Chinatown
A Summary
June 2015

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History and Current Activities Associated with Homelessness in Chinatown

Historically the Soledad/Old Chinatown neighborhood has always been a place for marginalized peoples. What was once a thriving home for the Chinese, Japanese and Filipino communities have become a center for homelessness, open air drug markets and the disenfranchised.

1970's-1995: The history, as it relates to homelessness, begins in the early 1970's. Sun Street Centers had received a grant from the California Council on Criminal Justice to reduce arrests for public intoxication. In 1974 a pilot facility, called the Swinging Door Drop-In Center, was established in the downtown area of Salinas, California to address problems of homelessness, vagrancy and public drunkenness. By 1982 the number of arrests for public intoxication had dropped from 10,000 to 1,600 per year. Four years later that solution, the Swinging Door, was established at a new location, across the tracks from downtown, in Salinas' historic Chinatown.

The stated purpose of the Swinging Door program was to draw the “street people”, as they were commonly called, off of the streets and away from the store fronts and alcoves in Downtown. A 1973 Program Study investigated the skid row phenomenon and recommended short, intermediate and long term approaches to “to mitigate the impacts of the skid row on the Main Street retail area...expand the support for the existing institutions on Skid Row which are involved in rehabilitation efforts...[and] reduce the long range costs to the various public agencies which are involved in Skid Row. Among the recommendations were the strict regulation of certain business types (such as bars and card rooms), the pursuit of physical improvements to make the area “undesirable to the undesirables”, the continued funding of alcoholic rehabilitation programs, the assisted relocation of the Victory Mission, and the creation of a “Downtown Drop-In Center.” The recommendations hinged on the idea that continuation of skid row activities would have a negative impact of the development of a redeveloped business district.

In 1980 a Multi-Agency Task Force was created to consider the needs of the “street people” and the Swinging Door program. Composed of City, County, and business representatives, it ultimately recommended a combination drop-in center and residential facility to address the long term issues of homelessness in Downtown. Two years later, in 1982, the recommendations of the Task Force were brought into practice with the creation of the Downtown Salinas Social Service Center Board (name changed to Downtown Social Service Board in 1984). A Joint Powers Agreement by City Council Resolution, it was comprised of five standing members and three alternates. Two standing member and one alternate were appointed from both the City of Salinas and the County of Monterey. One standing member and one alternate were appointed by the Oldtown Salinas Association representing Downtown business interests.

In 1984, the Board actively pursued the addition of two new board members to allow for representation by the “greater community at large”. This began the direct participation of the Salinas Buddhist Temple, the Franciscan Workers, and other organizations. The intended purpose of the Joint Powers Board Agreement was, “to establish a Joint Powers Board through which available resource can be organized and focused to study and evaluate the special needs of people in downtown Salinas and to plan, design, establish, and operate such services, programs, or facilities as may be necessary and appropriate to improve the social environment of the downtown Salinas area.”

When asking why Soledad Street became the focus of the relocation effort, history seems to suggest the mere convenience of the location was a key factor. There were vacant buildings. It was an area already frequented by the homeless population. The Victory Mission men’s shelter was located there, and the Franciscan Workers, were at the time, feeding lunch on a vacant lot across the street from the Republic Hotel. Despite the consideration of at least six different properties in the central city area the relative convenience afforded by the previously stated characteristics meant that 47 Soledad Street was to become the new location for the Swinging Door program.
The lease of the Old Republic Hotel was officially established in 1984, sharing space with the Salvation Army's Family Shelter (now defunct) that occupied the upper floor. The facility did not open, however, until 1986 due to serious plumbing and renovation issues with the building itself, and delays associated with the Conditional Use Permit. A key component to the relocation, however, seems to be that the relocation would be temporary for a term of three years.

At the time the Conditional Use Permit was approved, the Downtown Social Service Board, Center City Authority and City of Salinas Staff were directed to look for a permanent site for the Swinging Door and an advisory committee was established to monitor program operation on Soledad Street and to assist in the search for a permanent location. Concurrent with relocation, direction was given to begin work on a specific redevelopment plan/strategy for the Soledad Street Phase II Area.

The Phase II Action Strategy outlined redevelopment plans for the Soledad Street area as the second phase of the Central City Redevelopment Project—of which the Downtown was the first phase. It discussed two scenarios for the provision of homeless services. The first alternative was to relocate homeless services to Sun Street at a possible cost of $1.2 to $1.7 million dollars. The second alternative was to retain homeless services on Soledad Street, using the monies that would have gone to relocation to meet the needs of the homeless and to revitalize the neighborhood.

The concept of relocating homeless services to a labor camp was explored extensively. By 1987 the Downtown Social Service Board had conducted site reviews and preliminary relocation cost estimates for three labor camp locations on Sun Street, approximately two blocks from Chinatown. For a variety of reasons to include, but not be limited to: distance and cost and incompatibility between the largely alcoholic and drug using population that frequented the Swinging Door and Victory Mission and those in rehabilitation at Sun Street Centers. Victory Mission and Sun Street Centers also shared one belief that pushed them both to oppose the relocation. In this case, it took the form of a legitimate concern for the safety of local children as 73 school aged children lived on Sun Street at the time. The consensus seemed to be that relocation had been tried, and so no further attention was paid to relocating the Swinging Door from Soledad Street. Relocation efforts peaked in 1992 and ultimately fell apart.

Official discussion over the closure of the Swinging Door began in 1993. Confronted with an end to Sun Street Centers involvement in the Swinging Door, the Downtown Social Service Board began looking at other options for providing services in the area. The solution came in the form of an agreement between the Buddhist Temple and the Franciscan Workers who formed the “Wheel of Hope” as a collective non-profit. The terms of the agreement allowed the creation of what is today Dorothy’s Place Hospitality Center and established a ten-year time limit with possible extension(s). The facility was approved to offer the same basic services as the Swinging Door and Dorothy’s Soup Kitchen, with the addition of enhanced supportive services.

The Downtown Social Service Board, which had once been the primary funding and regulatory agency for the Swinging Door passed responsibility on to the Franciscan Workers and Buddhist Temple through the Wheel of Hope. After 1995 the records of the Downtown Social Service Board end all together and no conclusive history of its dismissal can be found.

**1996-Present:** From an infrastructure perspective, Chinatown has suffered a slow and steady deterioration with once vibrant historical buildings blighted and bare. In terms of the human condition, homeless encampments and those residing within them have steadily grown more numerous than ever. As stated earlier, what was once a thriving home for the Chinese, Japanese and Filipino communities have become a center for homelessness, open air drug markets, addiction and hopelessness. From a service lens, even with best efforts, the problem is so big, so hemorrhaged, that current service levels act as a bandage fighting to stem the blood flow.
The Great Recession complicated an already overly complicated challenge. Not only was the business community struggling to survive, but homeless service organizations faced shrinking resources and decreased donations. Chinatown continued to decay and the number of homeless slowly continued to increase.

In March, 2005 the Salinas Redevelopment Agency, the Buddhist Temple, the Franciscan Workers, and the Coalition of Homeless Services Providers sponsored a community summit to address area homelessness with more than 100 people in attendance. One of the end results of the summit was the creation of the Salinas Downtown Community Board (SDCB) with 24 seats that represent property owners, local businesses, community service providers, local government and institutions and community residents. Formally established in November, 2005 and incorporated as a non-profit in July, 2007, the SDCB has met monthly in the Chinatown neighborhood to advise policy makers regarding development plans for the area. These multi-stakeholder meetings create an important forum for the entire downtown Salinas area, the SDCB’s first initiative is the Chinatown Renewal Project, with the theme of “Creating a Thriving Community”.

