the past year or more?
12. Have you stayed in a shelter and/or on the streets or in abandoned buildings, or vehicle at least 4 separate times during the last 3 years including now?
13. If yes, was combined length of time 12 months or more?
14. How long in months have you been living in this community?
15. Do you have a substance use disorder that is ongoing and limits your ability to live independently?
16. Do you have a chronic health condition such as diabetes, heart trouble, high blood pressure, seizures, hepatitis, respiratory problems, epilepsy, tuberculosis, or arthritis? If yes, has it continued for a long time or indefinitely?
17. Do you have a serious mental illness or emotional impairment that seriously limits your ability to live independently?
18. Do you have a long-lasting developmental disability that limits your ability to live independently?
19. Do you receive disability benefits?
20. Do you have AIDS or an HIV related illness?
21. Are you experiencing homelessness because you are fleeing domestic violence, dating violence, sexual assault, or stalking?
22. Are you a veteran? (served in the U.S. Armed Forces OR been called into active duty as a member of the National Guard or as a Reservist)
23. Were you recently released from prison or jail after serving 90 days or less?
    23a. If yes to prison, were you released on parole or probation?
    23b. If yes to jail, were you released on probation?
24. If no to question 23, were you released from prison or jail during the past 12 months?
    24a. If yes to prison, were you released on parole or probation?
    24b. If yes to jail, were you released on probation?
25. Do you have any children under the age of 18 who are homeless and living with you today? If yes, how many children are living with you today?
    NOTE: If 18 or older please enter the persons as an adult
26. What is the child's gender?
27. Is the child Hispanic/Latino?
28. What is the child's race?
29. What is the child's age?
30. Is the child enrolled in school?
31. Do you have a spouse or partner who is also homeless and living with you? (A partner is a person you live with and share a common family life but not joined in a traditional marriage).
    NOTE: Please interview and complete a survey for the spouse or partner.

h. Service-based counts

Service-based counts will be conducted during the three days after the night of the count. The persons counted, per HUD's requirements, "must ensure that the persons counted are limited to persons who were unsheltered on the night chosen for the PIT count." Also, all unique identifier information must be completed in the homeless count and survey instrument in order to de-duplicate.[18]

In order to help CoCs determine the use of a service-based count, HUD raised the following question and provide an answer

> "Does the CoC believe that there might be people experiencing homelessness that enumerators are not likely to identify during an unsheltered count or are there other barriers that could limit the ability of enumerators to conduct interviews during the night of the count?"
>
> > "If yes, the CoC may combine a known location count on the night of the count with a service-based count approach to attempt to account for any homeless persons who might not have been identified on the night of the count."[19]

HUD further states that

> "Service-based counts may only be conducted within the 7-day period after the designated count night. Service-based counts are conducted at locations frequented by people who are homeless, including soup kitchens, day shelters, libraries, and other community locations and include interviews to determine whether people were unsheltered on the night of the count, as well as their characteristics."[20]

Also, as noted by HUD,

> "If CoCs' methodology involve counting homeless persons over multiple days, they must use a survey instrument as part of its deduplication strategy. If CoCs want to complete a multi-day count without a survey that allows for deduplication, they must seek an exception from HUD. The exception must include a justification for why the count must occur over multiple days and why the CoCs do not intend to use a survey instrument for deduplication purposes."[21]

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[18] Point-in-Time Count Methodology Guide: 2014, p. 17.
[19] Ibid., p. 20.
[20] Ibid., p. 19.
[21] Ibid., p. 26.

HUD also notes that

> "The level of training required for a service-based count is typically higher, since service-based enumerations require more detailed interviews and typically rely on a combination of service provider staff (or other personnel at the location being canvassed), outreach workers, and volunteers. Service providers, especially mainstream service providers such as welfare agencies, might not ordinarily ask clients about their homeless status and housing needs. As a result, service providers and staff at other locations who are directly involved in post-night counts will require instructions on conducting the interviews and a clear and simple survey form. PIT count volunteers will similarly require considerable training."[22]

i. Provision of incentives

HUD notes that

> Many CoCs provide incentives to homeless people who participate in the PIT count. These items can include bus passes, meal gift cards, toiletries, backpacks, blankets, and socks. Some CoCs compile significant donations from local hotels, volunteer groups, and restaurants. Other communities hold drives at local sporting events, schools, or churches. Incentives not only provide necessities of daily living to those participating in the count, but also can raise community awareness about the count and homelessness. In addition, providing participants with distinctive and visible incentives can assist the enumerators in identifying those who have already been counted and help to reduce duplicate counting.[23]

j. Outreach and engagement

Veterans

k. Youth count

Note:
CoCs that count unaccompanied children and youth under the age of 18 should consult with local justice, child welfare, and other social services officials to develop a protocol for interviewing these children and youth and connecting them to appropriate services in the community. CoCs should consider whether questions asked of youth should be stated differently than questions asked of homeless adults.

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[22] Ibid., p. 39.

Sheltered Count

HUD strongly encourages CoCs "to use HMIS to generate PIT data for projects with 100 percent of their beds participating in HMIS." The unsheltered count and survey instrument will be used to collect required data for those emergency shelters, safe havens, and transitional housing programs that do not participate in HMIS including those that serve survivors of domestic violence.

The CoC will also prepare the HMIS for the sheltered count and survey by carrying out the suggestions made by HUD which are noted below:

- "Generate data quality reports for each participating project.
- Identify and correct any deficiencies in the data (e.g., have projects collect and enter missing data, correct obvious errors, ensure correct entry and exit dates).
- Produce a system-level occupancy report that includes all projects for review. It might be useful to break out the report by project type and household type to determine whether sufficient data are collected for extrapolation purposes. It might also be helpful to examine bed inventory and utilization information for projects on the night of the count. For many CoCs, this is a standard off-the-shelf report provided by the HMIS vendor. Consider contacting the HMIS vendor to see if this type of report is available for use.
- Generate a data quality report that provides the percentage of records with missing or nonresponsive (Don't Know or Refused) values in HMIS data elements used for the count and subpopulation information.
- Hold regular count meetings involving the HMIS administrator for the CoC and the PIT count committee to help address these issues and finalize the CoC's PIT count plan."[24]

III.   Activities after the night of the count

Activities after the night of the count will include the following:

a. **Collect all sheltered data in HMIS which will include the following steps**

- refer to their Housing Inventory Count (HIC) and identify all projects listed as emergency shelter (ES), Safe Havens (SH), or Transitional Housing (TH) and all people residing in these projects should be included in the sheltered PIT count.

- verify with project staff that HMIS data are complete and correct for the night of the PIT count and that exit dates have been entered for all persons who exited the project on or before the date of the PIT.

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[23] Ibid., p. 27.
[24] Ibid., p. 43.

- use the Project Descriptor Data Elements to filter these projects in HMIS.

- identify the universe of people to include in the sheltered count using Universal Data Elements.

