



SAN BENITO COUNTY COMMUNITY ACTION BOARD (CAB)

Special Meeting

1161 San Felipe Road, Building B, Hollister, CA 95023

AGENDA

Thursday, November 21, 2023 at 5:00 P.M.

Mission: The Community Action Board is committed to advocate for the vulnerable population in our community with resources, knowledge, and opportunities for advancement and independence.

Vision: Ending Poverty by Empowering People

For the health and safety of attendees all meetings are smoke & fragrance free.

CAB MEMBERS WILL ATTEND ALL MEETINGS IN PERSON AT:

Community Services & Workforce Development

1161 San Felipe Road, Building B, Hollister, CA 95023

Members of the Public may continue to participate remotely by accessing the following link:

Join Zoom Meeting

https://us06web.zoom.us/j/86011638485?pwd=azNKYUNWNEJ4dEtVaGh6MDd5S3Mvdz09

Meeting ID: 860 1163 8485 - Passcode: 190946

One tap mobile: +16694449171,,86011638485#,,,,*190946# US

+16699006833,,86011638485#,,,,*190946# US (San Jose)

I. Welcome, Introductions & Roll Call: Roll will be taken to determine excused absences for attendance requirements.

Standard 5.5 The department's tripartite board/advisory body meets in accordance with the frequency and quorum requirements and fills board vacancies as set out in its governing documents. Quorum Met: Yes [] No [] ex=Excused Absence, Z=Zoom

Table with 4 columns: District, Representing the Low-Income (L), Representing the Board of Supervisors (P), and Representing the Private Sector (PR). Rows include districts 1-Zanger, 2-Kosmicki, 3-Sotelo, 4-Curro, and 5-Gonzales.

II. General Information:

A. Public Comment Period: Select the "Participants Tab" and click "Raise Hand" icon, the zoom facilitator will unmute you when your turn arrives. Guests may introduce themselves and request to comment on any non-agenda items. Time is limited to three (3) minutes per guest unless the board determines that more time is needed.



III. **Regular Agenda:**

A. **Board Membership:** Any applications received may be reviewed for board approval. Currently there are two (2) vacancies.

1. **District #5 Representative of the Board of Supervisors (BOS):** An application is **enclosed** from Adam Mendoza to fill the vacancy of District #5, Representative of the Board of Supervisors. ***Action Required.***
2. **District #5 Representative of the Private Sector:** An application is **enclosed** from Jose Fernandez to fill the vacancy of District #5, Representative of the Private Sector. ***Action Required.***
3. **District #2 Representative of the BOS:** Receive the application of Yolanda Delgado, Representative the BOS District #2 which was approved at the November 9, 2023 meeting pending submission of updated application. **(Enclosed)**

B. **Winter Shelter:** Approve the revised Winter Shelter Policy. **(Enclosed)**

IV. **ADJOURNMENT:** To next meeting is scheduled on January 9, 2024, at 5:30 P.M.



Return completed application to:

Andi Anderson

1161 San Felipe Road, Bldg B Hollister, CA 95023

(831) 637-9293 e-mail: aanderson@cosb.us

cc to

Clerk of the Board

481 Fourth St. Hollister, CA 95023

(831) 636-4000 e-mail: ifrechette@cosb.us

San Benito County Community Action Board

Date 11-3-23

Name Adam Mendoza Telephone [REDACTED] Primary Cell

Mailing Address [REDACTED]

Physical Address _____

Email Address Adammendoza67@yahoo.com

Occupation Peer support

Board of Supervisor Representative

Must be a San Benito County Board of Supervisor or their appointee, a San Benito County resident and will serve a 3-year term.

Private Sector

Must be a Member of an Organization or Business, in San Benito County, be a resident of San Benito County and will serve a 3-year term.

Low Income

Elected representatives of the poor: Representatives of the poor from each supervisorial district shall be democratically selected by members of the public attending public meetings of the CAB, who live within the supervisorial district to be represented and must either be living in poverty or be from an organization that represents low-income groups. Representatives elected to each supervisorial district must live in the district and will serve a 3-year term.

1. Which sector of the community will you represent? [click District Locator](#)

- Low Income
- Private
- Representative of the BOS **District #** 5
- Youth ad hoc Committee

2. Name of referring organization/person supporting this application (If applicable)

3. Share your interest on why you would like to serve on the Community Action Board? Share how your commitment, passion or ability to serve aligns to the CAB mission.

I have lived in Hollister for over 32 years I got to grow up here and experience different barriers that made it difficult in life. Now having lived through tough experiences and finding help gives me a drive to give back and help my community.

4. Do you have any special skills or qualifications that would benefit the overall vision and mission of the CAB?

Yes No

If yes, please explain

lived life experience, I believe will bring some benefit to the overall vision and mission of the CAB

5. You will be expected to attend monthly Board meetings, and could be called on to serve on one or two committees. Your term will be for 3 years. Are you able to allow time necessary for Board Service?