The SDCB has five Action Teams (work groups) which focus on specific issues and concerns in the Chinatown Renewal Plan. Neighborhood safety (Safety, Security and Sanitation Action Team), historical and cultural impact (Asian Cultural Experience), homeless persons and support services (Chinatown Homeless Action Team), elimination of geographic isolation (Reconnection Action Team) and community awareness (Communication/Publicity Committee). Each work group addresses critical issues for the renewal of the neighborhood.

On August 14, 2012, City of Salinas staff provided the City Council with a comprehensive overview of local and regional efforts to address the needs of homeless in San Benito County, Monterey County and in Salinas. This study session was attended by the community and business leaders, the faith-based community, County representatives, and non-profit organizations that are members of the Coalition of Homeless Services Providers. City staff summarized the City’s efforts in three dimensions: 1) support for the regional Lead Me Home effort to end homelessness; 2) federal funding for homeless programs provided by HUD and administered by the Housing Division, and; 3) the progress of five-year’s of action in Chinatown from the Salinas Downtown Community Board’s (“SDCB”) Chinatown Homeless Action Team (“CHAT”).

In response to a request from members of CHAT and the SDCB’s Safety, Security and Sanitation Committee, (“SSS”) the City of Salinas Public Works Department conducted a sweep of encampments in Chinatown August 16, 2012. The Public Works Director, 9 members of the Streets Division and the Public Works Project Manager removed a record 16-trucks of trash and debris from the alleys and streets of Chinatown, and hand-power washed the sidewalks on Soledad Street. Public Works estimates the cost of a sweep of this magnitude to be between $3,500 and $4,000 and this does not include the cost of Police or other staff. During the sweep, an informal meeting occurred between members of the Salinas Police Department, Salinas Public Works Department, Franciscan Workers, California University Monterey Bay faculty and Councilmember Barrera. The need for interim housing and public toilets were paramount on the list of needs. The SSS monthly meeting at the Buddhist Temple occurred that same evening of the 16th, and members of the Franciscan Workers described the hard-felt emotions of the day, and the reality that during the sweep that morning, they received more requests for housing and services than ever before. At the monthly CHAT meeting held in September, service providers and members of the Chinatown community began to explore ways that service providers could better connect to the persons they serve, before the next sweep occurs. CHAT and the SSS became directly engaged in improving conditions in Chinatown.

Following the August 2012 sweep, 8-10 of the campers in Chinatown relocated (for the first time) to the City of Salinas property at 11-15 Soledad Street adjacent to the CSUMB Community Garden. This property intended for affordable housing was once owned by the former Salinas Redevelopment Agency, and is contaminated with lead. The group became organized, adopted the name “Camps by the Garden,” and the concept of siting a portable toilet in Chinatown began to grow. The group was able to secure a donation and a portable toilet was
first placed on City of Salinas property, and then moved the same day to property leased by the Franciscan Workers.

In the fall of 2012, two business members from the 100 Block of Main Street were arrested for beating a homeless person. The Oldtown Salinas Association began holding community forums in November and December to discuss the situation. Two meetings were held and although much concern was expressed, little action occurred. Members of the “Camps at the Garden” did attend these meetings, and the City of Salinas made it clear that they had to move from their location on Soledad Street due to the contamination.

On January 31, 2013, the Salinas Public Works Department conducted a second sweep of equal scale as the previous effort. More than adequate notice was provided to the campers prior to the sweep allowing some of them to stash their belongings before the trucks arrived. This effort attracted much attention from the media and public concern was raised to a new height. During a television interview, rats scurried beneath the feet of the City of Salinas Public Works Director, emphasizing the need of the city to try and keep the streets clear of debris, rubbish, human defecation and used hypodermic needles. Community activism grew and resulted in an encampment in front of City Hall. On the following Friday morning, the Mayor and City Manager of Salinas met with representatives from the encampments in Chinatown and set a course for City action.

In February 2013, City of Salinas department heads began meeting to discuss options the City could take to assist the homeless. Staff and the Mayor toured Sherwood Park and offered the RV site reserved for the Rodeo as a camping option to the spokespersons representing the encampments in Chinatown. The response was “no thank you.” The location was considered too dangerous due to the fact that other homeless already resided in Sherwood Park. City of Salinas staff ended its quest to provide a campsite, but several members of the CHAT are still considering this idea.

The City of Salinas erected a wrought iron fence around its polluted property on Soledad Street, and it was at that point that the “Camps at the Garden” and the public toilet ended in Chinatown. But the efforts of the SDCB did not end.

On February 14, 2013, the CHAT sponsored its first Bar-B-Que. Soledad Street was closed, tables and equipment was donated from the Buddhist Temple, and more than 300 hundred hamburgers and hotdogs were served by a dozen or so non-profit organizations to the population in and around Chinatown. This event began connecting the front line staff of the service organizations directly to those who need it, while sharing a hot meal. Since this time, the connection between service providers and the clients have built upon the trust and success of additional quarterly Bar-B Ques.

A third sweep occurred July 21, 2013, and this time the sweep was forewarned by personal contacts with the campers. Members of the CHAT and CSUMB, as well as member of the Police Department went from tent to tent to forewarn folks that a sweep was eminent. This sweep was known compassionately as a “lite sweep.”

The SDCB has attempted to address the needs of the homeless in Chinatown for the past five years. At the July 1, 2014 SDCB meeting, following the second of three CHAT Chinatown Homeless Barbeques, the Board expressed serious concern about the escalating trend of deterioration and the need to take action to improve conditions in Chinatown. The SDCB and CHAT agreed to host a strategic planning retreat to address Chinatown concerns on September 25, 2014. The afternoon session included members of the City of Salinas staff and Council, County staff and a representative from the County Board of Supervisors, and certain property owners. Safety and ending the open-air drug market remained a top priority for Chinatown, and the Salinas Police Department agrees with the need to address this critical issue.

Strategic planning efforts culminated with a four phase course of action: Phase 1 being years 1-2, then 2-3 years through 7-years out. Action plan goals and objectives are in keeping with the Lead Me Home 10-Year
Plan to End Homelessness and the Chinatown Rebound Plan. Specific objectives and current status (for years 1-2) stemming from the September 25, 2014 strategic planning session as follows:

Phase 1 – 1-2 years

- **City and County take formal positions regarding encampments.** Encampments are more numerous and larger than ever. The Lead Me Home Plan does not address encampments, so at the request of the City of Salinas, the Coalition of Homeless Services Providers (CHSP) developed an encampment policy (attached). The CHSP “Temporary Homeless Encampment Policy” does not endorse temporary homeless encampments. It does state however, that if a local jurisdiction wanted to sanction a homeless campground that it set forth certain permitting parameters to be followed. The SDCB asked the City of Salinas and County to clarify their positions as they relate to structured homeless encampments. The City of Salinas codes do not currently allow camping in the City. If sufficient resources were available, all camps would be removed and not allowed to return. The City of Salinas does not support homeless camps in Chinatown or anywhere else in the City. The County has not provided the SDCB with a formal position regarding homeless encampments.

