

THE COALITION OF HOMELESS SERVICES PROVIDERS

MEMORANDUM OF UNDERSTANDING BETWEEN THE COALITION OF HOMELESS SERVICES PROVIDERS AND COUNTY OF MONTEREY HEALTH DEPARTMENT, BEHAVIORAL HEALTH BUREAU 100 Day Challenge to End Youth Homelessness

1. **Parties.** This Memorandum of Understanding (hereinafter referred to as “MOU”) is made and entered into by and between the Coalition of Homeless Services Providers (hereinafter referred to “Coalition”) and County of Monterey Health Department, Behavioral Health Bureau.
2. **Purpose.** The purpose of this MOU is to establish the terms and conditions under which the County of Monterey Health Department, Behavioral Health Bureau will meet and function in accordance to activities in support of the 100 Challenge to End Youth Homelessness.
3. **Term of MOU.** This MOU is effective upon the day and date last signed and executed by the duly authorized representatives of the parties to this MOU and the Continuum of Care and shall remain in full force and effect through completion of the 100 Day Challenge to End Youth Homelessness. This MOU may be terminated, without cause, by either party upon written notice, which notice shall be delivered by hand or by email to Nykole Sakihara at nsakihara@chsp.org.
4. **100 Day Challenge to End Youth Homelessness Partners**
 - Coalition of Homeless Services Providers
 - County of San Benito Department of Health and Human Services
 - County of San Benito Probation Department
 - County of San Benito Department of Mental Health
 - County of Monterey Department of Social Services
 - County of Monterey Probation Department
 - County of Monterey Health Department – Behavioral Health Bureau
 - AXA XL
 - Central Coast Center for Independent Living
 - Community Human Services
 - Community Solutions
 - Emmaus House
 - First 5 San Benito
 - Homebase
 - Monterey County Rape Crisis Center
 - Monterey Police Department – Community Policing Initiative
 - Rancho Cielo
 - Salinas Police Department
 - Salvation Army Monterey Peninsula Corps
 - Sun Street Centers
 - Youth Alliance
 - YWCA Monterey County

5. Challenge Goal By October 6, 2020, we will house 100 youth aged 18-24 from our Coordinated Entry Master List – 70% of whom are pregnant or parenting and 20% of whom are experiencing domestic violence / trafficking / exploitation and /or are system involved – with connections to services.

6. Overall Partner Responsibilities

Partner Organization

- a. Organizational commitment to support the success of the 100 Day Challenge to End Youth Homelessness and the individual success participants served

Participation

- b. Actively participate in 100 Day Challenge to End Youth Homelessness project
- c. Maintain communication within respective partner organizations to promote and sustain organizational commitment and support.
- d. Attend meetings
- e. Respond to communications from the 100 Day Challenge to End Youth Homelessness team
- f. Abide by the Team Agreements made during the Launch Workshop (attachment 1)

Confidentiality

- g. Each partner organization's confidentiality requirements governs the sharing of information with collateral resources partnering in the 100 Day Challenge to End Youth Homelessness. Program participants will be provided with an HMIS Release of Information (attachment 2) that, if agreed to by the participant, may provide additional authority for interagency sharing of information when appropriate for meeting individual participant goals.
- h. Maintain the confidentiality of any personally identifiable information and do not use such information for reasons other than that which it is intended. No material will be taken from the meeting with personally identifiable information, except as needed in the delivery of direct services.

7. Coalition of Homeless Services Providers Responsibilities

- a. Convene, facilitate and manage 100 Day Challenge to End Youth Homelessness meetings in coordination with Homebase.
- b. Facilitate access to Continuum of Care homelessness prevention and housing services.
- c. Explore opportunities to expand available resources to meet goal and sustain success.
- d. Lead and/or support applications for grant funding.
- e. Prepare a publicly available report on outcomes and lessons learned from the 100 Day Challenge to End Youth Homelessness.

8. General Provisions.

- a. **Amendments.** Either party may request changes to this MOU. Any changes, modifications, revisions or amendments to this MOU which are mutually agreed upon by and between 100 Day Challenge to End Youth Homelessness and shall be incorporated by written instrument, and effective when executed and signed by all parties to this MOU.
- b. **Entirety of Agreement.** This MOU, consisting of **three (3)** pages, represents an integrated agreement between the parties and supersedes all prior negotiations, representations and agreements regarding the 100 Day Challenge to End Youth Homelessness, whether written or oral.
- c. **Liability.** The Coalition is not responsible for any physical damages or loss experienced by this agency or subrecipients of the agency for work carried out under this MOU. Partner agencies and their subrecipients are expected to have insurance for people and assets that would regularly be dispatched on outreach activities.

7. Signatures In witness whereof, the parties to this MOU through their duly authorized representatives have executed this MOU on the days and dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this MOU as set forth herein.