Yes No

6. Do you have any contracts or business relationships with Community Action Board or the San Benito County Community Workforce Development (CSWD) that involve any type of compensation?

Yes No If yes, please explain

7. Have you ever received services at CSWD?

Yes No If yes, what services and when (year)?

8. Have you ever been employed by CSWD?

Yes No If so, when and where?

9. Are you related to an employee of the San Benito County CSWD?

Yes No If so, what is the relationship?

10. Have you ever served on a Board of Directors?

Yes No If yes, when and where?

Statement of Commitment:

By my signature below, if nominated and elected to the San Benito County Community Action Board, I understand that I will attend, with frequency, the Community Action Board meetings, when scheduled. I will collaboratively participate at each meeting and will share knowledge and information freely. I understand I will be required to comply with the federal and state regulations that govern the agency. Applicants for the low-income representation certify that they meet the requirement of either living in poverty or be from an organization that represents low-income groups.

Signature Adam Marsh

Date 11-3-23

Submit



San Benito County Community Action Board

Return completed application to: Andi Anderson, 1161 San Felipe Road, Bldg B Hollister, CA 95023, (831) 637-9293 e-mail: aanderson@cosb.us cc to Clerk of the Board 481 Fourth St. Hollister, CA 95023 (831) 636-4000 e-mail: jfrechette@cosb.us

Date 11/17/2023 Name Jose Fernandez Telephone [redacted] Primary [] Cell [x] Mailing Address [redacted] Physical Address [redacted] Email Address josefer64@gmail.com Occupation Community Representative

Board of Supervisor Representative

Must be a San Benito County Board of Supervisor or their appointee, a San Benito County resident and will serve a 3-year term.

Private Sector

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1. Which sector of the community will you represent? [] Low Income [x] Private [] Representative of the BOS District # 5 [] Youth ad hoc Committee

2. Name of referring organization/person supporting this application (If applicable) Tonia Sunseri

3. Share your interest on why you would like to serve on the Community Action Board? Share how your commitment, passion or ability to serve aligns to the CAB mission.

I would like to serve on the Board as i have lived in San Benito County for 22 years, my children were born and raised here. I am the grandfather to a granddaughter and a grandson, I would love to see the County continue to be a great place to live and work for them. In my current position I work with multiple groups, helping them host meetings and event for the betterment of our community.

4. Do you have any special skills or qualifications that would benefit the overall vision and mission of the CAB?
 Yes No

If yes, please explain

I work well with non-profit groups, clubs and school groups. I am a team player looking to do what is best for our community and the people that live and work here.

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Yes No

6. Do you have any contracts or business relationships with Community Action Board or the San Benito County Community Workforce Development (CSWD) that involve any type of compensation?

Yes No If yes, please explain

7. Have you ever received services at CSWD?

Yes No If yes, what services and when (year)?

8. Have you ever been employed by CSWD?

Yes No If so, when and where?

9. Are you related to an employee of the San Benito County CSWD?

Yes No If so, what is the relationship?

10. Have you ever served on a Board of Directors?

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Signature



Date 11/17/2023

Submit



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Date 11/14/23 Name Yolanda M. Delgado Telephone [redacted] Primary Cell Mailing Address [redacted] Physical Address [redacted] Email Address 357delgado@gmail.com Occupation retired

Board of Supervisor Representative Must be a San Benito County Board of Supervisor or their appointee, a San Benito County resident and will serve a 3-year term. Private Sector Must be a Member of an Organization or Business, in San Benito County, be a resident of San Benito County and will serve a 3-year term. Low Income Elected representatives of the poor: Representatives of the poor from each supervisorial district shall be democratically selected by members of the public attending public meetings of the CAB, who live within the supervisorial district to be represented and must either be living in poverty or be from an organization that represents low-income groups. Representatives elected to each supervisorial district must live in the district and will serve a 3-year term.

1. Which sector of the community will you represent? click District Locator [] Low Income [] Private [x] Representative of the BOS District # 2 [] Youth ad hoc Committee

2. Name of referring organization/person supporting this application (If applicable)

3. Share your interest on why you would like to serve on the Community Action Board? Share how your commitment, passion or ability to serve aligns to the CAB mission.

I served on CAB for the last few years. I want to continue making a difference in my County. There is still unfinished bussnes I would like to be apart of. I can give the vocie as awoman, mother, grandmother, latina, and a gay woman married to my wife.

4. Do you have any special skills or qualifications that would benefit the overall vision and mission of the CAB?

Yes No

If yes, please explain

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Signature

[Handwritten Signature]

Date

11-14-17

Submit

Policy of Emergency Winter Shelter Eligibility Guidelines

Background

The Winter Shelter Program is offered to homeless families as “once in a lifetime” from December through the end of March. Families pay a security deposit and monthly rent which is held in an account and returned to them at the conclusion of the program with the goal that these funds are used as a security deposit or move-in costs for permanent housing. The monthly rent is based on their income utilizing the HUD Rental Income Calculator.