- use other Universal Data Elements and Program Specific Data Elements to identify demographic and other subpopulation data.[25]

NOTE: A summary of data elements that CoCs will need to query in HMIS is described in the "Sheltered PIT Count and HMIS Data Element Crosswalk" which can be obtained through the following link: https://www.hudexchange.info/resources/documents/Sheltered-PIT-Count-and-HMIS-Data-Element-Crosswalk.pdf.

b. **Collect data sheets from all projects that do not participate in HMIS and include in data collected in HMIS**

c. **Collect, enter, clean, and analyze unsheltered data after de-duplicating data**

d. **Write draft homeless count and survey reports for local stakeholders to review including recommendations for next steps**

e. **Complete a final homeless count and survey report that incorporates stakeholder comments and changes**

f. **Enter homeless count and survey data into HUD's Point-in-Time Chart and submit to HUD through the HUD Data Exchange (HDX) web site as required by HUD**

g. **Submit relevant homeless count and survey data to the entity responsible for each Consolidated Plan jurisdiction as required by HUD.**

NOTE: HUD states that the "PIT count and Housing Inventory Count (HIC) are integrally related. The sum total number of persons reported in emergency shelter, Safe Haven, and transitional housing projects in the PIT count fields of the HIC must match the sum total of sheltered persons reported in the PIT count. This constitutes the universe of sheltered people for whom CoCs must provide actual or estimated demographic characteristics for the sheltered PIT count. Because the PIT and HIC data must match, it is critical that CoCs conduct their PIT count and HIC at the same time." [26]

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[25] "Sheltered PIT Count and HMIS Data Element Crosswalk," p. 1.
[26] Point-in-Time Count Methodology Guide: 2014, p. 15.

November 13, 2019

CoC Governance Board

SUBJECT: Approve the Cancellation of the December 2019 CoC Board meeting and approval of tentative Board schedule for 2020

CoC Board Calendar

Date	Location
January 8, 2020	TBD
February 12, 2020	TBD
March 11, 2020	TBD
April 8, 2020	TBD
May 13, 2020	TBD
June 10, 2020	TBD
July 08, 2020	TBD
August 2020	NO MEETING
September 9, 2020	TBD
October 914, 2020	TBD
November 11, 2020	TBD
December 2020	NO MEETING

RECOMMENDATIONS:

Approve cancellation of December 2019 meeting and tentative Board calendar for 2020.

November 13, 2019

CoC Governance Board

SUBJECT: Receive a notice of an unscheduled Board member vacancy for Mike Taigman.

BACKGROUND: The CoC Alliance Governance Board includes representatives of relevant stakeholders, private and public officials, philanthropic representatives, business and service organizations and projects serving homeless populations. Representation of a broad array of stakeholders enhances the CoC's capacity to coordinate and leverage resources from various community sectors across the Region.

The CoC Governance Charter allows for a minimum of 7 and maximum of 13 Board members. In the event of a vacancy, the Governing Board may appoint qualified person(s) necessary to fill the vacancy. The person(s) appointment shall serve the unexpired term of the previous Board member and is subject to re-election by the Board and ratification by the full Alliance membership.

RECOMMENDATION:

It is recommended that your Board receive and file the Unscheduled Vacancy as listed below per VC CoC Governance Charter section 6.07E):

Board Member	Date of Resignation	Date for New Appointment	Term End Date
Mike Taigman	10/9/19		12/31/19

Whenever an unscheduled vacancy occurs on the CoC Board whether due to resignation, death, termination or other causes, the Governing Board may appoint such a qualified person(s) necessary to fill the vacancy. The person(s) appointed shall serve the unexpired term of the previous Board Member and is subject to re-election by the Board and ratification by the full Alliance voting membership.

November 13, 2019

CoC Governance Board

SUBJECT: Receive a report on CoC Board member terms, term limits and board member nominees. Select new chair and vice-chair for 2020 and fill board vacancy.

BACKGROUND: The CoC Alliance Governance Board includes representatives of relevant stakeholders, private and public officials, philanthropic representatives, business and service organizations and projects serving homeless populations. Representation of a broad array of stakeholders will enhance the capacity to coordinate and leverage resources from various community sectors across the Region.

The CoC Governance Charter allows for a minimum of 7 and maximum of 13 Board members. In the event of a vacancy, the Governing Board may appoint qualified person(s) necessary to fill the vacancy. The person(s) appointment shall serve the unexpired term of the previous Board member and is subject to re-election by the Board and ratification by the full Alliance membership.

DISCUSSION: The Ventura County CoC Board membership is comprised of the membership found in Exhibit A depicting Board members' terms. Highlighted members have each agreed to serve another term if re-elected by the full Board and ratified by the Alliance. Nominees for new board members have been solicited through outreach to the CoC Alliance partners and stakeholders. Two nominations have been received by staff. The first nomination is for Emilio Ramirez with City of Oxnard Housing Department and Housing Authority. Emilio is a homeless and housing advocate and has experience in affordable housing development and homeless assistance programming. Mr. Ramirez has been appointed and serves on the California Homeless Financing and Coordinating Council and is participating in this role in statewide efforts to allocate resources for homeless assistance programs and improve statewide agency coordination in addressing homelessness. The second nomination is for Paul Drevenstedt. Mr. Drevenstedt works for the County Public Defender's office and participates in Ventura's Community Intervention Court and the county Homeless Court efforts.

The board is responsible for overseeing the implementation of the homeless assistance system and allocating funding to programs and services. The current board membership includes representatives from across the region with consideration to representation of geographic

areas and homeless subpopulations. Areas where the board lacks representation include youth/education systems, domestic violence, and universities. Boards are required to have representation of a homeless or formerly homeless individual and an entity that receives ESG funding.

The board is responsible for voting on its membership, selecting members from the nominations provided. The CoC Alliance membership is responsible for generating nominations for Board membership and ratifying the membership of the full board annually at one of their quarterly meetings.

RECOMMENDATIONS:

1. Receive a report on CoC Board Terms and term limits and board member nominees;
2. Select new chair and vice-chair;
3. Confirm term renewal for Board representatives expiring in 2019; and
4. Fill the vacancy on the board.

CoC Board
Updated October 2019

Last Name	First Name	Organization	Term Expiration	Term Served (3 term limit)	Advocate	Affordable Housing Developer	Business	Faith Based Org.	Government	Hospitals	Law Enforcement	Mental Health	Non Profit Homeless Assist. Provider	Veterans	Homeless/Formerly Homeless	Public Housing Authority	School Districts	Social Service Provider	University	Victim Service Providers
		CoC Board Membership			Check what subpopulation(s) the nominee would represent. A nominee can represent more than one subpopulation.															
Briggs	Carolyn	Community Advocate	2019	2	x															
Clerici	Kevin	Downtown Ventura Partners	2019	2			X					X								
Marshall	Pam	Advocate with lived expertise	2019	3	x			x							x					
Minjares	Manuel	Fillmore City Council/ County BOS	2019	1					x					x						
Ramirez	Carmen	Oxnard City Council	2019	2					x											
Wharfield	Nancy	Gold Coast Health Plan	2019	2						X										
Dyer	Dawn	Advocate/ Housing Specialist	2020	1																
Englund	Susan	United Way	2020	3									x						x	
Malch	Mara	City of Simi Valley	2020	1					x											
Nigh	Michael	Area Housing Authority of VC	2020	2		x										x				
Powers	Drew	City of Thousand Oaks	2020	2					x											
Vacant			2020																	
Powers	Mike	County Executive Officer/Collaborative Applicant	N/A	2					x		X	X								

November 13, 2019

CoC Governance Board

SUBJECT: Receive and file a report from the CoC Public Information & Outreach (PIO) Committee.

