

**Monterey County Board of Supervisors  
Referral Submittal Form**

**Referral No. 2021.23**  
**Assignment Date: 11/02/21**  
(Completed by CAO's Office)

**SUBMITTAL - Completed by referring Board office and returned to CAO no later than noon on Thursday prior to Board meeting:**

Date: 10/29/2021	Submitted By: Luis Alejo	District #: 1
Referral Title: <b>Monterey County Director of Homeless Strategies and Solutions</b>		
Referral Purpose: To create a new management position to better coordinate homelessness services, strategies and solutions in Monterey County, to realize more permanent supportive housing, and collaborate with key stakeholders to end homelessness in Monterey County.		
Brief Referral Description (attach additional sheet as required): The State of California has provided a record amount of funding to better address the homelessness crisis in our state. In order to enhance services, construct more permanent supportive housing units, better strategize with other local governments, and meet all state funding requirements, it is time that the County of Monterey establish a management position that will focus on strategizing to end homelessness in our county in collaboration with various county departments, the Continuum of Care, local cities, school districts and businesses, and homeless service providers in all regions of our county.		
Other California counties have already created similar positions to enhance and elevate strategies and solutions. This position could possibly be funded by resources provided by the State of California in this year's state budget.		
<b>Classification - Implication</b>		<b>Mode of Response</b>
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy <input checked="" type="checkbox"/> Other: <u>Staffing/Homelessness</u>	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input checked="" type="checkbox"/> Presentation	
	<b>Requested Response Timeline</b>	
	<input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input checked="" type="checkbox"/> 6 weeks <input type="checkbox"/> Status reports until completed <input type="checkbox"/> Other: _____ <input type="checkbox"/> Specific Date: _____	

**ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO's Office:**

Department(s):	Referral Lead:	Board Date:
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**REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:**

Department(s): County Administrative Office	Referral Lead: Nick Chiulos	Date: 11/02/2021
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**ANALYSIS - Completed by Department and copied to Board Offices and CAO:**

Department analysis of resources required/impact on existing department priorities to complete referral:	
Analysis Completed By: _____	<b>Department's Recommended Response Timeline</b>
Date: _____	<input type="checkbox"/> By requested date <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other/Specific Date: _____

**REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:**

Referral Response Date:	Board Item No.:	Referrals List Deletion:
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**Note:** Please cc Karina Bokanovich, Rocio Quezada and Maegan Ruiz-Ignacio on all CAO correspondence relating to referrals.