ALL IN

TOWARD A HOME FOR EVERY COUNTY RESIDENT

The Santa Cruz County Community Strategic Plan
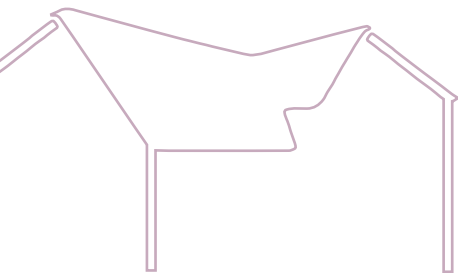*to Prevent, Reduce, and Eventually End Homelessness*

HOMELESS ACTION PARTNERSHIP (HAP) is an inclusive countywide action team for designing and implementing a comprehensive Continuum of Care (CoC) homeless assistance system in Santa Cruz County. Their mission is to develop and implement a coordinated system of housing and services for preventing and ending homelessness. *http://www.sccoplanning.com/PlanningHome/Housing/County-WideHomelessPrograms/HAP%28HomelessActionPartnership%29%E2%80%93ContinuumofCare.aspx*

SMART SOLUTIONS TO HOMELESSNESS is a diverse coalition working to broaden community understanding and involvement on the issue of homelessness. Their mission is to collaborate with other community leaders and residents to improve the way Santa Cruz County works to reduce and end homelessness. *http://smartsolutionstohomelessness.org/*

UNITED WAY OF SANTA CRUZ COUNTY collaborates with nonprofits, government, local businesses and volunteers to lead positive change in the community areas of Youth Success, Family Financial Stability, and Health. Their mission is to mobilize our county's residents to create opportunities for a good life for all. *www.unitedwaysc.org*
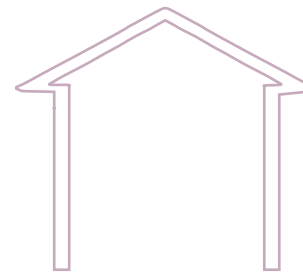
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All In - Toward a Home for Every County Resident

EXECUTIVE SUMMARY

All In – Toward a Home for Every County Resident represents a new vision for the Santa Cruz County community, a vision that everyone can share. In this resilient community that rallied after the destruction of the 1989 Loma Prieta Earthquake, we know great things can happen. We believe that preventing, reducing, and eventually ending homelessness is possible. And we hold firmly to the vision that everyone in Santa Cruz County should have access to safe, stable housing.

The community's original strategic plan, the Ten Year Plan to End Homelessness, made impressive strides since being introduced in 2003. *All In* reaffirms the ambitious goals of the Ten Year Plan, while expanding our scope and commitment to aid our most vulnerable residents, who can be found throughout the county, north and south, urban and rural, sheltered and unsheltered. As we continue our recovery from the worst economic slump since the Depression, we find even more of our neighbors are at risk – just a paycheck from the streets – and increased homelessness demands our urgent attention.

The end of the previous plan, the shock of a homeless count that found a 27% increase in homelessness in just two years, the effect of homelessness on everyone, and new national strategic directions and ideas have all served as catalysts for creating *All In*. It was a timely opportunity for all the stakeholders in Santa Cruz County – policymakers, providers, funders, advocates, people with experience of homelessness, and community members – to reflect on successes and challenges we all faced over the past decade and to plan for new, innovative strategies to prevent, reduce, and eventually end homelessness, and to lessen its impact.

All In has eight strategic priorities (cross-systems and population-specific) that reflect the most innovative thinking both locally and nationally on how best to address homelessness and its results. It was created over a full year of extensive community participation and feedback from over 250 stakeholders, including people who have experienced homelessness themselves. At the very core of these strategic priorities is the intent to use the evidence-based Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT)[1] to match individuals and families to the most appropriate housing and service intervention available. In this way, residents experiencing the longest-term, chronic homelessness – often the most visible – will be prioritized for services. See page 6 for a summary of the strategic priorities and intended results.

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1   See http://100khomes.org/resources/spdat-and-vi-spdat-evidence-brief for further information on the VI-SPDAT.

1 TRANSFORMING THE CRISIS RESPONSE SYSTEM

- Coordinated entry system implemented to improve access to housing and services for all populations.
- Increased prevention and diversion resources to reduce the number of households falling into homelessness.
- Interim housing returned to its original emergency purpose.

2 INCREASING ACCESS TO PERMANENT HOUSING

- Sufficient permanent affordable housing developed & maintained for all who are homeless or at risk.

3 INTEGRATING SYSTEMS AND COMMUNITY SUPPORT

- People experiencing homelessness receive the mainstream services needed and become and remain stably housed.
- Protocols are in place to prevent institutional discharge of persons directly to the streets.
- Community perception of safety is improved.

4 ENDING CHRONIC AND OTHER ADULT HOMELESSNESS

- End chronic homelessness by 2020, while reducing homelessness among seniors and other adults.

5 ENDING FAMILY HOMELESSNESS

- Family homelessness is ended by 2020.
- Fewer at risk families fall into homelessness.

6 ADDRESSING NEEDS IN SOUTH COUNTY

- Ensure that the benefits of a comprehensive, culturally competent homeless assistance system fully extend to traditionally underserved communities in the Pajaro Valley.

## 7 INITIATING A RESPONSE TO YOUTH AND YOUNG ADULT HOMELESSNESS

- Initiate a comprehensive, developmentally appropriate system of services for unaccompanied youth and young adults, ages 14-24, including youth formerly in foster care.

8 ENDING VETERAN HOMELESSNESS

- Veteran homelessness is ended by 2016.
- All veterans have stable housing and uniquely tailored supportive services enabling them to stay housed.
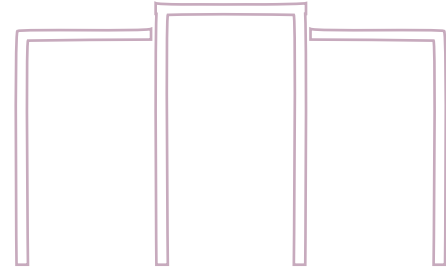
COMMUNITY VISION AND PROCESS FOR DEVELOPING THE PLAN

In 2003, Santa Cruz County became one of the first communities in America to adopt a ten-year plan to end homelessness. Our goal then was the same as it is now – to establish a single countywide blueprint for action to prevent, reduce, and eventually end homelessness in Santa Cruz County, and ameliorate the impact of homelessness on all people.

CHALLENGE, COMMITMENT, & VISION

Although a system and programs for preventing and ending homelessness have been painstakingly developed, the obvious continuation of so much suffering and homelessness in our midst challenges and shocks the whole community to action. Today we recommit to finding and carrying out solutions that help our most vulnerable residents – and the whole community – to succeed and thrive. Together, we – housing and service providers, health providers and educators, City and County governments, people with experience of homelessness, business leaders, philanthropic partners, faith communities, and many other committed Santa Cruz County residents – will build momentum, promote new ideas, and meet the needs of those without stable housing. Together, we are all in – working toward a home for every county resident.

VISION:

- Our vision is that the diverse residents of Santa Cruz County will have access to safe, stable housing, will have incomes to support their well-being, and will have access to culturally competent services empowering them to meet their basic needs and lead dignified lives.

MISSION:

- Our mission is to prevent, dramatically reduce, and eventually end homelessness and its impact on communities throughout Santa Cruz County by implementing effective programs and strategies, by working collaboratively to increase key resources and change systems to better meet the needs of diverse homeless sub-populations, and by engaging all persons and organizations needed to work together for these purposes.

KEY RECOMMENDATIONS:

- The following are *All In*'s most important recommendations (not listed in priority order):
  - » Establish a Coordinated Entry System Using the VI-SPDAT
  - » Implement Housing First
  - » Expand Permanent Supportive Housing
  - » Add More Housing Affordable to the Lowest Income Households
  - » Increase Prevention and Rapid Rehousing Programs.

GUIDING PRINCIPLES:

- **Systems Changing:**
  - » We believe that changing all systems to be more effective is a critical approach for preventing and ending homelessness. The plan should strive to streamline access to housing and services, improve the efficiency and capacity of existing programs, create better linkages among programs, and better target existing resources.

- **Data Driven**:
  - » The plan should set realistic, relevant, measurable goals, and use agreed upon, accurate data to regularly measure progress and success. Outcome goals will encompass federal HEARTH Act performance measures (relating to reducing homelessness, reducing first-time homelessness, reducing homelessness recidivism, etc.), as well as community-defined outcomes using the Results-Based Accountability methodology. Key data sources are the Homeless Management Information System (HMIS) and periodic point-in-time (PIT) studies of the homeless population, housing inventory, and gaps analysis.

- **Countywide**:
  - » Homelessness is present in all parts of the county, whether urban, suburban, agricultural, or rural. With this as the reality, we are developing a countywide plan that engages members of each community, maps unique needs, and develops unique solutions to homelessness and its impacts for every sub-part of the county, including North County, Mid-County, South County, and the San Lorenzo Valley.

- **Builds Community**:
  - » Success in preventing and ending homelessness requires the united, coordinated efforts of all individuals and organizations who are interested in, and have something to contribute to, resolving the problem. Thus, the plan should seek to build cohesion and collaboration among all relevant sectors, which at a minimum include nonprofits, advocacy groups, local governments, faith groups, educational systems, health providers, food providers, law enforcement, citizens, funders, and persons with experience of homelessness. To help build community our plan will attempt to minimize any potential adverse impacts on the entire community as we implement our recommendations.

- **Inclusive**:
  - » The "homeless" population is not monolithic, but is actually composed of a diversity of people and cultures, each with unique strengths and needs. For this reason, the plan and system should strive to meet these needs, including but not limited to the needs of individuals with experience of chronic homelessness, unaccompanied youth and former foster youth, families with children, veterans, and other adults with homelessness experience. Within these sub-groups, the needs of seniors and persons suffering from mental illness, substance abuse, HIV/AIDS, and family violence must also be considered. The plan and system should also be culturally competent, accounting for the special circumstances of each unique community sharing Santa Cruz County. To be fully inclusive, the plan will also recognize and address the impacts of our disproportionately large homeless population on the entire community.

- **Visionary AND Pragmatic**:
  - » The plan can and should envision a community without homelessness, yet set forth goals and objectives that are practical and achievable. Part of being pragmatic is providing a plan that fully meets the specific strategic planning requirements of the federal HEARTH Act, as well as other key federal and state funders, such as U.S. Departments of Housing and Urban Development and Veterans Affairs and the State of California Emergency Solutions Grant program.

STRUCTURE AND PROCESS FOR DEVELOPING THE PLAN

In 2014, the Santa Cruz County Human Services Department, the Santa Cruz County Planning Department, the United Way of the County of Santa Cruz, Homeless Action Partnership (HAP), and Smart Solutions to Homelessness formed a process design team to steer a strategic planning process for creating the new plan. Smart Solutions is a diverse coalition working to broaden community understanding and involvement on the issue of homelessness, and the HAP is an inclusive countywide action team for designing and implementing a comprehensive Continuum of Care (CoC) homeless assistance system.

The process design team started by establishing a Strategic Planning Committee (SPC), a knowledgeable, geographically balanced group of 30 persons representative of diverse stakeholder interests. The purpose of the SPC was to guide and oversee the development of the plan. Next, population and ad hoc work groups were created, encompassing 100 persons representative of the nonprofit, government, and private sectors. These groups developed initial recommendations (for SPC review) covering Adults, Families, the Pajaro Valley, Youth and Young Adults, Veterans, and Coordinated Entry.[2]   Finally, two Community Forums – one in Santa Cruz and one in Watsonville – brought together more than 160 persons to provide critical input from the public and persons with experience of homelessness.

As guided and overseen by the SPC, the development of *All In* – Toward a Home for Every County Resident was inclusive of as many stakeholders as possible with differing perspectives, informed by data, attentive to federal performance measures and local priorities, and aware of the current and foreseeable resources, risks, and external opportunities. The process had five stages:
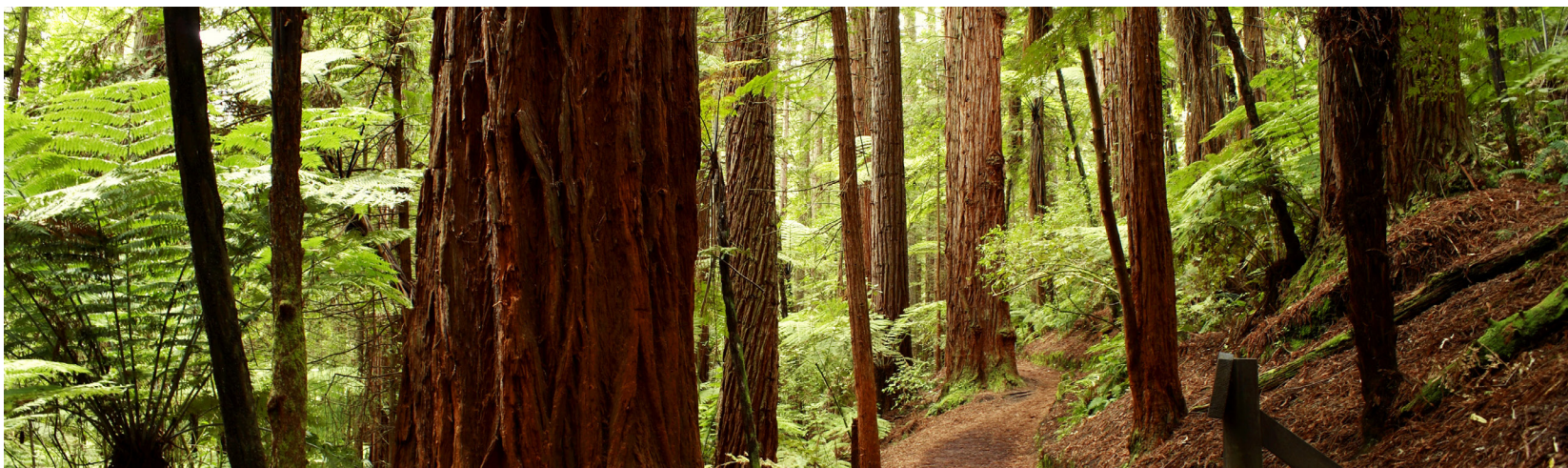
1. *Planning Process Kick Off*
   - In April and May 2014, the SPC met to approve the structure and process and to develop a vision for the plan.

2. *Development of Initial Recommendations*
   - From June to December 2014, population and ad hoc work groups met frequently to review relevant data and best practices, discuss local needs and strategies, and develop initial recommendations for action. During this period, the SPC met monthly to guide the process, coordinate the work groups, review and comment on the initial recommendations, and plan further public engagement.

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2   Please see the Acknowledgements below for a listing of SPC and work group members.

3. *Public Forums*
   - In December 2014, two evening public forums (Watsonville and Santa Cruz) were held to provide the opportunity for persons with experience of homelessness and the general public to review and comment on the initial recommendations and to provide input for the plan. Survey responses were also collected from persons experiencing homelessness.

4. *Drafting the Plan with Community Input*
   - From January to February 2015, the SPC met twice to review and comment on the draft plan document, which integrated and synthesized extensive comments from SPC members, population work groups, Smart Solutions, HAP, County and City staff, persons with experience of homelessness, and other community members.

5. *County and City Adoption and Plan Launch*
   - Between March and April 2015, *All In* was reviewed and presented to the County Board of Supervisors and City Councils, formatted for release, and unveiled at a public event.
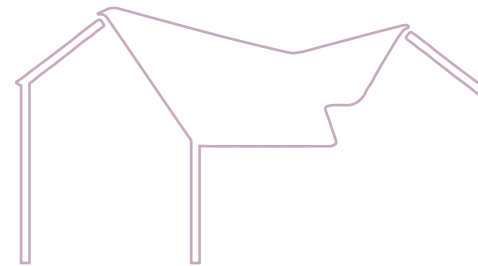
HOMELESSNESS IN SANTA CRUZ

ACHIEVEMENTS OF THE PRIOR TEN YEAR PLAN TO END HOMELESSNESS

Completed in 2003, the Ten Year Plan to End Homelessness[3] envisioned a comprehensive and coordinated system of affordable housing and supportive services for the prevention and end of homelessness. It addressed the causes of homelessness and identified specific, measurable outcome objectives in the areas of housing, jobs and incomes, supportive services, health care and the overall administration and coordination of the County's homeless assistance system. For each outcome objective identified in the plan, specific action steps were laid out for implementation.

CAUSES OF HOMELESSNESS

The path to individual or family homelessness varies, e.g., eviction, foreclosure, job loss, underemployment, domestic violence, runaway or throwaway, and/or health crisis.

The primary cause of structural homelessness is an imbalance between the high cost and lack of availability of affordable housing on the one hand, and the insufficient income from jobs and public supports to afford living expenses on the other hand. Additional factors correlating with homelessness are: lack of health insurance, discharges from jails and other institutions, poor credit or rental history, lack of mental health and addiction treatment services, and family violence and relationship problems.