The effective date of this MOU is the date of the signature last affixed to this page.

Coalition of Homeless Services Providers

Signature Date

Name and Title Date

County of Monterey Health Department

Signature Date

Name and Title Date

MONTEREY/SAN BENITO 100-DAY CHALLENGE TEAM AGREEMENTS

Sponsors for Monterey: Nykole Sakihara, Ruben Gabriel, Valencia Cameron

Sponsors for San Benito: Armando Gonzalez, Andi Anderson

Team Leaders: Erica Elliott, Shawn Stone

Communication

- Thinking about our virtual world
- Zoom meetings to bring people together, set tasks
- Emails for FYI and updates, chat programs (slack?)
- We will use these tools together and effectively to communicate
- Active listening - No judgement around communication and asking questions
- Establish group email for Monterey/San Benito
- More emails are better for this

Team Behaviors/Attitudes

- Realistic timelines/expectations
- Be specific with asks
- No judgement
- Ask questions - don't be afraid to ask about acronyms!

If you can't make deadline or meeting

- Plenty of people to task to create subteam - buddy system for tasks (at least two people)
- At least two people always in the know for each task
- Communicate if you are running into challenges, and don't wait to ask for help
- Early communication is key!

Celebrating Successes

- Virtual high fives
- Sharing happy memes!
- Together Everyone Accomplishes More
- Thermometer of our progress
- Recognize hitting our milestones
- Recognize accomplishments as they happen - group email, texts



MOSBE: Salinas, Monterey and San Benito Homeless Management Information System

CLIENT INFORMED CONSENT & RELEASE OF INFORMATION AUTHORIZATION

_____ is a Partner Agency in the Homeless Management Information System. HMIS is a shared homeless and housing database system administered by the MOSBE County Continuum of Care. HMIS can improve the services and programs for homeless and low-income households by allowing authorized staff at Partner Agencies to share client information and to follow trends and service patterns over time. HMIS operates over the Internet and uses many security protections to ensure confidentiality.

Participation in the HMIS program is important to our community's ability to provide you with the best services and housing possible. As you receive services, information will be collected about you, the services provided to you, and the outcomes these services help you to achieve.

- Your name and other identifying information **will not** be shared with any agency not participating in the system (unless required to do so by law).
- Your name, gender, race, social security number, and date of birth may be shared with Partner Agencies for identification purposes even if you elect not to share other relevant information.
- Sensitive information such as diagnosis or treatment of mental health disorders, drug or alcohol disorders, HIV-AIDS, or domestic violence concerns, **will not** be shared between Partner Agencies without specific written consent.
- A list of Partner Agencies is available upon request.

CA-506 utilizes HMIS for the Coordinated Entry process, locally known as CARS (Coordinated Assessment and Referral System) therefore being a shared system. By signing below you are authorizing agencies and appropriate service groups in the CA-506 CARS Network to obtain the following information about your service use:

- History of shelter use
- Barriers to housing
- Eligibility for housing programs
- Names of current and past social service providers

These participating agencies will have access to the information that you agree to share. Sharing your data allows CA-506 homeless service providers the opportunity to see if they have housing services that fit your needs. It does not guarantee that you will receive housing.

You understand:

- Authorizing your information to be entered into HMIS is voluntary, you have the right to refuse to consent to this authorization.
- If you do not consent, your services may not be fully coordinated. However, services will not be withheld. Access to shelters will still be available.
- You can change or cancel this authorization at any time by submitting a written request to the Coalition of Homeless Services Providers and asking this form be rescinded.
- The list of agencies that can access your information may change, at any given moment, without notice.
- You may request a list of the most current agencies with access to your information at your discretion.
- This authorization takes effect the day today and expires three years from today.

Please initial one of the following levels of consent:

- _____ (1) I give authorization for my basic and relevant information to be entered into HMIS and shared between Partner Agencies. I understand I have the right to receive a copy of all information shared between Partner Agencies.
- _____ (2) I give authorization for my basic and relevant information to be entered into HMIS, but **not** shared between Partner Agencies.

I understand that I may cancel this authorization at any time by written request, but that the cancellation will not be retroactive. I understand that this release is valid for three years from the date of my signature below. A copy of this authorization is as valid as the original.

Print Name of Client or Guardian

Signature of Client or Guardian

Date

Note: A separate HIPAA-compliant authorization is required for disclosure of any patient health information, including mental health and drug and alcohol information protected by any State or Federal privacy law including, but not limited to, Health Insurance Portability and Accountability Act ("HIPAA"), 45 C.F.R. parts 160 and 164, California Confidentiality of Medical Information Act ("CMIA"), Civil Codes sections 56-56.16, Welfare and Institutions Code section 5328, or 42 C.F.R. part 2.1 et seq.