- **Environmental, Safety and Sanitation issues identified with written responses from City/County as to resolutions.** The most pressing priority in this category is insufficient access to flush toilets, running water and shower facilities for homeless persons in Chinatown. Longer-term solutions are currently in development, but immediate action is needed to address access to running water. People who are in crowded conditions and without access to running water are more susceptible to contracting and spreading disease. Proper and frequent hand washing has been shown to reduce incidence of disease and is clearly the first, and most basic, step to maintaining public health. On behalf of the SDCB, a letter was sent to the Monterey County Director of Public Health on April 3, 2015 (attached) requesting three free-standing hand washing stations for use in Chinatown for a very reasonable investment of $3,000. Response was received in the form of an April 30, 2015 letter (attached) from the Monterey County Environmental Health Bureau to the City of Salinas City Manager. Page two of the letter states that, “EHB does not have the authority or resources to initiate or conduct clean-up projects on any public or private property in incorporated or unincorporated areas within Monterey County, nor are we able to provide hand wash stations, portable toilets or portable toilet services for any homeless encampment.”

*It is the position of the SDCB that the response from the Monterey County Environmental Health Bureau is insufficient. The SDCB strongly believes inadequate access to basic hand washing in such a highly populated area is a public health issue and should be directly addressed by the Public Health Division of the Monterey County Department of Health and the Environmental Health Bureau. The SDCB is very concerned that this serious public health issue that could be resolved with an extremely small investment was not only summarily shut down, but was seemingly viewed as so insignificant that it did not even warrant a response to the SDCB itself by the Monterey County Department of Health. This is deeply troubling to the SDCB.*

In addition to basic sanitation in Chinatown with public health implications, the Coalition of Homeless Services Providers (CHSP) and the Salinas Downtown Community Board (SDCB) strongly recommends the continuation of County approved syringe exchange activities as the vast percentage of syringe exchange occurs in the Chinatown area. Both CHSP and SDCB deem this a viable, evidence based practice, geared to reducing the transmission of HIV/AIDS and Hepatitis C.

- **Homeless Coordinator funded with clear job description developed with input from City/County/Service Provider Network/SDCB.** The City of Salinas is working to explore the potential for a position. In concept, this position can among other things, facilitate and build relationships between the various institutional silos within government and among different governments, and put the right pieces together to help make the work effective and efficient. It can staff the CHAT meetings and coordinate the CHAT’s Chinatown Homeless Barbeques. It can
respond to citizen complaints regarding illegal encampments, and help coordinate those who wish to help. Eventually, the position has the potential to become the City’s first “health coordinator.” If created strategically, other agencies including the County may find it beneficial to help fund the position. This position can work with the Coalition of Homeless Services Providers (CHSP) with the Lead Me Home Plan and can be a representative to the CHSP. The City of Salinas is working to develop a draft job description at this time.

- **Homeless Coordinator explores and identifies possible new opportunities via the Affordable Care Act for expanded tenancy supports, mental illness services and substance abuse services to be delivered on the ground.** The Coalition of Homeless Services Providers (CHSP) has secured regional technical assistance from the U.S. Department of Housing and Urban Development (HUD) to explore opportunities to increase supportive service levels for homeless program via the Affordable Care Act (ACT).

- **Integrated Response Team concept approved and funded by City/County with detailed scope of work developed with input from City/County/Service Provider Network/SDCB.** The City of Salinas is working with the County to explore ways in which an Integrated Response Team can be developed and implemented. The Coalition of Homeless Services Providers (CHSP) as the designated Continuum of Care (CoC) coordinator strongly recommends that the CoC be included in these discussions as relate directly to the goals and objectives in the Lead Me Home Plan to include, but not be limited to Coordinated Assessment and Referral (CARS) requirements. On May 20, 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act which amended and reauthorized the McKinney-Vento Homeless Assistance Act with substantial changes. CoC’s across the nation have been working diligently to fully incorporate all of the complicated and time consuming system changes contained within the HEARTH Act. Monterey County is on-track to meeting timelines associated with the transition.

One very complicated transition activity which has far-reaching implications is the required Coordinated Assessment and Referral System (CARS) process. CARS paves the way for more efficient homeless assistance by:
- Helping people move through the system faster (by reducing the amount of time people spend moving from program to program before finding the right match);
- Reducing new entries into homelessness (by consistently offering prevention and diversion resources upfront, reducing the number of people entering the system unnecessarily; and
- Improving data collection and quality and providing accurate information on what kind of assistance consumers need.

- **Gate program goals/objectives/location explored, funded and implemented.** Enfolded into the “Pilot Human Service Campus” category.

- **Pilot Human Service Campus funded and implemented.** Second to the removal of drug trafficking, the goal to reduce encampments and improve sanitation remains at the top of the priority list and to build the services called for in the 2010 Chinatown Rebound Plan and embedded into the regional Lead Me Home Plan-10 Year Homeless Plan. Ultimately, the goal is to locate the Homeless Health Center (or a social service campus), at the west end of Chinatown at Bridge Street. The SDCB determined that the best strategy to develop this long-term goal was to first establish a pilot program utilizing property on Soledad Street on a smaller scale, refine programming components, document successful outcomes to build capacity and resources.

In 2013, when initially conversations about a Winter Warming Shelter began, the owner of 115 East Lake Street in Salinas offered his building for lease. The 3,500 square foot floor plan is open with small bathrooms and a small storage closet in the back. It has no windows and includes a large parking lot. As outlined in the “Winter Warming Shelter” section below, Chinatown was not deemed an ideal location for an inclement seasonal shelter.
The City of Salinas has entered into a long-term lease with the owner of 115 Lake Street who is amenable to using the property for the above outlined pilot program. Partnerships can be grown that include re-energized focus on public health, health care providers, homeless services providers and County Public Health. Homeless sanitation can be established in the form of trash control, public showers and bathrooms. The experts at Mid-Peninsula Housing (under contract for 90-units of affordable housing in Chinatown) can use the 115 Lake Street building to begin an effort to relocate campers to housing in their planned facility. Additionally, 115 Lake Street can be used as a satellite office for a host of mainstream and homeless services providers. The SDCB’s goal for 115 East Lake Street is to reduce camping in the neighborhood.

115 Lake Street will serve as the location to assess client need and priority via the Coordinated Assessment and Referral System (CARS). As outlined in the “Integrated Response Team section” CARS requires a standardized access and assessment process for all clients and a coordinated referral process for homeless persons to receive prevention, housing and other related services. A key component of standardized assessment is the use of a single evidence based assessment tool to be used across the entire homeless service provider network. The local CoC has selected the Vulnerability Index-Service Prioritization Assistance Tool (VI-SPDAT) as the universal CARS assessment tool. The VI-SPDAT is an evidence-informed approach to accessing a homeless individual’s or family’s acuity. The tool, across multiple components, prioritizes who to serve next and why, while concurrently identifying the areas in the person/family’s life where support is most likely necessary in order to avoid housing instability.

The VI-SPDAT is integrated within the Homeless Management Information System (HMIS). HMIS is required by HUD and is an information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. The Coalition of Homeless Services Providers (CHSP) serves as HMIS lead agency for the local continuum. On May 20, 2015, CHSP funded a one-day VI-SPDAT training session facilitated by OrgCode (the creator of the VI-SPDAT) to almost 100 homeless nonprofit case managers and associated staff. CARS implementation, to include VI-SPDAT use, will be phased into continuum infrastructure within the next 12 months in a systematized manner.

Integrated Response Teams will work closely with CARS and the VI-SPDAT. CARS implementation will have significant impact in Chinatown and requires effective partnerships from all levels.