In this way, the Ten Year Plan provided the first countywide blueprint to guide the County, the Cities, affordable housers, homeless service and mainstream providers, educators, health providers, the business sector, philanthropy, persons with homelessness experience, and the broader community in realizing the vision of a community in which all residents have stable housing and services they need to live in dignity and reach their highest potential.

The Santa Cruz County community achieved very significant outcomes under the first plan. Developed through a yearlong, comprehensive community process, the Ten Year Plan began the process of shifting the community away from an emergency shelter-based system toward one focused more on permanent housing with appropriate supportive services as the longer-term solution to homelessness.

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3   Originally, it was a Five Year Plan, but was extended into a Ten Year Plan in 2005; available at: http://www.ctagroup.org/wp-content/uploads/Santa-Cruz-10-Year-Plan.pdf.
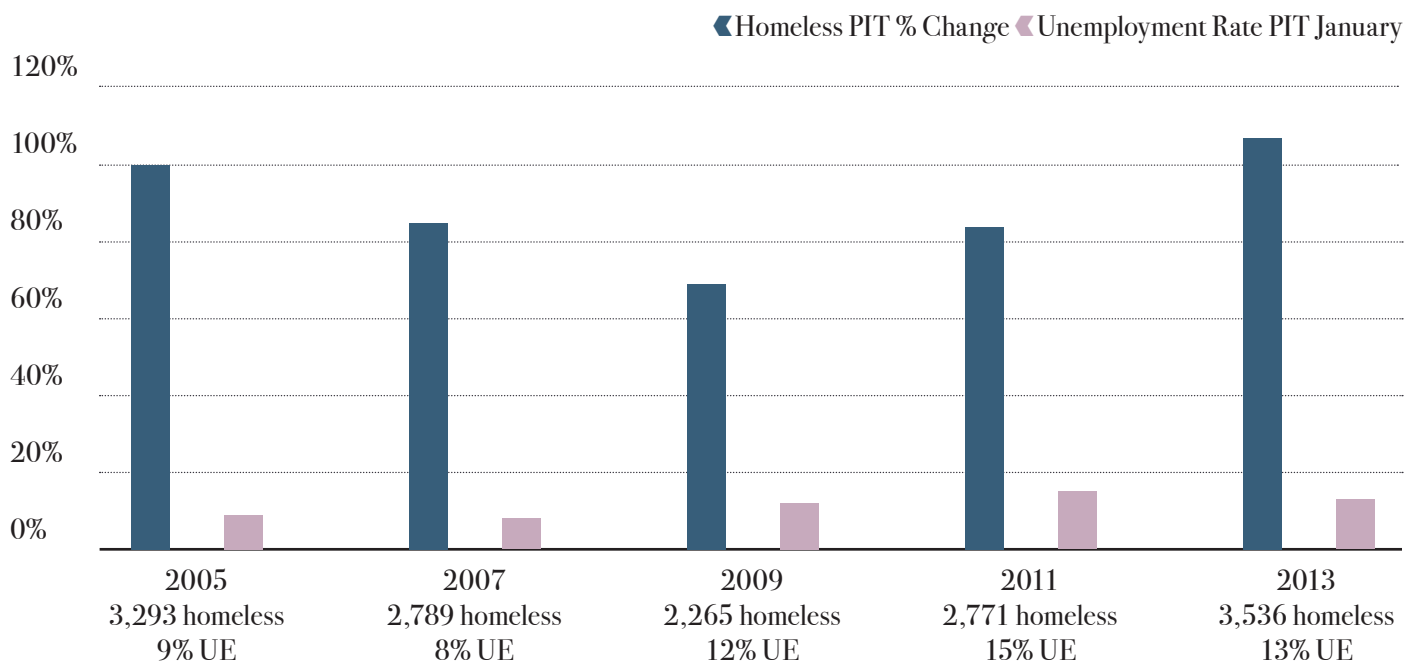
As a result of this new, more strategic approach, the community achieved significant success, especially in the first six years of the plan. As the chart below indicates, overall Santa Cruz County point-in-time (PIT) homelessness[4] was reduced by 31% between 2005 and 2009. Had this pace of reduction continued homelessness would have ended by 2018.

Unfortunately, the Great Recession intervened. The Santa Cruz County poverty rate jumped from 10.1% in 2007 to 14.6% in 2011,[5] while in 2011 Santa Cruz County became the third least affordable rental market in the country, requiring a full-time hourly wage of $33.27 to afford a two-bedroom apartment at the fair market rate.[6] All Santa Cruz County residents were impacted by the recession, but clearly the lowest income persons were harmed the most.

The National Alliance to End Homelessness has noted, "homelessness is a lagging indicator," meaning it takes months or years before a recession translates into increased homelessness.[7] This is evident in the Santa Cruz County data below, showing unemployment peaking in January 2011 at 15% (30% in Watsonville), but PIT homelessness not peaking till January 2013 at 3,536, or 107% of the 2005 baseline.

SANTA CRUZ COUNTY HOMELESSNESS & THE GREAT RECESSION[8]

COMPARING INCREASES IN THE HOMELESS AND UNEMPLOYMENT (UE) RATES BETWEEN 2005 AND 2013

❮Homeless PIT % Change ❮Unemployment Rate PIT January

	2005	2007	2009	2011	2013
	3,293 homeless	2,789 homeless	2,265 homeless	2,771 homeless	3,536 homeless
	9% UE	8% UE	12% UE	15% UE	13% UE

As the Great Recession was manufacturing more poverty and homelessness, the community was working harder than ever to house those in need, despite major resource limitations and recession budget cuts, such as California's elimination of redevelopment funding. As the following chart shows, the Ten-Year Plan was successful in growing the housing options targeted to persons experiencing homelessness people from 728 beds in 2007 to 1,048 year-round beds in 2014. And in keeping with the Plan's emphasis on permanent solutions, virtually all of the new homes were permanent supportive housing or rapid rehousing. The latter had a bubble in 2011 due to one-time Homelessness Prevention and Rapid Rehousing Program (HPRP).

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4   The U.S. Department of Housing and Urban Development (HUD) requires communities receiving HUD homeless assistance funds to conduct a complete PIT count of homeless persons every two years during the last 10 days of January. A PIT count includes fewer persons than an annual count, which covers all persons who are homeless at some point during a year.
5   "Santa Cruz County poverty highest among Bay Area counties," Santa Cruz Sentinel, September 22, 2011.
6   "Out of Reach 2011" (Most Expensive Jurisdictions Table), National Low Income Housing Coalition.
7   "Increase in Homelessness on the Horizon," by the National Alliance to End (Homelessness Research Institute), September 28, 2011.
8   Homeless data from Santa Cruz County biennial homeless PIT count; unemployment data summarized from U.S. Bureau of Labor Statistics.

◀ Emergency Shelter ◀ Transitional Housing ◀ Rapid Re-Housing ◀ Permanent Supportive Housing
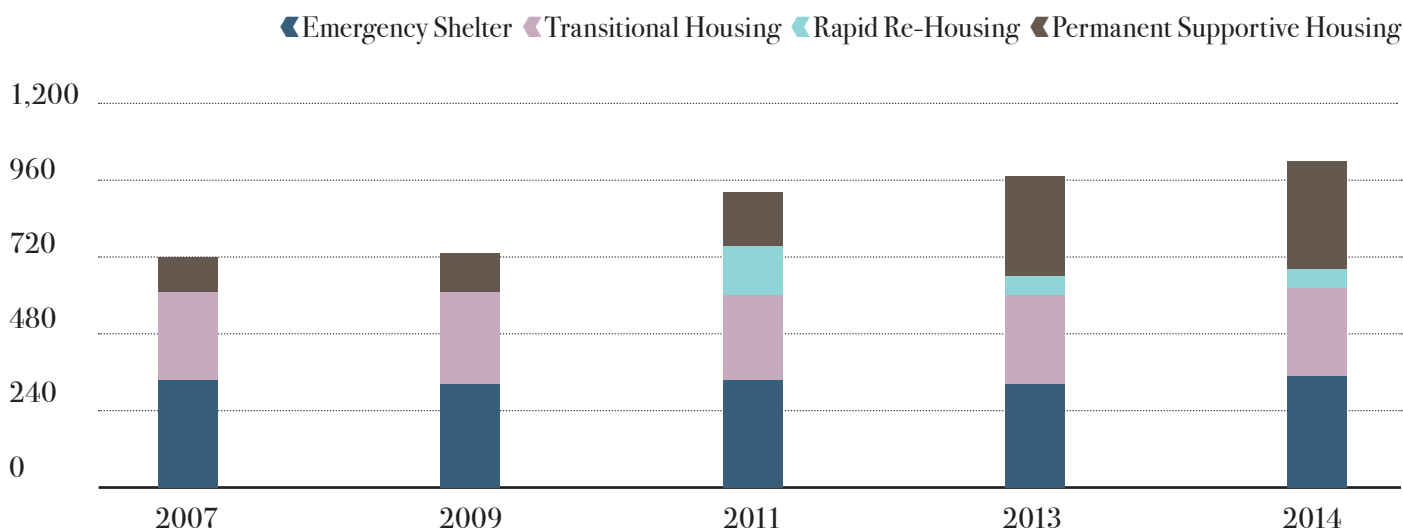
Another plan goal was to shift the programmatic emphasis from persons who are "transitionally homeless" (those who are temporarily homeless due to a housing, economic, or life crisis) to those who are "chronically homeless,"[9] who often have disabilities, including serious mental illness, chronic substance use disorders, or chronic medical issues, and are homeless repeatedly or for long periods of time. National research (e.g., Cullhane) has shown that they cycle in and out of homeless shelters, jails, hospitals, and treatment programs, taking up a disproportionate share of public resources. Numerous studies have demonstrated that stable housing with wraparound services is the key to ending chronic homelessness, and that permanent supportive housing is more cost effective than continued homelessness.[10]

For these reasons, national experts, HUD, and our Ten Year Plan have all placed strong emphasis on addressing chronic homelessness through permanent supportive housing solutions. As the following chart delineates, Santa Cruz County housing providers have steadily grown the stock of chronically homeless-targeted permanent supportive housing beds from 61 beds in 2007 to 289 beds in 2014 (an average of 33 beds per year). Ending chronic homelessness will require continuing and increasing this housing trend.

PSH BEDS FOR CHRONICALLY HOMELESS
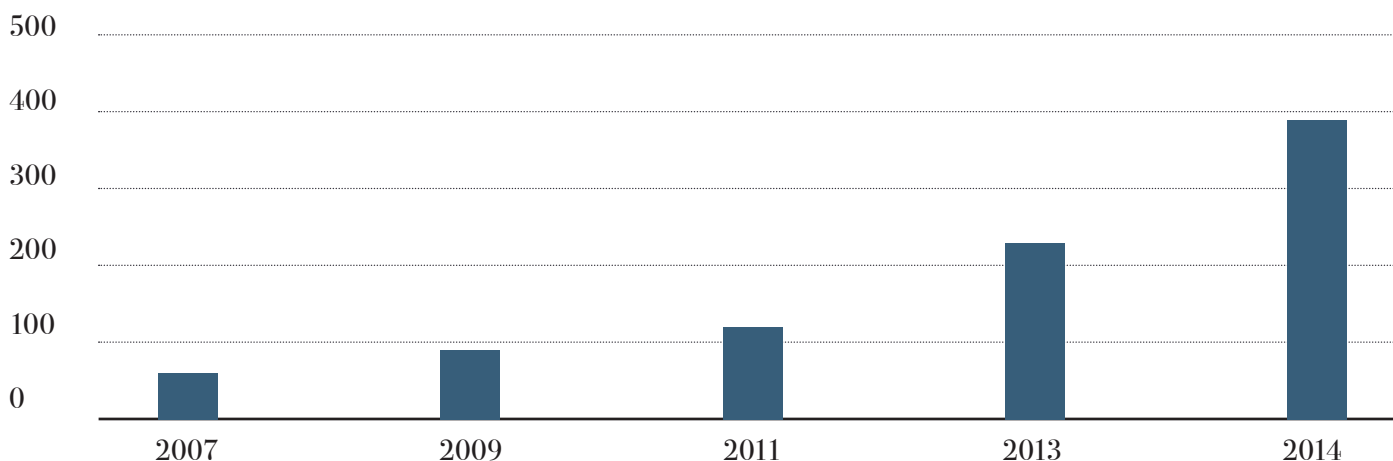
The key programmatic areas of the Ten Year Plan were Housing (from prevention through permanent), Health and Supportive

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9   HUD defines a "chronically homeless person" as a person with one or more disabilities who has been homeless for at least one year, or four times within the past three years, and who is currently living on the streets or in an emergency shelter.

10   E.g., a study of the Seattle Eastlake PSH Program for persons experiencing chronic homelessness with extensive health problems found savings of almost $30,000 per year, while producing better housing and health outcomes for tenants.

Services, and Community Planning. Please see the Appendices below for a detailed description of successes in these areas, upon which the new plan builds.
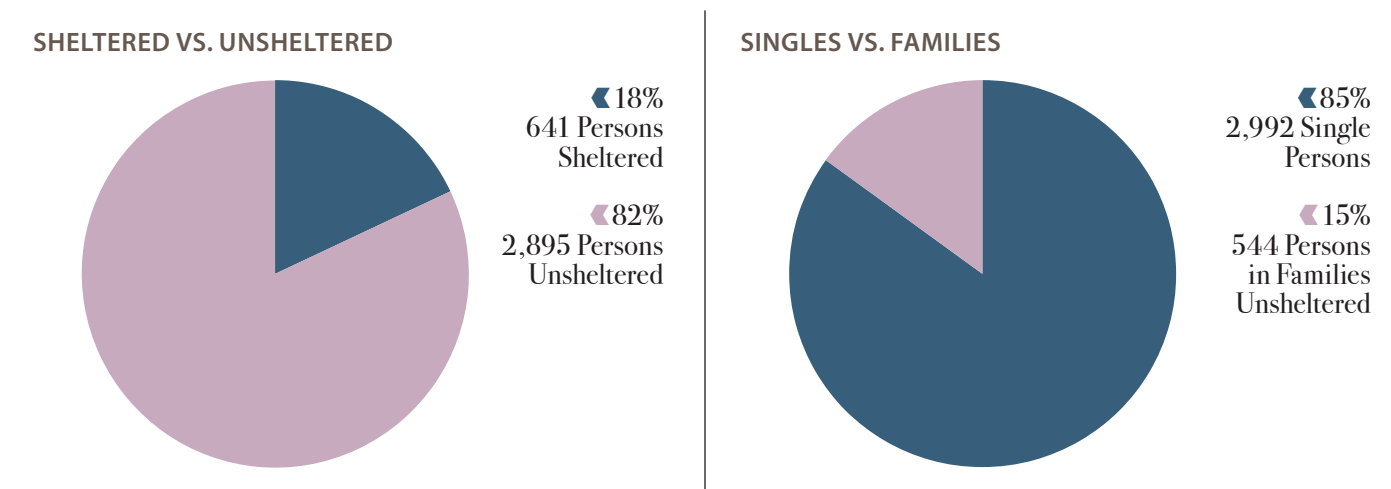
Lessons learned from the previous plan

Although there were significant accomplishments, we learned that the level of resources committed to the plan was insufficient to meet the scale of the problem. Also, we discovered that a systemic shock like the Great Recession will undermine even the best-laid plans. And finally, we confirmed that a plan is a powerful vehicle for bringing the community together around a single strategic approach and for promoting innovative and effective solutions, such as permanent supportive housing, rapid rehousing, and more. The new plan builds on the successes of the old, and renews the community's commitment to preventing, reducing, and eventually ending homelessness in Santa Cruz County.

THE CURRENT SYSTEM

Population experiencing homelessness

People experiencing homelessness are not easy to identify, and can be difficult to count in a large area. Nevertheless, Santa Cruz County's most recent PIT count found 3,536 people experiencing homelessness on the night of January 22, 2013.[11] This is approximately 1.3% of the countywide population, an unacceptable level. The annual number of people experiencing homelessness is higher due to regular turnover. The count is based upon the HUD definition of "homeless," which includes persons who are sleeping outdoors, in places not meant for human habitation, in emergency shelters or similar institutions, about to lose their housing, or are fleeing domestic or similar violence.[12]

The following figures, based on the 2013 homeless census and survey, paint a picture of key characteristics of the homeless population:

SHELTERED VS. UNSHELTERED

◄18%
641 Persons
Sheltered

◄82%
2,895 Persons
Unsheltered

SINGLES VS. FAMILIES

◄85%
2,992 Single
Persons

◄15%
544 Persons
in Families
Unsheltered

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11 See 2013 Santa Cruz County Homeless Census and Survey, Applied Survey Research, for details about the community process for, methodologies used, and results of the census at http://www.appliedsurveyresearch.org/.

12 See Final Rule, Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Homeless," HUD Community Planning and Development, Federal Register, p. 75995 et seq., 12/5/11, for further details.

