

AMENDED 4/28/2020

Pursuant to Governor Newsom's Executive Order N-29-20, members of the Policy Committee or staff will participate in this meeting via a teleconference. Members of the public can submit written comments to the Deputy District Clerk at boardcomment@cambridgesd.org.



POLICY COMMITTEE

REGULAR MEETING
Thursday, April 30, 2020 - 2:30 PM

Amended 4/28/2020

AGENDA

Please click the link below to join the webinar:

<https://zoom.us/j/582691498?pwd=UWplS3RDRXdXRUFiTVVE4SjAvZkwrZz09>

Password: 360303

Or iPhone one-tap:

US: +16699006833,,582691498# or +13462487799,,582691498#

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Webinar ID: 582 691 498

International numbers available: <https://zoom.us/j/582691498>

- A. CALL TO ORDER
- B. ESTABLISH QUORUM
- C. CHAIRMAN'S REPORT

1. PUBLIC COMMENT

Members of the public may now address the Committee on any item of interest within the jurisdiction of the Committee but not on its agenda today. Future agenda items can be suggested at this time. In compliance with the Brown Act, the Committee cannot discuss or act on items not on the agenda. Each speaker has up to three minutes.

2. CONSENT AGENDA

- A. Consideration to Approve the February 27, 2020 Regular Meeting Minutes

3. REGULAR BUSINESS

- A. Discussion and Consideration of Committee Bylaws, Goals and Mission Statement
- B. Discussion and Consideration of Creating an Ad Hoc Subcommittee to Research and Make Recommendations Regarding Email Management and Retention Policies
- C. Discussion Regarding Creating a Policy for Reimbursement of Standing Committee Member Travel Expenses
- D. Discussion and Consideration Regarding Tasking an Ad Hoc Committee with Creating Policy 1040.2 Regarding Who Replies to Correspondence Addressed to the Board of Directors
- E. Discussion and Consideration of District Policy or Policies Regarding Cambria's Homeless Population Added Late
- F. Discussion and Consideration to Reschedule the May 28, 2020 Policy Committee Regular Meeting

4. FUTURE AGENDA ITEMS

5. ADJOURN



POLICY COMMITTEE

REGULAR MEETING

Thursday, February 27, 2020 - 2:30 PM
1000 Main Street, Cambria, CA 93428

MINUTES

A. CALL TO ORDER

Chairman Donn Howell called the meeting to order at 2:42 p.m.

B. ESTABLISH QUORUM

A quorum was established.

Committee Members present: Donn Howell, Gordon Heinrichs, Claudia Worthen and Leslie Richards.

Absent: John Nixon and Ted Key.

Staff present: General Manager John Weigold, Facilities & Resources Supervisor Carlos Mendoza and Administrative Department Manager, Monique Madrid.

C. CHAIRMAN'S REPORT

Chairman Howell welcomed new member Leslie Richards. He reported the Board of Directors passed Use of Electronic Devices by Board Members During Public Meetings and Correspondence to the Board & Staff policies. The Board of Directors has asked the Policy Committee to review and provide some suggestions on how the Board should respond to those communications. He provided a copy of a policy ledger on the various policies and the associated action. The Committee reviewed the ledger for accuracy. He noted the Reserve Policy has been numbered 2150 and updated the ledger.

He presented the idea of suggesting a new name for the Committee, such as a Policy Research Committee or a Policy Advisory Committee. This would allow for a different style of format for the Committee to present to the Board. The Committee members discussed the idea and expressed they did not agree with the idea of changing the name of the Committee.

D. AD HOC SUB-COMMITTEE REPORTS

i. Subcommittee on Disaster Preparedness

Committee member Gordon Heinrichs reported Chief Hollingsworth is working on phase II of the Disaster Preparedness plan.

There were concerns raised on the recent opening of gates on the Fiscalini Ranch. Carlos reported the key has been returned and new locks are being ordered.

ii. Subcommittee on Veterans' Hall Fees

The report included information from Carlos regarding the fees, and deferred maintenance projects and costs.

Committee member Harmon suggested creating a sliding scale fee schedule for the use of the Veterans' Hall for non-profits dependent on the state of the nonprofit financial status.

Ms. Harmon and Mr. Key will work on a proposed fee schedule.

iii. Subcommittee on Purchasing Policy

Chairman Howell reported several meetings have taken place and there is nothing to present at this time. When Ted returns, we will continue on the process. The policy is a combination of policies and procedures with an effort to separate the two.

iv. Subcommittee to Review the Policy on Policies and Related Environmental Concerns

Vice Chairman Heinrichs stated that they have reviewed many policies from others and will be fine tuning and create a sequence to present to the Committee. They would like the CEQA book purchased by the CCSD and will provide a list of the CCLUO, NCP, NCAP, LCP with two copies for the ad hoc committee members. Staff will try to place these documents on the CCSD website for all committees to use.

1. PUBLIC COMMENT

Public Comment:
None.

2. CONSENT AGENDA

A. Consideration to Approve the January 30, 2020 Regular Meeting Minutes

Committee member Harmon moved to approve the minutes as written.

Committee member Richards seconded the motion.

Motion Passed Ayes - 3 Nays - 0 Absent - 2

Ayes: Heinrichs, Richards, Worthen
Absent: Key, Nixon

3. REGULAR BUSINESS

A. Discussion and Consideration of Committee Bylaws, Goals and Mission Statement

The Committee agreed to move this item to be heard earlier so that Carlos would be able to comment then leave the meeting to get back to work.

Carlos shared that the policy would add work to his department and will require storage for property which is removed as a result of an eviction. The policy is primarily legal compliance with little ability to be changed.

Chairperson Howell asked for two committee members to get together and review the policy. Stressing that the policy is a minimum, review it and determine if additional ideas should be added. The first page is policy and may be reviewed and modified. The Conservation Easement was a source of guidance for the policy development with a need for compliance with the Easement.

Committee member Richards will work with Carlos Mendoza and David Hirsch will be working on this policy.

Bylaws, Goals and Mission will be postponed to the next committee meeting.

B. Discussion and Consideration of District Policy or Policies Regarding Cambria's Homeless Population

Chairperson Howell asked to continue items 3.B. and 3.C. to the next Policy Committee meeting.

C. Discussion and Consideration of Creating an Ad Hoc Subcommittee to Research and Make Recommendations Regarding Email Management and Retention Policies

Chairman Howell stated the Policy Committee will discuss this item when the entire committee is present. He will bring some information back to the Committee.

4. FUTURE AGENDA ITEMS

Mr. Weigold asked to consider adding a policy for CCSD to pay standing committee members for travel expenses. This will be placed on a future agenda as a high priority.

5. ADJOURN

Chairman Howell adjourned the meeting at 4:42 p.m.

POLICY COMMITTEE MEETING SIGN-IN SHEET

Meeting Date: February 27, 2020

Name	Name
John Weigold	
Gordon Heinrichs	
Richard	
Carlos	
Manny	
Donna	

CAMBRIA COMMUNITY SERVICE DISTRICT
STANDING COMMITTEE BYLAWS

1. STATEMENTS OF PURPOSE

1.1. Finance Committee

- (a) The Finance Committee serves as an advisory resource to the Cambria Community Services District Board of Directors with the purpose of providing oversight for transparent budget processes and financial management that promote fiscal stability and instill public trust. In addition, the Committee supports and works directly with the CCSD General Manager and Finance Manager in enhancing financial integrity and monetary discipline.
- (b) At the direction of the CCSD Board of Directors, the Committee: 1) discusses and receives public input and advises the Board on financial matters; 2) provides financial review, assessment and recommendations to district staff and CCSD Board of Directors regarding potential projects available to the district by private, public, county or state entities, including preparation of Finance priorities for submission to the CCSD staff.
- (c) Apart from their normal function and as part of this advisory resource, Committee members have no individual authority and may not represent the Committee or the CCSD in any policy, act or expenditure.
- (d) The Committee maintains collaborative working relationships with the public, other standing committees and the CCSD Board of Directors. The Committee supports other standing committees' fiscal review needs.

1.2. Resources and Infrastructure Committee

- (a) The Resources and Infrastructure Committee serves as an advisory resource to the CCSD Board of Directors on matters concerning infrastructure and resources. The Committee's purpose is to: 1) assess existing resources and gather information regarding infrastructure and resource needs of the community; 2) establish a collaborative working relationship with the public and the CCSD Board of Directors; 3) create plans for meeting the needs of the community within the bounds of current and potential resources and priorities of the CCSD; 4) recommend plans of action to the Board of Directors regarding actions to meet the community infrastructure and resources needs.
- (b) Apart from their normal function and as part of this advisory resource, Committee members have no individual authority and may not represent the Committee or the CCSD in any policy, act or expenditure.
- (c) The Committee maintains collaborative working relationships with the public, other standing committees and the CCSD Board of Directors. Support other standing committees' resource and infrastructure review needs.

1.3. Policy Committee

- (a) The Policy Committee serves as an advisory resource to the CCSD Board of Directors on matters of operational and governance policy. The purpose of the Committee is to review existing operational and governance policies, focusing on the CCSD Board Policy Handbook, and to recommend new policies and changes to existing policies to the Board of Directors. At its discretion, the Board may assign other policy work to the Committee.
- (b) Apart from their normal function and as part of this advisory resource, Committee members have no individual authority and may not represent the Committee or the CCSD in any policy, act or expenditure.

- (c) The Committee maintains collaborative working relationships with the public, other standing committees and the CCSD Board of Directors. The Committee supports other standing committees' policy review needs.

2. COMMITTEE MEMBERS

- 2.1. The Committee shall consist of five volunteer members from the community and one CCSD Board Director to act as chairperson.
- 2.2. Each Committee member must live and be registered to vote within the CCSD boundaries.
- 2.3. Method of appointment
 - (a) The Chairperson shall be appointed by the President of CCSD Board of Directors, subject to Board approval.
 - (b) Volunteer committee members shall be appointed by a majority vote of CCSD Board of Directors to two- year terms
 - (c) To fill an opening on the Committee resulting from the expiration of a regular term of office with no request for reappointment, such vacancy shall be advertised for a minimum of two weeks in the local newspaper, on the CCSD website and at all Cambria CSD public information bulletin boards. Application forms may be obtained and submitted on the website and Administrative Offices during normal business hours during the application period.
 - (d) At the end of a term of office, and with the request of the member and approval by the Committee, the CCSD Board of Directors may reappoint that member for additional two-year terms, in increments.
- 2.4. Vacancies
 - (a) Vacancies of unexpired terms of office of regular Committee members shall be filled following the procedures defined under 2.3 (c), above. Such vacancy shall be by appointment of the Cambria CSD Board of Directors.

3. COMMITTEE OFFICERS

- 3.1. The Chairperson shall be chosen annually by the Board of Directors
- 3.2. The Vice-Chairperson and Secretary shall be chosen annually by a majority of the Committee. Neither the Chairperson nor Vice-Chairperson may serve a Secretary.
- 3.3. Chairperson Duties:
 - (a) vote only in the event of a tie vote;
 - (b) preside over meetings;
 - (c) establish committee meeting agendas;
 - (d) appoint appropriate ad hoc committees ;
 - (e) sign reports;
 - (f) represent the Committee at regular CCSD Board meetings;
 - (g) coordinate input for agenda preparation for the monthly Committee meetings with CSD staff;
 - (h) develop a meeting calendar, including joint Committee meetings, to be approved by the CCSD board;
 - (i) appoint Committee members to act as liaison to another Committee.
- 3.4. Vice Chairperson duties:
 - (a) perform the duties of the Chairperson in their absence.
- 3.5. Secretary duties:
 - (a) record the minutes of the meetings in action form, ensuring the accuracy of when, how and by whom the Committee's business was conducted.
 - (b) Submit the draft written minutes and audio recording to CCSD staff for the public record.
 - (c) Minutes should include at a minimum:
 - the date, time and location of the meeting;

- a list of the Committee members present and absent;
 - a record of reports presented and by whom;
 - the text of motions presented and description of any action taken
 - list of items considered for future agenda,
 - time of meeting adjournment.
4. COMMITTEE MEMBER GUIDELINES AND AUTHORITY
- 4.1. Members of the Committee and their activities are bound by all applicable provision of the Brown Act (Government Cod Sections 54950, et seq.).
- 4.2. Members of the Committee shall not participate in discussion of, or vote on issues constituting conflicts of interest – “no public official shall make, participate in making, or in any attempt to use his official position to influence a governmental decision in which he/she knows or has reason to know he/she has a financial interest.” (Government Code Section 87100).
- 4.3. Members of the Committee are charged with protecting and upholding the public interest and exhibiting the highest level of ethics.
- 4.4. Committee members shall at all times conduct themselves with courtesy towards each other, to staff and to members of the audience present at Committee meetings.
- 4.5. Committee members have the right to disagree with ideas or opinions, while being respectful. Once the Committee takes action, individual Committee members should not create barriers to the implementation of any action voted upon by the Committee.
- 4.6. Apart from their normal function as a part of the Committee, members have no individual authority. As individuals, members may not commit the CCSD to any policy, act or expenditure
- 4.7. After two consecutive unexcused absences of a Committee member, the Committee, by a quorum of the Committee, may recommend action to the CCSD Board.
- 4.8. Should a Committee member disrupt Committee meetings or participate in behavior contrary to the charges and responsibilities of the Committee, the Committee, by a majority vote, may recommend action to the CCSD Board.
5. AGENDA PROCEDURE
- 5.1. Members shall provide input on the agenda to the Chairperson.
- 5.2. Chair shall develop the draft agenda in cooperation with the Vice Chair and CCSD staff.
- 5.3. CCSD staff shall prepare the final agenda, attachments and emails to all Committee members.
- 5.4. CCSD staff shall post agendas at the District Administrative Office and be distributed to an agenda distribution list.
6. MEETINGS
- 6.1. The Committee shall meet within the jurisdictional boundaries of the CCSD, except as otherwise permitted by the Brown Act.
- 6.2. Information that is exchanged before meetings shall be distributed through the District Clerk, and Committee members will receive all information being distributed as part of the normal meeting Agenda.
- 6.3. The Committee shall meet monthly on dates set annually by the Committee, unless otherwise publicly noticed 72 hours in advance. The Committee may call publicly noticed special meetings as needed, with required 24-hour notice.
- 6.4. A majority of all Committee members, including the Chair, shall constitute a quorum.
- 6.5. All Committee meetings shall be conducted by laws governing open meetings and public participation.
- 6.6. The CCSD General Manager shall determine a staff liaison to the Committee for the purpose of improving the flow of communication.
7. PARLIAMENTARY AUTHORITY

- 7.1. The rules contained in the current edition of Rosenberg's Rules of Order, Newly Revised, shall govern the Committee in all cases to which they are applicable and in which they are not inconsistent with these bylaws, any special rules of order the Committee may adopt and statutes applicable to the Committee that do not authorize the provision of these laws to take precedence. The bylaws of Committees shall be governed by the current edition of Rosenberg's Rules of Order.
8. AMENDMENTS TO BYLAWS
 - 8.1. The Bylaws may be amended by majority vote at any regular meeting of the Committee provided that written notice of the proposed changes is mailed to each member of the Committee no less than one week in advance. Changes to the Bylaws must be approved by the CCSD Board.
9. COMMITTEES
 - 9.1. The President shall make appointments to all committees subject to Board approval.
 - 9.2. All committees shall meet within the jurisdictional boundaries of CCSD, except as may be permitted by the Brown Act.
 - 9.3. The Board may appoint such ad hoc committees as may be deemed necessary or advisable. The duties of the ad hoc committee shall be outlined at the time of appointment, and the committee shall be considered dissolved when its final report has been made. Ad hoc committees shall meet on an as needed basis.
 - 9.4. Standing Committees:
 - (a) Standing Committees may be created at the Board's discretion.
 - (b) Standing Committees may consider CCSD related issues assigned to it on a continuing basis.
 - (c) All Standing Committee meetings shall be conducted as public meetings in accordance with the Brown Act. Action minutes for each meeting of a Standing Committee shall be forwarded to the Board of Directors as a public record and an audio recording shall be made and retained, as required by law.

CAMBRIA COMMUNITY SERVICES DISTRICT

DIRECTORS:

DAVID PIERSON, President
HARRY FARMER, Vice President
AMANDA RICE, Director
CINDY STEIDEL, Director
DONN HOWELL, Director

**OFFICERS:**

VACANT, General Manager
MONIQUE MADRID, Acting General Manager
TIMOTHY J. CARMEL, District Counsel

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Policy Committee 2019 Goals & Objectives

Adopted by the Board of Directors on 1/3/2019

1. Advance the District's Strategic Planning Efforts
2. Review the District Code and Consider Whether Direction Should be Provided to Draft Amendments

Rough draft, 4/20/20

Homeless Encampment Removal Policy

XXXX

Purpose:

This policy is being created in an effort to protect the overall public health And safety of the Cambria Community at large, as well as restricting activities that could negatively impact environmentally sensitivity habitat,

Background:

The CCSD owns property including the Fiscalini Ranch Preserve and parcels accepted from the Land Conservancy of SLO, dedicated to open space and subject to conservation easements that specifically prohibit illegal camping activities.

Policy:

Illegal, non-sanctioned homeless encampments on District property pose significant hazards to public health and safety, foster criminal activities, and create nuisance conditions affecting the surrounding neighborhoods.

Thus, all illegal homeless encampments shall be removed from District property, promptly, upon discovery, and cleaned sites shall be restored to their original intent and condition. Continued monitoring and enforcement actions will be necessary to guarantee that the heavily entrenched local homeless population does not create re-encampments on these corrected sites, which is of a particular concern for the District.

Since the CCSD provides limited defined services to the Cambria Community, and lacks many of the resources necessary to adequately address the core problems surrounding homelessness, in general, that are fostering the creation of these illegal encampments, the district shall coordinate collaborative efforts and enforcement partnerships with the appropriate county agencies as well conservation stakeholders, and independent, local non-profits.

the goal of this policy document is the creation of a framework for developing these collaborative efforts, I. E. An Action plan, that will be reviewed and modified on a yearly basis, by the respected partners and the district. This action plan will instill strategies for clean up measures as well as how cleared encampments will be restored to their original condition. It will also document success of outreach programs, as well as outline additional security and outreach measures that may be necessary to prevent future illegal encampment from being re-formed on the original sites.

The district shall task the creation of this Action Plan through its Pros Committee, which shall create an Ad Hoc committee, specifically created for this purpose. This Pros- Homeless Encampment committee will be responsible for coordinating the collaborative efforts with appropriate County agencies, non-profits, and any other relevant stakeholders. The PRO's HEC will be responsible for oversight of the Action Plan, documenting its progress, relevance and effectiveness and will supply the necessary review and analysis, on a yearly basis, for making changes or improvements, as they deem necessary. They will also be responsible for investigating any funding mechanisms available that financially support the districts efforts at abatement and restoration and will apply for these financial resources directly.

Tasks for the PRO's HEC

1. Create action plan for district.
2. Coordinate collaboration between District and local responsible agencies and stakeholders.

3. If necessary, create MOU's between the District and these agencies and or stakeholders.
4. Monitor and document performance goals and objectives of the action plan.
5. Report to the district on a 1/4 basis, the success of the abatement policy as well as collaborative efforts at homeless outreach by the relevant agencies and give recommendations for improvements, if necessary.
6. Investigate and pursue outside financial resources to help defer costs incurred by the district associated with implementation of the homeless encampment removal policy. This can be through grants, or other financial mechanisms made available to the district, as a direct result of the partnership MOU's and or Action Plan, which creates a required platform for state and federal funding opportunities to successfully land. (Note: These financial resources are not readily available to the district otherwise.)

Procedure:

Operational procedure for removal of homeless encampments on CCSD property. (Draft, Hirsch/ Mendoza , August 2019)

1. Observation and identification of illegal encampment.
2. Determination of shelter availability and related outreach.
3. Procedures after posting.
4. Clean up.
5. Follow up.

Understanding Encampments of People Experiencing Homelessness and Community Responses

Emerging Evidence as of Late 2018



Understanding Encampments of People Experiencing Homelessness and Community Responses:

Emerging Evidence as of Late 2018

January 7, 2019

Submitted by:
Rebecca Cohen
Will Yetvin
Jill Khadduri

Abt Associates

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INTRODUCTION**Introduction**

Cities, suburban communities, and rural areas across the United States have seen in recent years the rise of groups of people experiencing unsheltered homelessness together. The term *encampment* is widely used by journalists and researchers to describe these groups, but other terms include *tent cities*, *homeless settlements*, and *homeless camps*. Although their existence is not unprecedented, media reports suggest that the number of encampments has increased sharply in recent years (National Law Center on Homelessness and Poverty, 2017).

People experiencing unsheltered homelessness may perceive staying in an encampment as a safer option than staying on their own in an unsheltered location or in an emergency shelter; however, encampments can create both real and perceived challenges for the people who stay in them as well as for neighbors and the broader community. As community leaders seek to develop and deploy a response, they often are called on to balance multiple, sometimes competing priorities and demands from a diverse group of stakeholders, including community residents, business owners, public health and safety officials, and advocates for disadvantaged populations—as well as the people living in the encampments.

This paper documents what is known about homeless encampments as of late 2018, based on a review of the limited literature produced thus far by academic and research institutions and public agencies, supplemented by interviews with key informants. This paper is part of a larger research study sponsored by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, and the U.S. Department of Housing and Urban Development, Office of Policy Development and Research. This study's goal is to contribute to our understanding of homelessness, including the characteristics of homeless encampments and the people who stay in them, as well as local ideas about how to address encampments and their associated costs.

What Are Encampments, and What Do We Need to Know About Them?

The term *encampment* has connotations of both impermanence and continuity. People are staying in temporary structures or enclosed places that are not intended for long-term continuous occupancy on an ongoing basis. Inhabitants may be a core group of people who are known to one another and who move together to different locations when necessary, or they may be a changing group of people who cycle in and out of a single location. The physical structures that make up encampments can take many forms, including tents on pallets and shanties, or lean-to shacks built with scavenged materials. Structures may be simple or complex multiroom compounds. People experiencing homelessness in encampments may also stay in groups of cars or vans or in manmade tunnels and naturally occurring caves.

Community reactions to encampments have taken a variety of forms. Some communities send police to quickly clear (“sweep”) encampments, with no attempt to provide services or referrals to help people at the encampment find another place to stay. At the other end of the spectrum, some communities permit (“sanction”) encampments formally. Local government or community organizations provide running water and places to prepare food and dispose of waste, as well as healthcare and other services.

INTRODUCTION

The research questions that guided this review are shown in Exhibit 1. In the larger research study, we will attempt to provide information about encampments and the people who are staying in them and to answer these research questions. We sought preliminary information for these questions through a formal examination of the peer-reviewed literature; we also identified and examined non-peer-reviewed reports by academic institutions, public agencies, and other organizations (sometimes called *gray literature*). In addition to conducting literature reviews, we interviewed several key informants who are subject matter experts on encampments. We selected them because they are conducting research on encampments and related topics or they are helping communities devise and implement best practices for dealing with encampments.

Exhibit 1. Research Questions for the Study of Encampments
Understanding Encampments

1. What factors are driving the increase in people living in encampments?
2. What infrastructure or state or local ordinances or other policies impede or promote the establishment of encampments?
3. Who lives in encampments? Are there some subpopulations of people experiencing homelessness who are more likely to form or attach themselves to homeless encampments? Do people staying in the same encampment share certain characteristics? Are there any differences between the unsheltered population living in encampments and those who are unsheltered in other locations?
4. How large are encampments? Do their characteristics vary by size?
5. What types of social structures characterize encampments?
6. Why do people choose to live in encampments? What are the “pull” and “push” factors?

Community Efforts to Address Encampments

7. What steps are communities taking to prevent the establishment of encampments?
8. How are communities responding to encampments? What are the major activities, and which stakeholders are engaged?
9. Can approaches to encampments be categorized—for example, as sanctioning, clearing, or relocating?
10. How do responses to encampments relate to the broader homelessness services system?
11. How do responses to encampments differ across different types of communities?
12. In what ways do these efforts differ from efforts to serve the unsheltered population not living in encampments?

Costs Associated with Encampments

13. What are the direct costs incurred by communities in their efforts to address encampments?
14. How do costs differ depending on different community approaches?
15. How do the costs of managing or addressing encampments compare with the cost of emergency shelter and the cost of permanent supportive housing?
16. What health and safety issues have communities encountered with people staying in encampments?
17. What are the broader societal costs associated with encampments?

INTRODUCTION

We summarize the nascent evidence on encampments in the following two sections. *Understanding Encampments* reviews what we know about why encampments form and what they look like. *Community Responses to Encampments* describes the factors that lead communities to adopt various approaches and what we know so far about their effectiveness. Then we describe the *Limitations of the Current Evidence on Encampments*, including some suggestions for additional research beyond the scope of this study. Finally, Appendix A describes how we conducted the literature review and key informant interviews, Appendix B provides additional details on selected studies that were particularly informative as we completed our review, and Appendix C summarizes selected practitioner resources to assist with addressing encampments.

UNDERSTANDING ENCAMPMENTS

Understanding Encampments

This section describes what we know as of late 2018 about encampments: why there has been a sudden increase in encampment homelessness in the past few years and how encampments vary in resident characteristics, in social structure, and regionally. As discussed herein, conditions can be harsh, volatile, and unhealthy. Still, people may live in encampments (rather than shelters or in other, unsheltered locations) for a variety of reasons, including factors that lead them to reject other types of shelter and factors that attract them to encampments. Section 3 will cover what we know about emerging community responses to encampments.

Explanations for the Increase in Encampments

Researchers generally agree that increases in homelessness are first and foremost the result of severe shortages of affordable housing, combined with a lack of political will to dedicate sufficient resources to address this problem (Shinn and Khadduri, forthcoming). According to a key informant who is helping communities understand how to deal with encampments, when people are in crisis, their decisions about where to stay represent pragmatic choices among the best available alternatives, based on individual circumstances at a particular moment in time. Encampments form in response to the absence of other, desirable options for shelter.

Within this underlying context, several related factors seem to influence whether people experiencing homelessness form or go to encampments rather than stay in shelters or on their own in unsheltered locations. Primary among those factors are (1) shortcomings in the shelter system, (2) a sense of safety and community within encampments, and (3) a desire for autonomy and privacy. Only one peer-reviewed article (Herring, 2014) mentions the potential for greater access to food and services or other material comforts as reasons that people congregate in encampments rather than stay on their own in unsheltered locations. Key informants and other peer-reviewed articles did not identify this as a primary factor influencing the decisions of people experiencing homelessness.

The Shelter System Falls Short

Shortcomings in the shelter system are consistently identified as a primary factor that “pushes” people to congregate in encampments. Many communities have literal shortages in the capacity of the shelter system to provide beds for everyone experiencing homelessness (Herring and Lutz, 2015; National Coalition for the Homeless, 2016; National Law Center on Homelessness and Poverty, 2014; Speer 2018a). In other communities, shelter beds are available but go unused because of regulations or conditions that are incompatible with potential clients’ expectations or needs. Exhibit 2 lists some of the reasons cited in the literature and in key informant interviews why people experiencing homelessness may eschew shelters in favor of encampments. The availability and type of shelter available seem to be key drivers of encampments, as people weigh the disadvantages of staying in a shelter against their tolerance for the difficulties of staying in an unsheltered location (City of San Francisco, 2015; Herring and Lutz, 2015; National Law Center on Homelessness and Poverty, 2014).

UNDERSTANDING ENCAMPMENTS

Exhibit 2. Shortcomings in the Shelter System

Specific shortcomings in the shelter system that may contribute to increased numbers of people congregating in encampments:

- A supply of shelter beds insufficient to meet the demand; this problem may be exacerbated by limited funding for emergency shelters and by community opposition to creating new or expanded shelter and bridge housing facilities or permanent supportive housing.
- Restrictions in shelters that would result in separation from a partner, family member, or pet.
- Shelter entry/exit times and locations that are inconvenient or incompatible with people's daily routines, including work schedules.
- Concerns about the security of personal belongings; restrictions on the ability to store belongings and difficulty moving belongings in and out of shelters on a daily basis.
- Concerns about personal safety and exposure to germs and disease within shelters.
- Specific barriers to entry, including sobriety requirements and entry fees.
- General perceptions of shelters as "inhospitable," "alienating," "demeaning," and offering little or no support or case management to find permanent housing.

Sense of Safety and Community

People who stay in encampments may see them as offering greater safety and protection from police harassment and aggression (Burness and Brown, 2016), and from assaults or the theft of belongings (Donley and Wright, 2012; Speer, 2017), than if they were unsheltered on their own. This sense of "safety in numbers" may be particularly prevalent in long-standing and highly organized encampments, in which residents have established around-the-clock security patrols and mutually enforced norms and standards for behavior (Lutz, 2015; National Law Center on Homelessness and Poverty, 2014; Sparks, 2017a). In high-cost cities in particular, individuals' decision to congregate in an encampment may be influenced by the behavior of their peers, according to a key informant who is conducting research on encampments. Once a critical mass of people has determined that encampments are a way of dealing with their housing crisis, others may feel emboldened to follow suit. Some cities respond to the presence of an established encampment by providing bathroom facilities and other basic services, making encampments seem to be a reasonable alternative to constant moving, threats of eviction, or shelters.

Desire for Autonomy and Privacy

In contrast to the rules that govern many aspects of shelter stays, staying in an encampment means that people can generally come and go as they please. The ability to exercise autonomy and freedom of movement appears to be a powerful factor that draws some people to encampments (Lutz, 2015; National Law Center on Homelessness and Poverty, 2014; Sparks, 2017a). This independence is sometimes eroded in communities that "normalize" encampments, introducing regulations that restrict residents' activities in the process. When that happens, encampments may in effect become an extension of the same shelter system that people reject in favor of encampments (Herring, 2014; Speer, 2018a).

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Access to Illegal Substances

Residents of encampments may or may not be using illegal substances. Nothing in the literature suggests that most or even many encampments are where people congregate primarily to support their drug addiction. That said, in at least one high-profile example, the location of an open-air drug market directly influenced the formation and continued existence of an encampment, according to a key informant studying encampments. In that instance, the availability of a dependable supply of heroin close-by led addicts to stay in encampments in the Kensington area of Philadelphia even though the city had available shelter space.

Variation in Encampments

Researchers and other experts have not yet developed a single, standard set of criteria defining a group of people experiencing unsheltered homelessness as an “encampment.” In this review, the definition we used encompasses a wide variety of scenarios—from established settlements that have a well-defined set of mutually agreed-on and enforced rules to loose congregations that have little to no organization or cohesion. In this section, we describe what our literature search and key informant interviews revealed about the variation among encampments in resident characteristics and social structure; we then summarize how encampments may vary in different parts of the United States.

Resident Characteristics, Social Structure, and Motivations of Residents

The literature has little to say about characteristics that distinguish people experiencing unsheltered homelessness in encampments from those who experience unsheltered homelessness on their own. The U.S. Interagency Council on Homelessness is leading an effort to analyze data records for people experiencing homelessness, along with partner organizations including U.S. Department of Housing and Urban Development, the National Alliance to End Homelessness, California Policy Lab (a nonprofit partnership between the Universities of California Los Angeles and Berkeley), and the consulting firm OrgCode. That effort will provide insights into the characteristics and experiences of people experiencing homelessness in unsheltered locations, including whether they are distinctly different from people who experience sheltered homelessness; however, the data will not make it possible to distinguish people in encampments from people in unsheltered locations generally.

Some studies describe variations in the racial and ethnic composition of encampments. For example, one study conducted outside Orlando, Florida, engaged 39 people staying in encampments in focus groups. Nearly three-fourths of participants were men, and most were White—a demographic composition characterized by the local outreach team as generally representative of people experiencing unsheltered homelessness in the area. In contrast, downtown shelters in Orlando had a much larger population of African Americans (Donley and Wright, 2012). Seattle’s evaluation of its sanctioned encampments also found fewer people of color in encampments relative to emergency shelters (City of Seattle, 2017). The demographic makeup of people staying in encampments in Oakland, California, seems to include a larger share of people of color, but individual encampments are segregated along racial and ethnic lines (Jones et al., 2015).

The internal organization and motivations of residents significantly vary among encampments. Some encampments have a strong social structure and organization, sometimes with oversight or assistance from local charitable or faith-based organizations. Residents may be required to assume responsibility

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for day-to-day operations, including security patrols and other duties (City of Seattle, 2017; Lutz, 2015). Residents may vote in governance decisions, and they may be expected to attend weekly resident meetings in accordance with an encampment-wide code of conduct (Sparks, 2017a). A key informant conducting research on encampments described the social structure established by a group of mothers staying with their children in a recently cleared encampment in Oakland, California. Residents of the encampment prohibited drug use and shared responsibility for childcare. These expectations promote a sense of community and have been credited with helping encampment residents “feel human” and believe that they have something to contribute (Sparks, 2017b).

Other encampments have less cohesion and more informal rules and structure, which may on occasion result in friction and conflict among residents (Sparks, 2017a). Larger encampment “communities” may be less cohesive than smaller groups composed of family members and friends (City of San Francisco, 2015). In addition, the potential for exploitation exists in encampments, according to key informants conducting research on encampments. For example, younger people may offer to provide protection to older residents but then expect some form of compensation in exchange. Encampments formed around access to opioids in Philadelphia seem to have no leadership structure at all; however, according to a key informant conducting research on encampments, rarely do people living in an encampment have a complete lack of interaction with each other. People staying together in encampments tend to look out for one another and have some sense of solidarity.

Motivations of encampment residents may differ, as well. According to key informants who are helping communities develop responses to encampments, some residents of encampments are eager to access services and permanent housing. Others clear out in advance of a sweep, even if the sweep may provide them with access to services. Such variation might occur within one encampment if it is large enough. For example, when more than 700 people were cleared from the Santa Ana River encampment in Orange County, California, some people accepted help and were able to find housing or went to drug treatment centers, whereas others simply left for another encampment. When encampments have formed in areas that provide dependable access to illegal drugs in general and opioids in particular, referrals to housing and services are likely to be met with a mixed reaction, depending on the timing of individual residents’ addiction trajectories and the characteristics of the shelters that are an alternative to staying in the encampment.

Regional Differences in Encampments

Cities in the Northeast, where winters can be harsh, are more likely than cities in other parts of the country to have relatively large shelter systems. According to a key informant who is conducting research on homelessness, this difference in the homelessness services system is reflected in the characteristics of people experiencing unsheltered homelessness, including those who stay in encampments. According to her observations, in cities with large numbers of shelter beds, the unsheltered population tends to have high rates of disability and mental health issues, which may create challenges to entering shelters. In contrast, in West Coast cities with limited shelter availability (or where barriers to shelter use are higher), the unsheltered population represents a greater mix of people, including those who do not have behavioral health disabilities but are unable to access shelter for other reasons. They may be recently homeless and unfamiliar with the shelter system, or they could be unwilling or unable to comply with the requirements of relatively high-barrier shelters on the

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West Coast, or they may simply be unable to find an available shelter bed. As on the East Coast, many people in West Coast encampments are not able to tolerate or navigate the shelter system because of mental health or substance abuse disorders; however, West Coast encampments are also likely to include people who do not face those challenges.

According to researchers in the San Francisco Bay Area, those who stay in encampments may even have support from family members who visit regularly and bring food and medication or who invite them in to shower and do laundry (Jones et al., 2015). According to key informants who are researching encampments in the West, people who are now staying in encampments in western states could maintain stable housing without supportive services if they had rental assistance or other income support. For those individuals, the lack of access to affordable housing and shortages of shelter beds are the primary factors driving them to experience homelessness in encampments.

The physical nature of encampments often reflects regional differences in the geographic setting, including the natural features and available land. For example, an encampment in Southern California's Coachella Valley consists of a variety of structures detached and spread out across a contiguous area. In Columbus, Ohio, encampments are composed of tightly clustered tents and lean-tos. In San Francisco, people form encampments along the edges of highways and train tracks and under elevated freeways. In Las Vegas, encampments can be found in an underground tunnel system. The location of encampments balances two factors: maximizing convenience (that is, ease of access to the resources people use to address their daily needs) and minimizing visibility (that is, avoiding complaints to the city that could result in the encampment being cleared) (City of San Francisco, 2015).

Regional variation in encampments may also reflect the different ways that cities respond to encampments. Section 3 presents a typology of community responses to encampments and discusses the evidence—at this point, scant—on the effectiveness of those various approaches.

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Community Responses to Encampments

Local responses to encampments are evolving in many communities, as stakeholders seek to identify the best strategies to address this growing phenomenon. Approaches vary along many dimensions but can be broken into four basic categories, as described in Exhibit 3. Specific activities range from sending police to quickly clear (“sweep”) the encampment—providing little or no support to help people find another place to stay—to formally sanctioning encampments and providing onsite services.

Communities commonly use more than one response at a time to manage encampments, depending on resource availability, the location of encampments, and the characteristics of people congregating in encampments. For example, Las Vegas has created the Courtyard, a one-stop resource center that includes secure space to sleep outside, but it also deploys outreach teams that include law enforcement officers to clear encampments. Jurisdictions within the same region may adopt different strategies to address encampments. According to key informants helping communities to develop responses to encampments, communities may need to use a variety of approaches at the same time to serve populations that have different needs. When those efforts are not well coordinated across departments or neighboring jurisdictions, however, they may act at cross-purposes. For example, a jurisdiction that clears encampments, with little notice and no support, may undermine efforts to build relationships and trust in a neighboring jurisdiction that tacitly approves encampments.

Exhibit 3. Typology of Responses to Encampments

Category	Characteristics
Clearance With Little or No Support	<ul style="list-style-type: none"> • Notice of pending sweeps provided only a few days in advance, if at all • Belongings stored for a short period of time, if at all • Few or no shelter or service referrals provided • Regulatory or physical barriers to secure the site of the former encampment and keep it from being reoccupied
Clearance With Support	<ul style="list-style-type: none"> • Notice of pending sweeps provided weeks in advance, often by trained outreach workers who have experience working with people experiencing unsheltered homelessness • Longer term storage of belongings available • Referrals to shelter or services provided by outreach workers, who also accompany the first responders and sanitation crews who clear encampments

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Category	Characteristics
Tacit Acceptance	<ul style="list-style-type: none"> • Encampments allowed to persist regardless of whether laws or ordinances explicitly authorize or prohibit their existence • Longer term storage of belongings available • Basic services or infrastructure provided, in particular to address public health and sanitation concerns (for example, portable toilets, showers, and potable water) • Outreach workers may visit the encampment to provide referrals to permanent housing, shelter, and services
Formal Sanctioning	<ul style="list-style-type: none"> • Encampments permitted by law or ordinance on public and or privately owned property, usually only in designated locations • May have established rules that govern the size, location, or duration of encampments • May have a public agency or nonprofit organization manage encampments • Infrastructure and public services—which may include laundry and potable water, common spaces for eating and meeting, lockers for storing belongings (including on a longer term basis), meal services and food donations, job training programs, access to mail and voice mail services—provided by the municipality and private or faith-based organizations and volunteers • May provide case management, including assistance applying for transitional or permanent housing and other benefits, appealing denials, and managing funds

Cities also use strategies to prevent encampments from forming. Some communities enact laws prohibiting activities associated with encampments, such as lying down or erecting structures on public space. More than one-third of U.S. cities have adopted camping bans, citing health and safety concerns (National Coalition for the Homeless, 2016). Researchers at the University of Denver identified more than 350 antihomelessness ordinances in Colorado’s largest cities (Adcock et al., 2016). Other approaches include physical modifications to the built or natural environment, such as securing vacant lots and buildings to restrict access, clear-cutting brush that could provide cover for encampments, and installing sprinklers in areas where encampments might form (Chamard, 2010; National Law Center on Homelessness and Poverty, 2014). When an encampment is cleared, with or without support, the community may also impose new regulatory or physical barriers to keep the encampment from reemerging in the same location or in other parts of the community.

Factors that Drive Local Responses

Cities respond to encampments for a variety of reasons, and the goals of the interventions may vary—from cleaning up a business area, to helping people access shelter, to helping people obtain permanent housing. Even within the same jurisdiction, different stakeholders may have different definitions of success in dealing with encampments. For example, the transit authority may have a goal of breaking up encampments adjacent to a railroad bed, the department of public health may want to prevent the

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spread of disease, the housing department may be working to end homelessness, and community homeless advocates may be focused on avoiding adverse consequences for the encampment population. Those differing views will also influence the strategy, or set of strategies, used by the city to address encampments (Burness and Brown, 2016; Jones et al., 2015) and can make comparing interventions across communities difficult. The factors that were most commonly cited in the literature as influencing cities' approaches to encampments are (1) community and political pressure, (2) resource availability, and (3) fear of litigation.

Community and Political Pressure

According to researchers and key informants who are helping communities devise strategies to address encampments, the “nuisance” factor is the key policy driver. Outreach teams or police usually are deployed only when community residents or other stakeholders complain about an encampment. At that point, interventions need to be visible and quick to demonstrate responsiveness to community concerns and to relieve political pressure (National Law Center on Homelessness and Poverty, 2014). In the absence of sufficient resources to move everyone into permanent housing, communities often employ a clearance strategy, with or without support, that moves people out of sight or farther from central business districts, where their presence can affect economic growth (Speer, 2018b).

Cities typically prioritize efforts in neighborhoods where political pressure is greatest. Not surprising, those neighborhoods often are not the locations with the highest levels of unsheltered homelessness and encampments, according to key informants who are helping communities devise strategies to address encampments. In areas with low visibility, with little or no community pressure, cities may pursue a policy of tacit acceptance—even if encampments exist in violation of a no-camping ordinance (Herring, 2014).

Resource Availability

Concern for community and resident well-being would, ideally, be the primary factor shaping cities' encampment response strategies; however, resource limitations may require city leadership to make trade-offs and choose an approach that works within existing constraints (Herring and Lutz, 2015; Loftus-Farren, 2011; National Law Center on Homelessness and Poverty, 2014). In Philadelphia, for example, according to a key informant conducting research on encampments, recent efforts that could be characterized as clearance with a high level of support were limited to two of four known opioid encampments because the city lacked funding to provide services and shelter for people congregating in all four. Without the ability to provide rent assistance or needed services, the city adopted a policy of tacit acceptance at the remaining two encampments. Cities may also create sanctioned encampments in lieu of providing permanent rent subsidies, or cities may pursue clearance with little or no support if they lack the resources to provide any additional assistance.

Fear of Litigation

Fear of legal challenges influences how cities approach closing encampments. Local jurisdictions want to avoid being taken to court over due process and cruel and unusual punishment challenges, according to a key informant engaged in research on encampments. This concern is likely to grow following the September 2018 ruling of the Ninth Circuit Court of Appeals in *Martin v. City of*

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Boise.¹ Courts have found that depriving homeless people of the rights to perform survival activities in public spaces when no alternatives are available violates the 1st, 4th, 5th, 8th, and 14th Amendments to the Constitution (Kieschnick, 2018; National Law Center on Homelessness and Poverty, 2014). In *Martin v. City of Boise*, the court held that “as long as there is no option of sleeping indoors, the government cannot criminalize indigent, homeless people for sleeping outdoors, on public property.”

Some legal challenges have resulted in settlements, which generally call for minimum notice before clearance of encampments, requirements for storage of personal belongings, and compensation for people who are swept from encampments and for their attorneys (National Law Center on Homelessness and Poverty, 2017). In January 2018, advocates brought a lawsuit against officials in Orange County, California, following the clearance of a massive encampment along the Santa Ana riverbed. As of October 2018, elements of a preliminary settlement agreement were more expansive and included a commitment to provide proactive outreach and engagement, as well as referrals to services, before evicting people from encampments; development of “standards of care” by the county for homelessness services programs; drawdown of funds already available to support “programs, services, and activities” for people experiencing homelessness; adoption of due process protections; establishment of a method for formally addressing requests for accommodations under the Americans with Disabilities Act; and referrals to collaborative courts² to handle citations.³

Effectiveness of Various Responses

The effectiveness of responses to encampments may be thought of as creating positive outcomes for the people who stay in encampments, creating positive outcomes for the broader community, or both. At this point, research that attempts to measure any such outcomes in a rigorous way is limited. Findings from anecdotal reports in individual cities are not broadly generalizable or transferable. To begin to address gaps in existing knowledge, the National Alliance to End Homelessness, U.S. Interagency Council on Homelessness, and U.S. Department of Housing and Urban Development are working with state and local partners to develop and test strategies for addressing unsheltered homelessness, including encampments. The Arnold Foundation (2018) is exploring the effectiveness of interventions that first responders can use to address unsheltered homelessness. Those projects are still in the early stages and are complicated, according to a key informant, by the absence of baseline data from which to evaluate the effectiveness of the responses. According to a researcher currently working on encampments, intensive outreach work will be needed to establish study samples, and a

¹ The Ninth Circuit has jurisdiction over nine states in the western United States, including Alaska and Hawaii, as well as the District of Guam and the District of the Northern Mariana Islands.

² Collaborative courts are an alternative justice model that focuses on treatment and behavior change (rather than sentencing) to help defendants improve their lives. Homeless courts are one type of collaborative court. According to the California Association of Collaborative Courts, these are “special court sessions held in a local shelter or other community site designed for homeless citizens to resolve outstanding misdemeanor criminal warrants.” <https://www.ca2c.org/types-of-collaborative-justice-courts/>

³ Orange County Catholic Worker et al. v. County of Orange et al., Joint Statement of Settlement Progress (Central District of California, 2018) <https://scng-dash.digitalfirstmedia.com/wp-content/uploads/2018/10/oc-homeless-plaintiffs-lawsuit-settlement.pdf>.

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high level of resources will be required to track people's experiences over time and to measure outcomes, but those efforts will be necessary to develop appropriate policy responses.

Without the availability of strong evidence, cities adopt approaches that seem to be best practices. Local responses also depend on the community's goals and priorities, which may include reducing crime, eliminating health hazards, or improving a business district—and may or may not include housing people experiencing homelessness. In the following sections, we provide descriptive and inferential information on the factors that may determine the effectiveness of responses, including the approach selected, the characteristics of encampment populations, and available resources. We summarize the current state of knowledge for various types of approaches.

Clearance with Little or No Support

Cities that adopt a policy of clearance with little or no support may justify this approach as “tough love” that encourages people in encampments to enter city-operated shelters (Lutz, 2015; National Coalition for the Homeless, 2016). The literature and key informants, however, agree that sweeps of encampments do little to increase shelter usage or otherwise resolve the problem of encampments (National Law Center on Homelessness and Poverty, 2014). Especially in communities with many low-visibility places, people are likely to simply pack up and move on to another location (Junejo, Skinner, and Rankin, 2016) or reestablish the encampment at the former site once the city has cleaned the area.

Clearance with little or no support may actually *reduce* the likelihood that people will seek shelter because it erodes trust and creates an adversarial relationship between people experiencing homelessness and law enforcement or outreach workers. In a survey of encampment residents in Honolulu, 21 percent of respondents said that they were less able or likely to enter shelters after sweeps, and 68 percent said that the sweeps had no effect on whether or not they went to shelters, although those responses seem mostly to be the result of undesirable shelter conditions (Dunson-Strane and Soakai, 2015). Another study conducted in Seattle finds that only one-third of encampment residents “accepted offers of alternative shelter after a sweep” (Junejo, Skinner, and Rankin, 2016: 16). Analyzing interviews with both outreach staff and encampment residents in Oakland, California, Jones and his colleagues hypothesized that continuous sweeps cause people experiencing unsheltered homelessness to “focus on short-term needs and immediate coping strategies,” disrupting the level of stability necessary for encampment residents to engage in long-term planning (2015: 82). People forced to relocate during a sweep may have difficulty reconnecting with outreach workers who have been working with them, and any progress made toward moving into housing or accessing services could be lost. Experiences in Honolulu, Seattle, and Oakland suggest that sweeps are disruptive to people who are attempting to stabilize their lives and find a pathway to housing, and they may have lasting traumatic psychological and emotional impacts (Jones et al., 2015; Junejo, Skinner, and Rankin, 2016).

Clearance with Support

The support provided in responses that can be characterized as clearance with support may include extensive outreach in advance of clearance and referrals to existing shelters or housing programs. Communities may also make changes to policies on eligibility and rules for supportive housing or

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drug treatment programs. They may create entirely new programs to facilitate entry by people formerly staying in encampments. For example, San Francisco created a new type of shelter, Navigation Centers, to provide shelter-averse people with room and board and access to case management and other services provided by public, nonprofit, and faith-based partners. The low-barrier model waives many of the policies commonly cited as obstacles to shelter: Navigation Centers do not have sobriety requirements, and people may come with their pets and partners, bring their belongings, and stay all day—there are no required entry or exit times. Space in the Navigation Centers is limited, however, and drop-ins are not accepted; instead, access is determined by the city’s Homeless Outreach Team (SF HOT) case by case as space becomes available, with a focus on serving the most vulnerable people in San Francisco’s encampments. Considerations by the outreach team include the length of time someone has been experiencing homelessness, shelter usage over a 6-month period, and motivation to move to permanent housing (San Francisco Health Network, 2018). Some evidence suggests that people strategically make themselves visible on the street in areas where the SF HOT will be making referrals so that they can gain access to the Navigation Centers, but no evidence indicates that people leave shelters in pursuit of a referral to a Navigation Center (City of San Francisco, 2015).

An evaluation of efforts to clear two encampments in Philadelphia’s Kensington neighborhood provides a comprehensive look at another approach to clearance with support. After intensive and continuous outreach to and engagement of people staying in the Kensington encampments, outreach workers offered their clients emergency shelter in low-barrier “respite” and “navigation” centers, with access to case management and drug treatment services. The city also relaxed shelter admission requirements and rules and expectations for residents (Metraux et al., 2019). According to key informants developing policies to address such “drug encampments,” enrolling people who are addicted to opioids and other substances into rehabilitation services may be difficult. Efforts to streamline access to drug treatment, however—including waiving requirements for identification and preauthorization and helping people get their documents in order—may ensure that treatment is available to them when they are ready to accept it.

Several key informants reported that communities are beginning to add social workers or community mental health workers to outreach teams. Law enforcement officials often are the only people on call to handle complaints around the clock, and community members may be more likely to call the police than to call a homeless hotline. When outreach teams include trained members, they can offer referrals to services and can begin to establish trust and build relationships with people experiencing homelessness in encampments. Without adequate funding for affordable, bridge, or permanent supportive housing, however, clients may end up back in encampments despite a robust outreach effort.

As of this review, policymakers and practitioners are developing promising practices to support residents of cleared encampments, and researchers are developing descriptive data and hypotheses for testing that approach.

Tacit Acceptance

Some cities tacitly accept encampments, not through sanctioning by law but by a lack of enforcement or by selective enforcement. Cities may tacitly accept homeless encampments to reduce the costs of

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enforcing anti-camping ordinances or ordinances that prohibit lying down or sitting down in public places. Homeless people are permitted to congregate in areas that do not generate complaints from local businesses and residents (Herring, 2014). In Fresno, California, for example, police have carried out a more active clearance approach in the higher rent, downtown business districts, but they take a hands-off approach within an abandoned industrial zone (Herring, 2014; Speer, 2018b). In some cases, cities may provide basic services, such as potable water and security, without formally sanctioning the encampment (Loftus-Farren, 2011), and outreach workers charged with helping people resolve unsheltered homelessness may focus on people staying in the tacitly accepted encampments. In addition to having political reservations to sanctioning encampments, city officials may refuse to formally sanction encampments “on the grounds of increased liability, expenditures, and conflicts with health and zoning codes” (Herring, 2014: 298).

The literature we reviewed did not provide any indication of the effectiveness of tacit acceptance of encampments either in helping people resolve the circumstances that made them homeless or in limiting the negative consequences of encampments for the community.

Formal Sanctioning

Some cities formally sanction encampments through a variety of mechanisms: issuing temporary use permits; changing land use and zoning ordinances to permit encampments (which may place limits on the duration and number of people at each site); and creating designated campgrounds that have standards for operations and services to be provided on site. Some sanctioned encampments are managed publicly; others are self-governed but have public and private assistance and oversight.

- ***Publicly managed encampments.*** In some cases, sanctioned encampments are created and operated by the city, sometimes with nongovernmental community partners. Establishment of those encampments often is motivated by a desire to contain people who are unsheltered in a specified area where service delivery can be concentrated and public health risks controlled. For example, in 2017, the City of Las Vegas established the Courtyard Homeless Resource Center, where people can sleep in a secure, open-air, and sheltered courtyard with access to an array of amenities. The Courtyard is funded with public dollars and is currently operated by the city, with medical, employment, and other services provided on site through a variety of partners (City of Las Vegas, 2018).
- ***Safe parking programs*** provide similar structure and access to services for people who are experiencing homelessness and using a car, van, or RV as their primary place of shelter. People staying in their vehicles apply for a permit to safely and legally park overnight in designated lots that typically have some form of security and access to restrooms and other sanitation facilities. These programs are intended to offer transitional assistance for people who are interested in securing permanent housing and, as such, the programs provide access to extensive case management and other social services. Most programs use background checks to screen out sex offenders and recent violent felons, and program participants are required to have their own car insurance and comply with program rules and regulations. Safe parking programs are most common in West Coast cities. Program data from local jurisdictions in California indicate that participants have successfully accessed housing,

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although rates of placement vary widely, from 5 percent in Santa Barbara to 65 percent in San Diego (Homelessness Policy Research Institute, 2018).

- ***Self-governed encampments with public and private assistance and oversight.*** Rather than establishing new areas for unsheltered people to congregate, some cities sanction existing encampments. This process typically involves establishing a legal framework for their continued existence and organizing services but allowing the encampment to continue as a self-governed enterprise. In 2011, the Seattle City Council adopted an ordinance to permit transitional encampments as an “accessory use” on land owned or controlled by a religious organization and established health and safety standards for those encampments. A similar ordinance passed in 2015 extended those standards to city-owned or private, nonreligious property. Seattle’s Human Services Department selected several nonprofit organizations with experience supporting unsheltered homeless people to provide service-enriched case management, including referrals to diversion programs and shelters, access to legal services and rapid rehousing programs, and employment training and educational referrals at three newly established, permitted encampments (City of Seattle, 2017).

In a city-sponsored evaluation (City of Seattle, 2017) that attempted to assess the effectiveness of formal sanctioning, Seattle documented a positive response from communities around the new encampments. Data and information about crime levels collected by the Seattle Police Department suggest that crime has not significantly increased in the areas surrounding the encampments since they were established. Authors of the evaluation view the self-managed governance structure positively, as an opportunity for residents to build confidence and leadership skills. Between September 2015 and May 2017, 759 people stayed in Seattle’s six permitted encampments, and 16 percent (121 people) transitioned to permanent housing. It is unclear how generalizable these findings are to other communities.

Sanctioned encampments are best understood as an interim solution to address the immediate conditions of people experiencing unsheltered homelessness. Such encampments are not themselves a solution to homelessness, and cities will need to invest in permanent solutions, such as housing that is affordable to extremely low-income people, permanent supportive housing, mental health services, affordable healthcare, and perhaps also supervised drug consumption sites and low-barrier employment opportunities (Junejo, Skinner, and Rankin, 2016; Loftus-Farren, 2011; Parr, 2018). Currently, limited evidence suggests that sanctioned encampments help to reduce homelessness; we also do not know whether certain types of sanctioned encampments are more effective than others.

LIMITATIONS OF THE CURRENT EVIDENCE

Limitations of the Current Evidence on Encampments

In this section, we describe limitations in the rigor and scope of the literature considered in preparing this review, as well as challenges to collecting data on the encampment population. We conclude with some recommendations for additional research found in the published literature or made by key informants interviewed as part of this scan of current evidence on encampments.

Scope and Rigor of the Current Literature on Encampments

Research on the nature and causes of homeless encampments is still in the nascent stages, as is evaluation of community responses to encampments. In many ways this is parallel to the state of research on homelessness during the 1980s, when modern homelessness, sheltered and unsheltered, first became apparent and was the focus of news reports and efforts to document and understand the phenomenon. As of late 2018, the research literature on encampments is primarily descriptive, relying on reviews of articles in the news media, along with some ethnographic research and fieldwork that includes interviews with encampment residents, service providers, city staff, and community members. Administrative data are used in only a few cases (Metraux et al., 2019; Speer, 2017). In general, sample sizes are small, with analysis limited to interviews with a small number of community stakeholders or encampment residents.⁴ Researchers almost exclusively use convenience samples rather than representative samples of encampment populations. Evaluators have not yet begun to use methods that compare the results of a response to encampments with what would have happened in the absence of the policy or practice.

So far the literature focuses heavily on West Coast cities, especially Fresno and San Francisco, California; Portland, Oregon; and Seattle, Washington. An exception is a descriptive study by the National Law Center on Homelessness and Poverty (2014) that deliberately focuses on East Coast and Southern cities.⁵ The ethnographic research reviewed for this paper focuses on people in encampments that are sanctioned, either formally or tacitly. This type of research, which relies on observation of people and conditions within encampments, would be more difficult to carry out in communities that have an encampment clearance policy.

Our scan of the literature identified only one study that begins to develop standards for evaluating the effectiveness of various responses to encampments. Jones and his colleagues (2015) provided standards for three criteria—effectiveness, equity, and implementation feasibility—and use them in connection with resident, service provider, and stakeholder interviews to assess whether alternative approaches would be more effective than a current policy of clearing encampments in Oakland, California (see Appendix B for a description of the study). Some local jurisdictions have started to track housing placements among people who formerly stayed in publicly sanctioned encampments

⁴ Research methods and rigor differ little between the peer-reviewed literature and the reports of public agencies and other organizations. Both types of literature rely heavily on media reports and on qualitative interviews.

⁵ The cities are Lakewood, New Jersey; New Orleans, Louisiana; Providence, Rhode Island; and St. Petersburg, Florida.

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(City of Seattle, 2017; Hunter et al., 2016), but assessing how rigorous and successful those tracking efforts will be is difficult.

Little information is available on the direct and indirect community costs associated with encampments. Some reports provide partial accounts of the costs of various activities associated with local responses to encampments. None attempt a rigorous analysis of the costs of a response type or a comparison with the costs of other interventions for people experiencing homelessness. Adcock and her colleagues (2016) provided a thoughtful methodology for calculating the cost of enforcing ordinances that criminalize homelessness in Denver and the state of Colorado, but that analysis pertains to unsheltered homelessness in general; it is not limited to encampments. Some case studies report expenditures associated with various activities related to encampments (City of Seattle, 2017; Jones et al., 2015). Complicating the documentation of costs, encampment-related expenditures often are spread across multiple agencies and contracts (for example, department of public works for refuse disposal, department of human services for case management), sometimes without a budget category or line item specific to encampments (Junejo, Skinner, and Rankin, 2016).

Challenges to Collecting Data on People in Encampments

Some local jurisdictions have started to collect and report data on the characteristics of people who stay in encampments. The types of information collected include these:

- Basic demographic data, such as gender, age, race, veteran status and discharge type, and first language (City of Seattle, 2017; Metraux et al., 2019)
- Earned income or benefits receipt (City of Seattle, 2017)
- History of domestic violence (City of Seattle, 2017)
- Physical and mental health conditions (City of Seattle, 2017)
- Duration of homelessness (City of Seattle, 2017; Hunter et al., 2016; Metraux et al., 2019)
- Current living conditions (Metraux et al., 2019)
- Where they were staying before the encampment (City of Seattle, 2017; Hunter et al., 2016)
- Potential barriers to entering shelter, such as pets, partners, or a significant number of belongings (Hunter et al., 2016)

That type of data may be collected during the intake process at sanctioned encampments, through outreach to people staying in tacitly accepted encampments, or during the process of encampment clearance. One of the key challenges of any data collection effort associated with encampments is capturing a representative sample of people. As described by a key informant who is conducting research on encampments, people who stay in unsanctioned encampments often strive to keep off the public radar, and they may differ in important ways from the subset of people who are visible for data collection efforts. According to this key informant, outreach workers are generally better received when they make low demands, offer something that people in encampments might want or need, and share demographic characteristics or lived experiences with those in encampments. People who stay

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in encampments may be wary of authority figures and are more likely to welcome outreach workers who do not act or present as such. These same considerations may also apply to sanctioned encampments.

Data collection efforts are also hampered by the transient nature of people experiencing unsheltered homelessness and the limited capacity of outreach teams to comprehensively canvas the less visible and less accessible geographies within their communities. Intensive and time-consuming outreach and follow-up efforts are required to collect information about encampment residents over time. Mental illness and substance use can also complicate data collection because the responses of affected individuals to questions may be unreliable.

Suggestions for Additional Research

As part of this review of the current evidence base on encampments, we gathered suggestions from the key informants we interviewed—people who are conducting research on encampments or advising communities on strategies for addressing encampments—for additional research that could advance the field in a variety of ways. Some of the published literature we reviewed also included suggestions for additional research that would support deeper understanding of the nature of encampments and would inform program design going forward. These ideas for additional research include the following:

- ***Understanding the characteristics of people who are living in encampments.*** What are the characteristics of people in encampments, including their immediate past experience? Are they different in meaningful ways from other people experiencing unsheltered homelessness? Are there significant differences in the characteristics of people who live in different types of encampments—for example, in groups of cars or other vehicles compared with encampments of tents or other structures? How long have they lacked stable housing? Where were they living before their stay in the encampment? What were their circumstances that contributed to them staying in an encampment? How often are families with children living in encampments, and how are their characteristics, needs, and vulnerabilities different from those of individual adults? This type of information could help to improve the targeting of efforts to prevent homelessness and stays in encampments.
- ***Understanding the experience of people experiencing unsheltered homelessness in encampments.*** How do they spend their days? How long do people stay in encampments, and where do they go when they leave encampments (how often do people continue to experience unsheltered homelessness, how often do they find housing, and how often do they go to shelters or other settings, including treatment programs)? What are their service utilization patterns and the costs of their service use? With a better understanding of the behaviors and needs of people who are living in encampments, practitioners and policymakers can design and implement more effective interventions that meet those needs. Research projects can draw on integrated data systems, real-time surveys, and interviews with people with lived experience. Some of the best early opportunities may be in states and local jurisdictions that already link data systems.

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- ***Understanding the relative effect of interventions currently in use.*** Do people who receive extensive outreach and referrals in advance of an encampment clearance fare better than those who stay in formally sanctioned encampments? Do outcomes vary depending on who conducts the outreach? Do sanctioned encampments achieve higher rates of exits from homelessness than do other approaches to ending homelessness for unsheltered people? Do the outcomes of people who formerly stayed in encampments differ over time, depending on the type of assistance they receive?
- ***Exploring racial/ethnic disparities in access to the homeless services system.*** Studies in Oakland, Orlando, and Seattle point to the possibility of racial segregation, and perhaps self-segregation, of encampment populations—and, by inference, of populations using shelters. Research could explore the reasons for these patterns, including possible barriers to entry into shelters or to programs providing permanent housing that affect particular racial/ethnic groups.
- ***Understanding community responses to the presence of encampments.*** What are community members' expectations regarding responses to unsanctioned encampments in their neighborhoods and approaches to resolving them? How are community members' responses shaped by stigma or bias related to race, homelessness, poverty, mental health needs, and substance use? How do community members respond to sanctioned encampments, and are factors present that determine whether sanctioned encampments experience more or less acceptance? What strategies can public and private agencies use to keep community members informed of their approaches to assist people living in encampments?

Conclusion

In recent years, encampments of people experiencing homelessness have become pervasive in communities across the United States. They can be found in busy neighborhoods in large cities, isolated rural areas, and everywhere in between. Encampments may be as small as a cluster of 8 to 10 households next to a highway entrance ramp, or they may encompass multiple structures scattered across several acres of parkland or industrial areas. The encampments that are visible to outside observers take many forms, including tents, lean-to shacks and shanties, and groups of cars or vans; other encampments that are not so visible are hidden in manmade infrastructure or natural features. The motivations and circumstances of people staying in encampments are as varied as their size, shape, and location.

Despite this diversity, at the root of all encampments is a need for greater investment of resources to address severe shortages of affordable housing. Absent this commitment, people experiencing homelessness are forced to find other places to stay, and encampments may be the best alternative among a limited set of options. Articles in the peer-reviewed and gray literature document a consistent set of factors that contribute to people's decisions to stay in encampments rather than in shelters or in other, unsheltered locations. Shortages in the availability of shelter beds, policies that create barriers to entry, and undesirable conditions inside shelters all influence people to seek an alternative place to stay. When shelters cannot fulfill their needs for safety, sense of community, and the freedom to come and go at will, people experiencing homelessness may decide to stay in encampments.

Local jurisdictions are pursuing a variety of strategies to address encampments and the challenges they pose to health, safety, and well-being. The most rudimentary of those approaches is to "sweep" encampments, the primary goal of which is clearing out the people staying in them. Preliminary evidence suggests that this response of clearance without support results in disruption and trauma for inhabitants of the encampments but does little to resolve the problem. Encampments are quickly reestablished in a new location or even back on the recently cleared site. We know little about the effects of other responses that provide support to people in encampments, including responses that allow encampments to persist—through either tacit acceptance or formal sanctioning—and clearance efforts that are accompanied by outreach and referrals to housing and services.

Communities are experimenting with new service approaches to assisting people living in encampments. The Navigation Centers that were first established in San Francisco now are being replicated elsewhere but, so far, not based on strong evidence of their effectiveness. The logic is that removing many of the barriers that cause people to seek alternatives to emergency shelters and including intensive case management to help clients secure permanent housing will prevent encampments from forming and provide a transition to permanent housing for people moved out of encampments. Other cities are relaxing admission requirements for drug treatment programs to expedite entry by people in encampments. Still others are pairing first responders with trained outreach workers who can help make connections to appropriate services. More research will be needed to assess the results of these and other initiatives.

CONCLUSION

We do not know enough about the characteristics and experiences of people who stay in encampments. Collecting even baseline information can be difficult when many people actively try to escape public notice. Data collection challenges also complicate efforts to understand the costs and effectiveness of public responses to encampments. Practical and political barriers will have to be overcome to arrive at meaningful findings that can inform policymaking and practice.

This review of what we know as of late 2018 about encampments is part of a larger study sponsored by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, and the U.S. Department of Housing and Urban Development, Office of Policy Development and Research that will help increase the body of knowledge. We will use interviews with stakeholders in nine communities and site visits to four communities to collect information on the causes and characteristics of encampments and on community responses to encampments. The site visits to four communities also will attempt to document the public costs of various strategies for addressing encampments.

Appendix A. Methods Used to Conduct the Literature Review and Interviews with Key Informants

Scan of Peer-Reviewed Literature

To identify relevant peer-reviewed literature, we searched EBSCO Discovery Service, which provides a comprehensive search of academic journals and databases, and Google Scholar. Specific search strings and limiters used are listed in Exhibit 4.

Exhibit 4. Search Strings and Limiters

Search string used:

- "homeless encampment" OR "tent city" OR "homeless settlement" OR "homeless camp"

Limiters used:

- Peer-reviewed journals
- Published on or after January 1, 2011
- Published in English

We compiled references and abstracts from all database returns using Zotero software. We then reviewed all abstracts, identifying 43 articles for retrieval and further review. We excluded articles if they focused on encampments serving a non-homeless population, such as refugees or protesters. We also excluded research on homeless encampments in an international context because experiences with encampments and unsheltered homelessness in other countries diverge in important ways from the experience in the United States.

We identified 16 articles from more than 500 returned results that addressed the research questions shown in Exhibit 1 in the introduction. Those 16 articles include several written by the same primary author that draw on a single dataset. Under other circumstances, we might exclude a portion of the similar articles from review; however, given the small body of research on encampments, we opted to consider them all.

Scan of Gray Literature

We searched websites of government agencies, nongovernmental organizations, and academic institutions to supplement the peer-reviewed literature and identify relevant unpublished literature, white papers, presentations, and research briefs. When a website included a search function, we used the search string identified in Exhibit 4 to identify relevant resources. We also scanned relevant website sections for pertinent materials.

We found reports, publications, and conference proceedings on the official websites of the following agencies and organizations: U.S. Department of Justice, National Alliance to End Homelessness, National Coalition for the Homeless, National Law Center on Homelessness and Poverty, Seattle University School of Law, University of Denver Sturm College of Law, and San Francisco Office of

the Controller. We identified 41 documents through this process, 17 of which were determined to be relevant to this project.

We identified additional resources during interviews with key informants and by following references in the peer-reviewed and gray literature.

Interviews with Key Informants

We conducted interviews with key informants to augment information collected during the literature reviews. We identified an initial list of interviewees based on recommendations from the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, and the U.S. Department of Housing and Urban Development, Office of Policy Development and Research staff and from project team members with expertise in homelessness, substance use disorder, and criminal justice. We identified additional individuals by asking at the conclusion of each interview for suggestions of other academics or practitioners who may be studying encampments.

Exhibit 5 lists the key informants we interviewed.

During the interviews, we asked about ongoing research projects focused on the recent growth in unsheltered homelessness and encampments; the characteristics of people in encampments and the factors that lead them to congregate there; and communities' responses, including their costs and effectiveness. We also asked key informants targeted questions about specific research projects or programs, based on our background research.

Exhibit 5. Key Informants

Name	Title	Affiliation	Date Interviewed
Sharon Chamard, PhD	Associate Professor	University of Alaska, Anchorage	November 8, 2018
Dennis Culhane, PhD	Dana and Andrew Stone Professor of Social Policy; Co-Principal Investigator, Actionable Intelligence for Social Policy	University of Pennsylvania	October 16, 2018
Margot Kushel, MD	Professor; Director of the Center for Vulnerable Populations	University of California, San Francisco	October 25, 2018 December 27, 2018
Stephen Metraux, PhD	Associate Professor; Director of the Center for Community Research & Service	University of Delaware	October 26, 2018
Colleen Murphy	Manager, Coordinated Entry System Access	Los Angeles Homeless Services Authority	November 16, 2018
Barbara Poppe	Founder and Principal	Barbara Poppe & Associates LLC	November 2, 2018
Kelly Robson	Chief Social Services Officer	HELP of Southern Nevada	October 29, 2018
Nan Roman	President and CEO	National Alliance to End Homelessness	November 1, 2018

Appendix B. Summaries of Selected Studies

In this appendix, we provide details on the approach, methodology, limitations, and key findings from selected studies in the peer-reviewed and gray literature. These studies were particularly informative as we completed our review.

City of Seattle, Human Services Department. (2017). *Seattle Permitted Encampment Evaluation*. Seattle, WA: City of Seattle.

This internal evaluation assesses the performance of three temporary, permitted encampments in the City of Seattle in 2016: Ballard, Interbay, and Othello. The encampments were created by the city on public land. They are operated by nonprofit partners with oversight from the city's Human Services Department. The authors used HUD's Annual Performance Report, Seattle Police Department data, and stakeholder interviews to inform their analysis, which focuses on (a) determining whether temporary, permitted encampments are an effective homelessness response strategy, and (b) identifying areas where the model works well or could be improved. Data collection challenges include people departing from the encampment before they interact with a case manager, case manager staff turnover, and missing responses (client doesn't know/client refused, data not collected).

The Human Services Department found that several features contributed to the success of the encampments:

- Inhabitants of encampments benefited from being able to stay in one location for a longer period, as they could make progress toward stability goals and build relationships with the community.
- The self-management model used at all three encampments empowered inhabitants and enabled them to build confidence, camaraderie, and leadership skills.
- The provision of structured case management services, including referrals to local shelters and rapid rehousing when appropriate, referrals to employee training and education, domestic violence services, and access to a mobile medical van.

The evaluation concludes that Seattle's sanctioned encampment model is successfully serving people who have been living outside in greenbelts, on the streets, in cars, and in otherwise hazardous situations. The neighboring communities have responded positively, and crime did not increase significantly when a permitted encampment was established.

Donley, A., and J. Wright. 2012. "Safer Outside: A Qualitative Exploration of Homeless People's Resistance to Homeless Shelters," *Journal of Forensic Psychology Practice* 12 (4): 288–306. [doi:10.1080/15228932.2012.695645](https://doi.org/10.1080/15228932.2012.695645).

This study examines why people experiencing homelessness in Orange County, Florida, stay in encampments instead of available rooms in local shelters. The authors conducted a series of five focus groups with 39 people who lived in the East Orange encampments. All participants were

recruited for the study by the Orlando Homeless outreach team. Each focus group averaged 2 hours in duration and included, on average, eight people from two or three camp sites. The study is limited by the small and localized sample size; in addition, although the study was published in 2012, the focus groups were conducted in February of 2007. The authors do not discuss local preventive or punitive ordinances with regard to encampments in Orange County.

Participants “described their experiences with downtown [Orlando] homeless services and downtown itself in negative terms and said they would not venture back downtown for any conceivable reason, no matter how many services might be available there.” Although participants gave many reasons for this decision, the most prevalent themes centered on the undesirable location of shelter facilities, prior negative experiences with shelters, and the sense of companionship, freedom, and safety associated with encampments.

Herring, C., and M. Lutz. 2015. “The Roots and Implications of the USA’s Homeless Tent Cities,” *City* 19 (5): 689–701. [doi:10.1080/13604813.2015.1071114](https://doi.org/10.1080/13604813.2015.1071114).

Herring and Lutz explain the resurgence of homeless encampments in the United States through comparative case studies of encampments in Fresno, California, and Seattle, Washington. They draw from interviews and field notes completed by both authors between 2009 and 2011, along with the preexisting peer-reviewed and gray literature on encampments. The authors chose to focus on Fresno and Seattle because those cities contain large, persistent camps—including some that are legally recognized and others that are illegal and tacitly accepted.

Herring and Lutz argue that homeless encampments were not rooted in the 2008 recession, nor can they be explained by a general expansion in the homeless population. Using their case studies as supplementary evidence, they conclude that the “crisis of welfare provision in the form of perpetual shelter shortages and repulsive shelter arrangements led homeless people to prefer large encampments and led advocates and city officials to recognize large encampments as legitimate shelter alternatives.”

Jones, P., K. Parish, P. Radu, T. Smiley, and J. van der Heyde. 2015. *Alternatives to Unsanctioned Homeless Encampments*. Berkeley, CA: Goldman School of Public Policy, University of California, Berkeley.

The authors of this report interviewed Oakland, California, encampment residents, service providers, and city stakeholders to understand their needs and concerns. The needs assessment and interviews with Oakland stakeholders revealed that people living in encampments “face serious barriers to both housing and shelter use that makes unsanctioned camps their only viable alternative.” Jones and his colleagues then studied best practice examples of two alternatives to Oakland’s current approach of clearing encampments: (1) establishing city-sanctioned campgrounds and (2) adopting a Housing First approach. They examined those alternatives in four cities: Nashville, Tennessee; Ontario, California; Portland, Oregon; and Seattle, Washington.

Analyzing the data obtained from interviews in Oakland and the best practices from other cities, the authors assigned a score to each of these approaches (clearance, sanctioned encampments, and Housing First) with respect to three criteria:

- *Effectiveness*, defined as the “degree to which the policy in question addresses the immediate problems associated with homeless encampments, comprehensively and across both the short- and long-term.”
- *Equity*, as a measure of the “differential consequences of the policy for different stakeholders or constituents” and that looks at the degree to which an intervention is likely to have disproportionate effects for any particular group.
- *Implementation feasibility*, or a city’s capacity to implement each policy according to its original design.

The authors weighted the criteria to reflect stakeholders’ stated preferences about the relative importance of each criterion. Effectiveness accounted for 50 percent of the score, equity for 30 percent, and implementation feasibility for 20 percent. Higher scores indicate more preferable alternatives for Oakland.

Jones and his colleagues conclude that Oakland officials could expect a city-sanctioned campground to perform best as measured by effectiveness, equity, and implementation feasibility, followed closely by a Housing First approach. Although the authors found clearing encampments to be the most easily implemented, it scored lowest on effectiveness and equity. Despite efforts to coordinate with outreach services and give sufficient notice to camp residents, the process of clearing camps “prevents residents from complying with important housing or health appointments.” In short, the status quo in Oakland as of 2015 “serves as a cyclical disruption for camp residents and creates an additional barrier on their pathway to housing.”

Metraux, S., M. Cusack, F. Graham, D. Metzger, and D. Culhane. 2019. *An Evaluation of the City of Philadelphia’s Kensington Encampment Resolution Pilot*. Philadelphia, PA: City of Philadelphia.