Working in tandem with efforts related to 115 Lake Street, the City of Salinas has purchased 10 Soledad Street. 10 Soledad Street is approximately 1,500 square feet of usable space after rehabilitation. The overall plan is to relocate the CSUMB Learning Center from 22 Soledad Street to 10 Soledad Street with a long-term lease. Once relocated, CSUMB will expand their Social Work intern program and incorporate a Registered Nurse educational track into existing programming. Social Work and Registered Nurse interns will work in partnership with Case Managers at 114 Lake Street to both assess and prioritize clients and participate in wrap-around services and activities designed to either ready the client for homeless program participation and/or other housing options.

Both 114 Lake Street and 10 Soledad Street require extensive renovation at this time. Funding for 10 Soledad Street has been identified by the City of Salinas. A public/private partnership is being established to round out funding needs for 114 Lake Street.

- **Winter Warming Shelter activated.** In 2013, the City of Salinas, Monterey County Department of Social Services, Sun Street Centers and Shelter Outreach Plus collaborated to open an inclement weather warming shelter for Monterey County homeless men and women at 37 Central Avenue in Salinas. The United Methodist Church coordinated the work of their members and other faith
organizations to provide meals. Between mid-December and April 30, the shelter provided a total of 3,190 beds. The monthly bed counts ranged from 600 beds per month to 870. On average, the Shelter served 29 persons per night and occasionally reached its maximum capacity of 40. The cost was $44,344, or about $13.90 per night. The County helped off-set City of Salinas costs with a $19,000 reimbursement for Shelter Outreach Plus services. Sun Street Centers donated the space, and the City of Salinas paid the utilities. The program had its challenges with location, schedules and attracting participants. But it is clear that the use of the shelter increased in direct proportion to increases in the severity of cold and/or wet weather.

The statistics shared above indicate that not every camping homeless person is seeking shelter as a first priority. The amount of unreported violence, theft, drug sales and use, in Chinatown is simply out of control. An inclement weather warming shelter needs to be in a more secure environment, where those seeking help can find a peaceful place to rest. One member of the Salinas PD felt that having another shelter in Chinatown would be like having an Alcoholics Anonymous Meeting in a bar. The SBCB and the City agree that conditions in Chinatown are not conducive for an inclement weather warming shelter.

In 2014, an inclement warming shelter was located at 215 Lincoln Avenue; the Women’s Club. It housed approximately 40 Monterey County homeless men, 15 women and was able to accommodate families. The temporary arrangement included portable toilets in the breezeway between the Armory and old Fire House. Costs were estimated at $47,000 to operate between mid-November and March 31, 2014. The Monterey County Department of Social Services again helped to offset the cost to the City of Salinas and reimburse for half the cost of Shelter Outreach Plus. Faith communities repeated activities associated with meal service.

- **Integrated Response Team begins to work with chronically homeless populations and existing housing program service providers at the Pilot location and at 10 Soledad Street.** In development as described above. City of Salinas and the County have met four times at a department head level to explore opportunities in this area.

**Phase II – 2-3 years**

- Integrated Response Team identified as key component of City/County strategic plans to ensure longevity.
- Gate program funded (with temporary housing component) and implemented.
- Learning Center relocated to 10 Soledad.
- Strong collaboration between Integrated Response Team/Mid-Pen Social Service Division/Local Service Provider Network to work in an interdisciplinary fashion to prepare chronic homeless population to transition to longer term housing opportunities.
- Community Police model funded and implemented.
- Expanded mental health/substance abuse services fully integrated into service provision to chronically homeless population.
- Homeless Coordinator actively working with City/County/Service Provider Networks. City/County staff identified to conduct short and long-term fund development activities.
- Winter Warming Shelter activated.

**Phase III – 3-5 years**

- Chronically homeless population integrated into community-wide housing programs to include Mid-Pen project.
- Integrated Response Team fully integrated into service provider network (not parallel systems, but integrated)
- Human Service Campus funding in active process to include supportive service/operational costs.
Phase IV – 5-7 years
• Fully operational Human Service Campus with funding secured
• Encampments eliminated.
• Pilot Human Service Campus phased out and possibly retooled for other purposes.
• Integrated Response Team continues to work with targeted homeless populations.
• Mid-Pen Project fully operational and leased up.

Conclusion

What began as an attempt to increase economic opportunity and business activity in the Downtown Salinas area by addressing problems of homelessness, vagrancy and public drunkenness has resulted in a seriously blighted, crime-ridden and deteriorating neighborhood known as Chinatown. Encampments are more numerous and larger than ever. Inadequate access to basic sanitation and hygiene represent a serious threat to public health. Lack of safe and affordable housing to extremely low income people across the county continue to set back homeless service provider efforts to alleviate homelessness.

It’s not from lack of trying. The history of Chinatown demonstrates that serious efforts to address issues have been made in the past. Unfortunately, historical goals and objectives fell apart due to a variety of challenges and competing interests. Ultimately, the challenges became too complicated, too expensive, and too controversial and efforts stalled.

It’s not a single jurisdiction concern. Chinatown may be physically located within the City of Salinas, but is a county-wide magnet for the street homeless and requires regional solutions.

It’s not over. The Chinatown Rebound Plan and the Lead Me Home 10 Year Plan to End Homelessness has provided a blueprint to focus efforts related to Chinatown. Those strategic documents, and the objectives contained within them, provide a firm foundation to finally address Chinatown issues in a manner that is clear, collaborative, focused, result oriented and action minded. For the first time in decades, realistic solutions are within reach.

In order for the articulated strategies to be successful, the following is needed:

~Acknowledge that issues related to Chinatown impact the County as a whole and require Multi-Jurisdictional and County responses.
~Commitment from County and City departments to work with the Coalition of Homeless Services Providers, as designated Continuum of Care Coordinator, as opposed to working outside the CoC structure.
~Actively address public health issues as they relate to Chinatown.
~Support the strategies outlined in the Chinatown Rebound Plan and the Lead Me Home 10 Year Plan to End Homelessness
Current Direct Services Provided in Chinatown

Franciscan Workers of Junipero Serra (30 Soledad Street):
~Dorothy’s Kitchen: Prepares and serves approximately 150 free hot breakfasts and 200 hot dinner-style lunches each day.
~Drop-In Center: Serves as a vehicle to deliver services that include, but are not limited to: toilets and showers; advocacy and case management; mail service; prescription assistance; laundry services; clothing closet; hygiene items; basic first aid supplies; crisis support and community building activities.
~Weekly Health Clinic: Staffed by Natividad Medical Center physicians and nurses and aided by medical interns and student nurses, the clinic performs simple procedures and prescribes needed medicines. The clinic logs 1,300 visits annually.
~House of Peace: Transitional living program for 12 chronically homeless adults.
~Women Alive: Low-demand nighttime emergency shelter for single women.
~St. Clair’s Corner: In partnership with the Food Bank for Monterey County, St. Clair’s provides free household goods, clothing and food to families in need who live in the general neighborhood. The program is open during the winter months of high farm worker unemployment.