DEMOGRAPHICS

◀ 43% White/ Caucasian

◀ 35% Hispanic/ Latino(a)

◀ 5% Black/ African American

◀ 17% Other

GENDER

◀ 66% Male

◀ 32% Female

◀ 2% Transgender

AGE BREAKDOWN

◀ 12% <18

◀ 25% 18-24

◀ 63% 25 or older
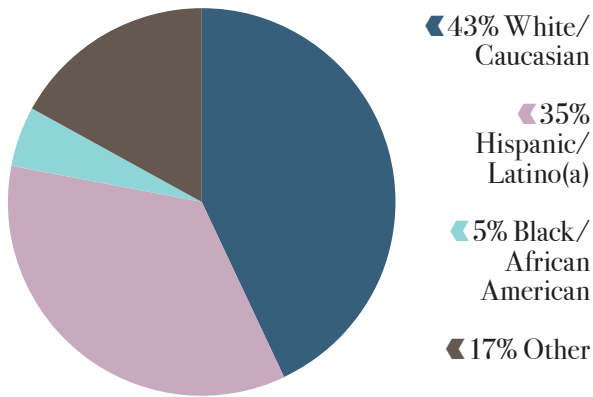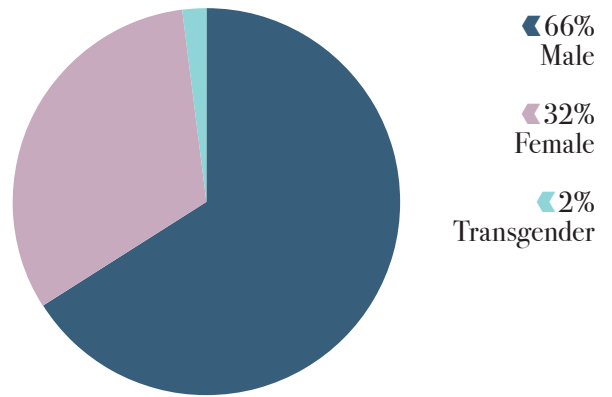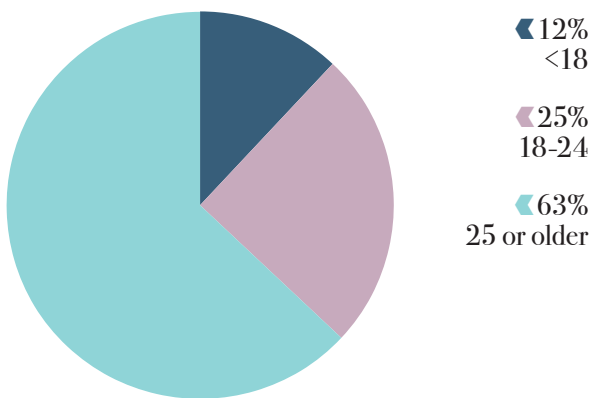
CHRONIC VS. TRANSITIONAL HOMELESSNESS

◀ 28% 989 Chronic

◀ 72% 2,547 Transitional

DISABLING CONDITIONS

Condition	Percentage
1% HIV/AIDS	1%
2% Traumatic Brain Injury	2%
3% Developmental Disability	3%
17% Chronic Physical Illness	17%
20% Physical Disability	20%
21% Post Traumatic Stress Disorder	21%
26% Chronic Substance Abuse	26%
26% Other Serious Mental Illness	26%
35% Depression	35%
68% 1 or more above	68%

0%   20%   40%   60%   80%   100%
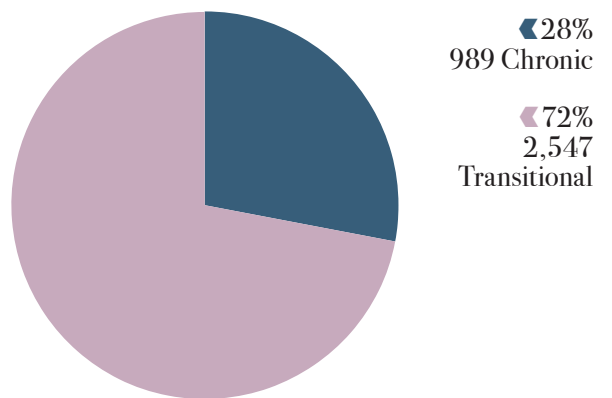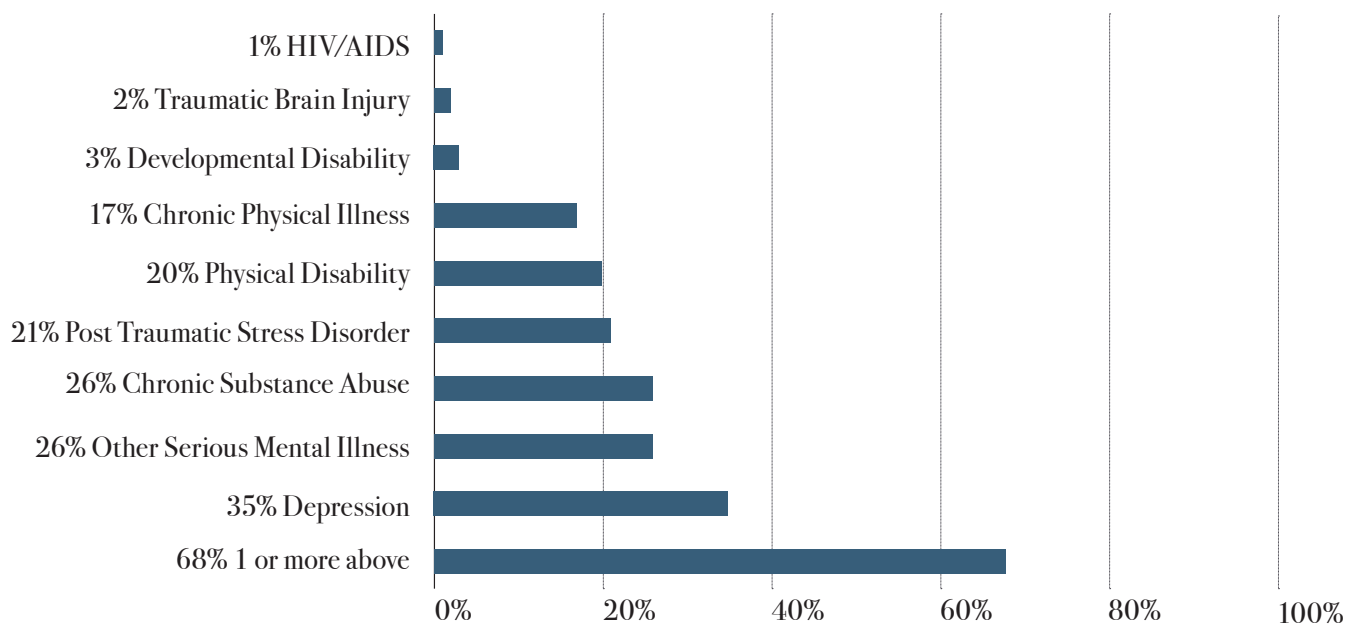
Part of the story told by the above figures is that despite the tremendous efforts of many, sadly homelessness remains a huge problem, that many have significant health problems along with homelessness, and that the rates of both unsheltered and chronic homelessness remain far too high. In fact, according to HUD 2013 data,[13] which compared CoCs nationally, Santa Cruz County ranked 6th among smaller CoCs for most people experiencing homelessness, 4th for most individuals experiencing homelessness, and 6th for most people experiencing chronic homelessness. Although such comparisons are questionable due to great variations among CoCs in the methods, completeness, and accuracy of their PIT counts,[14] it is very clear that major changes are needed in Santa Cruz County if homelessness is to be resolved.

Moreover, the homeless population is countywide (which encourages a regional planning approach) and mostly made up of people living in Santa Cruz County prior to becoming homeless. The following figures, again from the 2013 PIT homelessness study, show the geographic spread of the problem, as well as the fact that most people experiencing homelessness were already living in Santa Cruz County before they became homeless. Of who were living elsewhere, 21% were "passing through," 18% came for family or friends, and 14% came for employment. These statistics contradict the common notion that local homeless services are a magnet for people experiencing homelessness elsewhere, although people do come from other communities impacting local services. In reality, the rate of migration to Santa Cruz County is no higher among people experiencing homelessness than the general population, and all of the neighboring communities—Monterey County, San Mateo County, San Francisco, etc.—have high rates of homelessness for similar reasons,[15] and all provide considerable homeless services like those here.[16]
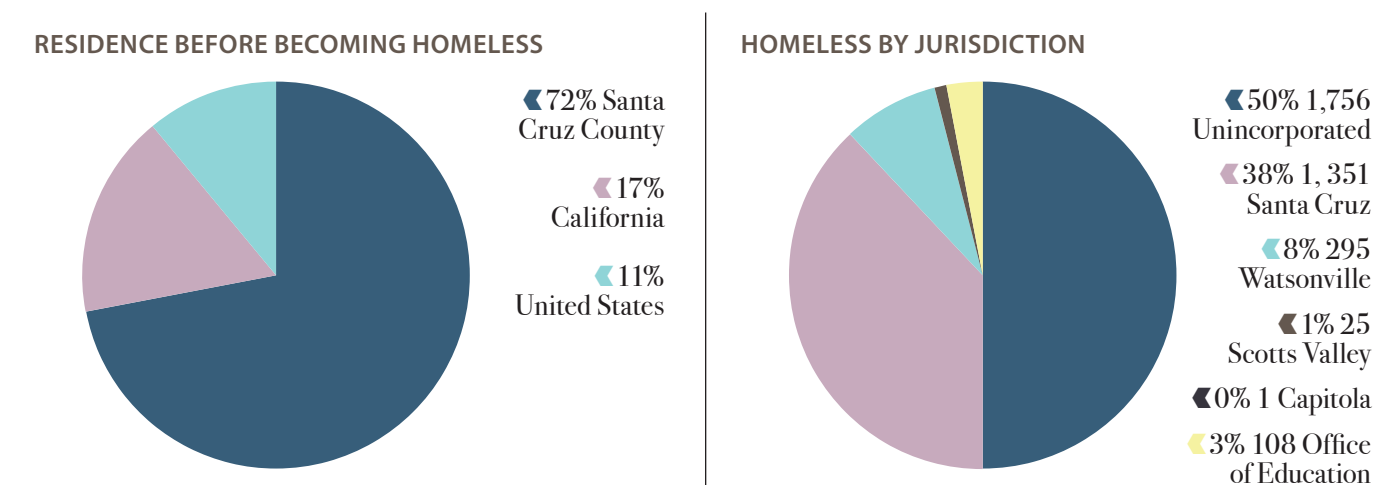
RESIDENCE BEFORE BECOMING HOMELESS

72% Santa Cruz County

17% California

11% United States

HOMELESS BY JURISDICTION

50% 1,756 Unincorporated

38% 1,351 Santa Cruz

8% 295 Watsonville

1% 25 Scotts Valley

0% 1 Capitola

3% 108 Office of Education

Homeless housing, services, funding, & gaps

Over the years, the County, Cities, and nonprofit agencies have developed a significant array of homeless assistance programs. Together, these programs form a countywide homeless assistance system, also known as the Continuum of Care, which works to resolve the crisis of homelessness, to house people as quickly as possible, and meet service needs along the way. Despite the great progress under the previous plan, there are still not enough:

- Prevention services to divert people from homelessness in the first place;

- Housing options (including rapid rehousing, permanent supportive housing, and affordable housing) to end people's homelessness; and

- Supportive services to help people cope with the personal, family, economic, and health challenges often interlinked with homelessness.

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13 2013 Annual Homeless Assessment Report (AHAR) to Congress, HUD Community Planning and Development.

14 With Applied Survey Research, Santa Cruz County conducts one of the most comprehensive and complete biennial PIT counts in the nation. Many other CoCs' counts may be considerably less complete and accurate.

15 E.g., lack of affordable housing and insufficient income to pay for rent. Sources: 2013 PIT homelessness studies for various comparable counties.

16 Comparable percentages of homeless people who lived within the county prior to homelessness: Monterey County – 72%, San Mateo County – 69% (hometown in San Mateo County), San Francisco – 61%, San Luis Obispo – 71%, Humboldt County (less than 50%). Sources: 2013 PIT homelessness studies for each county.

In addition, the community must redouble its efforts to transform the existing system by better coordinating services and by shifting valuable resources where possible from costly temporary solutions (while still meeting pressing needs for emergency assistance) to more cost-effective permanent solutions (such as permanent supportive housing). Finally, mainstream systems for serving low-income populations, the private sector, and community at large can and should do more to support preventing, reducing, and eventually ending homelessness.

INTERIM HOUSING OVERVIEW

Of the current housing inventory of 1,048 year-round beds,[17] a full 61% (642 beds) are temporary, including 353 emergency shelter beds and 289 transitional housing beds.[18] These interim resources include programs for specific populations such as families, single adults, seriously mentally ill adults, pregnant women, persons fleeing domestic violence, and veterans. Also, a winter shelter program provides 100 seasonal beds at the National Guard Armory.

Unfortunately, due to the lack of permanent housing options, these temporary programs have tended to become de facto housing with long stays the norm. Transforming the system will require moving people to more appropriate housing, thereby freeing these temporary beds for a true emergency purpose and shortening lengths of stay. It may also require shifting some transitional housing to more cost effective rapid rehousing or permanent supportive housing.

PERMANENT HOUSING OVERVIEW

Despite significant growth under the previous plan, only 39% of housing resources (406 beds) are permanent, including 99 rapid rehousing beds and 307 permanent supportive housing beds.[19] As mentioned earlier, most permanent supportive housing beds (289) are now set-aside for persons experiencing chronic homelessness, including those with medical vulnerabilities. Many of the rapid rehousing beds are targeted to rehouse families with children. A full 57% of permanent beds (overlapping other categories) are targeted to veterans under the HUD VASH and SSVF programs.[20]

A growing number of the permanent housing programs use a Housing First strategy.[21] Nearly all the permanent housing is of the tenant-based or scattered rental kind (370 beds), and far too few are of the site-based or single building type (only 36 beds).

This inventory does not reflect the full potential of all programs, such as the Housing Authority's Housing Choice Voucher limited preference for persons with medically vulnerabilities experiencing homelessness, progressively leasing up to at least 120 units/beds. Also, it doesn't reflect the fact that many people eventually leave homelessness for market rate housing or affordable or subsidized housing programs that are targeted to broader low-income populations. Nevertheless, significantly increasing permanent housing (including new site-based units) and widely adopting Housing First are linchpins to reducing and eventually ending homelessness. And the housing ratio must flip from a majority of interim beds to a majority of permanent beds.

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17 See the 2013 CoC Housing Inventory Chart for a complete listing of beds/units targeted to homeless people.
18 "Emergency shelter" refers to a facility for providing temporary shelter for addressing an immediate housing crisis, while "transitional housing" refers to housing with services where people can stay up to 24 months as they prepare to move into permanent housing. "Interim housing" includes both types of temporary housing.
19 "Rapid rehousing" refers to programs that use financial assistance and housing-focused services to move people quickly from emergency shelter into permanent housing," while "permanent supportive housing" refers to programs that provide housing with services with no time limits and with tenant rights to homeless people with disabling conditions.
20 "HUD VASH" refers to HUD's Veterans Affairs Supportive Housing program, while "SSVF" refers to the VA's Supportive Services for Veteran Families program (which provides rapid rehousing and prevention services).
21 "Housing First" refers to a best practice program model that provides housing quickly with minimal preconditions or sobriety and then providing services as needed.

SUPPORTIVE SERVICES OVERVIEW

Over the years, Santa Cruz County agencies, nonprofits, and faith groups have developed a considerable array of services to help overcome the homelessness crisis and meet other related needs, including outreach programs, information and referral tools, basic need services, mental health and substance abuse treatment, job training and placement, mainstream benefits assistance, family and childcare services, educational supports, and more.

Some of these programs are not directly part of a shelter or housing program, such as the Homeless Persons Health Project (health outreach and services), Daytime Essential Services Center (daytime shelter, basic needs, and service linkages), the Homeless Garden Project (employment), the Shelter Project (basic needs assistance), Students in Transition program (educational services for children experiencing homelessness), and food programs. These bring critical services directly to people experiencing homelessness, but many are located in the City of Santa Cruz. Reducing and eventually ending homelessness will require increased outreach and services to underserved areas with large homeless populations, such as Watsonville.

Virtually all interim and permanent housing programs provide some level of supportive services to residents – for example, case management, housing search, and mainstream benefits help. Service referral is key component of the service model, which is fine for some people, but often results in service fragmentation and missed connections for persons with serious medical vulnerabilities and life challenges. This population needs "wraparound services,"[22] in which integrated teams of health and social workers work together on an individualized service plan to help the person achieve and maintain housing and self-sufficiency. While some Santa Cruz permanent supportive housing programs have already implemented wraparound services, reducing and eventually ending chronic and other homelessness will require a major expansion of wraparound services in conjunction with the Housing First and coordinated entry approaches.

Various service programs serve specific need groups, or subpopulations, such as emancipated foster youth, victims of domestic violence, persons with HIV/AIDS, veterans, pregnant women, and persons with serious mental illness. A glaring gap is the lack of programs for youth and young adult subpopulation (14-24 years), which includes 947 persons experiencing homelessness[23] and who are not comfortable in adult programs. Reducing and eventually ending homelessness will entail building a youth and young adult housing/service system from the ground up.