This report is an independent process evaluation of the City of Philadelphia’s Encampment Resolution Pilot (ERP). The ERP is a cross-departmental city initiative that was established to close down two outdoor homeless encampments in May 2018. The ERP process included extensive outreach to and engagement of people staying in the encampments and the establishment of Navigation Centers to provide them with access to housing and drug treatment assistance and intensive case management. The city also took steps to prevent the encampments from re-forming through police monitoring, continued outreach and community involvement efforts, and physical changes to the site.

To evaluate the ERP, Metraux and his colleagues draw on an array of data sources that include city documents and interviews with key stakeholders and persons directly involved with implementing the pilot. In addition, the authors had direct access to planning and operational activities, and they conducted ethnographic observations at the encampments and in the surrounding community. They

used a semi-structured interview guide with a sample of residents at the two encampments targeted by the ERP to elicit open-ended responses in four topic areas: living situation, typical day, background and service use, and perspectives on the encampment closure.

The report uses this information to assess the planning, implementation, and initial outcomes of the ERP and to determine strengths and limitations of the pilot.

National Law Center on Homelessness and Poverty. 2014. *Welcome Home: The Rise of Tent Cities in the United States*. Washington, DC: National Law Center on Homelessness and Poverty.

This report documents the rise of homeless encampments and tent cities across the United States and the legal and policy responses to that growth. The authors reviewed media reports on tent cities published between 2008 and April 2012 as well as existing literature on the subject. They also conducted telephone interviews with experts and service providers. Based on this preliminary research, the authors identified four sites for in-depth case studies: Lakewood, New Jersey; New Orleans, Louisiana; Providence, Rhode Island; and St. Petersburg, Florida. The sites were chosen on the basis of their locations, the size and prominence of the former or current encampments they hosted, and their perceived usefulness for gaining a broader understanding of the causes of and responses to homeless encampments. The authors chose to focus on the East Coast because a report documenting tent cities on the Pacific Coast already existed.

Their media survey found documentation of more than 100 tent communities in 46 states and the District of Columbia. While maintaining that the existence of tent cities itself reflects a severe lack of affordable housing, the report finds that “when adequate housing or shelter is not available, forced evictions of tent communities may violate human rights, and may also violate principles of domestic law.” The authors argue that tent cities are a result of the absence of other reasonable options. Where alternative housing facilities are insufficient, municipalities should work together with people staying in encampments “in a manner that prioritizes the autonomy and dignity of homeless individuals and allows them to have a voice in the process.”

Sparks, T. 2017a. “Citizens Without Property: Informality and Political Agency in a Seattle, Washington Homeless Encampment,” *Environment and Planning A: Economy and Space* 49 (1): 86–103. [doi:10.1177/0308518X16665360](https://doi.org/10.1177/0308518X16665360)

Sparks, T. 2017b. *Neutralizing Homelessness, 2015: Tent Cities and Ten Year Plans*. *Urban Geography* 38 (3): 348–356. [doi:10.1080/02723638.2016.1247600](https://doi.org/10.1080/02723638.2016.1247600).

Sparks bases these two articles on his 2006 ethnographic fieldwork, including 6 months living and participating as a resident in Seattle’s Tent City 3. In addition to participant observation, during his time in Tent City 3, he conducted 50 in-depth interviews with people staying there.

In “Citizens Without Property,” Sparks documents the history of Seattle’s encampments and offers an explanation for why people experiencing homelessness often do not take advantage of social services and shelters, even when they are available. That is, within encampments, people

experiencing homelessness have a venue to “respond, resist, and remake the political landscapes of homelessness” and to “challenge their marginalization and create more habitable and emancipatory spaces.” Sparks centers his theory around the social and political structures in Tent City 3, which allow residents to feel responsible, be independent, and participate in camp activities—in contrast to the demeaning treatment received at shelters.

In “Neutralizing Homelessness,” Sparks claims that the “medicalization and personalization of homelessness” serves to “stabilize and maintain homelessness in seeming perpetuity”—that is, because of this flawed view of homelessness, people experiencing homelessness are blamed for their situation rather than systems, structures, or societal conditions being blamed. Well-intended service providers accept the narrative of “homeless as pathology” and create an environment that dehumanizes people who might otherwise seek assistance, leading them to stay in encampments, where they can be seen as “normal” people.

Speer, J. 2017. “‘It’s Not Like your Home’: Homeless Encampments, Housing Projects, and the Struggle over Domestic Space” *Antipode* 49 (2): 517–35. [doi:10.1111/anti.12275](https://doi.org/10.1111/anti.12275).

Speer, J. 2018a. “The Rise of the Tent Ward: Homeless Camps in the Era of Mass Incarceration,” *Political Geography* 62: 160–169. [doi:10.1016/j.polgeo.2017.11.005](https://doi.org/10.1016/j.polgeo.2017.11.005).

Speer, J. 2018b. “Urban Makeovers, Homeless Encampments, and the Aesthetics of Displacement,” *Social & Cultural Geography* 1–21. [doi:10.1080/14649365.2018.1509115](https://doi.org/10.1080/14649365.2018.1509115).

In these three articles, Speer builds on interviews and ethnographic fieldwork conducted in Fresno, California, in 2013. Of the 24 people Speer interviewed, 9 were officials involved in homeless management, 8 were homeless, and 7 were local activists. She selected homeless participants from multiple racial/ethnic backgrounds, genders, and ages. The author returned to Fresno in 2016 to volunteer at an activist-led encampment and follow up with former research participants. To supplement fieldwork, Speer also relied on two local media sources and reviewed policy reports, legal documents, and online videos and radio programs depicting homeless activism and evictions. Speer believes Fresno to be an ideal city through which to examine the politics of home in relation to homelessness because of its large-scale encampments and intensive housing subsidy program.

“‘It’s Not Like Your Home’” focuses on how people staying in encampments define *home*.

Participants appreciate the sense of community within encampments and the opportunities to exercise autonomy. Speer demonstrates that, by staying in encampments, “homeless Fresnoans were creating a new kind of home in which individuals and families were part of a larger collective tied to each other through relations of mutual care.”

“Urban Makeovers” probes the motivations behind Fresno’s varying responses to homeless encampments. Drawing on personal interviews, media articles, and statements made by city officials and politicians, Speer claims that in the Fresno political discourse, homeless encampments are framed as “unpleasant objects that must be removed to make way for economic opportunities.” Thus, “efforts to reinforce a ‘live play work’ aesthetic resulted in a politics of displacement and criminalization” as city officials worked to move those in encampments to the margins of town, sanction those marginalized encampments, and make them visually uniform and uncluttered.

APPENDIX B

“The Rise of the Tent Ward” goes beyond Fresno to look at city-sanctioned and -controlled encampments in King County, Washington; Ontario, California; Portland, Oregon; Reno, Nevada; and St. Petersburg, Florida. Speer terms these encampments as *tent wards* to reflect “how incarceration becomes enmeshed with the provision of care and shelter.” She argues that these encampments “are not simply a cost effective form of shelter: they are a new node in a wider network of quasi-carceral spaces that govern homeless mobility” that “undermine structural efforts to address poverty and housing inequality.”

Appendix C: Selected Practitioner Resources

In the course of conducting this literature review, the study team identified a number of resources that did not meet our criteria for inclusion in the review but may be informative for local leaders and practitioners who are seeking practical guidance on how to address encampments in their communities. We provide links to these resources below.

United States Interagency Council on Homelessness (USICH)

Following conversations with advocates, housing and services providers, and government officials, USICH prepared a suite of resources intended to help local communities develop an action plan to connect people experiencing homelessness in encampments with permanent housing. Those resources include a [paper](#) that discusses the key components of an action plan, a [quick guide](#) that provides an introduction to the concepts covered in the paper, and a [planning checklist](#) with action steps for each of the key components. Those resources were published in 2015 and are available for download at www.usich.gov/tools-for-action/ending-homelessness-for-people-in-encampments/.

USICH has also prepared a [series of case studies](#) of communities that are implementing strategies to address the housing and services needs of people experiencing homelessness in encampments. Published in 2017, the case studies describe lessons learned from the local experience in six communities: Charleston, South Carolina; San Francisco, California; Seattle, Washington; Chicago, Illinois; Philadelphia, Pennsylvania; and Dallas, Texas. Topics covered include the evolution of the city's approach to addressing encampments, key stakeholders and tips for engaging them, and challenges or surprises encountered in the implementation process.

In May 2018, USICH published a brief titled [Caution is Needed When Considering “Sanctioned Encampments” or “Safe Zones”](#). The brief urges communities to proceed with caution when considering the establishment of sanctioned encampments and lists key points to consider for those who decide to proceed. The brief concludes with a list of links to additional USICH resources.

Corporation for Supportive Housing (CSH)

CSH has made available for download an extensive set of templates, provider tools, and draft policies for addressing unsheltered homelessness. Although not specific to encampments, many of these resources may be helpful in working with people experiencing unsheltered homelessness in encampments. All resources are available for download at www.csh.org/communityresponse/.

National Alliance to End Homelessness

The National Alliance to End Homelessness publishes presentation notes and slide decks from sessions at its national conferences. Several sessions at recent conferences address encampments, including the following:

- [Resolving Encampments: Evaluating Different Approaches](#) (July 2018)
- [Sanctioned Encampments: Questions You Should Ask](#) (July 2018)
- [Understanding Unsheltered Homelessness: What We Know So Far](#) (July 2018)
- [A Growing Unsheltered Population: Addressing Encampments](#) (August 2016)

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June 2019



BLUE BAG PARTNERSHIP PILOT EFFORT

**NOVEMBER 20, 2019
COUNTY OF SAN LUIS OBISPO**

Results from the 2019 inter-agency Blue Bag Partnership Pilot Effort to improve sanitation at encampments of unsheltered persons.

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Acronyms and Abbreviations

CASQA	California Stormwater Quality Association
CAT Deputies	Community Action Team (Law Enforcement deputies)
CDFW	California Department of Fish and Wildlife
Caltrans	California Department of Transportation (District 5)
CDC	Centers for Disease Control and Prevention
County	County of San Luis Obispo
HIV	Human Immunodeficiency Virus
PIT Count	Point-in-time count.
SEP	Syringe Exchange Program
WaSH	Water, Sanitation & Hygiene

What is the Blue Bag Partnership?

Background

In early 2019, staff from the City of San Luis Obispo Administrative Office and County of San Luis Obispo (County) Social Services and Department of Public Works (Public Works) attended a webcast hosted by the California Stormwater Quality Association (CASQA) focusing on *Homelessness and the Role of Stormwater Management*. The webcast included case studies from numerous jurisdictions that have worked to remediate trash from encampments of unsheltered people experiencing homelessness.

County staff were particularly interested in the Blue Bag Partnership, a program currently underway in Santa Clara County that is focused on waterways near San Jose. The Blue Bag Partnership distributes uniquely colored, durable waste disposal bags to unsheltered residents of encampments and collects and disposes of bagged waste. The primary purpose of the Blue Bag Partnership is to provide basic sanitation service to areas with significant encampments and attempt to offset the expense of large-scale waste cleanup and disposal during encampment removal. While the Blue Bag Partnership presents a short-term strategy for providing rudimentary sanitation at encampments, it does not fully offset the expenses associated with comprehensive cleanup and remediation of vacated encampment sites.



Figure 1: Bagged waste at the encampment site prior to the Pilot effort.

County staff became interested in testing the Blue Bag Partnership (Partnership) concept locally, and in exploring ways to potentially improve upon the methods and scope of the Partnership in Santa Clara County. The Partnership primarily involves the City of San Jose and Santa Clara Valley Water District, and does not engage non-profit organizations or social services groups. Following discussions with staff at the Santa Clara Valley Water District, the California Department of Transportation (Caltrans), and local waste management firms, it was determined the County could improve upon the existing model by incorporating non-profit partners and Community Action Team peace officers (CAT deputies) into the effort.

In July 2019, County Public Works requested permission and authorization to use funds from the Waste Management cost center to conduct a limited 4-week Blue Bag Partnership Pilot effort (Pilot effort) to test the concept of the Partnership. The Pilot effort tracked several metrics to gauge the overall impact of the effort, including the weight of waste removed and number of sharps collected for safe disposal.

This report presents a summary of the considerations associated with establishing a Blue Bag Partnership, the outcomes and impact of the 4-week Pilot effort, and partner perspectives on the successes and challenges associated with the concept.

Why is the Blue Bag Partnership Necessary?

Encampments in San Luis Obispo County

The San Luis Obispo County Homeless Point-in-Time Count (PIT Count) enumerates unsheltered homeless individuals and families, such as those sleeping outdoors, on the street, or in parks, tents, or vehicles.

In 2019, the PIT count surveyed approximately 1,172 unsheltered individuals experiencing homelessness across San Luis Obispo County. The unsheltered population reported seeking shelter in a variety of locations, including encampment areas (Figure 2).¹ Encampments can be established in a variety of forms and may be comprised of a solitary shelter occupied by one individual, or a cluster of shelters occupied by several people.

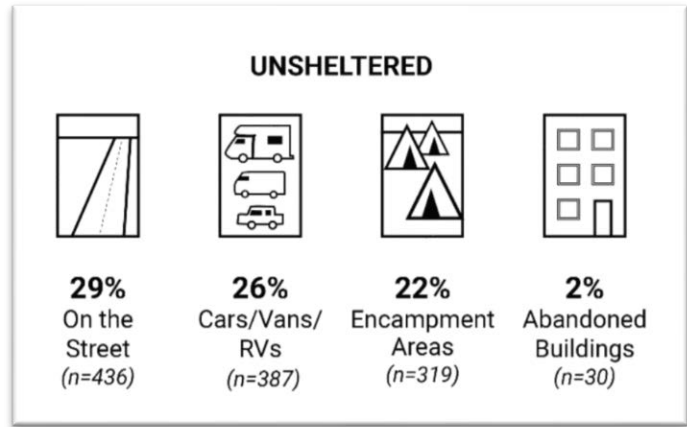


Figure 2: Sleeping accommodations reported by unsheltered individuals, 2019 PIT Count.

Due to a lack of emergency shelter and housing options, many of the unsheltered people experiencing homelessness in San Luis Obispo County do not have the option of sheltering indoors. While concerted effort is being made to expand access to temporary shelter and permanent housing across the County, encampments will continue to be a place of refuge for people experiencing homelessness in the near term.

Water, Sanitation, and Hygiene at Encampments



Figure 3: An encampment within a riparian creek corridor in San Luis Obispo County.

The Centers for Disease Control and Prevention (CDC) focuses on three elements of basic sanitation as critical to ensuring health, survival, and development. These elements include access to clean drinking water, facilities for the safe disposal of waste (through services such as garbage collection and wastewater treatment and disposal), and the ability to maintain hygienic conditions.² Collectively, water, sanitation, and hygiene are referred to as WaSH services. Access to reliable WaSH services is globally recognized as the means to reduce illness and death from disease, leading to improved community health, poverty reduction, and socio-economic development.³

People experiencing homelessness are unable to access or establish reliable WaSH services as they lack a physical address required to obtain utility services. Access to WaSH services at shelters and public facilities may be limited by proximity to the encampment, operational hours, and available resources. There are significant costs and challenges associated with providing

comprehensive WaSH services to the semi-remote and temporary locations where encampments are established.

Across San Luis Obispo County, transient encampments are frequently established in the vegetated areas near streams, creeks, and rivers (Figure 3). They are commonly located near the bridge crossings of major roads, but also occur in more remote and secluded areas adjacent to local waterways (Figure 4). These locations are preferable to people experiencing homelessness as the environment of riparian areas provides privacy and a natural shelter from the elements, and the waterway may support rudimentary hygiene.



Figure 4: An encampment established beneath a bridge in San Luis Obispo County.

While providing an adequate and reliable source of clean drinking water to encampments for consumption and hygiene is logistically prohibitive, garbage removal services (supporting sanitation) can be adapted to service semi-remote locations and present an opportunity to improve health outcomes for the encampment and community, and protect water quality in nearby waterways. The Blue Bag Partnership is a strategy that extends garbage removal services to encampments to enhance sanitation.

Why is it Called the Blue Bag Partnership?

The Blue Bag Partnership describes a collaborative, voluntary effort to promote sanitation and waste disposal using distinctive blue colored janitorial supplies (Figure 5). The success of the Blue Bag Partnership trash reduction strategy depends on the willingness of agency and community partners to work together and adjust enforcement procedures and protocols to facilitate and encourage voluntary trash removal. Unsheltered members of the community, law enforcement officers, non-profit partners, and municipal staff must work together in good faith as there are no incentives offered to participants.

Encampment Resident Partners

Engagement of unsheltered community members is a critical element in establishing a potential Partnership. An advocate from Hope's Village SLO made numerous visits and regularly met with the unsheltered occupants of the proposed Pilot site encampment to discuss the project and gauge the willingness to participate. Many of the unsheltered encampment occupants expressed strong enthusiasm to participate and an eagerness to ensure the success of the Pilot effort. Word of the potential Pilot effort circulated through the encampment area for several weeks in advance of the effort, allowing occupants to discuss the opportunity and encourage participation.



Figure 5: Blue bags in use at the Pilot effort encampment site.



Law Enforcement Agency Partners

The Pilot effort involved law enforcement representatives from the Sheriff's Office, City of San Luis Obispo Police Department, and California Department of Fish and Wildlife (CDFW). Sheriff's Office Deputies and CDFW Wardens were familiar with the Pilot encampment and with several of the unsheltered community members residing in the area. The primary goals of involving peace officers in the Pilot effort were to provide security support to volunteers and to encourage unsheltered people to engage with social services. CAT deputies from the Sheriff's Office and City of San Luis Obispo were engaged throughout the Pilot effort. Peace officers did not prioritize issuing citations, checking criminal history, or enforcing municipal codes during the Pilot effort.



Non-Profit Agency Partners

Volunteers from Hope's Village SLO and the SLO Bangers' syringe exchange program were vital to fostering positive and productive interactions throughout the Pilot effort. Early outreach by a Hope's Village volunteer to the encampment was important for estimating the potential participation, the amount of supplies needed, and optimizing timing for roll-off delivery and removal. Trained volunteers from the SLO Bangers participated in each weekly supply distribution, and were an essential non-governmental presence throughout



the effort. The non-profit volunteer partners were invaluable in their ability to promote non-biased, well-informed, and professional interactions between agencies and the unsheltered encampment occupants.



Public Agency Partners

Staff from the County, City of San Luis Obispo, and Caltrans worked closely to coordinate funding and logistical support for the Pilot effort. Preventing an increase in illegal dumping at the site and ensuring safety in the nearby road right-of-way were high priorities for public agencies involved in the effort.



The City and County were the primary funding agencies associated with the effort, and shared coordination of supply distribution visits, waste hauler communication, and monitoring the conditions of the site. Caltrans provided support in monitoring the adjoining right-of-way and removing and reporting any waste bags that were placed for disposal.



Coordinating Resources & Establishing a Partnership

The coordination process began with a series of one-to-one meetings between Public Works and each potential partner agency. These discussions were critical in identifying the goals, resources, and constraints of each partner. As consensus formed, meetings assembled multiple partners to outline roles and capabilities, and to identify potential limitations or problematic outcomes. The capabilities, concerns, and constraints of all partners were duly communicated and considered while establishing the partnership.

Navigating Conflicting Roles as Partners

Most municipal and law enforcement agencies have policies and procedures relating specifically to transient encampments. These policies address a range of topics from code enforcement (noticing) to waste removal and remediation of encampment sites. The Pilot effort coordination process revealed that policies of several participating entities were in direct conflict with each other or the broader intent of the Pilot effort. Each participating agency had to incorporate flexibility into their policies and procedures in order to facilitate the Pilot effort.

There were also significant disparities in communication styles and priorities of partners involved in the Pilot effort. Protecting local waterways and improving community health by reducing the volume of uncontained trash were established as the unifying goals that aligned with the mission and objectives of all partners (Figure 6).



Figure 6: Uncontained trash at an abandoned encampment site.

Does This Concept Work?

The relative success of the Blue Bag Partnership is dependent upon a wide array of factors. This section discusses the considerations that were factored into planning the Pilot effort that should be considered for any future efforts or program expansion.

Selecting an Encampment Site for Partnership

At the time of writing this report, there were approximately 258 known encampment sites located throughout county unincorporated areas (Figure 7).

Several known, long-term encampment sites were evaluated as potential Pilot sites, with consideration given to many characteristics of the encampments. A summary of encampment site conditions and considerations are included in this section.

Who owns the property where the encampment is located?

Property ownership impacts the funding sources available for providing services, as well as the prevailing governing codes and ordinances for the use of the site.

- Public property: owned by a local government or public authority (City/County)
- Private property: owned by an individual or corporation

How is the encampment accessed?

Access routes to encampments vary by location and may utilize varying lengths of paved roads, narrow foot paths, or unpaved access roads. Site accessibility for waste haulers, agency partners, and unsheltered community members should all be considered. Optimal access conditions include:

- Suitable access road(s) for a waste hauler to deliver and remove a roll-off trash container;
- A roll-off placement location near established and frequently traveled foot paths to the encampment and outside road rights-of-way;
- A staging or parking area for agency partners to access the site for supply distribution.

How long has the encampment site been occupied? How many people live there?

Encampments are transient by nature and sites may fluctuate between occupied or abandoned as conditions change unpredictably in the surrounding area. The potential for waste accumulation (and the need for sanitation support) increases over the duration that an area is occupied, and in correlation with the number of unsheltered community members residing at the site. Considerations include:

- The number of people consistently utilizing the encampment area;
- The duration that the site has been consistently or intermittently occupied.

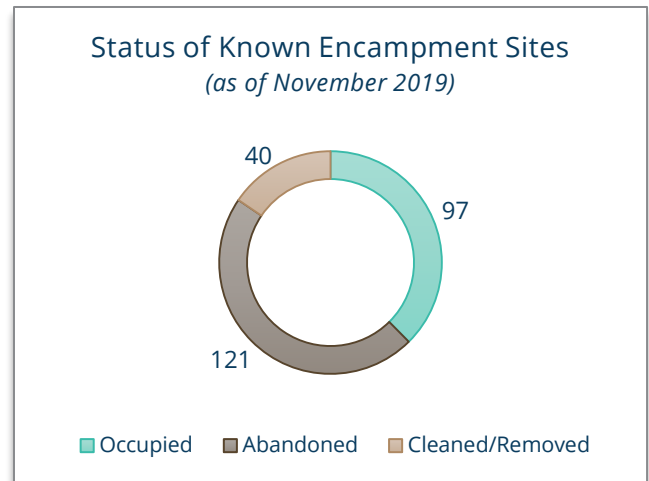


Figure 7: Status of known encampment sites in unincorporated San Luis Obispo County

What is the proximity of the encampment to partnering agencies?

The proximity of an encampment site is an important factor in the cost of maintaining an interagency partnership. Throughout the Pilot effort, partners visited the site up to three times each week to monitor conditions and distribute waste collection resources to unsheltered community members. The distance and transit time to the encampment location factor into the overall costs and level of effort associated with public agency support, waste hauling and disposal.

Virtually all partnering agencies were involved in the process of selecting the encampment site for the Pilot effort. Each of the factors noted in the previous section were meticulously considered and discussed, as they directly correlated to the commitment required from each partnering agency.

Measurable Outcomes and Weekly Metrics

An array of metrics was identified at the outset of the Pilot effort that could be used to measure outcomes. Some of the metrics were ultimately infeasible to track, but others provide important insight into the progress and success of the Blue Bag Partnership.

The metrics considered at the initiation of the Pilot effort included:

- *Number of Blue Bags distributed*
- *Number of Blue Bags collected/disposed*
- *Number of Caltrans orange bags collected/disposed*
- *Number of personal sharps* containers distributed*
- *Number of personal sharps containers collected/disposed*
- *Location of Blue Bag distribution*
- *Location of Blue Bag retrieval/disposal*
- *Number of unsheltered persons participating*
- *Number of sharps collected/disposed*
- *Volume/tonnage of waste removed*

**Sharps may include: syringes and hollow needles used to inject medications or drugs, lancets used to get drops of blood for testing, or autoinjectors such as insulin pens.*



Figure 8: Sample of a marked personal sharps disposal container.

The established Blue Bag Partnership in Santa Clara County does not track any of the metrics listed above and does not include an effort to segregate sharps from the waste stream. While the structure of the program in Santa Clara County requires less agency involvement, the lack of tracking impedes assessing the impact of the effort.

The Pilot effort utilized specially marked bags and sharps containers (Figure 8) to distinguish supplies distributed by the Pilot effort from others already in the field and facilitate tracking of the efforts impact. The approach for the Pilot effort ultimately prevented measurement of the number of participants and number of bags that were used for waste disposal. However, tracking the volume of supplies distributed (bags and sharps containers), number of sharps collected/disposed, and weight/volume of waste removed each week allows for an evaluation of the Pilot effort impact each week and overall.

The 4-Week Pilot Effort Near San Luis Obispo

Following extensive outreach, collaboration, and planning, the 4-week Pilot effort commenced at a creek-side encampment near San Luis Obispo on September 9, 2019. The Pilot site was estimated to have 15-30 occupants, many of whom had been present at the location for 6 months or longer. The Pilot site was located on publicly owned property within 20 minutes drive time from partnering agency headquarters.

Week 1

Week 1 of the Pilot effort included a high level of outreach and monitoring at the site. An intensive schedule of site monitoring was incorporated to facilitate a timely response to any unexpected events. The Week 1 schedule included the tasks outlined in Table 1.

Schedule	Task	Number of Staff
Monday <i>(afternoon)</i>	Distribute bags and sharps containers, alert encampment of roll-off delivery.	2 field teams, 4-5 agency representatives each
Tuesday <i>(morning)</i>	Meet roll-off driver onsite for delivery of container. Install centralized heavy-duty sharps disposal station.	3 agency representatives
Tuesday <i>(afternoon)</i>	Check capacity of roll-off and condition of road right-of-way.	1-2 agency representatives
Wednesday <i>(morning)</i>	Check capacity of roll-off and condition of road right-of-way.	1-2 agency representatives
Wednesday <i>(afternoon)</i>	Check capacity of roll-off and condition of road right-of-way.	1-2 agency representatives
Thursday <i>(morning)</i>	Scheduled roll-off removal.	No agency representatives
Thursday <i>(afternoon)</i>	Distribute bags and sharps containers, alert encampment of roll-off schedule for coming week.	1 field team, 4-5 agency representatives
Friday <i>(afternoon)</i>	Check condition of road right-of-way.	1-2 agency representatives

Table 1: Pilot Effort Week 1 Schedule

Due to a miscommunication between agencies, many encampment occupants were issued a notice to vacate the site three days before the Pilot effort commenced. Issuing notices to vacate public property is an established policy of the City of San Luis Obispo, however, it was uncertain how the noticing would impact the willingness of the encampment occupants to participate in the Pilot effort. City staff agreed to delay enforcing the notices while the Pilot effort was underway.

During the Monday supply distribution, encampment occupants were provided with marked blue waste bags and notified that a roll-off would be present for trash disposal from Tuesday to Thursday.

SLO Bangers volunteers provided personal sharps disposal containers and notified recipients that containers could be returned for disposal during their Wednesday night operating hours, or during the following week’s Monday supply distribution. Encampment occupants were also notified that a secure, durable, sharps disposal box would be installed near the site (Figure 9). During the Week 1 supply distribution SLO Bangers volunteers assisted encampment residents with removing 25 uncontained sharps from the field.

The need to adapt to unexpected outcomes was apparent by Tuesday afternoon, when a site monitoring visit revealed the roll-off was already filled (Figure 10).



Figure 9: 20cy roll-off, filled within 6 hours of delivery to the site.

Agency representatives quickly coordinated removal and delivery of a new empty roll-off on Wednesday morning, and organized additional outreach to notify the encampment.



Figure 10: Centralized, secure sharps disposal box installed onsite.

Within the first 24 hours of access to a roll-off container, approximately 1.56 tons of accumulated trash was removed from the encampment for disposal. The roll-off container was exchanged with a new empty container that allowed the unsheltered residents of the encampment to dispose of another 1.59 tons over the next 24 hours.

Over the course of 48 hours, approximately 3.15 tons of waste was voluntarily collected and disposed of by the encampment.

The Thursday afternoon supply distribution was conducted by a smaller field team and was agreed to be minimally effective. Many members of the encampment were off-site, and others were confused by distribution of supplies several days in advance of the next roll-off arriving.

Week 1 Summary Metrics	
Blue Bags Distributed	73 bags
Sharps Containers Distributed	23 containers
Sharps Collected for Disposal	25 sharps
Trash Hauled to Landfill	3.15 tons

Throughout the week agency representatives monitored the condition of the adjacent road right-of-way for any signs of illegal roadside dumping. The property beyond the encampment area was also monitored for traffic entering for the purpose of illegal dumping. Although there was no evidence of illegal dumping during Week 1, this monitoring continued throughout the Pilot effort.

Week 2

The scope of the field outreach effort and site monitoring were significantly reduced during Week 2 based on the experience gained during Week 1. A larger capacity roll-off was requested, and only one supply distribution was conducted.

Schedule	Task	Number of Staff
Monday <i>(afternoon)</i>	Distribute bags and sharps containers, alert encampment of roll-off delivery.	1 field team, 4-5 agency representatives
Tuesday <i>(morning)</i>	Roll-off delivery to site.	No agency representatives
Tuesday <i>(afternoon)</i>	Check capacity of roll-off and condition of road right-of-way.	1-2 agency representatives
Wednesday <i>(afternoon)</i>	Check capacity of roll-off and condition of road right-of-way.	1-2 agency representatives
Thursday <i>(morning)</i>	Scheduled roll-off removal.	No agency representatives
Friday <i>(afternoon)</i>	Check condition of road right-of-way.	1-2 agency representatives

Table 2: Pilot Effort Week 2 - 4 Schedule

During the Monday supply distribution, the field team noticed several blue bags in use for trash collection around the encampment, and a pile of bagged waste staged near the roll-off drop location (Figure 11). A small group of encampment occupants requested extra bags and sharps containers to distribute to others in the encampment who weren't present for the supply distribution.

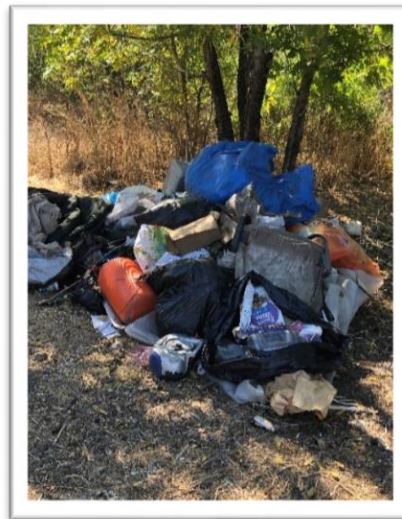


Figure 11: Bagged waste staged near the roll-off location ahead of Week 2.



Figure 12: Sharps containers returned in the field during Week 2 of the Pilot effort.

The SLO Bangers volunteers collected three personal sharps containers (containing 150 sharps) for disposal (Figure 12). An additional three marked sharps containers were returned to the SLO Bangers during their weekly Wednesday hours (containing 120 sharps).

The larger capacity roll-off was sufficient for the two-day duration on site and allowed the encampment residents to dispose of 1.49 tons of waste. Staff continued to monitor the condition of the roll-off, the property, and road right-of-way throughout the week. No signs of illegal dumping were observed.

Week 2 Summary Metrics	
Blue Bags Distributed	25 bags
Sharps Containers Distributed	10 containers
Sharps Collected for Disposal	270 sharps
Trash Hauled to Landfill	1.49 tons

Week 3

The field team members of the Blue Bag Partnership agreed that the Week 2 field schedule was optimal and continued that schedule through Week 3 and Week 4. The overall condition of the encampment had improved noticeably by the beginning of Week 3. Several areas that had been used for depositing waste had been nearly completely cleared, and blue bags were seen in use around the encampment site (Figure 13).

Two personal sharps containers were collected during the Monday supply distribution, and eleven new empty containers were distributed.



Figure 13: Waste being collected for removal during Week 3.

During the Pilot effort, a resident of the encampment began voluntarily collecting sharps and containers from throughout the encampment from people who were uncomfortable returning the containers in the presence of law enforcement or generally in-person. The volunteer returned twelve marked containers (935 sharps) to the SLO Bangers for disposal during their Wednesday operating hours during Week 3. The commendable work of this volunteer significantly increased the total impact of the SLO Bangers and greatly benefitted community health and safety within the encampment.

Several unsheltered community members had vacated the encampment by Week 3, resulting in a smaller group of individuals participating in the Pilot effort. Despite the smaller number of participants, waste disposal continued during Week 3, ultimately removing another 1.26 tons of waste from the encampment.

Week 3 Summary Metrics	
Blue Bags Distributed	36 bags
Sharps Containers Distributed	11 containers
Sharps Collected for Disposal	956 sharps
Trash Hauled to Landfill	1.26 tons

Staff monitored the condition of the roll-off, the greater property and road right-of-way throughout the week. There were no signs of traffic to the property for the purpose of illegal dumping, and no trash bags deposited to the road right-of-way.

Week 4

The number of unsheltered community members residing in the encampment had decreased significantly by Week 4 of the Pilot effort. Several occupants may have chosen to relocate before potential enforcement of the issued notices to vacate. Many of the vacated areas had been almost completely cleared of trash and waste.



Figure 14: Waste staged for disposal during Week 4.

Those who remained in the encampment continued to diligently collect and dispose of trash and encouraged the participation of others. Several areas that had been cleared of debris over previous weeks were marked off or barricaded by members of the encampment to discourage resettlement or littering.

During the final Monday supply distribution, the field team notified remaining members of the encampment that it would be the final week of the Pilot effort, and that enforcement of the notices to vacate should be expected in the coming weeks.

CAT deputies and the SLO Bangers volunteers provided contact information for support services to continue working with the unsheltered community members who engaged in the Pilot effort. The field team expressed gratitude and thanked everyone who participated in the Pilot effort, and all the remaining encampment residents returned the thanks and gratitude for the opportunity to participate.

Two personal sharps containers were collected during the supply distribution (they were not containers supplied by the Pilot effort), and a small number of sharps were retrieved from the secure disposal box.

Staff monitored the condition of the roll-off, the greater property and road right-of-way throughout the week. There were no signs of traffic to the property for the purpose of illegal dumping and no trash bags deposited to the road right-of-way.

In the week following the conclusion of the Pilot effort, 13 bags of waste were deposited near the right-of-way of the road adjacent to the encampment. Five of the bags were marked blue bags from the Pilot effort. Staff from Caltrans District 5 removed the bags for disposal.

Week 4 Summary Metrics	
Blue Bags Distributed	36 bags
Sharps Containers Distributed	2 containers
Sharps Collected for Disposal	352 sharps
Trash Hauled to Landfill	0.91 tons

Un-Measurable Outcomes

Partner agencies agree that there were benefits and improvements in public health, water quality, and community engagement as a result of the Pilot effort. There were no plans to quantify these benefits at the outset of the Pilot effort, but the degree of improvement can be estimated through the experiences of the Partner agencies involved.

Public health benefits

The Blue Bag Partnership not only disposed of potentially contaminated sharps on-site, removing them as a source of infection in the community, but also provided sharps containers so that newly generated used sharps could be safely stored until disposal. Though the majority of people who are experiencing homelessness do not inject drugs, the community does disproportionately struggle with substance use disorders, including injection drug use.⁴ Engaging with people at the encampment presented an opportunity to provide them the resources to avoid blood-borne infectious diseases such as Hepatitis B, Hepatitis C, and HIV. This is especially important for people who inject drugs, as injection drug use accounts for almost 10% of new HIV cases, and 64% of people diagnosed with acute Hepatitis C inject drugs.⁵ People generally acquire these infections through sharing of syringes (and other supplies) due to lack of adequate sterile materials.

SLO Bangers provided contact information (verbally and on the containers) for the syringe exchange program (SEP) where people using sharps could get tested for Hepatitis C, HIV, and receive sterile harm reduction supplies, including condoms. Building stronger community linkages to the SLO Bangers SEP increases the opportunity for further education on overdose prevention, and the use/acquisition of Naloxone kits to reverse overdoses. Future iterations of the Blue Bag Partnership might be more impactful on public health by including direct outreach; providing Naloxone kits and overdose prevention training on-site at the encampments, and providing hygiene and wound care kits to people in need.

Water quality, pollutant load reduction

There were no water quality measurements take in the waterway adjacent to the Pilot site either before and after, or upstream and downstream of the effort. Despite the visible improvement in site conditions, there are many potentially confounding factors that would prevent a direct correlation between water quality measurements and trash removal in the adjacent area. However, removing trash and waste from the riparian corridor reduces the potential for rain events and elevated flows to mobilize pollutants to the waterway and transport them downstream.

Community Engagement

Several of the encampment occupants conveyed a greater sense of belonging in the community for 'doing their part' to improve the conditions of the encampment and helping others. They reported collecting and disposing of trash generated by others and encouraging other members of the encampment to participate.

During the period of the Pilot project, a well-known non-profit hosted a large public event near the encampment site. An unsheltered participant contacted the County to request that the roll-off remain onsite for an additional day so the encampment could continue cleaning the area ahead of the event.

While it isn't possible to quantify the benefits of increased community engagement, restoring community pride and a sense of belonging are important auxiliary benefits of the program.

Challenges and Opportunities Associated with the Partnership

At the conclusion of the Pilot effort, each of the partnering agencies were invited to share their perspective on the challenges and opportunities associated with the Blue Bag Partnership. The perspective of participating unsheltered community members, non-profit partners, and public agencies are presented in this section.

Perspective: Unsheltered Community Members

A small group of unsheltered community members gave their perspective on the Blue Bag Partnership at the conclusion of the Pilot effort in interviews with a Hope's Village volunteer. They were asked to describe the trash disposal situation at the encampment prior to the Pilot effort:

"To dispose of trash from a homeless camp in SLO, logistics is everything. You have to sort, load, and haul the trash to a trash receptacle where it can legally be thrown out. It's a time-consuming activity that can take 3 or 4 hours and is embarrassing and intrusive."

"The trash builds up in camp to such a large volume that we have no choice but to get rid of it. We look carefully at what to throw away, and because of the effort required to get it to a legal trash container, if we're not sure, we keep the items in camp, where they accumulate."

They were also asked to describe the impact to the encampment from having a trash pickup program during the Pilot effort:



"The 'Pilot Program' is somewhat like residential curbside trash pickup. Helps keep our camp tidy and keeps rodents away. Was a great morale boost for everyone. Homeless people adjacent to our camp also brought trash from their location. We need a legal place to dispose of trash, and this pilot program provided that. So many mountain lions, deer, tree rats and ground rodents in our area. Less trash means less negative interactions with wildlife."

"I was grateful that I got to participate in the Trash Pilot Program. The convenient location of the program dumpsters allowed us to not only get rid of all the trash and items we did not need, but allowed us to dispose of trash left in the area by other homeless people that came before us."

"Cool program. We don't like living in and seeing all the trash. The pilot program allowed us to 'roll the trash out to the curb' - real nice and a lot easier. Showed that 'people cared about me, giving us a shot'. We are capable human beings and we do care about the environment."





Perspective: SLO Bangers Syringe Exchange Program

Participating in the Pilot effort gave the SLO Bangers the opportunity to provide safe syringe litter disposal to people who are living in extreme poverty and who have various challenges that prevent them from safe disposal. Through this we empowered them to maintain a safe camp site and void of used syringes laying around, eliminating reuse of syringes and accidental needle sticks. This is a first step for helping to prevent the transmission and spread of HIV and Hepatitis C. Our participation in the Pilot effort has resulted in relationships with campers that are ongoing, some participants are still bringing in used syringes from the site a month after the Pilot effort ended and really feel an ownership over their contribution.

Syringe exchange programs can be stigmatized in the community by people who do not understand their valuable contribution to public health. One of the challenges for the SLO Bangers is gaining the respect of agencies that might have seen us in unfavorable light due to stigma surrounding injection drug use and the population we serve. Another challenge was separating the syringe exchange goals from those of City Parks, Department of Fish and Wildlife and law enforcement agencies, while still promoting the Pilot effort and encouraging people to participate.

With that in mind, it was also difficult to gain trust within the encampment community, and especially maintain that trust while they remain at risk of citations, fines, and evictions. Though safe disposal of used syringes is an important part of SLO Bangers mission, and we gained many community connections through the Pilot effort, going forward it will be important to balance how to best help and empower people living in the encampments with the clean-up aspects of the program.

Participants were more likely to trust a known community resource like SLO Bangers in accepting and sharing sharps containers vs. law enforcement officers, and it is important that their trust is not misplaced. We were able to engage with people that are difficult to connect with, and established working relationships with folks from the camps who want to work with us to promote the health of their community. The Pilot effort also brought us together with other community programs that we have not worked with before. Building community relations is crucial, an essential part of that is meeting people where they are at, which is key to a program like this working. The SLO Bangers are hopeful that these new relationships will continue and grow in the future towards the common goals of a healthy, safe community.



Perspective: City of San Luis Obispo

The City of San Luis Obispo was very pleased to have been a part of this collaborative Pilot program. Engaging the unsheltered homeless community has been a long-standing challenge for the City of San Luis Obispo from a logistical point of view as a single agency with specific requirements. But, with the partnerships identified here in this report, we are hopeful that this Pilot program will be a catalyst for future efforts to reduce the pollutant load into our local creeks and wildlife areas. The land use goals for the area where the Pilot program took place was one of the key aspects the City had to keep in mind (the property is an Ecological Reserve not open to the public and was established to protect and restore a floodplain and establish wetland habitat) but by considering the bigger environmental picture for the Pilot effort, City staff was able to support the partnered effort.

With the increased number of unsheltered homeless and the lack of adequate housing options, the unsheltered community needs additional support, but the logistics of additional support, as identified in the report, were a key point for City staff. Internal collaboration between City Administration, Parks and Recreation and Police departments took place, in addition to the larger group meetings to ensure staff were all on the same page and were able to participate effectively.

Legacy trash from previous encampments was uncovered during the weekly walks but not collected from the on-site population helping with the trash removal program. After the Pilot was completed, City staff had contractors go in and remove all the rest of the trash from the property. One of the main goals of the Pilot program for the City was to reduce the amount of trash potentially getting into our local waterways. However, the unsheltered homeless present not only an environmental problem, but also a social problem and the Pilot program brought many partners together to continue to expand the amount of resources available to address the needs of the unsheltered population and will hopefully be emulated in other areas to continue to make the connections for all parties involved to support more positive outcomes.



Perspective: County of San Luis Obispo

Staff from the Sheriff's Office, Social Services and Public Works worked in close collaboration to facilitate the Pilot effort. The Pilot effort was unique in the collaboration between multiple departments to address health, safety and environmental concerns associated with an occupied encampment. The ability to draw on the subject matter expertise of staff across several disciplines was important in planning and coordination, and was a significant factor in the success of the Pilot effort.



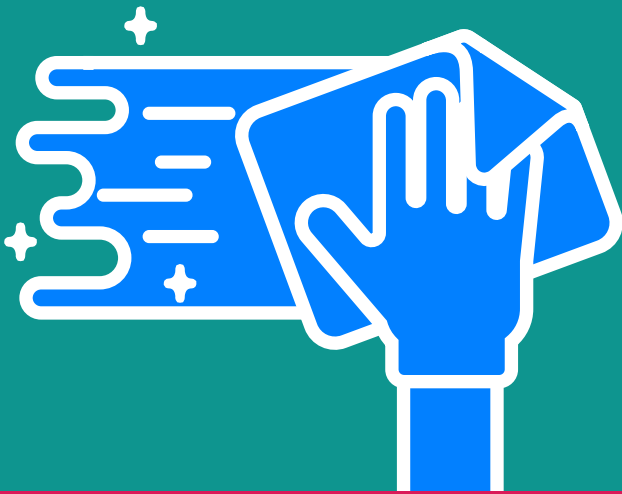
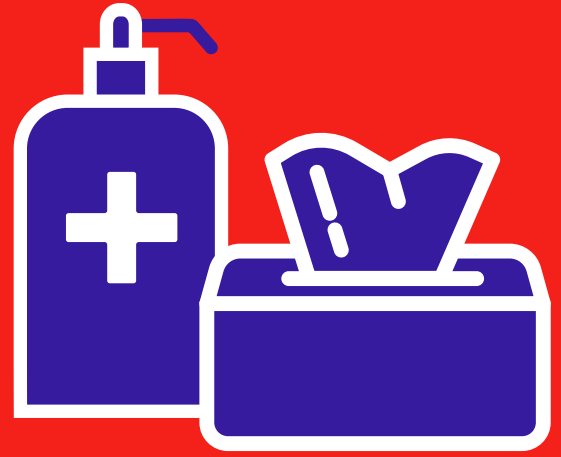
County staff had hoped that the Pilot effort could also serve as a bridge for unsheltered community members to begin engaging with support services that might lead to housing. Extending the work of the SLO Bangers into the field provided a critical link to community members who might not have been familiar with their program or had the means to take part in their weekly service hours. Building trust, and a willingness to engage with a variety of service providers in the field is an important step in overcoming long-term homelessness. Establishing relationships between unsheltered community members and providers of supportive services can be a critical first step in transitioning into temporary or permanent housing.

10. Citations

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4. Managing HIV and Hepatitis C Outbreaks Among People Who Inject Drugs, March 2018.
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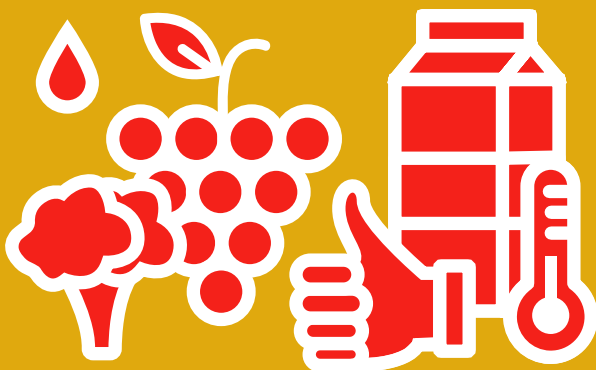
Sanitation & Hygiene Guide

for Homeless Service Providers



STAY SAFE & HEALTHY
Toolbox for Facilities &
Communities That Serve People
Experiencing Homelessness

December 2019



Sanitation & Hygiene Guide INTRODUCTION



Who is this guide for?

This guide is for operators, staff, volunteers, clients, and residents who are involved in the day-to-day operations of shelters, tiny home villages, day centers, and other communities that serve people experiencing homelessness. It will also be useful for management staff and contract monitors who are involved in setting up, equipping, and supporting these facilities.



Why does this guide matter?

The purpose of this guide is to reduce the spread of contagious diseases, prevent foodborne illnesses, and to ensure safe and sanitary spaces for individuals experiencing homelessness. Sites like yours play a key role in addressing the health and safety of our communities and we hope this guide will be a useful, go-to resource.



How do I use this guide?

People involved in day-to-day operations of your site should review the printable posters at the beginning of each section. We recommend printing and posting these visual guides for daily use. Alternatively, you could print, laminate, and connect the posters with a metal ring – creating a packet that can be hung and used when needed.

For people who are in charge of setting up, equipping, or supporting sites, we recommend using the checklists provided in each section and referencing the appendices for more information when needed. If you are reading this document on a computer or phone, you can use the table of contents and poster directory to navigate to relevant sections.

This Guide Does Not Provide Medical Advice.

The contents of this guide are for informational purposes only. Nothing in this guide is intended to be a substitute for professional medical advice, diagnosis, or treatment. Those seeking medical consultation, advice, diagnosis, or treatment should contact their physician or other qualified health care provider. If you think you have a medical emergency, call 911 immediately.



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Sanitation & Hygiene Guide POSTER DIRECTORY



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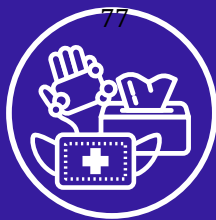
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Disease Prevention

Stop the spread of disease. Protect yourself and others.

Protect Yourself



Wash your hands often with soap and warm water (use hand sanitizer if soap and water are not available)



Get vaccinated against the flu (every year) and hepatitis A and B



Wear gloves, an apron, face mask, and eye protection when cleaning up blood, poop, or vomit



Use new, sterile needles and equipment to prepare or use drugs



Prevent HIV and other STIs (e.g. use condoms, test regularly, get treated, talk to your partner)



Store your medications in a safe place, out of the reach of children, and at the proper temperature



Talk to a doctor about PrEP, a daily medication that can prevent the spread of HIV



If exposed to HIV or other STIs, seek medical care right away





Disease Prevention

Stop the spread of disease. Protect yourself and others.

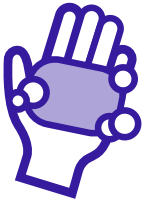
Protect Others When You're Sick



Sneeze or cough into a tissue or the crook of your elbow



Wear a face mask when you spend time in shared spaces



Wash your hands often, especially before you prepare food and after you use the toilet, sneeze, cough, blow your nose, or care for a wound



Sanitize frequently touched surfaces 1-3 times daily (doorknobs, railings, remotes, etc.)



Keep wounds clean and covered with a bandage and/or gauze



Don't prepare food for others if you're sick, e.g. the flu, diarrhea, vomiting, jaundice (yellow skin or eyes)



Call 911 if you have chest pain or trouble breathing. See a doctor if you feel sick, especially if your symptoms are severe or not improving.



Machine wash items that have vomit, blood, or poop on them separately. Remove solid waste first and use hot water, detergent, and 1/2 cup of bleach. Wear gloves, eye protection, a mask, and an apron.





Disease Prevention CHECKLIST

Use this checklist if you are in charge of setting up, managing, equipping, or inspecting facilities that serve people experiencing homelessness.

Foster a health-conscious culture.

- Encourage clients to disclose their health needs or symptoms** to help keep everyone healthy. The goal is to help get them the care they need, not to deny services, but agency policy may override this.
- Establish a process for identifying clients with health needs** and referring them to medical care.
- Maintain and post a list of local medical resources.**
- Orient clients to the location of first aid kits**, phones to call 911, fire extinguishers, hand washing facilities, hand sanitizer, and sharps box locations.
- Report any concern for potential communicable diseases** to Public Health's 24/7 hotline at 206-296-4774.
- Refer a client, volunteer, or staff member to a doctor if...**
 - They are feeling sick
 - Their symptoms are severe, unusual, or not improving
 - They have a wound that is not healing
- Call 911 if a client, volunteer, or staff member ...**
 - Has trouble breathing
 - Is experiencing chest pain
 - Loses consciousness
 - Is bleeding severely

Support those who are sick, injured, or on medication.

- Place clients who are sick with vomiting or diarrhea near a bathroom.**
- Provide space for medications** that require refrigeration. Store them in a labeled and designated container. Bottles and containers of medication must also be labeled with clients' name or identifiable mark understood by client and shelter.
- Make sure clients have bandages to cover wounds.** Refer for medical care as needed.

Monitor and prevent spread of communicable diseases.

- Keep legible, dated attendance logs** for at least 3 months, preferably 6 months.
- Consider creating a bed map** to help identify clients exposed to a communicable disease.
- Promote good ventilation and air circulation** – open windows, or use your air conditioning or heating as recommended. Monitor and clean ventilation systems as appropriate.
- Instruct everyone to cover their cough.** Provide tissues and masks for clients and staff. Post signs advertising availability of tissues and/or masks.
- For overnight shelters, allow as much space as possible between beds/mats** and position clients head to toe.

Checklist continues on the next page



Disease Prevention CHECKLIST

CONTINUED

Encourage behavior that prevents the spread of illness and disease.

- Ensure sinks in the kitchen and restrooms have liquid hand soap**, paper towels, and warm water (100-120°F).
 - No running water? Set up a temporary hand washing station (Appendix H).
- Make sure hand sanitizer, tissues, and sharps containers are clearly visible** and available at multiple locations around your site.
- Encourage staff, volunteers, and clients to get annual flu vaccines**, plus hepatitis A and B vaccines.
- Don't let people who are sick prepare or serve food** (e.g. flu-like symptoms, diarrhea, vomiting or jaundice/yellow skin or eyes).
- Clean up vomit, diarrhea, and blood immediately.** Follow the instructions in the Sanitize and Disinfect section.
- Provide condoms, sharps containers, and needle exchange information:** www.kingcounty.gov/needle
- Take precautions when laundering bedding or clothing of people who report being itchy.** See the Lice, Scabies, and Bed Bugs section for more information.
- Post signs on how to prevent spreading illness and disease** (the previous illustrated sections could be printed as posters).

Provide first aid and protective gear.

- First aid kits
- Disposable nitrile gloves
- CPR masks
- Extra bandages
- Disposable face masks
- Eye protection

Clean, sanitize, and disinfect often.

- Post a master cleaning schedule** for the entire site (Appendix G).
- Assign someone to sanitize high touch surfaces** like doorknobs, railings, light switches, remotes, chairs, and tables 1-3 times daily.
- Assign someone to clean and disinfect bathrooms and kitchens 1-3 times daily.**
- Post instructions for cleaning up vomit, diarrhea, and blood.** See Sanitize and Disinfect section for instructions you can post.
- See Appendix F for more information.**

Ensure staff and/or volunteers are trained for medical emergencies.

- Work with staff and/or volunteers to get trained in First Aid, CPR, AED** (if there is a defibrillator on site), and Naloxone administration for cases of opioid overdose.



Contact Health Care for the Homeless at (206) 296-5091 to arrange a free training on infection control.



Hygiene

Good personal hygiene will protect your health.

Clean Hands



✦ #1 WAY TO STAY HEALTHY ✦

Wash hands with soap and warm water for 20 seconds...



Before you prepare, touch, or eat food



Before leaving a restroom and after changing diapers



Before and after you clean or bandage a wound



After you touch animals, or their food or waste



After you blow your nose, cough or sneeze in your hand, or help someone who is sick



When you enter a common area or shelter (you can also use hand sanitizer)

Good Personal Hygiene



Protect your feet – avoid walking around barefoot and sanitize shower before use



Keep your towel, hairbrush, soap, razors, etc. separate from other people's stuff (don't share)





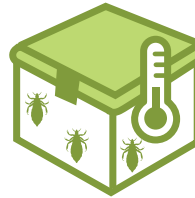
Hygiene

Good personal hygiene will protect your health.

Laundry



Ask for clean bedding when you arrive at a shelter



Use a heat treatment box to treat belongings that could carry bed bugs, scabies, or lice

✦ CLEAN BELONGINGS = BETTER HEALTH ✦

For best results, **wash laundry in the detergent's recommended water temperature**



Dry laundry on high heat

Do not overload machine – fill to $\frac{3}{4}$ or less



If laundry has vomit, blood, or poop on it, wash separately. Use detergent, hot water, and 1/2 cup bleach. Remove solid waste before washing and wear gloves, an apron, a mask, and eye protection.



Disinfect sleeping mats daily and wash bedding weekly or when dirty



Do not place unwashed laundry in the dryer

If washing someone else's laundry, do not shake it out and wear gloves and an apron





Hygiene CHECKLIST

Use this checklist if you are in charge of setting up, managing, equipping, or inspecting facilities that serve people experiencing homelessness.

Facilitate handwashing – #1 way to reduce germs.

- Ensure there is access to working sinks** or hand washing stations at all times.
- Ensure sinks in the kitchen and restrooms have liquid hand soap**, paper towels, and warm water (100-120°F).
 - No running water? Set up a temporary hand washing station (Appendix H).
- Post signs that encourage handwashing in bathrooms**, food prep and eating areas, community spaces, and at the entrances to your site.
- Schedule regular checks of handwashing areas** to ensure they are clean and stocked.
- Model and encourage frequent and proper handwashing.**
- Provide hand sanitizer** (60% alcohol) at all entrances to your facility and in communal areas if possible.
 - **Important note:** Hand sanitizers do not replace handwashing. They do not kill all germs and are less effective when used on dirty hands.

Provide facilities and supplies to support personal hygiene.

- Maintain warm water for showers** (100-120°F).
- Provide clients with bathing, personal hygiene, and menstrual products.**
- Schedule cleaning and disinfecting of showers 1-3 times daily** and between clients (see the Sanitize and Disinfect section for more information).

- Designate someone to monitor and stock supplies** in showers and restrooms throughout the day.
- Encourage clients to wear protective covering or sandals in showers** to maintain good foot health.
- Provide labeled spray bottles** with sanitizing solution in showers. For client use, write this information on the label:
 - **Sanitizing Solution**
 - **How to Use:** Before showering, spray shower surfaces and leave for 1-2 minutes. Rinse with water.
 - **How to Mix:** 1/4 tsp of bleach with 4 cups of water.

Provide a “heat treatment box” to prevent bed bugs, lice, and scabies.

- Encourage all personal belongings to be “cooked”** in a heat treatment box when clients enter your site. Follow manufacturer’s instructions for time and temperature.

Provide storage options that keep client belongings from touching.

- Store client bath towels separately from other client towels.** Consider changing towels after each use.
- Store client hygiene items separately** to prevent unintentional sharing.
- Provide clients with storage space and/or plastic bins** for their clothes, personal belongings, and bedding.

Checklist continues on the next page



Hygiene CHECKLIST

CONTINUED

Ensure clean and sanitary sleeping areas.

- Disinfect sleeping areas and mats between each client** (see the Sanitize and Disinfect section for instructions).
- Provide new clients with fresh bedding and towels upon arrival.**
- Wash bedding and towels** once a week or more, per client.

Provide laundry options and instructions.

- Provide gloves, aprons or smocks, and plastic baskets** for people handling client laundry. This will reduce the risk of infection from bacteria, viruses, lice or mites, and of accidental needle sticks.
- Ensure washers and dryers are working well.** Have a plan for regular and/or emergency maintenance.
- Schedule weekly cleaning of washing machines:** Run a load with half a cup of bleach and hot water.
- Post signs that explain laundry best practices** (see illustrated guide in the previous section for an option).
- Review illustrated laundry guide** (previous section) with staff and volunteers at least once a month.



Questions about Hygiene?
Call 206-263-9566



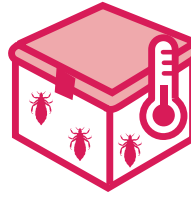
Lice, Scabies & Bed Bugs

No one wants to be itchy. Prevent the spread!

Stop the Spread



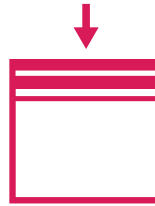
Tell staff if you are itchy or have other symptoms so you can get treated



Use a heat treatment box to treat belongings that could carry bed bugs, scabies, or lice



Machine wash infested items separately and dry at 130°F for at least 30 minutes



Place items that cannot be heat-treated or washed and dried at 130°F in a sealed plastic bag for two weeks to control lice and scabies



Clean and disinfect sleeping mats and wash bedding between clients



Throw out bed bug infested items that cannot be treated



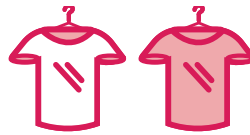
Lice, Scabies & Bed Bugs

No one wants to be itchy. Prevent the spread!

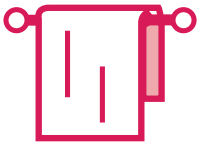
Protect Yourself



Wash clothes and bedding weekly to prevent body lice



Store your belongings so they don't touch other people's stuff



Keep your towel separate from other people's towels



Avoid sharing clothing, beds, bedding, towels, brushes, or combs



Avoid skin-to-skin contact with someone who is itchy



Wear protective gloves and an apron or smock if washing someone else's laundry



Do not shake out belongings that could be infested





Lice, Scabies & Bed Bugs

CHECKLIST

Use this checklist if you are in charge of setting up, managing, equipping, or inspecting facilities that serve people experiencing homelessness.

Screen for lice, scabies, and bed bugs.

- Encourage clients to report symptoms** of lice, scabies or bed bugs during intake so they can be treated.
- Ensure contact information for medical personnel, clinics, etc.** is made available for each type of infestation so treatment can happen quickly.
- Direct clients to medical evaluations** if either you or they suspect an infestation.
- Offer education and hygiene assistance** for clients in need of extra help.
- Provide protective gear** for staff handling belongings (e.g. disposable gloves and an apron or smock).

Provide a heat treatment box to reduce infestations in client belongings.

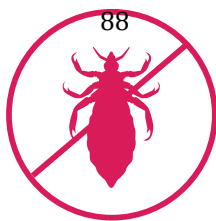
- Encourage all personal belongings to be "cooked" in a heat treatment box** for the amount of time recommended by the manufacturer.
- Provide gloves, aprons/smocks, and plastic baskets** for people handling potentially infested belongings or working in infested areas.
- If a heat treatment box is not available, machine wash and dry** infested clothing and bedding at 130°F for at least 30 minutes
 - If your wash water and dryer do not get hot enough, follow the next steps for bagging and isolating items.

- Place items that cannot be heat-treated or washed and dried at 130°F in a sealed plastic bag** for two weeks to control lice and scabies.
- Bag and discard bed bug infested items** that cannot be treated.

Provide storage options that keep client belongings from touching.

- Store client bath towels separately** from other client towels. Consider changing towels after each use.
- Store client hygiene items separately** to prevent unintentional sharing.
- Provide clients with storage space** or plastic bins for their clothes, personal belongings, and bedding.
- Discourage clients from sharing** clothing, beds, bedding, towels, brushes, or combs.

Checklist continues on the next page



Lice, Scabies & Bed Bugs

CONTINUED

Ensure clean and sanitary sleeping areas.

- ❑ **Disinfect sleeping areas and mats between each client** (see the Sanitize and Disinfect section for instructions on how to disinfect).
- ❑ **Provide new clients with fresh bedding and towels** upon arrival.
- ❑ **Wash bedding and towels** once a week or more, per client.
- ❑ **Inspect a tiny house** or sleeping structure for bed bugs before a new resident moves in.
- ❑ **Do not self-treat.** Follow your facility's pest plan or seek help from a pest control professional if your site is infested.
- ❑ **Do not use fumigant sprays** or fogs as they can be toxic.



Visit the Center for Disease Control's website for more information.

Lice: www.cdc.gov/parasites/lice/index.html

Scabies: www.cdc.gov/parasites/scabies

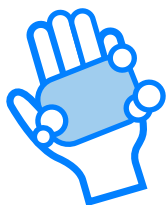
Bed Bugs: www.cdc.gov/parasites/bedbugs



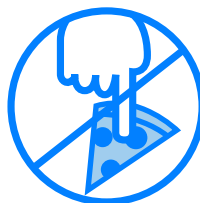
Food Safety

Germs and bad food can make you sick. Protect your health.

Healthy Hands



Wash hands for 20 seconds before touching food - use soap, warm water, and paper towels to dry



Don't touch food with your bare hands, unless it's yours



Wear gloves when preparing foods and bandage any wounds - do not reuse gloves

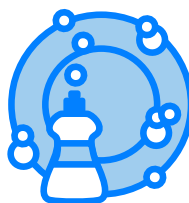


Don't prepare food if you're sick, e.g. the flu, diarrhea, vomiting, jaundice (yellow skin or eyes)

Clean Kitchen



Sanitize food prep and serving surfaces before and after use



Wash, rinse, sanitize, and air dry dishes shortly after use



Sanitizing solution = 1/4 tsp bleach + 4 cups water



Store food and garbage in rodent-proof containers





Food Safety

Germs and bad food can make you sick. Protect your health.

Safe Food



Rinse fruits and vegetables before preparing or eating



Write the date on prepared food and eat or throw it out within one week



AVOID THE FOOD DANGER ZONE: 41-135°F



These foods can make you sick if they are left out for more than 4 hours



Shelf-stable foods are safe at any temperature



Custard Pies



Cooked Grains



Cooked Vegetables



Sprouts & Cut Leafy Greens



Cut Melon & Tomatoes



Dairy & Cheese



Raw Fish



Raw Eggs



Raw Meat



Bread



Peanut Butter



Fruit



Raw Vegetables



Unopened Cans



Oil



Cookies & Baked Goods



Dry Goods





Food Safety CHECKLIST

Use this checklist if you are in charge of setting up, managing, equipping, or inspecting facilities that serve people experiencing homelessness.

Set up your facility for safe food prep and service.

□ Provide a sink or hand washing station in the food prep area.

- Ensure water is warm (100°F - 120°F).
- No running water? Set up a temporary hand washing station (Appendix H).

□ Serve food using tongs, disposable gloves, or single-use pastry paper.

□ Provide sanitizing solution in labeled spray bottles for food prep and serving surfaces. Write this on the label:

- **Sanitizing Solution**
- **How to Use:** Spray surface and leave for 1-2 minutes. Dry with clean paper towel.
- **How to Mix:** 1/4 teaspoon of bleach with 4 cups of water.

□ Provide the following items to set up a dishwashing station.

- Trash can to scrape off food scraps
- Dish soap, paper towels, scrubbers, rags, sponges
- Sink (3 compartment recommended) or deep containers for dishwashing, rinsing, and sanitizing
- Bleach for making a sanitizer solution (1 teaspoon bleach to 1 gallon of water)
- Space to air dry dishes or paper towels

□ Post steps for dishwashing

- **Wash** with warm soapy water
- **Rinse** with clear/clean water
- **Soak** in sanitizing solution for 10 seconds
- **Air dry** on a rack or dry with paper towels

□ Equip kitchen with a dishwasher (recommended, but not required). You don't need a commercial dishwasher. Residential dishwashers work well.

□ Post instructions for dishwasher use:

- **Scrape food off first** and avoid overloading machines
- For commercial grade chemical dishwashers **set the chlorine concentration between 50-200 ppm**
- For commercial grade high temperature dishwashers **set rinse cycle to 180°F or higher.**

□ Schedule regular cleaning and disinfecting of food prep area.

- See the Clean & Disinfect section for more information.

Avoid the Danger Zone (41-135°F).

□ Provide a digital thermometer for measuring food temperatures.

- Sanitize thermometer before using. Place tip in the center of the thickest part of foods for accuracy. Sanitize thermometer again when done.

□ Keep hot food hot, and cold food cold. Minimize time spent in the bacteria-growing Danger Zone 41-135°F.

- Cool food in the fridge, uncovered, and in small batches to exit the Danger Zone quickly. If you have large batches, cool in the freezer.
- Re-heat food to 165°F and serve hot.

□ Cook foods to appropriate final temperatures:

- Vegetables = 135°F
- Pork, seafood, and eggs = 145°F
- Beef = 155°F
- Chicken = 165°F

Checklist continues on the next page



Food Safety CHECKLIST

CONTINUED

Monitor food donations.

- ❑ **Keep a food and temperature log.**
 - Post the log in the area where the food is received.
 - Track foods received, temperatures when they arrived, and who donated them.
 - Work with donors on keeping food at safe temperatures.
 - Check foods for contamination upon arrival. Foods not commercially packaged should arrive covered or in a container.
 - See Appendix E for a sample food log.
- ❑ **Post a list of acceptable food donations and trusted food donors:**
 - Anyone can donate whole fruits and vegetables and commercially packaged foods or baked goods that don't need refrigeration.
 - Permitted food facilities, restaurants, and individuals or groups capable of meeting minimum safety requirements can donate prepared foods (e.g. lasagna, soup).

Provide equipment, containers, and regular checks to store food safely.

- ❑ **Set refrigerator temperatures between 36-39°F** to ensure foods stay cold and check weekly.
- ❑ **Reset thermometers once a month** by sticking them in ice water until they read 32°F.
- ❑ **Check freezers** and ensure foods remain frozen.
- ❑ **Schedule a weekly fridge cleaning** and throw out old or expired food.
- ❑ **Provide rodent-proof containers for food.**
- ❑ **Provide rodent-proof bins** and tight-fitting lids for all garbage.

- ❑ **Schedule a weekly check for pests** (e.g. cockroaches, ants, rodents) in areas where food is being prepped, stored, eaten, or thrown out.
 - If signs of pests are found, see the General Safety section to learn about pest control.
 - Note: Pest control chemicals should not be used by unlicensed individuals.

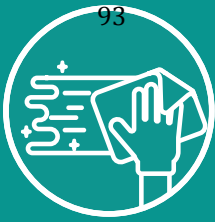
Train and model safe food practices.

- ❑ **Review illustrated food safety guide** (previous pages) at the beginning of each food prep and service shift.
- ❑ **Do not allow people who are sick to prepare or serve food** (e.g. flu-like symptoms, diarrhea, vomit, jaundice/ yellow skin or eyes)
- ❑ **Model good hand washing**, cleaning, and food preparation practices.
- ❑ **Help staff, volunteers, and clients handling food** for others obtain a food worker card.



Questions about food safety, food worker cards, or where to file a complaint? Call 206-263-9566

Need to report a foodborne illness? Call 206-296-4774



Sanitize & Disinfect

Germ on surfaces can make you sick. Protect your health.

Steps to Sanitize or Disinfect



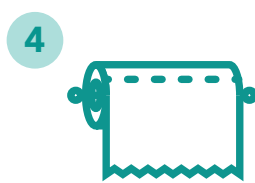
1 **Protect yourself** - always wear gloves (and a mask and apron if disinfecting)



2 **Clean surfaces to remove dirt** before disinfecting or sanitizing (for disinfecting wipes, use separate sheets for steps 2 and 3)



3 **Spray and leave sanitizer/disinfectant** on the surface for the label's recommended amount of time



4 **Dry surface with a clean paper towel** or let the surface air dry

Daily Sanitizing & Disinfection



Sanitize frequently touched surfaces 1-3 times daily (doorknobs, railings, light switches, remotes, etc.)

How to mix your disinfectant or sanitizer solution:



Disinfectant

8.25% bleach

2 tablespoons bleach +
1 gallon water

1 +1/2 teaspoons bleach +
4 cups water



Disinfect sleeping areas weekly, when dirty, and between clients



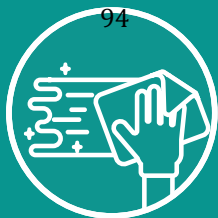
Clean and disinfect bathrooms and kitchens 1-3 times daily and sanitize showers between uses



Sanitizer

1/4 tsp bleach +
4 cups water



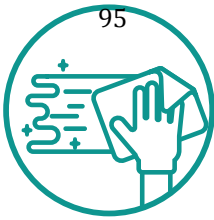


Sanitize & Disinfect

Germs on surfaces can make you sick. Protect your health.

Special Cleaning for Vomit, Diarrhea, or Blood

- 1**  **Protect yourself** – wear gloves, an apron, eye protection, shoe covers, and a face mask
- 2**  **Use kitty litter** or baking soda to soak up big spills and scoop up (don't vacuum)
- 3**  **Use paper towels** and soapy water for wiping and cleaning
- 4**  **Spray area with disinfectant** and let it sit for the amount of time recommended on the label. For special cleaning use 1 cup bleach +1 gallon water
- 5**  **Wipe the area with a paper towel** or let it air dry
- 6**  **Clean and disinfect scrub brushes** and other non-disposable supplies (e.g. machine wash reusable mop heads with hot water and 1/2 cup of bleach)
- 7**  **Double bag all soiled items and throw them out**
- 8**  **Wash hands after clean-up**



Sanitize & Disinfect CHECKLIST

Use this checklist if you are in charge of setting up, managing, equipping or inspecting facilities that serve people experiencing homelessness.

Help your team understand when to clean, sanitize, or disinfect.

- Clean with soap and water** when you want to remove dirt and debris from surfaces. This is the first step you take before sanitizing or disinfecting.
- Sanitize when you want to reduce, but not kill all, the germs on surfaces.** It's good for frequent uses, such as prepping a food service area, washing dishes, or spraying a shower stall before use.
- Disinfect when you want to kill germs on surfaces.** You want to disinfect after cleaning up bodily fluids or when you want to kill germs on highly used surfaces like doorknobs, handrails, or light switches.
- Instruct people to use disinfectant wipes properly.** Use one wipe to clean and a separate wipe to disinfect.
- See Appendix F** for more details about cleaning, sanitizing, and disinfecting.

Use the right product for the right job.

- Purchase a product that kills or reduces the germs** you want to control. For instance, many products are not effective against hepatitis A, so be sure to check that information.
- Choose a product that cleans and disinfects.**
- Always read labels** and use products according to the instructions. See Appendix I for how to read product labels.
- If the choices are overwhelming, a simple bleach and water solution works** for most circumstances. See this section's visual guide or Appendix F for mixing instructions.

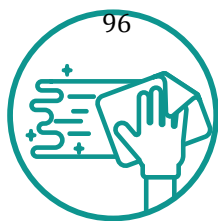
Store chemicals safely.

- Ensure chemicals are stored below and/or away from food and food surfaces,** and out of the reach of children and pets.
- Keep chemicals in their original labeled containers** unless pre-mixing solutions for use (e.g. spray bottles).
- Label all spray bottles** with chemical + water solutions (more information on pre-mixing below).
- Post the phone number for poison control.**
- Contact your local labor and industries representative** for more information about requirements for your facility to comply with WISHA chemical safety standards.

Pre-mix sanitizers and disinfectants for easy use.

- Mix solutions ahead of time** and label spray bottles or containers with the amount of chemical + amount of water and whether the solution is a sanitizer or disinfectant. See example for labeling in Appendix J.
- Mix fresh solutions for sanitizing and disinfecting regularly.**
 - If using a spray bottle, mix daily.
 - If using a bucket with rags, make a new batch every 2-4 hours. Use clean rags.
 - Or follow the instructions on the chemical's label.
- Never mix chemicals or cleaning solutions together.**

Checklist continues on the next page



Sanitize & Disinfect CHECKLIST

CONTINUED

- ❑ **Review Public Health’s Cleaning, Sanitizing, and Disinfection Guidelines** in Appendix F and post instructions for the products that you are using in areas where you prepare your disinfectant.

Schedule daily sanitizing and disinfecting rounds.

- ❑ **Create a master cleaning schedule** that covers cleaning requirements for the entire site, including:
 - Restrooms and showers
 - Kitchen and eating spaces
 - Sleeping spaces
 - Common areas and high-touch surfaces

- ❑ **See Appendix G for a sample master cleaning schedule.**

Make supplies and protective gear easy to access.

- ❑ **Stock supplies and protective gear** and ensure everyone can access them for:
 - General cleaning
 - Cleaning up diarrhea, vomit, and blood
 - Washing linens and client belongings

- ❑ **Ensure you have the following on hand for cleaning:**

- Disposable gloves
- Disposable face masks
- Absorbent material (e.g. kitty litter or baking soda) to clean up liquids
- Grabber tool and sharps container for needles and sharps
- Grabber tool for collecting other garbage
- Aprons (water resistant) or smocks to cover exposed skin or clothing
- Measuring cups
- Scrubbing pads/cleaning brushes
- Cleaning and disinfectant solutions in properly labeled spray bottles
- Paper towels and garbage bags
- Shoe covers
- Eye protection, such as goggles
- Scoop or scraper (e.g. inexpensive dustpan)
- Signs that say “caution – wet floor” or safety cones to block off temporarily contaminated areas



Questions about sanitation and hygiene? Call 206-263-9566



Needles & Sharps

A used needle can spread disease. Be safe.

Protect Yourself



Do not pick up a used needle with your bare hands



Use a grabber tool or tongs with disposable gloves, or use puncture-resistant gloves

Safely Dispose of Needles



Do not put needles in the trash



Place used needles in a marked sharps container right away



Drop off full sharps containers at a transfer station or arrange for pick up



Find a nearby needle exchange location:
www.kingcounty.gov/needle

If You Get Stuck with a Needle



Stay calm – wash the area with soap and warm water and cover with a bandage



Ask a staff member for help and seek medical care right away





Waste Management

Dispose of your trash correctly to keep us all safe.

Garbage & Dirty Water



Dump dirty water in mop sinks or toilets, not on the ground, in storm drains, or where food is prepared



Pick up pet poop right away with a plastic bag and place in the garbage



Empty indoor trash cans daily



Put trash, recycling, and compost in correct containers

Hazardous Waste & Medications



Put used needles in a sharps container (do not touch them with your bare hands)



Put hazardous waste in marked containers and do not mix waste types (e.g. batteries, light bulbs, motor oil)



Put unwanted medications in a secured and marked container that is out of reach of pets and kids





Needles & Sharps CHECKLIST

Use this checklist if you are in charge of setting up, managing, equipping, or inspecting facilities that serve people experiencing homelessness.

Ensure proper disposal of used needles and sharps.