CSUMB Learning Center (22 Soledad Street):
~Computer Lab: A free computer lab affords residents the opportunity to seek employment and housing, communicate with family and to learn basic technology skills.
~SSI/MediCal/CalFresh/General Assistance & Support (Mo. Co. Behavioral Health/CSUMB MSW supported): Approximately 132 units of service annually.
~Evidence Based Practice Cognitive Behavioral Classes (Mo. Co. Behavioral Health/CSUMB MSW/Sun street Centers supported): Three self-help classes per week with approximately 240 units of service annually.
~Light Counseling (Mo. Co. Behavioral Health/CSUMB MSW supported): Approximately 36 units of service annually.
~Foot Washing Clinic (CSUMB/Natividad Medical Center supported): Approximately 240 units of service annually.
~Tai Chi Clinic (CSUMB supported): Approximately 84 units of service annually.
~Acupuncture Clinic (CSUMB/Monterey Spine Center supported): Approximately 84 units of service annually.
~Chinatown Community Care Crew (Community Foundation grant to the Salinas Downtown Community Board with a subcontract to the Learning Center): Designed as a work experience and leadership program, C-4 empowers a team of neighborhood residents to help keep Chinatown free of debris and to serve as points of contact to disseminate information and solicit feedback from residents.
~Community Garden (CSUMB/Community Foundation supported): Provides gardening education, healthy eating and safe public space. Approximately 360 units of service annually.

Interim, Inc.
~MCHOME Homeless Services: MCHOME’s goal is to move homeless adults with mental illness off the streets and into housing and treatment. MCHOME provides outreach and supportive housing with intensive, integrated services. Counselors evaluate for chronic homelessness and psychiatric disability, and, if they qualify, enroll them in intensive integrated services that include housing, benefits coordination, food, psychiatric care and financial counseling.

Victory Mission (40 Soledad Street):
~Emergency Shelter: Victory Mission provides up to 40 emergency shelter beds for single homeless men.
Central Coast HIV/AIDS Services (CCHAS):
~Syringe Exchange Program: Provides one for one syringe exchange as a best practice HIV/Hepatitis C prevention intervention. CCHAS partners with the Franciscan Workers who provide space for program activities. *Note: CCHAS is closing operations as of June, 2015. It is essential that syringe exchange activities continue in Chinatown and is supported by the County.

Clínica de Salud:
~Mobile Clinic: Provides mobile health clinic services in Chinatown to homeless persons. Scheduled approximately 7 days per month in Chinatown.
**LEAD ME HOME**
*The Game Plan for Housing Homeless People in Monterey and San Benito Counties*

*Lead Me Home*, the 10 Year Plan to End Homelessness in Monterey and San Benito Counties builds upon the successful relationships developed over time which are multi-organizational, multi-governmental, and multisectoral. Collaboratively, the approach is geared to identify successful practices, organize resources, scale up to the size of the problem, and produce public value by delivering meaningful results. This requires continued innovation by community-based organizations, advances in government policy practices, and meaningful private sector investment.

*Lead Me Home* contains a variety of focused and overarching goals and objectives. For the purpose of this summary, a few of the strategies with direct impact on Chinatown are listed below:

- Designate preventing and ending homelessness as a joint mission of all relevant County and City agencies. All public agencies in the County and Cities must work together in this effort, taking responsibility for identifying people who are homeless or at-risk and linking them with appropriate services.
- Expand the availability of permanent housing that is safe and affordable to homeless persons with extremely low incomes (0-30% of AMI-Area Median Income).
- Initiate the creation of a “home health center” or clinic offering a variety of flexible health-related services as a catalyst project for the Salinas Chinatown Human Services Campus.
- Building on the “home health center”, create a main service hub at the proposed Salinas Chinatown Human Services Campus that co-locates services for clients. The Human Services Campus can provide centralized access to a broad range of services. The Chinatown Action Team is tasked to developing a program model in keeping with the goals of *Lead Me Home*. 
Law enforcement officers should receive training in how to engage with homeless people, mental health issues, crisis intervention techniques, use of the 5150 involuntary psychiatric hold, and what housing and services are available in order to provide appropriate referrals.

Designate staff at all area hospitals to participate in quarterly hospital discharge planning roundtable meetings that center on housing-focused discharge planning training.
POr sITION ON TEMPO RARY HOMELESS ENCAMPMENTS

The Coalition of Homeless Services Providers (Coalition) approved the following position on August 19, 2014 regarding homeless encampments in Monterey and San Benito Counties. Incorporated as a nonprofit in 1994, the Coalition has a mission of ending homelessness by helping coordinate, support and fund our local Continuum of Care shelter/housing and service programs. To accomplish this, the Coalition strategically partners with other community stakeholders to implement Lead Me Home, the 10 Year Plan to End Homelessness in Monterey & San Benito Counties. Further, the Coalition fully supports the Federal HEARTH (Homeless Emergency Assistance, Rapid Transition to Housing) Act, with its focus on Prevention/Rapid-Rehousing, Permanent Supportive Housing, and regional, cross-system, multi-jurisdictional planning as the best strategies to reduce and end homelessness in our communities.

Temporary accommodations built by homeless people in public spaces are far from ideal solutions. As such, the Coalition does not endorse temporary homeless encampments. It is the position of the Coalition that permanent housing is the only lasting solution for homelessness. Without suitable shelter combined with supportive services, the fundamental needs of the homeless will remain unmet and the frustrations in our communities will increase.

To end homelessness, long-term plans for affordable housing are essential. Homeless encampments are at best, a short-term response to the immediate crisis of individuals living on the streets, in the woods, on the beach and elsewhere in our communities. The increased capacity for shelter, housing, and service opportunities is our most critical recommendation as articulated in the Lead Me Home Plan to End Homelessness in Monterey and San Benito Counties. Until the local stock of recommended housing solutions meets demand, homeless people will continue to live on the streets in Monterey and San Benito Counties.

The Coalition recognizes that city and county officials may choose to endorse homeless encampments on a temporary basis. The Coalition offers the attached recommendations for temporary homeless encampments should a jurisdiction choose to develop a policy adopting temporary homeless encampments.

For additional information: Katherine Thoern/Executive Officer Coalition of Homeless Services Providers 831-883-3080 chspmontr@oal.com
Coalition of Homeless Services Providers
TEMPORARY HOMELESS ENCAMPMENTS

Definitions

Temporary Homeless Encampment: means a transient or interim gathering or community residing out of doors on a site with services provided and supervised by a Sponsor or Managing Agency comprised of temporary enclosures (tents and other forms of portable shelter that are not permanently attached to the ground), which may include common areas designed to provide food, living and sanitary services to the occupants of the encampment. The definition of “Temporary Homeless Encampment” will also apply to Nighttime Safe Parking Programs.

Managing Agency: means an organization that organizes and manages a Temporary Homeless Encampment. A Managing Agency may be the same entity as the Sponsor.

Sponsor: means a local, community based organization(s), faith community or other organized network that has a written agreement with the Managing Agency to provide basic services and support for the residents of a Temporary Homeless Encampment. A Sponsor may be the same entity as the Managing Agency.

Tent: means a temporary structure, enclosure or shelter constructed of fabric or pliable material.

Safe Parking Program: means a program that provides overnight parking accommodations in designated public or private lots for homeless individuals and families who are living in their campers, cars or other vehicles.

Resident Council: means a group of Temporary Homeless Encampment occupants that participate in decision making activities, in an advisory capacity, with the Managing Agency and Sponsor on matters directly affecting the interests, well-being and safety of occupants.

Recommended Standards

The Coalition of Homeless Services Providers recommends the following Temporary Homeless Encampment standard should a city or county jurisdiction approve a temporary homeless encampment to be located within its geographic boundaries.