DISCUSSION: The CoC PIO Committee has been developing outreach materials to raise awareness of the strategies to end homelessness in Ventura County. The attached action guide is intended for outreach to the general public by providing education about Housing First, supportive housing, advocacy and ways to get involved in local efforts. The committee has recommended distributing this action guide prior to *Hunger and Homelessness Awareness Week,* November 17-23, 2019. The distribution will include a CoC Alliance email, CoC website page, CoC Facebook post, County Agency Facebook posts and communication to various CoC partners.

The CoC PIO Committee has also been working on a project to convey the complexity of client stories. The CoC staff are currently working with California State University Channel Islands Professor Dr. Sunghee Nam on a sociology student project focused on humanizing homelessness. CoC staff made a presentation to the sociology class to kick off the project. Students have developed survey questions and have scheduled interviews with various case managers throughout the community. These client stories are intended to highlight the various circumstances and backgrounds leading to homelessness, as well as share some of the successful housing outcomes through the Continuum of Care.

Ventura County Action Guide

> "**People don't want to be homeless.** It happens to anybody.
>
> A lot of people think homeless people don't want a home.
>
> They want to put homeless people in one category...
>
> I would shake that." – Daniel, *formerly homeless*

1) Be Informed

Understand **Our Challenge**: Our community is facing a homeless crisis that has been made worse by a housing crisis.

Understand **Our Solution**: Build new affordable and supportive housing for our homeless neighbors so we can end homelessness in Ventura County.

> *Supportive Housing using the **Housing First** approach has been proven as an effective solution for persons with disabilities. The model ends homelessness by providing long-term housing stability with the services and support needed to improve health outcomes.*

Understand **Our Responsibility**: To end homelessness in our community, we all need to work together. **Your support and action are needed to end homelessness in Ventura County!**

2) Get Involved

Talk to **Homeless People**: Introduce yourself, ask them if they are getting help with housing or services. Give them information about organizations that can help them. Saying hello can **help restore dignity for them and for our entire community**.

> *Did you know **Interface 2-1-1** staff are trained to assess and refer people to resources over the phone 24/7? The 2-1-1 staff are also connected to our coordinated entry system for referrals to supportive housing and shelters. Call 2-1-1 or text your zip code to 898211.*

Talk to **Your Neighbors**: Some people worry about what will happen if new affordable and supportive housing is built in their community. Help educate through individual conversations, family dinners, neighborhood meetings, and at religious or other community events.

Talk to **Elected Officials**: Many of the decisions about funding and construction of affordable and supportive housing are made by city, county, state and federal officials. Encourage your representatives to do all they can to help build the housing we need to end homelessness. **Your voice matters!**

3) Be Engaged

Be **Aware**: Subscribe to e-news from the following organizations to stay involved in the discussion about homelessness and affordable housing:

California Housing Partnership: www.chpc.net;
National Alliance to End Homelessness: www.endhomelessness.org;
United State Interagency Council on Homelessness: www.usich.gov;
Ventura County Continuum of Care (VC CoC) Alliance: www.venturacoc.org;
Ventura County HOME: www.vchome.org;
Ventura County Housing Trust Fund (VCHTF): www.vchousingtrustfund.org

> **Did you know?** Providing supportive housing is one of the most cost-effective ways to address homelessness, especially for those who are disabled and need the most help. A coordinated entry system is used to assess and prioritize the most vulnerable for housing.

Be **Social**: Your friends and followers on social media might not know the solutions we are working on together to end homelessness. Spread the word, participate online, share information and inspire others. #EndHomelessnessVC #VenturaCoC

4) Take Action

Host a Dinner: The best way to discuss homelessness and housing is around the table with the people closest to you. Why not invite your friends and neighbors over to talk about it? Provide information from the *National Alliance to End Homelessness* for the conversation. Discuss next steps, including one or two specific actions you will take individually and as a group.

> Accurate information is essential to increase understanding of those experiencing homelessness in our community. **You can raise awareness** and correct misconceptions about homelessness and supportive housing in Ventura County.

Host an Event: The *National Student Campaign Against Hunger and Homelessness* have an awareness week every year during the first full week before Thanksgiving. Plan an outreach event to educate the public and donate to local charities. Add it to the national calendar at www.hhweek.org.

Volunteer: Contact your local homeless services organizations to find out how you can help or sign up for volunteer opportunities at www.VolunteerVenturaCounty.org.

Donate: Our local shelters and supportive housing partners need your support!

The City Center: www.thecitycenter.org
Interface Children & Family Services: www.icfs.org
Gabriel's House Oxnard: www.gabriels-house.org
Help of Ojai: www.helpofojai.org
Lutheran Social Services: www.lsssc.org
Many Mansions: www.manymansions.org
Mercy House Living Centers: www.mercyhouse.net

Peoples' Self-Help Housing: www.pshhc.org
Project Understanding: www.projectunderstanding.org
Salvation Army: www.ventura.salvationarmy.org
Samaritan Center: www.samaritancentersimivalley.org
Spirit of Santa Paula: www.spiritofsantapaula.org
Turning Point Foundation: www.tpf-vc.org
VC Rescue Mission: www.vcrescuemission.org

November 13, 2019

CoC Governance Board

SUBJECT: Receive and file a notice from the Housing Rights Center on New California Tenant Protections for Section 8 Voucher Holders and Veterans

DISCUSSION: On October 14, 2019, Governor Newsom signed SB329, SB 222 and AB1497 into law. These bills will become effective in January 2020. The Housing Rights Center issued the attached press release detailing how these new laws will help protect tenants that have experienced discrimination as Section 8 Voucher holders and Veterans.

Susan Lin
Outreach Coordinator
(213) 387-8400 ext. 1104
slin@housingrightscenter.org

FOR RELEASE
Immediate Release

NEW CALIFORNIA TENANT PROTECTIONS: SB 329, SB 222, AB 1497

California -- October 14th, 2019 – On October 8th, 2019 Governor Newsom signed SB 329, SB 222, and AB 1497 into law. All bills will become effective starting January 1st, 2020. "These new state laws are essential to protecting tenants who have long faced discrimination due to negative stereotypes about Section 8 Voucher holders and Veterans," states Chancela Al-Mansour, Executive Director of the Housing Rights Center.

SB 329, sponsored by Senator Holly Mitchell and **SB 222** adds Section 8/Housing Choice voucher holders or other rental subsidies to the persons protected under the Fair Employment and Housing Act.

SB 222, sponsored by Senator Jerry Hill adds Veterans and Military Status to the persons protected under the Fair Employment and Housing Act. Section 8/Housing Choice voucher holders and people with veterans and military status will be protected from a wide range of discriminatory housing practices including refusing to sell or rent housing, imposing different terms or conditions, harassment and making oral or written discriminatory statements, among other practices. Both SB 329 and SB 222 allow members of these groups who have been discriminated against in housing to file administrative complaints or lawsuits to enforce their rights.