- ❑ **Install sharps containers** to ensure clients have a safe place to dispose of their used needles. Ensure sharps containers are clearly visible at multiple locations.
- ❑ **Install sharps containers in private spaces** such as restroom stalls or provide individual and tamper-free sharps containers for client privacy.
- ❑ **Schedule regular monitoring of sharps storage areas** to ensure they are secure and not overflowing.
- ❑ **Dispose of sharps containers** when they are $\frac{3}{4}$ full or every 90 days, whichever occurs first.
- ❑ **Drop off full sharps containers** at a transfer station, or work with a sharps collection company that can pick up or receive full sharps containers. Do not put sharps containers in the trash.
- ❑ **Find drop-off locations at:** www.kingcounty.gov/needle

Ensure protection for those cleaning up used needles.

- ❑ **Provide a grabber tool or tongs** with disposable gloves or puncture-resistant gloves.
- ❑ **Plan for emergency medical care and treatment** for all puncture wounds resulting from needle sticks, including immediate transport to a nearby hospital.
- ❑ **Assign and post the names of on-site leads** (and backups), so people know who to speak to if they receive an accidental needle stick or are exposed to someone else's blood.

Instruct clients on safe needle and sharps handling.

- ❑ **Ensure access to sharps containers are convenient.**
- ❑ **Show clients where the sharps containers are located.** Needles should be placed in containers immediately after use with the point-end down into the sharps container.
- ❑ **Encourage clients to avoid walking a far distance holding a sharp/needle.**
- ❑ **Remind clients to never pick up any used needles or sharps** with their bare hands. Show them where the gloves, trash grabber tool, and/or tongs are kept.
- ❑ **Provide information for needle exchange locations:** www.kingcounty.gov/needle
- ❑ **Post signs about safe needle and sharps handling.** The illustrated guide in this section can be printed as a poster.



Questions about a needle stick injury? Call the Harborview Emergency Room: 206-744-3074



Waste Management CHECKLIST

Use this checklist if you are in charge of setting up, managing, equipping, or inspecting facilities that serve people experiencing homelessness.

Set your site up for proper garbage and recycling collection.

- ❑ **Provide bins with tight fitting lids** for garbage and recycling.
- ❑ **Provide a separate, closable container** in restrooms for collecting diapers.
- ❑ **Label different types of waste bins** for clear and easy identification.
- ❑ **Schedule garbage and recycling collection service** to occur at least weekly.
- ❑ **Assign someone to empty garbage cans** in living areas daily.

Ensure protection for those cleaning up blood, diarrhea, or vomit.

- ❑ **Stock disposable gloves, eye protection, face masks, plastic bags, and aprons** for those cleaning up blood, diarrhea, and vomit. See the Sanitize and Disinfect section for more information.
- ❑ **Inform your waste collection agency** when the volume of infectious waste is abnormal.

Collect and properly dispose of hazardous waste and medications.

- ❑ **Provide labeled bins for flammable and hazardous waste** (batteries, light bulbs, fuels, cleaning chemicals, oil-based paints, motor oil, etc.) and assign someone to drop them off at an approved site. Visit www.hazwastehelp.org or call 206-296-4692 for more information.
- ❑ **Provide bins for electronics to be recycled.** Assign someone to drop them off with E-Cycle Washington: www.eCycleWashington.org.

- ❑ **Provide a closed and labeled container** to collect unused medications. Keep them out of the reach of kids and pets.
- ❑ **Drop off medications at a designated location.** Visit www.kingcountysecuremedicinereturn.org/ (or search King County Secure Medicine Return) to find a drop-box location near you.
- ❑ **Call law enforcement to pick up illegal drugs, opioids, or narcotics.** These cannot be taken to a Secure Medicine Return location. Do not store these on-site.
- ❑ **If unsure what type of medication or drug has been left behind,** call your local law enforcement office.

Service portable toilets regularly, and properly dispose of dirty water.

- ❑ **Schedule weekly (at minimum) servicing** for portable toilets and waste tanks collecting dirty water.
- ❑ **Post signs to instruct people not to dump dirty water** on the ground outside or into storm drains. Dirty water from hand wash stations or mop buckets should be disposed of in mop sinks or toilets.

Clearly post rules for garbage handling and collection.

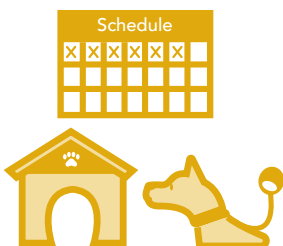
- ❑ **Include the names of waste collection companies,** their phone numbers, and frequency of service.



Pet Management

Pets are awesome. Keep them safe and healthy to reduce the spread of disease and to protect our community.

Daily Pet Care



Feed pets on a set schedule and make sure they have access to water, shelter, and exercise



Do not feed pets human food, raw pet food, or treats that aren't fully cooked (e.g. pig ears)



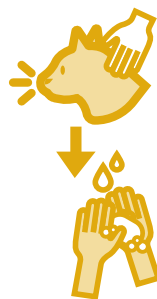
Clean pet food and water bowls daily



Store pet food in rodent-proof containers and use a scoop (not your hands) to fill bowls



Do not allow pets in food preparation or eating areas

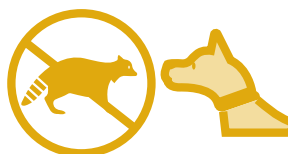


Wash your hands with soap and warm water after petting, feeding, and cleaning up after your pet

Pet Safety



Leash, supervise, or confine your pet to a crate or sleeping area



Keep your pet away from stray and wild animals

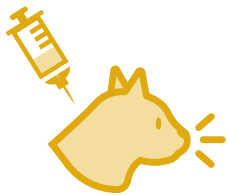




Pet Management

Pets are awesome. Keep them safe and healthy to reduce the spread of disease and to protect our community.

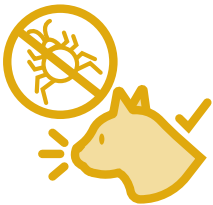
Pet Health



Keep your pet's vaccinations current, especially against rabies, DHLPP (dogs), and FVRCP (cats)



Spay or neuter your pet to protect their health and prevent unplanned litters



Prevent fleas, ticks, heartworm, and internal parasites with regular medication

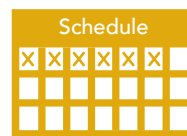


See a vet at least once a year or if your pet is sick (ask about low cost vets and pet food banks)

Pet Poop, Vomit, & Blood



Pick up dog poop immediately using a plastic bag and place in the garbage



Scoop litter boxes daily, bag waste and place in the garbage, empty, clean, and disinfect boxes weekly



Ask the person in charge for instructions on how to clean up pet vomit, diarrhea, and blood



Pregnant individuals should not clean litter boxes



Note: Some people are more likely to get sick from animals. Talk to your doctor if you have a weakened immune system, are over 65 yrs old, are pregnant, or have kids under the age of 5.





Pet Management CHECKLIST

Use this checklist if you are in charge of setting up, managing, equipping, or inspecting facilities that serve people experiencing homelessness.

Help clients store pet food in closed, rodent-proof containers.

- Provide lidded, rodent-proof containers for pet food.
- Do not allow pet food to be stored in sleeping areas.
- Encourage clients to clean food bowls and put them away between feedings to avoid attracting rodents and other pests.

Work with clients to ensure pets are safe and properly cared for.

- Make sure pets and service animals have access to fresh drinking water and shelter from heat and cold.
- Encourage clients to feed pets on a schedule and to clean their food and water bowls daily.
- Provide a dedicated scoop for clients to use for filling a food bowl and encourage clients to wash their hands after feeding their pet.
- Advise clients to avoid feeding their pets human food, raw meat pet food, and raw or partially cooked pet treats (e.g. pig ear treats).
- Make sure pets are able to move comfortably and get exercise.
- Separate sick pets and advise clients to seek veterinary care for them.

Make sure pets are vaccinated, neutered, and treated for parasites.

- Require that clients' pets are up-to-date on vaccinations such as rabies, DHLPP (dogs) or FVRCP (cats).
- Encourage clients to neuter their pets.
- Encourage clients to give their pets regular flea, tick, heartworm and internal parasite prevention medication.
- Recommend low-cost veterinary options to clients (see Appendix A for resources).

Ensure pets are always supervised or contained.

- Provide collars and leashes for pets who do not have them.
- Remind clients that pets should be leashed or under the direct supervision of their owner at all times, unless contained in sleeping structures or crates.
- Encourage clients to keep their pets away from feral and wild animals as they can spread disease.
- Do not allow pets in food preparation or eating areas.

Protect vulnerable individuals.

- Encourage people who are more likely to get sick from animals to talk to a doctor about the risks. They include:
 - People with weakened immune systems
 - Adults over 65 years of age
 - Pregnant individuals
 - Children under 5 years of age

Checklist continues on the next page



Pet Management CHECKLIST

CONTINUED

Work with clients to ensure pet waste is cleaned up properly.

- ❑ **Provide disposal supplies for pet waste:** litter boxes, scoops, gloves, plastic bags, and a garbage can.
- ❑ **Require that clients pick up dog poop immediately** with a plastic bag or a shovel/scoop that is cleaned daily.
- ❑ **Instruct clients to bag pet waste** and place in the garbage. Dog and cat waste cannot be composted.
- ❑ **Remind clients to scoop litter boxes daily** and clean and disinfect boxes at least once weekly. Learn about disinfecting in the Sanitize and Disinfect section on page 21.
- ❑ **Note: Pregnant individuals should avoid cleaning litter boxes.** If they cannot avoid it, provide a scoop, gloves, and a mask and instruct them to wash their hands with soap and warm water after removing the gloves.

Set rules for the types of pets allowed on-site.

- ❑ **Limit pets to dogs and cats.** Do not allow pet rodents, ferrets, reptiles, amphibians, birds, or domesticated wild animals as these animals have unique housing needs and pose a higher disease risk.
- ❑ **Aggressive dogs and cats that bite or scratch should not be allowed on-site.**
- ❑ **Provide information on rehoming pets if needed** (see Appendix A for contacts and resources).

Have a plan for animal bites and scratches.

- ❑ **Have contact information for Animal Control easily available on-site.**
- ❑ **If a dog or cat bites or scratches a person, the animal must be confined for 10 days** to ensure they show no signs of rabies. During confinement, an owner needs to keep their pet away from other animals and people. Bites should be reported to Animal Control and the confinement is enforceable by Public Health.
- ❑ **Treat bite wounds and scratches using the following steps:**
 - Rinse the wound with lots of water and wash with soap and water for 3-5 minutes.
 - If the wound is bleeding, apply pressure with a clean, dry towel and raise the area to stop the bleeding.
 - Apply a sterile bandage to the wound.
- ❑ **See a health care provider if:**
 - The bite or scratch has broken the skin.
 - A person is bitten by a cat as these wounds can trap harmful germs under the skin and become dangerous.
 - The area of a bite or scratch becomes red, swollen or painful, or has pus/discharge.



Pet Resources

Public Health Zoonotic Disease Program: www.Kingcounty.gov/zoonotic

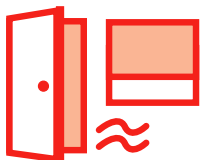
See Appendix A for low cost veterinarians and pet food banks.



General Safety

Keep your site ventilated, pest-free, and safe.

Indoor Air Quality



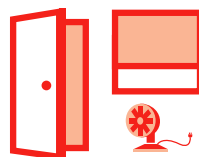
Open all doors and windows for a few minutes to let in fresh air



Do not smoke indoors or within 25 feet of entrances and exits



Wipe or remove shoes upon entering a residence



Open doors and windows, and/or run fans when cleaning

Emergency Plans



Get to know the emergency evacuation plans at your site



Locate your nearest exits

Prevent Pests



Clear clutter that could encourage pest infestations



Store your food and garbage in rodent-proof containers



Do not store food in your sleeping area



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General Safety CHECKLIST

Use this checklist if you are in charge of setting up, managing, equipping, or inspecting facilities that serve people experiencing homelessness.

Keep indoor air fresh and breathable.

- Flush the air 2-3 times a day for 3-4 minutes.** Open all doors and windows to let fresh air circulate through, unless outdoor air quality is poor.
- Do not allow smoking indoors** or within 25 feet of entrances and exits.
- Provide mats for residents** to wipe their shoes upon entering.
- Use ventilating fans** over the stove and in the bathroom and clean them monthly.
- Address leaks from roof** or plumbing fixtures immediately.
- Replace or clean furnace and air filters** when they are dirty or schedule regular maintenance.
- Open doors, windows, and/or run fans** when using cleaning products or chemicals with words like "danger," "warning," or "caution" on their labels.

Provide emergency and evacuation plans.

- Plan for various types of emergencies.** Include contacts, roles and responsibilities, how clients and staff will be assembled, supplies, alternative destinations if necessary, etc.
- Identify and include the needs of those with disabilities, language, and other access barriers,** when developing your emergency and evacuation plan.
- Make plans readily available** and ensure staff, volunteers, and clients are clear and familiar with their roles and responsibilities. Run evacuation drills if operating a long-term living environment.

- Pack emergency bags** with necessary supplies in advance.
- Clearly post facility evacuation plans** in all common areas. Add emergency evacuation symbols for easy understanding.
- Visibly mark all exits and label doors that are not exits.**

Prevent pests and rodents.

- Adopt an Integrated Pest Management program** focused on sanitation, clutter control, and keeping pests out.
- Contract a pest control company** for regular maintenance and notify them in the event of an infestation.
- Schedule daily checks** for rodent burrows or holes. Notify a pest control company of new burrows.
- Provide rodent-proof bins** for food, garbage, and compost.
- Discourage clients from storing food in sleeping areas.** Food stored in sleeping areas must be limited and placed in lidded containers.
- Store extra equipment, supplies, and donations** in a way to prevent rodent harborage.
- Avoid keeping livestock and vegetable gardens,** as they can attract pests.

Checklist continues on the next page



General Safety CHECKLIST

CONTINUED

Remove pests and rodents.

- Hire professional pest control.** It is not recommended to do pest control yourself.
- If you find a dead rodent,** put on disposable gloves, bag the rodent, and put it in the trash.
- Wearing gloves and a face mask, clean and disinfect surfaces and areas** contaminated with rodent poop, urine, and dead rodents. See the Sanitize and Disinfect section (page 21) for more information.
- Do not sweep or vacuum** rodent material, including droppings or nests.
- Do not touch wild rodents.**

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APPENDIX A

Public Health Contact List & Resources

King County Public Health Contacts & Resources

Communicable Disease, Epidemiology and Immunization

www.kingcounty.gov/depts/health/communicable-diseases.aspx

Communicable Disease & Epidemiology

206-296-4774

- Report communicable disease outbreaks, including food borne illnesses
- Disease prevention and fact sheets
- Accessing immunizations for infants, children, and adults

HIV/STD Program

206-263-2000

- HIV/STD clinics
- Needle exchange and harm reduction
- Disease reporting requirements

Tuberculosis (TB) Control

206-744-4579

Emergency Preparedness

www.kingcounty.gov/depts/health/emergency-preparedness.aspx

Tips to Prepare Yourself

- Disease outbreaks and toxins
- Power outages
- Flooding and sewage issues
- Water contamination

Community Resilience + Equity

- Tools and resources for community and faith based organizations
- Considerations for groups impacted by inequity

Healthcare for the Homeless Network

www.kingcounty.gov/depts/health/locations/homeless-health/healthcare-for-the-homeless.aspx

Health Care Services

- Primary care clinics
- Mobile medical care
- Services by specialty
- Shelter, counseling, and other resources

Seattle Medical Van:

206-330-6775

South King County Medical Van:

206-915-4809

Training and Technical Assistance

- Communicable diseases and health emergencies
- Posters and flyers
- Assistance with writing policies and procedures for diseases (e.g. blood borne, TB, sharps, etc.)

Health Education

- Tailored group discussions on health and hygiene, chronic and communicable diseases

Resources

- Motivational interviewing
- Trauma-informed care
- Cultural competency
- Homelessness

APPENDIX A

Public Health Contact List & Resources CONTINUED.

Environmental Health Services Division

www.kingcounty.gov/depts/health/environmental-health.aspx

206-263-9566

Food & Facilities Program:

- Food safety
- Food worker cards
- Feeding plan consultations
- Safe food after a power outage
- Complaints about unsafe food handling
- Food safety fact sheets and videos

Solid Waste, Rodents, and Zoonotic Disease Program:

- Solid waste and illegal dumping
- How to get rid of rats and mice
- Zoonotic diseases, including rabies

Hazardous Waste Management Program

Haz Wasteline:

206-296-4692

- Household and business hazardous waste disposal
- Healthy homes
- Bed bugs and safer pest control options
- Lead, mercury, and pesticides
- Safer cleaning choices

Technical Assistance for Homeless Service Providers

- Sanitation and hygiene
- Filing a complaint
- Educational material

APPENDIX A

Public Health Contact List & Resources CONTINUED.**Additional Resources****Chemical and Disinfectants**

American Association of Poison Control Centers
800-222-1222 (available 24 hours)

Occupational Safety & Health Administration (OSHA)

www.osha.gov

Labor & Industries (L&I)

www.lni.wa.gov

Environmental Protection Agency (EPA)

***Registered disinfectants**

www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants

Food Safety

Food Worker Card

www.kingcounty.gov/depts/health/environmental-health/food-safety/food-worker-card.aspx

Additional Food Safety Trainings

***Approved List**

www.kingcounty.gov/depts/health/environmental-health/food-safety/food-worker-card/approved-training.aspx

Donated Food Distributing Organizations (DFDOs)

www.doh.wa.gov/CommunityandEnvironment/Food/FoodWorkerandIndustry/CharityFoodDonations

Lice, Scabies, and Bed Bugs

Lice

www.cdc.gov/parasites/lice/index.html

Scabies

www.cdc.gov/parasites/scabies

Bed Bugs

www.cdc.gov/parasites/bedbugs

Pet Owners

Regional Animal Services of King County

- Pet licensing
- Lost and found pets
- Animal control response

Resources

www.kingcounty.gov/depts/regional-animal-services.aspx

Pet Information Line: 206-296-7387

Pet Food Banks

1. www.seattlehumane.org/pet-food-bank
2. www.homewardpet.org/homeward-pet-food-bank

Veterinary Care

1. www.doneycoe.org
2. www.seattlevet.org
3. www.seattledogs.info/veterinary-care

Zoonotic Diseases

***Information for Pet Owners**

www.kingcounty.gov/depts/health/communicable-diseases/zoonotic/facts-resources/brochures.aspx

Rodent and Zoonotic Disease Prevention

Rodent Prevention

1. www.kingcounty.gov/health/rats
2. www.cdc.gov/rodents/cleaning/index.html

Zoonotic Disease Prevention

1. www.kingcounty.gov/depts/health/communicable-diseases/zoonotic.aspx
2. www.kingcounty.gov/depts/health/communicable-diseases/health-care-providers/rabies-assessment/bats.aspx

Sanitation & Hygiene

Training for Homeless Service Providers

www.kingcounty.gov/depts/health/locations/homeless-health/healthcare-for-the-homeless/training.aspx



APPENDIX A

Public Health Contact List & Resources CONTINUED.**King County Waste & Hazardous Waste****Garbage & Recycling**

www.kingcounty.gov/depts/dnrp/solid-waste/garbage-recycling/garbage.aspx

Hazardous Waste

www.hazwastehelp.org

What do I do with it?***Online waste disposal search tool**

www.info.kingcounty.gov/Services/recycling-garbage/Solid-Waste/what-do-i-do-with

Sharps and Needles**Needle Exchange**

www.kingcounty.gov/depts/health/communicable-diseases/hiv-std/patients/drug-use-harm-reduction.aspx

Seattle Sharps Collection Program***Removal from Public Property*****Disposal Locations**

www.seattle.gov/utilities/environment-and-conservation/our-city/sharps-collection

Miscellaneous**24 Hour Crisis Connections**

www.crisisconnections.org/get-help

CPR Training**Seattle**

www.redcross.org/local/washington/take-a-class/cpr-seattle-wa

King County

www.kingcounty.gov/depts/health/emergency-medical-services/community/cpr-education.aspx

Fall Prevention *Keeping Seniors Safe

kingcounty.gov/depts/health/emergency-medical-services/community/fall-prevention.aspx

HIV Case Management

www.lifelong.org/case-management

Healthy Building Material***Reduce exposure to toxic chemicals**

www.healthybuilding.net/about

Indoor Air Quality and Mold Prevention

www.kingcounty.gov/depts/health/environmental-health/toxins-air-quality/indoor-air-quality.aspx

www.epa.gov/indoor-air-quality-iaq/volatile-organic-compounds-impact-indoor-air-quality

Plumbers Without Borders***Volunteer plumbers offering services for indoor and outdoor sites**

www.plumberswithoutborders.org

Services for People Experiencing Homelessness*** Rental Assistance, shelter, legal referrals, transportation, food, shower and laundry services, and other needs**

www.seattle.gov/homelessness/resources

www.wa211.org

Call: 2-1-1

Substance Use Resources

www.kingcounty.gov/depts/health/communicable-diseases/hiv-std/patients/who-does-what/substance-use.aspx

Tuberculosis (TB) Information

www.kingcounty.gov/depts/health/communicable-diseases/tuberculosis.aspx

206-744-4579



APPENDIX B ¹¹⁵ Site Planning: Initial Setup for Approved Outdoor Communities

Use this checklist if you are setting up a tiny house village, tent city or sanctioned encampment.

Site Selection and Construction/Design Considerations

- Select sites that have access to utilities, such as electricity, sewer and water supply.
- Avoid areas that are under remediation for environmental contamination. If this cannot be avoided consult with Public Health's Environmental Health Division and/or other agencies to assess risk. (See Appendix A for a contact list).
- Choose construction products that are lower in VOC's (volatile organic compounds) and use safer choices when possible. (See Appendix A for resources).
- Contact your local jurisdiction for building and housing code processes to learn more about permitting requirements for your site.
- Ensure good drainage to prevent mud and standing water. Groundcover should be concrete or compacted gravel. Avoid wood chips and straw.
- Evaluate if vegetation can be cleared to at least a 10 foot perimeter around the site.
- Plan for a pet relief area if pets are allowed. Area needs to be easily maintained.
- Consider rodent prevention when designing site.
- Locate and situate smoking areas away from where flammable items are stored and used.
- Plan for access for emergency vehicles and the mobile medical van.

Structures

- Ensure sleeping structures have good ventilation to provide adequate air flow to reduce moisture and mold. Especially if you are using donated building products that may have higher VOC's.
- Raise structures that do not have a solid concrete foundation. Use concrete footings to allow for inspection of rodents and to prevent intrusion of moisture from the ground (refer to Appendix C).
- Implement 3-4 foot wide aisles to allow for access to emergency services and ADA accessibility.
- Provide structures to protect areas against the elements. This includes sleeping spaces, a kitchen and food storage area, common area, donation storage, case management, laundry, showers, and restrooms. At least one area provided to all for heat during cold weather.

Sanitation and Hygiene

- Plan for 1 portable toilet per 20 persons minimum. Consider gender-neutral facilities, and accommodations for ADA and families.
- Install hand washing stations in areas that are close to the kitchen and restrooms. Hand wash stations need to provide warm water and be protected with a canopy if outside and uncovered.
- Set up a dish washing station or sink for washing, in a covered area that has access to water, sewer and/or a greywater disposal tank.
- Provide adequate potable/drinking water.

Checklist continues on the next page

APPENDIX B ¹¹⁶ Site Planning: Initial Setup for Approved Outdoor Communities CONTINUED.

Waste and Wastewater

- Store flammables, such as fuel canisters and propane tanks under cover.
- Establish weekly garbage and recycling services.
- Use garbage cans with lids throughout the site. For outdoor containers, lids should be tight fitting to prevent attracting rats and other pests.

Safety

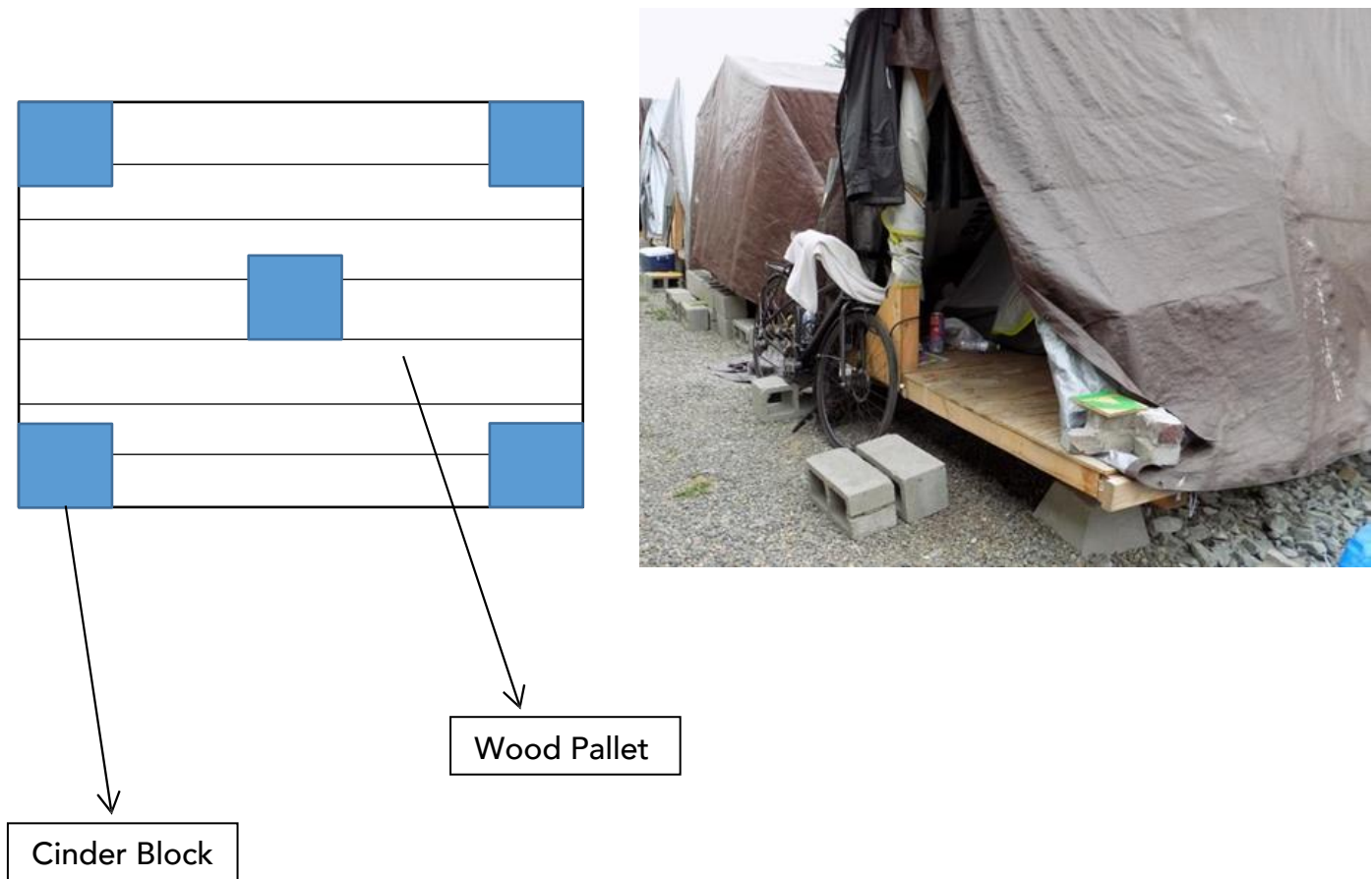
- Cover areas used for storage of flammables, such as fuel canisters and propane tanks.
- Post “No Smoking” signs in all areas where propane tanks or fuel canisters are being used or stored.
- Secure storage of sharps to prevent theft.
- Provide first aid kits that include eyewash bottles. Ensure number of kits is adequate to service the number of residents.
- Stock two or more Naloxone (Narcan) kits on site, and train staff on how to administer.
- Supply fire extinguishers. Consult your local fire department about the number of extinguishers needed and where to store them.

APPENDIX C

Site Planning: Platform Design and Diagram for Sleeping Structures

Platform Design and Diagram for Sleeping Structures

Sleeping structures and housing units should be placed on cinder blocks with pallets to support the unit and keep residents off the ground. The example below shows a suggested set up for Tent Cities.



APPENDIX D

Site Planning: Americans with Disabilities Act Considerations

Access for all

Under the federal Fair Housing Act and the Americans with Disabilities Act, it is illegal to discriminate based on disability in places of public accommodation and all types of housing intended for short or long-term residence, including shelters that house persons for more than a few days, emergency overnight shelters and social service facilities, transitional housing facilities, and permanent housing facilities. Homeless service providers cannot turn away persons with disabilities simply because of their disabilities or terminate residents because of a disability or disability-related behavior. Nor are homeless service providers allowed to impose on people with disabilities terms or conditions that are stricter or less favorable than those expected or required of residents without disabilities.

Provide reasonable accommodation

Providers who serve people experiencing homelessness are required to provide reasonable accommodations to potential and current residents with disabilities. Reasonable accommodations are changes, exceptions, or adjustments to a program, service, or procedure that will allow a person with a disability to have equal (to persons without disabilities) access to and enjoyment of housing programs and services. However, reasonable accommodation is not required if alterations would constitute an undue financial or administrative burden, or if it would result in a fundamental alteration of the provider's program.

Examples of reasonable accommodation include, but are not limited to:

- Waiving pet rules for service animals
- Providing a bed assignment in an accessible location
- Reading the terms of an agreement aloud
- Filling out an application on behalf of the client

- Providing alternate shelter options
- Allowing a caregiver to provide services on-site

Identify & remove barriers

A first step to providing an accessible shelter or encampment is to identify any physical barriers that exist that may prevent access to people with disabilities. Identify barriers that may restrict the access and mobility to include people who use wheelchair or scooters or who have difficulty walking, people who are deaf or hard-of-hearing, and people who are blind or who have low vision. Facilities built or extensively altered since the ADA went into effect in 1992 may have few barriers to accessibility, while facilities built before 1992 and not altered to provide accessibility may have more barriers that prevent access to people with disabilities. A quick-check survey for assessing the accessibility of a site is available through the ADA Checklist for Emergency Shelters: www.ada.gov/pcatoolkit/chap7shelterchk.htm

Sanitation and hygiene considerations

For sanitation and hygiene purposes, at least one set of toilet rooms serving the shelter must be accessible to individuals who use a wheelchair, scooter, or other mobility device. In large shelters where more than one set of toilet rooms is needed to serve the occupants, it may be necessary to provide additional accessible toilet facilities or to establish policies to assure that individuals with disabilities have access to the accessible facilities. Additionally, hand washing stations located in all ADA accessible toilet rooms should be placed so they can be easily reached by individuals while seated in a wheelchair, scooter, or other mobility device.

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APPENDIX E

Food Safety: Sample Temperature Log for Donated Foods

Temperature Log for Donated Foods

Donor name & kitchen location (individual, group, restaurant, etc.)	Date	Foods donated	Temperatures °F (potentially hazardous foods only)	Notes
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____ °F Item 3: _____ °F	
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____ °F Item 3: _____ °F	
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____ °F Item 3: _____ °F	
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____ °F Item 3: _____ °F	
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____ °F Item 3: _____ °F	

- ❖ **Potentially hazardous foods (PHFs):** all dairy products, beef, pork, fish, chicken, turkey, shellfish, tofu, eggs, all cooked foods, cut melons, sprouts, cut/torn leafy greens, and cut tomatoes. These foods need to arrive above **135°F**, OR below **41°F**, and **NOT in the Danger Zone (41-135°F)**.
- ❖ Ensure donors have a current food worker card.
- ❖ Reset your digital thermometer once a month or more. Stick in ice water until thermometer reads 32°F.

Donor name & kitchen location (individual, group, restaurant, etc.)	Date	Foods donated	Temperatures °F (potentially hazardous foods only)	Notes
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____ °F Item 3: _____ °F	
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____ °F Item 3: _____ °F	
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____ °F Item 3: _____ °F	
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____ °F Item 3: _____ °F	
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____ °F Item 3: _____ °F	
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____ °F Item 3: _____ °F	

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APPENDIX F

Sanitation: Public Health Routine Cleaning and Disinfection Guidelines



ROUTINE CLEANING, SANITIZING, AND DISINFECTION: GUIDELINES FOR SHELTERS

Take proper steps for cleaning, sanitizing, and disinfecting surfaces to remove germs that can make people sick. Surfaces that people touch a lot (door handles, railings, light switches, chairs, tables) and bathroom and kitchen surfaces should be cleaned, sanitized, and disinfected routinely.

CLEAN, SANITIZE, AND DISINFECT COMMON AREAS DAILY

Daily disinfection of surfaces that people touch frequently can help decrease the spread of germs. When illness has been identified in a staff member, guest or resident, consider disinfecting surfaces multiple times per day.

Cleaning uses soap or detergent to **remove dirt and debris** from surfaces.

Sanitizing is meant to **reduce, but not kill**, the occurrence and growth of germs from surfaces.

Disinfection uses a chemical to **kill germs** on surfaces that are likely to harbor germs. Disinfectants work best on a clean surface and usually require a longer surface contact period (between 1 - 10 minutes) to work.

Surfaces to Clean and Sanitize	Surfaces to Clean and Disinfect
<ul style="list-style-type: none"> • Food contact surfaces • Common areas • Sofas • Tables • Chairs • Remote controls • Phones • Elevator buttons, light switches, etc. • Railings • Wheelchairs • Spaces to meet with clients 	Bathrooms <ul style="list-style-type: none"> • Sinks • Handles or knobs (door, toilet, etc.) • Dispensers (soap, paper towel, sanitary napkin) Between guests <ul style="list-style-type: none"> • Cots • Storage bins • Sleeping mats • Mattresses • Bed frames

SUPPLIES FOR CLEANING, SANITIZING, AND DISINFECTION

Ensure supplies are stocked and available for cleaning and disinfecting:

- Personal protective equipment: disposable gloves, eye protection, clothing that covers exposed skin, face mask
- Properly labeled spray bottles & measuring cups
- Scrubbing pads/cleaning brushes, paper towels, garbage bags

HOW TO SELECT A SANITIZER AND/OR DISINFECTANT

Sanitizing and disinfecting cleaners and wipes are readily available and come in pre-mixed formulas such as kitchen or bathroom disinfectant as well as hospital-grade formulations. These products are effective for cleaning and sanitizing common surfaces. To select the best one for your facility, read the label for guidance.

Common types of disinfectants to choose from include:

- Bleach/sodium hypochlorite
- Quaternary ammonias (ammonium chloride formulations)
- Accelerated hydrogen peroxides

HOW TO USE “DISINFECTANT WIPES” EFFECTIVELY

To use wipes for disinfecting, use a “wipe, discard, wipe” technique. Wipe the surface to clean away dirt or debris, discard the wipe, and then wipe again with a fresh wipe and allow the surface to air dry.

STEPS FOR CLEANING, SANITIZING, AND DISINFECTING USING SPRAY SOLUTIONS**1. Clean first:**

Spray your surface with a cleaning solution. Wipe or rinse with water. Use a scrubbing pad or brush to remove debris. If using a disinfectant cleaner, follow the instructions on the product label for cleaning.

2. Apply your Sanitizer/Disinfectant:

Wet the surface and leave solution on the surface for the recommended contact time, generally between 1 - 10 minutes. Dry with a paper towel or let the surface air dry.

HOW TO CLEAN UP VOMIT AND DIARRHEA

Take extra precautions for cleaning vomit and diarrhea. Open windows or use a fan for ventilation. Use personal protective equipment (gloves, face mask, eye protection, protective clothing). Clean the area to remove the vomit or diarrhea. Disinfect with a 5,000 ppm solution of bleach and water and allow it to sit on the surface for 1-2 minutes before wiping with a paper towel or air drying. Dispose of all soiled items in a garbage bag and remove it from your facility right away.

For more information, see the factsheet: “How to Clean up Vomit, Diarrhea and Blood”

HOW TO MIX A BLEACH SOLUTION

- Identify the bleach/sodium hypochlorite % on the label and prepare your sanitizing or disinfecting solution based on the surface or area you are cleaning (see table below).
- Use cool water, not warm or hot water, for mixing.
- Mix fresh solutions for sanitizing and disinfecting. If using a spray bottle, mix daily, and if using a bucket with rags, make a new batch every 2-4 hours.
- Always add the bleach to the water.
- Do not mix liquid bleach with other cleaning products.

	To one gallon of water, add:	
	<i>8.25% bleach/sodium hypochlorite</i>	<i>5.25% bleach/sodium hypochlorite</i>
Sanitizing (100 PPM)	1 teaspoon	1 teaspoon
Disinfecting (600 PPM)	2 tablespoons	¼ cup
Special disinfecting (5000 PPM): vomit, diarrhea, blood	1 cup	1 ½ cups

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APPENDIX G

Sanitation: Sample Master Cleaning Schedule

Sample Site Wide Master Cleaning Schedule

Checklists are very useful in ensuring tasks are done correctly and at the right time. This example checklist can be modified to suit your needs/procedures. Post separate procedural checklists as needed for different areas of your site. Incorporate a routine site wide checklist as part of your operating procedures.

Daily	Person In Charge	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
*indicates task needs to be completed 2-3 times a day								
Stock supplies Disposable gloves Liquid soap Paper towels Disinfectant wipes Trash bags Bleach solution* – mix ½ tsp to 1 gallon water								
Clean and sanitize sleep areas and mats								
Clean and sanitize showers* <i>(Stock restrooms with sanitizer spray bottles to ensure they are sanitized between each user)</i>								
Clean and sanitize high touch surfaces in kitchen, restroom, and common areas* <i>(e.g., tables, sink and door handles, outside of kitchen appliances, restroom stalls, handrails, TV remote, etc.)</i>								
Clean and sanitize dining areas after each meal*								
Ensure all foods are stored off the ground and/or in rodent-proof containers <i>(including pet food)</i>								
Check refrigerator temperature(s). <i>Foods must be at 41F or below. Use a liquid or food item that has been refrigerated more than four hours.</i>								
Empty trash cans in kitchen and restroom(s)								

Weekly	Person In Charge
Check expiration dates and discard expired foods. <i>Consider discarding week old meals as well.</i>	
Clean and sanitize inside of kitchen appliances <i>(e.g., microwaves, ovens, refrigerators)</i>	
Check kitchen, dining, food storage, dumpster areas for signs of pests (rats, mice, cockroaches, ants, fleas)	
Ensure hand sinks are providing hot water (100-120F)	
Check that sharps containers are not too full, and replace if necessary.	
Laundry bedding and towels. <i>Unless they are washed after each use.</i>	
Sanitize washing machine(s). <i>Run a cycle with warm water and bleach.</i>	
Check inventory of Personal Protective Equipment (PPE), first aid kit, and cleaning supplies. Replace items that are running low.	
Clean and sanitize floors <i>(and walls in high traffic areas)</i>	

APPENDIX H

Sanitation: How to Set Up a Temporary Handwashing Station

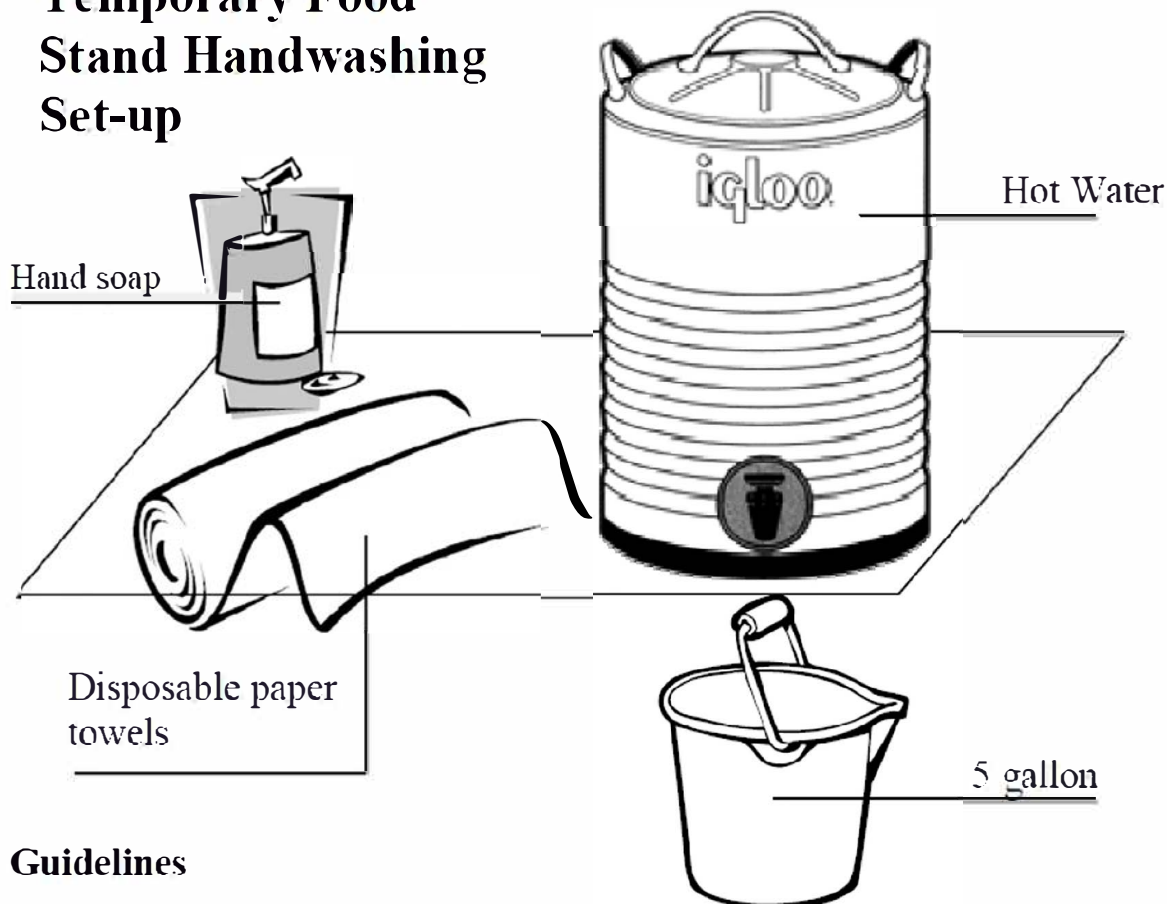
Temporary Handwashing Station Instructions

A temporary handwashing station can be set up anywhere it is needed. It is recommended to place one in the kitchen tent for use by anyone handling food or for individuals to wash hands before eating. Additionally, a temporary handwashing station can supplement rented equipment and back up for failure of rented handwashing equipment.

Supplies needed:

- 5 gallon or larger gravity flow, insulated container
- Warm water
- Bucket for catching waste water
- Soap
- Paper towels
- Hand Sanitizer

Temporary Food Stand Handwashing Set-up



Guidelines

APPENDIX I

Sanitation: How to Read Disinfectant Product Label

Disinfectant Product Label


Understanding the information on a disinfectant product label is essential for effective microorganism inactivation and removal, as well as ensuring safety when using the product.

This handout overviews key areas of a sample disinfectant label. Always read the product label before use.

Only products with EPA registration numbers should be used. This number indicates the product has been reviewed by the EPA and poses minimal risk to animals, people and the environment when used in accordance with the label.

Products must be used according to label directions. Disinfectants (i.e., antimicrobial pesticides) are regulated under the Federal Insecticide, Fungicide, and Rodenticide (FIFRA) Act.

EPA Reg. No.
1658-XX



EPA Est. No.
16XX-MO-1

Product-X

Disinfect-Cleaner-Sanitizer-Fungicide-Mildewstat-Virucide* –
Deodorizer for Hospitals, Institutional and Industrial Use
Effective in hard water up to 400 ppm hardness (calculated as CaCO₃) in the presence of 5% serum contamination

ACTIVE INGREDIENTS:

Octyl decyl dimethyl ammonium chloride.....	1.650%
Dioctyl dimethyl ammonium chloride.....	0.825%
Didecyl dimethyl ammonium chloride.....	0.825%
Alkyl dimethyl benzyl ammonium chloride.....	2.200%
INERT INGREDIENTS.....	94.500%
TOTAL.....	100.000%

It is a violation of Federal Law to use this product in a manner inconsistent with its labeling.

DIRECTIONS FOR USE

Product X is a germicide, soapless cleaner and deodorant which is effective in water up to 400 ppm hardness in the presence of organic soil (5% serum). When used as directed, will not harm tile, terrazzo, resilient flooring, concrete, painted or varnished wood, glass or metals.

FOR USE IN VETERINARY CLINICS, ANIMAL CARE FACILITIES, LIVESTOCK FACILITIES AND ANIMAL QUARANTINE AREAS

Apply Product X to walls, floors and other hard (inanimate) non-porous surfaces with a cloth, mop or mechanical spray device so as to thoroughly wet surfaces. Prepare a fresh solution daily or when use solution becomes visibly dirty.

DISINFECTION - To disinfect hard surfaces, use 1 fluid ounce of Product X per gallon of water. Apply by immersion, flushing solution over treated surfaces with a mop, sponge or cloth to thoroughly wet surfaces. Allow treated surfaces to remain moist for at least 15 minutes before wiping or rinsing. Product X will disinfect hard, non-porous surfaces in veterinary clinics, animal care facilities, livestock facilities and animal quarantine areas.

For heavily soiled areas, a preliminary cleaning is required.

2 oz. gallon use-level. The activity of Product X has been evaluated in the presence of 5% serum and 400 ppm hard water by the AOAC use dilution test and found to be effective against a broad spectrum of gram negative and gram positive organisms as represented by:

- | | |
|--------------------------------|------------------------------------|
| <i>Pseudomonas aeruginosa</i> | <i>Enterobacter aerogenes</i> |
| <i>Staphylococcus aureus</i> | <i>Streptococcus faecalis</i> |
| <i>Salmonella choleraesuis</i> | <i>Shigella dysenteriae</i> |
| <i>Escherichia coli</i> | <i>Brevibacterium ammoniagenes</i> |
| <i>Streptococcus pyogenes</i> | <i>Salmonella typhi</i> |
| <i>Klebsiella pneumoniae</i> | <i>Serratia marcescens</i> |

Boot bath: Use 1.5 fluid ounces per gallon in boot baths. Change solution daily and anytime it becomes visibly soiled. Use a bristle brush to clean soil from boots before disinfecting with Product X.

Disinfecting trucks and farm vehicles: Clean and rinse vehicles and disinfect with 1 fluid ounce per gallon of Product X. If desired, rinse after 12 minutes contact or leave unrinsed. Do not use Product X on vaccination equipment, needles, or diluent bottles as the residual germicide may render the vaccines ineffective.

Sanitizing non-food contact surfaces (such as floors, walls, tables, etc): A 1 ounce per 2 oz. gallon use-level, Product X is an effective sanitizer against *Staphylococcus aureus* and *Klebsiella pneumoniae* on hard porous and non-porous environmental surfaces. Treated surfaces must remain wet for 60 seconds.

Some products may have multiple uses (i.e., cleaning versus disinfection) and require different dilutions and contact times for such actions.

This section describes what disease organism the product works against and under what conditions it was tested.

This section describes what dilutions should be used for different applications. Specialty applications (e.g., boot baths) will also be listed.

This section will describe the hazards related to humans and animals when using this product. It recommends personal protective gear that should be worn, what effects it will have on the environment and treatment information should it be splashed into the eyes or ingested.

KEEP OUT OF REACH OF CHILDREN

DANGER

HAZARD TO HUMANS AND DOMESTIC ANIMALS

PRECAUTIONARY STATEMENTS

CORROSIVE: Causes severe eye and skin damage. Do not get into eyes, on skin, or clothing. Wear goggles or face shield and rubber gloves when handling Product X. Harmful or fatal if swallowed. Wash thoroughly with soap and water after handling.

ENVIRONMENTAL HAZARDS: This product is toxic to fish. Do not discharge effluent containing this product into lakes, streams, ponds, estuaries, oceans, or other waters unless in accordance with the requirements of a National Pollutant Discharge Elimination System (NPDES) permit and the permitting authority has been notified in writing prior to discharge. For guidance contact your State Water Board or Regional Office of the EPA.

PHYSICAL AND CHEMICAL HAZARDS: Do not use or store near heat or open flame.

STATEMENT OF PRACTICAL TREATMENT: In case of contact, immediately flush eyes or skin with plenty of water for at least 20 minutes. For eyes, call a physician. Remove and wash contaminated clothing before reuse. If ingested call a physician immediately.

NOTE TO PHYSICIAN: Probable mucosal damage may contraindicate the use of gastric lavage.

Manufactured by Y Chemical Company, Sometown, Somestate 60345

APPENDIX J

Sanitation: How to Label Pre-Mixed Sanitizers or Disinfectants



Product Name:

Mix _____ parts product with _____ water

Application:

Hazards:

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139 Acknowledgements

Sanitation & Hygiene Guide for Homeless Service Providers

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*Public Health - Seattle & King County
December 2019*

- [Home](#)
- [Illegal Dumping](#)
- [Homeless Camps](#)

Homeless Encampment Reference Guide

At the June 20, 2013 meeting of the Illegal Dumping Technical Advisory Committee (IDTAC), the members decided to develop an outline for a homeless encampment guide that could be added to the Illegal Dumping Toolbox found on the CalRecycle website. Although all aspects of waste at homeless encampments were discussed during the meeting, it was subsequently determined that the guidelines should concentrate on solid waste management. CalRecycle staff presented the draft reference guide at the November 13, 2013 IDTAC meeting, and the members agreed to continue developing the reference guide, with a goal of presenting the completed document for IDTAC review at their March 2014 meeting.

The following Homeless Encampment Reference Guide focuses on solid waste management, but also recognizes that other forms of wastes, including hazardous, medical, and liquid, are routinely found in the encampments. The guidelines are intended to provide an overview of the options available to governmental agencies and private individuals to manage solid waste in existing encampments, to abate solid waste in encampments in the process of closure, and to prevent the reoccurrence of solid waste accumulation in the closed and abated encampments. The reference does not address the medical, social and political issues that are associated with homeless encampments, nor does it discuss how all of the issues can be incorporated into the overall management of homeless encampments.

- [Introduction to Homeless Encampment Issues](#)
- [Solid Waste Management](#)
- [Property Standards](#)
- [Involved Agencies](#)
- [Additional References](#)

Introduction to Homeless Encampment Issues

Homeless People--[People who Live without a Permanent Dwelling](#)

- [Sheltered homeless persons](#) are people who are staying in emergency shelters, transitional housing programs, or safe havens.

- [Unsheltered homeless persons](#) include people who live in places not meant for human habitation, such as the streets, campgrounds, undeveloped properties, abandoned buildings, vehicles, or parks.
- [Homeless encampments](#) are locations where one or more homeless people live in an unsheltered area. These encampments can be found on properties owned by private individuals or companies or owned by local, state, and federal governmental agencies. Local administrative codes, such as in the [City of Fresno](#), establish a clean-up threshold for homeless encampments once they house “10 or more people for 10 or more days”.
- The U.S. Department of Housing and Development document entitled “[The 2012 Point-in-Time Estimates of Homelessness](#)” found that California accounted for more than 1 in 5 homeless people in the United States. Specifically, 20.7% of the national totals of 633,782 people or 131,193 homeless people were found to be in California.
- Residents of homeless encampments have needs that include:
 - Provision of social, public and mental health services;
 - Stability, storage and safety;
 - A functional organization to lead, guide and regulate encampments; and
 - Availability of public and/or transitional housing.
- [Minimum provisions and/or standards](#) for encampments include:
 - Potable drinking water connections;
 - Solid waste disposal;
 - Human waste disposal provisions;
 - Outdoor fire or burning standards;
 - Safe electrical systems; and
 - Structures and bedding of fire resistant materials.

Property Ownership—Public versus Private

- The decision to allow or disallow homeless encampments on public property is made by the local, state, and/or other governing agencies. Operating [regulations](#) and policies are set by local and state codes and, if permits are required, they are issued by the governing agency.
- The decision to allow or disallow homeless encampments on private property is made by the property owner. The property owner is responsible for obtaining any permits required for the encampment, and the regulatory standards are set by local and state codes.

Enforce or Facilitate—A Local Decision

- Local governmental agencies, as well as state and federal agencies, may abate homeless encampments on public property by using existing statutes and local housing, health and safety, water, and penal codes to order the residents to the encampments to leave and then summarily abate the wastes that remain. The failure of the responsible party to [abate a public nuisance](#) can be prosecuted as a misdemeanor, and the court can also order abatement of the nuisance. The private property owner can use the same codes to initiate abatement of homeless encampments on their property, and/or the local governmental agencies can order the property owner to abate the encampments.
- Local governmental agencies may facilitate temporary or permanent homeless encampments by [adopting local codes](#) that define the zoning and land use permit requirements for encampments define administrative standards, require compliance with health and safety standards, and terms for issuing and/or revoking the required permit(s). State and federal agencies do not facilitate unregulated encampments.

Program Management

- Whether physically abating a homeless encampment, implementing and maintaining minimal health and safety standards prior to abatement, or overseeing the operation of a permitted homeless encampment, there are a myriad of local governmental agencies and nonprofit organizations involved in the delivery of services to homeless encampments.
- Services range from posting abatement orders and physically removing homeless peoples to providing and collecting solid waste containers. The [Additional References](#) section of this guide contains a discussion list of many of these entities.
- Whether city government, county government, or city and county government are involved with a homeless encampment within a geographic area, the governing agency should designate the lead administrative entity. In addition, the [supporting entities](#) and their roles should be identified, and policies and procedures for the homeless encampments should be developed.
- The lead agency should review the existing legal authorities for the participating entities and adopt additional codes or regulation when needed.

Environmental Justice

- California State law defines [environmental justice](#) to mean “the fair treatment of people of all races, cultures, and incomes with respect to the development, adoption, implementation and enforcement of environmental laws, regulations and policies”.
- Reactions to homeless encampments have been varied, both within the general public and between local governments. Some individuals point to tent cities (homeless encampments) as a sign of ingenuity and innovation. Others point to

the inability of local governments to contend with and provide for their homeless populations and the injustice of leaving the homeless to live in substandard conditions. Still others emphasize the blight and nuisance that homeless encampments can bring upon surrounding neighborhoods.

Solid Waste Management

Health and Safety Implications

Homeless people generate solid waste during their daily activities of food preparation and consumption, shelter building and maintenance, storing their possessions, eliminating unwanted materials, and gathering recyclable materials of value. The resulting piles of trash become harborages and food sources for vectors and related pathogens, sources of odors, fuel for fires, unattractive nuisances to the public, an attractive nuisance for salvagers, and potential sites that can cause bodily injuries.

Solid and Related Wastes Found at Homeless Encampments

- **Garbage**-Animal and vegetable waste resulting from the handling, preparation, cooking and serving of foods. Unless collected for alternative processing, garbage at encampments is best handled by collection and disposal at a legal landfill.
- **Human and Animal Biological Wastes**-Homeless encampments often lack sanitary facilities where the residents can dispose of their own fecal wastes as well as dispose of fecal wastes from pet animals that reside with the residents. Lacking proper collection and disposal, fecal wastes can contaminate ground and surface water supplies, transmit diseases, and produce offensive odors.
- **Combustible and Noncombustible Rubbish**
 - **Combustible**-Discarded materials that are ignitable, and can be used as a heat source for an encampment or burned to reduce the volume of the waste. Examples of combustible rubbish include wood, paper, and discarded bedding and clothes.
 - **Noncombustible**-Waste materials that are not ignitable, including metals, cans, glass and dirt.
- **Recyclables**-Waste materials that still have a financial value and are either generated after use in an encampment or collected by residents while they are away from the encampment. These materials remain at the encampments until they can be redeemed or sold. Included in this category are beverage containers that have a [California Redemption Value](#) (CRV) and metals such as copper and brass that can be sold to metal recycling firms.
- **Non-CRV Recyclables**-Recyclable materials including food containers and plastic packaging that are recyclable but do not have a redemption value. Included in this category are plastic and glass containers that have a triangular

recyclable insignia on them and can be sold to a recycling center on a “by the pound” basis. To be recycled, these wastes must be separated from containers with a CRV. As CRV redemption procedures have been recently changed to reduce co-mingling of non-CRV materials with CRV materials, additional piles of non CRV materials in encampments can be anticipated.

- **Waste Tires**-Discarded tires that are recyclable but do not have a redemption value. Tire dealers collect a per tire disposal fee that supports the [CalRecycle Waste Tire Program](#), and the program reimburses licensed tire haulers collecting waste tires and transporting them to tire recycling facilities or to landfills. Individuals collecting waste tires can legally transport nine tires to a landfill or transfer station, but the solid waste facility operator may charge a per tire fee for the disposal. Some county and city public works departments abate waste tires from roadsides and properties near roadsides, managing the service in accordance with the statutes and regulations of the CalRecycle Waste Tire Program. Without financial incentive, waste tires often remain in homeless encampments. Waste tires in encampments are sometimes burned for a heat source, which can result in wild land fires.
- **E-waste**-Discarded items such as televisions and cell phones that contain chemicals that cannot be landfilled but are recyclable. Supported by point of sale disposal fees [administered by CalRecycle](#), e-waste recycling firms do not charge for the recycling/disposal of the individually owned units and the owners are not charged a disposal fee. However, most residents of homeless encampments cannot easily access e-waste drop off sites, so the units remain in their encampments.
- **Household Hazardous/Special Wastes**-[These wastes include](#) containers of fuel, paints, batteries, ammunition, and insecticides that require separate handling and disposal from the normal solid waste disposal stream. All of these wastes are commonly found in homeless encampments, and some may be used for fire starting and/or a heat source.
- **Medical Wastes, Sharps Waste and Pharmaceutical Wastes**-Including products used in the diagnosis, cure and treatment of disease, products used to penetrate the skin for delivering medication, and pharmaceutical prescriptions, these wastes are generated at homeless encampments and are regulated as home-generated wastes. These wastes should be collected and disposed of in compliance with the program statutes ([Sections 117671, 117690, 117904, and 118147](#) of the California Health and Safety Code). Collection and disposal programs for these home based programs are readily available, but the implementation of these services at homeless encampments is difficult.
- **Used Oil**-Containers of used oil are common at encampments, and may be collected by the residents as a potential income source. Individuals can take containers of used oil to [CalRecycle funded handling facilities](#), but the facility owner will not pay individuals for the oil and may charge fees for recycling the oil.

- **Abandoned Vehicles**-Residents whose vehicles become inoperative may salvage what parts of the vehicle that can be reused or easily recycled, but the remaining vehicle body is expensive to remove for recycling.
- **Dead Animals**-Residents of encampments often have animals that live with them, and the death of an animal is not uncommon. Proper disposal of dead animals is usually burial or cremation, neither of which can be easily accomplished in an encampment.

Management of Solid Waste in Existing Encampments

The decision and subsequent process to close and abate homeless encampments is time consuming and labor intensive. Local government needs to address the management of solid waste in encampments that will continue to be generated while the encampment is in the closure process as well as the abatement of solid waste that remains in the encampment subsequent to its closure. Management of solid waste in encampments includes:

- Provision of collection containers for solid waste. Ideally these containers should be large enough that residents cannot easily relocate the containers and can be secured by locking lids. Containers without locking lids will provide access to the refuse for scavengers and animals, while locking the containers at set times can reduce the use of the containers. In addition, locking and unlocking the lids at set times requires a responsible party for completing the process. Some jurisdictions have provided dumpsters for homeless encampments, but find that the general public often utilizes the dumpsters for disposal of waste. It is suggested that collection containers be self-leveling, and bear proof when appropriate.
- Scheduled collection and disposal of containerized waste. Weekly pickup of waste is needed to minimize fly breeding, while more frequent pickup will reduce scavenging from the containers. Consideration of the provision of a dumpster on a one day per week basis could encourage homeless peoples to dispose of their refuse correctly while minimizing the responsibility for security of the dumpster.
- Provision of services for the collection and disposal of special wastes. These wastes include hazardous wastes, tires, medical waste, and pharmaceuticals.
- Provisions for collection of recyclable wastes. Residents of encampments often spend time during their days collecting CRV containers that can be redeemed for money and then taking their materials to recycling centers for payment. Provision of scheduled recycling services at homeless encampments could be a consideration.
- Utilizing residents of an encampment to help manage the collection of solid waste from their encampment. Encampments often have residents who are willing to be leaders, and some jurisdictions provide stipends to these leaders who oversee the solid waste management in an encampment.

Abatement of Solid Waste in Closed Encampments

Once the residents of an encampment have been removed or relocated, a procedure for removing the remaining wastes should be developed. A triage approach to waste removal that includes the following should be considered:

- Develop a process to identify and store remaining personal belongs in the encampment. This process should be legally defensible, and insure the residents' access to their stored belongs. The City of Fresno, the City of Berkeley, and the City of Richmond have policies on the storage of possessions.
- Identification and removal of hazardous and special wastes
- Removal of recyclables that are not owned by residents
- Removal of remaining solid wastes. In each case, the entity that will identify and remove these wastes should be determined and committed prior to initiating the abatement project. Local abatement agencies should consider utilizing on-call master service agreements with contractors for assistance in cleanups. These contracts can be specifically for removal and disposal of hazardous, liquid/fecal, and medical wastes and they enable the local agency to complete removal of waste requiring special handling in a timely manner. Should a community decide to perform a volunteer cleanup of an encampment, the volunteers should receive a health and safety briefing that includes the provision and use of personal protective equipment before initiating the project.

Management of Solid Waste in Permitted Encampments

Solid waste management provisions should be included in the local government use permit, and should be sufficient to prevent littering of the encampment with rubbish, garbage or other wastes. Suggested inclusions for management are:

- Secure six-foot high fencing around perimeter of the encampment
- Secured area for solid and special waste collection containers
- Provision of securable container lids and securing them on a nightly basis
- Scheduled collection of materials in waste containers
- Facilitation of recycling services for residents, including reimbursement for recyclables
- Utilization of resident management of solid and special wastes
- Facilitation of encampment clean-ups by residents
- Provision of opportunities for encampment residents to be involved in neighborhood clean-up events
- Utilization of advance agreements with property owners to routinely cleanup encampments on their property should be considered.

Prevention of Illegal Dumping at Closed Encampments

Once a homeless encampment is closed and all solid waste is removed, that does not mean that the encampment will not reoccur in the same location. During the [June 20, 2013 Illegal Dumping Technical Advisory Committee meeting](#), several participants indicated that they see a 3 to 5 year cycle of encampments restart in a closed location. To prevent the reoccurrence of closed encampments, the following should be considered:

- Complete an analysis of what factors made the site attractive. Was the site secluded from public view? Were there trees, underbrush, abandoned structures, that served as protection from visibility and/or shelter from the elements? Was water (potable and/or non-potable) readily available? Was the site under routine enforcement agency surveillance? This type of analysis can then be used to develop measures to prevent reoccurrence of the encampment.
- Develop a [mapping system](#) for active homeless encampments and closed encampments. Incorporate the map system into a routine surveillance program.
- Remove the underbrush from closed encampments to make the site more visible.
- Use community organizations and volunteers to identify public areas that need to be cleaned of rubbish/illegal dumping and then perform community clean-ups of the mapped locations.
- Fence and post private property to reduce trespassing and to identify what actions may be taken against trespassers.
- Maximize illegal dumping enforcement and abatement in closed encampment sites.
- Adopt a three pieces of [evidence code](#) for use in illegal dumping enforcement and abatement. Such codes define the legal standard for ownership of material that is illegally dumped and authorizes the enforcing jurisdiction to require the identified owner to abate the nuisance or face prosecution.

Funding of Solid Waste Services

- **Solid Waste Collection Fees**-Residential, commercial, and industrial facilities pay monthly fees to the private or public entity providing the collection and disposal service. The cost of removing and disposing solid waste in homeless encampments that are being abated could be provided by appropriate collection services and the cost absorbed as part of the fees being charged generators. Jurisdictions should discuss the use of the collection fees for cleanup of homeless encampments with legal counsel prior to utilizing this option.
- **Tipping Fees**-The fees collected at transfer stations and landfills from individual residential or commercial haulers could be used to support the cost of removing solid waste from homeless encampments. As with collection fees, this option should be discussed with counsel before using the fees to support cleanups of homeless encampments.

- **Franchise Agreements**-Counties and cities are authorized to enter into solid waste agreements with private haulers that result in the haulers having exclusive rights to collection from facilities in a specific geographic area. These agreements are often accompanied by local ordinances mandating solid waste collection from residential dwellings and commercial structures. [Some local jurisdictions](#) have now included abatement of illegal dumping sites on public property as well as removal of solid waste from homeless encampments within the requirement of the franchise agreements. The franchise agreements may also require the provision of services in community cleanup days, which could include homeless encampments on public properties.
- **Program Permit Fees**-Most regulatory programs at the local level charge permit fees to support the program. These permits are normally seen in the hazardous materials programs, local solid waste oversight programs, stormwater management programs, and building permit agency programs. As these programs are often involved in abatement of homeless encampments, use of the permit fees to support the staff costs in homeless encampment abatement could be appropriate.
- **General Fund Monies**-Local Boards of Supervisors, City Councils, and Special District may choose to budget revenue from taxes to support homeless encampment abatement activities.
- **Clean and Lien Authority**-Property owners are sometimes unwilling to address the problem of abating homeless encampments on their property. The [clean and lien authority](#) enables the enforcing agency to cleanup materials that are illegally dumped on private property, whether or not caused or allowed by the property owner, and then recover the costs by placing a tax lien on the property. Local jurisdictions using this administrative authority also need to identify a source of funds to pay for the removal until the costs can be recovered through the tax lien. Examples of clean and lien authority of some jurisdictions:
 - Riverside County Code [Chapter 8.120--Rubbish Accumulation on Property](#)
 - Contra Costa County Code, [Title 1, Section 14-6.434-Notice of Assessment and Abatement Lien](#)
 - Humboldt County Code, [Title III, Division 5--Abatement of Public Nuisance](#)
 - Butte County Code, Chapter 32A-2(e)-Property Maintenance and Abatement
 - San Bernardino County Code, Title 3, Division 3, Chapter 3-Public Nuisance
 - City of Los Angeles Code, Chapter V, Article 8, Nuisances
 - City of Redding Code, [Title 1, Chapter 15-Abatement](#)
- **Volunteer Organizations**-Organizations that are funded by grants, foundations, endowments, and donations are often willing participants in abatement of and/or management of homeless encampments. Foundations such as the [San Diego River Park Foundation](#), the [American River Parkway Foundation](#), and the [Los](#)

[Angeles River Park Foundation](#) have ongoing services that include coordination with local authorities to abate homeless encampments. Organizations such as [Keep California Beautiful](#), [Surfriders Foundation](#), [Heal the Bay](#), and the [Monterey County Illegal Dumping Task Force](#) have programs that involve the cleaning of waterways and public property, and these activities can include collecting and removing solid waste encountered in homeless encampments.

- **Grants**-Some grant monies from state agencies can be used to abate homeless encampments if the situation meets the grant criteria. Included in these grants are:
 - [CalRecycle Farm and Ranch Grant Program](#),
 - [CalRecycle Illegal Disposal Sites and Landfill Cleanup and Remediation Matching Grants Program](#),
 - [CalRecycle Household Hazardous Wastes Discretionary Grants Program](#),
 - [California Conservation Corps Grant Programs](#), and
 - [Water Resources Control Board Stormwater Management Grant Program](#)

Existing Codes and Polices on Solid Waste Management

State statutes found in the Public Resources Code, Vehicle Code, Penal Code, Health and Safety Code, and Fish and Game Code provide codes that can be applied by governmental agencies to abate solid waste in homeless encampments, and these codes are often supplemented by local codes. The State Codes specifically address dumping and littering, discharges to water ways or streams, public nuisances, and disposal, leaking, spilling and abandonment of hazardous wastes, while local codes can include:

- Mandatory Solid Waste Collection Requirements:
 - Contra Costa County Code [Title 4, Chapter 418-6](#)
 - Kern County Code [Title 8, Chapter 8.28.060](#)
 - Sacramento County Code [Title 6, Chapter 6.20.120](#)
- Evidence of Ownership Codes:
 - Butte County Code, [Chapter 49-2.a.4.c-Unlawful Dumping](#)
 - Mendocino County Code, [Title 8, Section 8.75.040\(D\)](#)
- Clean and Lien Authority:
 - Contra Costa County Code, [Title 1, Section 14-6.434](#)
 - City of Redding Code, [Title 1, Chapter 1.15-Abatement of Properties](#)
 - County of Butte Code, [Chapter 32A-2\(c\)-Property Maintenance and Abatement of Nuisance](#)
- Requirements for Fencing and Barriers:
 - Contra Costa County Code, [Title 7, Chapter 720-4.802](#)

- [City of Fresno](#)
- Requirements for Franchise Waste Haulers
 - [El Dorado County](#)

Although not included in the CalEPA Reference Guide on State Environmental Statutes, Section 373a of the Penal Code defines the sanctions for a person failing to abate a public nuisance. Violations of these laws can be criminally prosecuted, and cleanup and remediation of encampment sites can be ordered as a term of probation, which would put the offender under court supervision to clean up the site or else face a violation of their probation.

Property Standards

Whether the decision is to close and abandon a homeless encampment or allow the encampment to exist as a regulated facility, the justification is based on the finding that the property has or has not been maintained in an acceptable manner or the adherence to established health, safety and fire standards would allow the property to be maintained in an acceptable manner. The regulation of the use of property requires local codes and ordinances that define acceptable uses of the property, provide authorities to require property owners to abate the unacceptable uses of the property or for the local governmental agencies to initiate those acts, provides authorities and processes to remove the individuals or groups causing the property violations, and recognizes the rights and responsibilities of the occupants of the encampments.

Abatement of Homeless Encampments

- **Nuisance Abatement Codes**-An order to abate is usually based on the declaration of a public nuisance occurring at a homeless encampment, specifies the abatement actions to be taken by the property owner and/or the local enforcing agency, and defines the authorities of the enforcing agency. For example, the City of Redding's Code of Ordinances, [Title 1, Chapter 1.1.5](#) contains definition of substandard buildings, specification of public nuisances, violations and abatement processes. Additional examples of local nuisance abatement codes are found in:
 - Contra Costa County Code, [Title 7, Division 729-Community Preservation](#)
 - Riverside County Code, [Chapter 8.120-Rubbish Accumulation on Property](#)
 - Humboldt County Code, [Title III, Division 5-Abatement of Public Nuisances](#)
 - Butte County Code, [Chapter 32A-2\(e\)-Property Maintenance and Abatement](#)
 - City of Los Angeles Code

- **Trespassing Codes**-When an individual or group occupies public or private property without the permission of the property owner, it can be considered trespassing. Local codes further define the act of trespassing and actions that can be taken against trespassers. Examples of local codes include:
 - Sacramento County Code, [Chapter 9.80.010-Trespassing on Public Property](#)
 - City of San Diego Code, Title 10, Chapter 10.20.140-150-Trespassing on Prohibited Property
 - City of Los Angeles Code, Chapter V, Article 6, Section 56.30-Trespassing and Loitering
 - City of Placerville Code, Title 6, Chapter 6.5.2-Trespassing on Private Property
- **Camping Prohibition Codes**-Many state, county and city jurisdictions have adopted codes or policies that identify when and where camping is or is not allowed, and these codes can include occupancy standards. These laws or policies can be used to justify or strengthen encampment closure actions, and examples include those from:
 - City of Los Angeles Code, Chapter II, Article 6, Section 56.08-Camping on Sidewalks
 - City of Placerville Code, [Title 6, Chapter 19-Camping on Public or Private Property](#)
 - City of Santa Ana Code, [Part II, Chapter 31.2.3-Camping](#)
 - City of San Francisco:
 - Park Code, [Article 3, Section 3.12-Camping Prohibited and Section 3.13-Sleeping Prohibited During Certain Hours](#)
 - Police Code, [Article 1.1-Regulating Use of Vehicles for Human Habitation](#)
 - City of Nevada Code, [Title 9, Chapter 9.14-Conduct on Public Property](#)
 - City of Richmond Code, [Article XI, Chapter 11.96-Local Camping](#)
- **Property Zoning Codes**-Local governments have the right and responsibility to determine the use of residential, commercial, agricultural and industrial properties as well as the use of public or privately owned properties designed as open space and/or parks or reserves. Included in zoning codes are specifications for dwelling density and types, minimum and maximum building sizes, business types, and prohibited uses. Unless a local code allows camping and/or homeless encampments on property with specific zones, the violation of a zoning code can be used as justification to require abatement of the camp or encampment.
- **Personal Property**-The rights of residents of homeless camps relative to the storage and disposal of their personal property that has been removed by the enforcing agency during an abatement action has been legally defined in

the [Lavan vs. the City of Los Angeles court decision](#). At a minimum, residents of homeless encampments must be notified of the pending removal action and date prior to the occurrence, be provided the opportunity to remove and store their property prior to the formal removal action, be provided with documentation of what items of personal property were removed as a result of the action, where the residents can recover their personal property, the cost of recovering their materials, and the deadlines for requesting the stored materials. Examples of local policies on the removal and storage of personal property include those of the City of Berkeley, the City of Fresno, and the City of Richmond.

Enablement of Homeless Encampments

Federal, State and local governments may choose to allow homeless encampments on identified public or private properties provided they are operated in compliance with standards established by those entities. The encampments are allowed through the utilization of land use permits, and the issuing agency has the authority to order closure and abatement of the encampment if the terms of the use permit are not met.

- **Property Zoning Codes**-Local governmental agencies can review their local zoning codes, identify what zone(s) would be acceptable for homeless encampments, and amend the local ordinances to identify the zone that could be used for a homeless encampment. These same codes, or supplemental policies, would identify the standards that apply for processing application for and approval of the homeless encampment permits (City of Edmonds, Washington Code, [Chapter 17.20-Temporary Homeless Encampment](#)).
- **Temporary/Permanent Encampment Permits**-Jurisdictions that choose to regulate and allow homeless encampments usually adopt ordinances ([City of Nevada City](#), [Lassen County](#), City of Edmonds, Washington, and the City of Kirkland, Washington) that authorize the issuance of permits, identify and operational and management standards for the encampment, restrictions on the number of residents, and the approval, appeal, and revocation process for the permits.
- **Personal Property**-As discussed in Section IIIA 5 above, residents of permitted homeless encampments have personal property rights that need to be specified by policy and referenced in the use permit.
- **Fees for Service**-The use permits for encampments normally require the provision of refuse collection and disposal services, potable water services, sewage collection and disposal, and inspections for compliance with fire, health and safety codes. Unless the administering agency pays for the costs of these services, the use permit should specify that the managing authority for the encampment must pay these fees for service.

Involved Agencies

There are many local, state and federal governmental agencies involved in the management of solid waste in homeless encampments. These agencies include:

Local Government

- County Sheriff/City Police Departments-Enforcement
- County/City Code Enforcement Departments-Enforcement
- County District Attorney/City Attorney-Enforcement
- County Environmental Health-Enforcement and Permitting
- County and City Departments of Public Works-Services
- County and City Stormwater Management Programs-Enforcement
- County and City Building Departments-Enforcement and Permitting
- County/City Community Development/Planning-Permitting

State Government

- California Department of Transportation-Enforcement/Abatement
- State and Regional Water Quality Control Boards-Enforcement
- Department of Fish and Wildlife-Enforcement
- CalRecycle-Enforcement Assistance

Federal Government

- Bureau of Land Management-Abatement, Use Permitting
- US Forest Service-Abatement, Use Permitting

Additional References

- [City of Berkeley Unattended Property Storage Policy and Procedures](#), January 14, 2010
- City of Richmond Abatement Procedures for the Removal of Temporary Shelters
- [Client Alerts-“Personal Property Left on Sidewalk Unattended-Is It Abandoned?”](#) Client Alerts, Volume 27, No. 17, September 27, 2012, Jones & Mayer
- Contra Costa Health Services Department-Homeless Outreach Project to Encampments (HOPE);[Community Homeless Court](#)
- [Fresno City Garbage Removal: Clean-Up of Temporary Shelters and Code Enforcement Abatement Procedures](#), August 30, 2007
- [Fresno City Homeless Workshop](#), February 13, 2014

- [History of Homeless and San Francisco City Policy](#)-San Francisco Homeless Coalition, 2004
- [Homelessness in Sacramento and Beyond](#), Kevin Wehr, CSU Sacramento, presented to IDTAC on June 20, 2013
- [Los Angeles City, Lavan v. City of Los Angeles, Opinion of the United States Court of Appeals for the Ninth Circuit](#), No. 11-56253, September 5, 2012, Personal Property Left on a Sidewalk Unattended
- Monterey County Guidelines for Cleanup Day Coordinators, January 2014
- Nevada County Community Development Agency-Homeless Encampment Response Protocol, January 16, 2014
- [San Diego River Park Foundation](#)-Healthy River, Healthy Communities Program
- [Tent Cities: An Interim Solution to Homelessness and Affordable Housing Shortages in the United States](#); Zoe Loftus-Farren, University of California Berkeley, California Law Review, Inc. 2011
- [Tent City 4, Temporary Use Permit, Notice of Approval](#), City of Kirkland, Washington, January 12,2011
- [The 2012 Point-In-Time Estimates of Homelessness](#)-US Department of Housing and Urban Development, December 2012

Last updated: October 7, 2019

Illegal Dumping Resources: <https://www.calrecycle.ca.gov/IllegalDump/>

Contact: Illegal Dumping Resources Sharon.Anderson@calrecycle.ca.gov (916) 341-6334



Community Action Partnership of San Luis Obispo County
2018-2019 Community Action Plan

Submitted to
**California Department of
Community Services and Development**
Community Services Block Grant



PURPOSE

The Community Action Plan (CAP) serves as a two (2) year roadmap demonstrating how Community Services Block Grant (CSBG) eligible entities plan to deliver CSBG services. The CAP identifies and assesses poverty related needs and resources in the community and establishes a detailed plan, goals and priorities for delivering those services to individuals and families most affected by poverty. CSBG funds may be used to support activities that assist low-income families and individuals, homeless families and individuals, migrant or seasonal farm workers and elderly low-income individuals and families by removing obstacles and solving problems that block the achievement of self-sufficiency.