It is key to understand that the majority of all supportive services are provided by county mainstream human care systems, either directly or by funding homeless assistance programs. Reducing and eventually ending homelessness will require eliminating access barriers and further integrating the homeless-specific and mainstream systems of care.

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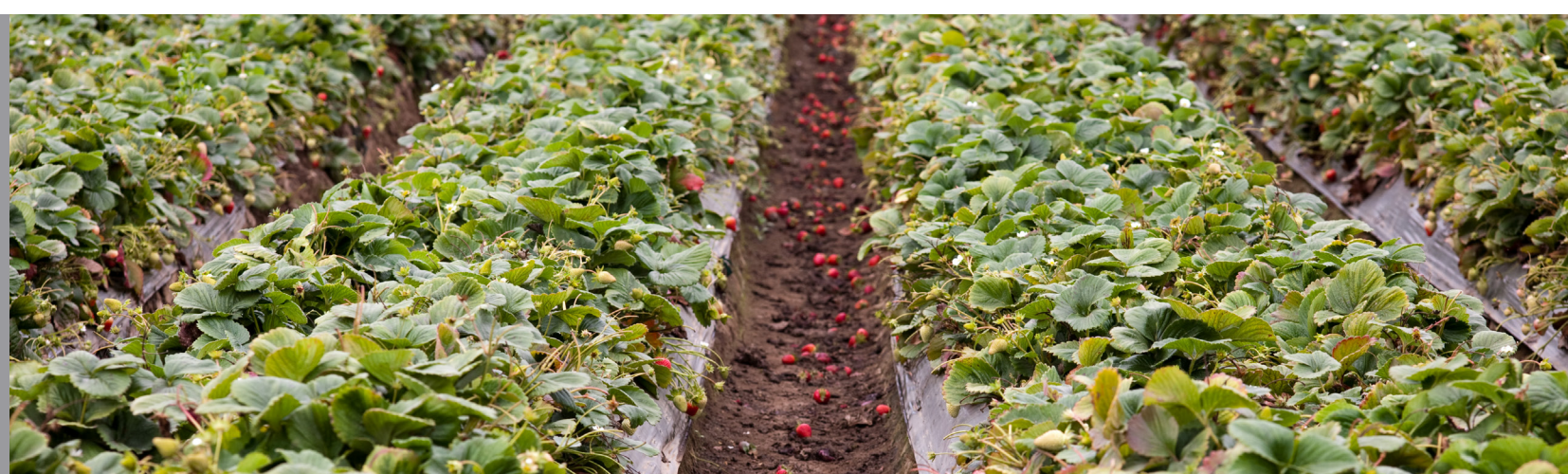
22 "Wraparound services" refers to a national best practice model that coordinates all caregiver services, often through a team case-management or shared service plan system, bringing mainstream and non-profit providers together for case conferencing and problem solving. It is often used in permanent supportive housing and sometimes coincides with a "harm reduction" model.

23 See 2013 Santa Cruz County Homeless Census and Survey, Applied Survey Research.

A key problem with the homeless assistance system now is that it can be fragmented and difficult for persons experiencing homelessness to find the services and housing they need. This is because most programs are asking: Should we accept this family/individual into our program?

WHAT DOES THE SYSTEM LOOK LIKE NOW?
QUESTION MOST PEOPLE ASK NOW: "SHOULD WE ACCEPT THIS INDIVIDUAL/FAMILY INTO OUR PROGRAM?"
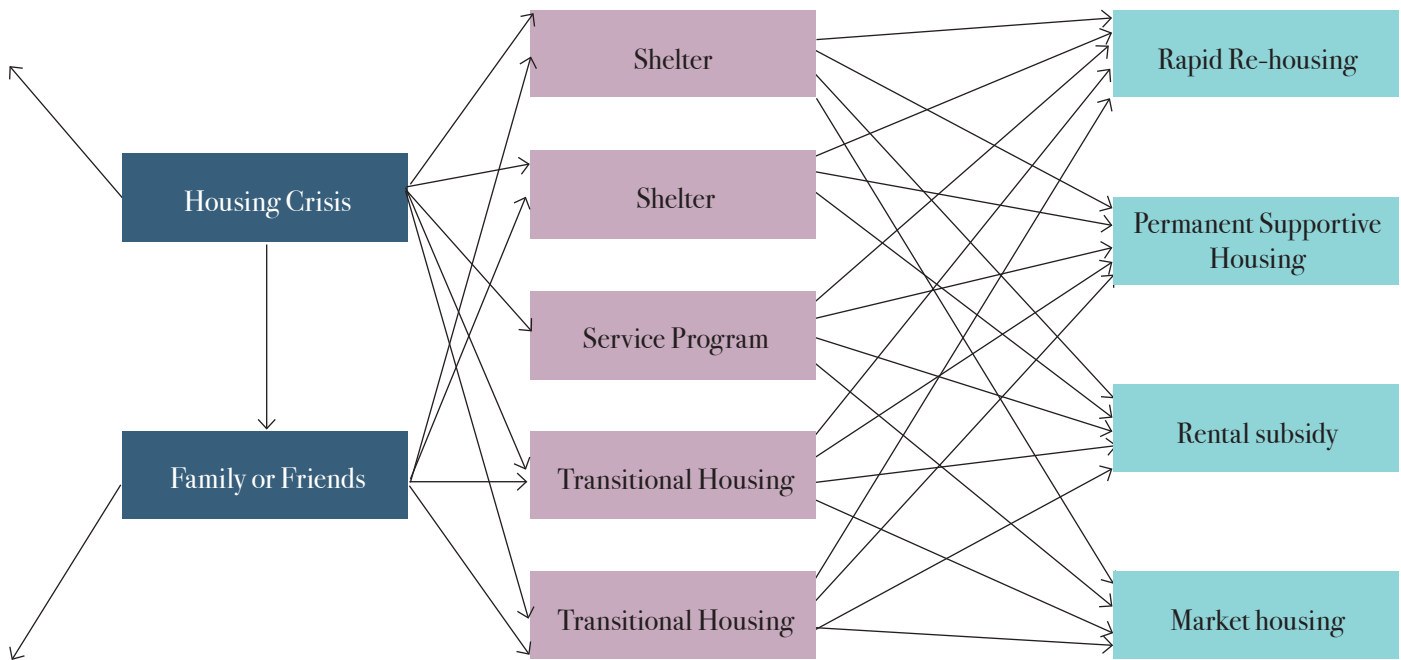
The system would work better for service seekers if instead every program asked: What housing and service strategy is best for this family/individual out of the several housing/service options available?

WHAT COULD THE SYSTEM LOOK LIKE?
QUESTIONS COC SYSTEMS SHOULD BE ASKING: "WHAT HOUSING AND SERVICE ASSISTANCE STRATEGY IS BEST FOR EACH HOUSEHOLD OF THE SEVERAL HOUSING/SERVICE OPTIONS AVAILABLE?"
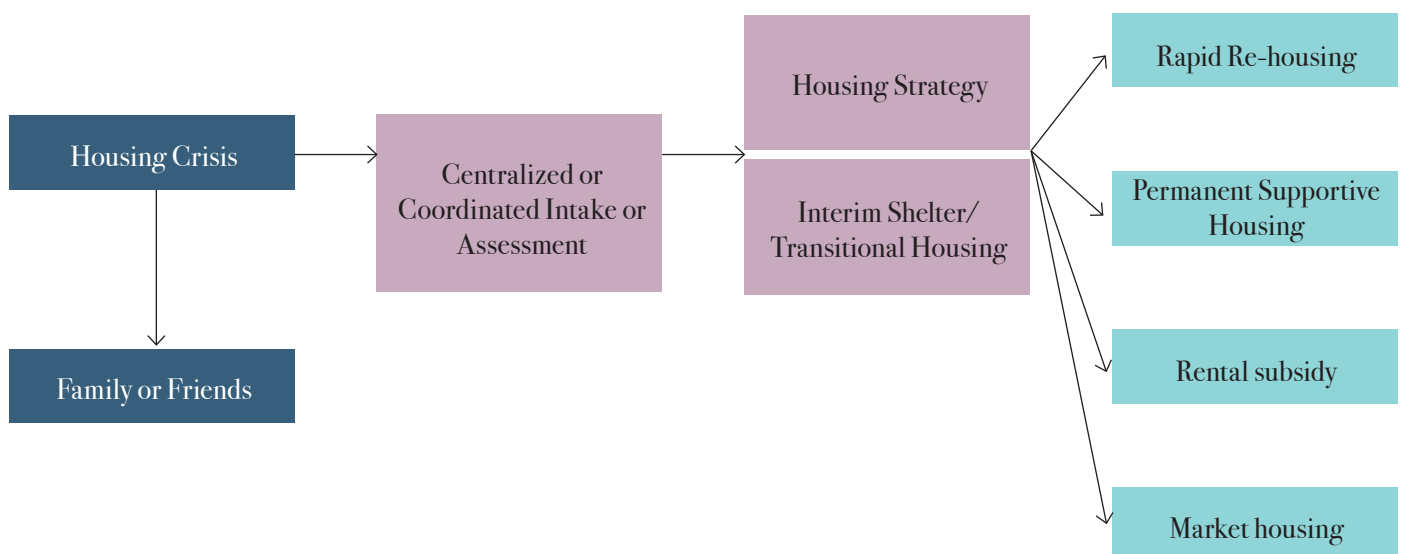
FUNDING OVERVIEW

Overall funding is woefully inadequate given the scale of need for existing and new homeless assistance programs. Each year, agencies that assist people experiencing homelessness expend great effort fundraising from a range of federal, state, county, city, foundation, faith, and private sources. The volunteer hours and in-kind donations of numerous citizens are pivotal.

Perhaps the largest single source of funding is HUD's CoC Homeless Assistance Grants. More than $21.5 million in CoC grants have been secured since the Year 2001. The following chart shows the year-by-year increases in grants and CoC funds for Santa Cruz County agencies.[24]

TOTAL HUD COC AWARDS PER YEAR

Year	
3 Grants 2001	
4 Grants 2002	
6 Grants 2003	
6 Grants 2004	
10 Grants 2005	
9 Grants 2006	
10 Grants 2007	
12 Grants 2008	
13 Grants 2009	
13 Grants 2010	
14 Grants 2011	
14 Grants 2012	
14 Grants 2013	
18 Grants 2014	

$0 $500,000 $1,000,000 $1,500,000 $2,000,000 $2,500,000
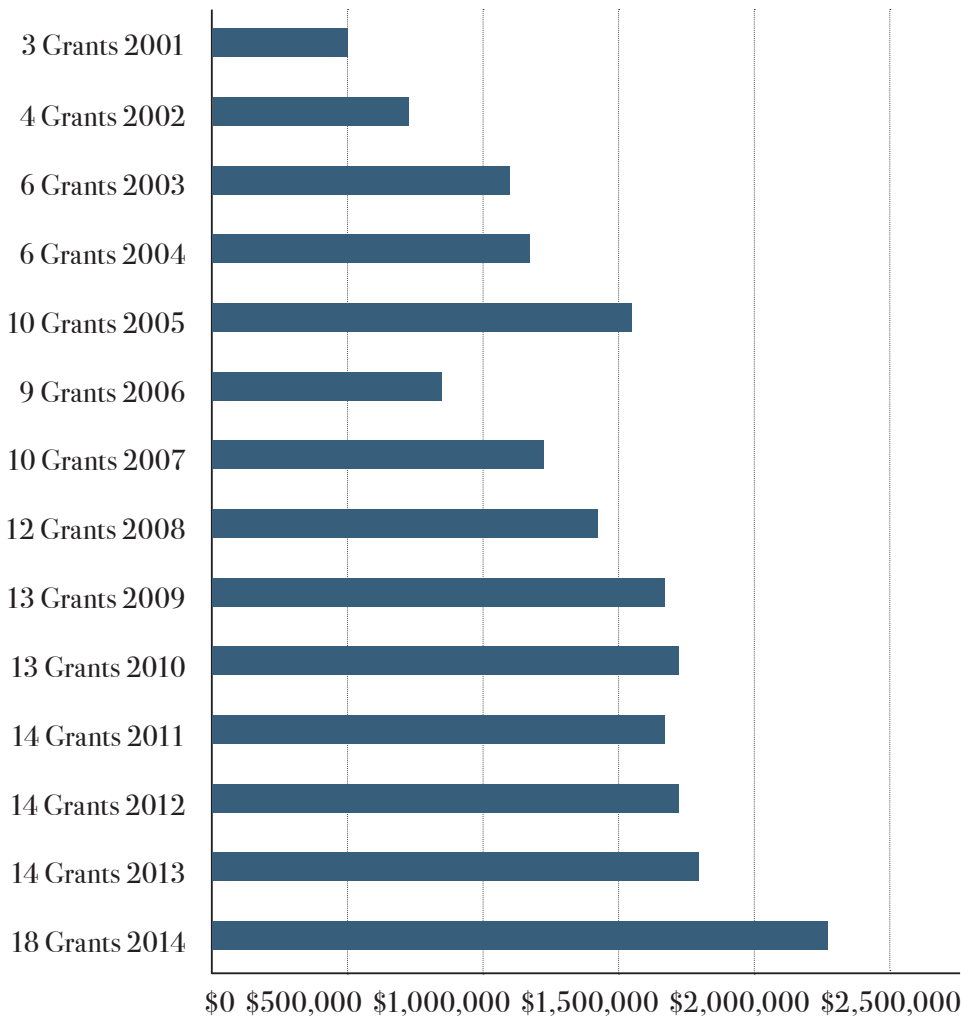
Each year, HUD asks CoCs to make ranking decisions among different projects. Of the $2,274,747 ranked by the HAP and awarded in 2014, 69% ($1,573,125) went to permanent housing, 26% ($586,801) to transitional housing, and 5% ($114,821) to HMIS and planning.

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24 Actual amounts possible are limited by such factors as the national pro rata formula, the number of renewal grants held harmless, and permanent housing bonus amounts.

All In - Toward a Home for Every County Resident

TYPE	FUNDING SOURCE	TYPICAL USES
Federal	HUD Emergency Solutions Grants	Shelter, outreach, rapid rehousing, prevention
	HUD Veterans Affairs Supportive Housing	Permanent supportive housing/veterans
	HUD Housing Choice Vouchers	Permanent supportive housing
	HUD HOME Partnership	Housing, prevention, rapid rehousing
	HUD Community Services Block Grants	Homeless services/CAB
	HHS Health Resources and Services Administration	Health care, outreach, wraparound services
	HHS Substance Abuse & Mental Health Services Admin.	Wraparound services
	HHS Community Services Block Grants	Day center, shelter, housing
	HHS CalWORKS	Housing assistance, emergency assistance
	VA Supportive Services for Veteran Families	Prevention, rapid rehousing/veterans
	VA Contract Beds & Grant Per Diem	Shelter, transitional housing/veterans
	FEMA Emergency Food and Shelter Program	Shelter, food programs
State	Emergency Housing Assistance Program	Shelter, development and operations
	Multifamily Housing Program	Housing development
	Mental Health Services Act	Housing, development and operations
Local	City and County General Funds	Shelter, housing, various services
Private	Foundation and Corporate Grants/Private Donations	Various agency programs/operations

Reducing and ending homelessness will require redoubled efforts to apply for as much funding as possible and making sure funds are used as effectively as possible for plan objectives.

Importantly, many mainstream programs incidentally serve people experiencing homelessness as part of their broader low-income mandate. These include housing assistance, health care, employment and benefits, and special population programs. Reducing and ending homelessness will require taking steps to increase people's access to mainstream benefits.

GAPS & NEEDS SUMMARY

Interim Housing:

- Need to shorten interim housing stay and return to a true emergency function
- Need to meet health and safety needs of persons still without housing

Permanent Housing:

- Not enough permanent supportive and affordable housing
- Not enough prevention and rapid rehousing programs
- Need to consider converting some transitional housing to cost effective permanent housing
- Need to more widely implement Housing First
- Need to improve utilization of existing housing resources
- Not enough site-based housing programs for people experiencing homelessness
- Need to flip the housing ratio from interim to permanent bed majority

GAPS & NEEDS SUMMARY (CONT.)

Supportive Services & Coordinated Entry:

- Need to improve CoC functioning though coordinated entry and placement

- Not enough homeless services in underserved areas such as Watsonville

- Lack of any services and housing for youth and young adults without housing

- Not enough wraparound services, and need for more harm reduction approaches

- Need for more mainstream/homeless program service coordination around access to housing, health, employment and benefits, and special needs services

Funding:

- Need to apply for more funding from all sources and use the dollars wisely

- Need to advocate for increased funding from all federal and state source.
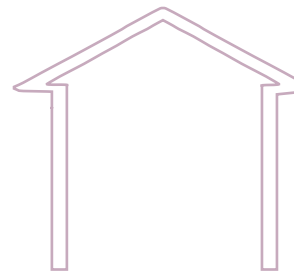
THE WORLD AROUND US

ENVIRONMENTAL SCAN

All In does not exist in a vacuum. Our ability to reduce and eventually end homelessness will depend in part upon the trends, opportunities, risks, and resources in the wider world. Systemic forces, such as the housing affordability crisis, persistent unemployment and poverty, restrictions and cuts to government funding, and the impact of homelessness on the community all affect our ability to succeed. Given high homelessness coupled with serious resource limitations, we are mindful of the need for a plan that is not only ambitious, but also realistic. Keeping the external environment in mind helps to inform and improve our strategic plan.