AB 1497, sponsored by Assemblymember Chris Holden, will extend the types of housing covered by the Fair Employment and Housing Act to include housing posted on online hosting platforms like AirBnb. The bill will hold hosts accountable for discriminatory practices and protect people who rent housing through an online hosting platform from being discriminated against because of a protected class. Unlawful practices under this bill include (but are not limited to): refusing the opportunity to rent, charging higher rent and deposits. Those who have been harmed by discrimination in housing rented through an online hosting platform can file administrative complaints or lawsuits to enforce their rights.

If you believe that you have been discriminated against, contact the Housing Rights Center 1-800-477-5977 (voice) or 213-201-0867 (TTY). HRC is California's largest nonprofit, civil-rights agency dedicated to promoting and securing fair housing. HRC investigates over 1,600 housing discrimination complaints annually and assists over 17,000 individuals with their housing-related concerns. Additional information is also available at www.housingrightscenter.org.

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November 13, 2019

CoC Governance Board

SUBJECT: Receive and file correspondence from Ms. Mary Haffner regarding the "Continuum of Care for the Seriously Mentally Ill in Ventura County".

DISCUSSION: The attached document was sent to the Ventura County Board of Supervisors and copied to the Ventura County CoC and other stakeholder groups.

Mary Haffner
86 S. Laurel Street
Ventura, California 93001
(805) 641-9334

October 29, 2019

Ventura County Board of Supervisors:

Steve Bennett, District 1
800 South Victoria Avenue, L#1900
Ventura, CA 93009

Linda Parks, District 2
625 West Hillcrest Drive
Thousand Oaks, CA 91360

Kelly Long, District 3
1203 Flynn Road, Suite 220
Camarillo, CA 93012

Bob Huber, District 4
980 Enchanted Way, #203
Simi Valley, 93065

John Zaragoza, District 5
800 South Victoria Avenue, L#1860
Ventura, CA 93009

Re: The Continuum of Care for the Seriously Mentally Ill in Ventura County

There is a mental health crisis in Ventura County due, in part, to large gaps in the continuum of care for individuals who live with serious and disabling mental illnesses. This crisis is not unique to Ventura County; however, even in the face of restrictive LPS laws, other California counties have done much more to provide critical evidence-based front end services and supports to this population.

There are two separate groups of individuals served by Ventura County's mental health system: The first group has mild, moderate, or no current mental health needs; the second group suffers from medically-based brain diseases that present with the symptom of psychosis. The first group seeks services voluntarily, and receives a full continuum of coordinated mental healthcare and assured access to effective treatment

and supports. Individuals in the second group do not seek services voluntarily and they do not receive a full continuum of mental health services and access to effective treatment and supports. The ability to get help in Ventura County is inversely related to need. It is this second group that suffers with the most severe, persistent and disabling of mental illnesses that we witness cycling through numerous hospitalizations, arrests, homelessness and incarcerations. Critical *front end* interventions, services, and supports are sorely lacking in Ventura County for these people. It is a serious ethical transgression to neglect an entire group of people who are most in need.

Although there are numerous gaps in the continuum of care for the seriously mentally ill, this paper focuses specifically on front end psychiatric emergency services, including in-patient psychiatric beds and early intervention treatment and supports. Ventura County can do far more to better utilize and leverage available funding, create public-private partnerships, and do what other counties have done to address emergency room boarding and overcrowding. Ventura County neglects the seriously mentally ill. We need to prioritize science-based treatments for those who need help the most rather than focusing the majority of our resources on those who need help the least.

I have spent the last four and a half years observing how Ventura County Behavioral Health ("VCBH") makes decisions regarding mental health programs, the use of Mental Health Services Act ("MHSA") funds, and how services are prioritized. I have served on the Behavioral Health Advisory Board ("BHAB") since June 2015, as a representative of District 1. I attend BHAB general meetings and the issue-focused BHAB Committee meetings.

Since 2016, I have served as the co-chair of the Assist Implementation Workgroup, formerly known as the Laura's Law Implementation Workgroup. In 2017, I attended a site visit to the Ventura County Inpatient Psychiatric Unit ("IPU") and I am currently a member of the BHAB's Lanterman Petris Short ("LPS") Act workgroup. With this paper, I do not represent or speak for any committee, workgroup or any other BHAB member.

I have listened to countless people talk about their experiences with Ventura County's mental health system and how it has affected their loved ones and families. As a citizen of Ventura County since 1991, I have noticed the effects of untreated serious mental illness in our communities and an increase in homelessness and violence (both committed against and perpetrated by the seriously mentally ill) as well as an increase in the number of mentally ill individuals cycling in and out of hospitals, board and cares, jails, and homelessness – these people are not getting better. Instead, the county tries to manage them, passing the buck of responsibility to law enforcement, hospitals, jails, and communities. The only services provided to this latter group are back end services long after functional impairment and lifelong disability sets in. It doesn't have to be this way. Ventura County can do so much better. We have working models.

Hospital Boarding

Individuals in psychiatric crisis in Ventura County are brought to hospital emergency rooms where there are no psychiatrists or other qualified staff, no security measures in place, and where no investment has been made to handle the evaluation and treatment of individuals in a psychiatric crisis. Individuals in crisis and in need of help languish for long periods of time with no treatment or supports. They are often transferred out of county because Ventura County has no available in-patient psychiatric beds. Law enforcement has confirmed that they wait hours, sometimes days, with 5150 holds in hospital emergency rooms. Sometimes they wait so long that the 72-hour hold expires before an individual receives treatment or is transferred. When this happens, a person who has been deemed gravely disabled or a danger to self or others is discharged back into the community without treatment.

The amount of time that individuals wait for evaluation and treatment, the environments and conditions in which they are placed, and the fact that, for many, there are no in-county options for their treatment, exacerbates their condition and causes illness decompensation resulting in great harm to their potential long-term recovery. "If you're a paranoid schizophrenic, being in the ER is the worst place," according to Carmela Coyle, CEO of the California Hospital Association. Not only does this common scenario worsen disease, it is tremendously costly.

Ventura County's failure to prioritize emergency treatment contributes to the problems facing our communities - homelessness, incarceration, and hospitalization recidivism. Data from all of the systems affected by untreated serious mental illness will likely confirm that the failure to provide critical front end services for this population is costing Ventura County taxpayers millions of dollars every year. Some of these costs include, but are not limited to, off-patrol law enforcement, public safety, emergency room overcrowding, social services, court-involvement, jails, out of county psychiatric placements, lawsuits, and quality of life for family members of those suffering from mental health crises.

The 5150 Involuntary Hold – Time is of the Essence

At the September 15, 2019, Ventura County BHAB meeting, a mother spoke at public comment stating that her 24 year old son, who first began exhibiting signs of psychosis at age 22, just underwent 5 back to back 5150 hospitalizations beginning at Adventist Health Simi Valley. Not one hospital administered meaningful treatment for his illness. He was, instead, transferred out of county because there was no place for him in Ventura County. At the time of the meeting, he was at home, untreated, violent and paranoid, and his mother was afraid for the safety of her family and the community.