Community Action Plans must adhere to the following federal and state laws:

COMPLIANCE WITH FEDERAL LAW

To comply with the Community Services Block Grant (CSBG) Act, [Public Law 105-285](#), Section 676b (11) eligible entities must complete a Community Action Plan (CAP), as a condition to receive funding through a Community Services Block Grant. Federal law mandates the eligible entities to include a community-needs assessment in the CAP for the community served.

COMPLIANCE WITH STATE LAW

To comply with [California Government Code 12747](#) pertaining to the Community Services Block Grant Program, Community Action Plans are to be developed using processes that assess poverty-related needs, available resources, feasible goals and strategies, and that yield program priorities consistent with standards of effectiveness established for the CSBG program. The CAP should identify eligible activities to be funded in the program service areas and the needs that each activity is designed to meet. Additionally, CAPs should provide for the contingency of reduced federal funding.

COMPLIANCE WITH CSBG ORGANIZATIONAL STANDARDS

As described in the Office of Community Services (OCS) [Information Memorandum \(IM\) #138 dated January 26, 2015](#), CSBG eligible entities will comply with implementation of the Organizational Standards. Compliance with Organizational Standards will be reported to OCS on an annual basis via the CSBG Annual report. In the section below, CSD has identified the Organizational Standards that provide guidance for the development of a comprehensive community needs assessment. CAP responses should reflect compliance with the Organizational Standards and demonstrate a thorough understanding of the Organizational Standards throughout the development of a comprehensive community needs assessment.

CONSUMER INPUT AND INVOLVEMENT

Standard 1.1 The organization/department demonstrates low-income individuals' participation in its activities.

Standard 1.2 organization/department analyzes information collected directly from low-income individuals as part of the community assessment.

COMMUNITY ENGAGEMENT

Standard 2.2: The organization/department utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. This sector would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.

COMMUNITY ASSESSMENT

Private Agency - Standard 3.1: Organization conducted a community assessment and issued a report within the past 3 year period.

Public Agency - Standard 3.1: Department conducted a community assessment and issued a report within the past 3 year period, if no other report exists.

Standard 3.2: As part of the community assessment the organization/department collects and analyzes both current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).

Standard 3.3: Organization/department collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.

Standard 3.4: The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.

Standard 3.5: The governing board or tripartite board/advisory body formally accepts the completed community assessment.

Standard 4.2: The organization's/department's Community Action plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.

Standard 4.3: The organization's /department's Community Action Plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle.

STRATEGIC PLANNING

Private Agency Standard 6.4: Customer satisfaction data and customer input, collected as part of the community assessment, is included in the strategic planning process.

Public Agency Standard 6.4: Customer satisfaction data and customer input, collected as part of the community assessment, is included in the strategic planning process, or comparable planning process.

STATE PLAN AND APPLICATION REQUIREMENTS

As required by the CSBG Act, Public Law 105-285, states are required to submit a state plan as a condition to receive funding. Information provided in the CAP by eligible entities is included in CSDs biennial State Plan and Application.

State of California
 Department of Community Services and Development
 CSBG Community Action Plan
 CSD 410--Version (01/17)

**COMMUNITY SERVICES BLOCK GRANT
 2018/2019 PROGRAM YEAR COMMUNITY ACTION PLAN
 COVER PAGE AND CERTIFICATION**

TO: Department of Community Services and Development
 Attention: Field Operations Unit
 2389 Gateway Oaks Drive #100
 Sacramento, CA 95833

FROM: Community Action Partnership of San Luis Obispo County, Inc.

Agency Contact Person Regarding Community Action Plan

Name: Grace McIntosh
 Title: Deputy Director
 Phone: 805.544.4355 Ext: 185
 Fax: 805.549.8388
 Email: gmcintosh@capslo.org

CERTIFICATION OF COMMUNITY ACTION PLAN AND ASSURANCES

The undersigned hereby certifies that this agency complies with the Assurances and Requirements of this 2018/2019 Community Action Plan and the information in this CAP is correct and has been authorized by the governing body of this organization.

Francis J. Coughlin
 Board Chairperson

6/15/2017
 Date

Wendy Steiner

6/15/17

TABLE OF CONTENTS

The CAP is to be arranged in the order below. Please include the appropriate page numbers for reference. Additional attachments are to be added as appendices.

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2018 - 2019 Community Action Plan Checklist

The following is a check list of the components to be included in the CAP. The CAP is to be received by CSD no later than **June 30, 2017**:

- Cover Page and Certification**
- Table of Contents**
- Vision Statement**
- Mission Statement**
- Comprehensive Community Needs Assessment**
- Documentation of Public Hearing(s)**
- Federal Assurances**
- State Assurances**
- Individual and Community Eligibility Requirements**
- Monitoring and Evaluation**
- Data Collection**
- Appendices (Optional)**

VISION STATEMENT

Provide your agency's Vision Statement which describes your agency's values. The vision is broader than any one agency can achieve; the agency collaborates with others in pursuit of this vision.

<p>All people should have an equal chance in life to achieve economic self-sufficiency and self-determination for themselves and their families. As a result of increased self-sufficiency, the community and its citizens will reap the benefits of a more productive, responsible and economically viable society.</p>	
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MISSION STATEMENT

The Mission Statement describes the agency's reason for existence and may state its role in achieving its vision.

Organizational Standard 4.1 references the Mission Statement for private and public entities:

Private Entities

The governing board has reviewed the organization's mission statement within the past 5 years and assured that:

1. The mission addresses poverty; and
2. The organization's programs and services are in alignment with the mission.

Public Entities

The tripartite board/advisory body has reviewed the department's mission statement within the past 5 years and assured that:

1. The mission addresses poverty; and
2. The CSBG programs and services are in alignment with the mission.

Provide your agency's Mission Statement

Mission Statement (Insert Statement)

<p>The Community Action Partnership of San Luis Obispo County is committed to eliminating the causes of poverty by empowering low-income individuals and families to achieve self-sufficiency through a wide array of community-based collaborations and programs.</p>	
--	--

COMPREHENSIVE COMMUNITY NEEDS ASSESSMENT

Public law 105-285 requires the state to secure from each eligible entity, as a condition to receive funding, a CAP which includes a community-needs assessment for the community served. Additionally, state law requires each CSBG eligible entity to develop a CAP that assess poverty-related needs, available resources, feasible goals and strategies, and that yields program priorities consistent with standards of effectiveness established for the program (*California Government Code 12747(a)*).

The Community Needs Assessment captures the problems and conditions of poverty in the agency's service area based on objective, verifiable data and information gathered through various sources. Identified problems and conditions must be substantiated by corroboration through public forums, customer questionnaires, surveys, statistical data, evaluation studies, key informants, and/or other reliable sources. The Community Needs Assessment should be comprehensive and serve as the basis for the agency's goals, and program delivery strategies. The Community Needs Assessment should describe local poverty-related needs and be used to prioritize eligible activities offered to low-income community members over the next two (2) years.

As a part of the Community Needs Assessment process, each organization will analyze both qualitative and quantitative data to provide a comprehensive "picture" of their service area. To assist the collection of quantitative data, CSD has provided a link to a data dashboard including instructions and a data dictionary. The link gives agencies access to data for every county in the state. The dashboard can be accessed by clicking on the link or copying and pasting the link in your browser.

https://public.tableau.com/views/Cap_Assessment/CAPData?:embed=y&:display_count=yes

This data can be used as a starting point for developing your needs assessment. It is derived from data sources that align to the federal assurances required for the Community Services Block Grant. Each respondent is responsible for providing information regarding the needs around each federal assurance to indicate whether the agency or some other entity is providing the services.

By clicking on the State and County level Data page, the user will have access to quantitative poverty data. Analysis of the data collected is critical and must include not only the summarization of findings, but the identification, measurement and reporting of improvements and changes in the community both in the conditions and resources to assist low-income consumers on their journey towards self-sufficiency.

In the space below, provide a narrative description of the causes and conditions of poverty affecting the community in your service area such as: child care, community housing, crime, educational achievement, employment/unemployment, income management, health care, homelessness, nutrition, and other factors not listed. In particular, describe how the agency ensures that the Community Needs Assessment reflects the current priorities of the low-income population in the service area, beyond the legal requirement for a local public hearing of the CAP.

Agencies should describe the methods and strategies used to collect the information and should utilize a combination of activities and tools such as: focus groups, surveys; community dialogue, asset mapping, interviews, and public records.

Helpful Resources		
United States Census Bureau Poverty Data click here	State of California Department of Justice Statistics by City and County click here	U.S. Department of Housing and Urban Development Homelessness Assistance click here
Employment Development Department Unemployment Insurance Information by County click here	California Department of Education Facts about California Schools Using DataQuest click here	California Department of Public Health Statistical Data click here
Bureau of Labor Statistics Labor Data click here	California Department of Finance Various Projections/ Estimates click here	Community Action Partnership Community Action guide to develop a CNA click here
A Comprehensive Community Needs Assessment (CCNA) Tool Statistical Data to assist CNA development click here		

Comprehensive Community Needs Assessment (Insert Narrative)

The Comprehensive Community Needs Assessment for San Luis Obispo County begins on the following page.



Comprehensive Community Needs Assessment

June 2017

San Luis Obispo County

Prepared by
Community Action Partnership of San Luis Obispo County
Planning Department

Summary

San Luis Obispo County is home to nearly 300,000 people. Located on the Central Coast of California, the region is rich in natural beauty, a temperate climate, and a thriving tourism and agricultural economy. These factors make it a desirable place to live or visit, but also drive its high cost of living.

The Community Action Partnership of San Luis Obispo County (CAPSLO) is the agency designated by California's Department of Community Services and Development as the county's Community Action Agency, part of a network of 1,100 such agencies across the nation. Every two years, CAPSLO is required to provide a snapshot of the living conditions of low-income residents of San Luis Obispo County. This report reveals both the needs faced by low-income residents of San Luis Obispo County, and the available resources to meet those needs. The information gathered is utilized to form this Community Action Plan, which CAPSLO uses to prioritize strategies and programs offered to low-income community members.

Goal

This needs assessment captures the problems and conditions of poverty in San Luis Obispo County based on based income, housing, employment, education, transportation, health, food, crime, and discrimination. As part of the Community Action Plan, this needs assessment will inform and guide the agency's strategic planning and program development.

Methodology

CAPSLO relied on several methods and strategies to collect qualitative and quantitative data to conduct a community needs assessment of low-income people in San Luis Obispo County. Identified problems and conditions are substantiated through a variety of verifiable primary and secondary data. This data was gathered through community member surveys, CAPSLO staff and board surveys, low-income and key stakeholder interviews, and reliable secondary statistical data and community reports.

Community Member Survey

A five-page, scaled survey was developed in both English and Spanish (see Appendix A). In July and August of 2016, surveys were distributed to all internal CAPSLO programs. A total of 1,487 surveys were distributed – 1,021 in English and 466 in Spanish to 18 CAPSLO programs. In addition, CAPSLO's Child Care Resource Connection utilized an online version of the survey, providing 60 respondents.

In October 2016, CAPSLO contacted approximately 31 countywide agencies that serve low-income people and asked those agencies to distribute surveys. Eleven agencies agreed, and a total of 1,245 surveys were distributed – 737 in English and 508 in Spanish. These external surveys were distributed to organizations whose clients are largely low-income, such as Food Bank customers, Community Health Center clinic patients, and Senior Community Center attendees. The combined number of returned internal and external agency surveys was 812, resulting in a 27.5% return rate.

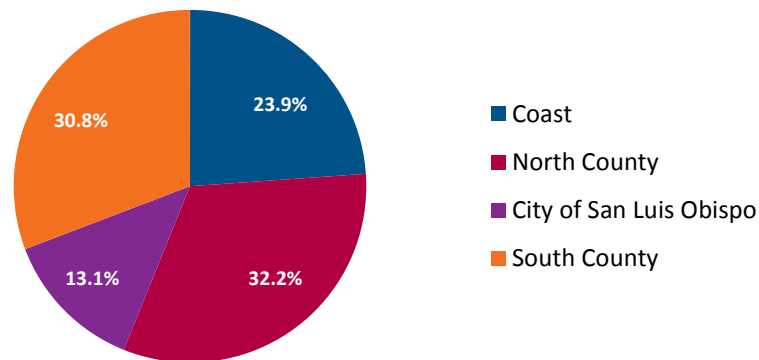
The information below reflects the breakdown of survey responses by organization.

Table 1. Breakdown of Survey Responses

CAPSLO	588	72.4%
Outside Agencies	224	27.6%
Total	812	
Outside Agencies		
Community Health Centers of the Central Coast (CHC)	45	20.1%
Family Care Network	14	6.3%
Food Bank Coalition	66	29.5%
Los Osos and Morro Bay Community Centers	8	3.6%
Nipomo Food Basket	3	1.3%
Paso Robles Housing Authority	17	7.6%
Paso Robles Senior Center	5	2.2%
Peoples' Self- Help Housing	33	14.7%
St. Vincent de Paul	3	1.3%
The LINK	30	13.4%
Total	224	

The survey results were then compiled into a spreadsheet and analyzed to determine which scored the highest in terms of community needs. Since the California Department of Community Services and Development defines low-income as 125% or less of the Federal Poverty Level, the poverty level was determined for each respondent based on household size and declared monthly income. Respondents who failed to state a monthly income or left this blank, or who responded, “decline to state” or “prefer not to say” were removed from the results. This resulted in a total of 492 surveys from respondents at or below 125% of the Federal Poverty Level used for this study. Of these respondents, those who listed their race/ethnicity by checking two or more boxes were changed to “multi-race.” Those respondents who listed Hispanic/Latino plus one other race were counted under Hispanic/Latino.

Graph 1. Regional Composition of 492 Surveys Analyzed



The survey included a detailed demographic section, followed by a needs table (See question thirteen in Appendix C.1) that listed 21 issues common to low-income people in San Luis Obispo County. The respondents were asked to mark whether each section was either a “Major Issue,” “Minor Issue,” or “Not an Issue.” Next, if certain areas were an issue for them, the survey asked respondents to more deeply identify the reasons why from the list provided. To help rank the responses, “Major Issue” and “Minor Issue” responses were combined, and upon analyzing, the Major and Minor Issues separately, the results were consistent with the combined ranking.

CAPSLO Staff and Board Survey

CAPSLO staff were administered an online version of the survey that only asked them to respond to the 21 issues from the full survey. The Board members were provided a hardcopy of the same survey. When the surveys were provided to both Board and staff, they were requested to complete them on behalf of the low-income community members they serve. Out of a possible pool of 472 respondents, 160 surveys were completed for a return rate of 33.9%. The issues were then ranked using the same process as the community member survey where “Minor Issue” and “Major Issue” responses were combined.

Interviews

CAPSLO Planning Department staff, trained in qualitative interview techniques, selected individuals and groups to interview based on county region, age of clients (preschool parents, seniors, youth), and representation of Hispanic/Latino clients, the largest minority in San Luis Obispo County. This resulted in 18 stakeholder interviews with 63 individuals and nine low-income interviews reaching 92 individuals. To increase Board of Directors' involvement in the Community Action Plan process, CAPSLO Board Members were offered the opportunity to accompany staff in these interviews. Eight of the fifteen board members participated and attended eight of the interviews.

There was no compensation for participation and interviews took place at the service locations of the provider organization. Participants were asked to share what issues their family and friends struggled

with in terms of living (self-sufficiently) in this county. If needed, a set of open-ended questions on seven topics were used to engage the participants. Staff researchers compiled the findings from these interviews by topic for use as anecdotal data in the needs assessment.

Stakeholder interview participants were selected for their experience with and knowledge of low-income clients. CAPSLO staff conducted interviews by phone, e-mail, and in person. Staff researchers also compiled the findings from these interviews by topic for use as data in the needs assessment.

Secondary Data

Secondary data was derived from sources such as:

- U.S. Census *American Community Survey*,
- California Department of Finance
- Departments of Labor and Housing and Urban Development
- United Way's 2-1-1 San Luis Obispo County Count of Caller Unmet Needs 2016
- *ACTION for Healthy Communities' Vital Signs 2016 Report*
- Beacon Economics' *Central Coast Economic Forecast 2016*
- County Departments of Probation, Sheriff's, Social Services, etc.

The most current and reliable data was used throughout the needs assessment. In some cases, there may be different numbers and percentages for the same issue and year, such as population or poverty. This is attributed to the way that each source calculated the data.

Data Inclusion

The primary and secondary data collected has been weaved, as appropriate, into this community needs assessment. All complete survey data results can be found in the Appendices (see Appendix D.1 and D.2), including: community member needs assessment survey and Board and staff survey results.

Community Profile

San Luis Obispo County Service Area

San Luis Obispo County is approximately equidistant between San Francisco and Los Angeles, on California's Central Coast. Neighboring counties are Monterey to the north, Santa Barbara to the south, and Kern to the east. San Luis Obispo County is considered semi-rural and medium-sized, with a total area of 3,299 square miles, and 80 miles of coastline. Because population estimates differ from source to source (even U.S. Census data) per data element, the total population and year will be defined. San Luis Obispo County is the 16th largest in California.¹

The county has four distinct geographic regions: North Coast, North County, Central County, and South County. People without dependable personal transportation are reluctant to travel on the long, steep Cuesta Grade that separates the North County from the rest of the county.

Population

Although the population was 282,887 in 2016, most detailed data is only available from 2015, when the population was 272,177 to 277,977, depending on the source.^{2 3 4} According to the table below, San Luis Obispo County's population has grown by 4.8% since 2010. In 2015, 51% of the population was male and 49% was female.⁵

Table 2. Annual Estimates of San Luis Obispo County Population⁶

2010	2016	% Change
269,909	282,877	4.8%

San Luis Obispo County's population is growing, but more slowly than nearby counties. According to the California Department of Finance, from 2015 to 2016, the county had a population increase of 0.6%, lower than the state's growth of 0.9%, Monterey County's 1%, and Santa Barbara County's 0.8%.

Over the last decade, the rate of natural increase (the difference between death and births) has remained relatively flat, averaging less than a quarter of a percent due to a lower birth rate and higher death rate. In 2015, it was just 0.13%.⁷

¹ U.S. Census Bureau. (2016). *QuickFacts, San Luis Obispo County*. From <http://www.census.gov/quickfacts>.

² U.S. Census Bureau. (2016). *Annual Estimates of Resident Population, April 1, 2010 to July 1, 2016*. From <http://factfinder.census.gov>.

³ California Department of Finance. *Demographic Research Unit, Table E-5, 2010-2016*. From <http://www.dof.ca.gov>.

⁴ U.S. Census Bureau. (2016). *Demographic And Housing Estimates 2011-2015 American Community Survey 5-Year Estimates*. From <http://www.census.gov/programs-surveys/acs>.

⁵ U.S. Census Bureau. (2016). *Demographic And Housing Estimates 2011-2015 American Community Survey 5-Year Estimates*.

⁶ U.S. Census Bureau. (2016). *Annual Estimates of Resident Population, April 1, 2010 to July 1, 2016, 2016 Population Estimates*.

Table 3. San Luis Obispo County Population by Jurisdiction⁸

Region	Area	2010	2016	% Change
Central	San Luis Obispo	45,119	46,117	2.2%
North Coast	Morro Bay	10,234	10,722	4.8%
North County	Atascadero	28,310	30,879	9.1%
	Paso Robles	29,793	31,398	5.4%
South County	Arroyo Grande	17,252	17,731	2.8%
	Grover Beach	13,156	13,397	1.8%
	Pismo Beach	7,655	8,181	6.9%
	Unincorporated	118,118	119,552	1.2%
	San Luis Obispo County	269,637	277,977	3.1%

Age of Population

According to the *2016 Central Coast Economic Forecast*, “San Luis Obispo County’s population is considerably older than its neighbors”: the median age in 2015 was 38.7 compared to 34.0 in Monterey and Santa Barbara counties.⁹ San Luis Obispo County has a higher percentage of 60-74-year-olds and those 75 or older compared with neighboring counties, the state, and country as a whole. Combined, these two age groups constitute 25.5% of the population.

Table 4. Population Shares on the Central Coast¹⁰

Age	Monterey	San Luis Obispo	Santa Barbara	California	United States
Less than 5	7.7	4.9	6.5	6.4	6.2
5-19	21.6	18.1	20.7	19.6	19.5
20-34	22.2	22.3	24.4	22.3	20.7
35-59	31.4	29.2	29.0	33.0	32.8
60-74	11.8	18.1	12.8	13.1	14.6
75 and older	5.4	7.4	6.6	5.6	6.3
Median Age	34.0	38.7	34.0	36.2	37.8

⁷ Beacon Economics. (2016). *2016 Central Coast Economic Forecast*. Los Angeles, CA: Thornberg, C., & Kleinhenz, R. From <http://www.BeaconEcon.com>.

⁸ California Department of Finance. *Demographic Research Unit, Table E-5, 2010-2016*. From <http://www.dof.ca.gov>.

⁹ Beacon Economics. (2016). *2016 Central Coast Economic Forecast*.

¹⁰ Beacon Economics. (2016). *2016 Central Coast Economic Forecast*.

The county's growing senior population will create an increase in demand for health care and services along with a shifting of resources because of the costs associated with these needs. This transition will affect the economics of the county in the future.¹¹

Conversely, San Luis Obispo County has the smallest share of young residents less than five years and between the ages of 15-19 – smaller than other Central Coast counties, the state, and the nation.¹² While the county's population has increased by 4.8% since 2010, the number of children under five has remained the same. The most recent data for children by single years of age is the 2010 census.

Table 5. Children Single Years of Age in San Luis Obispo County, 2010¹³

Age	Number	Percent
Under 5 years	6,829	4.9%
Under 1 year	2,597	1%
1 year	2,560	0.9%
2 years	2,688	1%
3 years	2,793	1%
4 years	2,705	1%
5 years	2,805	1%

Diversity

According to the *2016 Central Coast Economic Forecast*, of the foreign born residents in San Luis Obispo County, a much smaller share was born in Latin America compared with other coastal counties – only 56.4%, which was considerably lower than Santa Barbara (74.6%) and Monterey (80.1%) counties. Together, Asian and European-born residents constitute 36.3% of the county's foreign residents. While the county may not have a reputation for being diverse relative to other California counties, the distribution of foreign born residents is much more diverse than other neighboring counties.¹⁴

Similar to the rest of the state, ethnic diversity has increased, with the white population decreasing almost 2% and the Hispanic population increasing 1.4% since 2010. While 22.2% of the population was Hispanic in 2015, 36.7% of children under age 18 were of Hispanic or Latino origin.^{15 16}

¹¹ Beacon Economics. (2016). *2016 Central Coast Economic Forecast*.

¹² U.S. Census Bureau. (2016). *Demographic and Housing Estimates, 2011-2015 American Community Survey 5-Year Estimates*.

¹³ U.S. Census Bureau. *Single Years of Age and Sex: 2010 Census Summary File 1, American Community Survey*.

¹⁴ Beacon Economics. (2016). *2016 Central Coast Economic Forecast*.

¹⁵ U.S. Census Bureau. *Population 1-Year Estimates. 2010-2015 American Community Survey*.

¹⁶ U.S. Census Bureau. *Children Characteristics, 2011-2015 American Community Survey 5-Year Estimates*.

Table 6. Race and Ethnicity of San Luis Obispo County ¹⁷

Race/Ethnicity	2010	2015	Change
Am. Indian/Alaska Native	0.6%	0.7%	0.1%
Asian	3.1%	3.5%	0.4%
Black/African-American	2.2%	1.9%	0.3
Hispanic/Latino	20.8%	22.2%	1.4%
White	71.1%	69.2%	-1.9%
Other Race	0.1%	0.0%	-0.01%
Two or more races	2%	2.2%	0.2%

The *2016 Central Coast Economic Forecast* reports, “As birth rates continue to decline amid an aging population, net migration will be a more important contributor to the change in population.” Like the state overall, the county experienced net migration to other states, primarily due to high housing costs. However, according to the 2014 Public Use Microdata Sample, net migration in San Luis Obispo increased by 1,163 people – mostly from Los Angeles, Ventura, and Santa Barbara counties as well as other parts of the state.¹⁸

¹⁷ U.S. Census Bureau. *2010-2015 American Community Survey, 1-Year Estimates*.

¹⁸ Beacon Economics. (2016). *2016 Central Coast Economic Forecast*.

Poverty, Self-Sufficiency, and Income

50% *of low-income survey respondents identified “Access to Living Wage Jobs” as a major or minor issue for their household.*

“There are lots of jobs here. So many jobs. But not the kinds of jobs that pay enough to cover the cost of living. We need better jobs with better pay... or more affordable housing.” *~ Prado Day Center client*

Conditions

Poverty

The U.S. Census American Community Survey (ACS) 5-Year Estimates provide annual estimates regarding poverty and median income for San Luis Obispo County and selected communities within the county. The Census measures poverty levels using the Federal Poverty Level guidelines provided by the U.S. Department of Health and Human Services.

Based on the 2011-2015 ACS 5-Year Estimates, San Luis Obispo County has an overall poverty rate of 14.3%. While this is 2% lower than the state average, it represents a 1.4% increase in total poverty since the 2007-2011 5-Year Estimates.

Table 7. 2017 Federal Poverty Limits

Family Size	Annual Income	Monthly Income
1	\$12,060	\$1,005
2	\$16,240	\$1,353
3	\$20,420	\$1,702
4	\$24,600	\$2,050
5	\$28,780	\$2,398
6	\$32,960	\$2,747
7	\$37,140	\$3,095
8	\$41,320	\$3,443

The following tables provide a demographic snapshot of those who meet the federal definition of poverty in San Luis Obispo County and specific cities and areas within the county.¹⁹

Table 8. Poverty in San Luis Obispo County

Age, Gender, and Ethnicity	County Population*	Population in Poverty**	% in Poverty	% Change from 2009-2013
	261,011	38,630	14.3 %	+0.3
Related children under 18 years***	49,907	5,491	15.0%	+1.0
18 to 64 years	165,146	28,143	17.0%	+0.7
65 years and over	45,677	2,932	6.4%	+0.1
Male	129,928	18,816	14.5%	+0.4
Female	131,083	19,814	15.1%	+0.6
Single female householders with children under 18		9,277	33%	
White, non-Hispanic	184,365	23,245	12.6%	+0.7
Hispanic or Latino origin	57,262	11,641	20.3%	-0.3

* Population for whom poverty status is determined ** Not all numbers or percentages will add to 100%

***Includes all people in a household under the age of 18, regardless of marital status, who are related to the householder. Does not include householder's spouse or foster children, regardless of age.

Table 9. Percent of Population Living in Poverty by Area

Region	Area	2011-15	2009-13	Change
	California	16.3%	15.9%	+0.4
	San Luis Obispo County	14.8%	14.3%	+0.5
Central	San Luis Obispo (City)	33.4%	32.4%	+1.0
North Coast	Morro Bay	12.9%	13.8%	-0.9
North County	Atascadero	11%	10.5%	+0.5
	Paso Robles	13.8%	12.1%	+1.7
	Shandon	11.9%	16.8%	-4.9
South County	Arroyo Grande	7.4%	6.8%	+0.6
	Grover Beach	13.8%	12.4%	+1.4
	Nipomo	12%	11.5%	+0.5

¹⁹ U.S. Census Bureau. 2009-2013 and 2011-2015, American Community Survey 5-Year Estimates, Poverty Status in the Past 12 Months, S1701.

While the Federal Poverty Level (FPL) is widely used to track poverty trends over time and determine eligibility for a variety of federal and state social services programs, it does not account for the regional differences in cost of living or differences in family composition. Under the FPL, the poverty status of a single parent with two children under the age of five living in San Luis Obispo County would be determined using the same income threshold as a two parent family with one teenage child living in Omaha, Nebraska, despite huge disparities in the two families' cost of living based on both regional differences and the number and age of children in the household.

Housing and Urban Development Definition of Low-Income Households

U.S. Department of Housing and Urban Development (HUD) provides an alternative approach to defining what comprises a low-income household. HUD's income categories are county and household size specific and are updated yearly based on ACS 3-Year Estimates for median household income. HUD defines a low-income household as one that makes 80% or less of the median household income for the county. The following table reflects the 2017 HUD income categories (with percentage levels) for a family of four in San Luis Obispo. The majority of subsidized housing providers consider this definition when determining eligibility.

Table 10. HUD Categories of San Luis Obispo County Median Income, Family Size of 4

Percentage of County Median Income ²⁰	Income Range ACS 3-Year Median: \$83,200
Extremely Low-Income (30% or less of median)	\$24,600 or less
Very Low-Income (31% to 50% of median)	\$24,601 - \$40,850
Low-Income (51% to 80% of median)	\$40,851 - \$65,350
Moderate (81% to 120% of median)	\$62,451- \$99,840
Above Moderate (121%+ than median)	\$99,841 and over

Self-Sufficiency Standard

The Self-Sufficiency Standard (SSS) for California is a third measure of a family's ability to meet basic needs. The standard provides a more complete picture than the FPL by taking into account family composition, age of children, and the geographic cost-of-living. San Luis Obispo County's high cost of living, particularly housing, creates a significant discrepancy between the FPL and the SSS.

The Self-Sufficiency Standard income needed to pay for monthly expenses does not account for expenses, such as payment of debts (including student loans) or saving for retirement. It merely represents the lowest amount of income needed to pay cost of living expenses in the region.

²⁰ U.S. Department of Housing and Urban Development. (2017). *FY 2017 Income Limits, San Luis Obispo County*. From <http://www.huduser.org>.

Table 11. San Luis Obispo County Self-Sufficiency Standard vs. Federal Poverty Level²¹

Family Size	San Luis Obispo County	SSS Hourly Wage*	SSS Monthly Amount	SSS Yearly Amount	FPL Yearly Amount	% of FPL to meet SSS	HUD Category at SSS
1	1 Adult	\$11.98	\$2,109	\$25,305	\$12,060	209%	Very Low
2	1 Adult, 1 Infant	\$26.59	\$4,679	\$56,149	\$16,240	345%	Moderate
3	2 Adults, 1 Preschool	\$14.08	\$4,958	\$59,491	\$20,420	290%	Moderate
3	2 Adults, 1 School-age	\$11.97	\$4,214	\$50,566	\$20,420	247%	Low-Income
3	1 Adult, 2 Teenagers	\$16.92	\$2,978	\$35,732	\$20,420	175%	Very Low
3	1 Adult, 1 Preschool, 1 School-age	\$28.95	\$5,095	\$61,142	\$20,420	299%	Low
4	2 Adults, 1 Preschool, 1 School-age	\$16.23	\$5,713	\$68,560	\$20,420	278%	Low

*Hourly wage equivalent needed for each adult in household working 40 hours per week, 52 weeks per year

Table 12. Monthly Expenses for San Luis Obispo County²²

	1 Adult	1 Adult, 1 Infant	2 Adults, 1 Preschool	2 Adults, 1 School-age	1 Adult, 2 Teenagers	1 Adult, 1 Preschool, 1 School-age	2 Adults, 1 Preschool, 1 School-age
Housing	\$941	\$1,215	\$1,215	\$1,215	\$1,215	\$1,215	\$1,215
Child Care	\$0	\$1,344	\$1,086	\$514	\$0	\$1,600	\$1,600
Food	\$244	\$363	\$600	\$664	\$671	\$557	\$765
Transportation	\$278	\$287	\$543	\$543	\$278	\$287	\$543
Health Care	\$137	\$397	\$456	\$472	\$464	\$423	\$482
Miscellaneous	\$160	\$361	\$390	\$341	\$263	\$408	\$461
Taxes	\$348	\$847	\$801	\$599	\$382	\$870	\$914
<i>Earned Income Tax Credit</i>	\$0	\$0	\$0	\$0	(\$128)	\$0	\$0
<i>Child Care Tax Credit</i>	\$0	(\$50)	(\$50)	(\$50)	\$0	(\$100)	(\$100)
<i>Child Tax Credit</i>	\$0	(\$83)	(\$83)	(\$83)	(\$167)	(\$167)	(\$167)
<i>Monthly Total</i>	\$2,108	\$4,681	\$4,958	\$4,215	\$2,978	\$5,093	\$5,713

²¹ Insight Center for Community Economic Development. (2017). *Self-Sufficiency Standards 2014*. From <http://www.insightcced.org>.

²² Insight Center for Community Economic Development. (2017). *Self-Sufficiency Standards 2014*.

Annual Household and Family Income

The U.S. Census ACS measures both the median *family* and *household* incomes. According to the U.S. Census website FAQ: “A *family* consists of two or more people (one of whom is the householder) related by birth, marriage, or adoption, residing in the same housing unit. A *household* consists of all people who occupy a housing unit regardless of relationship. A household may consist of a person living alone or multiple unrelated individuals or (related) families.” The 2011-2015 ACS 5-Year Estimates median household income for the county was \$60,691, where the family household income was \$76,771.²³

Table 13: Inflation-Adjusted Median Annual Household vs. Family Income²⁴

Geographic Area		Household Income (% change from 2009-2013 ACS)	Family Income (% change from 2009-2013 ACS)
	California	\$53,889 (-11%)	\$66,011 (-5.25%)
	San Luis Obispo County	\$60,691 (+3.4%)	\$76,771 (+2.5%)
Central	San Luis Obispo (City)	\$46,058 (+2.25%)	\$83,908 (+5.8%)
North Coast	Morro Bay	\$51,338 (+3.75%)	\$67,869 (+7.8%)
North County	Atascadero	\$66,607 (+2%)	\$79,275 (+3.25%)
	Paso Robles	\$60,449 (+2.5%)	\$66,648 (+2%)
	Shandon	\$57,632 (-2.7%)	\$55,273 (+3.5%)
South County	Arroyo Grande	\$62,032 (-2.75%)	\$85,144 (+4.3%)
	Grover Beach	\$54,228 (+14.87%)	\$59,155 (+2.3%)
	Nipomo	\$60,348 (+.2%)	\$78,565 (+11%)

San Luis Obispo County’s median income for both families and households exceed the state’s median. The City of Arroyo Grande (in the South County) has the region’s highest median family income (\$85,144), while the rural community of Shandon (in the North County) has the lowest (\$55,273). In Shandon and other rural agricultural areas within the county, the median household income exceeds the family income, which could be due to households being comprised of unrelated adults who work in agriculture living together to conserve their incomes. The City of San Luis Obispo has the lowest median household income (\$46,058); however, this figure is skewed by the large number of households comprised of college students who may or not be working while attending school.

The median income data for households and families can also mask concentrated pockets of households throughout the county that have significantly lower income averages, evidenced by the number of K-12 students participating in free and reduced lunch programs. In 2015-2016, approximately 44% (15,428) of

²³ U.S. Census Bureau. *Inflation-Adjusted Median Household Income, S1901. 2011-2015, American Community Survey.*

²⁴ U.S. Census Bureau. *Inflation-Adjusted Median Household Income, S1901. 2011-2015, American Community Survey.*

enrolled students ages 5-17 were participating in the Free and Reduced Meal Program countywide compared to 35% statewide (in 2013).^{25 26}

Despite the median incomes of the region being higher than or near the state median, more than 25% of all county jobs pay \$11.28 per hour or less.²⁷ This equates to an annual income of \$23,462 or less for a full-time worker, which would be at or near the Federal Poverty Level for a single adult trying to support a family of three or four people, would be considered Very Low-Income by HUD's definition, and would be far below the income needed to meet the Self Sufficiency Standard.

Additionally, when median earnings for individual workers are examined, women and those without college degrees have lower median earnings. More than 78% of full-time, year-round female workers make less than the median than full-time, year-round male workers do: there is a \$13,000 disparity between the median incomes for these two groups (\$53,399 for men and \$40,420 for women).²⁸

Table 14. Income and Educational Attainment in San Luis Obispo County

	All	Men	Women
Total	\$36,931	\$45,706	\$29,444
Less than High School	\$21,820	\$24,917	\$16,003
High School Diploma	\$29,906	\$36,798	\$23,873
Some College	\$34,880	\$44,908	\$27,086
Bachelor's Degree	\$50,624	\$62,850	\$40,656
Graduate Degree+	\$64,164	\$76,170	\$55,935

Resources

Income and Poverty

The goal of San Luis Obispo County's *CalWORKs* program is to provide wraparound support for families in the community who need help to become self-sufficient. California's version of the federal Temporary Assistance for Needy Families (TANF) program, *CalWORKs*, provides time-limited monthly cash payments to families with children under age 19, who qualify until graduation from high school. At least one child in the home must need cash aid because of death, illness, injury, unemployment, or continued absence of one or both parents. CAPSLO has several recurring contracts with the Department of Social Services to provide specific program services to *CalWORKs* clients: rapid rehousing assistance; subsidized child care services; assistance to pregnant and parenting teens in completing education goals; accessing

²⁵ California Department of Education DataQuest. (2017). *Free and Reduced Price Meals, 2015-2016*. From: <http://www.cde.ca.gov/ds/sd/sd/filesfp.asp>.

²⁶ Kids Count Data Center. *Students who are low income and eat free or reduced price breakfasts during the school year*. From <http://datacenter.kidscount.org>.

²⁷ California Employment Development Department. *2016 First Quarter Wages*. From <http://www.labormarketinfo.edd.ca.gov>

²⁸ U.S. Census Bureau. *Inflation-Adjusted Median Household Income, S2001. 2011-2015 American Community Survey*.

medical care; learning appropriate parenting skills and healthy life choices; and providing parent education and direct services (e.g., emergency items for children, such as food, clothing, bedding, etc.).

The following tables show public assistance utilization services provided by the County Department of Social Services during Fiscal Year 2016.

Table 15. Public Assistance Utilization in San Luis Obispo County²⁹

Monthly Caseload Averages for County	
CalWORKS	2,012
Medi-Cal	33,760
General Assistance	402
Non-Assistance CalFresh (Supplemental Nutrition Assistance Program)	8,542

Table 16. CalWORKS and Cal Fresh Utilization by Region, San Luis Obispo County¹

Region	CalWORKS Caseload by Region		CalFresh (non-assistance) Caseload by Region	
	Quarterly Average	% of County Total	Quarterly Average	% of County Total
North County	1,019	50.6%	3,708	39.2%
North Coast	101	5.01%	816	8.6%
Central County	247	12.3%	1,922	20.3%
South County	589	29.3%	2,819	29.8%
Totals*	2,012	-	9,461	-

*County totals include 12% zip codes unknown

While there are sources of financial assistance, such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) for eligible individuals, the application process is long and complicated. Homeless persons may be eligible, but without help to navigate this process, many of them simply give up. *San Luis Obispo Benefits-ARCH (Advocacy and Resource Connections for the Homeless)*, a collaboration of local agencies that serve the homeless, has been meeting since December 2008 to streamline this lengthy process. Their efforts have begun to show results – an increasing number of homeless and/or disabled persons have been able to receive a decision on benefits in six months. These improvements will ultimately ease the nightmare of accessing local and federal resources needed to stabilize income for these vulnerable populations.

²⁹ San Luis Obispo County Department of Social Services. *Food Data 2015-2016*. From: <http://www.slocounty.ca.gov/dss.htm>.

Additionally, there are numerous local public and nonprofit organizations and churches and faith-based organizations that provide emergency assistance for rent, utility payments, food, and other basic needs. Resources include *San Luis Obispo County Womenade*, *St. Vincent de Paul*, and *Salvation Army*.

Financial Literacy

According to the *United Way of San Luis Obispo County's* website, 49% of all Americans are not saving anything towards retirement.³⁰ More than 40% of American families have less than \$1,000 in a liquid, non-retirement savings account, and 43% of American families spend more than they make. These troubling statistics show why United Way of San Luis Obispo County's focus on improving financial stability starts with teaching young people how to make sound economic decisions that lead to a secure financial future. *United Way's Money Talks for Teens Program* was designed to help youth understand the importance of financial skills and provide a basis that they can use for lifelong development of personal financial literacy. A five-class series for high school seniors presents accurate, unbiased information and hands-on experiences in financial literacy – tools that young people can learn and take with them through early adulthood and beyond.

The *Housing Authority of San Luis Obispo (HASLO)* operates a Family Self-Sufficiency Program for residents of their various housing programs, supporting client families to improve their employment and income, improve their financial literacy, reduce their dependence on public assistance, and save toward family housing goals. To help low-income households make better use of their limited resources, financial literacy education is provided by *SurePath Financial Solutions* (formerly Consumer Credit Counseling Services), a nonprofit financial counseling agency with a local office. They provide debt, credit and bankruptcy counseling, housing and foreclosure solutions, and financial workshops.

Legal Services

California Rural Legal Assistance (CRLA) in San Luis Obispo is one of 23 nonprofit law firm offices in California providing free legal assistance to low-income individuals. Its mission is “to fight for justice and individuals right alongside the most exploited communities of our society.” CRLA has been providing services to low-income San Luis Obispo County residents since the 1980s. The firm has one full-time lawyer who assists individuals with cases including denial of benefits (e.g., unemployment insurance benefits, CalWORKs); labor and employment (e.g., minimum wage and overtime claims); health (e.g., pesticide poisoning, health and safety at work); education; and housing (e.g., evictions, lockouts and utility shut-offs by landlords). An eviction clinic and workshop is provided weekly in San Luis Obispo and in Paso Robles (in the North County) by a part-time community worker. Due to the type of funding they receive, CRLA is unable to assist undocumented individuals.

The *San Luis Obispo Legal Assistance Foundation* also provides free legal aid services for low and moderate income individuals. They currently provide three programs in the county: senior legal services, veteran assistance, and legal assistance for victims.

³⁰ United Way of San Luis Obispo County. (2017). *Financial Stability*. From <http://www.unitedwayslo.org/financial-stability>

The *Family Law Facilitator* at the *San Luis Obispo County Superior Court Self-Help Center* assists with the completion of court forms and provides a list of legal resources, including nonprofit agencies, legal, mediation, and referral services at low- or no-cost.

Free Tax Preparation Sites

Free tax preparation assistance is provided by the local *United Way*, *American Association of Retired Persons (AARP)*, and *Cal Poly State University*. Also, the *Cal Poly Low-Income Taxpayer Clinic* represents low-income taxpayers involved in controversies with the Internal Revenue Service and provides education and outreach services on the rights and responsibilities of U.S. taxpayers to individuals who speak English as a second language. Services are free.

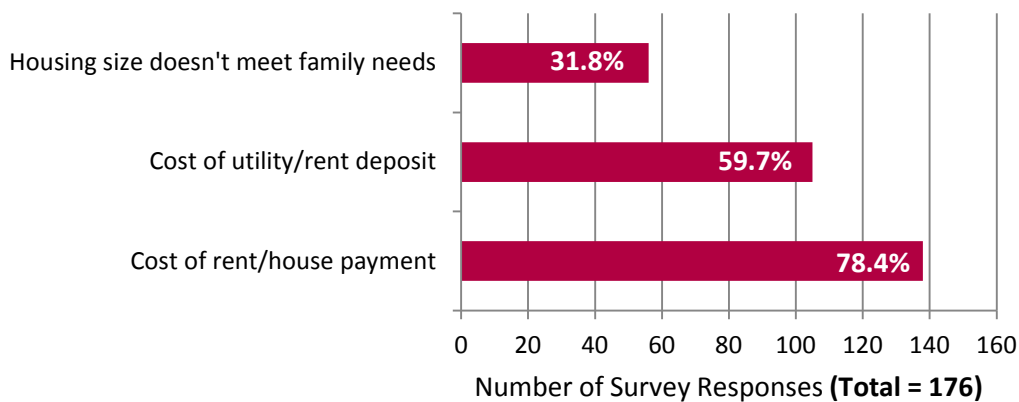
Housing

50.5% of low-income survey respondents identified “Availability of Safe and Affordable Housing” as a major or minor issue for their household.

"The cost of housing prevents us from filling staff positions because they can't afford to live here."

~ Child Care Planning Council member

**Graph 2. CAPSLO Low-Income Needs Survey:
Top Reasons Housing Is an Issue**



- More than one-fourth of all calls to San Luis Obispo County 2-1-1, a non-emergency telephone number that connects individuals and families with information and community resources, were related to housing needs.
- Respondents to the countywide weekly *New Times* Annual Reader’s Poll voted Affordable Housing and Lack of Jobs as the Biggest Problem Facing San Luis Obispo County.
- As of May 1, 2017, all waitlists for affordable and low-income housing in the county are closed, as is the waitlist for the Section 8/Housing Choice Voucher program.

Conditions

Housing affordability and availability in San Luis Obispo County is the top concern among employers, residents of all socio-economic status, and service providers. This issue impacts employers who cannot attract or retain employees due to the high cost of housing; low-income families who have to live farther from their jobs or are unable to find affordable housing options if they are displaced from their current living situation; and providers who struggle to help clients address self-sufficiency challenges that all point back to high housing prices and low availability.

According to the Housing Opportunity Index, San Luis Obispo County is the 10th least affordable area in the nation and the fourth least affordable metropolitan area with populations under 500,000 for the fourth quarter of 2014. The Index reports that only 21% of the housing units sold during that quarter were affordable to residents earning the area's median family income. The fourth quarter median price of new and existing housing sold in the county was \$505,000.³¹

According to HUD, the Fair Market Rent (FMR) for a 2-bedroom dwelling is \$1,309 per month; however, aggregated rental prices for the first four months of 2017 found no community in the county with a 2-bedroom median monthly rental price of less than \$1,350.

Table 17. Median Prices for 2-Bedroom Rental, May 2017³²

Region		Median Rental Price
Central	San Luis Obispo (City)	\$2,150
North Coast	Cambria	\$2,000 (September 2016—most current)
	Morro Bay	\$1,900
North County	Atascadero	\$1,350 (December 2016—most current)
	Paso Robles	\$1,562
South	Arroyo Grande	\$2,037
	Grover Beach	\$1,750
	Nipomo	\$1,350 (March 2017—most current)

In its *2015-2019 Consolidated Plan*, the County of San Luis Obispo identifies four major factors contributing to the unaffordability of housing across income levels: 1) the strong demand for the limited supply of housing units, which drives up the housing prices; 2) the location of the county being on the coast and between Los Angeles and San Francisco; 3) the region's natural beauty and Mediterranean

³¹ National Association of Homebuilders. (2017). *Housing Opportunity Index (2/19/17)*. From: <https://www.nahb.org/en/research/housing-economics/housing-indexes/housing-opportunity-index.aspx>.

³² Trulia. *Real Estate Market Trends, Median Rental Prices*. From: www.trulia.com.

climate, making it a desirable place for retirees to live; 4) and the willingness of most residents to earn less in order to have a higher quality of life.³³

Beacon Economics' *2016 Central Coast Economic Forecast* found that the county's housing stock is strained and that continued demand without a growth in supply is creating "forward-looking concerns about a shortage of available housing in the region." The Forecast added an additional factor to the county's housing issues: "the growing debate regarding the balance between new housing development and countywide land and water conservation efforts... The rising tide of antidevelopment sentiment and policies is one of the biggest factors contributing to the slowdown in construction activity..."³⁴

Cost Burdened Households

According to HUD, households spending more than 30% of income on housing (rent/mortgage, utilities, etc.) are considered "cost burdened," and households spending more than 50% are considered "severely cost burdened." The U.S. Census Bureau's 2011-2015 American Community Survey 5-year Estimates found 43% of all San Luis Obispo County households to be cost burdened. For renter-occupied housing units, this figure rises to 54%, and to 85% of renting households making less than \$50,000 per year.³⁵

For fiscal year 2017, the FMR in San Luis Obispo County for a two bedroom unit is \$1,309.³⁶ To afford rent and utilities without spending more than 30% of income, a household must earn a minimum of \$52,360 annually. Assuming a 40-hour work week, 52 weeks per year, this income level translates into a household wage of \$25.17 per hour. However, a minimum wage worker in California earns \$10.50 per hour. In order to afford the FMR for a 2-bedroom apartment, a minimum wage earner must work 96 hours per week, 52 weeks per year. A local household then needs 2.4 minimum wage earners, each working 40 hours per week, year-round, in order to afford the FMR for a 2-bedroom apartment.

If SSI is a person's sole source of income, up to 30% of the \$895 SSI monthly payment for a disabled or aged individual living independently in California can be spent on an affordable housing unit. Therefore, the highest amount for affordable housing costs would be \$268.50 per month.³⁷ Yet, the county's FMR for a one bedroom is \$1,011, and 85% of the rental units in the county were \$800 per month or more.^{38 39}

³³ County of San Luis Obispo. (2015). *2015-2019 Consolidated Plan*. From: <http://www.slocounty.ca.gov/Assets/PL/Housing/2015-2019+Consolidated+Plan+2015+Action+Plan/2015+-2019+Consolidated+Plan.pdf>.

³⁴ Beacon Economics. (2016). *2016 Central Coast Economic Forecast*

³⁵ U.S. Census Bureau. *American Community Survey 2011-2015 5-Year Estimates, S2503*.

³⁶ U.S. Department of Housing and Urban Development. *FY 2017 Fair Market Rents, San Luis Obispo County*.

³⁷ U.S. Social Security Administration. (2017). *Supplemental Security Income (SSI) in California, SSA Publication No. 05-11125*. <https://www.ssa.gov/pubs/EN-05-11125.pdf>.

³⁸ U.S. Department of Housing and Urban Development. *FY 2017 Fair Market Rents, San Luis Obispo County*.

³⁹ U.S. Census Bureau. *American Community Survey, 2011-2015 5-Year Estimates, S2503*.

Supply

San Luis Obispo County's population increased 3.2% and the number of households increased by 4.1% between 2012 and 2017.⁴⁰ In this same time frame, the number of available housing units increased by 2.5%, which created an imbalance between the proportion of new households and the number of housing units available. The California Department of Finance reported the following housing unit estimates and vacancy rates:

Table 18. Number of Housing Units by Type in San Luis Obispo County⁴¹

	Total Households	Total Units	Single Detached	Single Attached	Two to Four	Five+	Mobile Homes
2012	253,909	118,075	80,025	6,455	9,039	11,880	10,676
2017	264,353	121,049	82,168	6,597	9,179	12,371	10,734
% Change	+4.1%	+2.5%	+2.7%	+2.2%	+1.5%	+4.1%	+0.54%

Table 19. Vacancy Rate and Persons per Household⁴²

	Total Vacancy Rate*	Rental Vacancy Rate	Persons per Household
San Luis Obispo County	13.4%	2.7%	2.52
California	7.5%	4.3%	2.97

*Includes vacation and seasonally vacant homes

In the *Consolidated Plan*, the county anticipated a shrinking average household size countywide due to an increasing percentage of retirement aged residents caused by an in-migration of retired people, a drop in the natural birth rate, and an exodus of young professionals with families. The reduction in household size and increase in number of households would then create a higher demand for housing units.⁴³ The *Consolidated Plan* identifies a growing need for smaller housing units for seniors and small family households.⁴⁴ However, over the past five years, the average household size in the county has actually increased from 2.48 persons per household to 2.52 persons per household, which could be in part due to the number of households in the county increasing at a faster rate than the number of available housing units.⁴⁵

⁴⁰ California Department of Finance. (2017). *E-5 Population and Housing Estimates for Cities, Counties, and the State, January 2011-2017*.

⁴¹ California Department of Finance. (2017). *E-5 Population and Housing Estimates for Cities, Counties, and the State, January 2011-2017*.

⁴² California Department of Finance. (2017). *E-5 Population and Housing Estimates for Cities, Counties, and the State, January 2011-2017*.

⁴³ County of San Luis Obispo General Plan. (2014). Housing Element 2014-2019, From <http://www.slocity.org/home/showdocument?id=6641>.

⁴⁴ County of San Luis Obispo. (2015). *2015-2019 Consolidated Plan*.

⁴⁵ California Department of Finance. (2017). *E-5 Population and Housing Estimates for Cities, Counties, and the State, January 2011-2017*.

Substandard Housing

"We see a lot of habitability conditions – mold, bedbug, roach, mice, rats, infestation of vermin issues... There are so many cases that we can't take them all on. We have to prioritize which landlords have this as an ongoing issue or larger landlords or complexes. Those that involve government subsidies are priority."

~ *CRLA staff person*

San Luis Obispo County's *Consolidated Plan* states that after the high cost burden for low-income homeowners and renters, the second most important issue for these households is the substandard housing quality, such as housing units lacking complete plumbing and kitchen facilities. Overcrowding is also an issue, with a third of low-income renters and nearly half of low-income homeowners living in overcrowded conditions. A housing unit is classified as being overcrowded when there is more than one person per the number of rooms in the housing unit. When there are more than 1.5 persons per room, the unit is considered to be severely overcrowded.⁴⁶

In interviews for this needs assessment, Head Start parents at four separate sites repeated the following:

- "Landlords won't rent a one or two bedroom apartment if you have four kids; they say it's not enough room."
- "Landlords don't want to have children, especially young children; they prefer students."
- "Families have to double and triple up to pay rent." (Two thirds of Head Start parents at a North Coast center raised their hands when asked).
- "If you complain about something, the rent is increased or they tell you that you can leave."

⁴⁶ County of San Luis Obispo. (2015). 2015-2019 *Consolidated Plan*.

Resources

Regional Housing Needs Allocation: The State Department of Housing and Community Development approved the Regional Housing Need Allocation, which was adopted by the San Luis Obispo Council of Governments in 2013. For the time period of January 1, 2014 to June 30, 2019, the RHNP allocates 4,090 new housing units for the entire county, with 1,347 units assigned to the unincorporated region and 2,743 units designated for the incorporated areas.⁴⁷ Fifty-eight percent of these units were designated to meet the needs of low to moderate households. As of May 1, 2017, no update on the progress of meeting the building goals outlined were available and may remain unavailable until six months before the next Regional Housing Need Allocation is approved. The county currently has 3,275 income-restricted affordable rental housing units for low to moderate income households. These units are dispersed throughout the county and are managed by a network of nonprofit and private entities.

Table 20. Income Restricted Affordable Housing Units by Region

Region	City	# of units by bedroom size					Total Units
		Studio	1 Bedroom	2 Bedroom	3 Bedrooms	4 Bedrooms	
Central	San Luis Obispo	46	268	176	106	18	614
North Coast	Cambria			7	14		21
	Los Osos		113	9			122
	Morro Bay	9	73	19	8		109
North County	Atascadero	1	145	442	14		602
	Paso Robles	34	323	665	133	9	1164
	Templeton		32	58	34		124
South County	Avila	8	17	3			28
	Arroyo Grande		171	37	27		235
	Nipomo			67	101	38	206
	Oceano		5	14	6	1	26
	Pismo Beach		2	17	5		24
County Totals		98	1149	1514	448	66	3275

The nonprofit housing developers in San Luis Obispo County include the San Luis Obispo Housing Trust Fund, Peoples' Self-Help Housing, Housing Authority of San Luis Obispo, Paso Robles Housing Authority, and Transitions-Mental Health Association (TMHA). Currently, none of these agencies have openings.

⁴⁷ San Luis Obispo Council of Governments. (2013). *Regional Housing Needs Plan, Housing Element 2014-2019, Table 3.1, 32.*

San Luis Obispo Housing Trust Fund provides technical assistance and financing to nonprofit organizations, private developers, and government agencies for the purpose of increasing the supply of affordable housing for very low, low, and moderate households in San Luis Obispo County. Since 2005, the Housing Trust Fund has lent over \$18.1 million, which has helped finance the creation or preservation of 700 units of affordable housing. The Housing Trust Fund had nearly \$11 million in revolving loan funds as of December 31, 2016.

Peoples' Self-Help Housing, the largest affordable housing developer on the Central Coast, celebrated its 45th anniversary in 2015. This agency has developed 699 owner-built homes in San Luis Obispo County, with 69 more in development. Additionally, they manage more than 529 rental units in the county. Peoples' Self-Help Housing operates a Supportive Housing Program available to all tenants. Services are free, confidential, and voluntary.

Paso Robles Housing Authority, located in the North County, is transitioning its Public Housing complex into an affordable housing project in a 4-phase redevelopment project. Oak Park 1 (80 Units), Oak Park 2 (69 Units), and the Chet Dotter Low-Income Senior Housing (40 Units) projects are complete. One hundred percent of the units in Oak Park 1 and 2 are rent restricted to individuals and families with incomes ranging from 30% to 60% of the county area median income. The Chet Dotter apartments are managed by the San Luis Obispo Housing Authority (HASLO) and are reserved for low-income seniors age 62 and older. Additionally, 61 units of the original housing units, "Old Oak Park," remain available to low-income families.

Housing Authority of San Luis Obispo operates the County's Section 8/Housing Choice and HUD-VASH (Veterans Affairs Supportive Housing) rental assistance programs. The county has approximately 2,200 households utilizing Section 8 Vouchers per month. The HUD-VASH program provides rental assistance, case management, and clinical services to homeless veterans referred by Veterans Affairs. Additionally, HASLO owns and operates 168 units of public housing on 13 sites in the City of San Luis Obispo. The Housing Authority is continually working on building or acquiring more housing that increases the availability of both low-income and affordable housing.

HASLO's *Family Sufficiency Program (FSS)* helps persons "become economically independent and self-sufficient by working together to overcome barriers, build self-esteem, and establish and attain goals." Participation in this program is voluntary and open to both Section 8/Housing Choice Voucher holders and residents of public housing. In September 2014 and 2015, the Section 8/Housing Choice voucher program waitlist lottery took applications for three weeks. Previously, the application time was open for a four-day period in 2010. The application process was made more accessible by conducting it through an online application format instead of having applicants telephone HASLO.

Affordable housing units for seniors are located throughout the county, including Judson Terrace, which has 107 rental units in San Luis Obispo; Parkview Manor, which has 61 apartments in Arroyo Grande (South County); and Chet Dotter Senior Housing, which has 40 apartments in Paso Robles (North County).

Transitions Mental Health Association provides supportive transitional and permanent supportive housing for adults with mental illness who are homeless or at risk of becoming so as well as a residential treatment program for youth ages 11-17. TMHA is currently in the process of developing a 34-unit supportive, permanent housing complex in the City of San Luis Obispo – Bishop Street Studios – on an existing site that once housed an orphanage.

The *San Luis Obispo County Women’s Shelter* and *RISE* provide emergency and short-term housing to persons who are victims of domestic violence and their children (see Crime and Discrimination, p. 105).

Family Care Network offers transitional housing programs for foster youth who are developing the skills to live successfully on their own, and for 18 to 21 years olds participating in therapeutic treatment with the San Luis Obispo County Behavioral Health Department.

Affordable Home Ownership

The San Luis Obispo County affiliate of *Habitat for Humanity International* helps low-income families build their own homes. Since 2006, it has completed 17 houses in the county and it currently owns 15 properties on which houses may be built. PSHH also assists low-income families with “sweat equity” home ownership. The county operates the First Time Homebuyer Program, which assists qualified, low-income families with down payment, mortgage, and closing costs to purchase their first home.

Substandard Housing

Low-income persons who are facing the possibility of having their utilities cut off due to lack of payment may apply to the *REACH* program (Relief for Emergency Assistance through Community Help), which is sponsored by Pacific Gas and Electric (PG&E) and administered by the Salvation Army. It is a one-time payment program that may be accessed only once in an 18-month period, although exceptions may be made for seniors, physically challenged persons, and terminally ill persons. Catholic Charities’ Family Supportive Services includes the provision of financial assistance for utility bills.

CAPSLO provides utility assistance services, which are funded through the federal government’s *Low-Income Home Energy Assistance Program (LIHEAP)*. These programs offer once a year payment assistance to keep low-income households connected to gas and electricity; it will also pay for propane bills. *PG&E* and *Southern California Gas (SoCal Gas) Company* are required to provide weatherization assistance to low-income households in the communities they serve. The utility companies have partnered with CAPSLO’s Energy Services Division to fulfill these requirements in San Luis Obispo County. Energy Services also helps low-income and senior households maintain safe homes by providing minor home repair, weatherization, and conservation services.

California Rural Legal Assistance helps individuals and families with evictions, lockouts and utility shut off by landlords (See Income, p. 27). Despite a need for their expertise by Head Start parents, many of whom are undocumented, due to the funding CRLA receives, they are unable to assist undocumented individuals.

Homelessness

87%

*of homeless individuals in SLO
County were unsheltered the night
before the 2015 Point-in-Time count.*

“The stigma of being homeless is just another challenge when trying to get help, get a job, get back on your feet. In this area, where there is so much more awareness about being accepting —accepting of race, religion, the LGBT community—yet discrimination and stereotypes against homeless people are so hard to overcome.”

~ Prado Day Center client

Conditions

In January 2015 and 2017, community-based organizations, faith-based groups, community volunteers, county and city staff conducted the HUD required biennial countywide homeless enumeration; a "Point-in-Time" (PIT) survey of those living in the county who lack shelter. Results are not yet available for the 2017 PIT count.

During the 2015 survey, enumerators counted 1,515 homeless individuals, a 30% decrease from the 2013 count. Providers agree that the lower count number was not due to a true decrease in the homeless population, but instead was related to changes in the way the homeless in encampments were counted in the South County; the fact that encampment sweeps were conducted by law enforcement in both North and South County just days before the count; and a change in methodology in the way homeless school age children across the state were counted (to eliminate possible duplication).

In 2013, the PIT counted 815 unsheltered individuals in South County, but the 2015 PIT only recorded 206 unsheltered individuals. Local homeless services providers unanimously agree that a 75% decrease in South County's homeless population is not an accurate reflection of this population in that region.

Table 21. 2015 Point-in-Time Count vs. 2015 CAPSLO's Homeless Services Client Demographics

2015 PIT Count	Homeless Client Demographics
1,515 homeless individuals counted	1,680 unduplicated homeless individuals served
35% women	38% women
15% under 18	12% under 18
10% veterans	9% veterans
22% physical disability	46% disabled
87% unsheltered	Approximately 80 people sheltered per night

The enumeration conducts an in depth survey with every fifth person counted during the PIT. Survey data found that 22% of homeless individuals would be considered chronically homeless, 39% experienced some form of mental illness, and 41% had drug or alcohol abuse issues.⁴⁸ The 2015 PIT survey asked homeless individuals to self-report the reasons they became homeless and the obstacles they face in obtaining new housing.

Table 22. Obstacles to Housing, 2015 Point-in-Time Survey

Reasons for Losing Previous Housing		Obstacles to Obtaining New Housing	
Job Loss	23%	Can't Afford Rent	67%
Alcohol or Drug Issues	17%	No Job/Income	52%
Divorce or Breakup	12%	No Money for Moving Costs	29%
Argument with Family or Friend/Roommate	11%	Bad Credit	21%
Eviction	10%	No Transportation	20%

In 2015, 66% of those surveyed had been homeless for more than a year, up from 47% during the 2013 PIT Count. Homeless Services providers also report clients staying homeless for longer periods of time due to lack of affordable housing solutions and increased competition for the small amount of available housing.

A homeless services agency executive director states:

"We are seeing a huge increase in the number of chronic and long term homeless. Compounding the issue is the lack of shelter, day services, reduction of case management services, and the recent eviction of hundreds of homeless individuals from two long-established, large homeless encampments. Many families who wouldn't normally be chronically homeless are remaining homeless longer because there just isn't enough housing, and we [service providers] are competing amongst ourselves for the limited housing available."

⁴⁸ Applied Survey Research. (2015). *2015 San Luis Obispo County Point-in-time Homeless Census & Survey*. From: <http://www.slocounty.ca.gov/Assets/PL/Housing/PUB-2015-Point-In-Time-Count-Report.pdf>.

Resources

Oversight and Coordination

The *Homeless Services Oversight Council (HSOC)* was created to lead, facilitate, and provide oversight for the implementation of San Luis Obispo County's *10-Year Plan to End Homelessness*. As a planning and policy development forum, HSOC brings together local jurisdictions, public and private service providers, and other community stakeholders to increase local awareness and participation, and service coordination and efficiency.

Membership of the HSOC includes representatives from: the County Board of Supervisors; each City Council; County Departments of Behavioral Health, Planning, Social Services; nonprofit service providers, including CAPSLO; affordable housing developers; businesses; law enforcement; academia; health care; faith-based communities; and interested community members, preferably those with experience with homelessness.

Service Providers

Central County: Since 1989, *CAPSLO's Homeless Services* program has been serving homeless individuals and families through emergency shelter, day services, on-site information and referrals, and case management to assist clients in finding permanent housing. As with all of CAPSLO's programs, the daily goal is to help clients achieve economic stability and self-sufficiency.

The *Maxine Lewis Memorial Shelter*, located in San Luis Obispo, provides 49 beds, 365 nights a year. An additional 25 to 40 beds are added through the *Interfaith Coalition for the Homeless "overflow" shelter* program operated at one faith-based location each month. The shelter offers meals, showers, and information and referrals for additional support.

During the day, the *Prado Day Center* provides restrooms and showers, laundry service, phone usage, bus tokens, mail and message service, employment listings and job application assistance, on-site health screenings, a children's playroom and yard, a community garden, and access to community-based support services. An average of 95 people access Prado daily.

Prado is located in the City of San Luis Obispo, and is the only day services provider in the county, serving people from all parts of the region. Lunches are provided by *People's Kitchen*, a volunteer organization that works with multiple groups, including service organizations, California Polytechnic (Cal Poly) State University, and the faith-based community. Prado serves as the City of San Luis Obispo's Warming Center during inclement weather and was open for 49 nights during the 2016-2017 rainy season, providing shelter for an average of 34 additional homeless individuals per night. Prado also serves as the site for the only *Safe Parking Program* in the county. The Safe Parking Program serves up to seven vehicles at a time, providing homeless individuals or couples with a safe place to legally sleep in their vehicles while saving income and working towards becoming stably housed.

In May 2017, CAPSLO began construction on a new, comprehensive homeless services center that will incorporate all of these services onto one campus. The new center, *40 Prado*, will also provide an onsite medical primary care home, counseling for individuals with mental health and substance abuse issues, and a variety of other self-sufficiency supports.

Additionally, CAPSLO's *Supportive Services for Veteran Families (SSVF)* Program assists homeless veteran families and veteran families at risk of becoming homeless in addressing barriers to stable housing through case management and complementary supportive services. These services are provided by a grant from the U.S. Department of Veteran Affairs as part of a continuum of treatment and support services for U.S. Veterans. SSVF serves the central, north coast, and northern part of the county.

North County: The *El Camino Homeless Organization (ECHO)* provides an overnight shelter with 50 available beds. The program provides dinner, showers, client screening and intake for shelter beds, case management for housing, and referrals to other community services.

Transitional Food and Shelter (TFS) provides temporary shelter for the medically fragile homeless through transitional housing and hotel vouchers.

The Central Coast LINK provides housing assistance for recently homeless individuals and families as well as eviction prevention services. Advocates assist families in accessing community resources, providing temporary financial assistance, and housing relocation and stabilization services.

South County: This part of the county does not have an overnight shelter or day center. The *5Cities Homeless Coalition* is the primary service provider of homeless services in the South County. It assists individuals and families with: resource and referral, payment of one-time barriers to self-sufficiency, housing assistance, services for homeless individuals who are medically fragile, and serves as the provider of SSVF services in the South County.

San Luis Obispo Housing Connection also provides eviction prevention and rapid rehousing services, primarily for Grover Beach residents.

The *Redemption Center*, affiliated with Hillside Church in Grover Beach, has limited drop-in day services three days a week. Services include a computer lab for employment and housing searches, support groups, respite from the elements, showers, and transportation to food resources and San Luis Obispo for DMV and SSI appointments.

Case Management

There are a number of programs in the county that provide degrees of homeless case management. These programs include *CAPSLO Homeless Case Management and SSVF programs; Transitions-Mental Health Association's 50Now program and their permanent supportive housing program; Department of Social Services' Housing Support Program for CalWorks families; The Central Coast Link; Peoples' Self-*

Help Housing; Women's Shelter Program; RISE; Catholic Charities; Salvation Army; Transitional Food and Shelter; and ECHO.

CAPSLO provides case management primarily in the City of San Luis Obispo; TMHA provides permanent supportive housing services to chronically homeless individuals and families countywide. TMHA also provides transitional housing services to their clients, although transitional housing is scheduled to end May 31, 2017 due to a reallocation of HUD funding. ECHO provides case management support for clients accessing their shelter services in the North County. The 5Cities Homeless Coalition and San Luis Obispo Housing Connection provide rapid re-housing and other supportive services for South County individuals and families. The Family Care Network, through a contract with Department of Social Services, administers the Housing Support Program for homeless families, or those at risk of homelessness. Families are provided with assistance in accessing affordable housing and with case management to address barriers to permanent housing success. Case managers across the network of service providers work cooperatively to ensure that homeless persons receive all eligible benefits and help.

Offered through *Catholic Charities*, Pathways to Stability is a client-centered program that provides comprehensive services for clients struggling to make ends meet and determined to make changes in their lives. Participants enrolled in this program will embark on a nine month journey of individual support, financial coaching, and a myriad of resources to support their goals and dreams of a better future.

On June 1, 2017, a Coordinated Entry system of services began throughout the county. The intention of Coordinated Entry is to increase the efficiency of the local crisis response system for the homeless in the county and improve the fairness and ease of access to resources. Local "entry points" are intended to identify and prioritize people who are most in need of assistance and connect them with the most appropriate service based on their specific circumstances. While this system should reduce duplication of services and eliminate the need for clients to repeat their stories to multiple providers, the reduction in case management services that accompanies Coordinated Entry will mean that those most vulnerable will not have the same level of assistance as in the past. In San Luis Obispo County, the entry points for services are ECHO in the North County, CAPSLO in the central part of the county, and 5Cities Homeless Coalition in the South County.

Many homeless and/or disabled persons are entitled to SSI benefits, but applying for benefits is labor-intensive and can take years. *San Luis Obispo Benefits-ARCH*, a collaboration of local agencies that serve the homeless, has been meeting since December 2008 to streamline this arduous process. However, the average wait to receive benefits remains at approximately one year.

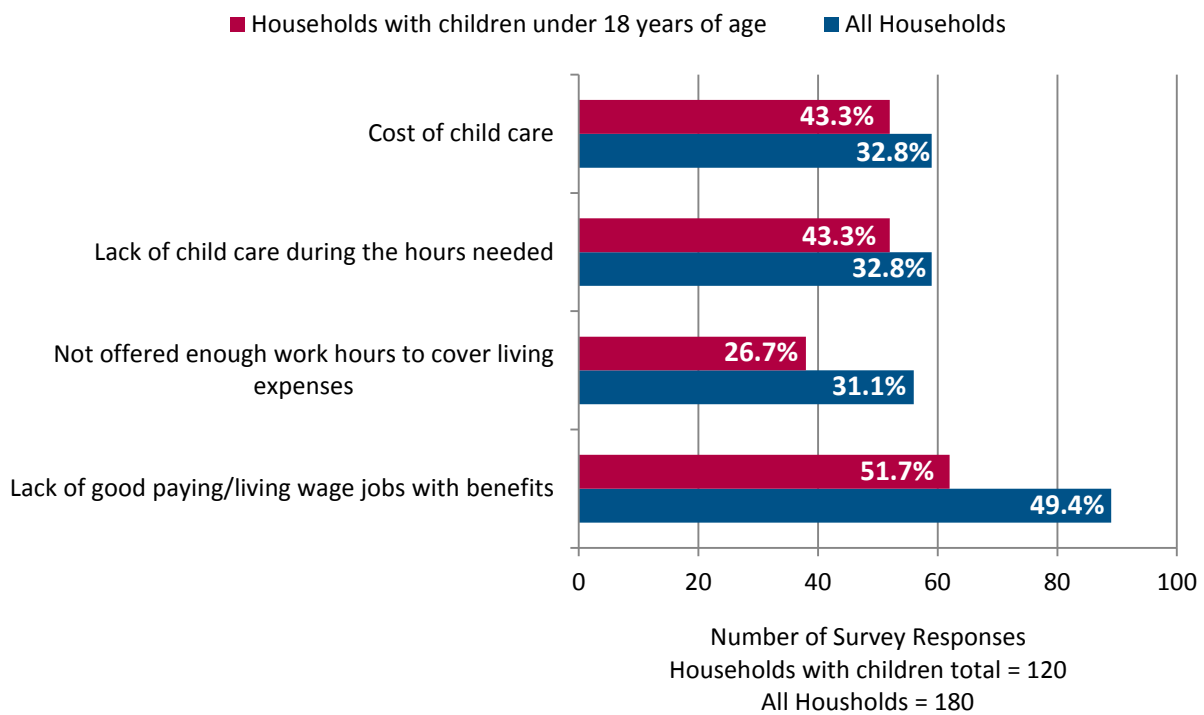
Employment and Local Economy

49.4%

of low-income survey respondents indicated that a lack of good paying/living wage jobs was a major or minor issue for their household.

*“The minimum wage of \$10.50 doesn’t cut it in this high cost area.”
~ Head Start parent*

**Graph 3. CAPSLO Low-Income Needs Survey
Top Reasons Employment or Income are an Issue**



Conditions

Economic Overview

According to the *2016 Central Coast Economic Forecast*, the county's economy has maintained an upward trajectory over the last year, with economic indicators generally trending in the right direction. Beacon Economics, who prepares the annual report, expects the economy to stay on course through 2017. "Employment levels are at all-time highs and the unemployment rate is at its lowest since before the recession. The labor market is in good shape, with total wage and salary (nonfarm) employment in the county hitting all-time highs in four successive years."⁴⁹ Growth in sales tax receipts at restaurants, grocery stores, etc. suggests that local incomes continue to grow, which fuels local spending. Despite challenges presented by the drought, the county's significant agriculture sector has "weathered the storm (or lack thereof) by most measures."⁵⁰

Employment and Unemployment

In February 2017, there were 135,900 employed people in the county out of a total civilian labor force of 141,400. The number of county jobs in all industries totaled 117,200.⁵¹ In February 2017, the county's unemployment rate was 3.9%, down from 4.5% one year ago and from its peak of 10.7% in July 2010. This compares with California's unemployment rate of 5.2% and 4.9% for the nation during the same period.⁵²

Job counts officially surpassed their pre-recession peak and have continued to rise for the past 3.5 years. The *Economic Forecast* calls for between 1.8% and 2.3% job growth over the next few years. Although the rate is lower than what is being forecast for the state overall, the county's nonfarm employment and its local unemployment rate have recovered all of the ground lost during the recession. An increasing labor force is a clear indication that pessimism in the wake of the recession has turned to optimism.

⁴⁹ Beacon Economics. (2016). *2016 Central Coast Economic Forecast*.

⁵⁰ Beacon Economics. (2016). *2016 Central Coast Economic Forecast*.

⁵¹ Beacon Economics. (2016). *2016 Central Coast Economic Forecast*.

⁵² California Employment Development Department. (2017). *Unemployment Rate and Labor Force Data*. From: <http://www.labormarketinfo.edd.ca.gov/data/unemployment-and-labor-force.html>.