HOUSING AFFORDABILITY CRISIS

Lack of affordable housing is the leading cause of homelessness.[25] This is especially true in the Santa Cruz Watsonville Metropolitan Statistical Area, which remains the 6th least affordable rental market in the nation, requiring a fulltime hourly wage of $30.71 to afford a two-bedroom apartment at the fair market rate.[26] The combination of extraordinarily high rental costs along with a relatively low median income level makes rental housing hard to acquire for thousands of local residents. This challenge is particularly acute because middle-income residents, now priced out of the ownership market, have entered the rental housing market in greater numbers. Middle-income renters, while struggling to afford Santa Cruz County rents, are able to manage those rents, while those at the lower income level are often pushed out of the market. We can expect housing costs to continue rising.

Moreover, the waiting list for the kind of federal housing subsidies that might make rental housing affordable is currently closed and includes 12,372 households.[27] And the development of new affordable housing has come to a near standstill in Santa Cruz County (and across the State) due to such factors as the reduction and elimination of key funding sources (see below), the lack of developable land in Santa Cruz County, and planning-type barriers. Finally, the south county is particularly beset with overcrowded, substandard housing.

PERSISTENT POVERTY AND UNEMPLOYMENT

While the worst impacts of the Great Recession have passed, too many Santa Cruz County residents still live in poverty and have trouble finding living wage jobs. According to

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25 See National Alliance to End Homelessness FAQ "Why are people homeless" at http://www. endhomelessness.org/pages/faqs#why.
26 "Out of Reach 2014" (Most Expensive Jurisdictions Table), National Low Income Housing Coalition.
27 Information for Potential Applicants, Housing Choice Voucher Program, Housing Authority of the County of Santa Cruz.

the U.S. Census Bureau, 14.6% of county residents, or 39,335 people, lived below the federal poverty line in 2013. And the medium household income is near the state average (also U.S. Census Bureau), even though housing costs are among the state's highest. Moreover, the unemployment rate remains stubbornly high in Santa Cruz County – 10.9% in January 2014.[28] The situation is even worse in the south county and Watsonville, where due the cyclical nature of agricultural work, the unemployment rate is higher and fluctuates between 16.6% in September 2013 to 23.8% in January 2014. Without employment income, many households are simply unable to sustain their rental housing.

REDUCED GOVERNMENT SUPPORT

Impacted by the Great Recession and large budget deficits, governments at all levels – federal, state, county, and city – have all made painful budget cuts that weaken the safety net and reduce overall resources for affordable housing and homeless assistance programs. These budget cutbacks – for instance those from the federal "sequester" process – have impacted a range of programs including housing, health, employment, and public benefits, and have reduced funding for nonprofit agencies serving low-income and homeless persons.

Due to funding limits, HUD has come close to abandoning its role as a creator of low-income housing (developing 10% of what it did 40 years ago). HUD CoC Homeless Assistance grants, while not cut, have been flat-funded nationally, and the CoC funding formula gives short shrift to Santa Cruz County, compared to other CoCs, and relative to the size of the homeless PIT count. The State completely eliminated redevelopment agency funds, a primary source for affordable housing in Santa Cruz County and elsewhere, and eliminated important funding programs for emergency shelters and homeless mental health services. Meanwhile, voter-approved state general affordable housing bonds have been nearly expended, but not replaced.

IMPACT OF HOMELESSNESS ON THE COMMUNITY

The persistence of homelessness in our county comes at great cost. With many hundreds living without any shelter at all, we see damage to the lives of those experiencing life on the street. Perhaps most significant in this regard, we see the average age of death for those experiencing homelessness is 30 years younger than the average for all Americans.

At the same time, we see the burdens of increased damage to public spaces (from, for instance, homeless encampments) and increased community costs in terms of law enforcement, emergency health services and hazardous waste and environmental cleanup. Emergency services providers and the community spend millions of dollars annually attempting to deal with both the needs and community disruptions of people living on the street.

There is also a persistent tension within our community as many residents wrestle with the question of how best to address homelessness. When focused on solutions, debate of these issues can be helpful as we seek common ground. We hope that the community will continue to work to find a path that provides both accountability and effective approaches that will move individuals and families out of homelessness.

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28 2014 unemployment data summarized from U.S. Bureau of Labor Statistics.

Significant Initiatives

While the environmental scan shows significant challenges, there are a number of new and innovative initiatives at the federal and state levels that carry great promise for our ability to reduce and eventually end homelessness if we build upon them and carefully work them into our planning.

FEDERAL HEARTH ACT ENACTMENT

The federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 amended the McKinney-Vento Homeless Assistance Act, which now provides $2.3 million to Santa Cruz County annually – the single largest source of funding for our homeless assistance system. The HEARTH Act introduction of new performance measures, coordinated entry, and new program types and priorities (e.g., rapid rehousing) has major implications for how we work to address homelessness.

FEDERAL HEALTHCARE REFORM

Implementation of the Patient Protection and Affordable Care Act (ACA) also increases the potential resources available to meet the health care needs of people experiencing homelessness. In 2014, Medicaid expanded to include all single individuals who are at or below 133% of the federal poverty level. The County Health Services Agency estimated that an additional 8,600 persons became eligible for Med-Cal.[29] As the ACA advances, we need to make sure that all eligible person are in fact enrolled in Medi-Cal, that we work to incorporate Medi-Cal funded services with the permanent housing proposed in this plan, and that we use emerging best practices to leverage Medicaid-funded services to meet the needs of the homeless population.

FEDERAL HOMELESSNESS PLAN

In 2010, the U.S. Interagency Council on Homelessness unveiled Opening Doors, the nation's first comprehensive strategic plan to prevent and end homelessness. The bold goals of Opening Doors are meant to catalyze change at the local and state level and improve the use of resources and cross-system collaboration. The strategic priorities of *All In* are closely aligned with those of Opening Doors, and we will continue to align our strategies with the best national thinking.

FEDERAL GOAL TO END VETERAN HOMELESSNESS

Also in 2010, the Obama Administration set a goal of ending veteran homelessness in five years. In response, the U.S. Department of Veterans Affairs' budget for homeless assistance programs has grown dramatically over the past few years to support prevention, rapid rehousing, and permanent supportive housing for veterans experiencing homelessness. The Housing Authority of Santa Cruz County, in collaboration with VAPAHCS, which provides case management, now administers 209 HUD-VASH vouchers, with more likely coming to house our 395 homeless veterans.[30] And $3.2 million in SSVF grants have been awarded for use in Santa Cruz County.

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29 The Medicaid program is called "Medi-Cal" in California.
30 2013 Santa Cruz County PIT homelessness study, Applied Survey Research.

STATE PROPOSITION 41

In 2014, the California Veterans Housing and Homeless Prevention Act (Proposition 41) was signed into law, totaling $600 million to fund the development of permanent supportive and transitional housing targeted for homeless veterans and their families. Beginning in 2015, an estimated $75 million will be made available competitively per year.

STATE CAP-AND-TRADE

The State Global Warming Solutions Act of 2006 created a cap-in-trade system whereby large California companies can pay a fee for excess green house gas emissions. For the 2015 budget year, the State had $832 million in program proceeds, of which $130 million is being made available competitively through the Department of Housing and Community Development for affordable housing and sustainable communities projects. This is an ongoing funding stream, with significant amounts to be made available for qualified affordable housing every year.

Essential Elements to Make Homeless Interventions Successful

This plan builds on the accomplishments of the previous plan, and establishes a blueprint for future coordinated action to address homelessness. Our ability to make progress will rest on the degree to which we are able to integrate into our homeless assistance system all of the components required to make it a success. The system as a whole should embrace the following essential components that national best practices and local experience tell us are needed if we are to make true progress in reducing and eventually ending homelessness:

Restoring, preserving, and increasing the resources of the homeless assistance system, including homeless prevention, a range of housing options, and supportive services.

Increasing the supply of and increasing access to affordable housing so that all Santa Cruz County residents can eventually afford a stable home of their own.

Ensuring a well-functioning safety net so that all households who are at risk of or experiencing homelessness have access to shelter, mainstream resources, public benefits, and quality health care.

Reaching all homeless populations to ensure the unique and multiple needs of each person are recognized and addressed in a holistic way. Special populations include but are not limited to families, unaccompanied minor youth, victims of domestic violence, seniors, persons who have been convicted of a crime, persons with a disability, persons who are chronically homeless, persons with HIV/AIDS, persons who are LGBTQ, veterans, persons with limited English proficiency, and persons who are undocumented.

Providing a system that is truly countywide, so that housing and supportive services are appropriate and accessible for each sub-region of the county.

Ensuring harm reduction, trauma-informed, and asset-based principles are embraced in order to provide housing and services with care, dignity, and respect to all people.

Holding the homeless system accountable to the highest quality of services to ensure that dollars are put to their best use and consumers are provided with respect, support, and advocacy that empowers the consumer to be his or her own agent of change.

Putting the safety and well being of clients, providers, and community first by making sure programs are located, designed, and structured so that all people are comfortable and safe.

Improving efforts to prevent public and private institutions from discharging individuals into homelessness.

Expanding cultural competency and consumer choice to respect the unique situation and aspirations of each individual who interacts with the homeless assistance system.

Creating meaningful avenues for community engagement, dialogue, and participation on issues of homelessness and its impact.
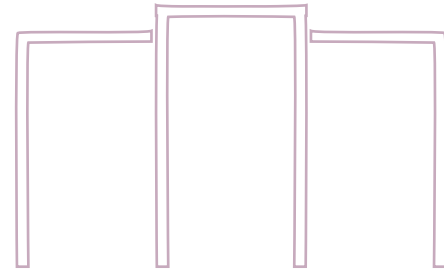
SANTA CRUZ STRATEGIC PLAN TO PREVENT, REDUCE, & EVENTUALLY END HOMELESSNESS

CROSS-SYSTEMS STRATEGIC PRIORITIES HOMELESSNESS

1. Transforming the Crisis Response System
2. Increasing Access to Permanent Housing
3. Integrating Systems and Community Support

POPULATION-SPECIFIC STRATEGIC PRIORITIES

4. Ending Chronic and Other Adult Homelessness
5. Ending Family Homelessness
6. Addressing Needs in South County
7. Initiating a Response to Youth and Young Adult Homelessness
8. Ending Veteran Homelessness

Created with extensive public input, *All In* builds on the successes of the earlier Ten Year Plan and renews our commitment to reducing and eventually ending homelessness. Community efforts over the past years have helped a considerable number of Santa Cruz County residents to move from the streets and despair to stable housing and meaningful, community-connected lives. Implementation of the Ten Year Plan also helped transform the community effort from a patchwork of emergency programs to a coordinated system striving to end homelessness with permanent, integrated solutions. Although much has been accomplished, a great deal more must be done as clearly shown by the PIT data and by the daily realities of homelessness.

Successful programs and practices will continue under the new plan and will be augmented by creative new ideas that incorporate key lessons learned, the best thinking from around the country and in our own backyard, and the realities of the world around us. In this way, the new plan proposes eight strategic priorities, detailed in the following pages, for transforming how the system works and adding the programs and resources that will be needed to prevent, reduce, and eventually end homelessness, rather than just manage the problem. The strategic priorities, which are not listed in priority rank order, are listed on the left-hand side of this page.

Developed with a Results-Based Accountability methodology, the strategic priorities encompass:

- Results *that we aim to achieve in the lives of people*
- Measurable indicators *of the challenges we are facing*
- Action Strategies *needed to achieve the results*

The action strategies are divided into short-term strategies (to be accomplished within two to three years) and long-term/ongoing strategies (within six to seven years). Again, these action strategies are not in priority rank order. Integrated throughout are recommendations for new services and programs, system changes, and policy advocacy.

This plan is meant to be a living document that requires ongoing planning and collaboration to ensure success. We call on all the whole community to help us to achieve the plan's goals by creating a home and safety for everyone in Santa Cruz County.

STRATEGIC PRIORITY 1: TRANSFORMING THE CRISIS RESPONSE SYSTEM

RESULTS

- Coordinated entry system implemented to improve access to all housing and service types for all populations.
- Increased prevention and diversion resources to reduce the number of households falling into homelessness.
- Interim housing returned to it original emergency purpose.

OVERVIEW

Reducing and eventually ending homelessness will require a more streamlined and targeted crisis response system that quickly and compassionately assesses a household's needs and provides tailored resources for persons in crisis. We must move beyond our fragmented approach to a more unified set of efficient interventions that effectively prevents people from becoming homeless and quickly stabilizes people who are already experiencing homelessness. We can achieve this goal by better assessing people's need and barriers; targeting prevention and diversion resources to those most at risk of entering shelter; equipping providers with the necessary resources to quickly re-house people; and further coordinating outreach for those currently on the streets.

ACTION STRATEGIES

Short-Term

1. Implement standardized assessment of all households entering government-supported programs using the VI-SPDAT (family and individual) evidence-based tools.
2. Develop and implement protocols for use of HMIS in data collection and sharing for coordinated entry.
3. Expand system access by transferring 2-1-1 calls for shelter to the coordinated entry system; connecting persons in danger to the domestic violence system; linking veterans to the VA system of care; and widely advertising coordinated entry points.
4. Maintain existing emergency shelters to meet the pressing unsheltered need, adding new ones only where identified below.
5. Expand prevention program funding from varied sources (e.g., CDBG, ESG, and SSVF), clearly link it to coordinated entry, and target prevention resources to those most at risk of entering the shelter system.
6. Integrate street outreach and day centers with coordinated entry, so that the system assesses all unsheltered persons
7. Encourage interim housing programs to shorten lengths of stay by equipping them with more housing tools and resources, and considering standardizing lengths of stay.
8. Engage the community around developing additional emergency and interim services for unmet health and safety needs of persons living outdoors, including small shelters around the county, warming centers, and improvements to existing shelters.

Long-Term

9. Create an electronic system for real time bed management and program-to-program referrals using HMIS.
10. Create and implement a diversion program model for use by shelters in finding alternatives to a shelter stay.
11. Expand a range of safety net programs, including eviction prevention and legal services, mental health and substance abuse treatment, domestic violence programs, and financial literacy to prevent homelessness and reduce shelter use and recidivism.

MEASURABLE INDICATORS

- Coordinated entry system is in place and functioning.
- Increased rates of prevention and diversion from shelter.
- Reduced rates of first-time shelter use and shelter recidivism.
- Reduced lengths of stay in shelter and transitional housing.
- Increased rates of permanent housing placement.
- Increased numbers contacted by street outreach.

STRATEGIC PRIORITY 2: INCREASING ACCESS TO PERMANENT HOUSING

RESULTS

- Sufficient permanent affordable housing developed and maintained for all households who are homeless or at risk.[31]

OVERVIEW

As mentioned earlier, affordable housing is both a cause of and solution to homelessness. For many people, a short-term housing subsidy and stabilizing case management is all that is needed to regain stable housing. For people who are disabled or medically vulnerable and require additional time and supports, permanent supportive housing has proven to be a cost efficient and effective intervention. For the rest who are struggling with high rents and low paying jobs, subsidized, affordable housing will end their homelessness. Recognizing the unique affordability and development limitations in our county, we are challenged to find creative solutions for the range of permanent and affordable housing options needed to address homelessness and fit well into the community fabric.

ACTION STRATEGIES

Short-Term

1. Expand rapid rehousing programs, in collaboration with existing interim housing providers, to enable more households to quickly escape shelter and return to housing. Blend funding from varied sources to meet the scale of need.

2. Create a new housing pipeline initiative, combining varied funding to expand the supply of permanent supportive housing, including development, master leasing, and scattered sites; work with local jurisdictions to address relevant land use issues. Consider innovative leasing and purchase approaches.

3. Through coordinated entry, prioritize access to rapid rehousing and permanent supportive housing based on severity of need.

4. Widely adopt a Housing First approach, providing low barrier access to units and delivering services to stabilize housing.

5. Create 60 new "limited local preferences" per year for persons experiencing homelessness on the Housing Choice waiting list.

6. Consider converting existing transitional housing programs to permanent supportive housing.

7. Encourage agencies and collaboratives to apply for all possible funds (e.g., CoC bonus funds) available for new housing.

8. Develop a landlord outreach and incentive program to recruit new housing partners and increase usage of housing subsidies.

Long-Term

9. Participate in national and state advocacy for more funds (e.g., CoC program, state bonds, redevelopment successor funding).

10. Explore innovative housing models, such as "tiny houses" and relaxed second-unit rules

11. Consider modifications to existing density bonus programs that may work in Santa Cruz County.

12. Support community efforts to preserve and develop site-based affordable housing opportunities, including for workers, seniors, and disabled persons; encourage income targeting to extremely low-income persons at risk of homelessness.

31 "Affordable housing" is often defined as housing costs that are no more than 30% of gross household income.