Another mother at the August NAMI regional meeting stated that her son, a Ventura County resident, just went through 5 back to back 5150 hospitalizations and never received enough treatment to become stabilized; he was transferred out of county because there was no place for him in Ventura County. She is now seeking

conservatorship and having difficulty because Ventura County does not have a good track record of working well with families seeking to conserve their loved ones.

Numerous individuals taken in on an involuntary 5150 hold have schizophrenia or other serious mental illnesses that present with psychosis, hallucinations, and/or delusional and disordered thinking. An involuntary 5150 hold means that it has been determined by law enforcement personnel, a crisis assessment team, or other qualified medical personnel, that an individual is so ill that they have been determined to be gravely disabled and/or a danger to themselves or others. Thus, an involuntary hold signals an extreme emergency medical crisis situation.

Serious mental illness that presents with the symptom of psychosis is a no-fault, medically-based brain disease. Science has made clear that these illnesses are medical conditions requiring a medical response that reflects the latest science on effective treatments. Similar to other illnesses, there are certain contraindications or actions that will exacerbate the disease and, for serious mental illness with psychosis, studies have shown that there is a direct correlation between the duration of untreated psychosis ("DUP") and the prospect for long-term recovery, functionality and disability.

As is true with any emergency crisis situation, time is of the essence. Similar to an individual experiencing severe chest pain suffering from a heart attack or an individual experiencing paralysis evidencing a stroke, those in psychiatric crisis are experiencing psychosis evidencing a serious mental illness – for all three, delay can mean the difference between recovery or life-long functional impairment – for all three, prompt intervention is necessary. Ventura County discriminates against individuals with serious mental illness because it does not provide them with the same prompt and medically necessary treatments that it provides to others who are sick. The differences in treatment between those who live with a serious mental illness and all others who suffer from illness are stark.

We Need Solutions, Not Excuses

Throughout my tenure on the BHAB, I have noticed a recurring theme: VCBH believes that hospitals should do more to help the seriously mentally ill and vice versa. Law enforcement is caught in the middle and spends an inordinate amount of time responding to psychiatric emergencies and waiting in hospital emergency rooms when they should be on patrol in communities. Hospitals ignore the problem and allow people who need treatment to wait long hours in emergency rooms. One VCBH manager recently stated that the hospitals ignore the problem and pretend that it will just "go away."

VCBH makes financial decisions that are not intended to improve care for people with serious mental illness or reduce costs to taxpayers. Their decisions are intended to shift costs onto other departments and agencies, including law enforcement, hospitals, and jails. This disjointed silo-like system is inefficient, ineffective, results in bad health outcomes, and is a waste of resources and taxpayer money. Pointing

fingers, pretending the problem will go away and shifting responsibility represents poor leadership.

Instead of providing prompt science and evidence-based treatment, Ventura County treats the seriously mentally ill like hot potatoes, passing the responsibility from law enforcement to hospitals, to out of county facilities, back to law enforcement, to jails, board and cares, to homelessness, and back to hospitals. Ventura County creates high-resource utilizers who will be dependent on the system for many years and the costs associated with this system are tremendous.

Hospitals Violate the Emergency Medical Treatment and Labor Act (EMTALA) and Discriminate Against the Seriously Mentally Ill

Both private and public Ventura County hospitals are violating the law when they allow individuals in psychiatric crisis to languish in emergency rooms without treatment. The EMTALA is a federal law that requires stabilization and treatment of all persons coming to an emergency room prior to transfer, regardless of the insurance status or ability to pay. Nonetheless, psychiatric patients wait longer in emergency rooms than other medical patients and experience other disparities, including discharge without treatment or even arrest (*Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care*, October 2017, NASMHPD, Treatment Advocacy Center).

The law is clear that if an individual presents in an emergency department with an emergency crisis that requires immediate medical attention in order to prevent further deterioration or decompensation of their medial crisis, according to law, they shall be given immediate interventions and appropriate treatment, *without delay (42 U.S.C.S. sec 1395dd).*

The EMTALA, *42 U.S.C.S. section 1395dd,* provides that hospitals that have entered into Medicare provider agreements are prohibited from inappropriately transferring or refusing to provide medical care to "any individual" with an emergency medical condition.

Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.A section 794) prohibits federally funded programs and activities (including hospitals that receive federal funds) from excluding any "otherwise handicapped individual…solely by reason of this handicap." The broad definition of handicap is "physical or mental impairment that substantially limits one of more of a person's major life activities." Thus, hospitals that receive federal aid may not deny treatment to patients who have mental impairment if the reason for this denial is based solely by reason of this handicap.

Ventura County hospitals are in violation of the EMTALA every time a psychiatric medical emergency pursuant to a 5150 hold presents in a hospital emergency room and is not provided necessary treatment. The EMTALA also provides that any significant delay in treatment that can lead to irreversible injury is against the law. Psychosis is one of the symptoms of gravely disabling medical brain diseases. The duration of

untreated psychosis defines long term health outcomes and is determinative of long-term disability. Delay in treatment can lead to irreversible injury. "Long DUP predicts poor outcome." *Causes and Consequences of Duration of Untreated Psychosis in Schizophrenia*, The British Journal, 2000.

The U.S. Supreme Court in *Roberts v. Galen of Virginia, Inc.*, 525 U.S. 249, 119 S. Ct. 685, 142 L. Ed. 2d 648 (1999), ruled that patients who have an emergency medical condition who are transferred from a hospital before being stabilized may sue the hospital under the EMTALA.

The court interpreted the EMTALA to allow any patient to sue under the stabilization requirement, even those who are not emergency room victims of patient dumping. Under the decision, a patient may recover if a hospital transfers the patient without stabilizing his or her condition, regardless of whether the doctor who signed the transfer order did so because the patient lacked health insurance, *'or for any other improper purpose'- (emphasis added).*

An improper purpose exists here because Ventura County engages in an established practice of not providing necessary emergency medical treatment to individuals who present in hospital emergency rooms with a psychiatric emergency. Discrimination is clear in that individuals who have been determined to be "gravely disabled" are not afforded a full continuum of medical care commensurate with their needs as is afforded to others who suffer with illness and present in hospital emergency rooms in crisis.

Ventura County Needs to Invest in Dedicated Psychiatric Emergency Services

Ventura County is the 13th largest county in the state but it is not doing what other counties have done to address the crisis of emergency room boarding. As of 2015, Alameda, Sacramento, San Francisco, Orange, Marin, Los Angeles, Sonoma, Santa Clara, and San Mateo Counties are all ahead of Ventura County in providing psychiatric emergency services to help the seriously mentally ill.

Back in 2014, VCBH represented to stakeholders, including NAMI Ventura County and the BHAB, that it was creating a Psychiatric Emergency Services ("PES") program that would alleviate hospital emergency room overcrowding and provide a higher level of stabilization services and evaluation for the seriously mentally ill, including individuals brought in on an involuntary 5150 hold.