A. Jurisdictions should consider shelter bed capacity within the locality to determine the fundamental need for Temporary Homeless Encampments.

B. Jurisdictions should consider establishing a Temporary Homeless Encampment permit process to memorialize standards, time-frames and agreements. Public hearings should be considered prior to issuing permits. Jurisdictions should not grant a Temporary Homeless Encampment permit for the same location more frequently than once in every 365-day period. Temporary Homeless Encampment activities should be limited to a six (6) to twelve (12) month duration. Temporary Homeless Encampments must be restored to its pre-encampment conditions within one-week after the permit expires.

C. Jurisdictions should consider and formalize liability, indemnification and/or hold harmless requirements between locality, Managing Agency and Sponsor.

Approved by the Board of Directors on August 19, 2014
D. No part of Temporary Homeless Encampments should encroach on setbacks between properties, or into a critical area or critical area buffer. Any tent, canopy or membrane structure must be located a reasonably safe distance away for any building, fence, or internal combustion engine.

E. Exterior lighting should be directed downward and contained within the Temporary Homeless Encampment.

F. The maximum number of occupants within a Temporary Homeless Encampment should be determined by taking into consideration the size and conditions of the proposed site; however, it should not exceed 100 regardless of size or condition.

G. The Temporary Homeless Encampment should be located within one half mile of public transit service.

H. The Managing Agency and Sponsor should not permit children under the age of 18 to stay overnight in the Temporary Homeless Encampment, unless circumstances prevent a more suitable overnight accommodation for the child and parent or guardian. If a child under the age of 18, either alone or accompanied by a parent or guardian, attempts to stay overnight, the Managing Agency and should endeavor to find alternatives shelter for the child and any accompanying parent or guardian. No children under 18 that are not accompanied by a parent or guardian should be allowed in the Temporary Homeless Encampment. This standard may be waived with Safe Parking Programs if the child under the age of 18 is in direct custody and supervision of a parent or guardian. No children under the age of 18 that are not accompanied by a parent or guardian are allowed in the Safe Parking Program.

I. The Managing Agency, Sponsor and Temporary Homeless Encampment residents should ensure compliance with applicable state statutes and regulations and local ordinances concerning, but not limited to, drinking water connections, solid waste disposal, human waste, and outdoor fire or burning, electrical systems, and fire resistant materials.

J. The Managing Agency and Sponsor should actively participate in the established CA-506 Continuum of Care Homeless Management Information System (HMIS). The Managing Agency and Sponsor should submit quarterly reports to the jurisdiction. Failure to submit reports may lead to the revocation of Temporary Encampment permits.

K. The Managing Agency and Sponsor should provide sanitary portable toilets in the number required to meet capacity guidelines by the manufacturer, self-contained hand washing stations by the portable toilets and by any area where food is either dispensed or consumed communally, sufficient refuse receptacles, adequate number of fire extinguishers with appropriate rating and adequate source of water for both sanitation and drinking.

L. The Managing Agency and Sponsor should appoint a member to serve as a point of contact for the local Police Department. At least one member should be on duty at all times at the Temporary Homeless Encampment. The names of the on-duty members should be posted daily.

M. The Managing Agency and Sponsor should actively solicit and permit inspections of the temporary homeless encampment by the local health district, and timely implement all directives of the health district within the time period specified by the health district. They should immediately report to the health district suspected food poisoning, unusual prevalence of fever, diarrhea, sore throat, vomiting, jaundice, productive cough, or when significant weight loss is a prominent symptom among occupants

N. The Managing Agency and Sponsor should immediately contact the local Police Department if someone is rejected or ejected from the Temporary Homeless Encampment in the reasonable opinion of the on-duty member or on-duty security staff, the rejected/ejected person is a potential threat to the community.

O. The Managing Agency and Sponsor should permit reasonable inspections of the Temporary Homeless Encampment by the city/county code enforcement officers, building officials, fire marshal or their designee. The Managing Agency and Sponsor should implement all directives within the time period specified by the city/county code enforcement officer, building official, fire marshal or their designee.
P. The Temporary Homeless Encampment should not be materially detrimental to the public welfare or injurious to the property or improvements in its vicinity.

Q. The Managing Agency and Sponsor should establish a Resident Council minimally comprised of a Chair, Vice-Chair and Secretary. A Resident Council handbook should be developed to articulate resident council roles and responsibilities.

R. The Managing Agency and Sponsor should conduct a standard assessment prior to approving an occupant of the Temporary Homeless Encampment. It is suggested that members of the Resident Council participate in the assessment and approval process.

S. The Managing Agency and Sponsor should provide and enforce within said Encampment a written Code of Conduct, which provides for the health, safety and welfare of the temporary homeless encampment residents, but also mitigates impacts to neighbors and the community. All Temporary Homeless Encampment occupants should sign an agreement to abide by the code of conduct and failure to do so may result in a corrective action plan or the noncompliant occupant’s immediate expulsion from the property. It is suggested that members of the Resident Council participate in corrective action process.

T. The Managing Agency and Sponsor should ensure that Temporary Homeless Encampment occupants have access to supportive services to include, but not be limited to; mental health, primary medical services, employment readiness, financial literacy, benefit coordination, recovery programs and affordable housing opportunities.

U. The Managing Agency and Sponsor should actively participate in CA-506 Continuum of Care Coordinated Referral and Assessment activities with a documented priority to transition Temporary Homeless Encampment occupants into permanent or permanent supportive housing.

V. The Managing Agency and Sponsor should keep a log of all people who stay overnight in the temporary homeless encampment, including names and birth dates. Logs shall be kept for a minimum of one (1) year.

W. The Managing Agency and Sponsor should manage Temporary Homeless Encampment occupants and prohibit alcohol, drugs, weapons, fighting, and abuse of any kind while located on the property.

X. Because each Temporary Homeless Encampment has unique characteristics, including but not limited to size, duration, use, number of occupants and composition, the jurisdiction should have the authority to impose the conditions to the issuance of the permit for Temporary Homeless Encampments to mitigate effects on the community upon finding that said effects are materially detrimental to the public welfare or injurious to the property or improvements in the vicinity. Conditions, if imposed, should relate to findings and be calculated to minimize nuisance generating features in the matters of noise, waste, air quality, unsightliness, traffic, physical hazards and other similar matters that the Temporary Homeless Encampment does not meet the requirements and standards or adequate mitigation may not be feasible or possible, the city/county may deny issuance of a temporary homeless encampment permit.

End of Document

Approved by the Board of Directors on August 19, 2014
May 7, 2015

Ray Bullick
Director of Health
Monterey County Health Department
1270 Natividad Road
Salinas, CA 939301

Second Request

Dear Director Bullick:

I am following up on the letter sent to you on April 3, 2015 discussing the public health issues in the Chinatown area and how basic hand washing stations could improve conditions. I have enclosed a copy of the letter for review. I am aware that the original letter was received because I happened to run into Dr. Moreno and inquired about status. He informed me that the letter had been received and discussions about the request were in progress.

You may recall that the Salinas Downtown Community Board respectfully requested a response within 30 days. To date, no response has been received. It is understood everyone is busy with competing priorities, but your response to this critical issue is important. At this time, I am requesting a response within 15 business days from the date of this letter. Once again, thank you. Please feel free to contact me directly at 831-883-3080, or chspmontrv@aol.com with any questions you may have.