Table 23. Unemployment Rate by Area

Region	Area	February 2017
State	California	5.2%
County	San Luis Obispo County	3.9%
Central	San Luis Obispo	4.1%
North Coast	Cambria	2.8%
	Cayucos	2.1%
	Morro Bay	3.3%
North County	Atascadero	3.2%
	Paso Robles	4.4%
	San Miguel	8.2%
	Shandon	4.9%
	Templeton	3.1%
South County	Arroyo Grande	3.4%
	Grover Beach	4.3%
	Nipomo	3.6%
	Oceano	3.7%
	Pismo Beach	3.1%

Job Sectors and Salary

Leisure and hospitality have been the largest contributor to the county's overall growth in the last year, adding more than 700 jobs and accounting for 27% of overall gains in payrolls in that period. This is because the county is a prime destination for California residents as well as visitors from other states and internationally. However, as the table below depicts, these jobs are low-paying. Local government increased payrolls by 2.9% or 400 jobs. Other industries leading employment gains include information, construction, education, and health. Education and health services employment will continue to play important roles as the county's aging population drives the demand for health-related services.⁵³

⁵³Beacon Economics. (2016). *2016 Central Coast Economic Forecast*.

Table 24. Leisure and Hospitality-Related Industry Estimates and Wages^{54 55}

Occupation	May 2015 Employment Estimates	Mean Hourly Wage	Mean Annual Wage
Food Preparation and Serving-Related	12,750	\$12.77	\$26,554
Maids and Housekeeping Cleaners	1,450	\$11.01	\$22,903
Landscaping and Grounds keeping	1,140	\$13.82	\$28,736
San Luis Obispo County average/mean		\$22.13	\$46,030
National average/mean		\$23.23	\$48,308

Table 25. San Luis Obispo County Employment by Sector, March 2016-2017⁵⁶

Job Sector	# of Jobs 2016	# of Jobs 2017	% Change
Civilian Labor Force	141,700	141,400	-0.2%
Civilian Employment	135,300	136,000	-0.5%
Civilian Unemployment	6,400	5,400	-15.6%
Civilian Unemployment Rate	4.5%	3.8%	-15.6%
Total Farm	4,800	4,800	0.0%
Leisure and Hospitality Services	17,700	18,500	4.5%
Education and Health Services	14,800	15,400	4.0%
Mining and Construction	6,900	7,500	8.7%
Finance, Insurance, and Real Estate	3,900	4,100	5.1%
Trade, Transportation, and Utilities Services	20,600	21,200	2.9%
Manufacturing	7,000	6,800	-2.9%
Information Services	1,400	1,400	0.0%
Local, State and Federal Government	25,400	25,100	-1.2%
Service Providing	99,900	102,000	2.1%
Total All Industries	118,600	121,100	2.1%

⁵⁴ U.S. Department of Labor, Bureau of Labor Statistics. (2017). *Occupational Employment and Wages in San Luis Obispo-Paso Robles-Arroyo Grande – May 2016*. From: https://www.bls.gov/oes/current/oes_42020.htm.

⁵⁵ U.S. Department of Labor, Bureau of Labor Statistics. (2016). *Occupational Employment and Wages in San Luis Obispo-Paso Robles-Arroyo Grande – May 2015*. From https://www.bls.gov/regions/west/newsrelease/occupationalemploymentandwages_sanluisobispo.htm.

⁵⁶ California Employment Development Department. (2017). *Industry Employment and Labor Force by Month, March 2016-2017*.

The closure of the Diablo Canyon Power Plant will impact the local economy, bringing a loss of jobs, significant loss of property taxes, spending power, the utility's charitable support, and other benefits from the plant and its workers. Because the plant is scheduled to close in 2024-2025, it is making planning difficult. However, taxable sales surged into double digits over the past few years in part because of the California Valley Solar Ranch and the Topaz Solar Farm.⁵⁷

Concerns about access to fresh water, especially in North County, are limiting home construction, which ultimately constrains the county's ability to supply affordable housing in the region. This has a short-term effect of limiting construction as well as limiting available housing for the workforce, making it difficult for local companies to attract highly skilled labor over the longer term. And although increased tourism has enhanced employment and economic growth, multiple hotel and other commercial projects have met staunch opposition by residents who seek to preserve the rural character of the community. Because tourism and commercial real estate are significant drivers of economic activity, the county will need to put measures in place to help offset potential losses.⁵⁸

Wages

Table 26. Wages and Percent of Total Employment in County vs. U. S., 2015⁵⁹

Major occupational group	Percent of total employment		Mean hourly wage		
	United States	San Luis Obispo	United States	San Luis Obispo	Percent difference
Total, all occupations	100% 140,400,040	100% 112,900	\$23.86	\$23.43	-1.8
Management	5	5.1	56.74	48.29	-16.1
Business and financial operations	5.2	Not available	36.09	35.37	-2.0
Computer and mathematical	3	1.9	42.25	39.10	-7.7
Architecture and engineering	1.8	1.8	40.53	44.35	9.0
Life, physical, and social science	7	.09	35.06	34.95	-.31
Community and social services	1.4	1.3	22.69	25.10	10.1
Legal	0.8	0.3	50.95	43.69	-15.3
Education, training, and library	6.2	6	26.21	26.15	-.23
Arts, design, entertainment, sports, media	1.3	.09	28.07	25.09	-11.2

⁵⁷ California Employment Development Department. (2017). *Industry Employment and Labor Force by Month, March 2016-2017*.

⁵⁸ Beacon Economics. (2016). *2016 Central Coast Economic Forecast*.

⁵⁹ U. S. Department of Labor, Bureau of Labor Statistics (2016). *Occupational Employment Statistics, May 2016*.

Major occupational group	Percent of total employment		Mean hourly wage		
	United States	San Luis Obispo	United States	San Luis Obispo	Percent difference
Health care practitioner and technical	6	5.2	38.06	41.52	8.7
Health care support	2.9	2	14.65	16.01	8.9
Protective service	2.4	2.6	22.03	31.36	35.0
Food preparation and serving related	9.2	10.5	11.47	13.24	14.3
Building/grounds cleaning and maintenance	3.1	3.8	13.47	14.27	5.8
Personal care and service	3.2	4.8	12.74	13.48	5.6
Sales and related	10.3	10.5	19.50	17.72	-9.6
Office and administrative support	15.7	14.8	17.91	17.48	-2.4
Farming, fishing, and forestry	0.3	2.3	13.37	12.75	-4.7
Construction and extraction	4	4.3	23.51	26.98	13.7
Installation, maintenance, and repair	3.9	3.2	22.45	22.40	.22
Production	6.5	4.3	17.88	21.23	17.1
Transportation and material moving	6.9	4.2	17.34	17.46	.69

Agricultural and Economic Impacts

In 2015, crop values were worth \$828,800,000, an 8% decrease from 2014, which was directly attributable to the cumulative impacts of the ongoing drought, growing conditions for major crops, markets, and water availability. Based on these and other less significant facts, crops responded in both positive and negative ways.⁶⁰

Strawberries remain the highest value crop, reaching a record of \$222,604,000 due to favorable growing conditions and availability of irrigation water in strawberry growing regions. Wine grape production was hampered by the continuing drought and less than optimal growing conditions, including accumulated salts in the soil due to lack of rain, colder than normal spring temperatures, and wind negatively impacted yields bringing them to levels not seen since 1999. However, overall quality of harvested fruit was reported to be high, with the yield of \$146,435,000.⁶¹

⁶⁰ San Luis Obispo County Department of Agriculture/Weights & Measures. (2015). *Weathering the Drought: 2015 Annual Report*. From: http://www.slocounty.ca.gov/Assets/AG/croprep/2015+Crop+Report/2015_Crop_Report.pdf.

⁶¹ San Luis Obispo County Department of Agriculture. (2015). *Weathering the Drought: 2015 Annual Report*.

The number of vineyards decreased 38% – from 81 in 2001 to 50 in 2016 – due to scarcity of water. In the past three years, this number has stabilized, perhaps indicating a new normal for the county. In addition, the number of wineries increased by 3.3% – from 120 to 124 establishments. Wineries are an important component of the county’s tourism industry because they bolster consumer spending and fiscal revenue for the local government. Vineyards and wineries made up over \$900 million in value added to the region, while also providing 28% of property tax revenue.⁶²

Cattle inventory was significantly depleted due to a 59% drop in the number of heads sold. The decline in the number of cattle sold drove a 48% difference in overall value – \$70,659,000. Despite drought conditions, vegetable crops fared well, ending the year 10% higher at \$214,059,000.⁶³

Table 27. San Luis Obispo County Top Agricultural Commodities, 2015⁶⁴

Commodity	2014 (\$Million)	2015 (\$Million)	% Annual Growth
Strawberries	205.8	222.6	8.2
Wine Grapes	203.8	146.4	-28.2
Cattle and Calves	129.6	66.0	-49.1
Broccoli	57.2	47.8	-16.4
Vegetable Transplants	33.7	37.7	11.9

According to the 2015 Crop Report, “Although challenged by drought conditions, local farmers and ranchers showed resilience by addressing adverse conditions through innovation, perseverance, and a strong will to overcome obstacles the drought imposed.”

According to the *2016 Economic Forecast*, farm employment in San Luis Obispo County has remained relatively static compared with recent years. After the bottom of the recession in 2009, farm payrolls were approximately 4,800. In 2016, the average number of farm employees was 5% higher than post-recession figures, with about 5,050 recorded. This indicates overall stability for the agriculture industry.

Farm Labor

Because CAPSLO’s Head Start and Migrant and Seasonal Head Start programs provide child care and education services to agricultural workers’ children, farm labor issues are important. May 2015 employment estimates for farmworkers and laborers, crop, nursery, and greenhouse workers was 2,630.

⁶² Matthews, W., & Medallín-Azuara, J. (n.d.). The Economic impacts of the San Luis Obispo County and Paso Robles AVA wine industry. *Paso Robles Wine Country Alliance and San Luis Obispo Wine Country Association*. From: https://watershed.ucdavis.edu/files/biblio/Matthews%26Medellin_San_Luis_Obispo_%282016%29.pdf.

⁶³ San Luis Obispo County Department of Agriculture. (2015). *Weathering the Drought: 2015 Annual Report*.

⁶⁴ Beacon Economics. (2016). *2016 Central Coast Economic Forecast*.

In 2016, first quarter mean wages for these workers were \$11.23 per hour and \$23,357 annually compared to a mean hourly wage of \$22.13 and mean annual wage of \$46,030 in May 2015.^{65 66}

San Luis Obispo County growers are looking to fill the shortage of farm labor with H-2A guest workers. The lack of labor is attributed to a crackdown on illegal immigration, declining birth rates in Mexico, and increased costs to cross the border with no promise of employment upon arrival, among other things.⁶⁷ As of June 22, 2016, there were 417 certified H-2A workers in San Luis Obispo County.⁶⁸

The California Rural Legal Assistance stakeholder interview confirmed that they are seeing significant increases in the use of H2A foreign guest workers to work agricultural fields on the Central Coast – in San Luis Obispo, Santa Barbara, and Ventura counties. (Undocumented individuals cannot be H2A workers.) CRLA staff believes that employers do not make much of an effort to hire local workers or they disqualify workers sent over by the Employment Development Department in order to bring in workers from other countries. CRLA reports that employers typically do not use H2A laborers for wine grapes because it is specialized form of labor and they primarily want their specific workers to come in each year.

According to the San Luis Obispo County Migrant and Seasonal Head Start area manager, male farmworkers were able to keep their hours but female workers worked less overtime due to the drought. Also, because of the new overtime law, growers are limiting farmworkers' hours to avoid paying it.

California Drought Update

On April 2, 2017, Governor Brown lifted California's drought emergency declaration; however, the move will not end water conservation in the state.⁶⁹ According to a newly released map from the U. S. Drought Monitor, all of California is now out of the most extreme drought conditions. However, most of San Luis Obispo County remains “abnormally dry.” “Even though the reservoirs are responding quite favorably, they still have a long way to go before we classify this area as drought free.”⁷⁰ According to the National Weather Service, the last time California had no areas in extreme or exceptional drought was August 2013. Although rainfall since October 2016 has been 120% to 200% of normal, it is not enough to make up for five years of drought and rainfall deficits. Groundwater has also yet to recharge, according to the Drought Monitor.⁷¹

⁶⁵ U.S. Department of Labor, Bureau of Labor Statistics. (2017). *Occupational Employment and Wages in San Luis Obispo-Paso Robles-Arroyo Grande – May 2016*.

⁶⁶ U.S. Department of Labor, Bureau of Labor Statistics. (2016). *Occupational Employment and Wages in San Luis Obispo-Paso Robles-Arroyo Grande – May 2015*.

⁶⁷ Charlton, A. (2016, August 7). Housing for H-2A workers a growing issue. *The Santa Maria Times*.

⁶⁸ Charlton, A. (2016, August 7). Housing for H-2A workers a growing issue. *The Santa Maria Times*.

⁶⁹ *Associated Press*. (2017, April 7). California governor declares end to drought emergency. From: <http://www.ksby.com/story/35097698/california-governor-declares-end-to-drought-emergency>.

⁷⁰ National Drought Mitigation Center. (2017). *National Drought Summary*. From: <http://droughtmonitor.unl.edu/Home/Narrative.aspx>.

⁷¹ Dust, L. (2017). California out of ‘extreme drought’, but SLO County still ‘abnormally dry’ – or worse. *The Tribune*. From <http://www.sanluisobispo.com/news/weather/article134462439.html>.

Table 28. Capacity of Local Water Reservoirs, April 19, 2017⁷²

Reservoir	% of Capacity
Nacimiento (North County)	90.36%
Whale Rock (Central County)	78.27%
Lopez (South County)	61.7%
Salinas (North East County)	100.5%

Groundwater is the main water source for Central Coast vineyards and field. With the drought came alarm bells that something needed to be done to stop unregulated pumping. Before the California Sustainable Groundwater Management Act, effective January 1, 2015, there was no requirement for users to report how much water they were taking out of the ground. But now this law requires organized management of the state's underground reservoirs of water and requires local agencies to create, maintain, and enforce sustainable management plans. Under purview of San Luis Obispo County Water Resources, in the Public Works Department, the law provides for the preparation and implementation of groundwater sustainability plans for high and medium priority ground water basins. Additionally, the California Department of Water Resources approved the establishment of a new groundwater sub-basin in Atascadero, which will create a separation with the Paso Robles basin and aid officials in water sustainability practices. Based on the 2014 final basin prioritization by the State Department of Water Resources, there are five high and medium priority ground water basins mapped in San Luis Obispo County:⁷³

- Paso Robles (North County) – High Priority
- Atascadero (North County)– High Priority
- Los Osos (North Coast) – High Priority
- San Luis Obispo (Edna Valley) – medium priority

⁷² San Luis Obispo County Department of Public Works. (2017). *Reservoir Storage*. From <https://www.slocountywater.org/site/Water%20Resources/Data/Reservoirs/Santa%20Margarita/>.

⁷³ San Luis Obispo County Department of Public Works. (2017). *Sustainable Groundwater Management Act (SGMA)*. From <https://www.slocountywater.org/site/Water%20Resources/Data/Reservoirs/Santa%20Margarita/>.

Dependent Care to Support Employment

40.6% *of low-income survey respondents with children under the age of 18 reported that the supply of affordable child care services was a major or minor issue for their household.*

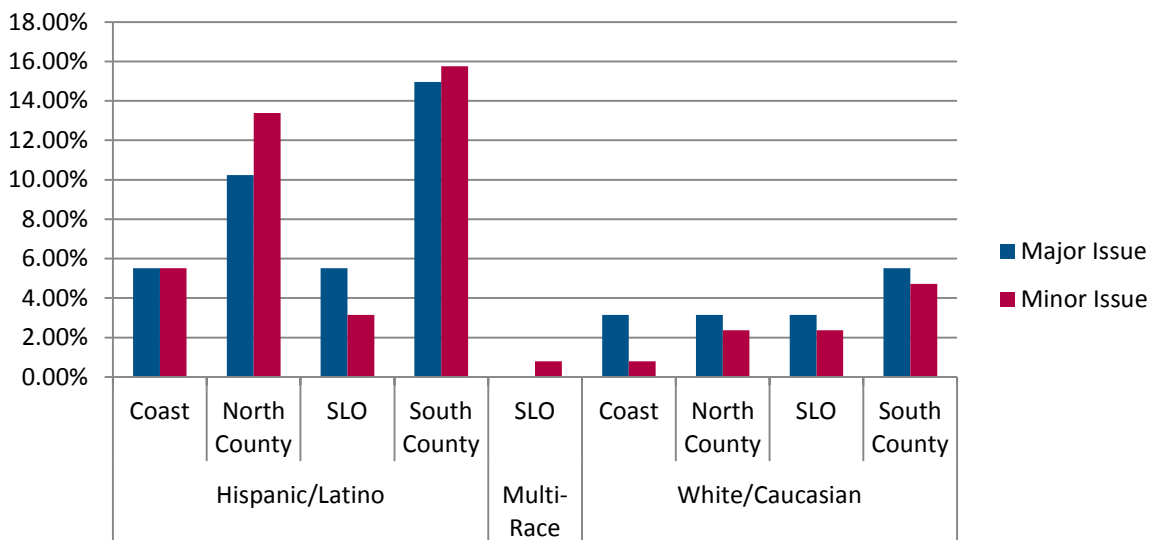
“For parents working low-wage jobs and/or with multiple young children, paying for licensed child care on top of living expenses is simply unaffordable.”

~ Child Care Planning Council member

“There is a ridiculous shortage of infant care in this county.”

~ Child Care Resource Connection survey respondent

**Graph 4. CAPSLO Low-Income Needs Survey:
Supply of Affordable Child Care Services by Region**



The availability of affordable, quality dependent care is essential to support a productive workforce. This includes care of infants, toddlers, and preschoolers; before- and after-school care; youth programs; and day care for dependent and fragile adults. Barriers to accessing care for county families include cost, availability, and location.

The 2015 California Child Care Portfolio reported more than 22,466 children, ages 0-12, with parents in the county workforce, a 3% increase from 2012. Yet there were only enough slots in licensed child care for 32% of these children. Eighty-four percent of requests were for children five years old and under and 90% were for full-time care.

Table 29. Child Care Requests in San Luis Obispo County⁷⁴

Age	Requests	Schedule	Requests
Under 2	37%	Full-time	90%
2-5 years	47%	Part-time	10%
6 years and older	16%		

Shauna Paulson, Manager of CAPSLO's Resource and Referral Program, reports an average of 240 referrals (requests) for child care per month to 236 active licensed family child care homes, 114 licensed centers, and 21 license-exempt centers. This equals 2,880 referrals per year further demonstrating need. This is confirmed by a recent CAPSLO Child Care Resource Connection (CCRC) client survey, which revealed:

- "There are not enough child care resources to match families with options in the county."
- "Everyone I contacted on your resource list had no openings."
- "It's hard to pay for child care even with a subsidy, and I'm afraid that once I get a raise at work, I will lose my subsidy altogether, causing me to pay over double what I paid for child care now."

Table 30. Child Care Schedules by Option in San Luis Obispo County⁷⁵

Schedule	Licensed Child Care Centers	Licensed Family Child Care Homes
Full-time and part-time slots	65%	88%
Only full-time slots	9%	7%
Only part-time slots	26%	5%
Evening, weekend, or overnight care	–	42%

⁷⁴ California Child Care Resource and Referral Network 2015 Child Care Portfolio. (2015). *Childcare Supply Data*. From: https://d3n8a8pro7vnm.cloudfront.net/rrnetwork/pages/204/attachments/original/1456339903/San_Luis_Obispo__County__2.23.2016.pdf?1456339903.

⁷⁵ California Child Care Resource and Referral Network 2015 Child Care Portfolio. (2015). *Childcare Supply Data*.

Head Start parents and others who work in the tourism industry (hotels and restaurants) are sometimes in need of evening or weekend care. As noted above, 42% of licensed family child care homes provide this but child care centers do not.⁷⁶ The coastal communities of Cambria and Cayucos are examples. There are few child care resources for parents, especially in the summer months, other than family members or older siblings. Many day care centers do not accept Head Start children just for summer months.

According to the Head Start parents a center located in the North Coast region of the county:

- “We arrange our work schedule with our relatives’ work schedules.”
- “It’s hard to ask your sister to take care of four kids when she also has several kids.”
- “My 17-year-old wants to work, not babysit.”
- “I try to get more days off in the summer, but that’s also when there’s more work available.”

Despite the ongoing need for child care, the cost of care makes many low- to moderate-income families struggle to work and pay for this vital employment support.

Table 31. Cost of Child Care in San Luis Obispo County⁷⁷

Cost	Licensed Child Care Centers	Licensed Family Child Care Homes
Full-time infant care	\$14,551	\$9,353
Full-time preschool care	\$10,268	\$8,871

Early childhood educators are among the lowest-paid workers in the country. In California, child care workers earn \$11.61 compared to \$19.15, the average median wage for all occupations. Forty-seven percent of early child care educators participate in public support programs, such as Medicaid or food stamps, compared to 26% in the U. S. workforce.⁷⁸

After school care is also needed. According to CAPSLO’s Family Preservation program staff:

- “Everyone forgets about school-age kids. Some programs have scholarships, but more is needed, such as camps during holidays and in the summer. Older children need to be in a positive environment and be taken care of.”

⁷⁶ California Child Care Resource and Referral Network 2015 Child Care Portfolio. (2015). *Childcare Supply Data*.

⁷⁷ California Child Care Resource and Referral Network 2015 Child Care Portfolio. (2015). *Childcare Supply Data*.

⁷⁸ Center for the Study of Child Care Employment. (2016). *Early Childhood Workforce Index, About the Early Childhood Workforce*. From: <http://cscce.berkeley.edu/files/2017/05/1-About-the-Workforce.pdf>.

- “They are being left at home alone so that parents can go to work; it happens and then we need to file child abuse reports because they’re left home alone.”
- “An older sibling who is a straight A student could be doing things like band and swimming, but she can’t because she has to watch her 5 year-old brother. Her grades slip and she becomes clinically depressed. The 5-year-old has behavioral health needs that the 16-year-old sister cannot even meet.”

Dependent care to support employment is also needed for families struggling with Alzheimer’s and other forms of dementia is increasing. The local Alzheimer’s Association estimates that there are nearly 10,000 individuals with dementia related disease in San Luis Obispo County. Each person requires 2-3 caregivers. The only facility in the county that provides full-time day care for individuals with moderate to severe dementia and thereby respite for working family caregivers is CAPSLO’s Adult Day Center. According to the Adult Day Center director, the number of clients increased by 40% and service hours increased 9% from 2014 to 2016 to accommodate the need.

Resources

Employment and Training Partners

The Workforce Investment Act, enacted in 1998, came to an end in June 2015. It was amended by the Workforce Innovation and Opportunity Act, a historic bipartisan piece of legislation. The local Workforce Development Board coordinates job training and employment services through America’s Job Center (AJC), which is administered by Goodwill. America’s Job Center of California provides one-stop access to the state’s employment related services. Employers obtain help in posting job openings and recruiting candidates. It helps job seekers obtain assistance in assessing skills, finding job opportunities and training, prepping a resume, and more. As of July 1, 2017, AJC is giving up their contract to provide services. The County of San Luis Obispo conducted a bidding process and Eckerd Workforce Development will be the replacement.

The last U. S. Economic Census conducted in 2012 reported that of 28,626 total firms in San Luis Obispo County, 17.3% were minority-owned; 32% were women-owned; and 9% were veteran-owned.⁷⁹

Mission Community Services Corporation and their *Women’s Business Center* enhance opportunities for potential entrepreneurs and small-business owners to become self-sustaining, successful contributors to their community, with special assistance for low-income, minority, veterans, and nonprofit businesses. They offer entrepreneurial training courses, no-cost business consulting, workshops, and an extensive resource library. They teach basic budget skills, credit repair, and starting and growing your own business. Services are offered in Spanish and English in San Luis Obispo as well as other counties. In 2017, they are expanding their reach by providing local high school students with quality entrepreneurial training, especially important to students who do not intend to pursue a college

⁷⁹ U.S. Census Bureau. (2016). *QuickFacts, San Luis Obispo County*. From <http://www.census.gov/quickfacts>.

education. CAPSLO's Chief Executive Officer serves on the Board of Mission Community Services Corporation.

The *Economic Vitality Commission's* (EVC) mission is to stimulate the economic vitality of the county, generate jobs, increase investment in the community, and promote startup, growth and attraction of businesses. The EVC provides local businesses and entrepreneurs with a wide range of resources, including business loan referral, workshops and seminars, international trade consultation, angel investor and venture capital resources, and more. The EVC also launches and implements industry cluster assessments and economic strategies.

Cuesta Community College offers the *Institute for Professional Development*, which provides customized training for businesses and organizations throughout San Luis Obispo County. Trainings include sexual harassment, diversity, customer service, supervision and management, computer software, industry-specific Spanish, safety training, business and technical writing, project management and strategic planning, smog certification, and more.

PathPoint, formerly known as the Work Training Program, offers a variety of supported employment, housing, and community access services, such as the Senior Activity Center, to help persons with disabilities or disadvantages overcome barriers.

Transitions Mental Health Association (TMHA) work programs help individuals with mental illness find and maintain employment while providing the support necessary to ensure success. TMHA operates nursery and retail businesses to provide job training and support for their clients. TMHA's *Growing Grounds Farms* and *Store* offer a variety of work experiences where participants develop job skills and confidence. The *Supported Employment Program* provides job support services necessary for individuals with mental illness to choose, obtain, and maintain employment.

Achievement House provides a wide variety of vocational services and supported employment at workplaces in the community. Achievement House offers training for janitorial, food service, retail thrift stores and nursery, and an array of mailing and clerical services.

Camp San Luis Obispo, home to the California National Guard, also hosts the *California Conservation Corps' Los Padres Center*. Corps members are trained as emergency responders to fight fires and floods; and to respond to earthquakes, oil spills, and agricultural emergencies. The residential program provides academic support and life skills training for the 80 corps members.

Legal Assistance

California Rural Legal Assistance (see Income, p. 27) provides help to individuals with employment-related cases, including denial of benefits (unemployment insurance benefits, CalWORKs) and labor-related cases (minimum wage and overtime claims).

Dependent Care to Support Employment

To develop child care priorities and services countywide, the local *Child Care Planning Council* was established by the Board of Supervisors, County Superintendent of Schools, CAPSLO, and PG&E in 1989. Capacity-building to increase the supply and quality of child care providers has been a high priority. The Council serves as the lead agency for the local *Quality Improvement Rating System Consortium*, which is responsible for assessing and training child care centers and family child care providers countywide on improving quality. Department of Social Services' *Housing Support Program* offers training and subsidized child care for TANF (Temporary Assistance for Needy Families) families.

Child Care

CAPSLO's *CCRC*, through their *Alternative Payment Program*, contracts with the state to subsidize child care costs that enables these families to remain in the workforce and obtain necessary training for self-sufficiency. *CCRC*, in their *Resource and Referral Program*, maintains an online list of licensed child care providers and provides referrals to help families of all income levels throughout the county choose care that best meets their needs. *CCRC* also supports providers with a food program; training in child development, behavioral health, and running a child care business to enhance self-sufficiency; and a toy/resource lending library.

In 2014, there were 222 licensed child care center slots for children under two; 3,213 for those 2-5 years; and 1,144 for children six years and older. These include California State Preschools; CAPSLO's Head Start and Migrant and Seasonal Head Start centers, which are sometimes braided with State Child Development Program funds, First 5 of San Luis Obispo County; and other private programs, such as Montessori. There are an additional 2,554 slots in licensed family child care homes.⁸⁰

Two local businesses provide on-site child care for their employees. *Trust Automation* employs 60 people and serves 35 children. *MindBody* has 986 employees in the tri-county area and serves 36 local families and 45 children from six weeks to six years old at their San Luis Obispo site.⁸¹ (Please refer to the Education Resources section: Preschools for more information.)

Before- and After-School Care and Youth Programs

Supervised care of school-age children and youth before- and after-school is provided through a range of options, from child care provider homes, to relative care, to programs operated by organizations, such as the *YMCA*, *city recreation centers*, and *Boys and Girls Clubs*.

Adolescents and youth need safe and positive after-school environments. A very limited number of programs exist in the county. *Project Teen Health*, a no-cost, after-school teen obesity prevention program, provides activities for teens at Arroyo Grande, Nipomo, and Paso Robles high schools. The *Teens at Work Program*, offered through *The LINK* in the North County, helps teens design and grow their own businesses with the support of adult mentors.

⁸⁰ California Child Care Resource and Referral Network 2015 Child Care Portfolio. (2015). *Childcare Supply Data*.

⁸¹ Lynem, J. (2017, January 14). 2 SLO County companies ease day care crunch with on-site centers. The Tribune. From <http://www.sanluisobispo.com/news/business/article126685354.html>.

Adult Day Care

CAPSLO's full-day, social model adult care program in Paso Robles (North County) is the only full-day day care service available. The *Adult Day Center* provides services to adults with mild to moderate dementia. Center staff works with families to assist with transportation to and from the center when possible. (See Health Resources section for more information on this resource.)

Education

“I stopped working when my father moved in, because I had to take care of him. Prior to that, I was a medical assistant. I’ve been going to Cuesta to get my AA degree, and....I was accepted into Cal Poly this fall!”

~ Adult Day Center Caregiver

Conditions

School System Changes

In 2016, two major reforms which had been adopted two years earlier commenced implementation in San Luis Obispo County schools: the Local Control Funding Formula and Common Core Standards. The Local Control Funding Formula, the most significant change in California’s funding system for K-12 schools in four decades, has affected every school district in the state. The goals of the new law were to improve academic outcomes by targeting more money to school districts that serve high-needs students, to give local school districts more authority to decide how to spend education dollars, and to begin a system of accountability. The transition to the Local Control Funding Formula is estimated to take eight years, until 2020-21, for full implementation.⁸²

The year 2014 also brought about the passage of temporary taxes under Proposition 30, which raised taxes on the wealthy and increased the sales tax to fund education. Coupled with an increase in state revenues due to a growing economy, the state was able to provide more money for the Funding Formula than expected during the first three years.⁸³ Each year, districts receive additional funds based on student attendance and the percentage of high-needs students, which the formula defines as low-income children, English learners, and homeless and foster youth.

Common Core Standards are an attempt to align language arts and mathematics instruction across the nation, which has up to now allowed each state to determine instructional standards. California has begun implementing Common Core Standards across the state, and this has led to the need to modify student testing and assessment to align with the Common Core Standards, since the way English and math were taught has changed. In 2015, California adopted the California Assessment of Student Performance and Progress, and for the first time this year, students took the assessments tests online.

In San Luis Obispo County, 54% of local students met or exceeded the English language arts and literacy standards in 2016 on the California Assessment of Student Performance and Progress. Results were slightly lower in mathematics, with 43% meeting or exceeding the standards.⁸⁴ This compares favorably with the state averages of 49% for English language and 37% for mathematics. However, for

⁸² EdSource, Inc. (2016). School funding undergoes major reform. *The Local Control Funding Formula: An Essential EdSource Guide, EDSOURCE PRIMER 2*. From: <https://edsources.org/wp-content/publications/10-questions.pdf>.

⁸³ EdSource, Inc. (2016). School funding undergoes major reform.

⁸⁴ Leslie, K. (2016, August 26). County students outperform peers in state tests. *The Tribune*, pp. 1A, 7A.

economically disadvantaged students, the test results numbers were lower. Only 37% met or exceeded the English language arts and literacy standards and only 27% for mathematics.⁸⁵

Table 32. English Language Arts and Literacy Results for Economically Disadvantaged Students

Subject	San Luis Obispo County All Students	San Luis Obispo County Economically Disadvantaged Students	State of CA
English	54%	37%	49%
Math	43%	27%	37%

Across the county, students who are English Language learners and those living in poverty are 15 to 40 percentage points lower in academic achievement than their peers.⁸⁶ This data supports evidence of a strong relationship between economic level of a student and school performance. (The California Department of Education advises against comparing the new assessment results to past years' data that used a different assessment, and a different curriculum).

According to CAPSLO's needs assessment survey, the quality of K-12 education for low-income parents is not a pressing issue, as only 15.6% marked it as either a major or minor concern. Anecdotally, parents in San Luis Obispo County are pleased with the safety and quality of the public school system.

⁸⁵ Leslie, K. (2016, August 26). County students outperform peers in state tests. *The Tribune*, pp. 1A, 7A.

⁸⁶ San Luis Obispo County Office of Education. (2013). *San Luis Obispo County Schools Annual Education Report, 2013*. From: https://www.cuesta.edu/about/documents/inst_research/2013_Annual_Report_SLOCDE.pdf.

Enrollment

The table below reflects enrollment numbers as reported by the U.S. Census, American Community Survey, 2015 1-Year Estimate, which shows a 2014-2015 county student enrollment of 76,496.

Table 33. San Luis Obispo County School Enrollment by Grade

	San Luis Obispo County Population Enrolled in School by Grade, 2011	San Luis Obispo County Population Enrolled in School by Grade, 2015
Nursery school, preschool	4,046	3,401
Kindergarten	2,496	4,441
Grades 1 to 4	9,276	10,986
Grades 5 to 8	11,213	10,767
Grades 9 to 12	13,267	12,671
College, undergraduate	30,014	32,133
Graduate, professional school	2,511	3,097
TOTAL	72,823	76,496

Enrollment in the county's public schools remained steady at approximately 76,000 students for the last several years. The number of teachers needed in a district ebbs and wanes according to enrollment. California continues to be plagued by a teacher shortage, especially in the fields of science, math, and special education. According to the Superintendent of Schools in his monthly column published in a local magazine, San Luis Obispo County experiences difficulty in hiring specialist positions only.⁸⁷

As this year's test scores demonstrate, addressing the needs of English Language learners will be a major issue in closing the academic achievement gap in San Luis Obispo County. In the 2014-2015 school year, 15% of the student population were English Language learners, fewer than the 22% at the state level.⁸⁸ The county still ranks behind the state average in the number of Hispanics and English Language learners, but those numbers continue to grow. The table below shows the growth of English Language learners in the last five years.⁸⁹

Table 34. Increases in English Language Learners in San Luis Obispo County

Year	Number of EL learners
2011	5,163
2015	5,430
	+5.2%

⁸⁷ Brescia, J. (2017, April). Who will staff our schools? Journal Plus Magazine, 34.

⁸⁸ California Department of Education, DataQuest, *English Learner Data 2015-16*.

⁸⁹ San Luis Obispo County Office of Education. (2017). *English Language Learners*. From <http://www.slocoe.org/divisions/educational-support-services/english-language-learners/>.

The California Department of Education data indicates approximately 6% of county students qualify for Special Education services, and the percentage with various disabilities is similar to the state profile.⁹⁰ The county currently has 4,358 students designated as special education enrolled in the school system.⁹¹

Achievement

According to the U.S. Census, American Community Survey, 2011-2015 5-Year Estimates, 89.7% of San Luis Obispo County residents had a high school degree or higher.⁹²

Educational attainment of the 182,629 county residents, ages 25 and over, were as follows:

Table 35. Educational Attainment in San Luis Obispo County, 2015

Geographic Area	% No High School Diploma	% High School Only	% Some College	% Associates Degree	% Bachelors Degree	% Graduate or Professional
San Luis Obispo County	10.2%	19.7%	27.5%	9.6%	20.8%	12.2%
California	18.2%	20.7%	21.8%	7.8%	19.8%	11.6%

Since the last census, the numbers of individuals over age 25 with no high school diploma or only a high school diploma slightly decreased, while those with some college or more slightly increased; the state followed those same trends.

Truancy and Drop Out Rates

K-12 school truancy is defined in the California Education code as a pupil subject to compulsory full-time education or to compulsory continuation education, who is absent from school without a valid excuse three full days in one school year, or tardy or absent for more than a 30 minute period during the school day, without a valid excuse on three occasions in one school year. Truancy results in lower academic achievement for students and lost revenues for schools. Truancy is an issue in San Luis Obispo County: in the 2014-2015 school year, 39.4% of students (13,321) were truant. The county has the third highest truancy rate in the state. However, California Department of Education reported steady improvements in dropout rates for San Luis Obispo County, decreasing from 6.5% in 2013-2014 to 4.9% in 2014-2015.⁹³

⁹⁰ California Department of Education, DataQuest, *Special Education Data 2014-2015*.

⁹¹ California Department of Education, DataQuest, *Special Education Data 2015-2016*.

⁹² U.S. Census Bureau. (2016). *Annual Estimates of Resident Population, April 1, 2010 to July 1, 2016*.

⁹³ California Department of Education, DataQuest, *Suspension, Expulsion, Truancy, and Dropout Rates 2014-15*.

RESOURCES

Preschools

There are approximately 114 licensed child care centers offering both preschool education and extended hour day care in San Luis Obispo County that serve a wide range of educational and budgetary needs. (Child care information is covered in Employment, p. 56) of this document; this section addresses educational preschool programs that are differentiated from day care services for children ages 3-5 that are not yet age-eligible for kindergarten.) Both public and private preschools are available, although many have waiting lists.

A local *Montessori* program in the City of San Luis Obispo has 200 names on their waiting list for 15 available half-day preschool spots, and charges \$650 per month for a 10-month half-day program. Faith-based preschool education is also offered at several churches, ranging \$400-600 for a half-day program. Both *Cal Poly University* and *Cuesta College* also offer preschool program options for children of enrolled college students, faculty, and staff. The *YMCA* offers preschool programs at local elementary schools throughout the county on a sliding fee scale, and there are parent-involvement preschool programs offered throughout the county. Some *private* and *faith-based preschools* offer tuition assistance based on need.

The *San Luis Obispo County Office of Education (SLOCOE)* provides child development programs that include six California State preschool centers. They serve children ages three to five; services are free for families that meet state income requirements. *First 5* preschools serve children ages three to five years of age; services are free to all families within a particular service area.

CAPSLO has been a significant education partner in the county providing *Head Start*, *Early Head Start*, *Migrant and Seasonal Head Start*, and *State Child Development* child care centers, which support early education and school readiness for children ages birth to five. Programs provide comprehensive child development services to enrolled low-income children and their families, which include health, nutrition, social, and other services determined to be necessary by family needs assessments. Head Start services are designed to be responsive to each child and family's ethnic, cultural, and linguistic heritage. In addition, Head Start promotes community participation and family involvement to assist in providing opportunities now and for future generations.

The *Child Development Resource Center* is one of a handful of centers that provides preschool and "wraparound" child development and mental health and family services. Although a nonprofit organization that charges for preschool and therapeutic services, some children who are referred from Child Welfare Services have their fees waived.

Public Education K-12

Ten San Luis Obispo County school districts and the *San Luis Obispo County Office of Education* serve the K-12 student population, with approximately 1,800 teachers serving about 35,000 students.⁹⁴ The San Luis Obispo County Office of Education is working to increase the number of qualified individuals to enter the teaching field locally to address an impending teacher shortage. It recently received a grant to credential 45 classified employees by offering them education assistance to attain their California Teaching Credential. In addition, it is working with the local university to offer evening classes for teacher credentialing to attract students who already live in the area into the teaching field.⁹⁵ The San Luis Obispo County Office of Education administers *Community Schools* for students who do not perform optimally within the traditional school setting, and has also expanded the involvement of local K-12 schools in providing special educational services to help homeless children succeed academically.

SLOCOE is the administrative unit for the *Special Education Local Plan Area (SELPA)*. SELPA provides special education fiscal and program oversight for San Luis Obispo County's ten school districts, County Office of Education and two Local Education Agency charter schools. While each district or charter is responsible to serve their students with disabilities, the larger school districts and County Office of Education provide regional program support to all SELPA members based on the SELPA Local Plan, and adoption by the SELPA Governing Council, which is comprised of all district superintendents.

Grizzly Youth Academy is a partnership between the California National Guard and the Grizzly Challenge Charter School. For youth between the ages of 16 and 18 who have dropped out of high school or are at-risk of dropping out, Grizzly offers a highly-structured environment that promotes leadership, cooperation, and academic skills, while building self-esteem, pride, and confidence. Tuition, room and board, and books are provided at no cost to the family. Grizzly Youth Academy is funded primarily through the federal government and State of California.

California Rural Legal Assistance (see Income, p. 27) provides outreach around the issue of the county's high truancy rate. Currently, CRLA gives presentations to parents and students to teach them the consequences of truancy. CRLA reports that parents are not always aware that they may be fined, and also receive a reduction in public benefits and assistance. CRLA also reported a lack of awareness of the Student Attendance Review Board process, in that parents have the right to voice possible just causes of the truancy and that students are allowed to bring counsel to the meeting.

Post-Secondary Education

San Luis Obispo County has two colleges. Located in the City of San Luis Obispo, *California Polytechnic State University (Cal Poly)*, part of the 23-campus California State University system, enrolled approximately 21,000 graduate and undergraduate degrees students for Fall 2016. Cal Poly employs 1,439 faculty and 1,645 staff to make it one of the region's largest employers. Only 6.8% of Cal Poly's

⁹⁴San Luis Obispo County Office of Education. (2015). *San Luis Obispo County Schools Annual Education Report, 2015*. From: https://issuu.com/verdivision/docs/coe_annualreport_10x10_102715_web.

⁹⁵Brescia, J. (2017, May). Understanding the changing education employment landscape. *Journal Plus Magazine*, 34.

student body originates from the local Central Coast.⁹⁶ The average grade point average for incoming high school students was 3.92 in 2016.⁹⁷

Cuesta Community College, also located in the City of San Luis Obispo with a satellite campus in the north part of the county, enrolled approximately 10,000 students in 2016.⁹⁸ The county's voters passed Measure I in November 2014, which provided a bond measure for upgrades and repairs to the former Army Reserve Camp that now serves as the facilities for the main campus of the community college. In addition, 525 high school students participated in the dual enrollment program at Cuesta, allowing them to further their college plans.⁹⁹ Late in 2013, Cuesta received an \$8 million dollar donation to fund *Cuesta Dream Scholarships*, which provides a free first year of community college for any San Luis Obispo County high school graduate. In its first year, 646 students took advantage of this opportunity, and it is continuing for the 2017-18 school year.

Adult Education Workforce Development

The *San Luis Obispo Literacy Council* provides English as a Second Language and English Literacy programs. English as a Second Language is geared toward those who understand little or no English; the English Literacy program is for native English speakers who have limited ability in reading or writing.

Cuesta Community College offers certificated (non-degree) programs for Addiction Studies, Early Childhood Education, Nutrition and Dietetics, Welding, Automotive, Computer Technology, Criminal Justice, and more. Some of Cuesta's classes are offered in an online format to help non-traditional students, such as adults with day jobs. In collaboration with the California Department of Social Services, Cuesta College provides programs that support educational and career opportunities for persons transitioning from CalWORKs, being released from the local jail (and Sheriff's Honor Farm), and other adults and youth with barriers to employment, such as foster youth. Cuesta currently also serves 400-500 adults a year (mostly in North County) with noncredit ESL and some vocational exposure.

Cuesta College is looking to ensure that it offers educational opportunities that reflect the workforce needs of the local economy. This is driving the need for a system-wide change at the community college level – to balance universal services with intensive services – and strengthen resources across systems. Although career-focused technical education is challenging, it can be an effective and essential stepping stone for vulnerable adults and youth to find their way into meaningful employment and self-sufficiency.

Laurus College is a private institution accredited to award Occupational Associate Degrees and Certificates in fields, such as Digital Animation, Information Technology, Medical Billing and Coding, Business Computer Systems, Web Design, and Office Support. Laurus College has two offices in San Luis Obispo County, at which students may receive instructor-guided computer-based curriculum, or they

⁹⁶ Cal Poly News. (2017, May 17). *Quickfacts*. From <http://calpolynews.calpoly.edu/quickfacts.html>.

⁹⁷ Cal Poly News. (2017, May 17). *Quickfacts*.

⁹⁸ San Luis Obispo County Office of Education. (2015). *San Luis Obispo County Schools Annual Education Report, 2015*.

⁹⁹ San Luis Obispo County Office of Education. (2015). *San Luis Obispo County Schools Annual Education Report, 2015*.

may take classes online. Laurus students may use federal and private student loans to pay for their education.

There are several other private institutions that offer online programs for bachelor's degrees. *LaVerne University*, with a satellite office in San Luis Obispo, offers online degree programs in Business, Public Administration, Education, Criminology, and Information Technology as well as master's degrees in Business, Child Development, and Management. *Columbia College* has been offering bachelor's degrees at Cuesta since 2001. Columbia College offers seat and online courses leading to bachelor's degrees in Business Administration, Criminal Justice Administration, General Studies, and Psychology. Additional online degrees include: American Studies, Computer and Information Systems Security, History, Human Services, Management Information Systems, and Sociology. Four master's degrees are also offered online. *University of La Verne* and Cuesta College have formed a partnership to offer bachelor's degree programs at the San Luis Obispo campus. This innovative educational partnership allows Cuesta students and others in the community to complete their upper-division courses through La Verne.

For San Luis Obispo County residents who have a bachelor's degree and would like to earn a teaching credential, *CalStateTEACH* is a California State University teacher education program for prospective teachers needing to complete a multiple subject credential. Using the Internet, CD-ROM, video, and print materials, *CalStateTeach* delivers high-quality education to individuals across California. Prospective teachers work in small groups guided by California State University faculty.

Transportation

17%

of low-income survey respondents with children under the age of 18 reported that the supply of affordable child care services was a major or minor issue for their household.

“It’s very challenging—the anxiety of trying to find help and then making and attending appointments when you’re homeless and have transportation problems. Just getting to the place you need to go to get help can be a huge barrier.”

~Prado Day Center Client

Conditions

On May 4, 2017, the average price for one gallon of regular gasoline in the San Luis Obispo County Metro Area cost more than in any other metro area in the continental United States, averaging \$3.151 for a gallon of unleaded, regular-grade gasoline. On the same day, the state average was \$2.985 and the national average was \$2.367.¹⁰⁰

The American Community Survey 2011-2015 5-Year Estimates reported that 95.5% of San Luis Obispo County households had regular access to at least one private vehicle, with 66% of households having regular access to two or more vehicles.¹⁰¹ The vast majority (75%) of all workers commuted to work alone in a car, truck, or van.

Table 36. Means of Transportation to Work in San Luis Obispo County¹⁰²

	All	Drive alone	Carpool	Public	Other*	Work from Home
	124,241	75%	10%	2%	6%	7%
Median Earnings	\$32,025	\$34,955	\$32,417	\$12,277	Unavailable	Unavailable
Median Age	42	43	40	27	Unavailable	Unavailable

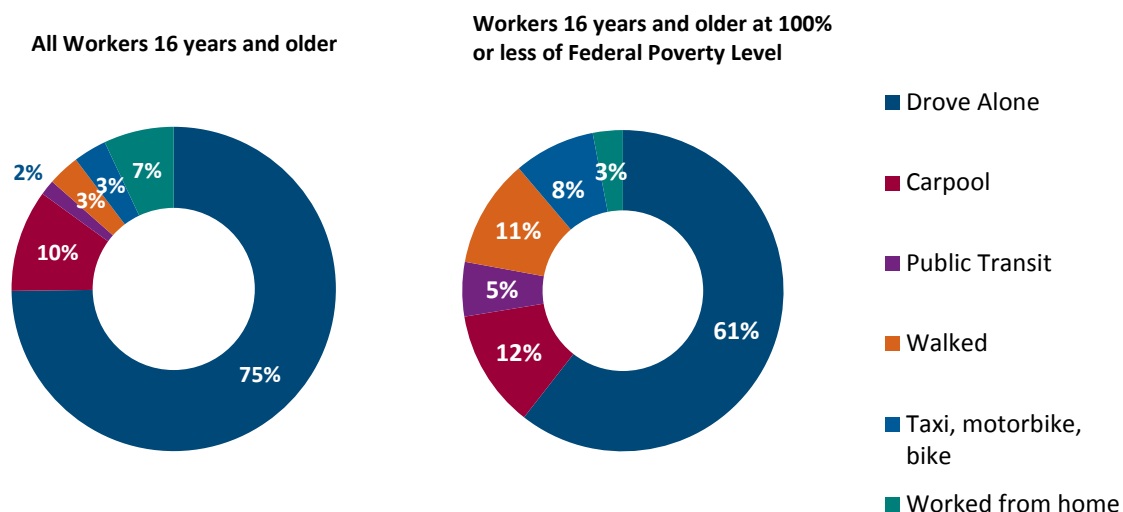
*Other includes taxi, motorcycle, bicycle, and walking

¹⁰⁰ AAA. (2017). *Gas Prices*. From <http://gasprices.aaa.com/?state=CA> 5/4/2017.

¹⁰¹ U.S. Census Bureau. (2016). *2011-2015, American Community Survey, Household Size by Vehicles Available, B08201*.

¹⁰² U.S. Census Bureau. (2016). *2011-2015, American Community Survey, Means of Transportation to Work, S0802*

Graph 5. Means of Transportation to Work in San Luis Obispo County¹⁰³



Public Transportation

While only 2% of county workers report using public transportation to get to work, those who do use public transportation have median earnings that are 62% less than someone who drives alone to work. Workers below the poverty line were also 2.5 times more likely to rely on public transportation than the public at large.

Public transportation is essential for helping these low-income workers get to work, but there are often not enough routes or enough hours to provide adequate transportation for this population. For many farmworkers living in rural areas or isolated areas of the county, access to public transportation is limited, often with several hours between buses. Days and hours of service and frequency of buses vary, with routes running anywhere from every 30 minutes to just two-three times per day. Further, public transit routes often end for the day too early for workers in the hospitality sector.

In 2015-2016, San Luis Obispo County's public transportation systems provided a combined total of 2.5 million rides. Of these rides, 64% were provided by local fixed-route systems, 23% were on the regional fixed-route system, and 13% were provided by various para-transit programs for individuals who are unable to safely access fixed route options, such as the elderly and those with disabilities.

Fares vary significantly for bus and shuttle services, depending on whether service is fixed-route or door-to-door service. Students, seniors, youth, individuals with disabilities, and others may qualify for free and reduced fares and/or frequent user discounts.

¹⁰³ U.S. Census Bureau. (2016). *2011-2015, American Community Survey, Means of Transportation to Work, S0802*

The 2016 *San Luis Obispo County Coordinated Human Services Public Transportation Plan* identified increasing transportation options for low-income families and workers as one of three priority outcomes, using the following rationale:¹⁰⁴

- There is a lack of resources available for low-income populations. While we spoke with many of San Luis Obispo's disadvantaged populations as part of this survey, people with low incomes generally had the lowest number of transportation resources available to them. They lack the ability to get to jobs and necessary services because many live in homeless camps far from the city center and cannot afford the bus fare.
- While there are a number of organizations and programs that provide funding and transportation to seniors and people with disabilities, many people with low-incomes still have limited options.
- Populations of low-income are varied with diverse transportation needs. A few examples of the needs of different populations of low-income include:
 - Hospitality industry workers: These individuals have seasonal and weekend peaks that are often at odds with typical weekday demand. They often travel long distances from home to coastal areas or out into wine country.
 - Agricultural industry workers: These individuals tend to have variable destinations. They also often need to travel long distances from home to rural areas with very limited transportation options. Workdays start early, even on weekends, and they often have language barriers to overcome.
 - Homeless individuals: These individuals often need access to destinations and social services that are spread out all over the county. Shelters, treatment facilities, or even an opportunity for a hot meal are often too far away to access without transportation and money to pay the fare.
 - Seniors: These individuals tend to have more regular schedules, but sometimes need more attention and care. Seniors also have a higher proportion of disabilities that impact their ability to get around independently.
 - Youth: These individuals need consistent and reliable transportation to school and after school activities, as well as shopping or work trips at irregular times.

¹⁰⁴ San Luis Obispo Council of Governments. (2016). *San Luis Obispo County Coordinated Human Services Public Transportation Plan*. From: https://www.dropbox.com/s/rirpx7wf8tg5dbq/SLOCOG_CHSTP_with-appendix.pdf?dl=0.

Resources

The 2016 San Luis Obispo County Coordinated Human Services Public Transportation Plan inventoried 65 public and private transportation providers in the county region.¹⁰⁵ Most San Luis Obispo County transit systems focus on local travel needs, with 43% of providers being classified as churches, senior service providers, or human services and 42% being private providers, such as taxis and shuttles. *Regional Transit Authority (RTA)* and *Ride-On* provide public transportation countywide. The RTA fixed-route system serves the entire county and extends into Santa Maria, the northernmost city in neighboring Santa Barbara County.

Table 37. Public Transportation Options Available in Each Community¹⁰⁶

County Region	Jurisdiction	Long Distance Inter-City	Local Fixed Route	Local Demand Response	Regional Fixed Route	American Disabilities Act	Senior Services	Local Trolleys
Central	San Luis Obispo	X	X		X	X	X T, W, F	X
	Cal Poly (Main)	X	X		X	X	X T, W, F	
	Cuesta College (Main)				X	X	little demand	
North Coast	Cambria				X	X	X M,W	X
	Cayucos				X	X	X M,W	
	Los Osos/Baywood				X	X	X M,W	
	Morro Bay		X		X	X	X M,W	X
North County	Atascadero			X	X	X	X M, F	
	Paso Robles	X	X	X	X	X	X M, W	
	Santa Margarita				X	X	X M,W	
	San Miguel				X	X	X M,W	
	Shandon			X			X M,W	
	Templeton		X		X	X	X	
South County	Arroyo Grande		X		X	X	X Tu, We, Th	
	Avila Beach					X	X Tu,Th	X
	Nipomo			X	X	X	X Tu,Th	
	Oceano		X			X	X Tu, We, Th	
	Pismo Beach		X		X	X	X Tu, We, Th	

¹⁰⁵ San Luis Obispo Council of Governments. (2016). *San Luis Obispo County Coordinated Human Services Public Transportation Plan*.

¹⁰⁶ San Luis Obispo Council of Governments. (2016). *San Luis Obispo County Coordinated Human Services Public Transportation Plan*.

The cities of San Luis Obispo and Paso Robles have their own fixed-route systems. The *South County Area Transit* fixed-route system serves the communities of Arroyo Grande, Pismo Beach, Oceano, Shell Beach, and Grover Beach—but not Nipomo, the county’s most southern community. Additionally, the RTA and several communities offer *Dial-a-Ride* or on-demand shuttle services.

The *San Luis Obispo Council of Governments* administers the county’s *RideShare* transportation resource program to help educate residents and visitors about transportation resources across the county.

Ride-On has nearly 20 years of assisting social service agencies in finding transportation for their clients. The mobility coordinator is dedicated to meeting transportation challenges for seniors, people with disabilities, children, and other people served by social service agencies. The coordinator works with all the transportation providers in San Luis Obispo County to find ways for people who do not have access to, or are unable to use public transportation to get around their community.

Additionally, *Ride-On* provides services for specialized users including:

- *Senior Shuttle* provides county residents, ages 65 and over, with rides throughout four areas of the county from 9:00am-4:00pm. Seniors pay a flat rate of \$3.00 each way for door-to-door service. Prior reservations are required. Smaller shuttles for special populations (seniors and the disabled) operate limited schedules on weekdays and are by reservation only.
- *Veteran’s Shuttle* provides monthly trips to area veteran’s clinics.
- *Medi-Cal and CenCal Health* provides supported transportation for individuals who cannot use public transportation to get to their medical appointments. For approved Medi-Cal riders, *Ride-On* provides transportation to medical appointments at no cost. *Ride-On* bills the state for the cost of this service, which is available only for medical purposes.
- *Hospital transfers* and other transportation is provided for those with specific medical needs.
- *Agricultural Vanpool* program is designed to provide transportation for workers living or working in San Luis Obispo County. The program was developed to benefit the farmworker communities across the state by providing safe, reliable, and affordable transportation to their worksites.
- *Emergency Ride Home* program may be used by any worker who commutes to work by vanpool, carpool, bus, bike, walking, or any means other than driving alone. *Ride-On* will take the individual to any location in San Luis Obispo County or into Santa Maria for \$5.

All of the RTA regional buses are equipped with wheelchair lifts. RTA also provides a para-transit service, *Runabout*, which provides *Americans with Disabilities* services that complement all fixed routes in the county. *Amdal In-Home Care* also offers non-emergency medical transport services.

Typically, school bus transportation is available for elementary school students living one mile or more from school, middle school students living two miles or more, and high school students living three miles or more. In recent years, the three largest school districts in the county (*Paso Robles*, *San Luis Coastal Unified*, and *Lucia Mar Unified*) made significant changes to school bus transportation in response to

increasing budget cuts and shortfalls. As a result, they have either started charging for bus services or have increased their costs. Costs per students range from \$180-\$270 per student per year. There are discounted prices available for certain circumstances: low-income families, special education students, foster children, etc.

Many *CAPSLO* programs provide bus tokens and daily/monthly passes to clients to facilitate effective use of public transit. To the extent possible, all *CAPSLO* programs also attempt to train and empower clients to use public transit, including teaching limited-English clients to identify bus routes, read bus schedules, and transfer between buses. *CAPSLO* staff represents and advocates for the low-income and homeless on the Social Services Transit Advisory Council, which acts as an advisory body to San Luis Obispo Council of Governments.

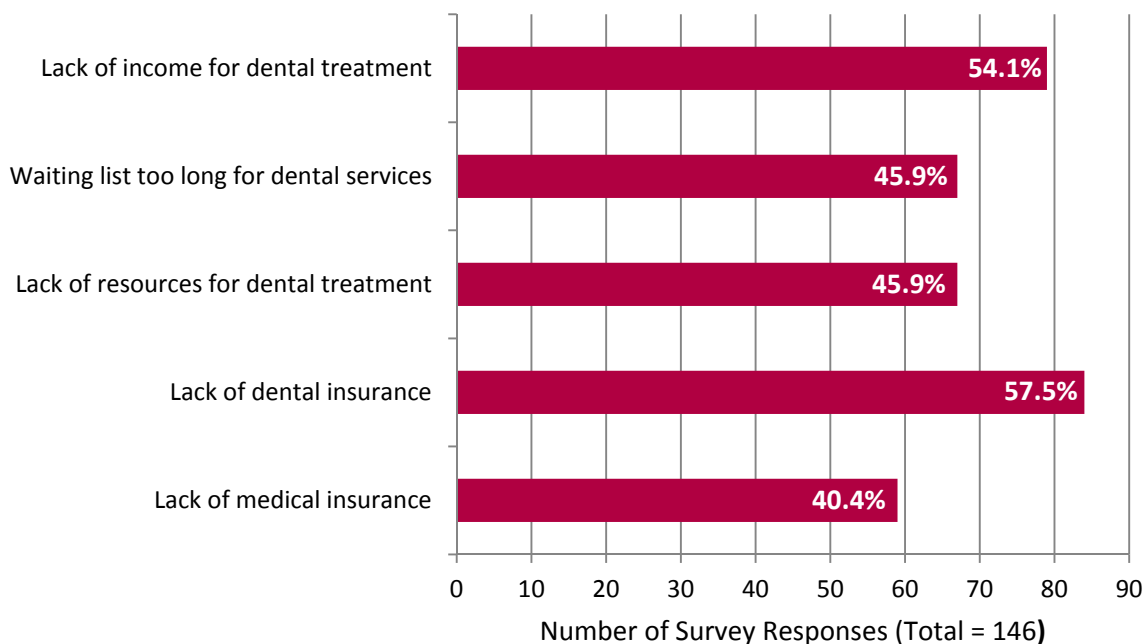
Health

36.2% *of low-income survey respondents reported that access to affordable health care services was a major or minor issue for their household.*

“My family does not have health insurance. The kids had Healthy Kids before the ACA, but with the ACA, that went away. We can’t qualify for the ACA because we are a hair over the income level requirements, but we can’t afford private insurance either. Instead, I bought a term life insurance policy in case something happens to me. I don’t have a doctor, and I haven’t had a physical since I was last pregnant.”

~ Adult Day Center caregiver

**Graph 6. CAPSLO Low-Income Needs Survey:
Top Reasons Health is an Issue**



Conditions

Health Overview

Overall, San Luis Obispo County ranks healthier than other counties in California, and the state itself is healthier than the national median.¹⁰⁷ According to the Robert Woods Johnson Foundation, which publishes an annual County Health Ranking for the United States, San Luis Obispo County ranked 18th out of all 57 California counties in *health outcomes* in 2017, based on an equal weighting of length and quality of life.¹⁰⁸ In 2014 San Luis Obispo County ranked 9th on the same scale, meaning the county has fallen in health status over the last three years, although still better than most.

The Robert Woods Johnson Foundation also calculates *health factors* (health behaviors such as tobacco and alcohol use, diet and exercise, and unsafe sex; access to and quality of clinical care; socioeconomic factors such as income, employment, education, family and social support, and community safety; and the physical environment such as structural environment and environmental quality). In 2013, the county ranked six out of 57 counties in health factors; in 2017 San Luis Obispo County ranks 12th, meaning the county has fallen in health factors over the last four years, although still better than most.¹⁰⁹

Although San Luis Obispo County is generally a healthy place to live for most of its citizens, other factors make it difficult for the county's low-income citizens to access health care. CAPSLO's needs assessment survey shows that 29% of respondents see access to health care as either a major or minor issue. High housing rates and low insurance reimbursement rates for doctors have caused a physician shortage, which hits low-income residents the hardest.

According to a Head Start parent:

“When a child gets sick, they can't be seen right away – it takes three weeks to get an appointment. If you go to CHC [the local community health center] or urgent care with a sick child, you have to wait at least three hours.”

Leading Causes of Death

Cancer is the leading cause of death in San Luis Obispo County, with heart disease and stroke following it.¹¹⁰ The number of cancer and heart disease deaths for residents in San Luis Obispo County was similar to the state as a whole; however, the stroke death rate was higher at 34.4 per 100,000 in the state versus 51.8 in the county.¹¹¹ *County Health Rankings* found San Luis Obispo County's mammography screenings have been trending downward, although still above state and national averages.¹¹² From a

¹⁰⁷ University of Wisconsin Population Health Institute. (2017). *County Health Rankings, San Luis Obispo County*. From <http://www.countyhealthrankings.org>.

¹⁰⁸ University of Wisconsin Population Health Institute. (2017). *County Health Rankings, San Luis Obispo County*.

¹⁰⁹ University of Wisconsin Population Health Institute. (2017). *County Health Rankings, San Luis Obispo County*.

¹¹⁰ County of San Luis Obispo Public Health Department. (2015). *San Luis Obispo County Health Status Report, 2013-14*.

¹¹¹ Action for Healthy Communities. (2016). *Vital signs: Understanding San Luis Obispo County*. From: <http://actionslo.org/2016/Health.PDF>.

¹¹² University of Wisconsin Population Health Institute. (2017). *County Health Rankings, San Luis Obispo County*.

study conducted by Dignity Health French Hospital Medical Center, San Luis Obispo County had lower rates of lifetime cholesterol checks, heart attacks, and high blood pressure monitoring than both the state and national rates.¹¹³ Their study also demonstrated a relationship between low educational attainment and those less likely to have received lifetime colonoscopy and cholesterol checks.

Maternal and Child Health

The health of San Luis Obispo County begins with the health of expectant mothers. Timely and adequate prenatal care can prevent poor birth outcomes, especially by identifying women who are at high risk, and providing counseling to mitigate risks, such as use of alcohol, tobacco, and other drugs. San Luis Obispo County fares well in Maternal and Child Health, and ranks better than the State of California rate in teen births (14.1), low birth weight live births, adequacy of prenatal care, and breastfeeding initiation. The county ranks marginally worse or the same as the state in first trimester prenatal care (79.7%), infant mortality (6.4%), and fully vaccinated children upon entry into kindergarten (87.16%).¹¹⁴

Prenatal care

Prenatal care in the first trimester of pregnancy can reduce the risk of complications in the later stages of pregnancy as well produce better outcomes for infant health. San Luis Obispo County's rate for prenatal care started in the first trimester is 79.7%, which is slightly below the state average, however, it represents a drop in the county's previously reported rate.¹¹⁵ Factors contributing to poor prenatal care include seeking the advice of a health care provider early regarding diet and exercise; reducing exposure to potentially harmful substances, such as alcohol, tobacco and drug use; and controlling existing medical conditions, such as high blood pressure.

Infant mortality

Infant mortality is seen as an important measure of overall health in a population because there is an association between the causes of infant mortality and other factors, such as economic development, general living conditions, social well-being, rates of illness, quality of and access to medical care, public health practices, and quality of the environment.¹¹⁶ The infant mortality rate is measured as the number of infant deaths before one year of age for every 1,000 live births in that population.

California's infant mortality rate is lower than the nation's and has now reached an all-time low of 4.6.¹¹⁷ Based on the most recent published data from the County Department of Public Health, San Luis Obispo County's 2010-2012 infant mortality rate was 6.4.¹¹⁸ It is important to note that San Luis Obispo County's rates are statistically unstable due to the low number of occurrences. It is also impossible to evaluate the impact of race on infant mortality in the county due to small numbers. Promoting early and

¹¹³ Dignity Health French Hospital Medical Center. (2016). *Community Health Needs Assessment – June 2016*. From: <https://www.dignityhealth.org/central-coast/-/media/cm/media/documents/CHNA/CHNA-French.ashx?la=en>.

¹¹⁴ County of San Luis Obispo Public Health Department. (2015). *San Luis Obispo County Health Status Report, 2013-14*.

¹¹⁵ County of San Luis Obispo Public Health Department. (2015). *San Luis Obispo County Health Status Report, 2013-14*.

¹¹⁶ Let's Get Healthy. (2016). *Infant Mortality*. From: <https://letsgethealthy.ca.gov/goals/healthy-beginnings/>

¹¹⁷ California Department of Public Health (2017). *Infant Mortality, All Race/Ethnic Groups, Table 24A*.

<https://archive.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2017.pdf>.

¹¹⁸ County of San Luis Obispo Public Health Department. (2015). *San Luis Obispo County Health Status Report, 2013-14*.

regular prenatal care; encouraging parent abstinence from tobacco, secondhand smoke, alcohol, and other drugs; educating parents to put infants to sleep on their backs to prevent sudden infant death; and teaching proper use of child passenger safety seats are important prevention activities.

Teen Pregnancy

Infants of teen mothers are at higher risk for physical, social, and emotional challenges, and are more likely to have premature or low birthweight.¹¹⁹ Giving birth as a teenager also can create disadvantages for the mother and the father: reduced educational attainment, fewer employment opportunities, increased likelihood of public assistance dependency, and poor health outcomes are associated problems.¹²⁰ San Luis Obispo County's 14.1 teen pregnancy rate is considerably below the state's rate of 25.5.¹²¹ The number of county teen births for mothers less than 15 years old ranges between one and five each year, and has been falling since 2010.¹²² (Birth rates for this age group are not calculated because the low number would make the data statistically unreliable, and would compromise confidentiality.) Since 2007, the most teen births occurred to women over age 15, with the highest numbers occurring to women ages 18-19.¹²³

Table 38. San Luis Obispo County Births to Teens, 2010-2014¹²⁴

By Age	<15	15	16	17	18	19	Total
2010	5	12	17	36	57	76	203
2014	0	5	10	21	36	61	133

Data Source: San Luis Obispo Public Health Department

Childhood Immunizations

Vaccines can prevent debilitating as well as fatal effects of infectious diseases. Organisms that cause polio, measles, and rubella have not disappeared; rather, they have receded and will re-emerge if the vaccination coverage drops. Vaccines protect more than the vaccinated individual; they protect society as well. In San Luis Obispo County, the percentage of totally enrolled kindergarteners with all required immunizations was 95.6% in 2016-2017, up from 89.7% in 2015-2016.¹²⁵ This met the Healthy People Goal of 95% coverage for Diphtheria, Tetanus and Pertussis; Polio; Measles, Mumps and Rubella; Hepatitis B, Haemophilus Influenza Type b; and Varicella.

¹¹⁹ Child Trends Databank. (2014). *Teen Births*. From: <http://www.childtrends.org/?indicators=teen-births>.

¹²⁰ Schuyler Center for Analysis and Advocacy. (2008). *Teen births: Outcomes for young parents and their children*. Albany, NY.

¹²¹ County of San Luis Obispo Public Health Department. (2015). *San Luis Obispo County Health Status Report, 2013-14*.

¹²² County of San Luis Obispo Public Health Department. (2015). *San Luis Obispo County Health Status Report, 2013-14*.

¹²³ County of San Luis Obispo Public Health Department (2015). *San Luis Obispo County Births to Teens – 12-19 year olds – 2014*.

¹²⁴ County of San Luis Obispo Public Health Department (2015). *San Luis Obispo County Births to Teens – 12-19 year olds – 2014*.

¹²⁵ California Department of Public Health, *Kindergarten Immunization Assessment – California, 2016-17*, From www.cdph.ca.gov.

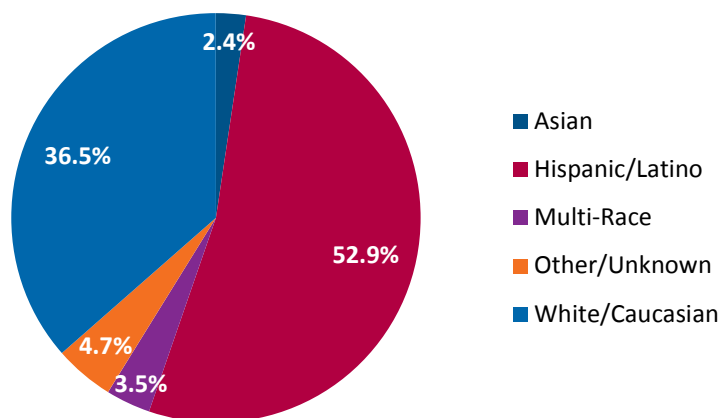
Mental Health

Noor clinic staff report, “Mental health care is one of the fastest growing needs in the county. We have not been able to find a psychologist to volunteer here. We partner with TMHA and Community Counseling Center for mental health issues.” According to the Federal Department of Health and Human Services, mental health includes emotional, psychological, and social well-being, affecting mood and therefore, behavior. Mental health is important at every stage of life, and helps determine how individuals handle stress, relate to others, and make choices. The factors that contribute to mental health include biological factors, life experiences, and family history.¹²⁶

In San Luis Obispo County, 3.7% of residents reported experiencing “poor mental health days” compared to 3.6% statewide, consistent with 2014 rates.¹²⁷ Transitions Mental Health Association provides a SLO Hotline, a crisis prevention telephone line. In 2015, SLO Hotline averaged 50 mental health crisis calls out of a total of 500-700 calls per month.¹²⁸

According to the CAPSLO needs assessment survey, 21.1% of low-income respondents reported that the availability or access to mental health services was either a major or minor issue for them, with greatest need for clinicians that serve the specific needs of Latinos.

**Graph 7. CAPSLO’s Low-Income Needs Survey:
Availability/Access to Mental Health by Race/Ethnicity**



However, this data interestingly contrasts with the CAPSLO needs assessment survey that was administered to its Board of Directors and staff. Here, availability and access to mental health services for their clients was seen as a major or minor issue for 73.1% of the Board and staff. CAPSLO’s Board of Directors and staff see the consequences of lack of mental health services for helping low-income people achieve self-sufficiency and stability.

¹²⁶ U.S. Department of Health and Human Services. *Mental Health*. From www.mentalhealth.gov.

¹²⁷ University of Wisconsin Population Health Institute. (2017). *County Health Rankings, San Luis Obispo County*.

¹²⁸ Action for Healthy Communities. (2016). *Vital signs: Understanding San Luis Obispo County*.

Dental Health

Untreated dental disease can cause serious health effects including pain, infection, and tooth loss, in addition to affecting social aspects of appearance in employability. Although lack of sufficient providers is only one barrier to accessing oral health care, much of the country currently suffers from shortages. In San Luis Obispo County, the ratio of population to dentists is 1,300:1, which is slightly above the state average.¹²⁹ The shortage of dentists affects low-income people most severely, as they are more often without private dental insurance. Interviews of low-income people revealed common issues: no availability of dental appointments with dentists taking Denti-Cal, having to travel far distances when there is an available appointment, waiting months for critical dental care, and the time attending dental clinics take from the workday.

The State of California's dental plan for low-income people, Denti-Cal, has been unable to provide high enough reimbursements to dentists to encourage their participation in the program. A recent state auditor's report showed that Denti-Cal reimbursements for common procedures averaged \$21.60, only 35% of the national average.¹³⁰ As a result, low-income people with Denti-Cal are unlikely to find a dentist for even basic care. The situation is worse for individuals with no dental insurance at all. In CAPSLO's survey, 57.5% of low-income respondents said that lack of dental insurance was a problem for them, with 54.1% reporting that they lacked income for dental treatment, regardless of insurance status.

Communicable Diseases

The spread of Sexually Transmitted Infections (STIs) other than Human Immunodeficiency Virus (HIV) is considered a marker for behavior that can and does spread HIV.¹³¹ Someone diagnosed with a STI has usually had unprotected sex, (hereafter referred to as *risky behavior*), a risk for contracting HIV. Some STIs can increase the chances of becoming infected with HIV. San Luis Obispo County has a large incarcerated male population due to the presence of the California Men's Colony (population estimate 6,000) and the Atascadero State Hospital (population estimate 1,290), and a (now closed) Paso Robles Boys School. For this reason, the San Luis Obispo County Department of Public Health separates the population between Institutional and Community rates of sexually transmitted diseases. The Community population rate is comprised of both males and females.

Morbidity rates of HIV/AIDS in the county are 3.3 as compared to the state rate of 8.1; however, the county's rate is statistically unstable due to low numbers.¹³² Fifty-three percent of HIV cases in the county's Community population and 72.3% of the Institutional population were 30-49 years of age. San Luis Obispo County's gender breakdown of Community HIV infection rate is 78 males and 23 females, making the female infection rate 22%, which is almost double California's rate of 12.7%.¹³³ Mode of transmission data reveal that men who have sex with men (MSM) are the highest Community risk

¹²⁹ University of Wisconsin Population Health Institute. (2017). *County Health Rankings, San Luis Obispo County*.

¹³⁰ Ibarra, A. (2017, April 17). California lawmakers mull improvements to troubled dental program. *California Healthline*.

¹³¹ County of San Luis Obispo Department of Public Health AIDS Program. (2014). *Epidemiologic Profile: HIV/AIDS in San Luis Obispo County, CA*, 18.

¹³² County of San Luis Obispo Public Health Department. (2015). *San Luis Obispo County Health Status Report, 2013-14*.

¹³³ County of San Luis Obispo Department of Public Health AIDS Program. (2014). *Epidemiologic Profile*

category, at 56.4%, followed by heterosexual contact, which includes females who have sex with bisexual men and HIV positive men, at 23.8%.¹³⁴

Monitoring STIs can estimate the prevalence of risky sexual behavior occurring in a population.¹³⁵ Sexually transmitted diseases spiked across California in 2015, according to figures recently released by the state's Department of Public Health.¹³⁶ There were 54,255 cases of Gonorrhea last year, a 20% increase over 2014. Cases of Chlamydia and Syphilis also rose in 2015 compared with 2014, by 9% and 29% respectively.¹³⁷ San Luis Obispo County has also experienced a surge in case numbers for STIs, which can be explained by increased risky sexual behavior.¹³⁸ The County Health Department believes, "The reasons for this include a prevailing belief that there is a 'cure' for AIDS, and a decreased sensitivity to safe-sex messages in the MSM community."¹³⁹

In San Luis Obispo County, Chlamydia was the most commonly reported STI, however, the rate of Chlamydia infections runs below the state rate, 450 per 100,000 as opposed to 320 for the county.¹⁴⁰ The majority of diagnosed Syphilis cases in San Luis Obispo County are in the Late Latent stage, when they are no longer infectious. The county has a low incidence of Primary and Secondary cases of Syphilis, so a small number of cases can cause large swings in incidence data. Even with this, despite education and outreach, rates of Syphilis have continued to rise. Gonorrhea rates in San Luis Obispo County are lower than the state average and have remained steady.¹⁴¹ The County Public Health Department investigates and contacts each case of Gonorrhea and Syphilis to ensure proper treatment, as well as provide prevention education. However, the Department reports, "For many patients, the availability of ready treatment encourages risky behavior and practices."¹⁴²

Alzheimer's and Dementia

Alzheimer's disease is a progressive disease that destroys memory and other important mental functions. Alzheimer's is the most common cause of dementia, a group of brain disorders that cause the loss of intellectual and social skills. In Alzheimer's disease, the brain cells degenerate and die, causing a steady decline in memory and mental function.¹⁴³ According to the Central Coast Alzheimer's Association, there are more than 10,000 people living with dementia related diseases in San Luis Obispo County; this number is expected to increase to 11,000 by 2030 – an 83% increase.¹⁴⁴ On average, there are at least two family caregivers for every person diagnosed with Alzheimer's, so many more than

¹³⁴ County of San Luis Obispo Department of Public Health AIDS Program. (2014). *Epidemiologic Profile*

¹³⁵ County of San Luis Obispo Department of Public Health AIDS Program. (2014). *Epidemiologic Profile*

¹³⁶ County of San Luis Obispo Department of Public Health AIDS Program. (2014). *Epidemiologic Profile*

¹³⁷ *Los Angeles Daily News*, (2016, October 12). Prop 60 puts condoms on porn, but critics say it's a barrier to business.