Two of the most important reasons to invest in a PES program is to reduce hospital emergency room wait times and to provide prompt evaluation and treatment to individuals undergoing a psychiatric emergency. A PES that has all of the requisite space and staffing (psychiatrists, nurses, peers, and community triage supports) can greatly reduce the need for in-patient hospitalization and out of county placements. The

better the PES, the better the health outcomes and the more money, time and resources we can save.

A PES facility can accept most 5150 holds directly rather than first redirecting them to hospital emergency rooms and it can provide accessible psychiatric and medical evaluations to individuals in psychiatric crisis adding the capacity for basic medical screening and the management of basic, non-emergency and/or chronic conditions. A PES has the capacity to stabilize clients on site to avoid psychiatric hospitalization whenever possible. A true PES is staffed with psychiatric physicians and mental health professionals who can provide:

- Screening for all emergency medical conditions and provide basic primary medical care.
- Medication management
- Laboratory testing services
- Psychiatric evaluation for voluntary and involuntary treatment; treatment with observation and stabilization capability on site
- Crisis intervention and crisis stabilization
- Screen for inpatient psychiatric hospitalization
- Linkage with resources and mental health and substance abuse treatment referral information.

A PES team provides 24/7 emergency services to all walk-ins, police-initiated holds, and crisis phone services. The reason a PES facility can conduct medical screening and provide basic primary medical care is that it has medical staff and laboratory testing services. PES programs release individuals with a solid aftercare plan, including follow-up appointments, medication information and prescriptions, and strategies to help the person avoid crises in the future.

People in crisis need immediate help, not sitting for hours untreated in an emergency room while already overwhelmed staff members call around to arrange a multiple-day hospital stay. A PES decreases emergency room boarding times by over 80% and reduces the need for psychiatric hospitalizations by up to 75%. What is more, the costs of all the care in the PES is less per patient than the cost of the typical boarding time in an emergency room alone (*Effects of a Dedicated Regional Psychiatric Emergency Service on Boarding of Psychiatric Patients in Area Emergency Departments*, 2013, Alameda Health system, Wright Institute, California Hospital Association).

Ventura County's Crisis Stabilization Unit is Woefully Insufficient

Unfortunately, the PES promised by Ventura County through VCBH never materialized and instead became a very small and seriously understaffed 4-chair Crisis Stabilization Unit ("CSU") that does not reflect fidelity to an effective PES program. The CSU does not allow prompt access to treatment for individuals in a psychiatric crisis because law enforcement is still required to bring individuals to hospital emergency rooms and wait for hours or days.

It makes sense that the CSU is ineffective at alleviating emergency room boarding and providing prompt treatment to individuals in the middle of a psychiatric crisis– the County invested so little in this CSU; there is no capability for law enforcement drop-offs, no screening, no on-site psychiatrists, no laboratory testing services, and no 24/7 specialists for evaluation and treatment. The County didn't even ensure that they obtained the proper licensing for any of these critical components of a PES. The county's failure to adequately invest in this critical piece of the continuum of care for the seriously mentally ill is questionable decision making, both from a fiscal and a healthcare standpoint.

We need leadership that will do the work to build private-public partnerships to implement a long-term cohesive vision for a dedicated PES program in Ventura County.

Delays in Treatment Greatly Harm Potential Recovery and Long-term Functionality

5 back to back 5150 hospitalizations for a young man, with no meaningful treatment and supports, is shameful. California's LPS laws are restrictive; however, Ventura County can do much more, even in the face of these laws, to get young people the help and treatment they need. Ventura County has a duty and responsibility to provide prompt medically necessary treatment equally to all who present with illness. Why are people with the disabling disease of serious mental illness not afforded prompt and medically necessary healthcare on equal footing with other diseases? We cannot blame restrictive state laws when other counties are addressing these critical needs.

Every time a young person enters a hospital emergency room with a psychosis-related mental illness is a chance to intervene, work with their family, and provide effective and evidence-based treatment for their recovery and an opportunity to change the trajectory of that young person's life. With early treatment, some people never have another psychotic episode. For those with schizophrenia or other psychosis-related mental illnesses, early treatment provides a foundation for recovery and a full life. (*NAMI, First Episode Psychosis Programs, A Guide to State Expansion*, 2017) Families in Ventura County have nowhere to go to get prompt and effective help for their loved ones dealing with a psychiatric crisis. This can be changed.

Research conducted by the National Institute of Mental Health ("NIMH") through the Recovery After an Initial Schizophrenia Episode ("RAISE") project shows that people with early psychosis who receive appropriate treatments through First-Episode Psychosis ("FEP") programs experience greater improvement in symptoms and quality of life, stay in treatment longer and are more likely to stay in school or working and are more connected socially than those who receive standard mental healthcare. These brain diseases are treatable and evidence has shown that treatment works for many. With timely, effective, and evidence-based treatments, people who have these diseases can live healthy lives, free from hospitalizations, homelessness, arrests, episodes of violence, and incarcerations. Our failure to provide this treatment has resulted in staggering costs and poor health outcomes.

In a school district the size of Ventura Unified, with 17,000 students, approximately 238 will be diagnosed with schizophrenia and another 578 will be diagnosed with bi-polar, psychotic depression or other psychosis-related mental illnesses. These illnesses typically emerge between the ages of 16-25. We do not provide supports and treatment for this extremely vulnerable subpopulation of residents, as is evidenced from the testimony of many Ventura County families.

The MHSA, at Cal.Govt.Code section 5835, provides funding for counties to implement the Early Psychosis Intervention Plus Program and states, as follows:

> "Early psychosis and mood disorder detection and intervention refers to a program that "utilizes evidence-based approaches and services to identify and support clinical and functional recovery of individuals by reducing the severity of first, or early, episode psychotic symptoms, other early markers of serious mental illness, such as mood disorders, keeping individuals in school or at work, and putting them on a path to better health and wellness."

In my four and a half years on the BHAB, I have not been able to ascertain whether VCBH is administering an evidence-based program, with fidelity, for individuals experiencing first-episode psychosis. The EDIPP and VIPs programs have been mentioned, but I am unaware if they are active and if they have adhered to the evidence-based criteria required. I called the phone number provided on the VCBH website for the VIPs program and it was disconnected. Funds are there for this program, but I do not believe they are being used with fidelity to effectively target and provide treatment to this population. If these programs do exist, they are not working; if they were implemented with fidelity, those young men who underwent 5 back to back hospitalizations would have received much needed interventions and treatment at the first hospitalization.

Ventura County should be implementing evidence-based FEP programs to reduce the DUP for these young people.

Jailing the Mentally Ill – another cost of failing to provide treatment

Ventura County has secured funds for forensic beds for seriously mentally ill inmates. Mental illness, however, is not a crime and jails are not the best place to provide treatment to the mentally ill. Jails were never created to be mental health facilities and jails are ill suited to assuring that mentally ill persons will receive the psychiatric aftercare they will need upon their release.

Jails require two to three times more funds to house and treat the mentally ill than to treat the non-mentally ill. The mentally ill stay longer, require more staff, cause more management problems, are at higher risk of recidivism, and are more likely to commit suicide. Many mentally ill inmates wait months to be transferred to state

hospitals, at great expense to the county, and numerous mentally ill people die in police custody or jail.