Sincerely,

Katherine J. Thoeni
Chairperson
Salinas Downtown Community Board
April 3, 2015

Ray Bullick
Director of Health
Monterey County Health Department
1270 Nativity Road
Salinas, CA 939301

Dear Director Bullick:

The Salinas Downtown Community Board (SDCB) was established in November, 2005 and incorporated as a non-profit in July, 2007. The SDCB is comprised of stakeholders in the neighborhood, including community members, various houses of worship, property owners and businesses and nonprofit agencies, all collaborating to determine what the future of Chinatown will look like.

People who are in crowded conditions and without access to running water are more susceptible to contracting and spreading Shigella, Influenza, Staphylococcus aureus, Mycobacterium tuberculosis, Hepatitis A, Giardiasis and Enteroviruses, just to name a few. Proper and frequent hand washing has been shown to reduce incidence of disease and is clearly the first, and most basic, step to maintaining public health, especially in communities that don't have the benefit of proper sanitation facilities.

Homeless persons living in the Chinatown neighborhood have extremely limited access to flush toilets, showers and hand washing facilities. They live in close proximity to one another in primitive conditions which creates a hotbed of potential disease transmission. Although much needs to be done to address the public health issues that exist in Chinatown, the issue of effective basic hand washing is one that needs to be addressed immediately.

In order to address this public health issue, the SDCB requests that the Monterey County Department of Health either directly purchase and locate three 4-person hand washing stations in the Chinatown neighborhood or fund the SDCB $3,000 to purchase the stations. Either way, the SDCB commits to addressing issues such as ongoing station maintenance once they have been purchased. The ability to properly wash hands will represent one small step towards addressing the public health issues that exist within this vulnerable neighborhood.

I have included a copy of the type of inexpensive hand washing station that will meet the neighborhood need. On behalf of the SDCB, thank you for your serious consideration and timely response to this important request. At this time, I am requesting a response within 30 days from the date of this letter. Once again, thank you. Please feel free to contact me directly at 831-883-3080, or chspontry@aol.com with any questions you may have.

Sincerely,

[Signature]

Katherine J. Thoeni
Chairperson
Executive Officer, Coalition of Homeless Services Providers

22 Soledad Street, Salinas, CA 93901 Telephone: 831.370.3929 E-mail: madorman@hotmail.com Website: www.salinasdcb.org
4-Person Hand Washing Station with 20-Gal. Tank.

Description

4-Person Hand Washing Station with 20-Gal. Tank.

This self-contained, stand-alone four person hand wash station is designed for use where convenient hand washing is desired or required, such as food service locations, outdoor events or construction sites. The compact design is ideal for areas where limited space is available and it is easy to transport. It features a simplified plumbing system that is easy to maintain and it is supplied fully assembled.

FEATURES:

- Compact, multi-user sink system.
- Hands-free foot pump operation.
- Can be moved by one person.
- Fits in small areas.
- Soap and towel dispensers included.
- Easier to operate, refill and transport than other sinks.
- 265 pumps of water.

Specifications

Item #: 348-1001

$915.00/EA

List Price: $1000.00
You Save: $84.70 (8.5%)

Click to Color

Qty: 1
Add to Cart

Estimate Freight

April 30, 2015

Ray Corpuz, City Manager
City of Salinas
201 Lincoln Ave.
Salinas CA 93901

Re: Environmental Health Complaint Response for Clean-up of Private Property in Incorporated Areas

Dear Ray,

The County of Monterey Environmental Health Bureau routinely responds to complaints submitted by private citizens as well as partner agencies, including matters forwarded from the Public Works, Planning and Code Enforcement Units of the City of Salinas.

The conversation in the attached email correspondence between members of the City of Salinas Code Enforcement Unit and Planning, dated April 22, 2015, has brought to the County’s attention that there needs to be some clarification as to what role the County of Monterey Department of Health and the Environmental Health Bureau (EHB) play in assuring public health and safety on private or public property through our authority, capacity and resources.

Although we often receive requests for assistance in addressing health related matters from persons or entities/municipalities in charge of property, we clarify that our role and position within the Department of Health is to regulate and enforce the applicable health code. We observe, document and educate with the goal to allow the property owner to make logistical choices and gather resources to comply. Whenever the public or an agency/municipality calls, writes or e-mails this office a complaint is logged and investigated by staff within 5 days.

EHB has received and responded to three complaints from the public within the last three years for concerns of various health and safety issues on Soledad St. and the surrounding area. Most recently Environmental Health Specialist accompanied City of Salinas staff during the April 23rd sweep in that area.

EHB authority, role and responsibilities are described in Salinas City Code, Chapter 16, which addresses sanitary conditions of all schools, jails, hospitals, and other public and private buildings and properties. Typical complaints received by this Bureau are trash, garbage, debris, rodent infestation, sewer overflows, and accumulation of animal/human waste.
As an enforcement agency, a letter or a violation notice is sent to the property owner/manager to clean any affected area and a date for compliance is specified. Continued non-compliance could result in EHB initiating progressive legal enforcement actions against the person or entity in charge. Routine progressive legal enforcement actions do not expand the capacity or responsibility of the Department of Health or EHB to seize and take control of private or public property or business.

EHB does not have the authority or resources to initiate or conduct clean-up projects on any public or private property in incorporated or unincorporated areas within Monterey County, nor are we able to provide hand wash stations, portable toilets or portable toilet services for any homeless encampments. These actions may be taken by the person or entity in charge of the affected property to meet compliance if appropriate and effective.

EHB staff has worked with Salinas City staff over the years in a cooperative approach in dealing with many issues of concern and we look forward to continuing the collaboration in addressing issues within the scope of our authority. We hope that this information helps to clarify public and private expectations about the services we can provide and that it helps increase the circle of influence between our organizations and the public. Please contact me at (831) 755-4539 if you would like to discuss or have any concerns regarding this matter.

Sincerely,

John Ramirez, R.E.H.S, MPA
Director of Environmental Health

Cc: Dr. Lew Bauman, County Administrative Officer
    Ray Bullick, Director of Health
    Edward Moreno, MD, Monterey County Health Officer
CCHAS – SYRINGE EXCHANGE PROGRAM SURVEY
186 responses
October 20, 2014 – February 10, 2015

Summary
What is your age?

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-18</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>19-29</td>
<td>18</td>
<td>10%</td>
</tr>
<tr>
<td>30-39</td>
<td>32</td>
<td>17%</td>
</tr>
<tr>
<td>40-49</td>
<td>49</td>
<td>26%</td>
</tr>
<tr>
<td>50+</td>
<td>86</td>
<td>46%</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Please select your gender:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>41</td>
<td>22%</td>
</tr>
<tr>
<td>Male</td>
<td>117</td>
<td>63%</td>
</tr>
<tr>
<td>Transgender [Male to Female]</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Transgender [Female to Male]</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>
Please select your race/ethnicity:

- African American/Black: 16 (9%)
- Latino/Hispanic: 67 (36%)
- Caucasian: 69 (37%)
- Asian/Pacific Islander: 3 (2%)
- Native American: 14 (8%)
- Biracial/Mixed: 6 (3%)
- Refused to answer: 2 (1%)
- Other: 9 (5%)

What is your sexual orientation?

- Heterosexual/Straight: 172 (92%)
- Bisexual: 5 (3%)
- Gay, lesbian, queer, or same gender loving: 3 (2%)
- Refused to answer: 4 (2%)
- Other: 2 (1%)
What is the zip code of your primary residence?