MEASURABLE INDICATORS

- Rapid rehousing beds increased from 99 in 2013 to 600 in 2020 to meet the projected need.*

- Permanent supportive housing beds increased from 307 in 2013 to 2,000 in 2020 to meet the projected need.

- Increased permanent beds targeted to persons experiencing chronic homelessness.

- Increased affordable housing for all low-income and special needs populations in Santa Cruz County.

* The figures are from a HAP gaps analysis of beds needed to fully end homelessness.

STRATEGIC PRIORITY 3: INTEGRATING SYSTEMS AND COMMUNITY SUPPORT

RESULTS

- People experiencing homelessness receive the mainstream health, employment, and social services needed to become and remain stably housed.

- Protocols are in place to prevent institutional discharge of persons directly to the streets.

- Community perception of safety is improved.

OVERVIEW

Homelessness impacts the whole community. Not only does it harm those without homes, but it also tears at the broader social fabric. To truly meet our goals, we need a plan that works across systems to address the problem holistically, producing concrete benefits for all. The housing proposed above will not be enough; to remain stable people experiencing homelessness need an adequate safety net of health, employment, and social services – funded mainly by larger mainstream service systems. Prevention requires addressing the policies of jails, hospitals, and other institutions that discharge people to the streets. The safety of all – whether homeless or housed – demands better coordination and communication among providers, governments, the justice system, businesses, and neighbors.

ACTION STRATEGIES

Short-Term

1. Expand supportive services linked to permanent housing, including: a) integrated support teams providing wraparound services, and b) less intensive models for persons with low needs.

2. Explore opportunities under the Affordable Care Act and Medi-Cal managed care to fund services linked to housing.

3. Expand volunteer programs, such as Wings and 180 Housing Navigators, to bolster and expand the integrated support network for those using the most health resources.

4. Enhance access to mainstream benefits (e.g., SSI, CalWORKS, CalFRESH, WIC, Veterans Benefits, Medi-Cal, etc.) for all people experiencing homelessness by connecting them early to benefits applications through the coordinated entry process.

5. Replicate the Downtown Accountability Program countywide, connect it to addiction recovery and mental health services, and expand substance abuse treatment inpatient programs.

6. Use facilitated community conversations, mediation, and public education for community problem and conflict resolution.

Long-Term

7. Add specialty courts, e.g., homeless court and behavioral health court, and constructive "sentencing" to social services.

8. Increase networking of street outreach mental health and law enforcement personnel for appropriate service responses and improved community relations.

9. Increase funding for inpatient alcohol and drug treatment, and ensure housing reserve units for those in treatment programs.

10. Work with jails, hospitals, mental health institutions, and sober living programs to develop policies to prevent discharges directly to the streets.

11. Build and strengthen connections to the workforce development system, creating new pathways to jobs and more intentional partnerships between homeless and workforce programs.

12. Provide training and develop program models to ensure cultural competence is practiced in all service transactions.

MEASURABLE INDICATORS

- Increased rates of permanent housing retention; for 6 months, for one year.

- Reduced public costs associated with homelessness.

- Increased access to employment and mainstream benefits.

- Reduced rates of discharge from institutions to the streets.

- Reduced crime committed by and against people while experiencing homelessness.

All In - Toward a Home for Every County Resident

STRATEGIC PRIORITY 4: ENDING CHRONIC & OTHER ADULT HOMELESSNESS

RESULTS

- Chronic homelessness is ended by 2020.
- Senior homelessness is reduced 50% by 2018.
- 50% of currently unsheltered in interim or permanent housing by end of 2020.

OVERVIEW

The data show that Santa Cruz County has a very large problem with homelessness among single adults, too many of whom are unsheltered, elderly, or at serious health risk. Of the 3,536 people who were homeless identified in the 2013 PIT count, a full 1,777 were unsheltered adults over age 24, and 989 persons (28% of overall homelessness) are defined as chronically homeless. Moreover, the homeless population is aging, with an estimated 7% persons 60 years or older according the 2011 PIT count. [32] As non-housing costs continue to rise, so does the proportional cost burden of housing for fixed low-income seniors making them less secure in their housing. Many seniors and persons experiencing chronic homelessness face serious medical conditions and vulnerabilities that are worsened by homelessness and lead too often to premature death. Studies (above) show that ending chronic homelessness reduces public costs and frees resources for resolving transitional homelessness. The recommendations here work with the crisis response, housing, and integrated systems sections above to address adult homelessness.
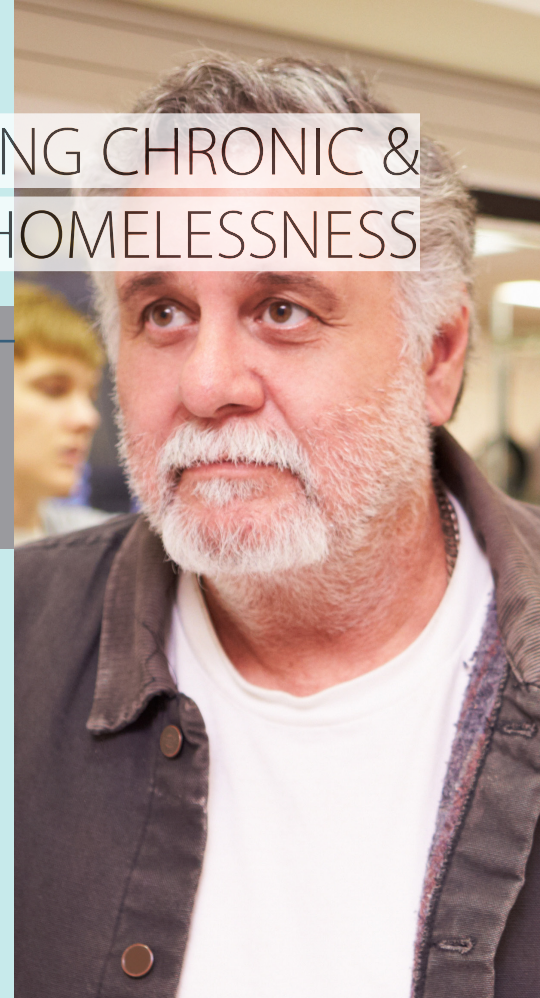
ACTION STRATEGIES

Short-Term

1. Target 90% of the permanent supportive housing beds and 50% of the rapid rehousing beds proposed above to single adults to meet the relative need.

2. Make appropriate housing placements for persons experiencing chronic and other homelessness through coordinated entry based on the severity of need as follows: (1) most severe - PSH with wraparound services, (2) less severe - PSH with less intensive services, and (3) least severe - rapid rehousing or general affordable housing.

3. Expand 180/2020 initiative to house all persons experiencing chronic homelessness.

4. Redouble street outreach to contact more persons experiencing homelessness and assess their needs.

5. Support new projects prioritizing engagement, housing and services for persons experiencing chronic homelessness.

6. Support new collaborative program to assist at risk seniors.

7. Continue to track homeless deaths until they stop.

Long-Term

8. Establish north and south county service locations specifically for adults above 55 years; these can be separate programs at existing service sites.

9. Work with existing shelter and service providers to provide "senior friendly" services.

10. Embed employment as a goal in every step of the housing process from coordinated entry to housing placement.

11. Advocate for a new local funding initiative using dollars "saved" by providing housing (e.g., hospital and jail costs averted).

12. Advocate for additional federal and state funds for senior affordable housing and the range of senior services.

MEASURABLE INDICATORS

- Reduced rates of unsheltered homelessness, chronic homelessness, and homelessness among persons 55 or older.

- Reduced number of persons dying while homeless to 0 by 2017.

- Increased number of permanent housing beds set aside or targeted for persons experiencing chronic homelessness.

- At risk seniors identified and receive prevention services.

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32 The 2013 PIT Count did not collect data on this age range.

STRATEGIC PRIORITY 5: ENDING FAMILY HOMELESSNESS

RESULTS

- Family homelessness[33] is ended by 2020.
- Fewer at risk families fall into homelessness.

OVERVIEW

The 2013 PIT count found 544 persons in families experiencing homelessness, of whom 201 persons (37%) were unsheltered. In line with a national trend, family homelessness may be rising as 17% more families were found than in the 2011 PIT count.[34] Impacted by the lack of affordable housing and unemployment, far too many families are experiencing homelessness in Santa Cruz County, and an even greater number living below the federal poverty line in precarious situations at risk of homelessness. In general, intact families have less severe barriers to housing, and can often return to housing stability with rapid rehousing assistance or a housing subsidy. Still, poverty, domestic violence, mental health or substance abuse problems, relationship issues, children's trauma, lack of education and job skills, and language or cultural differences are often key barriers to housing for families who are homeless or at risk of homelessness.

ACTION STRATEGIES

Short-Term

1. Establish a countywide steering committee of representatives of the key partners serving families to develop a method for identifying families most in need of prevention services.

2. Target 10% of the permanent supportive housing beds and 50% of the rapid rehousing beds proposed above to families to meet the relative need.

3. Provide the new rapid rehousing programs in collaboration with existing family interim housing to assure a continuum of services.

4. Sustain existing family (and domestic violence) shelters to meet the scale of need (including for woman only and women with children). Coordinate common lengths of stay, self-sufficiency goals and outcomes among all family shelters.

5. Working with coordinated entry, develop a common policies and a shared family waiting list, making appropriate housing interventions, based on severity of need.

6. Link children experiencing homelessness and their families to the County Office of Education Students in Transition Program.

7. Advocate for a "limited local preference" for families experiencing homelessness who are on the waiting list for the Housing Choice Voucher Program.

MEASURABLE INDICATORS

- Reduced number of families experiencing homelessness.
- Reduced number of families experiencing homelessness for the first time.
- Increased number of at-risk families receiving prevention services.
- Increased number of families receiving rapid rehousing services.

Long-Term

8. Increase sustainable employment opportunities by linking with workforce programs and a system of employment navigators.

9. Coordinate available resources using a client-centered model, providing a continuum of services and a path to self-sufficiency.

10. Support and expand the awareness of this population of the benefits of the 2-1-1 community information service.

11. Advocate for a political/economic change that can result in economic opportunities and a decrease in the poverty rate.

12. Advocate for funding increases for family-focused counseling and education, transportation, childcare, and nutritional assistance.

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33 "Family homelessness" generally refers to homelessness among households or groups including one or more adults with one or more children.
34 Comparing the 2011 and 2013 PIT family counts is problematic due to changes in both the "homeless" definition and methods of identifying homeless families.

All In - Toward a Home for Every County Resident

RESULTS

- Ensure that the benefits of a comprehensive, culturally competent homeless assistance system fully extend to traditionally underserved communities in the Pajaro Valley.

OVERVIEW

The Pajaro Valley, including Watsonville, faces challenges due to its distance from the county seat, relative poverty, agricultural economy and seasonal farmworker population, and multiplicity of cultures and languages spoken. Many persons who are undocumented regularly cross the Pajaro River between Santa Cruz and Monterey counties, seek to remain hidden, and thus are more exposed to danger. Still more are living in overcrowded or substandard housing. Although 645 persons experiencing homelessness were identified in south county by the 2013 PIT count (including a majority of the families experiencing homelessness in the county), homeless assistance is very limited and fragmented, and the area lacks a strong agency and central location for access to homeless services. Reducing and eventually ending homelessness demands key steps to fully include the Pajaro Valley and its residents in the homeless assistance system.

ACTION STRATEGIES

Short-Term

1. Develop a centralized one-stop day center for people experiencing homelessness to go during the day and incorporating: coordinated entry point, bathrooms, showers, laundry, mail, three meals, multilingual trauma-informed case managers, benefits assistance, job ready placements, community outreach and education, and linkage to whole network of programs such as shelter, housing, health, treatment, corrections transition, legal aid, social, family, transportation, VA services, and employment opportunities.

2. Develop a comprehensive south county homeless services agency that builds relationships among mainstream service providers, non-profits, faith-based communities, private business partners, homeless clients, and the public; provides complete information on system-wide homeless services; maintains a website for information on South county services, demographics, and best practices; and participates in County-wide homelessness efforts.

3. Regularly convene a network meeting of agencies to coordinate case management and services in the Pajaro Valley.

4. Work with landlords to understand and accept families with poor credit and acceptance of Housing Choice vouchers.

Long-Term

5. Provide additional emergency shelter and transitional housing in south county to meet the high level of demand among families.

6. Ensure an equitable distribution of 1) funds to south county and 2) low-income housing countywide (not concentrated in Watsonville).

7. Train police on what to do when encountering housing units where multiple families live.

8. Increase culturally competent services for homeless youth and young adults (including foster and LGBTQ youth) and undocumented and seasonal workers.

MEASURABLE INDICATORS

- A strong agency and one-stop day center with comprehensive basic services are in place in Watsonville.

- More housing and services available in the south county.

- A stakeholder network meets regularly to coordinate homeless services in the Pajaro Valley.

- South county agencies have strengthened capacity to raise funds, administer programs, and provide the needed services.

STRATEGIC PRIORITY 7: INITIATING A RESPONSE TO YOUTH & YOUNG ADULT HOMELESSNESS

RESULTS

- Initiate a comprehensive, developmentally appropriate system of services for unaccompanied youth and young adults experiencing homelessness, ages 14-24, including youth formerly in foster care.

OVERVIEW

Unaccompanied youth and young adults, disconnected from a trusted older person, face developmental challenges and dangers on the street. Youth and young adults need a full range of comprehensive, accessible services in order to become stably housed and successful in adulthood. Sadly, no such services currently exist in Santa Cruz County, although independent and transitional living programs are available for the segment of this population currently or formerly in foster care. According to the 2013 PIT count, there are a 947 unaccompanied youth and young adults (27% of the total homeless population), including 814 between ages 18 and 24, and 133 under age 18. The plan will launch effective, evidence-based services tailored for youth and young adults. We must do a better job of helping this vulnerable group, including runaways, throwaways, and LGBTQ youth, who currently languish on our streets not realizing their promise.

ACTION STRATEGIES

MEASURABLE INDICATORS

- Youth and young adult-focused homeless assistance system in place, with a continuum of housing and services identified.
- Reduced numbers of youth and young adults experiencing homelessness.
- Reduced numbers of former foster youth falling into homelessness.

Short-Term

1. Convene a stakeholder group to examine best practices, e.g., Larkin St. and the Portland model, and make recommendations for youth/young adult-focused housing and services.

2. Create a central point-of-contact and services for youth and young adults that includes 1) a day center with counseling and comprehensive resources (including mainstream benefits), and 2) an emergency shelter. Explore funding through ESG and Youth Basic Center grants.

3. Support and increase all programs for existing and former foster youth, including outreach, counseling, educational and job linkages, family unification, group homes, LGBTQ support, the Independent Living Program, and Transitional Living Program.

4. Increase mobile outreach with basic needs resources at locations where youth gather, e.g., downtown and Capitola Mall.

5. Communicate with an app for youth/young adult resources.

Long-Term

6. Develop a menu of additional youth/young adult-focused housing options, including transitional housing, permanent supportive housing, affordable housing, increased Family Unification Program vouchers, college housing, and group housing.

7. Expand permanency and family unification counseling to all youth and young adults experiencing homelessness.

8. Request all systems serving youth and young adults – medical, probation, and school systems, and Cabrillo College – to ask about housing status, and if homeless to connect the youth to coordinated entry; consider how to assess this group and prioritize them for different housing and service interventions.

9. Work with the John Burton Foundation to advocate for youth/young adult program funding and increased time limits in transitional living.

10. Reduce cultural barriers to mainstream benefits access, by offering enrollment at youth/young adult-friendly locations.

STRATEGIC PRIORITY 8: ENDING VETERAN HOMELESSNESS

RESULTS

- Veteran homelessness is ended by 2016.

- All veterans have stable housing and uniquely tailored supportive services enabling them to stay housed and/or prevent further or new episodes of homelessness.

OVERVIEW

Nobody should be without a home, but this is especially true for our veterans who have bravely served our country and often bear the physical and mental scars of their service. That is why the federal government has committed to preventing and ending veteran homelessness and has dramatically expanded funding to do so. As our 2013 PIT data show, we have 395 veterans experiencing homelessness, one of the highest per-capita concentrations in the nation. These, and those at risk of homelessness, include returnees from Afghanistan and Iraq, as well as earlier campaigns such Vietnam, Desert Storm and Korea, and also include subpopulations, such as women, senior veterans who lack social supports, veterans with a higher number of traumatic brain injuries, post traumatic stress disorder, and substance use disorders.

ACTION STRATEGIES

Short-Term

1. Continue to expand the use of HUD-VASH for permanent supportive housing, SSVF for prevention and rapid rehousing, and VA contract beds and Grant Per Diem for interim housing.

2. Convene stakeholders to develop a coordinated new housing strategy countywide that takes into account the needs of different sub-populations (women, families, older adults, those with addiction or mental health services).