Treatment and care for those in psychiatric crisis and involuntarily detained has been removed from the mental health department to the criminal justice system as is evidenced from the county's prioritization of back end services and forensic beds over emergency services and in-patient beds. We shouldn't pat ourselves on the back for securing funding for forensic beds while our non-forensic psychiatric bed capacity is at 30 beds for a population of 850,000 and the county has no credible emergency care services. Care for the seriously mentally ill should be the responsibility of mental health departments and hospitals, not jails.

Lawsuits – another cost of failing to provide treatment

Someone in the throes of psychosis who is not thinking rationally and who is experiencing extreme paranoia can become dangerous and commit crimes. They need treatment. As former NIMH director Dr. Thomas Insel stated, "we have to realize that part of having a psychotic illness is you are not yourself and you do things you would not do without the illness and violence can be and often is part of this. . . Denial of a link between untreated serious mental illness and violence against self or others serves neither those with serious mental illness nor our larger society."

Numerous lawsuits have been filed against the county and cities in Ventura County related to untreated serious mental illness and the incarceration of the mentally ill, including, but not limited to, the Aloha Steakhouse tragedy when a man with untreated schizophrenia stabbed a young man while his daughter sat on his lap, and the 2017 Adventist Health Simi Valley incident when a mentally ill man on an involuntary hold escaped after waiting for 5 hours in the hospital and was shot by a Simi Valley police officer. After the Simi incident, Simi Valley Police Department Commander Steve Shorts stated that the incident reflected a shortage of psychiatric beds in Ventura County. The hospital was fined $45,315.00.

In February, the family of Ventura County jail inmate filed a wrongful death lawsuit against the county after he was strangled to death by a seriously mentally ill inmate. Lawsuits related to jail homicides committed by the untreated seriously mentally ill and lawsuits related to inmates waiting for placement at state hospitals will continue to add to the county's costs of not providing adequate treatment for the seriously mentally ill.

Ventura County Can and Should Do Better

The Mental Health Services Act provides millions of dollars to Ventura County every year (see Cal. Welfare and Institutions Code section 5800 et.seq), and PEI is one category for funding. Section 5840(a) of the Cal. Govt. Code states that PEI programs "*shall* be designed to prevent mental illnesses from becoming severe and disabling."

There is much talk around what kinds of programs should be funded with MHSA dollars. Proposition 63 was sold to voters as an initiative to deal with the consequences of closing of state hospitals. In-patient beds were drastically reduced and people who were accustomed to receiving services and treatment in state hospitals were now out in communities struggling to get treatment and supports. Community programs that were supposed to be able to meet their needs never materialized and we saw the effects of untreated serious mental illness on our streets, in our emergency rooms, and in the community. Jails and prisons became the de facto asylums. So in 2005, counties began receiving millions of MHSA dollars to deal with these issues.

The letter and purpose of Proposition 63, and the reason voters supported it, was to fund programs and supports to help those in the second mental health track – individuals with serious mental illnesses to encourage innovation in developing evidence-based interventions that could prevent such illnesses from becoming severe and disabling. Science has shown that although these illnesses cannot be prevented, they can be treated and early interventions can lead to recovery to prevent serious disability. Ventura County should prioritize this population for MHSA PEI and Innovation funding.

Section 5840 (a-d), to paraphrase, states that PEI programs *shall* be focused on recognizing the early signs of potentially severe and disabling mental illnesses and that the programs *shall* emphasize strategies to reduce suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes (emphasis added).

PES and FEP programs would fit squarely within the purpose of PEI funds and would be excellent candidates to receive PEI funding. A PES model can also be financed with MHSA Innovations funds, as is being done in Sacramento County (see below).

VCBH funds PEI and Innovation programs for those who are easier to treat, who have mild to moderate mental health issues, or don't have a mental illness at all. As a result, Ventura County has a robust suite of services for those who seek treatment voluntarily. I have watched over the last four and a half years, and I am sure, prior to my tenure, the funding of programs that outreach to individuals and groups who do not have a mental illness and who are not at high risk for developing a mental illness. You won't find this population cycling in and out of emergency rooms, hospitalizations, jails, and homelessness.

In August of 2012, the Ventura County Mental Health Board made it very clear, through a comprehensive stakeholder process, that all "future MHSA Innovation projects focus on individuals with *serious and persistent mental illness* who do not currently access services or supports." (Ventura County Board of Supervisors Agenda, Exhibit B, Community Program Planning and Local Review Process, August 20, 2012, emphasis added.)

Ventura County, instead, uses the vast majority of their MHSA PEI and Innovations dollars on programs and services that focus on outreach and education programs including positive parenting classes, meal sharing and story-telling programs, bartender training to look for patrons who might commit suicide, after school programs, dance classes, programs for the deaf and hard of hearing, social marketing campaigns, anti-stigma campaigns, and restorative justice trainings, to identify people who *may* get a mental illness. Unlike PES or FEP programs, few of the programs VCBH prioritizes for funding have science or data to back them up and they are not focused on individuals with serious and persistent mental illness.

These are good programs and may be helpful for some, but many of these programs are Public Health programs and thus, should be funded through Public Health as they reflect Ventura County's Public Health priorities (see *Ventura County Public Health Strategic Plan*, July 2015-June 2020, wherein the goals of Health Equity, Healthy and Safe Community Environments, and Preventive Health Care all indicate program types that are currently being funded with MHSA dollars) and they should not be funded with Behavioral Health or MHSA dollars.

On October 13, the Ventura County Board of Supervisors approved 6 million dollars in MHSA PEI Funds for outreach and education programs to be administered through the Ventura County Office of Education. This 6 million dollar expenditure is being used to provide, among other things, positive behavioral intervention supports, information trainings about mental health occupations, resilience training, social-emotional learning, and restorative justice trainings. As a former school board member for the Ventura Unified School District, I am well-versed in restorative justice programs and contrary to the VCBH's stated reasons for funding these types of programs in the category of "Outreach for Increasing Recognition of Early Signs of Mental Illness," restorative justice programs have nothing to do with recognizing early signs of mental illness.

Again, these are good programs, but they should not be funded with MHSA dollars and they will not prevent mental illness, homelessness, prolonged suffering, incarcerations, or help to prevent mental illness from becoming severe and disabling. School districts have a number of state and federal organizations and agencies from which to secure grants for many of these programs. Using our Mental Health dollars in this way is not the best use of our resources in light of the extreme unmet needs of the seriously mentally ill.

In addition, in July of this year, the Board of Supervisors approved 1 million dollars of MHSA Innovations funds for an after school program that transports children without mental illness, and who are not at high risk for mental illness, to another city within Ventura County to share meals and tell stories with other children. This program states that it is designed to promote youth resilience and prevent mental illness by replicating some of the benefits of family dinners. It is difficult to see a connection to "preventing mental illness" when the only stated risk factor for these children is that they qualify for free and reduced lunch. Programs like this are a boon to contract service

providers but they do not prevent mental illness, and they certainly have no connection to alleviating disability associated with schizophrenia, bi-polar, and other unpreventable psychotic brain diseases.