¹³⁸ County of San Luis Obispo Department of Public Health AIDS Program. (2014). *Epidemiologic Profile*

¹³⁹ County of San Luis Obispo Department of Public Health AIDS Program. (2014). *Epidemiologic Profile*

¹⁴⁰ County of San Luis Obispo Department of Public Health AIDS Program. (2014). *Epidemiologic Profile*

¹⁴¹ County of San Luis Obispo Department of Public Health AIDS Program. (2014). *Epidemiologic Profile*

¹⁴² County of San Luis Obispo Department of Public Health AIDS Program. (2014). *Epidemiologic Profile*

¹⁴³ Mayo Clinic. (2017). *Alzheimer's Disease: Overview*. From: <http://www.mayoclinic.org/diseases-conditions/alzheimers-disease/home/ovc-20167098> on May 4, 2017.

¹⁴⁴ Ross, K., Brennan, C., Nazareno, J., & Fox, P. (2009). Alzheimer's disease facts and figures in California: Current status and future projections. *Alzheimer's Association*. From: <https://archive.cdph.ca.gov/programs/alzheimers/Documents/CADDataReport-full-corrected3-2.pdf>.

6,000 are impacted. Alzheimer's disease was the fifth leading cause of death in San Luis Obispo County, which is the same as the state level.¹⁴⁵ In 2013, the overall age-adjusted mortality rates for Alzheimer's disease deaths per 100,000 population was 29.7 for the State of California, for San Luis Obispo County, it was 17.3.¹⁴⁶

Caring for a loved one with Alzheimer's or dementia hits low-income people in San Luis Obispo County especially hard. Medicare covers inpatient hospital care and only some of the doctors' fees and other medical items for people with Alzheimer's or dementia who are age 65 or older, including many prescription drugs. Medicare will pay for up to 100 days of skilled nursing home care under limited circumstances. However, custodial long-term nursing home care is not covered.¹⁴⁷ Without the ability to pay for long-term care, many low-income caregivers take care of their loved ones in their homes, which affects their ability to work, care for their own families, and continue their education.

Substance Use and Abuse

Alcohol

Part of the beauty that drives San Luis Obispo County's tourism industry is the expansive vineyards, making winemaking a prominent sector of the county's manufacturing industry. Year-round wine festivals and wine tasting events draw tourists from all over the world. Juxtaposed to the winemaking and tourism industry is the county's rate of alcohol-induced driving deaths, which is 35% of all driving deaths, considerably above the state average of 29% in 2015.¹⁴⁸

County women engage in binge drinking, defined as drinking four or more alcoholic beverages in one occasion, much more than the statewide average, with 46% reporting an episode in the past year, compared to 33% statewide.¹⁴⁹ San Luis Obispo County ranks first (tied with Marin County) for incidence of binge drinking among women, and binge drinking surged among women 21 and older, with 46% reporting an episode of binge drinking in 2014, compared to 24% in 2007.¹⁵⁰ *California County Health Rankings* states that there was excessive (binge and heavy) drinking in 20% of the San Luis Obispo County's population as opposed to 18% statewide.¹⁵¹

¹⁴⁵ County of San Luis Obispo Public Health Department. (2015). *San Luis Obispo County Health Status Report, 2013-14*.

¹⁴⁶ California Department of Public Health. (2017). *Alzheimer's Disease Trend-County of Residence Populations*. From: <https://archive.cdph.ca.gov/PROGRAMS/OHIR/Pages/Alzheimers2013County.aspx>.

¹⁴⁷ Alzheimer's Association. (2017). *About Medicare*. From <http://www.alz.org/care/alzheimers-dementia-medicare.asp#managed>.

¹⁴⁸ University of Wisconsin Population Health Institute. (2017). *County Health Rankings, San Luis Obispo County*.

¹⁴⁹ Women's Legacy Fund. (2015). *What do women need?: Issues impacting women and girls in San Luis Obispo County, 2015*. San Luis Obispo, CA: Claus, M., Letters, R., & Robinson, A.

¹⁵⁰ Women's Legacy Fund. (2015). *What do women need?:*.

¹⁵¹ University of Wisconsin Population Health Institute. (2017). *County Health Rankings, San Luis Obispo County*.

Smoking

In spite of having the first city in the nation with a public smoking ban, San Luis Obispo County's adult smoking rate is the same as the state, 12%, and has stayed relatively stable with a margin of error consideration for more than a decade.¹⁵² Smoking is banned in public places, including outdoor areas such as parks and beaches.

Drug Abuse and Misuse

Voters in California in 2016 agreed to legalize recreational marijuana use for adults by 2018, after legalizing the use of medical marijuana decades ago. It is estimated by the Los Angeles Cannabis Task Force that California will have the largest cannabis market in the nation; they are currently working towards drafting regulations for both the medical and recreational marketplace.¹⁵³

The United States is experiencing an epidemic of drug overdose deaths. Since 2002, the rate of drug overdose deaths has increased by 79% nationwide, with a 200% increase in deaths involving opioids since 2000.¹⁵⁴ Opioids include both prescription medications, such as hydrocodone, oxycodone, morphine, and methadone, which are approved to manage pain as well as illicit drugs, such as heroin. Suicide and opioid misuse and abuse can overlap, including pain, other addictions, mental disorders, and disruptions in social support.¹⁵⁵

The opioid epidemic sweeping the nation from doctors over-prescribing pain killers has not affected San Luis Obispo County as deeply as it has other places in California and the nation, but it is still having a significant effect in the community. Opioid-related overdose deaths increased from 15 in 2006 to 36 in 2015, affecting community members of all ages. Deaths related to opioids have been on the rise in the county, as have emergency room visits related to the use of opioids.¹⁵⁶

Currently, there are no residential withdrawal treatment centers in San Luis Obispo County, although there are walk-in clinics that take Medi-Cal/Medicaid patients. This is particularly tragic for low-income and homeless people. The jail serves as the place where many individuals suffer through the sometimes unbearable pain of withdrawal. For alcoholics, this sudden withdrawal can be life-threatening. Additionally, there are no drug and alcohol withdrawal management services provided through the Veterans Administration in the county. On average, veterans wait three to four weeks to get into the closest provider, located in Ventura, approximately 100 miles away.

Obesity

Please refer to Food Stability and Nutrition Conditions and Resources beginning on page 94.

¹⁵² University of Wisconsin Population Health Institute. (2017). *County Health Rankings, San Luis Obispo County*.

¹⁵³ Blood, M. (2017, April 28). California seeks control of unruly medical pot industry. *Associated Press*. From <http://www.washingtontimes.com/news/2017/apr/28/california-seeks-control-of-unruly-medical-pot-ind/>.

¹⁵⁴ University of Wisconsin Population Health Institute. (2017). *County Health Rankings, San Luis Obispo County*.

¹⁵⁵ Sarasohn, J. (2017, April 3). *Addressing public health crises: Suicide and opioid addiction are preventable*. From <https://www.hhs.gov/blog/2017/04/03/public-health-crisis-suicide-and-opioids.html>.

¹⁵⁶ San Luis Obispo County Opioid Safety Coalition. *Data report on opioids*. From <http://www.opioidsafetylo.org>.

Resources

Leading Causes of Death

There are resources available in San Luis Obispo County for low-income people to receive free cancer screenings, blood pressure checks, and cholesterol screenings. With a mission to foster personal health and empowerment through access, advocacy and education, CAPSLO's Health and Prevention Division operates two reproductive health clinics, *The Center for Health and Prevention (The Center)*, which are located in Arroyo Grande (South County) and the City of San Luis Obispo. The Center provides free and low-cost reproductive health services for men, women, and teens, including Pap smears, breast exams, and testicular cancer screening; basic exams, such as blood pressure, pulse, heart, weight, lungs, thyroid, and abdomen; birth control; and management of abnormal Pap tests. The Center accepts CenCal and Cancer Detection Program patients. Both clinic sites serve Hispanic patients in proportions significantly higher than that of the county population and see patients regardless of immigration status.

The Center's Forty Wonderful Program aims to improve access to mid-life screening services, promote early detection and intervention of breast and cervical cancer, and reduce mortality for low-income women, ages 40 and over. Forty Wonderful provides reproductive health screenings, appropriate education and referrals to low-income, uninsured and underinsured women at both clinics, and are utilized by women from across the county. In addition to providing many of the services listed above, the program offers referrals for free mammograms and other medical referrals as needed. Follow-up care is provided for all abnormal results, including case management of further diagnostic tests for, and treatment of, breast and cervical cancers. The Forty Wonderful Program fills a gap in the county's public health care system for low- and very low-income women. The 40 Wonderful Program offers free reproductive health care for women who are in their post-child-bearing years, complementing current services to ensure that low-income women of all ages have access to care and screenings.

Since CAPSLO's health clinics do have limited lab work capability, but no radiology equipment, it is strengthened by other collaborative relationships. *Dignity Health's French Hospital Medical Center* and *Arroyo Grande Community Hospital* conduct screening and diagnostic mammograms with a referral. The *San Luis Obispo County Public Health Department* and *Central Coast Pathology* bill The Center for lab work not covered by F-PACT or CenCal. Issues beyond our scope of practice are referred to other medical practices. Coordination also occurs with the *Hearst Cancer Resource Center*, where cancer patients, their families, and care providers can obtain information, classes, and support at no cost.

Other medical clinics that serve low-income populations for preventive care for cancer, heart disease and stroke are the *San Luis Obispo Noor Clinic* and *Planned Parenthood of the Central Coast* both of whom refer to The Center for some services, and *Community Health Centers of the Central Coast (CHC)*, the local Federal Qualified Health Center. French Hospital Medical Center conducts education workshops on control of high blood pressure, diabetes, and heart disease, and offers skin and lung cancer checks. *CenCal Health*, the county's Medi-Cal insurance provider, offers programs for diabetes, and cardiovascular conditions. The *Alliance for Pharmaceutical Access* works with low-income clinics, providing insulin and cancer drugs for the underserved and underinsured.

Maternal and Child Health

Several programs in San Luis Obispo County address Maternal, Infant, and Child Health. The *Nurse-Family Partnership*, a community health program for mothers pregnant with their first child, and *Early Support Program* and *First Time Mothers Program*, are both programs of the *County Department of Public Health*. In the Nurse-Family Partnership, which served approximately 15 mothers under age 19 last year, each mother is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday. According to their staff, the programs provide in-home services by public health nurses to eligible mothers, fathers, family members, or friends involved in the care of the child, and serve approximately 750 mothers and babies per year. The Early Support Program also assists with child health and development screenings; nutritional guidance, health education, prenatal care and pregnancy planning; and supports parents in starting or staying in school and finding a job.

CAPSLO's Teen Academic Parenting Program (TAPP) has been offering case management since 1978. CAPSLO closely collaborates with both programs to maximize services for youth. TAPP matches expectant and parenting teens with one-on-one case management, and links the teen to a network for medical and prenatal care, including child immunizations, goal setting, social supports, and parenting resources. Utilizing funding from San Luis Obispo County's Department of Social Services, TAPP also administers the *Cal-Learn Program*, which incentivizes academic achievement, urging expectant parents to graduate high school.

In CAPSLO's needs assessment survey of low-income people, teen pregnancy scored the highest for "not an issue" among survey participants. It should be noted, however, that CAPSLO has been offering comprehensive teen sexual health education in most of San Luis Obispo County's high schools since 1977, and there is a relationship between regions where CAPSLO has been offering this education and lowered teen birth rates. CAPSLO established its Education Department (now Youth Programs) in the Health and Prevention Education Division. By 1980, the department simultaneously delivered four age- and risk-appropriate curricula to over 4,000 adolescents in every school district (27 schools) and community schools annually. In 2010, Youth Programs began delivering evidence-based teen pregnancy prevention programs to 500 youth, ages 14-19, per year through a federally-funded teen pregnancy prevention program. This program serves the highest risk teens in mainstream, continuation, and community and court schools, including foster, homeless and parenting teens. In 2015, this program expanded to Santa Maria high schools in northern Santa Barbara County, which experiences some of the highest teen birth rates in the country.

Mental Health

San Luis Obispo County's Behavioral Health Services provides mental health treatment services for the county's youth, adults, and senior citizens and helps with family, personal, or psychiatric issues, with clinics located throughout the county. More than 1,400 people experiencing a psychiatric crisis in the

community were assisted by the County's Mental Health Evaluation Team in 2016.¹⁵⁷ In 2014, *CenCal Health* began administration of mental health benefits for "mild to moderately" mentally ill Medi-Cal members through a contract with the Holman Group. *Kinship Center*, *Family Care Network*, *Community Counseling Center*, *Child Development Center* offer counseling services on a sliding scale for low-income community members. The *National Association for the Mentally Ill* also has an office in San Luis Obispo.

Transition Mental Health Association (TMHA) is a nonprofit organization offering mental and behavioral health services in San Luis Obispo and northern Santa Barbara counties, promoting wellness and recovery through work, housing, and community and family support programs. TMHA operates a *SLO Hotline*, a 24-hour confidential mental health support, crisis and suicide prevention telephone line free of charge. With a referral from County Behavioral Health Services, TMHA will provide intensive mental health services with licensed clinical treatment and/or case management, depending on need. (See more about TMHA's services for the homeless in the Homelessness Section, p 41.)

Although mental health agencies anecdotally report that they have difficulty finding clinicians to fill current vacancies, and residents report difficulty finding clinicians, San Luis Obispo County fares better than most counties in California for the ratio of population to mental health providers. The 2017 County Health Rankings and Roadmaps 2017 report shows 200:1, with the state ratio at 350:1.¹⁵⁸

Dental Health

Community Health Centers of the Central Coast (CHC), the agency that serves the Medi-Cal (CenCal), Medicare and Covered California patients offers dental services, and offers a sliding scale for care. CHC's Dental Department, utilizing a mobile dental van, delivers dental services from sealants to extractions to outlying areas of San Luis Obispo County. CHC physicians and dentists have joined to implement the *First Smiles Program* of the *First 5 of San Luis Obispo County* and the *California Dental Association*, which brings assessment, education, and fluoride varnish treatments to children. CHC also operates the *Shepard CHC Surgical Center* in Santa Maria, 30 miles from San Luis Obispo. Shepard CHC offers dental services for children who require general anesthesia to complete their visit.

The *Noor Clinic*, for patients whose income does not exceed 200% of the Federal Poverty Level, offers a dental clinic twice a week, by appointment only. Dentists and staff volunteer their time. Because of these limited resources, they cannot provide services to everyone who needs it; however, they provide services to those who have the greatest need for dental care and do not have the resources to obtain it. The current waitlist is 6-8 months. Preventive dental care, such as cleanings, is not offered.

Children who are eligible for Denti-Cal may receive services from *Tolosa Children's Dental Clinic*, which serves over 4,500 children each year. Approximately 1,100 individual children are seen each month; over 13,000 individual children seen, in total, since the clinic first opened in 2003. In two locations throughout the county, the Paso Robles (North County) office has emergency care appointments

¹⁵⁷ County of San Luis Obispo (2017). Thousands receive public mental health services in 2016. San Luis Obispo County Annual Report, 2016. From: <http://www.slocountyannualreport.com/mental-health-services/>.

¹⁵⁸ University of Wisconsin Population Health Institute. (2017). *County Health Rankings, San Luis Obispo County*.

available daily and the wait for a new patient appointment is approximately six weeks. (However, a CHC dental clinic, also located in the North County, is unable at this time to take patients, which has funneled more patient load to the Paso Robles Tolosa office.) In the San Luis Obispo office, appointments are much more limited and may not always be available.

One South County Head Start parent shared her experience in obtaining dental care for her child:

“They didn’t explain what they were going to do in the dental surgery my son needed. Finally, when they told me they were going to give him silver teeth, I told them ‘no.’ They responded that I had to do what they said or they would do nothing.”

Communicable Diseases

CAPSLO’s The Center for Health and Prevention clinics and Planned Parenthood of the Central Coast provide timely access to STI diagnosis and treatment for low-income, uninsured and underinsured individuals. Additionally, *CHC* and the *Noor Clinic* refer patients to The Center for reproductive health, and accept *CAPSLO* patients for primary and specialty care.

The *Access Support Network (ASN)* is dedicated to meeting the needs of clients and providing prevention education for the community, assisting and empowering clients in negotiating access to health care and obtaining resources to enhance the quality of life for them and their families. *ASN* remains the sole community based, nonprofit organization in San Luis Obispo County that provides supportive services to residents living with HIV/AIDS and Hepatitis C, and their loved ones. The agency strives to improve the quality of life and independence of its clients by providing support on an individual basis. (See more about *ASN’s* services in the Access to Health Care Resources, p. 92)

Alzheimer’s and Dementia

CAPSLO’s Adult Day Center, open Monday through Friday, 8:00 am to 5:00 pm in Paso Robles, provides a social model day program that assists vulnerable, dependent adults to reach and maintain their highest level of social and cognitive functioning by providing appropriate activities in a safe and caring environment. Activities are designed to maximize the living skills and abilities of participants, and include quality supervised care, nutritional support and exercise programs, ongoing health and psychosocial assessments, and related services that enhance cognitive ability.

While helping to prevent or delay the emotional and economic hardships of potential institutionalization of a loved one, the program also provides critical emotional and physical respite for family members and/or caregivers – in many cases enabling caregivers to continue working without the fear of having to leave their loved one home alone. In addition, many people are not aware of or prepared for the challenges of caring for an aging loved one with Alzheimer’s disease or other forms of dementia. To address these issues, the Adult Day Center provides outreach and education in the community to increase awareness of this disease and provide emotional and educational support to caregivers. As

noted in a previous section, *Dependent Care to Support Employment* (p. 54), the number of clients increased by 40% and service hours increased 9% from 2014 to 2016 to accommodate the need.

Other agencies that provide respite care support for caregivers are *Coast Caregiver Resource Center* and *Hospice of San Luis Obispo County*. The *Alzheimer's Association* in San Luis Obispo also provides education, information, and a limited number of respite care grants.

Substance Use and Abuse

The San Luis Obispo County Department of Public Health offers free tobacco cessation classes, counseling, promotion of smoke-free multi-unit housing, and hosts a tobacco control coalition.

Outpatient treatment services for drug and alcohol abuse are more available in the county for those with Medicare, private health insurance, and who can afford to pay the out-of-pocket costs.¹⁵⁹ For low-income people, and those without private insurance, there are a few options for withdrawal treatment, aside from limited "outpatient detox" through *County Behavioral Health*. Without a local residential withdrawal treatment center, the closest center for low-income and homeless persons is a "social" model (no medical support), *Santa Maria's Good Samaritan Shelter*, located in northern Santa Barbara County, 40 miles away from the City of San Luis Obispo.

County Behavioral Health offers a variety of services and programs to individuals with drug and alcohol problems, including outpatient detox, public walk-in clinics, prevention programs, youth and adult programs, and court-mandated programs. Clinics are available in the North and South County and the City of San Luis Obispo. Walk-in consultation includes screening for intensity of the services needed, level of placement for care, and a treatment plan of services for each individual. Clinics also offer coordination and referral to other services, such as detoxification, HIV and Hepatitis C testing and counseling, sober living environments, and out-of-county residential treatment. Out-patient county programs cannot meet the need and can have challenging expectations that individuals will be able to regularly attend meetings on their own once they get into a program, which can take up to three weeks, especially homeless individuals, mentally ill veterans, or the working poor.

There are several faith-based and nonprofit sober living houses, including those offered by *Restorative Partners*, *Gryphon House*, and *North County Connection*, comprising approximately 150 available beds.

¹⁵⁹ San Luis Obispo County Health Agency. (2013). *Report for addressing detoxification needs for substance abuse disorders*. From: <http://www.slocounty.ca.gov/Assets/DAS/Detox/2013+Detox+Report.pdf>.

Access to Health Care

Conditions

At the time of this report, May 2017, the conditions surrounding access to health care, currently one of the nation's hottest political topics, change weekly. Access to health care and health insurance is one of the main issues dividing the nation. Many people in the United States see health care as a privilege, versus those who see health care as a fundamental right. Both sides of this issue have the backing of government representatives as well as broad voter constituencies. CAPSLO collected its data for this report in July 2016 through January 2017, when the Affordable Care Act (ACA) was in place.

Health Insurance

Insured

Under the ACA, as of May 2017, millions of people who previously had not had insurance became insured, no one was denied coverage because of pre-existing conditions, and young people could stay on their parents' insurance plan until age 26. In 2014, California was the first state in the nation to establish its own health care marketplace, called Covered California. With the ACA, 90% of those currently enrolled in Covered California are receiving federal subsidies to cover their insurance premiums, co-pays and deductibles.¹⁶⁰ Premium subsidies are based on family income. In San Luis Obispo County, 18,417 residents are enrolled in Covered California, and 11,580 receive subsidies, paying for 78% of premium costs.¹⁶¹ The majority of individuals (69.6%) 18-64 years of age in San Luis Obispo County had employment-based insurance in 2014.¹⁶²

California also led the nation in expanding Medicaid, allowing parents and single adults with income up to 138% of the Federal Poverty Level to enroll in coverage. Medi-Cal is California's Medicaid program, and CenCal Health is San Luis Obispo County's Medi-Cal insurance provider. There were approximately 62,800 people in San Luis Obispo County enrolled in Medi-Cal in January 2016; 18,417 of them were part of the Medicaid expansion program.¹⁶³ ¹⁶⁴ In May 2016, all children who met income requirements were allowed to enroll, regardless of immigration status, receiving coverage for medical care, vision exams, dental care, substance abuse treatment, and mental health services. The following table reflects the increasing caseload number of recipients due to the ACA enrollment efforts and Medicaid expansion.

¹⁶⁰ Health Access Foundation. (2017). *ACA Enrollment*. From <http://www.health-access.org>.

¹⁶¹ Dietz, M., Lucia, L., Kominski, G., & Jacobs, K. (2016). ACA repeal in California: Who stands to lose? *UC Berkeley Center for the Labor Research and Education, UCLA Center for Health Policy Research, 12*, 1-10.

¹⁶² Action for Healthy Communities. (2016). *Vital signs: Understanding San Luis Obispo County*.

¹⁶³ Graves, S. (2016). Medical reaches millions of people across California, but faces uncertain future. *California Budget & Policy Center Fact Sheet*. From <http://calbudgetcenter.org/all-resources/fact-sheets/>.

¹⁶⁴ Dietz, M., Lucia, L., Kominski, G., & Jacobs, K. (2016). ACA repeal in California: Who stands to lose?

Table 39. Medi-Cal Caseload Statistics for San Luis Obispo County, 2012-2016¹⁶⁵

	New Case Applications Processed	Continuing
March 2012	787	11,168
March 2013	974	11,581
March 2014	2,534	15,568
March 2015	1,707	24,706
March 2016	1,448	28,236

Medicare is the federally provided medical insurance plan for all individuals 65 and over. Participants can choose from a variety of plans and several cost levels, depending on whether Medicare is their only insurance or supplements private insurance.

Table 40. Number of Medicare participants in San Luis Obispo County, 2011-2014¹⁶⁶

Year	Total Enrollment	Total Percent Increase from Prior Year
2011	48,944,303	2.60
2012	50,828,094	3.85
2013	52,506,598	3.30
2014	54,095,565	3.03

Uninsured

In spite of the gains California has made in insuring its citizens under the ACA, the fact is that it has not been a panacea for low-income people in San Luis Obispo County. Even with the ACA, health care still remains unaffordable for many of those who do not receive health insurance through their employer. These individuals struggle with the high cost of living in the county to the extent they cannot afford even the high deductible plans of the ACA. Still others can only afford a high-deductible plan, such as \$5,000, which makes non-catastrophic health care cost-prohibitive. CAPSLO's stakeholder data also indicates that for some low-income people, the plans offered through the ACA are still too expensive, and it is more cost-effective for them to pay the penalty for not having health insurance. Of the total civilian non-institutionalized population in San Luis Obispo County, 7.4% do not have health insurance coverage.¹⁶⁷

¹⁶⁵ County of San Luis Obispo (2017). *Medi-Cal Caseload Statistics*. From www.slocounty.ca.gov/dss/Medi-Cal.

¹⁶⁶ Centers for Medicare and Medicaid Services, Office of Enterprise Data and Analytics. (2017). *Chronic Conditions*. From https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main.html.

¹⁶⁷ California Health Interview Survey. *Medi-Cal Enrollment San Luis Obispo County*. From <http://www.askchis.com>.

Table 41. Demographics of San Luis Obispo County’s Uninsured Population, 2015¹⁶⁸

Age	Percent of Uninsured
Under 18 years of age	0.6%
18 to 34 years of age	3.0%
35 to 64 years of age	2.9%
65 years and older	0.0%
Income	
Under \$25,000	0.8%
\$25,000 - \$49,999	2.8%
\$50,000 - \$74,999	0.9%
\$75,000 +	1.7%

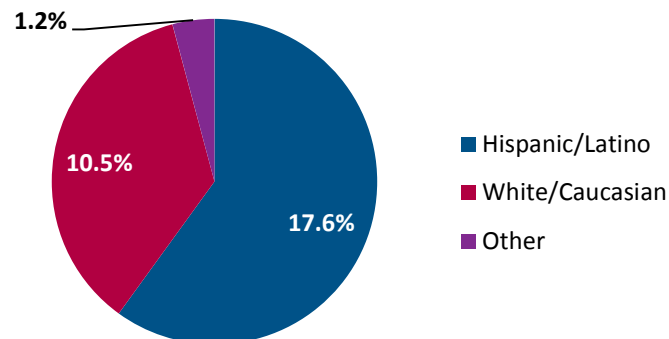
Availability of Health Services

Shortage of doctors

“There is a shortage of doctors in the area and we are privileged to have many of them volunteer their time with us.” ~ Noor Clinic staff

Having health insurance does not guarantee that an individual can see a doctor in San Luis Obispo County. In CAPSLO’s needs assessment survey, 29.4% of low-income respondents reported finding a doctor that accepts new patients was an issue for them; this was more significant for Hispanic people than others.

**Graph 8. CAPSLO Low-Income Needs Survey:
Percentage Who Could Not Find a Physician Accepting New Patients**



¹⁶⁸ U.S. Census Bureau. (2015). *Types of Health Insurance Coverage by Age - American Community Survey 1-year estimates.*

This corresponds with 2011 data from the Centers for Disease Control and Prevention, which shows the primary care provider rate for San Luis Obispo County at 82.7 per 100,000.¹⁶⁹ Although better than the national median primary care provider rate of 48, not all of San Luis Obispo County's newly insured were able to find a physician's practice to enter, and some were dropped from practices if they had not accessed it in the last year.¹⁷⁰ Stakeholder and client interview data show that some physicians in San Luis Obispo refused to take Covered California or Medi-Cal. Still others reported long wait times for appointments with doctors who were accepting new patients. In addition, low-income and stakeholder interviews reflected issues with lack of Spanish speaking physicians, which means decreased access for individuals with limited English language skills.

A recent study found that Covered California policyholders were rejected by doctors who were supposed to be accepting patients on the plan more often than those on private insurance, using a "secret shopper" research method.¹⁷¹

CAPSLO's Health and Prevention Division director states:

"There is a serious shortage of primary care physicians and ones that will accept Medicare. ER utilization will continue to be high until more people not only have a physician, but one that can see them in a timely manner."

Emergency Department Utilization

Lack of access to health care, for whatever reason, can place an undue burden on hospital Emergency Departments (EDs) and therefore affect the available medical resources for true medical emergencies. Dignity Health's 2016 Community Needs Assessment ranked Access to Health Care as its number one significant community need.¹⁷² Reasons cited in the study included lack of providers (as mentioned in the previous section), lack of walk-in clinics and clinics that are open after normal work hours, and lack of health insurance.¹⁷³ ED overuse is also affected by the length of time it takes to obtain a doctor's appointment. The 2015 California Health Interview Survey indicates that for individuals under 200% Federal Poverty Level, 76.4% were not able to get an appointment with a doctor in two days; this figure drops to 20.2% when all income levels are calculated.¹⁷⁴ It is apparent from these statistics that there is relationship between income and availability of medical care.

¹⁶⁹ Centers for Disease Control and Prevention, National Center for Health Statistics. (2017). *Health Indicators Warehouse*. <http://www.HealthIndicators.gov>.

¹⁷⁰ Centers for Disease Control and Prevention, National Center for Health Statistics. (2017). *Health Indicators Warehouse*.

¹⁷¹ Haeder, S., Weimer, D., & Mukamel, D. (2017). Secret shoppers find access to providers and network accuracy lacking for those in marketplace and commercial plans. *Health Affairs*, (36)5.

¹⁷² Dignity Health French Hospital Medical Center. (2016). *Community Health Needs Assessment – June 2016*. From.

¹⁷³ Dignity Health French Hospital Medical Center. (2016). *Community Health Needs Assessment – June 2016*. From

¹⁷⁴ California Health Interview Survey, 2017.

Table 42. How Often People Are Able to Get a Doctor's Appointment Based on Income¹⁷⁵

How often able to get doctor appointment within 2 days past 12 months	All income levels	>200% FPL
Always	31.2%	20.4%*
Usually	28.9%	3.2%*
Sometimes	19.7%*	-
Never	20.2%*	76.4*
Total	100%	100%

*statistically unstable

Recuperative Care

San Luis Obispo County's consistently moderate climate, semi-rural nature, suburban streets, and lack of affordable housing places it in the top ten cities nationally with a high homeless population. These individuals can be frequent users of medical services, which include high rates of readmission to hospitals after discharge. According to the National Health Care for the Homeless Council (2008), a homeless individual uses expensive medical interventions (ED visits, inpatient units) and on an average spends four more days in hospital care than a non-homeless individual.¹⁷⁶

There are no homeless day shelters with beds in the county and discharged patients have to fend for themselves on the street during the day. These patients have to rest, recuperate, care for wounds, make follow-up appointments, and manage their medication regimens on the city's streets. Homeless individuals may have one initial reason for entering a hospital; however, most have an accompaniment of unresolved mental health, substance abuse, or myriad of underlying medical issues – in addition to whatever presenting medical conditions resulted in hospitalization.

Dignity Health's 2016 Community Needs Assessment ranked homelessness as its number two significant community need, citing evidence of medically fragile homeless individuals being discharged from the hospital.¹⁷⁷ New California laws now allow some homeless individuals under age 65 to recuperate in skilled nursing facilities, which places a burden on a system designed to accommodate the infirm elderly.

¹⁷⁵ California Health Interview Survey, 2017

¹⁷⁶ Highley, J. (2008). Traumatic brain injury among homeless persons. *Etiology, Prevalence, and Severity*. Edited by Proffitt, B.J. Nashville: Health Care for the Homeless Clinicians' Network, *National Health Care for the Homeless Council, Inc.*

¹⁷⁷ Dignity Health French Hospital Medical Center. (2016). *Community Health Needs Assessment – June 2016*.

Resources

Insurance

Enrollment for Medi-Cal can be done in a number of ways. The County Department of Social Services can enroll people at a number of offices throughout the county. In addition, social service organizations and health care clinics, such as *CHC*, *Noor Clinic*, *Catholic Charities*, and *CAPSLO's health clinics*, employ enrollment specialists that determine eligibility for Covered California or Medi-Cal, and assist clients in enrolling for those services.

Availability of Health Services

CAPSLO also delivers health services to meet the needs of low-income children, teens, adults, and seniors.

- *The Center's reproductive health clinics* in San Luis Obispo and Arroyo Grande (South County) serve low-income women, men, and teens. Teen-friendly, peer-provided teen clinics help prevent teen pregnancy and sexually transmitted diseases by fostering responsible behaviors and choices.
- *Recuperative Care* was piloted in August 2016, a new model of service delivery for a six bed, 24-hour recuperative care program at its Maxine Lewis Memorial Shelter. Recuperative Care provides post-discharge services for the medically fragile homeless population, including transportation to follow-up care, case management, and medications monitoring. CAPSLO's Recuperative Care team consists of a registered nurse, case manager, and daytime shelter staff to ensure that all aspects of the discharge plan are met.
- *Adult Wellness and Prevention Screening* is a mobile health screening program that brings monthly prevention and maintenance services to 11 clinic sites countywide where adults and seniors already gather. Services include various health screening tests, counseling, education, and referral services.

Community Health Centers of the Central Coast (CHC) is a nonprofit Federal Qualified Health Center network of health centers serving residents throughout San Luis Obispo and northern Santa Barbara counties. They offer fully accredited medical, dental, and chiropractic care as well as health education and specialty care. CHC's patient population includes low-income, uninsured, and special populations, such as homeless, school-based, migrant and seasonal farm workers, and public housing residents. Their primary care staffing includes: Family Practice, Pediatrics, Internal Medicine, and Obstetrician Physicians. In addition, they employ physician assistants, nurse practitioners, dentists, optometrists, behavioral health clinicians, chiropractors, registered/certified diabetic educators, and other ancillary staff. In addition to primary care CHC has a variety of specialists that provide services on-site or through telemedicine.

The *San Luis Obispo Noor Clinic* opened in October 2011 to provide free, high quality, acute, non-emergent health care to those who could not otherwise afford to access care in San Luis Obispo County. The Noor Clinic is a volunteer-based nonprofit organization dedicated to providing high-quality, free health care to uninsured people living in the community. Their team of volunteers includes physicians, nurses, and pharmacists, who provide primary and specialty care, such as dental and vision care,

education, outreach, and advocacy, to ensure that no one goes without health care. The clinic provides a “medical home” to adults with acute and chronic illnesses needing routine medical supervision and medications.

The *San Luis Obispo County Public Health Department* provides disease surveillance, health education, direct services, and health policy development. Family Health Services Division services include family planning, maternal and child health, communicable disease control, and child health and disability prevention. The Health Promotion Division includes obesity prevention, oral health, tobacco control, and Women Infants and Children (WIC). The Medically Indigent Services Program assists a small number of low-income adult members of the county who do not qualify for expanded Medi-Cal and have no other means to pay for necessary medical care.

Dignity Health’s French Hospital Medical Center is taking direct action to address the health needs identified in its annual needs assessment. The Dignity Health Foundation provides financial assistance to the uninsured and underinsured low-income residents and employs Patient Care Coordinators to link discharged patients with necessary services. In 2014, it began operation of 14 Pacific Central Coast Health Center community clinics throughout San Luis Obispo County. These clinics and family health centers provide a wide range of health care services, including some walk-in and specialty care clinics. However, there is only one clinic located in the North County.

As a provider of reproductive health care, *Planned Parenthood Centers of the Central Coast* provides routine reproductive health care to female and male patients, including family planning services: hormonal contraceptive implants, diaphragm fitting, pelvic examinations, intrauterine contraception insertions and removals, contraceptive implants, pelvic examinations, midlife services, limited infertility examinations, and male services, medical and surgical abortion services, evaluation of abortion complications, ultrasound assessments for gestational age, endometrial and vulvar biopsies, colposcopy, and external cryotherapy.

Access Support Network (ASN) has been serving San Luis Obispo County since 1984, assisting persons living with Hepatitis C, HIV disease, and AIDS. *ASN’s health counselors* provide current treatment information, such as drug side effects and disease progression, links and referrals to the medical community. They also help clients access the insurance and benefit programs to which they are entitled, such as SSI, SSDI, Medi-Cal, Medicare, CARE/HIPP, and private insurance programs. ASN’s Medi-Cal Waiver Program provides more intensive supportive services for a limited number of HIV positive clients whose health status becomes more fragile. There are eligibility requirements for the program.

ASN’s Housing and Benefits specialist advises clients, assists with housing searches and utilities. The agency owns and operates 12 units of housing for HIV positive clients in San Luis Obispo. These rent-subsidized units are specifically for low-income clients. ASN operates its own *Food Pantry*, which supplies clients with canned goods, dry goods, and toiletries. *Financial assistance* is available to their HIV positive clients from the Ryan White CARE Act and Housing Opportunities for People with AIDS funds for

counseling, dental care, nutritional counseling, transportation for out of county medical appointments, health insurance, eye care, food vouchers, utility, and rental assistance.

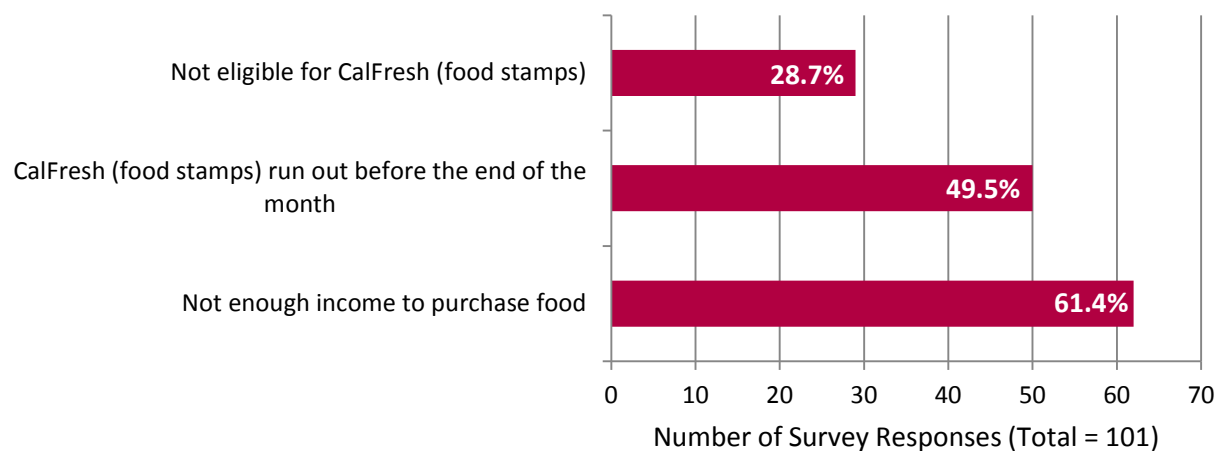
Department of Social Services' In-Home Support Services Program (IHHS) provides homemaker and chore services to seniors and disabled residents through the services of paid caregivers. Domestic care, such as meal preparation, laundry, shopping, and personal care services are provided to enable elderly, blind, or disabled persons to remain in their own home, to help maintain and strengthen capability for self-care, and to safeguard functioning in their own home. Current recipients of SSI or those with other qualifying circumstances would be eligible for IHHS. It is provided through individual providers who are hired by participant, monitored by the Department of Social Services, and paid by the state.

Food Stability and Nutrition

“Immigrant families say that farmer’s markets are safer places to access food than CalFresh [because of fear of deportation].” ~ Food Bank staff

“When children are exposed to healthy foods through our farmer’s markets, they ask for their parents to buy and prepare it. But some parents do not know how to prepare healthy food.” ~ Food Bank staff

Graph 9. CAPSLO Low-Income Needs Survey:
Top Reasons Access to Food is an Issue



Conditions

Overview

A correlation exists between those living in poverty and those facing food insecurity – e.g., not having enough food or enough income to ensure a balanced diet. According to the 2011-2015 American Community Survey 5-year Estimates, 14.8% of county residents lived in poverty; 15.1% were children under age 18, and 20.3% were Hispanics.¹⁷⁸ The combination of high housing costs and low-wage jobs leave families with fewer financial resources for other important necessities, such as food, clothing, transportation, and health care. The California Food Policy Advocates’ Nutrition and Food Insecurity

¹⁷⁸ U.S. Census Bureau. (2016). *2011-2015 American Community Survey 5-Year Estimates, Poverty Status in Past 12 Months*.

Profile reported that in 2013-2014, 37% of San Luis Obispo County residents lived in food insecure households compared to 23% in 2012.¹⁷⁹

CalFresh remains underutilized, evidenced by the fact that San Luis Obispo County continues to place 51st out of 58 in its utilization (58 = lowest utilization).¹⁸⁰ In 2013, 43,893 individuals were eligible to receive CalFresh based on their income, but only 18,524 did so. Additional economic activity with full CalFresh participation would have represented \$56,900,000 of money for the county. In 2015, CalFresh household participation by race and ethnicity was 2% African-American; 1% American Indian/Alaska Native; 3% Asian/Filipino/Pacific Islander; 24% Hispanic/Latino; and 71% White.¹⁸¹

The County Department of Social Services reports an average of 10,000 CalFresh cases active in the county each month, servicing approximately 19,000 individuals. There are another estimated 45,982 potentially eligible individuals in the county that are not currently participating.¹⁸² The Department of Social Services issued a request for proposals in February 2017 for a nonprofit agency or agencies to perform CalFresh outreach and enrollment activities in an effort to promote the CalFresh program to low-income individuals, families, and senior citizens of all ages, languages, and cultures in San Luis Obispo County.

According to the Food Bank in a stakeholder interview, approximately 46,000 San Luis Obispo County residents in 2016 struggled with hunger, a 4.5% increase from 2013 (44,000). They report that 1 in 6 is food insecure, often not knowing where their next meal will come from. Forty percent are youth, 18 or younger, and 20% are seniors, often on a fixed income. Many are working parents who are faced with choosing to pay for utility bills or buy groceries for their family. The Food Bank created Geographic Information System maps of areas where residents fall below the Federal Poverty Level and percent of students enrolled in free or reduced lunch overlaid with neighborhood distribution sites, daily school sites, summer lunch sites, farmers markets, and agency partners to help with efficacy in distribution.

Vulnerable populations

Children under age 18 are disproportionately affected by food scarcity: in 2015, they constituted 18.1% of the county's population, but remain 40% of Food Bank clients. Nearly 21% of children lived in food insecure households in 2014.¹⁸³ Over 44% of county children qualified for free and reduced price meals in 2015-2016.

¹⁷⁹ California Food Policy Advocates. (2016). *San Luis Obispo County Nutrition and Food Insecurity Profile*. From: <http://cfpa.net/county-profiles>.

¹⁸⁰ California Food Policy Advocates. (2016). *San Luis Obispo County Nutrition and Food Insecurity Profile*.

¹⁸¹ Lucille Packard Foundation for Children's Health. (2017). *CalFresh Participation by Race/Ethnicity*. From: kidsdata.org.

¹⁸² County of San Luis Obispo Department of Social Services. (2017, Feb 3). *Request for Proposal #1411*, CalFresh Outreach.

¹⁸³ Lucille Packard Foundation for Children's Health. (2017). *Children Living in Food Insecure Households, San Luis Obispo County*.

Table 43. San Luis Obispo County Students Receiving Free or Reduced Meals¹⁸⁴

District	2010-2011	2015-2016	% Change
County Office of Education	65.5%	74.4%	13.4%
Atascadero Unified	38.2%	35.0%	-8.4%
Cayucos Elementary	28.5%	34.3%	20.4%
Coast Unified	59.1%	63.1%	6.8%
Lucia Mar Unified	49.4%	51.6%	4.5%
Paso Robles Joint Unified	47.5%	51.1%	7.6%
Pleasant Valley Joint Union County Elementary	46.8%	45.5%	-2.8%
San Luis Coastal Unified	33.8%	36.6%	8.3%
San Miguel Joint Unified	61.3%	54.2%	-11.6%
Shandon Joint Unified	71.8%	75.8%	5.6%
Templeton Unified	17.7%	16.9%	-4.5%
San Luis Obispo County	42.8%	44.2%	3.3%
<i>California</i>	<i>56.7%</i>	<i>58.9%</i>	<i>3.9%</i>

According to Food Bank staff, “The baby boomer population is aging and adding to the demand for services for seniors.” They are receiving questions about door-to-door delivery because seniors cannot get to senior nutrition centers and other distribution sites or they do not qualify for Meals on Wheels. Unfortunately, the Food Bank is not prepared to deliver door-to-door.

Hispanics are also disproportionately affected. Again, while they only comprise 22.2% of the county population, they represent 45% of food bank recipients.

Food Bank staff reported in the stakeholder interview that “the California Community College and State University systems are beginning to take more seriously hunger on college campuses, which until recently has remained largely hidden from view.” The Food Bank now goes to Cuesta College on a monthly basis to supplement young and older reentry students. They currently assist 80 college students in San Luis Obispo and 60 in Paso Robles monthly. While there is a church in the City of San Luis Obispo to help Cal Poly University students, there is a stigma attached to going there. The Food Bank is working to find a more private spot on campus to provide food.

Food Bank staff is continuously monitoring potential cuts to the United States Department of Agricultural (USDA) farm bill and its possible impact on access to nutrient dense food for many food distribution sites, including school and summer meal programs. This funding provides the only safe,

¹⁸⁴ California Department of Education. (2017). *Free and Reduced Price Meals, San Luis Obispo County 2011-2016*. From <http://www.cde.ca.gov/ds/>.

stable access and safety net to children for food. The White House is proposing significant cuts to SNAP (food stamps) as well, which would impact many low-income households.

Nutrition

Hunger not only addresses the quantity of accessible food, but also the nutritional quality of food most available to low-income populations. Residents with limited financial resources often have higher intake of unhealthy food: high caloric food is often cheaper and can stretch further than nutritious food. Thus, it is not uncommon for those who face hunger to also be overweight or obese. Diet can also influence the risk of health conditions and diseases, such as diabetes, heart disease, stroke, colon and breast cancer, osteoporosis, hypertension, and depression.¹⁸⁵ In San Luis Obispo County, it is estimated that 46% of adults have pre- or undiagnosed diabetes and 5% (approximately 14,070) have diagnosed type 2 diabetes.¹⁸⁶

In 2014, 55.2% of county adults were overweight or obese, a 2.5% increase from 2011; 41.9% were overweight and 13.3% were obese.¹⁸⁷ Just over half (52%) of 1,105 ACTION for Healthy Communities telephone surveys respondents participated in five or more days of physical activity for 30 minutes in 2016, an increase from 48% in 2010. Among 1,109 respondents, 76.6% did not have any soda or other sweetened drinks the previous day; 13.5% had one; 4.8% had two; 3% had three; and only 0.5% had six or more, indicating a downward trend in number of daily sweet drinks from 2013.¹⁸⁸

In 2015, 36.1% of county 5th graders, 32.8% of 7th graders, and 28.2% of 9th graders were overweight or obese.¹⁸⁹ Of 290 ACTION telephone respondents, 44.5% reported that their child spent more than 10 hours a week doing physical activity; 40.1% reported that their child spent 5-10 hours per week; and 14.9% said their child spent less than five hours per week.¹⁹⁰

Access to Fresh Food

A significant part of a healthy diet is eating enough fruits and vegetables. A high intake of fruits and vegetables is important for optimal child growth, weight management, and part of a healthy, active lifestyle. It reduces the risk of diet-related diseases. Just over 50% of 1,105 ACTION telephone respondents reported eating five or more servings of fruits and vegetables every day on average.¹⁹¹

¹⁸⁵ California Department of Education. (2017). *Free and Reduced Price Meals, San Luis Obispo County 2011-2016*. From <http://www.cde.ca.gov/ds/>

¹⁸⁶ Babey, S., Wolstein, J., Diamant, A., & Goldstein, H. (2016). Pre-diabetes in California: Nearly half of California adults on path to diabetes. *UCLA Center for Health Policy Research, Health Policy Brief*. Los Angeles, CA.

¹⁸⁷ UCLA Center for Health Policy Research. (2015). *California Health Interview Survey, 2011-2014*. From: <http://healthpolicy.ucla.edu/Pages/home.aspx>.

¹⁸⁸ Action for Healthy Communities. (2016). *Vital signs: Understanding San Luis Obispo County*.

¹⁸⁹ Lucille Packard Foundation for Children's Health. (2017). *Students Who Are Overweight or Obese by Grade, 2015*. From: kidsdata.org.

¹⁹⁰ Action for Healthy Communities. (2016). *Vital signs: Understanding San Luis Obispo County*.

¹⁹¹ Action for Healthy Communities. (2016). *Vital signs: Understanding San Luis Obispo County*.

Food Bank staff report:

“When children are exposed to healthy food, they actually choose it and ask for their parents to buy and prepare it. However, we find that some parents don’t know how to prepare healthy food.”

Child Care Planning Council members confirm this:

“So many families don’t know how to prepare food – they just open up a can or box, which is not nutritious.”

Food Bank staff also note that food costs have increased, impacting families. Head Start parents report, “If you want to eat healthy, it’s difficult and expensive.”

Resources

CalFresh: A number of community resources refer to the Department of Social Services’ CalFresh program, including CAPSLO’s Head Start, Early Head Start, and Teen Academic Parenting Program; Community Health Centers; Public Health Department; Catholic Charities; and the Food Bank Coalition. The Food Bank provides bilingual outreach, education, and prescreening and application assistance for CalFresh to enable families to purchase nutritious and healthy food at its food distribution sites countywide. Five of 19 farmer’s markets operating in the county that sell fresh produce to the public are now equipped with Electronic Benefit Transfer (EBT) machines to accept CalFresh benefits (Atascadero, Paso Robles, and Templeton in the North County; Los Osos in the North Coast; and Thursday Night San Luis Obispo).

WIC: (Supplemental Nutrition Program for Women, Infants and Children) participation has steadily declined 22.5% on a monthly basis – from 4,903 in 2011-2012 to 3,800 in 2014-2015. According to the WIC director, it is most likely a combination of a better economy; families moving to other areas of the state and country where the cost of living is lower; fewer new families moving into the area; a steady decrease in prenatal enrollment over the last several years; and families choosing not to participate because they do not like using WIC checks in the grocery stores. This declining trend is statewide.

WIC participation is comprised of approximately 9% prenatal women; 15% postpartum women (11% breast-feeding and 4% formula feeding); 22% infants, birth-11 months; and 54% children, ages 1-5. According to the California Food Policy Advocates, 97% of San Luis Obispo County women initiated breast-feeding in the hospital and 84% breast-fed exclusively in the hospital in 2014.

Food Bank Coalition: The Food Bank Coalition of San Luis Obispo County administers a variety of food resource programs that are used to support local initiatives to address the nutritional needs of children, families, and seniors. With a mission to see that no one in San Luis Obispo County goes hungry, the Food Bank distributed six million pounds of food in 2016 out of two warehouses in Paso Robles (North County) and Oceano (South County). In January 2017, they moved to the City of San Luis Obispo location. They now provide mobile trucks to take food to North and South County to minimize barriers to food access. Nearly 50% of the Food Bank’s food is fresh produce. An estimated 50% of their fresh

produce harvested is by their GleanSLO program. For every dollar donated, the Food Bank provides \$10 worth of food, allowing provision of the highest level of nutrition.

The Food Bank Coalition works with a network of over 200 community partners. There are 64 mobile distributions countywide, a 14.3% increase in the past two years, including underserved areas such as Creston, California Valley, Carrizo Plains, and San Miguel in the North County and Nipomo and Oceano in the South County. Over 2,100 volunteers help keep the Food Bank's overhead at 6%.¹⁹²

Programs include:

- *Brilliant Beginnings* provides a healthy breakfast in the classroom to all students regardless of income to avoid stigma. It occurs in the first 10 minutes of class to ensure all students have an opportunity to learn on a full stomach.
- *Children's Farmer's Markets* partner with schools and after-school programs countywide to provide fresh produce to students in need during the school year and over the summer. Children are provided a reusable bag and mock money or "Food Bank Bucks" to be used to choose produce and the amount they would like to take home to share with their families. Participants take home approximately 15 pounds of produce, which is either harvested locally through GleanSLO or sourced from the California Association of Food Banks. This program reaches children early with institutional changes about healthy choices.
- *Emergency Food Assistance Program* supplies food once a month to low-income families and individuals of all ages through the USDA Commodities Program. These distributions are held at community centers, churches, senior centers, and veteran's halls throughout the County.
- *GleanSLO* rescues produce that would otherwise go to waste from local farms, orchards, as well as private backyards, gleaning 58 million pounds of produce that would have otherwise gone to waste.
- *Harvest Bag* volunteers gather leftover produce from local farmers and grocery stores, connecting it with community members in need of food.
- *Healthy Food for Local Families*: In partnership with county schools and agencies, this program provides qualified families with food assistance, nutrition education, and other resources.
- The *Nutrition Outreach Program* (SNAP-Ed) educates the community, including CalFresh-eligible, on how to prepare food received from the Food Bank in healthy, low cost ways so that waste is reduced and nutritious food can be enjoyed and nourish the community.
- *Senior Farmer's Markets* connect seniors who are unable to attend regularly scheduled public food distributions due to a medical condition, lack of transportation, or being on a fixed income to fresh

¹⁹² Food Bank Coalition of San Luis Obispo County. (2016). *Fact Sheet*. San Luis Obispo, CA.

produce. The Food Bank delivers vegetables and fruit to low-income senior living facilities on a specific day of each month.

- The *Summer Food Program* is federally funded by the USDA to target ending childhood hunger. It incorporates an after-school snack program during the school year and the summer meal program to help ensure children get the nutrition they need to learn, play, and grow. There are 25 summer breakfast sites and 30 summer meal sites.
- *No Cook Bags* for individuals and families facing homelessness.

School Nutrition Programs: As noted, 44.2% (15,428) of enrolled county students, ages 5-17, were enrolled in the Free and Reduced Price Meals program in 2015-2016.¹⁹³ In 2014-2015, approximately 34% (4,784) of low-income students participated in the school breakfast program 58% (8,207) and participated in the school lunch program. Additional economic activity generated from increased breakfast participation would have brought \$1,167,000 to the county if all who were eligible participated. In the summer months, when school is out of session, many children are still in need of meal assistance. In 2015, only 13% (906) of low-income children participated in the summer meal program.¹⁹⁴

The *San Luis Obispo County Health Department* sponsors the *Healthy Eating Active Living San Luis Obispo (HEAL-SLO)*, a community collaboration funded in part by the Community Foundation of San Luis Obispo County. They recently facilitated the development of *OutsideIn SLO*, the first climate change and health communication campaign in California.

HEAL-SLO identified the socio-ecological barriers to health within four domains: family settings, institutions (pre-) school designs and work environments, health care environments, and community design, and has been working for the last 10 years on various projects to reduce obesity and increase physical activity in the county.

The County Public Health Department also offers *Supplemental Nutrition Assistance Program Nutrition Education (SNAP-Ed)* for those eligible up to 185% Federal Poverty Level. Participants are educated and receive support to consume healthy foods and beverages, reduce consumption of less healthy foods and beverages, and increase physical activity. The *County Nutrition Action Plan* *workgroup* is convened by the SNAP-Ed Program to coordinate and leverage nutrition messages, education, and services between USDA Food and Nutrition Service funded and unfunded partners in order to maximize benefits for the low-income population.

CAPSLO's Youth Programs provide teen obesity prevention services through the *Project Teen Health (PTH)* program in three San Luis Obispo County and one in northern Santa Barbara County high schools. In addition to obesity prevention, PTH fosters clinical linkages among youth and local primary care

¹⁹³ California Department of Education Dataquest. (2017). *Free and Reduced Price Meals, 2015-2016*.

¹⁹⁴ California Food Policy Advocates. (2012). *San Luis Obispo County Nutrition and Food Insecurity Profile*. From: <http://cfpa.net/county-profiles>.

clinics, helping teens and their families become aware of available and accessible health care options. PTH utilizes a variety of strategies to combat childhood obesity, including evidence-based curricula, health fairs, nutrition consultants, after-school fitness programs, and leadership opportunities.

Farm to School Programs: School age children have increased opportunities to consume fruits and vegetables through increasing farm to school programs, school gardens, and salad bars in schools. Farm to school programs connect schools and local farms by buying and serving fresh farm food in school cafeterias, teaching children about regional agriculture and seasonality, and providing experiential learning opportunities through school gardens, farm tours, classroom sessions, chefs in the classroom, and culinary education. Of 11 school districts (80 schools), 82% of districts served local farm to school food; 74% of schools had gardens; and 77% of schools had salad bars at least monthly (in some cases using vegetables grown in the garden).¹⁹⁵

Central Coast Grown builds local, sustainable, and fair food systems by connecting community members to the abundance of local food and farming in the county. They strive to bridge the gap between what people eat and where it comes from, and in doing so, strengthen the food culture and relationship people have with their food. They implement City Farm in San Luis Obispo, a public land survey, and a food system assessment to provide information and resources to help move the community in this direction.

Child and Adult Care Food Program is a meal reimbursement and nutrition education program that helps providers serve nutritious and safely prepared meals and snacks to children and adults in day care settings. According to CAPSLO's food management staff, licensed child care facilities in San Luis Obispo County reached approximately 2,459 children with the program in 2017.

The Senior Nutrition Program and Meals on Wheels provide congregate and/or home-delivered meals to seniors in need. Participation in the senior nutrition program is limited to those at least 60 years of age and their spouses of any age.

Community Meal Programs: There are numerous community meal programs that serve homeless and low-income community members. These daily meals are provided in the City of San Luis Obispo: breakfast at Prado Day Center and Maxine Lewis Memorial (MLM) Shelter; lunch provided by the Peoples' Kitchen at Prado Day Center; and dinner provided by the community at MLM Shelter. In the North County, dinner and breakfast are served at the ECHO Shelter in Atascadero; the Second Baptist Church of Paso Robles is the host site used to serve lunch, provided by Christ's Kitchen, and dinner, provided by the North County People's Kitchen. The South County Peoples' Kitchen provides lunch in Grover Beach. Throughout the county, Salvation Army, Catholic Charities, Grass Roots II, two Loaves and Fishes, and numerous churches provide food pantries and offer crisis intervention services.

¹⁹⁵ UC Davis Agriculture Sustainability Institute. (2013). *Assessing the San Luis Obispo County food system*. Davis, CA: Goldberg, A. & Feenstra, G.

Crime and Discrimination

"What you see is a lot of criminalization of homelessness in this county. Because there are not enough services, there are not enough beds, and there is not enough affordable housing available. What happens is homeless people are getting arrested for being homeless, which means they can't be searching for a job, which means that now they will have a criminal record, which is going to come up when they're searching for a job and when they're searching for housing."

~ CRLA staff member

Conditions

Crime Rate

In 2015, the City of Pismo Beach (South County) had the highest total combined crime rate, which includes violent, property, and arson crimes, at 68.0 per 1,000 residents. The lowest rate was reported for the City of Atascadero (North County) at 28.5, which in 2010 had the highest crime rate in the county at 53.5. The table below reflects the County of San Luis Obispo total combined crime rate (violent, property, and arson crime) and various city rates (per 1,000) for 2010 and 2015.^{196 197}

Table 44. San Luis Obispo County Crime Rate by City, 2010 and 2015

County Region	Location	2010 Crime Rate	2015 Crime Rate	% Change
	San Luis Obispo County	25.9	28.7	10.8%
Central	City of San Luis Obispo	40.7	45.3	11.3%
North Coast	Morro Bay	37.3	37.3	0%
North County	Atascadero	53.5	28.5	-46.7%
	Paso Robles	37.3	31.0	-16.9%
South County	Arroyo Grande	19.3	25.6	32.6%
	Grover Beach	12.5	18.7	49.6%
	Pismo Beach	48.3	68.0	40.8%
	Unincorporated Areas	13.1	14.1	7.6%

¹⁹⁶ California Department of Justice. (2017). *Criminal Justice Statistics Center, Crime and Crime Rates by Category and Crime (2010- 2015)*. From: <https://oag.ca.gov/crime>.

¹⁹⁷ California Department of Finance. *Demographic Research Unit, E-4 Population Estimates for Cities, Counties and the State 2010-2015*.

Felonies

From 2010 to 2014, among San Luis Obispo County adults there was an 11% increase in felony arrests, with the highest number being drug offenses (973). Of the drug offenses, Narcotics had the largest change in arrests between 2010 and 2014 with an increase of 113.5%. Narcotics, as defined by California Health and Safety Codes, includes possession of a controlled substance; possession of drugs with the intention to sell; the sale or transport of controlled substances; and adult employment of minor(s) for unlawful transactions. The table below reflects the number of felony drug offenses in 2010 and 2014 and the percentage change between the four years.¹⁹⁸

Table 45. San Luis Obispo County Felony Drug Offenses, 2010 and 2014

Felony Arrests	2010 Arrests	2014 Arrests	% Change
Narcotics	200	427	113.5%
Marijuana	71	39	-45.1%
Dangerous Drugs	265	492	85.7%
Other Drugs	27	15	-44.4%
Total Felony Drug Offenses	563	973	72.8%

According to the San Luis Obispo County Sherriff's Office Annual Report 2016, "The most prevalent illegal narcotics available in the county are methamphetamine, cocaine, and heroin."¹⁹⁹ The table below reflects the data provided by the Sherriff's Office 2014 and 2016 Annual Reports that lists the number of seizures made by narcotics investigators.²⁰⁰²⁰¹

Table 46. San Luis Obispo County Seizures by Narcotics Investigators, 2014 and 2016

Type of Narcotic Seized	2014	2016	% Change between 2014-2016
Heroin	.98 lbs.	3.3 lbs.	236.7%
Methamphetamine	9.12 lbs.	36.8 lbs.	303.5%
Processed Marijuana	13,773 lbs.	78 lbs.	-99.4%
Marijuana Plants	23,300 plants	29,234 plants	25.5%

¹⁹⁸ California Department of Justice, Office of the Attorney General. (2017). *CJSC Statistics: Crimes and Clearances, Arrests, 2005-2014*. From: <https://oag.ca.gov/crime/cjsc/stats/arrests>.

¹⁹⁹ San Luis Obispo County Sherriff's Office. (2017). *2016 Annual Report*. From: <http://www.slosheriff.org>.

²⁰⁰ San Luis Obispo County Sherriff's Office. (2015). *2014 Annual Report*.

²⁰¹ San Luis Obispo County Sherriff's Office. (2017). *2016 Annual Report*.

Misdemeanors

Among county adults, there was an 3.1% increase in misdemeanor arrests between 2010 and 2014. The table below shows the difference in the arrest numbers and percentage change for the 5 top categories of misdemeanor arrests between 2010 and 2014.²⁰²

Table 47. San Luis Obispo County Misdemeanor Adult Arrests, 2010 and 2014

Misdemeanor Arrests	2010 Arrests	2014 Arrests	% Change
Driving Under the Influence	1881	2003	6.5%
Drunk	1741	1933	11.0%
Assault and Battery	1634	1224	-25.1%
Drugs (excluding marijuana)	437	839	91.9%
Disorderly Conduct	122	717	487.7%

Juvenile Arrests

In comparing 2010 San Luis Obispo County juvenile arrests to 2014, there was an overall decrease in numbers. Between 2010 and 2014, out of the 74 different types of arrest offenses, only 10 (13.5%) of categories reflected an increase in arrests. The remaining 64 (86.5%) arrest offenses either stayed the same or decreased. Of the 10 different arrest types that did increase, all but one had an increase of one to three arrests between 2010 and 2014. The one category that significantly increased was lewd conduct – in 2010 there were no arrests reported under this offense; in 2014 there were 14.²⁰³

Recidivism Rate

In Spring 2011, the California Legislature passed Assembly Bill 109 (AB 109), which provided for the realignment of funding and supervision for certain low level offenders (non-serious, non-violent, non-sexual offenses), adult parolees, and juvenile offenders from state prisons and institutional facilities to the local jurisdiction – County Probation and Sheriff Departments. In addition to cost savings to the state budget, this realignment also intended to make available additional services and supports to facilitate rehabilitation and assimilation into the community, thus reducing recidivism and incarceration costs on the state.

According to the State of California Department of Corrections and Rehabilitation, California's three-year return rate for offenders released in 2010-2011 was 44.6%, a decrease of 16.4% from the recidivism rate reported for fiscal year 2008-2009. The state prison recidivism rate has been declining for the past five years. Both the Realignment Act passed in 2011 and Proposition 47, which was passed in November 2014, mandating a misdemeanor sentence instead of a felony for some property and drug offenses, are cited as playing a role in lowering the prison recidivism rate. If a formerly incarcerated

²⁰² California Department of Justice. (2017). *Office of the Attorney General, CJSC Statistics: Crimes and Clearances, Arrests, 2010-2014*.

²⁰³ California Department of Justice. (2017). *Office of the Attorney General, CJSC Statistics: Arrests, 2005-2014*.

individual who served prison time re-offends under a lower level crime, their recidivism rate is not captured because they are not re-entering the prison system, but are now serving time through the county jail.²⁰⁴

Table 48. Recidivism Rate among San Luis Obispo County Adult Probationers²⁰⁵

	Fiscal Year 2013-14	Fiscal Year 2014-15	Fiscal Year 2015-16
Felony	41.5%	45.5%	40.5%
Misdemeanor	31.5%	42.9%	39.5%

Domestic Violence

Domestic violence calls in San Luis Obispo County have seen a downward trend going from 4.8 per 1,000 in 1998 to 2.9 per 1,000 in 2014. California has experienced a similar downward trend going from 9.8 per 1,000 to 6 per 1,000 for the same period.²⁰⁶ The City of Atascadero, located in the North County, which had the lowest overall crime rate in 2015, experienced the highest volume of domestic violence calls (118) during the same year. Paso Robles, also located in the North County, had the second highest number of calls (105). The city that had the largest increase in calls between 2010 and 2015 was the City of Morro Bay, located on the Central Coast, with a 55.6% increase.

Table 49. Number of Domestic Violence Phone Calls by Location, 2010 and 2015²⁰⁷

County Region	Jurisdiction	Calls in 2010	Calls in 2015	% Change
Central	City of San Luis Obispo	93	92	-1.08%
North Coast	Morro Bay	27	42	55.6%
North County	Atascadero	84	118	40.5%
	Paso Robles	84	105	25.0%
South County	Arroyo Grande	29	11	-62.1%
	Grover Beach	37	48	29.7%
	Pismo Beach	29	25	-13.8%
	County of San Luis Obispo	682	642	-5.9%

²⁰⁴ California Department of Corrections and Rehabilitation. (2016). *2015 Outcome Evaluation Report: An examination of offenders released in Fiscal Year 2010-11*. From: http://www.cdcr.ca.gov/Adult_Research_Branch/Research_Documents/2015_Outcome_Evaluation_Report_8-25-2016.pdf.

²⁰⁵ San Luis Obispo County Probation Department (2017). *Annual Statistical Report, Fiscal Year 2015-16*. From: http://www.slocounty.ca.gov/San_Luis_Obispo_Probation_Department/Annual_Statistical_Report.htm.

²⁰⁶ Lucille Packard Foundation for Children's Health. (2015). *Domestic violence calls for assistance, by city*. From: <http://www.kidsdata.org/topic/11/domesticviolence-number/table>.

²⁰⁷ Lucille Packard Foundation for Children's Health. (2015). *Domestic violence calls for assistance, by city*.

According to the a recent article in *The New Times* newspaper, while the overall number of domestic violence phone calls has decreased in the county between 2010 and 2015, the number of domestic violence cases handled by the San Luis Obispo County Superior Court increased.²⁰⁸

Table 50. San Luis Obispo County Superior Court Domestic Violence Cases

	2010	2015	% Change
Total Cases (felony and non-felony)	705	801	13.6%

When looking specifically at the types of domestic violence cases, the table shows that between these two years there was a 33.3% increase in felony cases and a 5.6% increase in non-felony cases.²⁰⁹

Of the 21 issues listed in CAPSLO's needs assessment survey, low-income community members ranked domestic violence as the second least important issue (at 11.1%) that they or their family members experienced in the past year. However, CAPSLO's Board and staff ranked domestic violence as the seventh greatest issue in the community (at 78.1%). This discrepancy in rankings between the two survey groups is an example of how quiet this violent crime can be and the social and cultural stigma associated with it. Individuals may not feel comfortable disclosing their personal and intimate struggles in a survey, but staff who work closely with clients shared that the prevalence of domestic violence is high among the families they serve. This issue was not only reflected by staff in CAPSLO's survey, but also through interviews conducted with them.

Child Abuse

In 2015-2016, San Luis Obispo County Child Welfare Services reported 4,203 child welfare referrals, an average of 350 per month. Child welfare referrals increased 28% from 2010-2011.²¹⁰ For the current year, from July 2016 to March 2017, the county received 3,113 referrals, an average of 346 per month. This is a 4% increase for the same time period in 2015-2016.

Since 2008, San Luis Obispo County has had a lower rate of substantiated child abuse cases for children under the age of 18, compared to California's state rate. In 2015, the local child abuse rate was 8.2 per 1,000 compared to 10.7 per 1,000 for California. During this period, the three highest abuse types for entry into foster care were general child neglect (85.8%), physical abuse (5.1%), and sexual abuse (3.4%).²¹¹

²⁰⁸ McGuinness, C. (2016, August 4-11). Trapped in the cycle: Domestic violence in SLO County. *New Times*. From: <https://www.newtimeslo.com/sanluisobispo/trapped-in-the-cycle-domestic-violence-in-slo-county/Content?oid=2974122>.

²⁰⁹ McGuinness, C. (2016, August 4-11). Trapped in the cycle: Domestic violence in SLO County. *New Times*.

²¹⁰ San Luis Obispo County Department of Social Services. (2017). *Monthly statistics for child welfare services*. http://www.SanLuisObispoCounty.ca.gov/dss/Child_Welfare_Services/CWS_Caseload_Statistics.htm.

²¹¹ Lucille Packard Foundation for Children's Health. *First entries into foster care, by reason of removal, 2013-15*. From: <http://www.kidsdata.org/table/361/san-luis-obispo-county/16/fostercare-entries-reason>.

Gang Involvement

According to the San Luis Obispo County Sherriff's Office Annual Report 2016, there are 767 documented gang members in the county and 55 documented criminal street gangs. The street gangs include, but are not limited to: White Supremacist, Hispanic, Black, Outlaw Motorcycle, and International gangs. Compared to the numbers reported by *The Tribune* newspaper from the Sherriff's Department in 2013 (28 street gangs and 944 documented gang members), the number of documented gang members decreased by 18.5%, yet the number of street gangs has increased by 96.4%.²¹²

Despite a decrease in documented gang members, the location of San Luis Obispo County is a constant concern for gang issues. In the north, San Luis Obispo County is bordered by Monterey County— ranked by the Violence Policy Center as having the highest youth homicide rate in the state for four of the past five years, and has been ranked number one by the publication for annual gang-related youth homicides since 2011.²¹³ Monterey County has over 3,000 gang members, and has documented over 500 gang-related incidents a year.²¹⁴ To the south, San Luis Obispo County is bordered by the City of Santa Maria, which had nine homicides reported in 2016, well above the historical average for the city. The City of San Maria attributes the increase to a two-year spike in gang homicides.²¹⁵

According to the San Luis Obispo County detective commander:²¹⁶

“...there [have] always been gang problems in Oceano and Nipomo as well as some spots in North County. We're not seeing the level of violence that Santa Maria is seeing yet, but it doesn't mean that we won't. So we're trying to be out in front of that as much as we can.”

According to the 2015-2016 California Healthy Kids Survey, there is a slight decrease in gang involvement among students.²¹⁷

Table 51. Gang Involvement among San Luis Obispo County Students

Question	7 th graders		9 th graders		11 th graders		NT*	
	13-14	15-16	13-14	15-16	13-14	15-16	13-14	15-16
Do you consider yourself a member of a gang?	5%	2%	7%	5%	7%	7%	14%	10%

*non-traditional students, such as those in Community and Court schools

²¹² Fountain, M. (2014, July 19). San Luis Obispo County gangs: A real problem, or just politics? *The Tribune*. From: <http://www.sanluisobispo.com/news/local/investigations/article39491547.html>.

²¹³ Violence Policy Center. (2015, November). *Lost youth: A county-by-county analysis of 2013 California homicide victims ages 10-24*. From: <http://www.vpc.org/studies/cayouth2015.pdf>.

²¹⁴ County of Monterey. (2017). *Criminal Prosecution – Gang*. From: <http://www.co.monterey.ca.us/government/departments-a-h/district-attorney/criminal-prosecution/gang>.

²¹⁵ City of Santa Maria (2016). *Crime Statistics, 2016*. From: <http://www.cityofsantamaria.org/city-government/departments/police-services/crime-statistics>.

²¹⁶ KSBY. (2016, January 28). SLO County gang task force keeping close eye on Santa Maria gang violence. From: <http://www.ksby.com/story/31081686/slo-county-gang-task-force-keeping-close-eye-on-santa-maria-gang-violence>.

²¹⁷ California Healthy Kids Survey. (2017). *San Luis Obispo County Secondary Main Report, 2013-14 2015-2016*. . From: <http://chks.wested.org/administer/download/supplemental/#gang>.

Hate Crimes

The California Office of the Attorney General, *Hate Crime in California 2015* report shows that San Luis Obispo County had four hate crime events (two reported through the Sheriff's Department and two through Cal Poly State University), four offenses, four victims, and four suspects.²¹⁸ This is a slight decrease from 2014, where five events, which covered Central, North, and South County, took place.²¹⁹

Bullying and Discrimination

Bullying is thought to be one of the most prevalent types of school violence and it has risen to the forefront of the nation's consciousness since 2000. The high profile suicides of bullied teens of every race, gender, and sexual orientation have served as a wake-up call for educators and youth-serving organizations.

Table 52. Indicators of Bullying/Discrimination between 2013-2014 and 2015-2016²²⁰

Question	7 th graders		9 th graders		11 th graders		NT*	
	13-14	15-16	13-14	15-16	13-14	15-16	13-14	15-16
<i>School Year</i>								
Perceived safety at school (unsafe/very unsafe)	6%	4%	7%	6%	5%	7%	5%	7%
Cyber bullying, past 12 months (1-4+ times)	24%	21%	31%	22%	32%	19%	24%	22%
Harassed due to being gay or lesbian or someone thought you were (1-2+ times)	8%	8%	9%	8%	8%	6%	10%	7%
Any verbal or physical harassment**	37%	33%	38%	33%	32%	32%	28%	22%

*Non-traditional students, such as those in Community and Court schools

**Harassment due to race, ethnicity, national origin, religion, gender, sexual orientation, physical or mental disability

The ACTION for Healthy Communities 2013 telephone survey of 1,000+ county residents found that 58.1% of respondents felt that racism was a serious or very serious concern for the community. This is a 3.3% decrease from the last survey in 2010 and a 7.2% decrease from 2006. When looking specifically at homeless and Spanish-Speaking parents, 69.8% of the homeless individuals surveyed and 67% of the Spanish-Speaking parents surveyed reported that they were either "very concerned" or "somewhat concerned" about racism in the community.²²¹

In response to several reports of anti-Semitism on local middle- and high-school campuses, the Community Affairs Council of the Jewish Community Center and Federation of San Luis Obispo met with the County Superintendent of Schools to request training of school district personnel countywide to respond immediately and appropriately when hateful things are said²²². The Anti-Defamation League,

²¹⁸ California Department of Justice. (2016). *Hate Crime in California, 2015*. From:

<https://oag.ca.gov/sites/all/files/agweb/pdfs/cjsc/publications/hatecrimes/hc15/hc15.pdf>.

²¹⁹ California Department of Justice. (2016). *Hate Crime in California, 2015*.

²²⁰ California Healthy Kids Survey. (2017). *San Luis Obispo County Secondary Main Report, 2015-2016*

²²¹ Action for Healthy Communities. (2016). *Vital signs: Understanding San Luis Obispo County*

²²² Clark, L. (2017, May 13). Swastika, racial slur graffiti among vandalism at Templeton High School. *The Tribune*. From: <http://www.sanluisobispo.com/news/local/article150408452.html>.

City of San Luis Obispo Police Chief, and San Luis Obispo County Tribune editor have spoken out against hateful rhetoric and bigotry in all forms.

In spring 2017, a San Luis Coastal Unified School District teacher proselytized against LGBTQIA (lesbian, gay, bisexual, transgender, questioning, intersex, and asexual) students in a high school newspaper article. The Community Affairs Council of the Jewish Community Center and other groups met with and wrote letters to District administrators to request that the District: 1) recognize students' right to be free from proselytization by district personnel; 2) recognize its responsibility to make the school environment safe and inclusive for all students; 3) adopt policies and procedures that uphold these rights; and 4) train all personnel, including teachers and principals, in new policies and procedures with due speed.²²³

Human Trafficking

"The fact that our county is a tourist destination with a large number of hotels contributes to an environment conducive to sex trafficking, while the agricultural nature of the county makes it prone to labor trafficking."