The eligibility requirements are as follows:

- Currently households requesting assistance with the Winter Shelter Program must have children under the age of 18 and living in the household unit.
- Pregnant women requesting assistance and have no other children, may be assisted by providing written pregnancy verification.
- Households must be income eligible by meeting the current poverty level established by the Federal Office of Management and Budget.
- Families who are homeless and families at risk of homelessness are eligible for the program. Families who are homeless lack a fixed, regular, and adequate nighttime residence. Families who are at risk of homelessness face a high likelihood of losing one’s housing due to various factors including having low-income, insufficient resources, frequent moves, overcrowded housing, eviction notices, etc. Families at risk of homelessness must provide verification including an eviction notice, a judge’s order to vacate or a letter from a program whose subsidy has ended or will be ending within 30 days of the start of the program and ultimately resulting in being homeless.
- Priority will be given to chronic homeless families who live in their vehicles, in encampments and other places not meant for human habitation.
- Families for the Winter Shelter Program are called from the waiting list with priority given to chronic homeless families and families at-risk of homelessness.

Shelter Services has been limited to one time per household. Due to extenuating circumstances, limited housing inventory and lack of low-income housing, families find themselves once again homeless and in need of the Winter Shelter Program causing staff to be faced with the difficult decision to deny Homeless Families in need of this program.

Recommendation

Staff has received referrals from partner agencies or walk-in clients who are homeless with their family requesting to be admitted to the Winter Shelter Program. Due to the “once in a lifetime” policy, staff has no choice but to deny their eligibility. Most often, their homelessness is caused by the high cost of living, low-earnings or having no job, the lack of affordable rental housing and others have been evicted for not being able to afford the high cost of rent.

The “One – Time” only assistance requirement was removed by the Community Action Board (CAB) on November 15, 2018 allowing for increased flexibility to assist families that face extreme hardship economically and find themselves homeless once again. Families may be considered for the Winter Shelter Program due to being victims of circumstances beyond their control (i.e. residence has been destroyed by fire, earthquake, etc.); who may have been evicted, who may have lost their job or those who can’t afford the high cost of rent. Former families who are homeless will be considered for the winter shelter program when facing extreme hardship.

The following prioritization process will be followed when considering repeat clients:

- a. Families who become homeless due to domestic violence or who are victims of sex trafficking.
- b. Families who are victims of circumstances beyond their control (i.e. residence has been destroyed by fire, flooding, earthquake)
- c. Chronic Homeless Families living in their vehicle, in an encampment, in a storage shed or any other structure not meant for human habitation.
- d. Homeless Families who are living in someone’s garage or living room and who are being asked to leave.
- e. Other extreme causes of homelessness
- f. Allow Families to have access to the winter shelter for two consecutive years to include children 18 if they are attending high school and children 18-24 years if they are developmentally disabled.

In order for a family to be considered for the program, the family must have been in good standing during prior participation in the program. Families who caused disturbances, vandalized the property, destruction of property or who may have been evicted may not be considered for the program. A family, who may find themselves in this situation, may still apply for the program; however, they will need to submit a personal statement indicating they will not engage in disruptive and negative behavior. They will also be required to sign a contract clearly outlining the rules and regulations. In addition, they will be asked to pay a higher deposit of \$600.

Families who have never received services for the Winter Shelter Program will be given priority as long as they are eligible, and they have the same or more urgent needs than repeat clients.

Assistance:

All families enrolled in the Winter Shelter Program will be assigned to a Social Worker and will receive case management services, rapid rehousing services, landlord engagement, supportive services and linkages to community-based organization. Landlord engagement includes building and maintaining relationships with landlords to expand housing opportunities for people experiencing homelessness. Rapid rehousing is an intervention that helps homeless families to quickly find and move into permanent housing.

As part of case management, families will be expected to complete the housing plan as a goal to increase the likelihood of securing permanent housing. Families will be expected to search for housing leads and to document their efforts on a weekly basis.

Tracking expenditures

There will be no additional expenditure to track in regard to said recommendations. Staff will collect all deposits and rents. The funds collected will then be provided to the fiscal department and funds will be recorded and retained in an account. At the conclusion of the program, all funds collected, minus any damages, will be returned to the clients to be used for the security deposit or move-in costs for permanent housing.

The Impact to the Agency

There is zero impact to the agency. The dollar amount allocated for shelter is the same whether a family receives assistance once or twice in their lifetime. The benefit is to families in need of assistance with Shelter.

Enrique Arreola
Deputy Director
Community Services & Workforce Development
CAB Approval: November 21, 2023

Date