While Ventura County's Supervisors were approving over 7 million dollars for programs that have no supportive science or data and, at best, have only a tangential relationship to mental illness, Sacramento County was leveraging their MHSA Innovations dollars to provide a PES facility for their region in a program entitled, the Behavioral Health Crisis Services Collaborative Innovation Project. "This project in Sacramento County aims to establish a new benchmark for crisis stabilization services, improve outcomes and positively impact the mental health delivery system for our region."

This Sacramento program brings the County Behavioral Health Services Division, Dignity Health, and other project partners and stakeholders together to work in partnership with the County to provide an "integrated initiative that aims to establish a new benchmark for crisis stabilization services, improve outcomes and positively impact the mental health delivery system for [the] region." (see Dignity Health Mercy San Juan Medical Center, April 9, 2018, letter to the Sacramento County Board of Supervisors).

As stated in this April 2018 letter, "[M]ental health is too large of an issue to be addressed by any one entity. It is a shared community issue and responsibility that requires collaboration and leveraging of resources, expertise and efficiencies in order to advance needed improvements in access, delivery, quality, and continuity and coordination of care. Delays in treatment, emergency department boarding and barriers to care will be eliminated through timely access to specialty services at the point of entry. An onsite resource center housing peer and family navigators, case managers and health plan care coordinators will ensure direct linkages to aftercare and the social support services that are essential for recovery, ongoing management of conditions and wellbeing of individuals who will be served."

Ventura County leadership's frequent refrain that they cannot afford to provide emergency services, beds, and other necessary front end treatment services for the seriously mentally ill rings hollow when millions of MHSA funds intended by law to be used to alleviate serious mental illness and the problems associated therewith are instead doled out for Public Health and education programs outreaching to individuals who *may someday* get a mental illness. These non-data and non-science driven programs should not be prioritized over treating people already known to have a mental illness.

Any "outreach" programs should be programs set up at the exits of hospitals, jails, and shelters and MHSA funds should be focused on, as directed by Proposition 63's purpose and the county's own stakeholders, providing services and treatments to those with the most serious, chronic, and disabling illnesses. The money this county would save by prioritizing the needs of our most ill could be used for outreach and education for the broader community ten-fold.

Inpatient psychiatric beds and other step-down options-the continuum of care

Ventura County has approximately 22,000 or 4.2% of adults aged 18-64 who live with a chronic and disabling serious mental illness. A large percentage of these individuals require emergency crisis intervention services, treatment, and, for some, hospitalization. Those who need in-patient psychiatric hospitalization also need step-down facility options. Many also need long-term services and supports. A smaller number will require long-term hospitalization.

Ventura County families have been relegated to traveling far distances out of county to get treatment for their loved ones because Ventura County does not provide the facilities, the appropriate programs, services, staffing and housing for the seriously mentally ill to meet their needs.

In-patient psychiatric bed capacity in Ventura County decreased by 50% between 2004 and 2019. Health policy experts and the California Hospital Association both recommend that the standard ratio for population and psychiatric beds should be 50 beds for each 100,000 residents. By that standard, Ventura County should have approximately 425 in-patient, non-forensic beds to serve 850,000 residents. In 2004, when the population of Ventura County was 790,000, the IPU had 60 in-patient psychiatric beds to treat individuals in psychiatric crisis and in need of high-level acute care. At present, with an additional 60,000 in population, the IPU has only 30 public non-forensic in-patient psychiatric beds, or 3.7 beds per 100,000 residents, for individuals in psychiatric crisis.

With just 30 beds for residents with illnesses like schizophrenia and bi-polar, limited step-down options, and inadequate interagency support and communication to ensure adequate long-term supports in the community, Ventura County does not provide the same access to services, opportunities for recovery, and a continuum of care for the seriously mentally ill like it does for others who suffer from illness.

The long waits in hospital emergency rooms that contribute to illness decompensation are a direct result of the lack of psychiatric emergency services, in-patient psychiatric beds, step-down options, and long-term hospital beds. A shortage in any one of these areas creates a breakdown in the ability to provide an appropriate level of treatment. The bed shortage is exacerbated by a long-standing federal law - the Institutions for Mental Disease (IMD) exclusion prohibiting Medicaid from reimbursing states for adults with mental illness between the ages of twenty-two and sixty-four who need longer-term care in psychiatric facilities. Inpatient treatment is just one part of a complete continuum of care, and this tool of treatment is necessary yet too hard to access with the IMD exclusion.

We may or may not build more IMDs in Ventura County, but at the very least, we should be advocating for eliminating barriers to receiving reimbursement for those facilities that would qualify as IMDs and are, or could be, housing Ventura County

residents. In late 2017, the federal government stated, for the first time, that it will allow states the opportunity to apply for a waiver of the IMD exclusion for treatment of the seriously mentally ill who need longer term hospitalization.

The BHAB voted unanimously earlier this year to request that the Ventura County Board of Supervisors issue a letter to the State of California declaring that Ventura County supports a waiver of the IMD exclusion and asking the state to apply for the waiver. The Los Angeles Board of Supervisors had already made the request as had other counties. The County Supervisors Association of California, the County Behavioral Health Directors Association, the Steinberg Institute, the California Psychiatric Association and others are all on record as supporting the state's application for the IMD waiver.

Ventura County's CEO flatly rejected the BHAB's recommendation to request that the State of California apply for this IMD exclusion waiver.

Conclusion

Ventura County does not provide a full continuum of coordinated mental health care for the seriously mentally ill. Others with illness receive prompt and effective science-based treatments and follow-up supports to realize recovery. Investing in the continuum of care for those living with serious mental illness can alleviate stress on numerous agencies and begin to tackle the cycle of hospitalizations, incarcerations, and homelessness. As we have seen, this work can start with public-private partnerships and the leveraging of MHSA or other funds to create a PES program with fidelity.

The current 4-chair CSU at the IPU is an ineffective band aid that does not create efficiencies and better quality of care. The more effective our psychiatric emergency services are, the less we will need in-patient beds and out of county placements.

In addition, the benefits of programs that identify and treat first-episode psychosis cannot be overstated. No one should be subjected to 5 back to back hospitalizations without effective intervention and treatment. These medically-based brain diseases can be treated. If we can get to these young people early, we can reduce the risk that they will become high resource utilizers for the rest of their lives, caught in the cycle of frequent hospitalizations, arrests, and homelessness. Ventura County resources should be directed at science-based and data-driven FEP programs.

Lastly, Ventura County needs decision makers who truly understand the reality and nature of serious mental illness. They need to be educated regarding the needs of this population so that they can make better and more informed decisions.

Sincerely,

Mary Haffner

cc
NAMI Ventura County
Ventura County CoC Agency
Ventura Social Services Task Force, Homeless Prevention Fund
Ventura County Healthcare Agency
California Hospital Association
Ventura County Sheriff's office
Ventura, Oxnard, Camarillo, Simi Valley, Moorpark, Thousand Oaks Police Departments
Adventist Health Simi Valley
Los Robles Medical Center
St. John's Regional Medical Center – Dignity Health
Ventura County Star
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