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lives in Chinatown</td>
<td>84</td>
<td>45%</td>
</tr>
<tr>
<td>Salinas Area</td>
<td>80</td>
<td>43%</td>
</tr>
<tr>
<td>Monterey Peninsula</td>
<td>12</td>
<td>6%</td>
</tr>
<tr>
<td>Castroville</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Hollister</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>King City</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Monterey County – Non Specific</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>3</td>
<td>2%</td>
</tr>
</tbody>
</table>

Are you currently homeless?

- Yes: 125 (67%)
- No: 59 (32%)
- Refused to answer: 2 (1%)

If you are homeless and were offered housing today, but must agree to live within and abide by program policies and regulations, would you accept the offer?

- Homeless - Yes: 103 (82%)
- Homeless - No: 22 (18%)

61 additional people who answered this question had refused to answer or answered ‘no’ to the prior question, ‘Are you homeless?’, invalidating their responses to this question. Only the responses of those who considered themselves homeless were included in the calculation to the left.
Are you a sex worker?

- No [168] 90%
- Sometimes [1] 1%
- Refused to answer [1] 1%
- Yes [16] 9%

Are you a veteran?

- No [167] 90%
- Refused to answer [1] 1%
- Yes [18] 10%
- Yes [18] 10%
Have you ever been to a recovery program?

Yes 125 67%
No 59 32%
Refused to answer 2 1%

May we make a referral for you to a recovery program?

Yes 75 40%
No 108 58%
Refused to answer 3 2%
How long have you been injecting?

<table>
<thead>
<tr>
<th>Duration</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 Months</td>
<td>13</td>
<td>7%</td>
</tr>
<tr>
<td>6-12 Months</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>1-2 Years</td>
<td>27</td>
<td>23%</td>
</tr>
<tr>
<td>3-5 Years</td>
<td>23</td>
<td>12%</td>
</tr>
<tr>
<td>6-10 Years</td>
<td>17</td>
<td>9%</td>
</tr>
<tr>
<td>11-15 Years</td>
<td>9</td>
<td>5%</td>
</tr>
<tr>
<td>16-25 Years</td>
<td>25</td>
<td>13%</td>
</tr>
<tr>
<td>26-35 Years</td>
<td>30</td>
<td>16%</td>
</tr>
<tr>
<td>36-45 Years</td>
<td>15</td>
<td>8%</td>
</tr>
<tr>
<td>46+ Years</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Refused to Answer</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Invalid Response</td>
<td>7</td>
<td>4%</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>9</td>
<td>5%</td>
</tr>
</tbody>
</table>

Have you ever gotten an infection from injecting? (Abscesses, etc.)

- Yes [112] 60%
- No [71] 38%
- Refused to answer [3] 2%
When injecting, do you use alone or with someone else? (This does not mean sharing syringes, just using in the presence of others)

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I use alone</td>
<td>64</td>
<td>34%</td>
</tr>
<tr>
<td>I use with others</td>
<td>30</td>
<td>16%</td>
</tr>
<tr>
<td>Both, it depends</td>
<td>89</td>
<td>48%</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>3</td>
<td>2%</td>
</tr>
</tbody>
</table>

Do you share syringes?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, I do</td>
<td>22</td>
<td>12%</td>
</tr>
<tr>
<td>No, I do not</td>
<td>101</td>
<td>54%</td>
</tr>
<tr>
<td>Sometimes, it depends</td>
<td>63</td>
<td>34%</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

If yes or sometimes, who do you share with? Please mark all that apply.

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partners [Husband, wife, boyfriend, girlfriend]</td>
<td>56</td>
<td>30%</td>
</tr>
<tr>
<td>Friends</td>
<td>49</td>
<td>26%</td>
</tr>
<tr>
<td>Strangers</td>
<td>6</td>
<td>3%</td>
</tr>
<tr>
<td>Does not apply</td>
<td>89</td>
<td>48%</td>
</tr>
</tbody>
</table>
Do you ever re-use any syringes?

Yes, I do \(\text{129} \quad 69\%\)
No, I never re-use syringes \(\text{15} \quad 8\%\)
Sometimes, it depends \(\text{37} \quad 20\%\)
Refused to answer \(\text{5} \quad 3\%\)

If you do re-use, do you clean your syringes? (With bleach method or other)

Yes, I do clean my syringes \(\text{138} \quad 74\%\)
No, I do not \(\text{36} \quad 19\%\)
Does not apply \(\text{7} \quad 4\%\)
Refused to answer \(\text{5} \quad 3\%\)
Do you have another source for getting syringes?

- No, I do no [142]
- Refused to answer [4]
- Yes, I do [40]

Yes, I do 40 22%
No, I do not 142 76%
Refused to answer 4 2%

If yes, are you purchasing them from a pharmacy?

- Does not apply [128]
- Refused to answer [4]
- Yes, I purchase [34]
- No, I do not [20]

Yes, I purchase them from a pharmacy 34 18%
No, I do not purchase them from a pharmacy 20 11%
Does not apply 128 69%
Refused to answer 4 2%

How many syringes do you need to use in one day?

- 1-4 124 67%
- 5-9 42 23%
- 10-14 3 2%
- 15+ 3 2%
- Invalid Response 2 1%
- Choose Not to Answer 2 1%
- N/A 10 5%
Where do you dispose your used syringes? (Check all that apply)

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exchange</td>
<td>161</td>
<td>87%</td>
</tr>
<tr>
<td>Trash Container/Dumpster</td>
<td>27</td>
<td>15%</td>
</tr>
<tr>
<td>Ground/Gutters or wherever you use</td>
<td>6</td>
<td>3%</td>
</tr>
<tr>
<td>Toilet Flush</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>4</td>
<td>2%</td>
</tr>
</tbody>
</table>

What substances do you inject? Please mark all that apply.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin by itself</td>
<td>137</td>
<td>74%</td>
</tr>
<tr>
<td>Heroin and cocaine</td>
<td>42</td>
<td>23%</td>
</tr>
<tr>
<td>Heroin mixed w/ another drug NOT cocaine</td>
<td>42</td>
<td>23%</td>
</tr>
<tr>
<td>Cocaine/Crack by itself</td>
<td>16</td>
<td>9%</td>
</tr>
<tr>
<td>Cocaine mixed w/another drug NOT heroin</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Methamphetamine (crystal meth/ice/crank)</td>
<td>57</td>
<td>31%</td>
</tr>
<tr>
<td>Other amphetamine (uppers/Dexedrine)</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Other opiates (Oxycontin, Percodan, etc.)</td>
<td>11</td>
<td>6%</td>
</tr>
<tr>
<td>Steroids</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>HIV medications and/or insulin</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Downers (benzodiazepines, tranquilizers)</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Silicone</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Hormones</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Methadone</td>
<td>9</td>
<td>5%</td>
</tr>
<tr>
<td>Buprenorphine/Suboxone</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>3%</td>
</tr>
</tbody>
</table>
Do you know your HIV status?

Yes, I am positive 6 3%
Yes, I am negative 130 70%
No, I do not 46 25%
Refused to answer 4 2%

Would you like a free HIV test?

Yes 87 47%
No 93 50%
Refused to answer 6 3%
Do you know your Hepatitis-C status?

Yes, I am positive 85 46%
Yes, I am negative 4 2%
No, I do not 92 49%
Refused to answer 5 3%

Would you like a free HEP-C test?

Yes 75 40%
No 106 57%
Refused to answer 5 3%