~ San Luis Obispo County Assistant District Attorney²²⁴

Human trafficking, also known as modern day slavery, is the action or practice of illegally transporting people from one place (a country or area) to another, for the purpose of forced labor or commercial sexual exploitation. Trafficking victims are controlled through force, fraud, or coercion. Human trafficking is reported to be a \$32 billion-a-year global industry and is tied with illegal arms trafficking as the world's second most profitable crime enterprise (drug trafficking is the most profitable).²²⁵ This is an issue of concern in San Luis Obispo County as human trafficking becomes more prevalent in this area. According to the San Luis Obispo County District Attorney's office, the FBI has identified San Luis Obispo County as the nation's fourth destination hotspot for trafficked individuals. Because of the county's location, situated between San Francisco and Los Angeles, it is a natural corridor for human trafficking activities.²²⁶ At this time, it is difficult to find local data to reflect the growing concern in this area, only state data.

From mid-2010 to mid-2012, California's nine regional human trafficking task forces identified 1,277 victims, initiated 2,552 investigations, and arrested 1,798 individuals.²²⁷

²²³ Community Affairs Council of the JCC Federation of San Luis Obispo Letter, May 2017.

²²⁴ County of San Luis Obispo. (2017). *2016 Annual Report, Public Safety, "Battling Modern Day Slavery."* From: <http://www.slocountyannualreport.com/public-safety/battling-modern-day-slavery/>.

²²⁵ California Department of Justice. (2012). *The State of Human Trafficking in California.* From: <https://oag.ca.gov/sites/all/files/agweb/pdfs/ht/human-trafficking-2012.pdf>.

²²⁶ County of San Luis Obispo. (2017). *Human Trafficking.* From: http://www.SanLuisObispoCounty.ca.gov/DA/Human_Trafficking.htm.

²²⁷ California Department of Justice. (2012). *The State of Human Trafficking in California.*

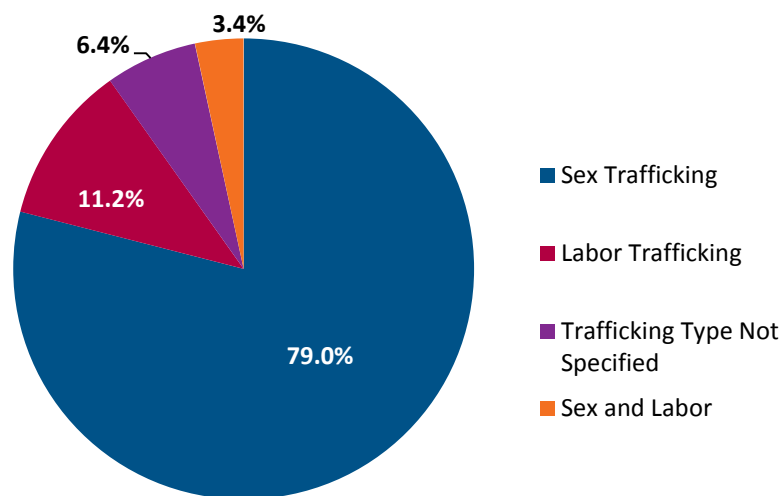
Table 53. Increase in Human Trafficking Phone Calls, National Human Trafficking Hotline²²⁸

Year	Number of Calls Received	Human Trafficking Cases Reported	Victims & Survivors Identified (High Indicators*)	Calls from Victims and Survivors
2016	4,137	1,323	1,194	839
2014	3,495	912	772	588
2012	1,662	489	432	170

*Cases categorized as “High” contain a high level of indicators of human trafficking.

From 2012 to 2016, there was a 170.6% increase in the number of human trafficking cases reported and a 393.5% increase in the number of calls received from victims and survivors.

Graph 10. Breakdown of 2016 Human Trafficking Cases by Type



Of all the cases, 89.4% were female; 68.8% were adults, 31.2% were minors; and 61.7% were US citizens or lawful permanent residents.

There are several nonprofit agencies in San Luis Obispo County (see Resource section below for more information) that help combat Human Trafficking and assist victims in this area. An example of a situation that one of the organizations assisted with included a brother selling his sister to a human trafficker who brought her to a winery owner in the North County. There she was held against her will and was forced to perform sexual acts with the owner and the workers. Thankfully the victim was able

²²⁸ National Human Trafficking Hotline. *Statistics*. From: <https://humantraffickinghotline.org/state/california>

to escape and is receiving assistance through local agencies to help her heal from this traumatizing experience.

Between 2012 and 2016, there have been seven individuals convicted of crimes related to human trafficking in San Luis Obispo County. One of the more recent convictions included two Fresno gang members who held two minors, ages 15 and 17, against their will, forcing them to prostitute themselves in both Fresno and San Luis Obispo counties. Both gang members pleaded guilty and were convicted in August 2015 and sentenced to over 10 years in federal prison.²²⁹

Resources

NOTE: Due to the high number of resources in the county, only the major services are listed below.

Child Abuse Prevention Programs

The *Center for Family Strengthening*, also known as the San Luis Obispo County Child Abuse Prevention Council, is a nonprofit designated by the San Luis Obispo County Board of Supervisors, in 1988, as the self-governing entity responsible for local efforts to prevent and respond to child abuse and neglect.

Below is a list of programs provided through the Center for Family Strengthening:

- *Parent Connection* offers parenting skills classes and coaching skills.
- *Postpartum Depression Support Line* supports mothers who may have postpartum depression.
- *Kidz Toolbox for Personal Safety* teaches child protective and safety skills.
- *Beginnings* offers prenatal substance use education and ongoing public awareness activities. They also train professionals on mandated reporting of suspected child abuse responsibilities' and educate the community on child abuse reporting laws.
- *Promotores Collaborative* is a volunteer team of Spanish-speaking members who connect to families in need.
- *Partnership for Excellence in Family Support* is a network of countywide Family Resource Centers that provide families with needed services, such as case management.

Rehabilitation Programs

The *Restorative Partners Program* provides ex-offenders with a variety of services to help them reintegrate back into society and prevent them from recidivating. Some of their programs include evidence-based training, such as:

- *Thinking for a Change* is a cognitive behavioral therapy approach that builds social and problem solving skills for men and women on probation.

²²⁹ U.S. Department of Justice, United States Attorney's Office Eastern District of California. (2015, August 24). *Fresno man sentenced to over 11 years in prison for sex trafficking of a minor*. From: <https://www.justice.gov/usao-edca/pr/fresno-man-sentenced-over-11-years-prison-sex-trafficking-minor>.

- *Moral Recognition Therapy* teaches former inmates to recognize the reasoning for their behavior and consequences (what were their thinking processes in the past that got them into trouble).
- *Alternatives to Violence Project* teaches individuals to rethink their reactions and how to deal with anger in order to be successful.

Other resources include mentorship programs, which match incarcerated or recently released adults with volunteer mentors who engage in positive, pro-social activities. They assist the mentee for one year as they transition back into society.

The Restorative Partners Program also has a supportive housing program for women and their children called *Anna's House*. The program is located in Paso Robles, and assists former inmates in becoming self-sufficient by assisting with housing, employment, parenting skills, etc. They also have two *Reentry Recovery Homes*, one for women and one for men, that provide a safe environment for those recovering from addiction and transitioning back into society.

Victims Programs

The *Women's Shelter Program of San Luis Obispo* provides comprehensive, multicultural domestic violence and child abuse services, including crisis intervention, emergency sheltering, advocacy, legal, counseling, prevention, and education services.

RISE serves both domestic violence and sexual assault victims and their families by providing crisis services, counseling and support, emergency safe housing in the North County, and legal assistance in acquiring restraining orders. There are different programs for survivors geared towards women, men, and those with LGBTQIA identities.

The *County District Attorney's Office* oversees the *Human Trafficking Task Force*, which is comprised of a variety of local government, law enforcement, education, health based, and community based agency representatives who meet monthly to discuss what is happening in the county around this issue. The Task Force works towards developing strategies to address it. In addition to the Task Force, there are several grassroots programs that have resulted because of the growing issue: the *North County Abolitionists*, *Central Coast Freedom Network*, *Magdalene Hope*, and *Central Coast Dream Center*. These programs work to educate the public, find victims, provide emergency support, and assist with transitional services, including housing, counseling, and basic needs.

Legal Services

See Legal Services listed in Income and Poverty on page 27.

Youth Programs

There are a variety of programs dedicated to keeping youth out of trouble and off the streets (after school), and reduce their chances of involvement with drugs, alcohol, and gangs.

- The *Bakari Mentoring Program, an Intervention and Prevention Program through Cal Poly University* is a program for at-risk and under-served youth, ages 14-17 years. There are separate programs for male and female youth to help youth tackle life challenges and transition successfully into adulthood.
- The local *Sheriff's Department* is providing the *Gang Resistance Education and Training (G.R.E.A.T.)* program, a national gang and violence prevention program, to local schools throughout the county for fourth and fifth grades, and sixth through eighth grades. Depending on the grade level, classes are held once a week for either six or thirteen weeks. They also provide youth summer camps which are focused on developing life skills and helping youth to avoid using violence to solve problems.
- *Friday Night Live*, operated through *San Luis Obispo County Behavioral Health*, provides activities that are safe and alcohol and drug free. School site chapters match youth with adult advisors to create positive changes in their schools and communities, and skill building activities that develop leadership, organization, communication, and other life skills. Currently there are chapters at 13 middle schools, nine high schools, and one university (Cal Poly).

Community Needs				
Top Needs	Agency Priority (Yes/No)	Description of Programs/Services Directly Provided by Your Agency	Coordination Efforts	Page
Availability of affordable housing	Yes	<ul style="list-style-type: none"> Both the Homeless Case Management and Supportive Services for Veteran Families programs work with homeless families and/or veteran families at-risk of homelessness to find affordable, permanent housing solutions. SAFE and Family Preservation staff, also assist families in finding affordable housing. 	<ul style="list-style-type: none"> All programs provide clients with referrals to affordable housing resources. CEO is a board member of the local housing authority. CCRC director is a member of the Housing Self-Sufficiency Committee. Deputy Director is on the Homeless Services Oversight Council 	29
Access to living wage jobs	Yes	<ul style="list-style-type: none"> Homeless Services Program case managers work with America's Job Center (AJC) to incorporate job training and job seeking skills into the case management plan for homeless clients. Supportive Services for Veteran Families program funds a full-time veterans' job coach at the AJC. Child Care Resource Connection (CCRC) is the primary trainer of community child care providers, teaching them how to create quality environments for children and develop business skills that ensure their success and longevity in the child care field. The program facilitates the licensing process for those interested in becoming providers. 	<ul style="list-style-type: none"> CEO is a board member of Mission Community Services, a nonprofit devoted to small-business development. Collaboration with AJC through Homeless Services and Supportive Services for Veteran Families program. 	42

		<ul style="list-style-type: none">• CCRC also provides subsidized child care services for qualifying families, enabling them to obtain and maintain employment, seek employment, and/or obtain job training or education.• Head Start and Migrant and Seasonal Head Start Child Care Partnership grants recruit child care providers and provide the necessary training and supports that bring them up to Head Start performance standards, making them more qualified and competitive in the child care provider market.• Under CAPSLO auspices, the Child Care Planning Council implements Quality Counts (a.k.a. Quality Rating Improvement System), which assesses and trains local family child care providers and center staff in a variety of areas to improve the quality of services for children and their families.• The Liberty Tattoo Removal Program assists individuals who have visible, anti-social tattoos by removing them for free in exchange for volunteer hours. The combination of improving the client's appearance and increasing their social/work skills through volunteerism, assists them in finding employment or better paying jobs.• The Health and Prevention Division's reproductive health clinics hire Teen Wellness Providers. The Teen Wellness Providers apply, go through a series of interviews, and are hired in the same manner as adult clinic staff. These highly	
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		<p>sought after jobs are paid, hourly wages, with opportunities for advancement as skill and knowledge progress. By the end of their training, they can be hired as adult Medical Assistants, contributing valuable skills to the city's work force.</p>	
<p>Access to affordable health care services</p>	<p>No</p>	<ul style="list-style-type: none"> Health and Prevention Division is a leading provider of health prevention and education programs for low-income individuals in the county. Programs include: reproductive health clinics; a mobile health screening and education program for seniors; a tattoo removal program; adolescent obesity and pregnancy prevention programs (and referrals to health care) for youth throughout the county. Head Start Programs assist families with obtaining health coverage for their children, ensuring that immunizations are completed on time, and with finding a permanent health and dental home. These programs also provide physical and mental health evaluations for children and help families access appropriate and affordable follow-up care. The Adult Day Center provides biannual health evaluations for clients that can be shared with physicians. The Community Health Centers of the Central Coast (CHC) provide care through one of their mobile clinic at the Prado Day Center for the homeless one day per week. 	<p>86</p> <ul style="list-style-type: none"> Several Head Start and MSHS directors and staff along with Health and Prevention Division and clinic directors are members of the local Health Services Advisory Committee. Health and Prevention Director is a member of the local Affordable Care Act Planning Group and Reproductive Health Collaborative. Youth Programs director serves on regional Youth Wellness collaboratives.

<p>Supply of affordable child care that meets the needs of working families</p>	<p>Yes</p>	<ul style="list-style-type: none"> Agency provides Head Start, Early Head Start, Migrant and Seasonal Head Start, State Child Development, and subsidized child care slots for children and families in San Luis Obispo County. Child Care Resource Connection (CCRC) maintains a list of licensed child care providers that is available to the public and provides training and resources for local child care providers. CCRC makes an estimated 2,880 child care referrals per year. Please refer to other CCRC and Head Start and MSHS Partnership programs and activities listed above that support the supply of affordable child care to meet the needs of working families. Homeless Services Case Management and SAFE System of Care has funding available to assist families in paying for summer camp programs. Funding is very limited. 	<ul style="list-style-type: none"> CEO is a member of the local Children’s Service Network and Child Care Planning Council, and serves as a board member for the National Head Start Association. Child Youth and Family Services (CYFS) Division Director is Treasurer for the National Head Start Association Board of Directors; President of the National Migrant and Seasonal Head Start Board of Directors; board member of the Region 9 Head Start Association; and advisory committee member of the California Head Start State Collaboration Office. Family and Community Support Services Division Director is a Commissioner for First 5 of San Luis Obispo County. 	<p>51</p>
<p>Inadequate supply of medical providers</p>	<p>No</p>	<ul style="list-style-type: none"> Reproductive health and teen clinics provide access to free or low cost medical providers for breast and cervical cancer screening, sexually transmitted infections, and contraceptive methods. This year CAPSLO opened a reproductive health care clinic at Cuesta Community College. Adult Wellness and Prevention Screening provides mobile health screening, education, and referrals to adults who may have difficulty accessing a physician. CHC brings medical providers to the homeless each week. 	<ul style="list-style-type: none"> CAPSLO’s reproductive health clinics coordinate with Dignity Health Care, Central Coast Pathology, San Luis Obispo County Public Health Department, and the Hearst Cancer Resource Center. Noor Free Clinic and the Cal Poly Health Center cross-refer clients with CAPSLO’s clinics. 	<p>86</p>

Insert Narrative (Explain why need will not be met.)

The Board of Directors did not adopt the health care-related identified needs as priorities due to the rapidly changing political landscape of the proposed American Health Care Act, which makes it impractical to develop a plan of action until it is formally enacted. In addition, the Board felt that concentrating on the first three priorities, which were statistically higher ranked than the last two, will have more impact on improving self-sufficiency for low-income people.

DOCUMENTATION OF PUBLIC HEARING(S)

[California Government Code 12747\(b\)-\(d\)](#) requires all eligible entities to conduct a public hearing in conjunction with their CAP. In pursuant with this Article, agencies are to identify all testimony presented by the low-income and identify whether or not the concerns expressed by that testimony are addressed in the CAP.

Provide a narrative description of the agency's public hearing process and methods used to invite the local community to the public hearing(s), and the methods used to gather the information about the low-income community's needs. Examples include: Surveys, public forums, and secondary data collection.

Note: Public hearing(s) shall not be held outside of the service area(s).

Public Hearing Process (Insert Narrative)

CAPSLO held a public hearing on Thursday, April 27, 2015 in the San Luis Obispo Library Community Room, located in the heart of downtown San Luis Obispo. The hearing was to commence at 5:30 pm, and was open for individuals to drop in as convenient. This site was selected because it is a well-known and well-utilized location, and it is situated directly next to the local and regional transit centers, allowing for easy access for those utilizing public transportation.

The hearing was advertised in the local newspaper, *The Tribune* (on Thursday, April 20 and Tuesday, April 25); on the newspaper's website, www.sanluisobispo.com (50,000 impressions run on site); and on CAPSLO's website and Facebook page (with a combined reach of 4,100 impressions organic and paid impressions). Flyers in English and Spanish were distributed to every CAPSLO program director and manager to post in offices, main waiting rooms, and lobbies, and to pass on to clients directly. A flyer was posted at the front desk of CAPSLO's main office and placed on the table at the front desk lobby area.

For those individuals that were unable to attend the public hearing, an e-mail address and phone number were listed on both flyers and advertisements allowing for additional opportunities for low-income community members to share their issues, needs, and concerns.

Below is an example of a diagram that can be used to capture and identify testimony of the low income.

Comment/Concern	Was the concern addressed in the CAP?	If so, indicate the page #	If not, indicate the reason
Job training needs	Yes	32	N/A
Transportation needs in ABC, CA	No	N/A	Due to limited funding, agency meets 50% of the transportation needs in ABC, CA.

Attachments

- Provide a copy of each public hearing notice published in the media.
- Provide a summary of all testimony presented by the low-income population:

Unfortunately, no community members attended the hearing. A new location, date, and outreach strategies will be reevaluated for the next Needs Assessment cycle. In addition, the agency will look into holding hearings in different regions of the county. See Appendix F for a copy of the published public hearing notice and flyers that were distributed to clients.

FEDERAL ASSURANCES

Public Law 105-285 establishes programmatic assurances for the State and eligible entities as a condition of receiving CSBG funds. Provide a detailed narrative describing the activities your agency will conduct that will enable low-income families and individuals to achieve the programmatic purposes listed below. [\(Federal Assurances can be found on Public Law pages 2736-2739\)](#)

1. Programmatic Purposes

(A) to support activities that are designed to assist low-income families and individuals, including families and individuals receiving assistance under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.), homeless families and individuals, migrant or seasonal farm workers and elderly low-income individuals and families, and a description of how such activities will enable the families and individuals—

(i) to remove obstacles and solve problems that block the achievement of self-sufficiency, (including self-sufficiency for families and individuals who are attempting to transition off a State program carried out under part A of title IV of the Social Security Act);

To achieve the agency's mission and vision, CAPSLO provides an array of community-based prevention, intervention, support services, and resources to low-income individuals and families, including all those listed in the Community Needs table on page 114, that develops self-sufficiency and advocates to influence community change.

Obstacles and problems may be created by a combination of internal and external factors and/or circumstances. Obstacles may include lack of affordable housing and/or a living wage; unemployment; mental health issues and/or drug and alcohol addiction; family stability; accessible health care; education or opportunity for education; food stability and good nutrition; and adequate, affordable child care.

Depending on the presenting issue, CAPSLO's services can include emergency assistance, such as sheltering, day services, and utility assistance; case management; health prevention and education; family preservation, parenting classes, and victim assistance; early child care and education, referrals to child care, and child care provider training; parent engagement and leadership development and opportunities; senior health, energy assistance, and day services; and advocacy to address the root causes of problems contributing to instability. Even services that assist clients in moving out of their emergency situation focus on helping them gain self-sufficiency.

Family advocates in several CAPSLO programs and parent educators in the Family Preservation Program will meet clients at their home or at a location that works best for them to provide support and services.

This assists families who may have transportation barriers. Grants-In-Aid (GIA) and Opportunity to Thrive funds provide one-time assistance to remove obstacles to self-sufficiency, such as security deposits, first month's rent, car repair, or a crib.

(ii) secure and retain meaningful employment;

CAPSLO Homeless Services Program case managers have worked with America's Job Center (AJC), co-located at the Goodwill, to incorporate job training and job seeking skills into the case management plan for homeless clients. They are provided with career counseling, vocational testing, job training, and job seeking services to prepare for and maintain employment. Goodwill's contract as a WIA provider ends June 30, 2017, and CAPSLO will partner with Eckerd Workforce Development, the new entity, to maintain employment services across all programs.

CAPSLO Supportive Services to Veterans Families (SSVF) Program contracts with an AJC job developer to ensure that participants have access to specialized employment training, job readiness assistance, and individualized employment counseling and skills assessment. They offer basic computer training, skills assessment and training, résumé development, interview readiness, and job search assistance.

CAPSLO Child Care Resource Connection (CCRC) is the primary trainer of community child care providers, teaching them how to create quality environments for children and develop sound business skills that ensure their success and longevity in the child care field. The program facilitates the licensing process for those interested in becoming providers. CCRC also subsidizes child care services for qualifying families, enabling them to obtain and maintain employment, seek employment, and/or obtain job training or education.

Head Start and Migrant and Seasonal Head Start Child Care Partnership recruit child care providers and provide the necessary training and supports, such as the Child Development Associate credential, that brings them up to Head Start performance standards. This makes them more qualified and thus competitive in the child care provider market.

Similarly, the local Quality Counts initiative, supported by the Child Care Planning Council, which is under CAPSLO's auspices and based on the nationwide Quality Rating Improvement System, assesses and trains local family child care providers and center staff in a variety of areas to improve the quality of services for children and their families.

The Teen Wellness Program in the Health and Prevention Division employs teens as peer providers in The Center teen clinics in the cities of San Luis Obispo and Arroyo Grande (South County). This program teaches young people health-related job skills and work ethics.

(iii) attain an adequate education, with particular attention toward improving literacy skills of low-income families in the communities involved, which may include carrying out family literacy initiatives;

CAPSLO remains focused on parent education as a path to family economic and social self-sufficiency, and views family literacy as the most effective way to support child literacy. In CAPSLO Head Start and Migrant and Seasonal Head Start programs, parents often lack basic literacy skills and frequently request literacy, ESL, GED, and computer classes to facilitate language acquisition and to improve their employment opportunities. These programs have policies and procedures, which include staff support and reimbursement, to help parents access these classes, which are often offered at the local elementary or adult school.

A current Head Start family literacy initiative is the Raising a Reader program, which provides books and literacy activities to stimulate the love of reading. These family literacy projects are provided in Spanish as well as English.

CCRC offers the community a lending library for parents to borrow books and other educational materials so that they may read to their children or themselves; these strengthen a parent's own literacy and English skills. They also offer take-home packs with books and activities to support home learning activities. Head Start and Migrant and Seasonal Head Start center-based options also lend books to parents.

TAPP (Teen Academic and Parenting Program), with funding from the County Department of Social Services, administers the Cal-Learn Program, which incentivizes academic achievement, urging expectant and parenting teens to graduate high school.

(iv) make better use of available income;

CAPSLO's programs help low-income clients access benefits, such as cash aid, TANF, CalFresh, Food Bank boxes, Women, Infants, and Children (WIC), child care subsidies, and SSI as well as learn skills to assist them in becoming economically self-sufficient. Homeless Services stabilizes clients by addressing their basic needs for food, shelter, and support, allowing them "breathing room" to enter the Case Management Program. Individuals are encouraged to enroll in case management to obtain stable income, benefits, and eventual permanent housing. Staff works with clients so they can learn how to develop a budget and begin saving for housing. Households are linked to other needed services in order to help them most efficiently utilize their limited funds.

(v) obtain and maintain adequate housing and a suitable living environment;

CAPSLO Homeless Case Management Program assists clients in searching for and obtaining permanent housing. Case managed clients can access the Tenant Based Rental Assistance Program (TBRA), operated by the San Luis Obispo Housing Authority, to obtain first and last month's rent and security deposits. TBRA assistance can be extended in six month increments on a case-by-case basis. The Housing Authority of San Luis Obispo operates the Housing Choice Voucher Program, commonly referred to as Section 8, to subsidize rent for over 2,200 households in San Luis Obispo County monthly. This program helps people rent from property owners on the private market. Rent is based on household income. Many of these programs are not accepting clients at this time or have an extremely long waiting lists.

SSVF offers housing barriers assessment; emergency housing stability assistance; temporary financial assistance; housing counseling; rental agreement education; Veterans Affairs benefits assistance and counseling; landlord-tenant mediation; future housing stability planning; and related referrals.

Rental assistance can be obtained from several funding sources. The 5Cities Homeless Coalition in the South County and The LINK in the North County assist individuals and families with resource and referral, payment of one-time barriers to self-sufficiency as well as short-term rental assistance. San Luis Obispo Housing Connection also provides eviction prevention and rapid rehousing services, primarily for Grover Beach (South County) residents.

As noted in 1.(A) (i), GIA and Opportunity to Thrive funds can provide one-time rent or security deposit assistance. SAFE (Services Affirming Family Empowerment) System of Care and Family Preservation programs in the Family and Community Support Services Division help families with accessing housing or connecting them to 5Cities Homeless Coalition in the South County, ECHO in the North County, or Maxine Lewis Memorial homeless shelter in the City of San Luis Obispo.

(vi) obtain emergency assistance through loans, grants or other means to meet immediate and urgent family and individual needs; and

Salvation Army and Catholic Charities provide once yearly emergency eviction prevention assistance for low-income families in need. Catholic Charities also provides a nine-month financial stability program aimed to serve families and individuals seeking to increase self-sufficiency. CAPSLO connects clients to these resources.

Again, Family and Community Support Services has Opportunity to Thrive funding from Community Foundation for one-time assistance (a hand-up, not a hand-out), which can be used to pay for car repairs, rent, security deposit, children's furniture, etc.

(vii) achieve greater participation in the affairs of the communities involved, including the development of public and private grassroots partnerships with local law enforcement agencies, local housing authorities, private foundations, and other public and private partners to;

(I) document best practices based on successful grassroots intervention in urban areas, to develop methodologies for widespread replication; and;

CAPSLO participates in a number of community partnerships, including the Homeless Services Oversight Council, a countywide, collaborative governing body which oversees and coordinates the homeless system of care. Representatives from several County departments, the local housing authority, law enforcement, faith-based and grassroots organizations, and other public and private partners are on this Council. CAPSLO also participates on the Supportive Housing Consortium; Housing Authority of San Luis Obispo Board of Directors; Friends of 40 Prado Board of Directors; and SSVF/HUD-VASH Committee. As a result of these advocacy efforts, the Homeless Foundation for San Luis Obispo County, a volunteer-driven group dedicated to building a new, comprehensive Homeless Services Center in the City of San Luis Obispo, was established.

CAPSLO broke ground on this new center and it will be completed in 2018. The facility will combine emergency shelter services at the Maxine Lewis Shelter and Prado Day Center and eliminate the need for overflow sheltering at faith-based locations. "40 Prado" will be a clean and safe haven for those in need, serving returning veterans, sober adults, single mothers, children, the elderly, and people with mental illness.

CAPSLO partners with law enforcement, local foundations, and other private/public entities through participation in the Domestic Violence Task Force, Human Trafficking Task Force, First 5, SAFE, Family Resource Centers, the Anti-Gang Task Force, Aging and Adult Care Network, Child Care Planning Council, and many others. CAPSLO is seen as an important participant within local community collaborations, and staff at all levels are involved.

(II) strengthen and improve relationships with local law enforcement agencies, which may include participation in activities such as neighborhood or community policing efforts;

CAPSLO, together with local law enforcement, developed a Good Neighbor Policy for the new Homeless Services Center. This policy ensures that the neighborhoods surrounding the new facility will be regularly monitored by staff and police, and that meetings will occur with neighbors to mitigate any issues that may arise with clients coming into the neighborhood. CAPSLO enjoys an excellent relationship with the local law enforcement's Community Action Team. CAPSLO is a member of the Anti-Gang Task Force and the Community Corrections Partnership, a local Board focused on the successful implementation of the State's prison realignment plan.

Please indicate the activities your agency sponsors to satisfy the Federal Assurance listed in #1 above (check all that apply):

- Disaster Preparedness and Relief
- Energy Support
- Job Training
- Asset Development Programs
- Educational Support
- Career Development
- Volunteer Coordination Efforts
- Food Resources
- Health Education
- Tax Preparation /Tax Credit Information
- Mentoring
- Parent Support
- Child Development Information
- Medical Service Access
- Home Visiting/Case management
- Child care Services/Head Start
- Other: Homeless shelter, day, and case management services; tattoo removal to promote employment; seniors (health screening and day services)
- Other: Migrant and seasonal farm workers and their families; services for veterans and their families

2. Needs of Youth

(B) To address the needs of youth in low-income communities through youth development programs that support the primary role of the family, give priority to the prevention of youth problems and crime, and promote increased community coordination and collaboration in meeting the needs of youth, and support development and expansion of innovative community-based youth development programs that have demonstrated success in preventing or reducing youth crime, such as—

(i) programs for the establishment of violence-free zones that would involve youth development and intervention models (such as models involving youth mediation, youth mentoring, life skills training, job creation, and entrepreneurship programs); and

Please select the types of programs your agency sponsors to address the needs of youth:

- Youth Mediation Programs
- Youth Mentoring Programs
- Tutoring
- Life Skills Training
- Youth Employment

- Entrepreneurship Programs for Youth
- Other: Youth Development
- Other: Teen Obesity Prevention
- Other: Workforce development

Narrative Response:

CAPSLO's Youth Programs implements two innovative youth development projects that address family support and prevention of problems, such as adolescent pregnancy. Regional Youth Wellness Collaboratives, comprised of low-income and minority youth, convene in North and South San Luis Obispo County (and Santa Maria in northern Santa Barbara County) to participate in a variety of meetings, trainings, and activities that promote community involvement/engagement and leadership development.

The Teen Monologues Theater Project engages teens in developing their writing and acting skills, culminating in a realistic, candid series of monologues about the challenges of navigating sexuality, relationships, and sexual decision-making. Dynamic monologues are newly created as relevant issues emerge to keep the performance fresh and current. It is presented to the community in the city of San Luis Obispo and high schools countywide annually.

Youth Programs also provides teen obesity prevention services at Paso Robles, Arroyo Grande, Nipomo, and Santa Maria high schools. Project Teen Health (PTH) brings awareness, education, and prevention about the risks inherent in childhood obesity to youth attending these schools. In addition to obesity prevention, PTH fosters clinical linkages among youth and local primary care clinics, helping teens and their families become aware of available and accessible health care options. PTH utilizes a variety of strategies to combat childhood obesity, including evidence-based curricula, after-school fitness programs, health fairs, nutrition consultants, and leadership opportunities. This past year, PTH received a grant to help teens form a Wellness Policy at their school.

CAPSLO helped found and currently chairs the Asset Development Network, a coalition of County and nonprofit providers, which promotes the 40 developmental assets identified by the Search Institute to create home, school, and community environments where youth can thrive. Developmental assets help protect youth from alcohol and drug use, sexual activity, and violence and promote success in school, valuing diversity, maintaining good health, and delaying gratification. This is accomplished through training, conferences, and organizational support, and other activities.

CAPSLO, through the Asset Development Network, was instrumental in helping create the Children's Bill of Rights. Undertaken by First 5 of San Luis Obispo County, these rights encompass safety, stability, basic needs, physical and mental health, opportunities, and more to protect County youth.

(ii) after-school child care programs

The Child Care Resource Connection provides after-school child care subsidies to qualifying low-income families, and refers families to available after-school care services as needed. South County and San Luis Coastal Unified School District Family Resource Centers in the Family and Community Support Services Division have funds to send children to summer camps.

3. Coordination of Other Programs

(C)To make more effective use of, and to coordinate with, other programs (including State welfare reform efforts)

Please indicate the types of programs your agency coordinates services with:

- Local Workforce Investment Boards
- Social Service Departments
- CSBG MSFW Agency
- One-Stop Centers
- Child Care Centers
- Faith-Based Organizations
- Community Based Organizations
- Other: Community health clinics and providers; dental clinics and providers; mental health providers
- Other: School districts, SELPAs, regional disability agencies
- Other: [Click here to enter text.](#)

Narrative Response:

An example of such coordination is SAFE, a partnership between community-based nonprofit organizations, public entities, such as County Departments of Social Services and Behavioral Health, and school districts that supports state welfare reform efforts. Family advocates work with families to help them access community resources and monitor the services they receive. Team meetings are conducted, which include the family, service providers, and other resource staff, to discuss the strengths and concerns of the family and develop a plan of action to help find solutions.

4. Emergency Food and Nutrition

Describe how your agency will provide emergency supplies and services, nutritious foods, and related services to counteract conditions of starvation and malnutrition among low-income individuals.

CAPSLO Family Preservation/Parent Education Program serves families referred by Child Welfare Services and provides crisis intervention services to relieve the stressors that cause child abuse and neglect, including food instability. Families in need receive vouchers to ensure that children have adequate nutrition.

CAPSLO Homeless Services provides breakfast, lunch, and dinner each day at the Prado Day Center and Maxine Lewis overnight shelter. Volunteers provide evening meals four evenings a week at the overnight shelter. At Prado, the People's Kitchen, a grassroots organization, provides a free lunch every day, year-round.

CAPSLO Adult Day Center provides a nutritionally complete hot lunch provided by the Paso Robles Culinary Academy. It also includes a light breakfast and afternoon snack to senior participants suffering from Alzheimer's disease or other forms of dementia.

CAPSLO Child Care Resource Connection and Head Start programs participate in the California Child Food Program, a state and federally funded program that gives financial aid to licensed child care centers and family child care providers. The objectives of the program are to improve the diets of children under age 13 by providing them with nutritious, well-balanced meals and help develop good eating habits that will last through later years.

When possible, case managers and family advocates in several CAPSLO programs provide commodities as needed and educate clients about available food resources in the community, including free community meal programs, free/reduced school meal programs, summer/weekend meals for children, and Food Bank Coalition programs, and enrollment in CalFresh. CAPSLO partners with the Food Bank to provide breakfast, fresh produce, and healthy snacks at sites where emergency and crisis intervention services are delivered.

5. Employment and Training

Describe how your agency will coordinate with, and establish linkages between, governmental and other social services programs to assure the effective delivery of services and avoid duplication; and describe coordination of employment and training activities as defined in section 3 of the Workforce Innovation and Opportunity Act [29 U.S.C. 3102]. .

Please indicate the types of entities your agency coordinates services with:

- Workforce Investment Boards
- Social Service Departments
- One-Stop Centers
- Child Care Centers
- Faith-Based Organizations
- Local Colleges
- Adult Education programs
- Job Training Organizations
- CSBG MSFW Agency
- CalWORKS
- Community Based Organizations
- Substance Abuse Treatment Providers
- Other: [Click here to enter text.](#)
- Other: [Click here to enter text.](#)
- Other: [Click here to enter text.](#)

Narrative Response:

CAPSLO has enjoyed close ties with America's Job Center through sharing of clients, collaboration for service provision, and implementation of the Workforce Innovation and Opportunity Act. A strong relationship will continue with Eckerd Workforce Development starting July 1, 2017.

Through its participation on numerous collaboratives, CAPSLO advocates for a job development and training, especially for head-of-household jobs, youth employment, retraining to help workers move out of agriculture, and opportunities for persons with special needs.

The SSVF Program currently contracts with Goodwill to provide a full-time job developer to assist low-income veterans and family members with development, training, and employment assistance. Please refer to CAPSLO's other employment and job training activities in section 1. (A.) (i and ii).

As noted above, CAPSLO will partner with Eckerd Workforce Development when it takes over the America's Job Center contract in July, 2017.

6. Low-Income Home Energy Assistance

Describe how your agency will ensure coordination between antipoverty programs in each community in the State, and ensure, where appropriate, that the emergency energy crisis intervention programs under title XXVI (relating to low-income home energy assistance) are conducted in the community.

CAPSLO Energy Services Division provides the following energy assistance programs:

Low-Income Energy Efficiency Programs: Free weatherization services are funded by Pacific Gas and Electric Company (PG&E) and Southern California Gas (SoCal Gas) Company. Services include attic insulation, door weather-stripping, duct system testing, and installation of energy and water saving devices. Programs are targeted at lower income residents of San Luis Obispo and Santa Barbara counties.

LIHEAP (Low-Income Home Energy Assistance Program): This program provides three components: 1) weatherization services, which include minor home repairs; replacement of water heaters, windows and doors; attic insulation; weather-stripping; combustion appliance safety testing; and duct system and blower door testing; 2) heating and cooling services, which include repair and replacement of furnaces, evaporative coolers, air conditioners, and water heaters; and 3) utility payment assistance through the Home Energy Assistance Program, which provides a once a year payment for low-income households in crisis. Payments can be for gas, electric, or propane bills.

Home Repair Services: Energy Services administers a senior home repair program that provides free minor home repairs for seniors in San Luis Obispo and northern Santa Barbara counties. Other home repair services include, on a limited basis, installation of wheelchair ramps and lifts, handicapped access improvements, and larger repairs, such as roofing, drywall, and carpentry offered through the Community Development Block Grant and redevelopment agency funding.

Energy Services staff work closely with other for-profit and nonprofit organizations that provide similar services to ensure non-duplication.

7. Faith-Based Organizations, Charitable Groups, and Community Organization Partnerships

Describe how your agency will, to the maximum extent possible, coordinate programs with and form partnerships with other organizations serving low-income residents of the communities and members of the groups served by the State, including religious organizations, charitable groups, and community organizations.

Please select the various organizations that your agency forms partnerships to serve low-income residents in your service area, check all that apply:

- Local school districts
- Social Service Departments
- State agencies
- Colleges
- Faith-Based Organizations
- Community Based Organizations
- Local Utility Companies
- Charitable Organizations
- Homeless Programs
- Participant in County Taskforce
- Local Food Banks
- Other: [Click here to enter text.](#)
- Other: [Click here to enter text.](#)
- Other: [Click here to enter text.](#)

Narrative Response:

CAPSLO has long-standing ties to the faith-based community through the development and implementation of homeless overnight shelter and day services programs. Together with the Interfaith Coalition for the Homeless (ICH), a coalition of groups that rotate the provision of overnight “overflow” sheltering to single women and families, CAPSLO works to ensure a safe shelter for those most vulnerable.

CAPSLO’s Adult Wellness and Prevention Screening coordinates outreach with many county churches and uses several churches as service sites for on-going health clinics. CAPSLO’s Adult Day Center uses church property as a day care center for frail seniors and also works collaboratively with various church staff and volunteers to provide lunch to homeless individuals and families every Saturday.

SAFE is another example of a partnership between community-based nonprofit organizations, public entities, and school districts. CAPSLO’s family advocates work with families referred by these organizations to help them access community services and stabilize their lives.

8. Establishment of Procedures for Adequate Board Representation

Describe your agency's procedures for establishing adequate board representation under which a low-income individual, community organization, religious organization, or representative of low-income individuals that considers its organization, or low-income individuals, to be inadequately represented on the board (or other mechanism).

CAPSLO has a tripartite Board, with equal representation from low-income communities, the private sector, and elected officials. The five seats held by elected officials are filled by appointment; one is always held by a County Supervisor and the other four seats are rotated between the cities and community service districts to allow representation from each region.

As low-income or private sector seats become available on CAPSLO's Board, vacancies are publicized through public notices, public service announcements, and flyers. Information flyers are distributed to community organizations to encourage application for Board service.

If any low-income individual, community or religious organization, or representative believes they are inadequately represented on CAPSLO's Board of Directors, they may meet with CAPSLO's Executive Administrator to discuss their concerns and review CAPSLO's bylaws. They will be given information about composition, membership, and terms of office of the current Board as well as information about applying for membership when vacancies occur.

Head Start and Migrant and Seasonal Head Start programs require governance and participation by low-income parents through Policy Councils. Bylaws ensure that appropriate representation of all funded program options is included on the Policy Council. Officers and other members are elected at the county level and are trained in shared governance with CAPSLO board liaisons annually. Training includes the history of Head Start; shared-governance/roles and responsibilities per Head Start performance standards and the 2007 Head Start Act; Roberts Rules of Order; budget and in-kind; parent voting rights; and how the Policy Council links with the community.

9. Cost and Accounting Standards

Describe how your agency will ensure that cost and accounting standards of the Office of Management and Budget apply to a recipient of the funds.

The Finance Department maintains budgetary control procedures, accounting systems, and reports in accordance with generally-accepted accounting principles and pertinent federal and state rules and regulations, including relevant Office of Management and Budget (OMB) circulars and amendments. These practices ensure integrity, accountability and proper stewardship of local, state, federal, and private foundation funds. A separation of financial functions is implemented at every level to safeguard assets. All systems are flow charted, documented in a board-approved Finance Policy/Procedure manual, and reviewed internally for strong preventive and detective controls. Financial reports are generated and reviewed by agency management and CAPSLO's Board of Directors.

Ongoing monitoring occurs through: annual administrative and fiscal risk-assessment; two independent annual audits; various reviews and monitoring by local, state, and federal agencies; monthly finance meetings with each program director; monthly meetings with the Board's finance committee; and annual in-depth budget reviews of all CAPSLO programs. CAPSLO also has an audit committee which provides oversight of the annual audit and other relevant issues. Independent audits are conducted in accordance with OMB A-133 and Generally Accepted Government Audit Standards. Finance staff is trained in OMB and knowledgeable about federal regulatory and grant requirements. The agency is fully compliant with OMB rules, regulations, and other standards to ensure that fiscal management is sound and consistently applied across all programs.

10. Service Delivery System

- a. Provide a description of your agency's service delivery system, for services provided or coordinated with CSBG funds targeted to low-income individuals and families in communities within the State.
- b. Provide 2-3 examples of changes made by your agency to improve service delivery to enhance the impact for individuals, families, and communities with low-incomes based an in-depth analysis of performance data.

CAPSLO monitors the service delivery system across the spheres of influence that most impact low-income community residents. For over 52 years, CAPSLO has responded to existing or emerging needs through the creation of initiatives and pilot programs to test effective delivery strategies. Collaboration among service providers is highly valued in San Luis Obispo County, and the appropriate and effective use of mainstream resources is a high priority. CAPSLO offers a full array of services for low-income individuals and families throughout the lifespan for county residents. Services provided or coordinated with CSBG funds targeted to low-income individuals and families in communities within the state include:

The **Adult Day Center**, which provides quality adult day care in North San Luis Obispo County for adults with mild to moderate dementia, while giving respite to their family and community caregivers. CAPSLO staff coordinate service delivery with: Coast Caregiver Resources, Alzheimer's Association, Cuesta College, Cal Poly University, and Atascadero State Hospital (use of interns), Paso Robles Culinary Academy (meal provision), and private caregiver support group providers.

Energy Services coordinates home repair, weatherization, and utility assistance service delivery with private partnerships, such as PG&E and the SoCal Gas Company. For example, Energy Services staff works with PG&E to provide emergency utility payments to clients needing this once yearly assistance.

SAFE System of Care in the **Family and Community Support Services Division** provides one of the most concrete examples of the coordination of service delivery. SAFE is a community-based, school-linked program designed to bring services to children and families in South San Luis Obispo County.

SAFE focuses on family strengths and works to keep children “Safe, Healthy, At Home, In School, and Out of Trouble.” Working in partnership with many other agencies, including County Departments of Behavioral Health, Public Health, Probation, and Social Services; other nonprofit organizations; local school districts; and others, SAFE provides free prevention and intervention assistance for families at the community and more intensive levels. Family advocates work with families and collaborative partners to help them access services and monitor assistance. Weekly SAFE team meetings, which include the entire family and all involved service providers, ensure that the family receives the comprehensive and coordinated “wraparound” services needed to help these at-risk families achieve stability.

The **Adult Wellness and Prevention Screening Program** in the **Health and Prevention Division** provides mobile health screening, education, referrals, and follow-up for adults at 11 countywide sites in eight clinics per month. The part-time nurse coordinates with numerous other health and human services providers, including community health clinics, hospitals, private physicians, the local Area Agency on Aging, and others, to provide seniors with the information, referrals, and support that they are often unable to receive from their physicians due to time and monetary constraints.

Homeless Services provides an array of programs that feed, shelter, support, and case manage homeless people to help them achieve stability and self-sufficiency. The **Maxine Lewis Memorial Shelter** offers overnight shelter, meals, showers, and recuperative care for homeless individuals discharged from the hospital. The **Prado Day Center** offers meals, showers, health screening, and critical on-site services to homeless individuals and families. **Case Management Services** provide intensive support to help families and individuals secure health care, social services, and permanent housing. Coordination with other service providers include: County Departments of Behavioral Health, and Social Services; Transitions Mental Health Association; Veterans Services; local hospitals; the Housing Authority of San Luis Obispo; Sheriff’s Department; San Luis Obispo City Police and City Parks and Recreation; CenCal, the county’s Medi-Cal service provider; and other nonprofits serving the homeless, including numerous faith-based groups.

Examples of changes made by the agency to improve service delivery for low-income individuals, families, and communities based on performance data include the following:

Hospital data and data from other health providers indicated that medically fragile homeless individuals needed post-discharge services, such as transportation to follow-up care, case management, and medications monitoring, to avoid re-admittance. Historically, these individuals are the highest utilizers of hospital Emergency Departments. In August 2016, with financial support from CenCal, CAPSLO implemented a new model of service delivery in San Luis Obispo by piloting a six bed, 24-hour recuperative care program (RCP) at the Maxine Lewis Memorial Shelter for homeless clients discharged from the hospital. The Recuperative Care team consists of a registered nurse, case manager, and a daytime shelter staff to ensure that all aspects of the discharge plan are met. Patients

transition from the RCP to “general population” homeless services, (Prado Day Center during the day, Maxine Lewis homeless shelter at night), and then to eventual housing placement.

Other changes include client and partner satisfaction surveys, which were piloted in the past few years. Because the data collected was not informative due to statistical significance, they were revised this year. The partner survey now includes questions that address not only satisfaction with program services, staff, etc. but also the benefits and contributions of partners and contribution to the agency’s mission. Additionally, revisions were made in how the surveys are administered in order to garner a better response and it now includes a 360° assessment: partners assess the program/agency and program staff evaluates its partners. Program directors will be tasked with identifying and reporting at least three improvements that will impact low-income individuals and families. This data will be tracked and trended in an agency-wide performance management scorecard, which was piloted in 2016. These kinds of improvements, which impact the low-income community, helped the agency receive the National Community Action Partnership “Award for Excellence” in June, 2016. CAPSLO is only the eighth Community Action Agency to receive the award out of over 1,000 agencies nationwide.

11. Linkages

Describe how linkages will be developed to fill identified gaps in services, through the provision of information, referrals, case management, and follow-up consultations.

The entire community of public and private service providers shares the task of identifying gaps in services, and numerous community needs assessments are conducted to identify them, in addition to the CAP needs assessment. CAPSLO serves on county planning entities, including the Homeless Services Oversight Council, Child Care Planning Council, Adult Services Policy Council, and Reproductive Health Collaborative. These entities continuously monitor available services, identify gaps in services, and make recommendations to address gaps.

In addition to other vehicles used to obtain low-income voices and needs, in 2014 the CAPSLO Board formally adopted the external advisory groups to assist in identifying the most salient, mission-aligned issues to address through an annual assessment process, including but not limited to the Adult Services Policy Council; Housing Authority Family Self-Sufficiency Group; Child Care Planning Council; Latino Outreach Council; Children’s Services Network; Homeless Services Oversight Council; Interfaith Coalition for the Homeless; and Head Start Parent Policy Council.

Agencies that have reached their service capacity or exhausted their service resources refer clients to other local resources when they exist. Collaborative case management between service providers (with client permission) occurs in several venues in order to resolve the impacts of service gaps. It is hoped that client needs will be met through creative short-term strategies, while long-term service delivery systems are modified, augmented, or expanded to meet emerging needs.

To meet the needs of low-income people throughout the county, the Homeless Services Oversight Council developed a countywide listing of basic services and resources, including programs, addresses, contact information, and hours of operation. The database is maintained on the County's website where users can locate and map each service location by region, community, or service category; print out customized resource maps; and link directly to other local providers' websites, including public transit information. The Adult Services Policy Council has created a similar listing of agencies that provide services to seniors and disabled individuals. United Way hosts the county's 2-1-1 and provides a website of listings for health and human services throughout San Luis Obispo County. The Community Resource Project, a collaborative project, staffs two CAPSLO specialists whose sole purpose is to update the 2-1-1 database and educate community workers regarding accessing the service and sharing the information with clients they work with that may be in need of accessing resources.

Computers with internet access are available in public locations, such as the library, DSS offices, America's Job Centers, other community service sites, and at CAPSLO's Prado Day Center so that vulnerable populations can be trained to use the website for real-time, self-navigation of the safety-net service system. CAPSLO case managers and family advocates assist clients in accessing these sites.

All CAPSLO case managers and family advocates provide information, referrals, case management, and follow-up consultations for their clients seeking community resources, which often may exist within the larger CAPSLO organization.

The ClientTrack client management information system enables all agency programs to develop full client information and case management activities and interagency referral capabilities.

12. Funds Coordination

Describe how CSBG funds will be coordinated with other public and private resources.

All resources received to support CAPSLO programs are used as directed by the grantor. Whenever possible, resources are braided together to complement or enhance the level of service provided. Mainstream resources are always the first to be accessed or used, as appropriate. CAPSLO uses unrestricted discretionary funds, when available, to augment existing resources, seed new projects, or leverage additional financial support. The development of unrestricted funds has been an agency strategic planning goal for 2015-2017 (see below in State Assurances).

13. Innovative Community and Neighborhood Initiatives (Including Fatherhood/Parental Responsibility)

Describe how your agency will use funds to support innovative community and neighborhood-based initiatives related to the purposes of this subtitle which may include fatherhood and other initiatives with the goal of strengthening families and encouraging effective parenting.

Please select the community and neighborhood initiatives your agency will use to fulfill the purpose of this subtitle:

- Fatherhood Strengthening Classes
- Counseling
- Non-court-ordered parenting classes
- Co-parenting communication skills
- Classes assisting incarcerated or recently paroled men
- Job training and employment assistance
- Other: [Click here to enter text.](#)
- Other: [Click here to enter text.](#)
- Other: [Click here to enter text.](#)

Narrative Response:

Head Start and Migrant and Seasonal Head Start programs offer Parent Engagement Groups, which bring men (fathers, grandfathers, uncles, etc.) or women together (mothers, grandmothers, aunts, etc.) to actively participate and learn how to resolve parenting challenges and ways to support the growth and development of their children. Weekly support groups use the Amor de Padre and Abriendo Puertas – Opening Doors Curriculum, which is centered on cultural values, strengths, and experiences. Topics include early childhood development; school readiness; good health; social, emotional and, economic well-being; parenting styles; leadership and advocacy; and more. Participants also explore topics, such as interpersonal relationships, accountability, disciplinary style, and moving toward self-sufficiency. They develop awareness about challenging and potentially harmful behaviors to the self and family, such as drug and alcohol use and abuse, personal or domestic violence, etc. As a result,

they become more open to receiving the support and resources necessary to address and overcome these barriers.

Father involvement and strengthening groups are also provided within the Family and Community Support Services Division for families at-risk. These groups encourage and enhance the father-child relationship and increase the quality of the father's relationship with the mother. Goals include strengthening family communication; increasing positive father-child involvement; identifying family stressors; and improving the quality of the relationship between father and mother to benefit the well-being of the child.

STATE ASSURANCES

California State Law establishes assurances for the State and eligible entities. Provide narrative descriptions of how your agency is meeting each assurance. [California Government Code 12747](#) (a): Community action plans shall provide for the contingency of reduced federal funding.

Contingency for reduced federal funding: The agency's 2015-2017 Strategic Plan includes a goal that addresses future reductions in federal or state funding:

Goal 5: Fund development and resource planning

- Objective 1: Increase the agency's unrestricted funding resources to build a reserve for programs in need and reduce future reliance on specific government funding during challenging economic conditions.
- Objective 2: Research the addition of a marketing, outreach, and fund development staff position and provide findings and recommendations to the executive leadership team.
- Objective 3: Review individual program fundraising and agency-wide fundraising and provide findings and recommendations to the executive leadership team.
- Objective 4: Explore the use of an agency-wide purchasing card for cashback unrestricted funds and provide findings and recommendations to the executive leadership team.

Strategic Plan Goal 3 addresses enhancing agency efforts to increase public awareness, which will help with awareness and recognition of agency programs and services among donors and funders. Activities include improving consistency and quality in outreach materials and efforts, modernizing the agency website, and increasing public engagement with the agency via social media, newsletters, and newspapers. These efforts could alleviate potential reductions in funding in the future.

CAPSLO continuously explores cost reduction strategies and ways to generate new financial resources. CAPSLO is committed to expanding organizational capacity to generate needed resources; increasing community fundraising efforts to avoid any reduction in services; pursuing private sector, corporate, and foundation sources for additional funding.

CSBG funding has been critical to sustain essential services without interruption when other funding fluctuates. This past year CSBG funds filled a gap in funding Homeless Services, including the overnight shelter and Prado Day Center. These services support vulnerable homeless individuals and families with food and other essentials. CSBG funding supported a child care eligibility specialist, who helps families find quality child care so parents can work, seek employment, or obtain job training. CSBG funds assist data collection, such as tracking clients and outcomes, enabling the agency to obtain accurate, reliable data to use for planning and decision-making.

[California Government Code § 12760](#): Community action agencies funded under this article shall coordinate their plans and activities with other eligible entities funded under Articles 7 (commencing with Section 12765) and 8 (commencing with Section 12770) that serve any part of their communities, so that funds are not used to duplicate particular services to the same beneficiaries and plans and policies affecting all grantees under this chapter are shaped, to the extent possible, so as to be equitable and beneficial to all community agencies and the populations they serve.

CAPSLO coordinates plans, activities, and service delivery with agencies in the service areas, especially those that receive federal or state funding to serve the same or similar populations. The programs refer to, and receive referrals from, such local programs as:

Department of Social Services provides an array of safety net services, including Medi-Cal, CalFresh (food stamps), foster care, Cal-Learn, and child welfare services, and support to CalWORKs families and individuals on General Assistance;

Coast Caregiver Resources provides respite to caregivers of individuals dealing with the effects of early Alzheimer's disease and other forms of dementia.

Community Health Centers of the Central Coast refers patients to the Health and Prevention Division's reproductive health clinics and the Adult Wellness and Prevention screening program as well as provides a mobile medical and dental van at the Prado Day Center.

CAPSLO's Energy Services operates the Low-Income Home Energy Assistance Program in the San Luis Obispo County service area, and coordinates service delivery with Salvation Army and food pantry service providers that also offer utility assistance.

[California Government Code §12768](#): Migrant and Seasonal Farmworker (MSFW) entities funded by the department shall coordinate their plans and activities with other eligible entities funded by the department to avoid duplication of services and to maximize services for all eligible beneficiaries. If your agency is not an MSFW entity, please write "not applicable".

Not applicable. CAPSLO's Migrant and Seasonal Head Start Program (MSHS) receives funding from the Office of Head Start in the Department of Health and Human Services' Administration for Children and Families, not from the department. However, MSHS does coordinate plans and activities on an on-going basis with school districts, special education programs (SELPA), regional centers, and many other entities. MSHS serves migrant farmworker families by providing child care services and early childhood education – e.g., keeping children out of the fields and in a nurturing and educational environment so they can be school ready.

INDIVIDUAL AND COMMUNITY ELIGIBILITY REQUIREMENTS

Describe how your agency verifies participant income eligibility:

- Pay Stubs
- Social Security Award Letters
- Bank Statements
- Tax Statements
- Zero-income Statements
- Unemployment Insurance Letters
- Qualification for other need-based program, describe

Verification of participant income eligibility varies depending on the program. All of the above verification methods are used, and verification is almost always a requirement of the program funder.

Income eligibility for general/short term services: For services with limited in-take procedures (where individual income verification is not possible or practical), describe how your agency generally verifies income eligibility for services? An example of these services is emergency food assistance.

In those cases where individual income verification is not possible or practical, clients will self-report.

Community-targeted services: For services that provide a community-wide benefit (e.g. development of community assets/facilities; building partnerships with other organizations), describe how your agency ensures the services target low-income communities?

When evaluating new, community-wide partnerships and opportunities, CAPSLO evaluates the mission compatibility of any activities to be undertaken. CAPSLO has numerous partnerships with other organizations, and in all cases, CAPSLO represents the low-income community we serve. As part of Strategic Planning Goal 4.1, CAPSLO developed a formal structure for evaluating financial and non-financial partnerships through reviews of Memorandums of Understanding, and added the assessment of benefits and contribution of the partnerships and their alignment with the agency's mission in the partner survey.

MONITORING AND EVALUATION

CSBG eligible entities are required to be actively involved in the evaluation of your community action programs. Provide a narrative description of the specific method(s) of evaluation, frequency, and monitoring conducted that ensures high standards of program and fiscal performance.

1. Describe your methods for evaluating programs and services.

Monitoring and evaluation are built into all CAPSLO programs in order to track and measure program performance, achievement of outcomes, and continuous improvement in accordance with stated goals and objectives. Collecting data to substantiate program success is a formalized process in every program at monthly, quarterly, semi-annual, or annual points.

Agency-wide methods include:

- annual client satisfaction/needs surveys
- annual employee satisfaction/needs surveys
- annual partner surveys
- annual external advisory group interviews
- biennial community member (client) surveys in between CAP years;
- ClientTrack to produce an unduplicated count (CSBG, CSD 295)
- Performance management scorecard (see below for areas measured)
- Financial tools include: managing and tracking financial activity on a daily basis to provide program directors with timely information for decision-making; monthly board finance committee reviews; annual administrative and fiscal risk assessments; and independent audits strategic planning updates to ensure goals and objectives are met
- annual national performance indicators

Program methods include:

- annual client/parent/ participant/teacher satisfaction surveys (more in-depth than the agency-wide community member survey)
- community needs assessments, client/participant focus groups, and key stakeholder interviews when indicated by the funder

2. Describe the frequency of evaluations conducted.

See section 1 above under Monitoring and Evaluation.

3. Describe specific monitoring activities and how they are related to establishing and maintaining the integrity of the CSBG program.

Partner surveys monitor efficacy of program staff in implementing services, working collaboratively with other organizations, and advocating for low-income individuals and families; benefits and contributions, such as contributing to mission, providing funding, providing services to mutual clients, making referrals, etc.; awareness of other CAPSLO programs; other ways CAPSLO can meet the partner's mission; and recommendations for strengthening this partnership. Staff completes the same survey on the partner. The agency also examines other community organizations that conduct similar activities or have the ability to assume these activities or strengthen collaboration to eliminate duplication.

Agency-wide and programmatic client surveys monitor client satisfaction with program services, staff, timeliness, perception of feeling better off than one year ago in a variety of areas, use of other agency services, and more.

Employee surveys monitor staff satisfaction with job-related training to identify future training needs; supervision; top-down and bottom-up communication; compensation; safety; understanding of mission and strategic plan; and more. Staff retention, safety, and professional growth and development are priorities for the agency.

Example program survey: Head Start and Migrant and Seasonal Head Start parent and teacher surveys monitor satisfaction with specific quality indicators of the program (child development, safety, parenting skills, discipline); program characteristics (hours, location, adult-child ratios, language spoken, equipment and materials, cultural activities, environment, nutrition); family needs (literacy, learning English, nutrition); and ways to improve service delivery.

CAPSLO case management programs monitor the well-being of each client through an initial, baseline assessment and quarterly assessments to determine whether the client is progressing toward greater self-sufficiency. Weaknesses in a client's work plan are identified and addressed, and successful strategies are identified.

Agency infrastructure is monitored through policies and procedures, including Information Technology systems (security, confidentiality, reliability, adequacy of hardware and software, etc.); facilities (preset maintenance and upkeep schedules, etc.), personnel (employee turnover rate, Worker's Compensation claims, salary comparability, etc.); finance (see above); and more.

DATA COLLECTION

The success of the CSBG Network relies heavily on the quality and relevance of data collected on individuals and families served. To comply with the requirements set forth by OCS with the [State and Federal Accountability Measures](#), provide a narrative description on your agency's data collection and reporting process. Explain how your agency ensures accurate data is collected and reported on ALL agency activities, not just CSBG funded activities. Describe the system(s) your agency has in place to ensure accuracy, review the data prior to submission to the State, and how the data is used, analyzed and acted on to improve agency programs and services.

Describe the data collection process.

Data collection is primarily program-specific, usually in compliance with funder requirements. Each CAPSLO program is responsible for staff training on program-specific data collection methods and software use, accurate, timely recordkeeping, and integration of statistical data into a meaningful format to measure client well-being. IT staff is available to provide technical assistance on an as-needed basis. The following table delineates specific program software that agency divisions used to collect and track their data.

Division	Data Base Program
Child, Youth and Family Services (Early Head Start/Head Start, Migrant and Seasonal Head Start, State Child Development, Child Care referrals, alternative payment, training)	ChildPlus, MinuteMenu, NoHo CARE and R&R, CCIP, PIR, DRDP Tech, Excel, Access, County database, Kinderwait, ClientTrack
Energy (weatherization, senior home repair, utility assistance)	Hancock, PG&E, SoCal Gas online databases, ClientTrack
Health and Prevention (clinics, Youth Programs, Teen Academic Parenting Program, Liberty Tattoo Removal, Adult Wellness and Prevention Screening)	eClinicalWorks, RTI, Lodestar, Excel, ClientTrack
Homeless (shelter, day center & case management)	Bell Data HMIS, ClientTrack, Excel
Family and Community Support Services (Family Preservation, parent education, SAFE, family advocates, resource specialists)	ClientTrack, Excel, Google Forms
Adult Day Services	Harmony, Excel, ClientTrack
Agency-wide	ClientTrack, Blackbaud, Paylocity, Excel

CAPSLO is currently revising its performance management scorecard to include data categories and metrics that comprehensively reflects its work towards bringing constituents out of poverty and into self-sufficiency. A pilot scorecard was completed in May 2016. This scorecard will accomplish the following:

- monitors and analyzes administrative and program processes, including administrative and financial risk assessments;
- tracks agency strategies and operational program performance measures;
- ensures agency progress and improvement trends over time;
- systematically tracks overall agency outcomes, results, and success trends over time, including aggregate client outcomes; and
- links financial and program data using both manual and automated methods in measuring agency progress, success, and integrity.

As noted, ClientTrack database software allows the agency to produce an unduplicated client count by using a common intake form across programs. Currently being developed in a fuller capacity, it will gather and integrate client data agency-wide to systematically support the agency's program operations and organizational and programmatic decision-making. It is accessible and usable by employees across the agency at every level, with client confidentiality safeguards in place. It will enable all agency programs to develop full client information, case management, and referral activities. Programs are in the process of developing the case management component, with Adult Day Center, Adult Wellness and Prevention Screening, SAFE, and Liberty Tattoo Removal already completed.

Integrity, reliability, accuracy, and timeliness of data are ensured by staff training and oversight in using software, and, in some programs, is within the systems themselves. The program data's integrity, reliability, accuracy and timeliness is the responsibility of program supervisors, with further review being done by Planning Department staff on a quarterly or yearly basis, depending upon funding requirements. Program supervisors can audit reports at any time to check for accuracy. There are varying levels of rights allowed to users as appropriate to their job responsibilities; the principle of least privilege is applied to all users' accounts (e.g., staff only has access to what they need to perform the function of their job). Program staff are required to sign confidentiality statements, including in some cases HIPPA, regarding the privacy of data when indicated.

There are agency-wide internal and external measures that safeguard the security and confidentiality of data. Hardware and software firewalls are employed at all levels. Firewall configurations are used for web-facing properties and local area networks. All computers employ Webroot Secure Anywhere Endpoint Protection. Additionally, computers with Windows 7 and up have Windows Defender Enabled. A Microsoft Malicious software removal tool is run monthly on each computer. All incoming and outgoing emails are scanned with Gmail's anti-spam and antivirus filters. Password security provides another level; passwords are changed every three months.

Describe the data reporting process.

Program statistics and other salient data are reported to the Board in the CEO's monthly report and to the funder monthly, quarterly, biannually, and/or annually as indicated. CSBG data is reported to the Employee Council, senior management, and the Board annually. Strategic planning data is reported to the Board every six months. External Advisory Board data and information is communicated to the Board annually. Performance management scorecard data will be reported to the Board annually and be a part of the agency annual report moving forward. An agency report is produced with program-specific and agency-wide data annually. It is posted on the agency website for public use and distributed to key community stakeholders.

The Planning Department is responsible for timely submittal of programmatic reports and the Finance Department is responsible for fiscal reports for Community Services and Development contracts.

Describe how the data is used, analyzed and acted on to improve agency programs and services.

Because CAPSLO utilizes the ROMA cycle, monitoring and evaluation are built into all CAPSLO programs in order to track and measure program performance and achievement of outcomes, in accordance with stated goals and objectives. As noted, continuous program improvements will be reported and tracked in the Performance Management Scorecard.

Examples of program improvement as a result of data analysis:

- Data from a focus group with high-risk teens in Paso Robles resulted in a no-cost, after-school program that provided supervision, safety, and community service/engagement opportunities.
- Community group survey data resulted in the Adult Wellness and Prevention Screening program's incorporation of healthy eating components and conducting increased outreach to notify the community.
- Baseline and quarterly assessment data is used by case management programs to determine whether the client is progressing toward greater self-sufficiency.

CSBG/NATIONAL PERFORMANCE INDICATORS (NPI) CAP PROJECTIONS

The Office of Community Services (OCS) published [CSBG IM #152 Annual Report](#) on January 19, 2017. The CSBG Annual Report replaces the current CSBG IS and includes an updated set of CSBG outcome measures that will replace the current NPI structure. CSBG Eligible Entities will begin data collection with the new structure beginning October 2017. As more information is gathered CSD will ask agencies to complete their projections in accordance with the new outcome reporting structure.

APPENDICES (OPTIONAL)

All appendices should be labeled as an appendix (i.e., Appendix A: Community Survey Results) and submitted with the CAP.

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2016 San Luis Obispo County Needs Assessment Survey

Thank you for taking the time to complete this important survey; the results will be included in the agency's Community Action Plan (CAP) report. The CAP report addresses the issues of low-income individuals and families in the community and identifies needed services. Your responses will be kept ANONYMOUS and CONFIDENTIAL. The survey will take approximately 15-20 minutes to complete. Thank you for sharing your information and being a part of this important process.

1. Which city or town do you live in? _____

2. What is your race/ethnicity? (check all that apply)

<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Black/African-American
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Other: _____		

3. What is your age?

<input type="checkbox"/> Under 18 years	<input type="checkbox"/> 18 to 23 years	<input type="checkbox"/> 24 to 44 years
<input type="checkbox"/> 45 to 54 years	<input type="checkbox"/> 55 to 69 years	<input type="checkbox"/> 70 years or older

4. What is your gender:

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____
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5. Which of the following categories describes your employment status? (check all that apply)

<input type="checkbox"/> Full-time (30 hours or more)	<input type="checkbox"/> Part-time (less than 30 hours)	<input type="checkbox"/> Self-Employed
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
<input type="checkbox"/> Disabled	<input type="checkbox"/> Active Military	<input type="checkbox"/> Veteran
<input type="checkbox"/> Other _____		

6. What is the highest level of education you have completed?

<input type="checkbox"/> Have not completed high school/GED	<input type="checkbox"/> High School Diploma/GED
<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Professional/Technical Certificate or License
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's/Doctorate Degree

7. Which of the following categories best describes your housing status?

<input type="checkbox"/> Homeowner	<input type="checkbox"/> Renter	<input type="checkbox"/> Living with family/friend for free
<input type="checkbox"/> Homeless	<input type="checkbox"/> Living with two or more families in the same house or apartment	
<input type="checkbox"/> Other: _____		

8. Which of the following categories best describes your household?

<input type="checkbox"/> Single Person	<input type="checkbox"/> Single Parent with children under 18
<input type="checkbox"/> Two parent family with children under 18	<input type="checkbox"/> Two or more adults with no children
<input type="checkbox"/> Grandparent(s) raising grandchildren	
<input type="checkbox"/> Other: _____	

9. How many people currently live in your household? _____

10. What is your estimated monthly household income? _____

11. Do you have a phone? Yes No Regular Business Item 3.E- Attachment 06

If yes, what type? (check all that apply): Landline Cell Phone

If you have a cell phone, do you text? Yes No

12. Do you own a computer? Yes No

If yes: Do you have internet access? Yes No

Do you have an e-mail address? Yes No

13. What are the greatest issues that you or your family currently experience or have experienced in the past year? (Please check one box for each issue)

Issue	Major Issue	Minor Issue	Not an Issue
Availability of safe and affordable housing			
Access to living wage jobs			
Affordable health care			
Accessible health care			
Cannot find a physician who is accepting new patients			
Availability/Access to mental health services			
Supply of affordable child care services			
Affordable and accessible public transportation			
Quality of K-12 Education			
Availability of affordable higher education and workforce development programs			
Availability of senior services			
Availability of youth services			
Gang Violence			
Domestic or Partner Violence			
Alcohol/Drug Addiction			
Teen Pregnancy			
Availability of emergency food resources			
Availability of emergency clothing resources			
Availability of emergency overnight shelter services			
Crime (other than gang or domestic/partner violence)			
Discrimination (race, LGBTQ, etc.)			
Other (please specify below)			

Other explanation and/or any additional comments you would like to make:

14. Is employment or income an issue for you or your family?

Yes No Not Sure

If you answered "Yes" above, why is employment or income a problem for you or your family: (check all that apply on the next page)

- _____ Lack skills and/or education to obtain a job
- _____ Unable to find job in the area
- _____ Lack of good paying/living wage jobs with benefits
- _____ Not offered enough work hours to cover living expenses
- _____ Lack of child care during the hours needed
- _____ Cost of child care
- _____ Lack of computer skills
- _____ Lack of transportation or cost of transportation

15. Is education an issue for you or your family?

- Yes No Not Sure

If you answered "Yes" above, why is education a problem for you or your family: (check all that apply)

- _____ Lack of access to programs for obtaining a GED
- _____ Lack of programs for gaining computer skills
- _____ Lack of transportation or cost of transportation
- _____ Lack of funds to pay for tuition and/or other education related costs
- _____ Threats of violence in schools
- _____ Lack of dropout prevention programs

16. Is housing an issue for you or your family?

- Yes No Not Sure

If you answered "Yes" above, why is housing a problem for you or your family: (check all that apply)

- _____ Cost of rent/house payment
- _____ Cost of utility/rent deposit
- _____ Housing size doesn't meet family needs
- _____ Need weatherization services to lower utility bills (weather-stripping, caulking, insulation, etc.)
- _____ Need repairs (roof, foundation, plumbing, etc.)
- _____ Where housing is available, conditions are not acceptable
- _____ Lack of shelters for emergency situations (homeless/domestic violence)

17. Is access to food an issue for you or your family?

- Yes No Not Sure

If you answered "Yes" above, why is food access a problem for you or your family: (check all that apply)

- _____ Lack of transportation to available grocery stores
- _____ Not enough income to purchase food
- _____ CalFresh (food stamps) run out before the end of the month
- _____ Not eligible for CalFresh (food stamps)
- _____ Alternative food resources not available (food distribution sites)
- _____ Lack of nutrition education

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18. Is managing your money an issue for you or your family?
Regular Business Item 5.E. Attachment 06

Yes No Not Sure

If you answered "Yes" above, why is managing your money a problem for you or your family:
(check all that apply)

- _____ Do not have a checking or savings account
- _____ Lack of knowledge of budgeting
- _____ Difficulty with money management
- _____ Lack of free tax preparation services
- _____ Lack of knowledge or use of the EITC (Earned Income Tax Credit)

19. Is transportation an issue for your or your family?

Yes No Not Sure

If you answered "Yes" above, why is transportation an issue for you or your family:
(check all that apply)

- _____ Do not have or cannot afford a driver's license
- _____ Do not know how to drive
- _____ Lack of knowledge on how to buy a car
- _____ Cost of buying/down payment for a car
- _____ Lack of credit to buy a car
- _____ Cost of maintaining a car (monthly payments, insurance, and/or repairs)
- _____ Cost of gasoline
- _____ Limited public transportation
- _____ Cost of public transportation
- _____ Public transportation routes/schedules are not convenient

20. Is health an issue for you or your family?

Yes No Not Sure

If you answered "Yes" above, why is health a problem for you or your family: (check all that apply)

- _____ Doctors will not accept Medicare
- _____ Doctors will not accept Medical
- _____ Doctors will not accept Covered California
- _____ Unsure of what services are covered by my insurance
- _____ Lack of medical insurance
- _____ Lack of dental insurance
- _____ No clinics or doctor offices in my town
- _____ Lack of resources for dental treatment
- _____ Waiting list too long for dental services
- _____ Waiting list too long for medical services
- _____ Hospital/emergency room not available in same town
- _____ Lack of transportation
- _____ Lack of income to pay for prescriptions
- _____ Lack of income for medical treatment
- _____ Lack of income for dental treatment
- _____ Lack of alcohol or drug abuse treatment/services
- _____ Lack of mental health treatment/services

- 316 _____ I do not know how to get services to prevent pregnancy
 _____ I do not know where to find information on sexual health
 _____ I do not know how to get services to treat sexually transmitted diseases/infections

21. Please check all options below that you need assistance with and do not know how to access:

- Child Care
- Clothing
- Employment Resources
- Food Resources or CalFresh (food stamps)
- Health Care Insurance Enrollment
- Accessing Health Care Services
- Accessing Mental Health Services
- Accessing Dental Services
- Low-Income Housing or rental payment
- Utility Payment
- Minor home repair or weatherization services for houses/apartments
- Transportation
- Adult Education
- Youth Services
- Senior Services

22. Additional Comments:

23. If you would you like to receive a brochure regarding Community Action Partnership programs and services, please list your information below (your name will not be connected to your answers):

E-mail Address: _____

OR

Mail: Name: _____

Address: _____

City and Zip Code: _____

24. If you have questions regarding the surveys or would like to drop off your survey directly at the office, please use the following phone number/address:

Attention: Planning Department
Community Action Partnership of San Luis Obispo County
1030 Southwood Drive
San Luis Obispo, CA 93401
(805)544-4355



2016 Condado de San Luis Obispo Encuesta de Evaluación de Necesidades

Gracias por tomar el tiempo de completar esta encuesta importante; los resultados se incluirán en el informe del Plan de Acción Comunitaria (CAP) de la agencia. El informe CAP aborda los asuntos de individuos y familias de bajos ingresos en la comunidad e identifica los servicios necesarios. Mantendremos la ANONIMIDAD y la CONFIDENCIALIDAD de sus respuestas. Tardará unos 15 – 20 minutos en completar la encuesta. Gracias por compartir su información y ser parte de este proceso importante.

1. ¿En qué ciudad o pueblo vive usted? _____

2. ¿Cuál es su raza/etnicidad? (indicar todos los que apliquen)

<input type="checkbox"/> Blanco/caucásico	<input type="checkbox"/> Amerindio/Nativo de Alaska	<input type="checkbox"/> Negro/afrodescendiente
<input type="checkbox"/> Asiático	<input type="checkbox"/> Nativo de Hawaii/Isla del Pacífico	<input type="checkbox"/> Hispano/Latino
<input type="checkbox"/> Otro: _____		

3. ¿Qué edad tiene?

<input type="checkbox"/> Menor de 18 años	<input type="checkbox"/> 18 a 23 años	<input type="checkbox"/> 24 a 44 años
<input type="checkbox"/> 45 a 54 años	<input type="checkbox"/> 55 a 69 años	<input type="checkbox"/> 70 años o mayor

4. ¿Cuál es su sexo? Masculino Femenino _____

5. ¿Cuál de las categorías siguientes describe su situación de empleo? (indicar todos los que apliquen)

<input type="checkbox"/> Tiempo completo (30 horas o más)	<input type="checkbox"/> Tiempo parcial (menos de 30 horas)
<input type="checkbox"/> Por cuenta propia	<input type="checkbox"/> Desempleado
<input type="checkbox"/> Estudiante	<input type="checkbox"/> Discapacitado
<input type="checkbox"/> Veterano	<input type="checkbox"/> Jubilado
	<input type="checkbox"/> Militar activo
<input type="checkbox"/> Otro: _____	

6. ¿Cuál es el nivel educativo más alto que ha logrado?