3. Make sure coordinated entry identifies all veterans and refers them to VAPAHCS Medical Outreach for eligibility/enrollment and health care services located every Wednesday at Veteran Memorial Building, and refers to the Housing Resource Group for veteran-specific housing (e.g., HUD-VASH and SSVF providers) and community services, as well as services designed for their subpopulation (e.g., VAPAHCS Women's Health Program located at the Santa Cruz Vet Center in Capitola; harm reduction group at VMB weekly). Advertise all VA services.

4. Develop harm reduction and Housing First models that do not require sobriety for admission to and continuing in housing.

5. Create additional peer-support and wraparound services (geared to specific subpopulations) co-located in housing to help veterans overcome housing instability and meet service needs.

6. Utilize non-veteran specific housing programs (e.g., Housing Choice Vouchers) where possible.

7. Educate and engage landlords to increase the acceptance of HUD-VASH and other subsidies used by veterans.

8. Engage volunteers to provide housing acquisition assistance and housing retention support for veterans.

9. Ensure all veterans are linked to mainstream (veteran and non-veteran specific) benefits and employment programs.

10. Create a veterans' specialty court and other mechanisms to divert homeless veterans from the criminal justice system.

11. Conduct outreach to veterans and families at-risk of housing loss and widely advertise SSVF and other prevention programs.

Long-Term

12. Continue prevention efforts through VAPAHCS for Medical Outreach linkage to VA health care, HUDVASH, and SSVF.

MEASURABLE INDICATORS

- Reduced number of veterans experiencing homelessness, including sub-counts of single woman, families, older adults, and those with substance use disorders or mental illness.

- Increased number of veterans stably housed.

- Reduced rate of veterans falling into homelessness.
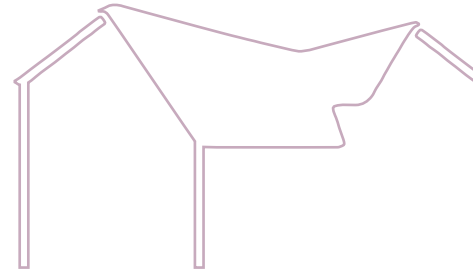
PLAN IMPLEMENTATION STRATEGY

Over the past ten years, a countywide system for responding to homelessness has been developed and implemented. Guided by the Ten Year Plan, the HAP and its committee structure were created to coordinate countywide planning and action. The County and Cities have collaborated to share costs for staffing, planning, fundraising, data collection, and winter shelter. The Human Services Department and now the Planning Department have provided dedicated homelessness coordination staffing. HMIS and biennial PIT homelessness studies have brought unprecedented information and insight into the problem of homelessness. And recently, a new generation of community activism has sparked the creation of new planning initiatives, such as Smart Solutions to Homelessness and 180/2020.

PLAN IMPLEMENTATION STRATEGY

"Plan implementation strategy" refers to the community structures, resources, and steps put in place to encourage the successful implementation of the Plan.

While a great deal has been accomplished, a significantly higher level of coordinated planning and action will be required if we are to achieve the ambitious systems change, housing expansion, service integration, and population-based initiatives envisioned by *All In*, as well as to track and communicate our progress along the way. The required planning bodies for such work are largely in place, but could be better adapted for the new plan and given more resources to be successful. The proposed steps below will better align all efforts behind the goals of *All In*.

ENHANCING THE PLANNING STRUCTURE

The HAP and Smart Solutions to Homelessness (and existing committee structures of each) should continue and play central roles in plan implementation activities. However, their efforts should be better integrated than they are now, and their specific roles more clearly defined. Following are the proposed roles of each planning group in implementing the plan.

HOMELESS ACTION PARTNERSHIP

The HAP is the HUD-designated CoC planning group and should continue in that lead role. Key functions for the HAP, defined more fully in the group's Governance Charter[34], should include:

- Planning and submitting the annual HUD CoC application.

- Coordinating efforts to access other homeless-targeted government funds, such as Emergency Solutions Grants and Supportive Services for Veterans Families grants.

- Overseeing HMIS and the biennial PIT homelessness study.

- Planning and implementing coordinated entry.

- Planning and implementing a HEARTH Act performance measures.

The HAP structure includes a non-conflicted Governance Board (required by the HEARTH Act) for key funding and policy decisions, a jurisdictional Executive Committee to coordinated HAP funding among the County and Cities. The following committee structure serves key needs and should evolve as described below in support of *All In*.

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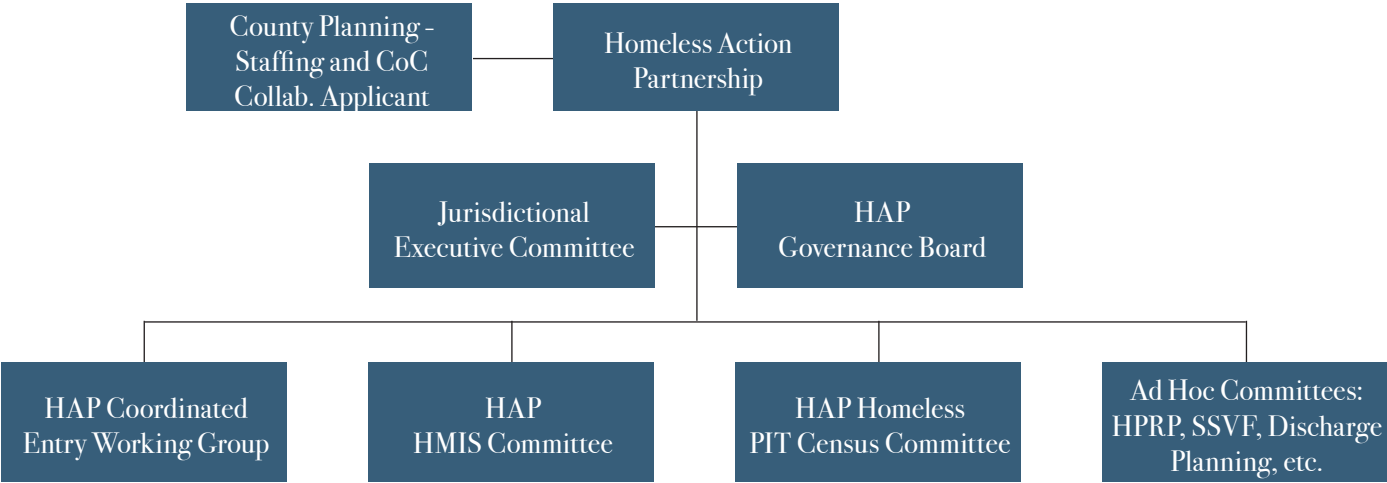
34 HUD's CoC Program Interim Rule requires CoCs to "develop, follow, and annually update a governance charter...."

SMART SOLUTIONS TO HOMELESSNESS

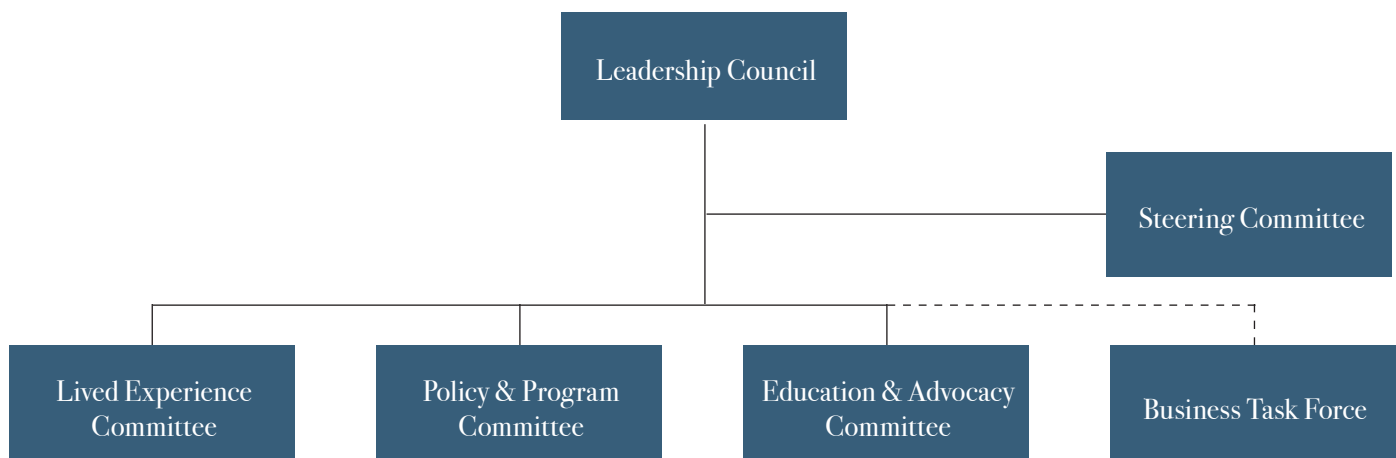Smart Solutions, which was launched from a December 2012 Homelessness Summit, has made great progress in broadening the public dialogue and engagement on homelessness and in promoting and supporting evidence-based programs ("smart solutions"), such as 180/2020. Key roles, defined more fully at www.smartsolutionstohomelessness.org, may include:

- Holding an annual Summit on Homelessness.

- Engaging the business, faith, and homeless lived experience communities.

- Identifying policies and programs that represent promising smart solutions.[35]

- Educating the public on homelessness, its causes, and its solutions.

- Advocating for federal and state funding increases and policy improvements.

Smart Solutions has developed the following committee structure that serves key current needs and can evolve new roles for the plan.

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                    Leadership Council
                          │
                          │──────────────────── Steering Committee
                          │
       ┌──────────┬───────┴───────┬ ─ ─ ─ ─ ─ ─┐
  Lived Experience   Policy & Program   Education & Advocacy   Business Task Force
    Committee          Committee           Committee
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35 Smart Solutions: Are evidenced-based. Produce measurable results. Are cost effective. Benefit the entire community. See http:// smartsolutionstohomelessness.org/smart-solutions/.

STRENGTHENING INTEGRATION BETWEEN THE HAP & SMART SOLUTIONS

Together, the HAP and Smart Solutions represent a broad array of the needed participation, functions, and roles that will be needed to succeed with the plan. Because many community members participate in both groups, the groups' activities are already partially integrated. Nevertheless, the following steps are recommended to ensure the highest possible level of integration and alignment behind the shared goal of preventing, reducing, and eventually end homelessness in Santa Cruz County:

- The HAP Governance Board should be revised to include a formal Smart Solutions seat.
- The Smart Solutions Steering Committee should be revised to include a formal HAP seat.
- The HAP and Smart Solutions should collaborate on plan implementation, dividing steps based upon capacity, needs, and interests, and adapting existing committee structures accordingly; this could include an annual plan progress report and annual work plan.

A MORE INTEGRATED PLANNING STRUCTURE

HAP

SMART SOLUTIONS
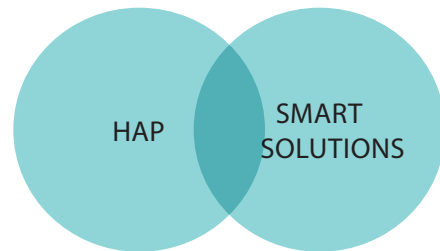
ENHANCING COUNTY AND CITY COORDINATION

The County and Cities have a long history of working together on homelessness. Meeting the challenging goals of the plan suggests that this collaborative working relationship should be further enhanced. Key topics for County and Cities coordination should include:

- Exploring ways to strengthen the inter-jurisdictional coordination structure.[36]
- Cost sharing on projects recommended by the plan (e.g., through Community Program funding among the Cities and County).
- Promoting systems integration (e.g., between housing and health programs).
- Increasing access to mainstream resources for persons experiencing homelessness.
- Coordinating on specific population priorities, e.g., homeless youth and young adults.
- Collaborating on interim solutions and homelessness impact issues.
- Document costs savings to mainstream systems from best practices (e.g., Housing First).

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36 Ideas to explore include expansion of the role of the Executive Committee, creation of an interagency council (such has been adopted in some other counties and cities), or increased staff-level coordination.

INCREASING STAFFING FOR HOMELESSNESS COORDINATION

In previous years, the Human Services Department, and now the Planning Department, have stepped up to provide needed staffing for the HAP and related homelessness coordination functions. And the County and Cities have shared costs for consulting services and other HAP functions. While this support has been critically important, succeeding with *All In* will undoubtedly require a considerably higher level of staffing than the current .25 FTE position provided by the Planning Department. Thus, the plan recommends:

- Increasing overall homeless coordination staffing to 2 FTE.[37] This should include:

  » Maintain the existing staffing at the Planning Department to continue fulfilling the Planning Department's role as the HUD-required Collaborative Applicant for CoC funding applications and to keep a housing development focus.

  » Adding new staffing to perform a variety of critically needed functions, which could include:

    - Overall homelessness coordination

    - Supporting coordinated entry planning

    - Implementing performance measures (see data section below)

    - Project oversight

    - Resource development.

DEVELOPING THE NEEDED FUNDING AND RESOURCES

The funding currently available is woefully inadequate in relation to the scale of programs needed to truly "move the dial" on the problem. A basic truth of this plan is that while the system efficiency improvements proposed will help fill the gap, a significant increase in overall funding and resources will certainly be required if we are to come close to succeeding in meeting the plan's ambitious goals. Gathering the needed resources – which includes funding for interim solutions and housing development, operations, supportive and health services, and plan implementation activities – will take hard work, creativity, and the willingness of all to explore new and increased sources. Therefore, the plan recommends all of the following:

- Build the capacity of nonprofit affordable housing and homeless assistance agencies to aggressively pursue and apply for additional federal, state, local and private funding opportunities to support efforts to address homelessness and quickly secure local funds whenever needed to leverage state and federal resources.

- Consider *All In*-recommended programs for priority funding within existing and future County and City budgets and Community Programs funding.

- Consider implementation of an inter-agency Collective Impact funding model.

- Prioritize evidence-based practices for all new funding to ensure best use of limited funds.

- Systematically review existing County and City funding streams to determine what additional sources might be available to support plan activities.

- Create a "Housing Pipeline" Committee to focus on the unique affordable housing development issue for new units targeted or set-aside for homeless people.

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37 This homelessness coordinated staffing level would be comparable to that provided by other similarly sized counties, such as Marin County, which provides a 1 FTE Homelessness Policy Analyst, a 1 FTE HMIS Project Manager, and considerable outside CoC application consulting services.

- Explore increasing each jurisdiction's proportionate share of costs for homeless coordination activities (to help cover the increased staffing costs proposed above).

- Document costs savings to mainstream systems from best practices (e.g., Housing First) and explore reinvestment of savings in permanent housing.

- Explore increasing the use of set asides or "preferences" for persons experiencing homelessness within existing mainstream affordable housing programs.

- Explore the establishment of a dedicated local source of funds (e.g., hotel occupancy tax, developer's fees, etc.) to pay for homeless housing and services.[38]

- Develop a private campaign to increase business, faith, and private donations (e.g., for shelters) and volunteerism (e.g., volunteering to be a housing mentor or to provide move in help for homeless family).

- Launch a business leaders' task force, based on the Home for Good model in Los Angeles,[39] to support the state and federal advocacy activities and to support implementation of the plan with resources.

- Consider strategies that will raise funds from individuals (e.g., a merchant-sponsored donation box system as an alternative to panhandling coupled with donated gift cards).

- Explore innovative new funding models, such as Pay for Success, Social Impact Bonds, and social business model projects.

- Explore ways to incentivize private investors to build/develop affordable housing.

USING DATA TO DRIVE DECISIONS AND EVALUATE PLAN PROGRESS

How many people experiencing homelessness are there? Are we succeeding in reducing homelessness? Which programs are working well in getting people into housing? How are limited funds best used? How much do services cost? What is the return on investment or cost savings from a given intervention or service? What do people experiencing homelessness actually need and want? How can we identify what services a person has accessed or which agencies are serving them? How do we know what level of intervention is most appropriate for a given individual? How do we prioritize services? These are just a few of the questions that can best be answered using quality data. Fortunately, the HAP sponsors a comprehensive PIT homelessness study every two years and oversees an HMIS[40] that now covers most homeless assistance programs, and produces numerous management and ad hoc reports for case management, shelter and housing inventory, demographics and service use, funder reporting, and performance measurement. Both the needs of this plan and the federal HEARTH Act mandate greater use of data, especially for measuring system-wide and projects-specific performance, tracking plan progress, and reporting to funders and the community. For these reasons, *All In* recommends:

- Continue conducting the PIT study of the unsheltered homeless population every two years, but increase the frequency of the sheltered homeless population study to every year (as now required by HUD). Add questions on the City of Santa Cruz per the Public Safety Citizens Task Force.

- Set and track community-wide performance benchmarks for program types (e.g., rapid rehousing) that consider both the HEARTH Act performance measures (see below) and the measureable indicators proposed in the strategic priority sections 1 – 8 (see above).

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38 For example, in 1993 the Dade County Board of Supervisors approved a 1% food and beverage tax to finance the Miami Dade Homeless Trust. To date, the Homeless Trust has collected $97 million in tax proceeds, used to leverage hundreds of millions in federal and state funding for homeless housing and service programs.

39 Los Angeles businesses have donated $18.3 million since 2012 to match government dollars used for rapid rehousing, coordinated entry, and systems changes to advance housing.