<input type="checkbox"/> No he completado escuela superior/GED	<input type="checkbox"/> Diploma de escuela superior/GED
<input type="checkbox"/> Título Associates	<input type="checkbox"/> Certificado/licencia profesional/técnico
<input type="checkbox"/> Título Bachelor	<input type="checkbox"/> Título Máster/Doctorado

7. ¿Cuál de las categorías siguientes mejor describe su situación de vivienda?

<input type="checkbox"/> Dueño/a de casa	<input type="checkbox"/> Inquilino/a	<input type="checkbox"/> Vivir con familiar/amigo gratis
<input type="checkbox"/> Sin techo	<input type="checkbox"/> Vivir con dos o más familias en la misma casa o apartamento	
<input type="checkbox"/> Otro: _____		

8. ¿Cuál de las categorías siguientes mejor describe su unidad familiar?

<input type="checkbox"/> Soltero/a	<input type="checkbox"/> Padre/madre soltero/a con hijos menores de 18
<input type="checkbox"/> Familia de dos padres con hijos menores de 18	<input type="checkbox"/> Dos o más adultos sin hijos
<input type="checkbox"/> Abuelo/a/os criando a niños	
<input type="checkbox"/> Otro: _____	

9. ¿Cuántas personas viven actualmente en su unidad familiar? _____

10. ¿Qué son los ingresos mensuales calculados de su unidad familiar? _____

11. ¿Tiene teléfono?

Sí No

De ser así, ¿qué tipo? (indicar todos los que apliquen)

Alámbrico Celular

Si tiene teléfono celular, ¿usa la función de texto?

Sí No

12. ¿Tiene ordenador?

Sí No

De ser así: ¿Tiene acceso a Internet?

Sí No

¿Tiene dirección de correo electrónico?

Sí No

13. ¿Cuáles con los asuntos de mayor importancia que usted o tu familia actualmente experimenta(n) o ha(n) experimentado en el último año? (Favor de indicar una caja para cada problema)

Problema	Problema mayor	Problema menor	No es problema
Disponibilidad de vivienda segura y asequible			
Acceso a trabajo que paga un sueldo razonable			
Cuidado de salud asequible			
Cuidado sanitario accesible			
No poder encontrar médico que acepta a pacientes nuevos			
Disponibilidad/acceso a servicios de salud mental			
Oferta de servicios de cuidado infantil asequibles			
Transporte público asequible y accesible			
Calidad de educación K-12			
Disponibilidad de programas asequibles de educación superior y formación laboral			
Disponibilidad de servicios para ancianos			
Disponibilidad de servicios para jóvenes			
Violencia de pandillas			
Violencia doméstica o de pareja			
Adicción al alcohol y/o drogas			
Embarazo de adolescentes			
Disponibilidad de recursos de emergencia de alimentos			
Disponibilidad de recursos de emergencia de prendas			
Disponibilidad de recursos de emergencia de vivienda por la noche			
Crimen (aparte de pandillas o violencia doméstica o de pareja)			
Discriminación (raza, LGBTQ, etc.)			
Otro (favor de especificar a continuación)			

Explicación de otro y/o comentarios adicionales que quiera hacer:

14. ¿Es un problema para usted o su familia el trabajo o los ingresos?

Sí No Dudoso

Si contestó "Sí" arriba, ¿por qué es problema para usted o su familia el trabajo o los ingresos: (indicar todos los que apliquen)

- _____ Falta de habilidades y/o educación para obtener trabajo
- _____ No se encuentra trabajo en la región
- _____ Falta de puestos que pagan un sueldo razonable con beneficios
- _____ No ofrecieron bastantes horas laborales para cubrir los costes de la vida
- _____ Falta de cuidado infantil durante las horas necesarias
- _____ Precio del cuidado infantil
- _____ Falta de conocimientos de informática
- _____ Falta de transporte o precio del transporte

15. ¿Es un problema para usted o su familia la educación?

Sí No Dudoso

Si contestó "Sí" arriba, ¿por qué es problema para usted o su familia la educación? (indicar todos los que apliquen)

- _____ Falta de acceso a programas para obtener un GED
- _____ Falta de programas para ganarse conocimiento de informática
- _____ Falta de transporte o precio del transporte
- _____ Falta de fondos para pagar la matrícula y/o otros gastos relacionados a la educación
- _____ Amenazas de violencia en las escuelas
- _____ Falta de programas para evitar que los alumnos abandonen la escuela

16. ¿Es un problema para usted o su familia la vivienda?

Sí No Dudoso

Si contestó "Sí" arriba, ¿por qué es problema para usted o su familia la vivienda: (indicar todos los que apliquen)

- _____ Coste de arriendo/pago de hipoteca
- _____ Coste de servicios públicos/fianza para alquiler
- _____ Tamaño de vivienda no satisface las necesidades de la familia
- _____ Se necesitan servicios contra la intemperie para bajar las facturas de servicios públicos (burletes, calafateo, aislamiento, etc.)
- _____ Se necesitan reparaciones (techo, cimientos, plomería, etc.)
- _____ Donde hay vivienda disponible, las condiciones no son aceptables
- _____ Falta de albergues para situaciones de emergencia (sin techo/violencia doméstica)

17. ¿Es un problema para usted o su familia el acceso a alimentos?

Sí No Dudoso

Si contestó "Sí" arriba, ¿por qué es problema para usted o su familia el acceso a alimentos? (indicar todos los que apliquen)

- _____ Falta de transporte a tiendas de comestibles disponibles
- _____ Ingresos insuficientes como para comprar alimentos
- _____ CalFresh (cupones para alimentos) se agotan antes del fin del mes
- _____ No se reúnen los requisitos para CalFresh (cupones para alimentos)
- _____ Recursos alimenticios alternativos no disponibles (sitios de distribución de alimentos)
- _____ Falta de educación de nutrición

18. ¿Es un problema para usted o su familia la gestión de su dinero?

Sí No Dudoso

Si contestó "Sí" arriba, ¿por qué es problema para usted o su familia la gestión de su dinero: (indicar todos los que apliquen)

- _____ Falta de cuenta de cheques o de ahorro
- _____ Falta de conocimiento sobre presupuestos
- _____ Dificultades con gestión de dinero
- _____ Falta de servicios gratis de preparación de declaración de impuestos
- _____ Falta de conocimiento o uso del EITC (crédito tributario por ingreso de trabajo)

19. ¿Es un problema para usted o su familia el transporte?

Sí No Dudoso

Si contestó "Sí" arriba, ¿por qué es problema para usted o su familia el transporte? (indicar todos los que apliquen)

- _____ No tener o no poder pagar la licencia de manejar
- _____ No saber manejar
- _____ Falta de conocimiento sobre cómo comprar un automóvil
- _____ Coste de compra/pago inicial para un automóvil
- _____ Falta de crédito para comprar un automóvil
- _____ Coste para mantener un automóvil (pagos mensuales, seguros, y/o reparaciones)
- _____ Coste de gasolina
- _____ Transporte público limitado
- _____ Coste del transporte público
- _____ Rutas/horarios del transporte público no convienen

201 221 ¿Es un problema para usted o su familia la salud?
Regular Business Item 3.E. Attachment 06

Sí No Dudoso

Si contestó "Sí" arriba, ¿por qué es problema para usted o su familia la salud? (indicar todos los que apliquen)

- _____ Doctores no aceptan el Medicare
- _____ Doctores no aceptan el Medical
- _____ Doctores no aceptan Covered California
- _____ Incertidumbre sobre cuáles servicios se cubren por seguro
- _____ Falta de seguro médico
- _____ Falta de seguro dental
- _____ No hay clínicas o consultas de doctores en mi pueblo
- _____ Falta de recursos para tratamiento dental
- _____ La lista de espera es demasiada larga para servicios dentales
- _____ La lista de espera es demasiada larga para servicios médicos
- _____ No hay hospital/salón de emergencia disponible en el mismo pueblo
- _____ Falta de transporte
- _____ Falta de ingresos para pagar las recetas
- _____ Falta de ingresos para tratamiento médico
- _____ Falta de ingresos para tratamiento médico dental
- _____ Falta de tratamiento/servicios para abuso de drogas o alcohol
- _____ Falta de tratamiento/servicios de salud mental
- _____ No sé cómo obtener servicios para prevenir el embarazo
- _____ No sé dónde encontrar la información sobre la salud sexual
- _____ No sé cómo obtener servicios para el tratamiento de enfermedades/ infecciones de transmisión sexual

21. Favor de indicar todas las opciones a continuación con las cuales necesita ayuda y no sabe cómo ganar acceso:

- Cuidado infantil
- Ropa
- Recursos de empleo
- Recursos de alimentos o CalFresh (cupones de alimentos)
- Inscripción de Seguro Médico
- Acceso a Servicios de Salud
- Acceso a servicios de salud mental
- Acceso a servicios dentales
- Vivienda de bajos ingresos o pago del alquiler
- Pago de servicios públicos
- Reparación menor al hogar o servicios contra la intemperie para casas/apartamentos
- Transporte
- Educación para adultos
- Servicios para jóvenes
- Servicios para personas de tercera edad

23. Si desearía recibir un folleto sobre los programas y servicios de la Community Action Partnership, favor de darnos su información abajo (su nombre no estará conectado con sus respuestas):

Dirección correo electrónico: _____

Q

Correo: Nombre: _____

 Dirección: _____

 Ciudad y código postal: _____

24. Si tiene preguntas sobre las encuestas o si desea entregar su encuesta directamente a la oficina, favor de usar el número telefónico/dirección siguientes:

Attention: Planning Department
Community Action Partnership of San Luis Obispo County
1030 Southwood Drive
San Luis Obispo, CA 93401
(805)544-4355



2016 San Luis Obispo County Needs Assessment Survey

Thank you for taking the time to complete this important survey; the results will be included in the agency’s Community Action Plan (CAP) report. The CAP report addresses the issues of low-income individuals and families in the community and identifies needed services. Please complete the survey based on your experience working with the low-income population in San Luis Obispo County. Thank you for sharing your information and being a part of this important process.

What are the greatest issues that the low-income families and individuals you work with currently experience or have experienced in the past year? (Please check one box for each issue)

Issue	Major Issue	Minor Issue	Not an Issue
Availability of safe and affordable housing			
Access to living wage jobs			
Affordable health care			
Accessible health care			
Cannot find a physician who is accepting new patients			
Availability/Access to mental health services			
Supply of affordable child care services			
Affordable and accessible public transportation			
Quality of K-12 Education			
Availability of affordable higher education and workforce development programs			
Availability of senior services			
Availability of youth services			
Gang Violence			
Domestic or Partner Violence			
Alcohol/Drug Addiction			
Teen Pregnancy			
Availability of emergency food resources			
Availability of emergency clothing resources			
Availability of emergency overnight shelter services			
Crime (other than gang or domestic/partner violence)			
Discrimination (race, LGBTQ, etc.)			
Other (please specify below)			

Other explanation and/or any additional comments you would like to make:



2016 San Luis Obispo County Needs Assessment Survey Results

Survey results below are for those 125% or below the Federal Poverty Level

1. Which city or town do you live in?

Total Responses = 490

Region	City	# of Surveys	%
Central County	City of San Luis Obispo	64	13.1
North Coast	Cambria	20	4.1
	Cayucos	6	1.2
	Los Osos	41	8.4
	Morro Bay	44	9.0
	San Simeon	6	1.2
	North Coast Total	117	23.9
North County	Atascadero	32	6.5
	Paso Robles	93	19.0
	San Miguel	12	2.4
	Santa Margarita	2	.4
	Shandon	6	1.2
	Templeton	13	2.7
	North County Total	158	32.2
South County	Arroyo Grande	22	4.5
	Avila Beach	2	.4
	Grover Beach	33	6.7
	Nipomo	46	9.4
	Oceano	43	8.8
	Pismo Beach	5	1.0
	South County Total	151	30.8

2. What is your race/ethnicity?

Total Response = 488

Race/Ethnicity	# of Responses	%
White/Caucasian	153	31.4
American Indian/Alaska Native	4	.8
Black/African-American	3	.6
Asian	5	1.0
Native Hawaiian/Pacific Islander	2	.4
Hispanic/Latino	311	63.7
Multi-Race	10	2.0

3. What is your age?

Total Responses = 491

Age Range	# of Responses	%
Under 18 years	7	1.4
18 to 23 years	40	8.1
24 to 44 years	329	67.0
45 to 54 years	48	9.8
55 to 69 years	42	8.6
70 years or older	25	5.1

4. What is your gender?

Total Response: 469

Gender	# of Responses	%
Female	388	82.7
Male	81	17.3

5. Which of the following categories describes your employment status? (check all that apply)

Total Responses = 479

(%)s do not equal 100% because respondents could select more than one response)

Employment Status	# of Responses	%
Full-time (30 hours or more)	172	35.9
Part-time (less than 30 hours)	85	17.7
Self-Employed	16	3.3
Unemployed	101	21.1
Retired	29	6.1
Student	40	8.4
Disabled	55	11.5
Active Military	0	0.0
Veteran	9	1.9
Other	15	3.1

6. What is the highest level of education you have completed?

Total Responses = 477

Highest Level of Education	# of Responses	%
Have not completed high school/GED	171	35.8
High School Diploma/GED	195	40.9
Associate's Degree	36	7.5
Professional/Technical Certificate or License	46	9.6
Bachelor's Degree	20	4.2
Master's/Doctorate Degree	9	1.9

7. Which of the following categories best describes your housing status?

Total Responses = 486

Housing Status	# of Responses	%
Homeowner	29	6.0
Renter	325	66.9
Living with family/friend for free	32	6.6
Homeless	39	8.0
Living with two or more in the same house or apartment	44	9.1
Other	17	3.5

8. Which of the following categories best describes your household?

Total Responses = 478

Household Type	# of Responses	%
Single Person	81	16.9
Single Parent with children under 18	144	30.1
Two parent family with children under 18	198	41.4
Two or more adults with no children	38	7.9
Grandparent(s) raising grandchildren	8	1.7
Other	9	1.9

9. How many people currently live in your household?

Total Responses = 492

Household Size	# of Responses	%
1	68	13.8
2	45	9.1
3	72	14.6
4	127	25.8
5	85	17.3
6	54	11.0
7	21	4.3
8 or more	20	4.1

10. What is your estimated monthly household income?

Total Responses = 492

Monthly Income	# of Responses	%
\$0 - \$500	54	11.0
\$501 - \$1,000	107	21.7
\$1,001 - \$1,500	108	22.0
\$1,501 - \$2,000	133	27.0
\$2,001 - \$2,500	65	13.2
\$2,501 - \$3,000	17	3.5
\$3,001 - \$4,000	8	1.6

Total Responses = 492

Federal Poverty Level	# of Responses	%
Up to 30%	61	12.4
31% to 50%	58	11.8
51% to 75%	116	23.6
76% to 80%	24	4.9
81% to 100%	129	26.2
101% to 125%	104	21.1

11. Do you have a phone?

Total Responses = 487

Phone?	# of Responses	%
Yes	471	96.7
No	16	3.3

If yes, what type? (check all that apply):

Total Responses = 464

Type of Phone	# of Responses	%
Cell Phone	391	84.3
Landline	20	4.3
Both a Cell Phone and Landline	53	11.4

If you have a cell phone, do you text?

Total Responses = 440

Do you Text?	# of Responses	%
Yes	396	90.0
No	44	10.0

12. Do you own a computer?

Total Responses = 461

Computer?	# of Responses	%
Yes	224	48.6
No	237	51.4

If yes: Do you have internet access?

Total Responses: 467

Internet Access?	# of Responses	%
Yes	297	63.6
No	170	36.4

Total Responses: 461

E-mail Address?	# of Responses	%
Yes	279	60.5
No	182	39.5

13. What are the greatest issues that you or your family currently experience or have experienced in the past year? (Please check one box for each issue)

See Appendix D.2.1 for the ranking of Issues in the table below

Issue	Major Issue	Minor Issue	Not an Issue
Availability of safe and affordable housing	154	68	218
Access to living wage jobs	112	96	208
Affordable health care	77	74	266
Accessible health care	54	58	286
Cannot find a physician who is accepting new patients	55	66	291
Availability/Access to mental health services	40	45	317
Supply of affordable child care services	72	64	262
Affordable and accessible public transportation	34	49	321
Quality of K-12 Education	24	36	325
Availability of affordable higher education and workforce development programs	44	62	289
Availability of senior services	32	35	340
Availability of youth services	29	45	324
Gang Violence	21	31	347
Domestic or Partner Violence	23	22	359
Alcohol/Drug Addiction	30	37	340
Teen Pregnancy	13	20	363
Availability of emergency food resources	36	64	308
Availability of emergency clothing resources	40	57	312
Availability of emergency overnight shelter services	38	23	341
Crime (other than gang or domestic/partner violence)	21	26	355
Discrimination (race, LGBTQ, etc.)	23	33	343
Other (please specify below)	14	5	157

14. Is employment or income an issue for you or your family?

Total Responses: 480

Is Employment or Income an Issue?	# of Responses	%
Yes	200	41.7
No	235	49.0
Not Sure	45	9.4

329 **If you answered “Yes” above, why is employment or income a problem for you or your family:**

Total Responses (that said “Yes” and listed a reason why): 180

(Response totals below and %s do not equal 100% because respondents could select more than one response)

Why Employment or Income is an Issue	# of Responses	%
Lack skills and/or education to obtain a job	48	26.7
Unable to find job in the area	48	26.7
Lack of good paying/living wage jobs with benefits	89	49.4
Not offered enough work hours to cover living expenses	56	31.1
Lack of child care during the hours needed	59	32.8
Cost of child care	59	32.8
Lack of computer skills	24	13.3
Lack of transportation <u>or</u> cost of transportation	45	25.0

15. Is education an issue for you or your family?

Total Responses: 480

Is Education an Issue?	# of Responses	%
Yes	74	15.4
No	376	78.2
Not Sure	31	6.4

If you answered “Yes” above, why is education a problem for you or your family:

Total Responses (that said “Yes” and listed a reason why): 68

(%s do not equal 100% because respondents could select more than one response)

Why Education is an Issue	# of Responses	%
Lack of access to programs for obtaining a GED	25	36.8
Lack of programs for gaining computer skills	16	23.5
Lack of transportation <u>or</u> cost of transportation	15	22.1
Lack of funds to pay for tuition and/or other education related costs	46	67.6
Threats of violence in schools	5	7.4
Lack of dropout prevention programs	9	13.2

16. Is housing an issue for you or your family?

Total Responses: 482

Is Housing an Issue?	# of Responses	%
Yes	182	37.8
No	278	57.7
Not Sure	22	4.6

If you answered “Yes” above, why is housing a problem for you or your family:

Total Responses (that said “Yes” and listed a reason why): 176

(%s do not equal 100% because respondents could select more than one response)

Why Housing is an Issue	# of Responses	%
Cost of rent/house payment	138	78.4
Cost of utility/rent deposit	105	59.7

330

Regular Business Item 3.E. Attachment	# of Responses	%	
Housing size doesn't meet family needs	06	56	31.8
Need weatherization services to lower utility bills (weather-stripping, caulking, insulation, etc.)		22	12.5
Need repairs (roof, foundation, plumbing, etc.)		24	13.6
Where housing is available, conditions are not acceptable		37	21.0
Lack of shelters for emergency situations (homeless/domestic violence)		25	14.2

17. Is access to food an issue for you or your family?

Total Responses: 479

Is Access to Food an Issue?	# of Responses	%
Yes	103	21.5
No	361	75.4
Not Sure	15	3.1

If you answered "Yes" above, why is access to food a problem for you or your family:

Total Responses (that said "Yes" and listed a reason why): 101

(%s do not equal 100% because respondents could select more than one response)

Why Housing is an Issue	# of Responses	%
Lack of transportation to available grocery stores	19	18.8
Not enough income to purchase food	62	61.4
CalFresh (food stamps) run out before the end of the month	50	49.5
Not eligible for CalFresh (food stamps)	29	28.7
Alternative food resources not available (food distribution sites)	11	10.9
Lack of nutrition education	8	7.9

18. Is managing your money an issue for you or your family?

Total Responses: 475

Is Managing your money an Issue?	# of Responses	%
Yes	86	18.1
No	348	73.3
Not Sure	41	8.6

If you answered "Yes" above, why is managing your money a problem for you or your family:

Total Responses (that said "Yes" and listed a reason why): 76

(%s do not equal 100% because respondents could select more than one response)

Why Managing your Money is an Issue	# of Responses	%
Do not have a checking or savings account	24	31.6
Lack of knowledge of budgeting	27	35.5
Difficulty with money management	43	56.6
Lack of free tax preparation services	9	11.8
Lack of knowledge or use of the EITC (Earned Income Tax Credit)	13	17.1

19. Is transportation an issue for you or your family?

Total Responses: 476

Is Transportation an Issue?	# of Responses	%
Yes	110	23.1
No	357	75.0
Not Sure	9	1.9

If you answered “Yes” above, why is transportation a problem for you or your family:

Total Responses (that said “Yes” and listed a reason why): 109

(%) do not equal 100% because respondents could select more than one response)

Why Transportation is an Issue	# of Responses	%
Do not have <u>or</u> cannot afford a driver’s license	34	31.2
Do not know how to drive	19	17.4
Lack of knowledge on how to buy a car	11	10.1
Cost of buying/down payment for a car	48	44.0
Lack of credit to buy a car	36	33.0
Cost of maintaining a car (monthly payments, insurance, and/or repairs)	57	52.3
Cost of gasoline	56	51.4
Limited public transportation	27	24.8
Cost of public transportation	21	19.3
Public transportation routes/schedules are not convenient	45	41.3

20. Is health an issue for you or your family?

Total Responses: 472

Is Health an Issue?	# of Responses	%
Yes	146	30.9
No	317	67.2
Not Sure	9	1.9

If you answered “Yes” above, why is health a problem for you or your family:

Total Responses (that said “Yes” and listed a reason why):

(%) do not equal 100% because respondents could select more than one response)

Why Health is an Issue	# of Responses	%
Doctors will not accept Medicare	23	15.8
Doctors will not accept Medical	41	28.1
Doctors will not accept Covered California	14	9.6
Unsure of what services are covered by my insurance	23	15.8
Lack of medical insurance	59	40.4
Lack of dental insurance	84	57.5
No clinics or doctor offices in my town	20	13.7
Lack of resources for dental treatment	67	45.9
Waiting list too long for dental services	67	45.9
Waiting list too long for medical services	34	23.3
Hospital/emergency room not available in same town	22	15.1
Lack of transportation	18	12.3
Lack of income to pay for prescriptions	39	26.7
Lack of income for medical treatment	48	32.9

332	Lack of income for dental treatment	79	54.1
	Lack of alcohol or drug abuse treatment/services	8	5.5
	Lack of mental health treatment/services	14	9.6

21. Please check all options below that you need assistance with and do not know how to access:

Total Responses: 290

(%s do not equal 100% because respondents could select more than one option)

	# of Responses	%
Child Care	71	24.5
Clothing	86	29.7
Employment Resources	47	16.2
Food Resources or CalFresh (food stamps)	45	15.5
Health Care Insurance Enrollment	18	6.2
Accessing Health Care Services	18	6.2
Accessing Mental Health Services	20	6.9
Accessing Dental Services	105	36.2
Low-Income Housing or rental payment	148	51.0
Utility Payment	40	13.8
Minor home repair or weatherization services for houses/apartments	25	8.6
Transportation	40	13.8
Adult Education	47	16.2
Youth Services	27	9.3
Senior Services	19	6.6

Appendix D.2.1

Community Member Survey Results
(From respondents 0-125% of the Federal Poverty Level)

Ranking	Issue	Total Responses (Major, Minor, or Not an Issue)	Responses that listed issue as Major or Minor	%
1	Availability of safe and affordable housing	440	222	50.5%
2	Access to living wage jobs	416	208	50.0%
3	Affordable health care	417	151	36.2%
4	Supply of affordable child care services	398	136	34.2%
5	Cannot find a physician who is accepting new patients	412	121	29.4%
6	Accessible health care	398	112	28.1%
7	Availability of affordable higher education and workforce development programs	395	106	26.8%
8	Availability of emergency food resources	408	100	24.5%
9	Availability of emergency clothing resources	409	97	23.7%
10	Availability/Access to mental health services	402	85	21.1%
11	Affordable and accessible public transportation	404	83	20.5%
12	Availability of youth services	398	74	18.6%
13	Availability of senior services	407	67	16.5%
13	Alcohol/Drug Addiction	407	67	16.5%
14	Quality of K-12 Education	385	60	15.6%
15	Availability of emergency overnight shelter services	402	61	15.2%
16	Discrimination (race, LGBTQ, etc.)	399	56	14.0%
17	Gang Violence	399	52	13.0%
18	Crime (other than gang or domestic/partner violence)	402	47	11.7%
19	Domestic or Partner Violence	404	45	11.1%
20	Teen Pregnancy	396	33	8.3%

*Appendix D.2.2***CAPSLO Board and Staff Issues Ranked**

Determined by adding together both the “Major” and “Minor” responses

Total # of responses for each issue = 160

Ranking	Issue	Responses that listed issue as Major or Minor	%
1	Access to living wage jobs	152	95.0%
2	Availability of safe and affordable housing	151	94.4%
3	Supply of affordable child care services	136	85.0%
4	Affordable health care	133	83.1%
5	Accessible health care	129	80.6%
5	Alcohol/Drug Addiction	129	80.6%
6	Cannot find a physician who is accepting new patients	127	79.4%
7	Availability of emergency overnight shelter services	125	78.1%
7	Domestic or Partner Violence	125	78.1%
8	Availability/Access to mental health services	117	73.1%
9	Affordable and accessible public transportation	115	71.9%
10	Teen Pregnancy	109	68.1%
10	Discrimination (race, LGBTQ, etc.)	109	68.1%
11	Availability of youth services	108	67.5%
12	Availability of affordable higher education and workforce development programs	106	66.3%
13	Availability of emergency food resources	104	65.0%
14	Gang Violence	103	64.4%
15	Availability of emergency clothing resources	98	61.3%
16	Crime (other than gang or domestic/partner violence)	97	60.6%
17	Availability of senior services	93	58.1%
18	Quality of K-12 Education	82	51.3%

Appendix E: Voices

The following “voices” are salient quotations that were noted during low-income and stakeholder interviews. They are included as emphasis to the conditions addressed in the Community Needs Assessment. These are in addition to the voices included in each section.

Income and Self-Sufficiency

- “Organizations, such as Public Health and Cuesta College, have vacancies they can’t fill because people can’t earn enough to live here.” ~ Child Care Planning Council member
- “Many of our veteran clients lack the life skills needed for self-sufficiency. They are used to being told how and when to do everything... They have a ton of skills in the military that are transferable to civilian life, but they often can’t see it.” ~ VASH staff
- “You can’t make a living wage in this county.” ~ South County Head Start parent

Housing

- “Many families who have been doubled up are being evicted by landlords who know they can get higher rents for the units. In the past, landlords have turned a blind eye, but now they are kicking them out for being over-occupancy.” ~ 5Cities Homeless Coalition
- “Affordable housing for seniors? The average Social Security is \$700 per month. Who can afford anything here on that?” ~ Area Agency on Aging staff
- “Because of the minimum wage increasing, families are not qualifying for housing subsidies, and it’s causing rents to increase.” ~ Child Care Planning Council member
- “We get complaints about mold, but tenants are afraid to go to their landlord for fear of losing their rental or having it increased.” ~ Energy Services staff
- “When I hire someone, it takes them three months to find a rental. It’s hard to live here because of the cost of housing.” ~ Child Care Planning Council member
- “There is a dad that we are working with that was going to sign with a landlord who advertised the place as \$1,600 a month, but once the landlord found out that he had two kids, he raised the rent to \$1,900. Because of this, the father could not rent the house and lives with another family while he continues to search for housing.” ~ PAPÁS staff

- “A lot of the times families are stuck in substandard conditions, or they’re stuck with rent that they can’t really afford. They are borrowing money and scraping by until they can find more appropriate rent, which a lot of the times never happens. So, they’re either not able to make their rent or owing money to the landlord or to their relatives.”
~ Family Preservation staff

Employment and Training

- “No one disagrees that [raising the minimum wage] is a good thing, but it’s a matter of how small businesses are going to be able to afford it. When some can hardly make payroll as it is, how are they going to afford to stay in business? This is going to mean more low-wage earners will probably get laid off as businesses cut back. ~ Downtown Association staff
- “The problem isn’t a lack of jobs. San Luis Obispo County unemployment is lower than the national average. We have thousands of open jobs. There are more jobs than jobseekers. But there are not enough jobs that can support the high cost of living and high cost of housing in the area.” ~ VASH staff
- “CHC [Community Health Centers] has not been able to increase its number of psychiatrists. One alternative we are looking into is telemedicine. It’s so hard to entice psychiatrists with the high cost of living, and CHC cannot compete with CMC [California Men’s Colony] and Atascadero [State Hospital] on salaries and benefits for psychiatrists.” ~ Community Health Center staff

Education

- “The GED class and test is needed in Spanish.” ~ South County Head Start parent
- “Before and after school care for disabled students [is needed].” ~ Adult Day Center staff
- “My husband works construction and leaves the house every day at 5:30 a.m. I stopped working when my father moved in because I take care of him. Before that, I was a medical assistant. I’ve been going to Cuesta to get my AA degree and I was accepted into Cal Poly this fall! ADC is making it possible for me to go to school. My father comes to ADC every day.” ~ Adult Day Center caregiver

Transportation

- “So many people live out in the country or more rural locations cause it’s cheaper, but the bus doesn’t go near them. They can find housing in these areas but once they move out there they are isolated.” ~ Family Preservation staff
- “Public transportation is not adequate. In North County there are only one or two buses that run to Shandon and San Miguel and it’s only twice a day. So clients that have appointments in town, it makes it super challenging.” ~ Family Preservation staff
- “All buses stop at 6pm at night. Anyone that works in the evening like in the service industries, they can’t get home from work or pick up their kids.” ~ Family Preservation staff

Health and Access to Health Care

- “We are sorely lacking affordable dental services for adults—especially veterans. The VA doesn’t cover vision or dental for most veterans and it is extremely difficult for those who are covered to access services.” ~ Veteran’s Services Collaborative staff
- “I looked in to a memory facility for my mother. Lowest price is \$2,200 per month – that is out of the question for me. When my medically fragile son turns 50, he will qualify to be in a convalescent home. I may be there with him.” ~ Adult Day Center client caregiver
- “We are dealing with a huge resurgence in heroin and opioid addiction. Meth seems to be on the decline. Heroin is cheap and plentiful right now. We are seeing a lot of vein infections... three clients have died of overdoses in the past few months.” ~ 5Cities Homeless Coalition staff
- “In terms of substance abuse, I tend to see older people with alcoholism, middle aged people still using meth—with those in their 30s and younger, it all seems to be heroin.” ~ 5Cities Homeless Coalition staff
- “There is no-fast track detox. Someone who may be ready to try on Monday will change their mind by Friday if they have to wait that long. The social model detox in Santa Maria works great for those who are ready and motivated. But many people need the support of a medical model or it just isn’t going to happen for them.” ~ Veterans Services Collaborative staff
- “There are no dentists in San Luis Obispo. Dr. Tran is in Pismo Beach, or you can go to Paso Robles to Clinica de Tolosa or Guadalupe [in Santa Barbara County]. These are not good choices because of the distance and time off work.” ~ South County Head Start parent

- “There is a general sense that someone in crisis should avoid going to County Mental Health if at all possible. There are no separate levels or services for people of varying needs, and for many people, going there is just too traumatic and can make things worse. Everyone is just in there together and it can feel dangerous. Other counties have better ways of triaging people and creating a real treatment plan. Not just holding people for 72 hours and letting them go.” ~ Homeless Services client
- “It’s tough knowing where to go for counseling, whether it’s covered on your insurance, and difficult to find providers on your insurance. Do you need a diagnosis to go?” ~ San Luis Obispo Head Start parent
- “In-home care – if people don’t meet eligibility for the in-home health services but can’t afford market rates, which are close to \$30 an hour, what are they going to do? This is becoming a bigger and bigger issue. Plus, there is an increasing shortage of home care workers due to the high cost of housing and low pay.” ~ Area Agency on Aging staff
- “There isn’t an identified organization, other than County Drug and Alcohol Services, that specifically deals with substance abuse issues.” ~ Transitions-Mental Health Association staff
- “With expanded Medi-Cal, we are seeing more people access services. More people are accessing follow-up care and getting their medication.” ~ Sierra Vista Regional Hospital staff
- “If you go to the ER because it’s after hours or you can’t get an appointment at your clinic, no matter what you go for, the moment they find out you’re homeless, they start treating you differently—as if the whole reason you are there is because you’re homeless. Not because you’re sick. The stigma is such a problem to getting good care.” ~ Homeless Shelter client
- “Many of the health services available in the county are not affordable for the low-income or uninsured. People are coming in with more complicated health issues.” ~ Noor Clinic physician
- “One client from Nipomo said that she called CHC [in May] to get a dentist appointment for her child and she was told to call back in June so that they could try to get an appointment for the child in August or September.” ~ Family and Community Support Services Staff

Food Stability and Nutrition

- “Food is expensive, especially quality food. We shop at Food 4 Less for bulk items and sometimes buy fresh food at the supermarket.” ~ North Coast Head Start parent
- “Due to the deportation scare, families are not signing up for free breakfast or lunch at because they fear their status will be shared. This is affecting school budgets because of decreased reimbursement for free meal programs.” ~ Child Care Planning Council member

Crime, Discrimination, and Fear of Deportation

- “Senior scams are increasing. A senior received a phone call. The person on the other line asked ‘Can you hear me?’ As soon as the senior said ‘Yes,’ the caller hung up – but now they have recording of the senior saying ‘Yes’ that they can then use for getting credit cards and do other things. Scams are getting more and more creative.” ~ Area Agency on Aging staff
- “Due to the fear of deportation, DSS is getting calls about CalFresh and if benefits will be discontinued if they are not a citizen. People are not signing up because they are afraid we will share their citizen’s status with ICE. ~ Child Care Planning Council member
- “There are some practices around H2A [temporary work visa] that are basically slave trafficking. We see extortion of fees –demanding a couple thousands of dollars from the worker to bring them to the US. Also, people who are essentially locked in their homes when they’re not working and workers who are made to work long hours.” ~ CRLA Staff

Appendix F.1
Newspaper advertisement



PUBLIC HEARING:
*What are the needs and challenges
for low-income individuals and families?*

LET YOUR VOICE BE HEARD!

- What are the significant issues that low-income families/individuals face?
- Are enough services available to meet the needs?
- What additional services are needed?

The Community Action Partnership of San Luis Obispo County is gathering public input for its 2018-19 Community Action Plan. A Spanish speaking translator will be present to provide assistance to monolingual speaking participants.

You may also email comments to ddornan@capslo.org
OR mail to: *Community Action Partnership - Planning Division, 1030 Southwood Drive, San Luis Obispo, CA 93401*



www.capslo.org
805.544.4355

Date: Thursday, April 27
Time: 5:30 p.m.
Location: *County Library
Community Room
995 Palm Street,
San Luis Obispo*

Appendix F.2

Public Hearing Flyer – English



PUBLIC HEARING:
*What are the needs and challenges
for low-income individuals and families?*

LET YOUR VOICE BE HEARD!

- What are the significant issues that low-income families/individuals face?
- Are enough services available to meet the needs?
- What additional services are needed?

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OR mail to: *Community Action Partnership - Planning Division, 1030 Southwood Drive, San Luis Obispo, CA 93401*



www.capslo.org
805.544.4355

Date: **Thursday, April 27**
Time: **5:30 p.m.**
Location: **County Library
Community Room
995 Palm Street,
San Luis Obispo**

Appendix F.3

Public Hearing Flyer – Spanish



¡QUE SE OIGA SU VOZ!

PÚBLICA SUBVENCIONADA

- ¿Cuáles son los asuntos significantes que enfrentan las familias/individuos de bajos ingresos?
- ¿Cuáles servicios están disponibles para resolver estos asuntos?
- ¿Cuáles servicios adicionales se necesitan?

La Community Action Partnership of San Luis Obispo County convoca una audiencia pública para juntar datos para desarrollar su Plan de Acción Comunitaria 2016-2017. Habrá intérprete bilingüe disponible para ayudar a los participantes monolingües.

*Si no puede asistir, puede enviar sus observaciones por e-mail a ddornan@capslo.org
O enviar sus observaciones por correo a: Community Action Partnership – Planning Division, 1030 Southwood Drive, San Luis Obispo, CA 93401*



www.capslo.org
805.544.4355

Fecha: **Jueves 27 de abril**

Hora: **5:30 p.m.**

Sitio: **County Library
Community Room
995 Palm Street,
San Luis Obispo**



Santa Clara Valley Water District Homeless Encampment Committee Meeting

Headquarters Building Boardroom
5700 Almaden Expressway, San Jose, CA 95118

REGULAR MEETING AGENDA

**Friday, March 13, 2020
12:00 PM**

District Mission: Provide Silicon Valley safe, clean water for a healthy life, environment and economy.

**HOMELESS ENCAMPMENT
COMMITTEE**

Richard P. Santos - District 3,
Committee Chair
Tony Estremera - District 6,
Committee Vice Chair
John L. Varela - District 1

All public records relating to an item on this agenda, which are not exempt from disclosure pursuant to the California Public Records Act, that are distributed to a majority of the legislative body will be available for public inspection at the Office of the Clerk of the Board at the Santa Clara Valley Water District Headquarters Building, 5700 Almaden Expressway, San Jose, CA 95118, at the same time that the public records are distributed or made available to the legislative body. Santa Clara Valley Water District will make reasonable efforts to accommodate persons with disabilities wishing to attend Board of Directors' meeting. Please advise the Clerk of the Board Office of any special needs by calling (408) 265-2600.

Note: The finalized Board Agenda, exception items and supplemental items will be posted prior to the meeting in accordance with the Brown Act.

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Santa Clara Valley Water District
Homeless Encampment Committee
REGULAR MEETING
AGENDA

Friday, March 13, 2020

12:00 PM

Headquarters Building Boardroom
5700 Almaden Expressway, San Jose, CA 95118

1. CALL TO ORDER:

1.1. Roll Call.

2. TIME OPEN FOR PUBLIC COMMENT ON ANY ITEM NOT ON THE AGENDA.

Notice to the public: This item is reserved for persons desiring to address the Committee on any matter not on this agenda. Members of the public who wish to address the Committee on any item not listed on the agenda should complete a Speaker Form and present it to the Committee Clerk. The Committee Chair will call individuals in turn. Speakers comments should be limited to three minutes or as set by the Chair. The law does not permit Committee action on, or extended discussion of, any item not on the agenda except under special circumstances. If Committee action is requested, the matter may be placed on a future agenda. All comments that require a response will be referred to staff for a reply in writing. The Committee may take action on any item of business appearing on the posted agenda.

3. ELECTION OF OFFICERS.

3.1. Election of Chair and Vice Chair. [20-0294](#)

Recommendation: Elect a Committee Chair and Vice Chair for the calendar year 2020.

Manager: Michele King, 408-630-2711

Est. Staff Time: 5 Minutes

4. APPROVAL OF MINUTES:

4.1. Approval of Minutes. [20-0240](#)

Recommendation: Approve the November 15, 2019, Meeting Minutes.

Manager: Michele King, 408-630-2711

Attachments: [Attachment 1: 111519 HEAHC Meeting Minutes.](#)

Est. Staff Time: 5 Minutes

5. ACTION ITEMS:

- 5.1. Update on Rescheduled Environmental Cleanup Event. [20-0242](#)
- Recommendation: Receive updated information about the rescheduled Valley Water environmental cleanup event recommended by the Board as a Valley Water-led collaborative effort among local government agencies, homeless service providers, community volunteers, and unhoused individuals to perform cleanup activities along Coyote Creek.
- Manager: Melanie Richardson, 408-630-2035
- Attachments: [Attachment 1: Coyote Creek Spring Cleanup Site Locations](#)
- Est. Staff Time: 10 minutes
- 5.2. Downtown Streets Team Update. [20-0243](#)
- Recommendation: Receive updates from Downtown Streets Team staff members on grant-funded projects through the Safe, Clean Water and Natural Flood Protection (Safe, Clean Water) Program and address concerns regarding organizational issues highlighted in the media.
- Manager: Rick L. Callender, 408-630-2017
- Attachments: [Attachment 1: PowerPoint](#)
- Est. Staff Time: 10 Minutes
- 5.3. 2019 Homeless Encampment Committee Accomplishment Report. [20-0282](#)
- Recommendation: Review and accept the 2019 Homeless Encampment Committee Accomplishment Report.
- Manager: Michele King, 408-630-2711
- Attachments: [Attachment 1: 2019 Accomplishment Report](#)
- 5.4. 2020 Homeless Encampment Committee Work Plan. [20-0241](#)
- Recommendation: A. Review the 2020 Homeless Encampment Program Committee Work Plan, and make adjustments as necessary; and
B. Discuss and determine 2020 Homeless Encampment Program Committee meeting schedule.
- Manager: Michele King, 408-2630-2711
- Attachments: [Attachment 1: 2020 HEC Work Plan](#)
- Est. Staff Time: 10 Minutes

6. INFORMATION ITEMS:

7. CLERK REVIEW AND CLARIFICATION OF COMMITTEE REQUESTS.

This is an opportunity for the Clerk to review and obtain clarification on any formally moved, seconded, and approved requests and recommendations made by the Committee during the meeting.

8. ADJOURN.

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Santa Clara Valley Water District

File No.: 20-0294

Agenda Date: 3/13/2020
Item No.: 3.1.

COMMITTEE AGENDA MEMORANDUM

Diversity & Inclusion Ad Hoc Committee

SUBJECT:

Election of Chair and Vice Chair.

RECOMMENDATION:

Elect a Committee Chair and Vice Chair for the calendar year 2020.

SUMMARY:

Per the Board Resolution, the duties of the Chair and Vice-Chair are as follows:

The officers of each Committee shall be a Chairperson and Vice-Chairperson, both of whom shall be members of that Committee. The Chairperson and Vice-Chairperson shall be elected by the Committee, each for a term of one year commencing on January 1 and ending on December 31 and for no more than two consecutive terms. The Committee shall elect its officers at the first meeting of the calendar year. All officers shall hold over in their respective offices after their term of office has expired until their successors have been elected and have assumed office.

The Chairperson shall preside at all meetings of the Committee, and he or she shall perform other such duties as the Committee may prescribe consistent with the purpose of the Committee.

The Vice-Chairperson shall perform the duties of the Chairperson in the absence or incapacity of the Chairperson. In case of the unexpected vacancy of the Chairperson, the Vice-Chairperson shall perform such duties as are imposed upon the Chairperson until such time as a new Chairperson is elected by the Committee.

Should the office of Chairperson or Vice-Chairperson become vacant during the term of such office, the Committee shall elect a successor from its membership at the earliest meeting at which such election would be practicable, and such election shall be for the unexpired term of such office.

Should the Chairperson and Vice-Chairperson know in advance that they will both be absent from a meeting, the Chair may appoint a Chairperson Pro-tempore to preside over that meeting. In the event of an unanticipated absence of both the Chairperson and Vice-Chairperson, the Committee may elect a Chairperson Pro-tempore to preside over the meeting in their absence.

BACKGROUND:

The District Act provides for the creation of advisory boards, committees, or commissions by resolution to serve at the pleasure of the Board.

Accordingly, the Board has established Advisory Committees, which bring respective expertise and community interest, to advise the Board, when requested, in a capacity as defined: prepare Board

File No.: 20-0294**Agenda Date:** 3/13/2020
Item No.: 3.1.

policy alternatives and provide comment on activities in the implementation of the District's mission for Board consideration. In keeping with the Board's broader focus, Advisory Committees will not direct the implementation of District programs and projects, other than to receive information and provide comment.

Further, in accordance with Governance Process Policy-3, when requested by the Board, the Advisory Committees may help the Board produce the link between the District and the public through information sharing to the communities they represent.

The Board may also establish Ad-hoc Committees to serve in a capacity as defined by the Board and will be used sparingly.

ATTACHMENTS:

None.

UNCLASSIFIED MANAGER:

Michele King, 408-630-2711



Santa Clara Valley Water District

File No.: 20-0240

Agenda Date: 3/13/2020

Item No.: 4.1.

COMMITTEE AGENDA MEMORANDUM

Homeless Encampment Ad Hoc Committee

SUBJECT:

Approval of Minutes.

RECOMMENDATION:

Approve the November 15, 2019, Meeting Minutes.

SUMMARY:

A summary of Committee discussions, and details of all actions taken by the Committee, during all open and public Committee meetings, is transcribed and submitted for review and approval.

Upon Committee approval, minutes transcripts are finalized and entered into the District's historical records archives and serve as historical records of the Committee's meetings.

ATTACHMENTS:

Attachment 1: 111519 HEAHC Meeting Minutes.

UNCLASSIFIED MANAGER:

Michele King, 408-630-2711

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HOMELESS ENCAMPMENT AD HOC COMMITTEE MEETING

DRAFT MINUTES

**MONDAY, NOVEMBER 15, 2019
11:00 A.M.**

(Paragraph numbers coincide with agenda item numbers)

A meeting of the Homeless Encampment Ad Hoc Committee (Committee) was held on November 15, 2019, in the Headquarters Building Boardroom at the Santa Clara Valley Water District (SCVWD), 5700 Almaden Expressway, San Jose, California.

1. CALL TO ORDER/ROLL CALL

Chair Director Richard P. Santos called the meeting to order at 11:04 a.m.

Board Members in attendance were: Director Tony Estremera-District 6, Director Richard P. Santos-District 3, and Director John L. Varela-District 1.

Staff members in attendance were: Lisa Bankosh, Ricardo Barajas, Mark Bilski, Glenna Brambill, Domingo Candelas, Mark De Martini, Chad Grande, Linh Hoang, Brian Hopper, Jay Lee, Marta Lugo, Bill Magleby, Tracy Pena, Melanie Richardson, Derek Tanguay, Carlos Tovar, Sherilyn Tran, Kirsten Struve, Sue Tippets and Jennifer Turner.

Elected/Representatives in attendance were: Jack McGovern (County of Santa Clara Office of Supervisor Cindy Chavez, Michael Pearce (City of San José Council Member Maya Esparza-District 7), Chief of Staff Donald Rocha, County of Santa Clara Office of Supervisor Dave Cortese.

Guests in attendance were: Vanessa Beretta, John Carbaugh, Wendy Chen, Jeff Cristina, David Hernandez, Ed Howard, Gail Osmer, Paul Pereira, Alex Ralli, Bernie Rosales, Olympia Williams Jonathan Virrueta and Bill Wallace.

2. TIME OPEN FOR PUBLIC COMMENT ON ANY ITEM NOT ON AGENDA

Valley Water Staff Ms. Kirsten Struve (SCVURPPP Management Committee Chair and Chair of the Bay Area Stormwater Agencies Trash Committee) gave an update on the Regional Board's planning a stormwater and permit trash requirements, Bay Area Cities submitted annual reports to meet 80% trash reduction this year by the stormwater permit. Regional Board staff will provide a summary to their Board on December 11, 2019. Current permit-Cities have options to use homeless encampment cleanups for portion of their percent reductions. Example, City of San Jose has an improved direct discharge

control plan for non-storm drain sources which allows 15% credit toward 100% trash reduction by 2022.

At the December 11, 2019, Regional Board meeting, Ms. Struve will present the flood protection agency side of the importance of in-stream actions and local benefits they provide.

3. 3.1 APPROVAL OF MINUTES

It was moved by Director John L. Varela, seconded by Director Tony Estremera, and unanimously carried, to approve the minutes of the September 30, 2019, Homeless Encampment Ad Hoc Committee meeting, as presented.

4. ACTION/DISCUSSION ITEMS

4.1 UPDATE ON ENVIRONMENTAL CLEANUP DAY EVENT

Mr. Mark Bilski reviewed the materials as outlined in the agenda.

The Homeless Encampment Ad Hoc Committee discussed the following items:

The event date of December 7, 2019, extra budgeting mostly for security (SJPD) and safety concerns at each named site, trash bag delivery days prior to event, chosen sites for this pilot cleanup, Valley Water staff, supporters and volunteers were thanked for their help organizing and being a part of the event, asking for partners to identify vendors to supply food and beverages for the volunteers on the day of the event and to assist with any other logistical needs.

Mr. Jack McGovern, Mr. Michael Pearce, Ms. Gail Osmer, Mr. Donald Rocha and Ms. Olympia Williams also spoke regarding the event!

Ms. Melanie Richardson, Mr. Chad Grande and Ms. Sherilyn Tran were available to answer questions.

The Homeless Encampment Ad Hoc Committee took no action.

5. CLERK REVIEW AND CLARIFICATION OF COMMITTEE REQUESTS AND RECOMMENDATIONS

Ms. Glenna Brambill stated there were no action items for Board consideration.

6. ADJOURNMENT

Chair Director Richard P. Santos adjourned the meeting at 11:32 a.m.

Glenna Brambill
Board Committee Liaison
Office of the Clerk of the Board

Approved:



Santa Clara Valley Water District

File No.: 20-0243

Agenda Date: 3/13/2020
Item No.: 5.2.

COMMITTEE AGENDA MEMORANDUM

Homeless Encampment Ad Hoc Committee

SUBJECT:

Downtown Streets Team Update.

RECOMMENDATION:

Receive updates from Downtown Streets Team staff members on grant-funded projects through the Safe, Clean Water and Natural Flood Protection (Safe, Clean Water) Program and address concerns regarding organizational issues highlighted in the media.

SUMMARY:

At the January 14 Board Meeting, Board members raised concerns regarding articles in the media detailing claims of alleged harassment and misconduct by Downtown Streets Team staff, specifically its executive leadership team. The articles also detailed that several public agencies would be re-evaluating their contracts with Downtown Streets Team for the alleged misconduct claims, including misuse of public funds.

In Fiscal Year 2018, Valley Water entered into two Grant Agreements with Downtown Streets Team under the Safe, Clean Water and Natural Flood Protection Program for creek cleanup activities along Penitencia Creek in San Jose and El Camino Real in Sunnyvale. Each Grant Agreement is for \$122,280. All Grant Agreements include provisions on nondiscrimination and compliance with specified laws such as the Americans with Disabilities Act, Civil Rights Act, California Fair Employment and Housing Act, etc. Failure to comply with the terms of the Agreement could result in termination. Currently, both Agreements will expire on July 5, 2021.

Board members requested that Downtown Streets Team staff be present at the next Homeless Encampment Committee Meeting to provide a status update on the two grant-funded projects and to answer any questions from the Committee regarding the concerns raised in the media.

ATTACHMENTS:

Attachment 1: PowerPoint

UNCLASSIFIED MANAGER:

Rick L. Callender, 408-630-2017

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El Camino & Penitencia Creek Team's update



Numbers:

- **Partnership between DST, San Jose, & Valley Water**

-Debris collected from all three creeks FY2018-2020, (Guadalupe River, Coyote Creek, & Los Gatos):

- *515,467 Gallons of trash/debris

- *1,273 Needles

- *41 Team Members employed over “90 days”

- *17 Team Members housed

- **Partnership between DST
&
Valley Water**

– Penitencia Creek Team 2018-2020:

- 124,863 Gallons of trash & debris removed
- 130 Needles

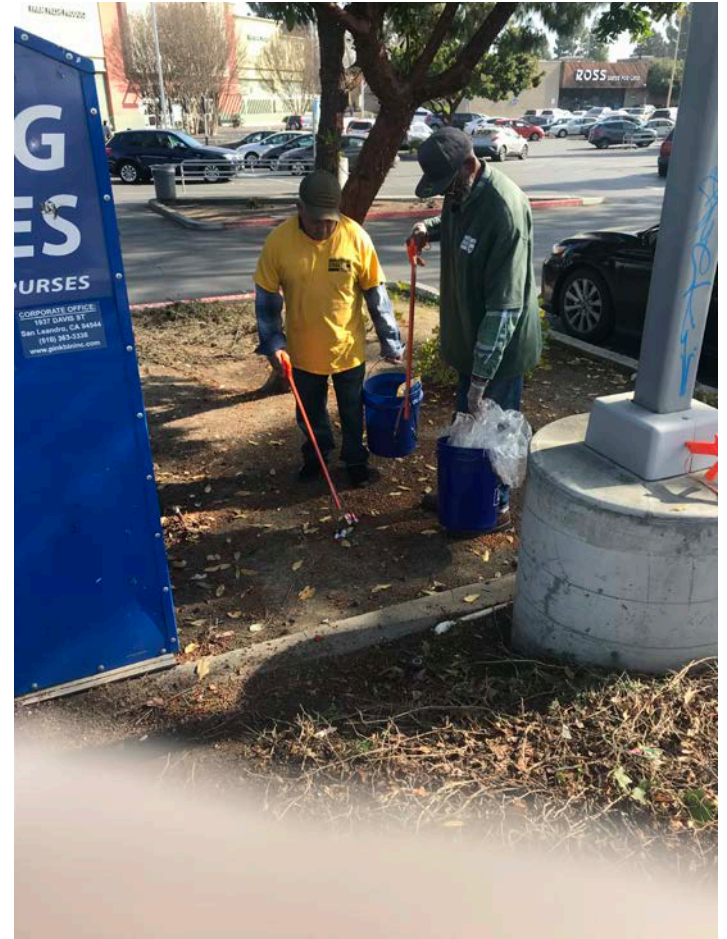
Numbers cont:

- **Partnership between DST
&
Valley Water**
- El Camino Team 2018-2020:
 - 15,640 Gallons of trash & debris removed
 - 19 Needles
 - 18,790 Cigarette butts removed
 - 150 Pocket ashtrays handed out
 - 24 Team Members employed
 - 27 Team Members housed

BEFORE & AFTERS



BEFORE & AFTERS





Santa Clara Valley Water District

File No.: 20-0242

Agenda Date: 3/13/2020
Item No.: 5.1.

COMMITTEE AGENDA MEMORANDUM

Homeless Encampment Ad Hoc Committee

SUBJECT:

Update on Rescheduled Environmental Cleanup Event.

RECOMMENDATION:

Receive updated information about the rescheduled Valley Water environmental cleanup event recommended by the Board as a Valley Water-led collaborative effort among local government agencies, homeless service providers, community volunteers, and unhoused individuals to perform cleanup activities along Coyote Creek.

SUMMARY:

Environmental Cleanup Day Event

At its October 22 Board meeting, the Santa Clara Valley Water District (Valley Water) Board of Directors approved the Homeless Encampment Committee's (Committee) recommendation to host an environmental cleanup event in December of 2019. Unfortunately, due to rainy conditions and related safety concerns in early December, Valley Water was forced to postpone the event until the spring. The rescheduled and newly renamed "Coyote Creek Spring Cleanup" will now be held on Saturday, April 4, 2020.

As originally planned, Valley Water will partner with local government agencies, social services providers, and a group of volunteers that includes unhoused residents to clean trash and debris at three (3) sites along Coyote Creek in San Jose. Through input from Watersheds operations staff as well as our external partners, the cleanup sites have been set as follows: 1) Coyote Creek along Selma Olinder and William Street Parks, 2) Coyote Creek at Corie Court, and 3) Coyote Creek along Rock Springs Drive (see Attachment 1).

Valley Water staff has worked closely with the City of San Jose, Santa Clara County, and various service organizations to ensure that resources will be in place for a safe and successful cleanup. Over the next several weeks, staff will continue to shore up the participant list and engage the Valley Water volunteer network.

The Valley Water Board approved \$90,000 in funding for this event. Valley Water has also received an extra \$10,000 in funding from Santa Clara County, as well as pledges of monetary and in-kind donations from several other event supporters.

At the March 13 Committee meeting, staff will provide the Committee with the very latest updates.

File No.: 20-0242

Agenda Date: 3/13/2020
Item No.: 5.1.

ATTACHMENTS:

Attachment 1: Coyote Creek Spring Cleanup Site Locations

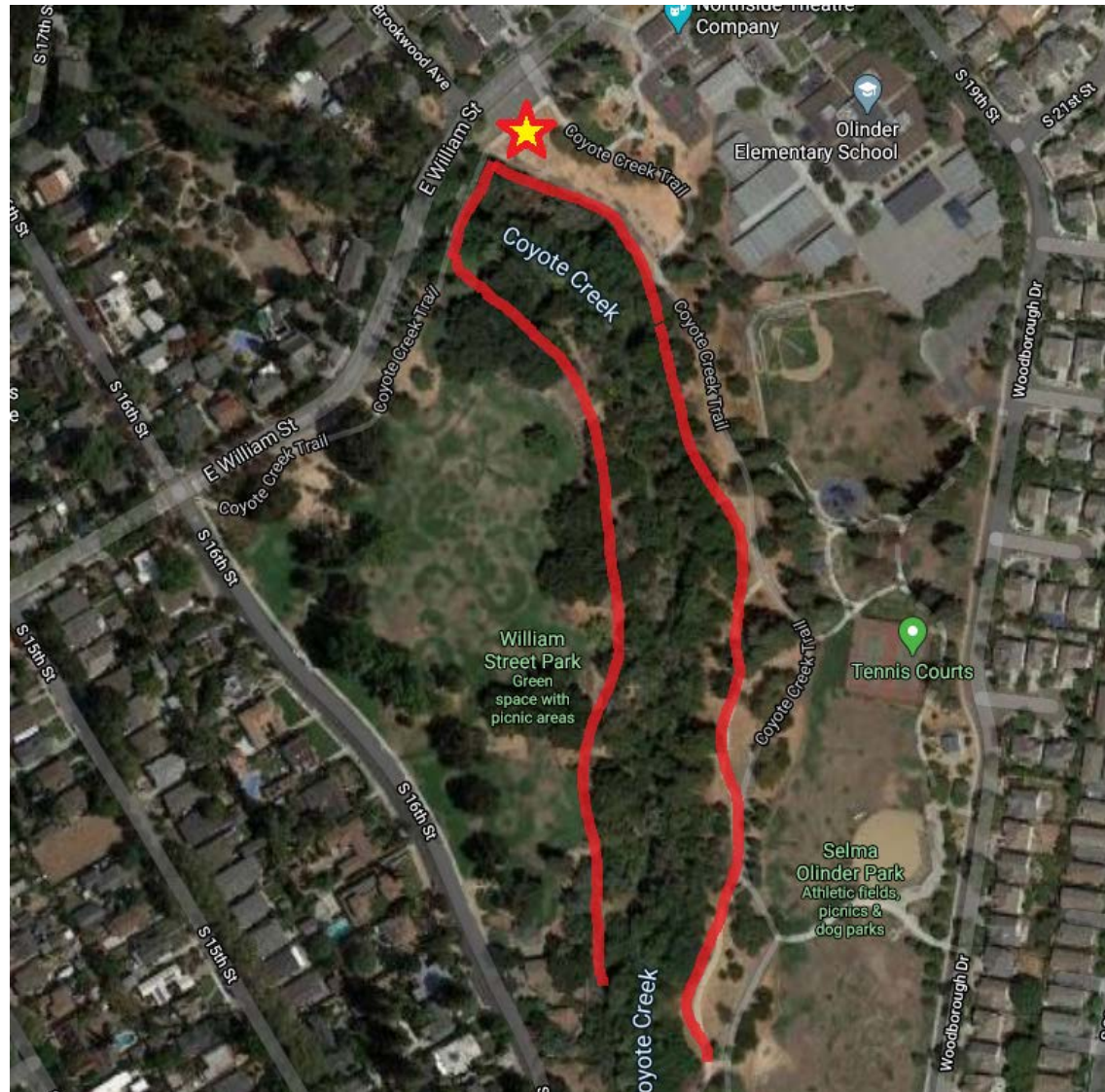
UNCLASSIFIED MANAGER:

Melanie Richardson, 408-630-2035

April 4, 2020 Coyote Creek Spring Cleanup Sites

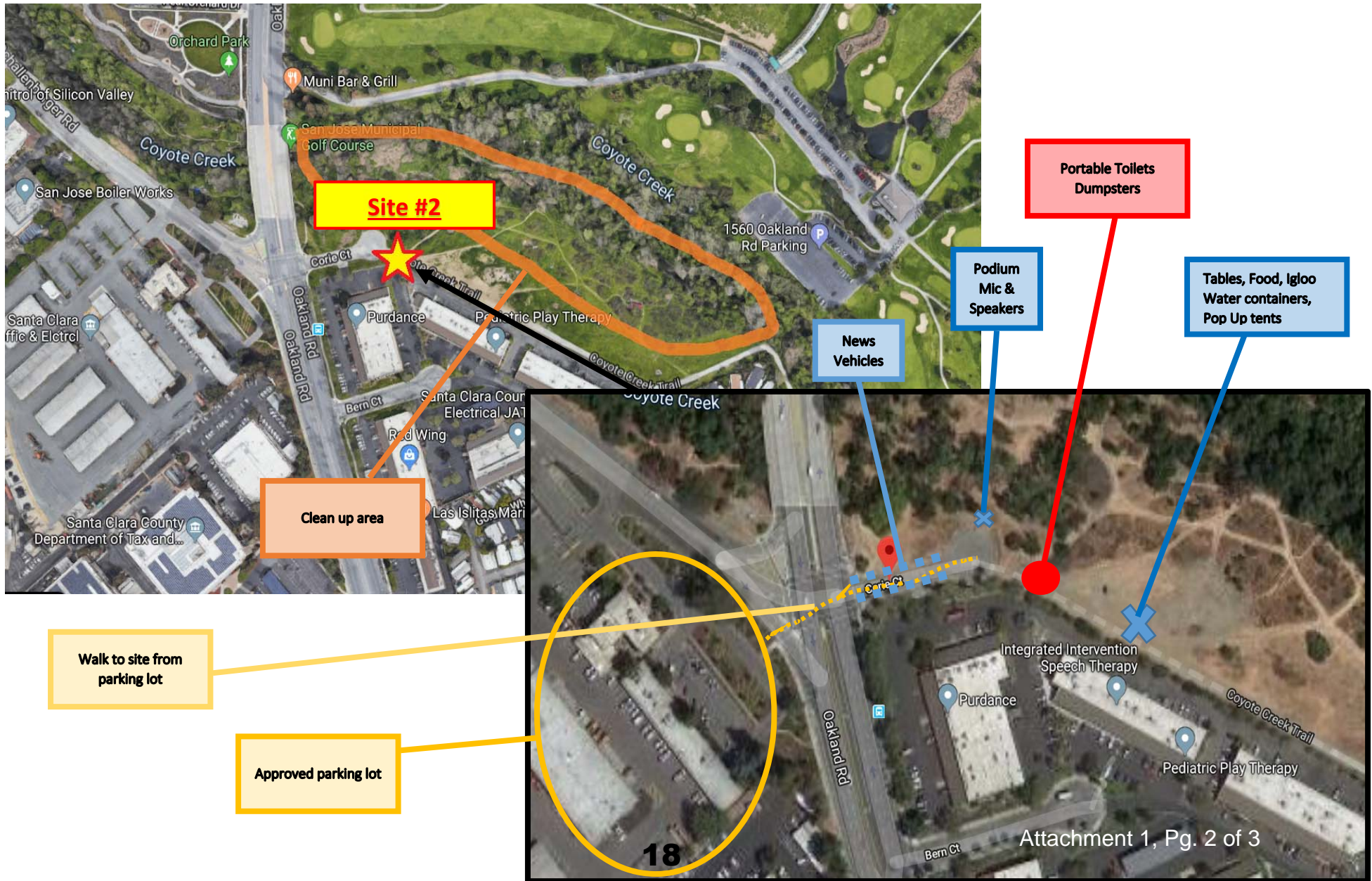
William Street Park / Olinder Park

Site #1:



Coyote Creek at Corie Court

Site #2:



Rock Springs

Site #3:



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Santa Clara Valley Water District

File No.: 20-0282

Agenda Date: 3/13/2020
Item No.: 5.3.

COMMITTEE AGENDA MEMORANDUM

Capital Improvement Program Committee

SUBJECT:

2019 Homeless Encampment Committee Accomplishment Report.

RECOMMENDATION:

Review and accept the 2019 Homeless Encampment Committee Accomplishment Report.

SUMMARY:

Under direction of the Clerk, Work Plans are used by Board Committees to increase Committee efficiency, provide advanced public notice of intended Committee discussions, and enable staff to follow up on Committee direction, requests and recommendations.

Work Plans are dynamic documents managed by the Committee Chairs annually, and are subject to change as needed throughout the year.

As Committee work is accomplished, Work Plans capture notes regarding outcomes and results achieved, allowing Work Plans to serve as Accomplishment Reports upon completion of the calendar year.

Recognizing the completion of the 2019 calendar year, the 2019 Homeless Encampment Committee Accomplishment Report (Attachment 1), is presented for Committee review and acceptance.

ATTACHMENTS:

Attachment 1: 2019 Accomplishment Report

UNCLASSIFIED MANAGER:

Michele King, 408-630-2711

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Homeless Encampment Committee – 2019 Accomplishments Report – DRAFT

Updated: 2/20/20

The annual work plan establishes a framework for Committee discussion and action during the annual meeting schedule. The Committee work plan is a dynamic document, subject to change as external and internal issues impacting the District occur and are recommended for Committee discussion. Subsequently, an annual committee accomplishments report is developed based on the work plan and presented to the District Board of Directors.

ITEM	WORK PLAN ITEM	MEETING	INTENDED OUTCOME(S) (Action or Information Only)	ACCOMPLISHMENT DATE AND OUTCOME
1	Reducing toxins, hazards and contaminants in local waterways.	3/18/19	<ul style="list-style-type: none"> • Receive information on activities related to encampments along local waterways • Provide direction to staff or submit recommendation to the Board, as appropriate. 	The Committee received updates on homeless encampment impacts along local waterways, safety concerns, community engagement to address homeless encampments, enforcement partnerships to prevent re-encampment, and grants supporting partnership activities to improve water quality by reducing trash and other pollutants entering local waterways. The Committee noted the information, without formal action.
2	Santa Clara County proposal to temporarily relocate Hope Village on Valley Water property.	3/18/19	<ul style="list-style-type: none"> • Receive presentation on the Willow/Lelong property use request and proposal; • Request Chair LeZotte place proposal on the 3/26/19 agenda • Provide direction to staff or submit recommendation to the Board, as appropriate. 	The Committee received an update on the proposed use of the Willow/Lelong property as a potential site for relocating homeless encampments from creek areas and address safety concerns of surrounding communities. The Committee made the following requests: <ol style="list-style-type: none"> 1. Have staff facilitate and assist a meeting with the FAA in requesting that the City extend the Hope Village's time; 2. Have staff investigate Valley Water properties that are more

Homeless Encampment Committee – 2019 Accomplishments Report – DRAFT

Updated: 2/20/20

ITEM	WORK PLAN ITEM	MEETING	INTENDED OUTCOME(S) (Action or Information Only)	ACCOMPLISHMENT DATE AND OUTCOME
				<p>amenable for a sanctioned encampment site, discuss with Mr. Miron Conk and work with the City and County to identify additional sites;</p> <p>3. Have staff continue to analyze the County’s proposal and come back to the committee with recommendations; and</p> <p>4. Have the 3 HEAH Committee Members (Directors Estremera, Santos and Varela) meet with the elected(s) in the respective areas (example: City Council Member Dev Davis or others in the impacted areas) and bring back the information to share with the Community.</p>
3	Presentation by the South Bay Clean Creeks Coalition on the impacts of Encampments	3/18/19	<ul style="list-style-type: none"> • Receive presentation on impacts of encampments; • Provide direction to staff or submit recommendation to the Board, as appropriate 	The Committee received an update from Mr. Steve Holmes, Executive Director of South Bay Clean Creeks Coalition, regarding the current state of trash along local waterways after the recent storms and the strategies to address the problem. The Committee noted the information, without formal action.
4	Downtown Streets Team Update	3/18/19	<ul style="list-style-type: none"> • Receive an update on grant-funded projects through the Safe, Clean Water and Natural Flood Protection Program 	Discussion on this item was tabled to the next meeting.

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Homeless Encampment Committee – 2019 Accomplishments Report – DRAFT

Updated: 2/20/20

ITEM	WORK PLAN ITEM	MEETING	INTENDED OUTCOME(S) (Action or Information Only)	ACCOMPLISHMENT DATE AND OUTCOME
			<ul style="list-style-type: none"> Provide direction to staff or submit recommendation to the Board, as appropriate 	
5	Homelessness Along Waterways Summit	3/18/19	<ul style="list-style-type: none"> Discuss a Homeless Encampment Watrways Summit Provide direction to staff or submit recommendation to the Board, as appropriate 	The Committee discussed a Homeless Along Waterways Summit and recommend that the Board of Directors consider proceeding with an open discussion in a collaborative forum with City and County elected officials, San Jose State University, water retailers and other respective agencies.
6	Public Comment – Info Only	3/18/19	<ul style="list-style-type: none"> The Committee receive comments on any item not on the agenda; if action is required, the Committee can take action to agendize items for discussion at a future meeting. 	<ul style="list-style-type: none"> The Committee received an update on items requested at the 3/18/19 meeting: Staff reported that City of San Jose Mayor and Council Member Davis announced that the relocation of Hope Village would not occur thus nullifying Request Nos. 1, 3 and 4; and in regard to Request No. 2, Staff provided Mr. Conk with information to satisfy the request. The Committee noted the information, without formal action. The Committee received an update on the Santa Clara County Homeless Census and Survey, Executive Summary. The Committee note the

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Homeless Encampment Committee – 2019 Accomplishments Report – DRAFT

Updated: 2/20/20

ITEM	WORK PLAN ITEM	MEETING	INTENDED OUTCOME(S) (Action or Information Only)	ACCOMPLISHMENT DATE AND OUTCOME
				information, without formal action.
7	Assessment of FY2019 Operational Approach for the Safe, Clean Water and Natural Flood Protection Program's B4 Good Neighbor Program: Encampment Cleanup Project	8/8/19	<ul style="list-style-type: none"> • Receive 1-year follow-up report to 8/28/18, Board-approved operational approach of funding the Safe, Clean Water and Natural Flood Protection (Safe, Clean Water) Program's B4 Good Neighbor Program: Encampment Cleanup Project. • Select an operational approach for the Encampment Cleanup Project for FYs 21-28) for recommendation to the Board • Provide direction to staff or submit recommendation to the Board, as appropriate 	The Committee received an update on the 2019 operational approach for the Safe, Clean Water and Natural Flood Protection Program's B4 Good Neighbor Program Encampment Cleanup Project, discussed retaining Recommendation 3, Supplement current Homeless Encampment Cleanup budget through additional funding from Funds 26 and 12 reserves to meet the FY20 anticipated community demand and determine the budget on an annual basis, with supplemental funding external sources, affordable housing, homeless issues, creek adoption, the District Act, environmentally safe creeks, flood protection, one-time funding resources (redevelopment monies), community outreach for creek clean ups and solutions to maintain, proposed sites, and safety and security. The Committee made the following request: Staff to review one-time funding sources (redevelopment monies, fundraising ideas and other agencies for mitigation reimbursements), conduct financial analyses and return with a report.

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Homeless Encampment Committee – 2019 Accomplishments Report – DRAFT

Updated: 2/20/20

ITEM	WORK PLAN ITEM	MEETING	INTENDED OUTCOME(S) (Action or Information Only)	ACCOMPLISHMENT DATE AND OUTCOME
8	Assessment of Operational Approach of funding the Safe, Clean Water and Natural Flood Protection Program's B4 Good Neighbor Program: Encampment Cleanup Project in Fiscal Year 2020 and Beyond	9/30/19	<ul style="list-style-type: none"> • Receive operational approach of funding the Safe, Clean Water and Natural Flood Protection Program's B4 Good Neighbor Program: Encampment Cleanup Project for Fiscal Year 2020 by supplementing the current Encampment Cleanup Project budget with additional funding from Watersheds Stream Stewardship Fund reserves, with subsequent year Encampment Cleanup Project funding to be determined by the Board on an annual basis for Fiscal Years 2021-2028. • Recommend this operational approach of funding the Encampment Cleanup project for Board approval; or provide other feedback as the Homeless Encampment Ad Hoc Committee deems appropriate for Board consideration • Provide direction to staff or submit recommendation to the Board, as appropriate 	The Committee received an update on the operational approach of funding the Safe, Clean Water and Natural Flood Protection Program's B4 Good Neighbor Program: Encampment Cleanup Project for FY2020 by supplementing the current Encampment Cleanup Project budget with additional funding from Watersheds Stream Stewardship Fund reserves, with subsequent year Encampment Cleanup Project funding to be determined by the Board on an annual basis for Fiscal Years 2021-2028. The Committee forward staff's recommendations to the Board for consideration.

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Homeless Encampment Committee – 2019 Accomplishments Report – DRAFT

Updated: 2/20/20

9	Analysis of Concept, Cost, and Potential Funding for Proposed Environmental Cleanup Day Event	9/30/19	<ul style="list-style-type: none"> • Recommendation to host an Environmental Cleanup Day event to engage government agencies, environmental advocates, homeless advocates, volunteers, and local homeless populations in a collaborative effort to perform environmental cleanup activities along Coyote Creek in San Jose. • Receive information and provide staff with direction for Board 	The Committee received an update on possibilities of hosting an Environmental Cleanup Day along Coyote Creek, San Jose, and forwarded staff's recommendations for hosting an event to the Board for consideration.
10	Update on Environmental Cleanup Day Event	11/15/19	<ul style="list-style-type: none"> • Receive information and advise staff with regard to the Board Recommendation to host an Environmental Cleanup Day event that will engage government agencies, environmental advocates, homeless advocates, volunteers, and local unhoused populations in a collaborative effort to perform environmental cleanup activities along Coyote Creek in San Jose. • Receive information and provide staff with direction for Board 	The Committee received an update on the upcoming 12/7/19 Environmental Cleanup Day event approved by the Board at its 10/22/19 meeting, partner agencies and volunteer groups and selected cleanup sites along Coyote Creek: 1) Charcot Avenue to O'Toole Avenue, 2) Interstate 880 to East Brokaw Road, and 3) Coyote Creek at Corie Court. The Committee noted the information, without formal action.



Santa Clara Valley Water District

File No.: 20-0241

Agenda Date: 3/13/2020
Item No.: 5.4.

COMMITTEE AGENDA MEMORANDUM

Capital Improvement Program Committee

SUBJECT:

2020 Homeless Encampment Committee Work Plan.

RECOMMENDATION:

- A. Review the 2020 Homeless Encampment Program Committee Work Plan, and make adjustments as necessary; and
- B. Discuss and determine 2020 Homeless Encampment Program Committee meeting schedule.

SUMMARY:

Work Plans are created and implemented by all Board Committees to increase Committee efficiency, provide advanced public notice of intended Committee discussions, and enable staff to prepare for meetings and respond to Committee direction. Work Plans are dynamic documents managed by Committee Chairs and are subject to change. Committee Work Plans also serve to assist in the preparation of Annual Committee Accomplishments Reports.

The 2020 Homeless Encampment Committee (HEC) Work Plan is contained in Attachment 1. Discussion of topics as stated in the Plan have been described based on information from the following sources:

- Items referred to the Committee by the Board;
- Items requested by the Committee to be brought back by staff;
- Items scheduled for presentation to the full Board of Directors; and
- Items identified by staff.

The 2020 HEC Work Plan contained in Attachment 1 is presented for the Committee's review and to determine additional topics for discussion in 2020.

2020 Meeting Schedule:

Previously as an Ad Hoc Committee, scheduling of meetings was subject to the call of the Committee Chair. The Committee will discuss establishing a 2020 Meeting schedule to 1) determine meeting frequency: monthly, bi-monthly or quarterly meetings, and 2) preferred day of the week meetings are to be held. Establishing a meeting schedule is necessary to provide staff a basis for meeting planning and coordination of logistics.

File No.: 20-0241

Agenda Date: 3/13/2020
Item No.: 5.4.

ATTACHMENTS:

Attachment 1: 2020 HEC Work Plan

UNCLASSIFIED MANAGER:

Michele King, 408-2630-2711

Homeless Encampment Committee 2020 Workplan

<i>Subject</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>Apr.</i>	<i>May.</i>	<i>Jun.</i>	<i>Jul.</i>	<i>Aug.</i>	<i>Sep.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>
Update on Rescheduled Environmental Cleanup Day Event (M. Bilski)			x									
Downtown Streets Team Update (S. Tran)			x									