40 The Santa Cruz County HMIS uses the ServicePoint software and is hosted by the nonprofit Community Technology Alliance. For more information, see http://www.ctagroup.org/hmis/santa-cruz-hmis/.

*All In* - Toward a Home for Every County Resident

FEDERAL GOAL: Ensure that individuals and families who become homeless return to permanent housing within 30 days.	
Performance Measures	1. The length of time individuals and families remain homeless.
	2. The extent to which individuals and families who leave homelessness experience additional spells of homelessness.
	3. The thoroughness of grantees in the geographic area in reaching individuals and families experiencing homelessness.
	4. Overall reduction in the number of individuals and families experiencing homelessness.
	5. Jobs and income growth for individuals and families experiencing homelessness.
	6. Success at reducing the number of individuals and families who become homeless for the first time.

- Set project-specific performance benchmarks (for different program types) for use in evaluating project applications for a range of funding sources, including HUD CoC Homeless Assistance and local grants and contracts.

- Continue broadening and improving HMIS by:

  » Input all existing assessment data (VI-SPDAT) for individual homeless persons into HMIS.

  » Requiring HMIS participation and reporting as a condition of all County and City grants or contracts for homeless assistance programs.

  » Updating and implementing a data quality continuous improvement plan.

  » Finalizing and implementing HMIS security and privacy plans and procedures.

- Evaluate progress every year toward plan goals, publish an evaluation report, and develop an annual work plan based upon the trends and lessons learned. The HAP and Smart Solutions should collaborate in producing this annual *All In* evaluation and work plan.

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41 Source: Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009.
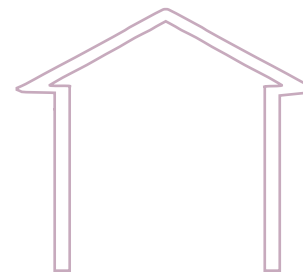
APPENDICES

The Appendices below include all of the following:

1. Detailed Achievements of the Prior *Ten Year Plan*: Housing, Health & Supportive Services, & Community Planning

2. Glossary of Acronyms & Homelessness-Related Terms

3. Consideration of City of Santa Cruz Public Safety Citizen Task Force Final Report

4. Acknowledgements

1. DETAILED ACHIEVEMENTS OF THE PRIOR TEN YEAR PLAN: HOUSING, HEALTH & SUPPORTIVE SERVICES, & COMMUNITY PLANNING

The key programmatic areas of the *Ten Year Plan* were Housing (from prevention through permanent), Health and Supportive Services, and Community Planning. Progress in these areas required increased investment, effective collaboration, innovative strategies, and hard work from many organizations and individuals. The new plan will build on those successes, and more.

Program Area 1: Housing

In addition to growing permanent housing options (above), the *Ten Year Plan* promoted prevention as a cost-effective means to keep people in their own housing and out of the homeless assistance system, rapid rehousing as another cost-effective measure to get people out of emergency shelter and back into housing as quickly as possible, discharge planning as way to prevent homelessness among persons leaving other systems of care, and emergency shelter and transitional housing[42] as an interim housing solution pending the availability of suitable permanent housing. Under the *Ten Year Plan*, community members:

- Delivered extensive prevention and rapid rehousing services (including financial assistance and housing stabilization services) through the federal HPRP, state-administered Emergency Solutions Grants (ESG), federal CalWORKS Housing Support Program, federal Supportive Services for Veteran Families (SSVF) program, and County and City sources (that target senior and medically frail persons). Through a $4 million HPRP grant alone, 14 agencies collaborated to serve 885 households (2,053 persons), 83% of whom retained or obtained permanent housing.[43]

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42 "Transitional housing" provides time-limited housing up to two years with supportive services to support preparation for eventual permanent housing and self-sufficiency.

43 The data are from Santa Cruz County collaborative HPRP quarterly and annual reports; HPRP was one-time only funding over three years from 2009-2012.

- Coordinated strategically with representative from the Foster Care, Mental Health, Public Health, and Corrections systems to implement protocols to avoid discharging people to homelessness and to help prevent institutional recidivism.

- Developed new emergency shelter programs to cope with influx of persons newly homeless, including the 90-bed Rebele Family Shelter, 46-bed Paul Lee Loft Shelter for adults, and 12-bed Paget Center for homeless veterans, while maintaining a sizable pre-existing stock of emergency shelter and transitional housing, serving varied populations and subpopulations such as families, adults, seriously mentally ill, persons with drug or alcohol issues, emancipating foster youth, persons with HIV/AIDS, and farm workers.

- Piloted nationally recognized, innovative models of permanent supportive housing for persons experiencing chronic homelessness with serious mental illness and substance addictions, including the 13-bed Nuevo Sol project, 33-bed MATCH project, and 36-bed Shelter Plus Care program.

- Emphasized housing the most medically vulnerable persons as part of the national 100,000 Homes Campaign, succeeded in housing more 200 from this population, and the Housing Authority of the County of Santa Cruz created 120 Housing Choice Voucher preference slots for program participants.

- Partnered with the HUD and the U.S. Department of Veterans Affairs to implement 135 HUD Veterans Affairs Supportive Housing (HUD VASH) vouchers to help end veteran homelessness through permanent supportive housing.

- Regularly exceeded HUD housing outcome targets. For example, in 2013 81% of people housed in CoC-funded permanent housing successfully retained permanent housing for 6 months or longer, 80% of people who exited CoC-funded transitional housing successfully moved to permanent housing.

Program Area 2: Health and Supportive Services

The *Ten Year Plan* recognized that housing alone was not enough, and that people needed access to individualized, comprehensive health and supportive services to help address their homelessness and health crises and move toward housing and independence. Key supportive services developed under the plan were integrated healthcare, jobs and mainstream benefits, and other services such as outreach, case management, food, and education. Under the *Ten Year Plan*, community members:

- Created a comprehensive system of supportive services that included various outreach programs; 2-1-1 and Shelter Hotline (with community Voicemail); basic need services and day programs, such as the Homeless Services Resource Center; case management and supportive services (e.g., benefits assistance, employment counseling, child care, and food and nutrition) delivered within all shelter and housing programs; referrals to in- and out-patient recovery programs; and specialized services for unique subpopulations, such as victims of domestic violence, emancipating foster youth, veterans, and persons with HIV/AIDS.

- Expanded and developed one of the nation's most innovative Healthcare for the Homeless programs (the Homeless Persons Health Project or "HPHP"), outreaching to 23 sites around the county; serving 3,000 persons per year; supporting medical and dental treatment through a network of seven community clinics; and providing permanent supportive housing serving persons experiencing chronic homelessness, mental health, substance abuse, and other health issues.

- Piloted a range of innovative service strategies for addressing homelessness including Housing First, integrated service teams, harm reduction, transition-in-place, and vulnerability index assessments.

- Brought a plethora of services directly to persons experiencing homelessness through the annual Project Homeless Connect event in Santa Cruz (and now also in Watsonville), serving more than 1,000 people per year.

- Ensured that all homeless programs linked clients to a full range of mainstream employment services and benefits, e.g., CalWORKS, Medi-Cal, Supplemental Security Income (SSI), Cal Fresh (Food Stamps), veterans' benefits, and more. Regularly exceeded HUD employment and benefits outcome targets. For example, in 2013 24% of homeless people who exited CoC-funded projects had paying jobs, 35% had SSI, 12% had CalWORKS, 49% had Medi-Cal, and 41% Cal Fresh).

- Provided a countywide McKinney-Vento Homeless Education Program to ensure education rights and supports for 3,000 children experiencing homelessness.[44]

Program Area 3: Community Planning

The *Ten Year Plan* recognized that achieving the goal of preventing and ending homelessness would require the strengthening of community capacity to plan and coordinate a countywide homeless assistance system. Key planning issues included establishment of a HUD-compliant countywide Continuum of Care (CoC) and annual funding applications, interaction with HUD and other funders, inter-jurisdictional coordination among the County and Cities, homelessness coordination staffing, information and data collection, community education and engagement, and more. Under the *Ten Year Plan*, community members:

- Established and evolved a CoC planning infrastructure that now includes the Homeless Action Partnership (HAP) as the CoC, the HAP Governance Board for key funding and policy choices, Jurisdictional Executive Committee for County-City coordination and funding, and a series of working groups.

- Selected the County Planning Department as the Collaborative Applicant, or lead agency, for convening the HAP, submitting consolidated community applications for HUD CoC Homeless Assistance funds, and for interacting with HUD and other key funders. The *Ten Year Plan* recommended a two full-time staff as a Homeless Coordination Team, but resource constraints exacerbated by the recession budget cuts (e.g., the elimination of redevelopment funding) have limited staffing to one .25 FTE and a CoC consultant. This is a significantly lower level of staffing than comparable CoCs in California.

- Reached agreement among the County and Cities for formula cost sharing of core homelessness planning and winter shelter funding.

- Steadily increased annual competitive CoC funding for Santa Cruz County agencies from only $350,000 in 1999 to $2,274,747 in 2014. Since 2000, more than $22 million in HUD CoC funding has been secured, underpinning the countywide homeless assistance system. Over the years, the majority of funding has shifted from transitional housing to permanent housing projects in keeping with the *Ten Year Plan*.

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44 The federal McKinney-Vento Education program definition of "homeless" is broader than the definition used by HUD; it includes children in shared housing, substandard housing, motels and hotels, awaiting foster care placements, among other things.

- Implemented major new homeless information and data initiatives, including a biennial point-in-time (PIT) census (since 2000) and survey of the homeless population, and a Homeless Management Information System (HMIS) started in 2003 to provide standardized case management tools and data reports for participating homeless assistance providers, and now providing a comprehensive homelessness database.

- Supported a range of programmatic collaborations and successful funding applications, for example $4 million for the HPRP collaboration, $3.2 million for the SSVF collaboration, and $5 million in the past 10 years for ESG projects funding emergency shelter, day shelter, transitional housing, and rapid rehousing programs.

- Launched Smart Solutions to Homelessness, following a daylong homelessness summit, as a means to broaden community engagement on the issue of homelessness.

2. GLOSSARY OF ACRONYMS & HOMELESSNESS-RELATED TERMS

Annual Homeless Assessment Report (AHAR): Report to the U.S. Congress on the extent and nature of homelessness.

Area Median Income (AMI): Midpoint in the family-income range for a metropolitan statistical area. In 2013, the AMI in Santa Cruz County for a family of four is $$87,000 and 30% of AMI (Extremely Low Income) was $30,250.

Asset-Based Services: An approach that values the capacity, skills, knowledge, connections, and potential in individuals and works to build upon people's assets in order to move toward self-sufficiency.

At Risk of Homelessness: An individual or family below 30% AMI (Extremely Low Income) with out resources or support networks to prevent moving to a shelter or the streets, who will be evicted within 21 days or has other evidence of current housing instability (e.g., living doubled up, in a motel, or moved often).

Case management: Case managers work with clients and do some or all of the following: assessment, personal plan development, connection with necessary services, coordination of service providers, monitoring, and personal advocacy.

Coordinated Entry System: A centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

Collaborative Applicant: The eligible applicant that has been designated by the CoC to apply for a grant for CoC planning funds under this part on behalf of the CoC. This is the County of Santa Cruz County Planning Department for our CoC.

Continuum of Care (CoC): A CoC is a regional or local planning body that coordinates housing and services funding for homeless families and individual. In Santa Cruz County this is the Homeless Action Partnership (HAP).

HAP - Homeless Action Partnership: The Homeless Action Partnership (HAP) implements a Continuum of Care (CoC) strategy for resolving homelessness in Santa Cruz County. Its mission is to develop and implement a coordinated system of housing and services for preventing and ending homelessness.

Emergency Shelter: Refers to a facility or program for providing temporary shelter for addressing an immediate housing crisis. Sometimes provides additional services and housing assistance. "Interim housing" includes both emergency shelter and transitional housing (see below).

Harm Reduction: A range of policies and services designed to reduce the harmful consequences associated with drug use and other high-risk activities in order to maintain housing stability.

HEARTH Act - Homeless Emergency and Rapid Transition to Housing Act: National legislation that authorizes Federal Government spending on homelessness, and specifies (Continuum of Care) CoC requirements and performance standards.

Chronically homeless (Federal HUD definition): HUD defines a "chronically homeless person" as a person with one or more disabilities who has been homeless for at least one year, or four times within the past three years, and who is currently living on the streets or in an emergency shelter.

HMIS - Homeless Management Information System: HMIS is a computerized data collection tool specifically designed to capture client-level, system-wide information over time on the characteristics and service needs of men, women and children experiencing homelessness.

"HOMELESS" (FEDERAL HUD DEFINITION)

People who are living in a place not mean for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they are temporarily resided. This includes:

- People who are imminently losing their primary nighttime residence, which may include a motel or hotel or a double up situations such as "couch surfing".

- Families with children or unaccompanied youth who are unstably housed and likely to continue in that state.

- People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support network to obtain other permanent supportive housing.

Homeless Prevention: Short-term (0-3 months) and medium-term (4-18 months) financial assistance and stabilization services to prevent shelter entrance and promote housing retention.

HPRP (Homeless Prevention and Rapid Rehousing Program): HUD Recovery Act program (now defunct) that provided funds to prevent eviction for a household on the verge of homelessness or funds to get an individual or family that is has quite recently lost housing to get back into housing.

Housing Authority (or Public Housing Authority or PHA): The Housing Authority of the County of Santa Cruz provides rental assistance for low and moderate-income residents and administers the federal rental assistance program known as the Section 8 Housing Choice Voucher program, the Veteran Assisted Supported Housing (VASH) program as well as the Low Income Public Housing program and the USDA Farm worker Housing Program. They also operate a security deposit program.

"Section 8 Vouchers" or Housing Choice Vouchers: The Section 8 voucher program is the federal government's major program for assisting very low- income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. The Housing Authority administers section 8 vouchers locally.

Housing First: Refers to a best practice program model that provides housing quickly with minimal preconditions or sobriety and then providing services as needed.

Housing Inventory Chart (HIC): Annually updated inventory of the number of housing units and beds dedicated to serve individuals and families experiencing homelessness.

HUD (U.S. Department of Housing and Urban Development): HUD has a broad scope that includes many aspect of affordable housing. It administers rental subsidies for low-income and disabled individuals, including voucher-based housing programs and provides funding for a variety of homelessness programs.

HUD-VASH (Housing and Urban Development – Veterans Affairs Supportive Housing): This program is a partnership between the Department of Housing and Urban Development (HUD) and the Department of Veteran Affairs (VA). Low-income veterans who are eligible for HUD-VASH receive a specialized Housing Choice Voucher to be used at the rental of their choosing. In addition to the rental subsidy, eligible veterans also receive supportive case management services and other clinical based interventions to ensure success with achieving housing and to maintain housing.

Interim Housing: Short-term housing program that provides housing-focused services aimed at quickly rehousing persons who are homeless into appropriate permanent housing.

Mainstream Resources: Services made available to the general population including mental health services, substance use treatment, income supports, health care, education, job training, and childcare.

"Opening Doors": Opening Doors is the title of the USICH's 2010 Federal Strategic Plan to Prevent and End Homelessness.

Permanent Supportive Housing (PSH): Refers to programs that provide housing with services with no time limits and with tenant rights to homeless people with disabling conditions.

Point in Time Count (PIT): A HUD-required count during the last 10 days in January (every other year) of all individuals and families in shelter and on the streets.

Rapid Rehousing (RRH): Short-term housing subsidy and strategic case management provided to persons who are homeless in order to reduce the length of time households spend homeless and increase the rate at which households are placed into permanent housing.

Shelter Diversion: At the point of shelter entry, providing temporary alternative housing options when appropriate in order to divert households away from homelessness.

SSVF (Supportive Services for Veteran Families): This is a federal grant program administered by the VA whose stated purpose is "to promote housing stability among very low-income veteran families who reside in or are transitioning to permanent housing.

Strategic Planning Committee (SPC): The 30-person stakeholder group that oversaw development of this plan.

Systems Integration: A strategy to identify barriers to resources and then develop, coordinate, and improve the availability, quality, and comprehensiveness of resources. The goal is to improve consumer outcomes through greater access to resources across multiple service systems.

Transitional Housing: Refers to time-limited housing with services where people can stay up to 24 months as they prepare to move into permanent housing.

Trauma-Informed Care: An approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

VI-SPDAT (Vulnerability Index and Service Prioritization Decision Assistance Tool): An evidence-based client assessment and services/ housing prioritization tool that includes both family and individual versions.

VA (U.S. Department of Veterans Administration): Federal department serving people who left the armed services.

VA Mobile Medical Outreach: Weekly program at Veterans Memorial Building (VMB) where doctors and nurses provide healthcare and linkage to primary/specialty care for veterans with no appointment necessary. Eligibility and enrollment is provided. Veterans must be eligible for VA healthcare to be eligible for VA housing programs.

VAPAHCS (Veterans Affairs Palo Alto Health Care System): Provides extensive outreach, health, and supportive services to veterans. Headquartered in Palo Alto, it serves nine counties, including Santa Cruz County.

Wraparound Services: Refers to a national best practice model that coordinates all caregiver services, often through a team case-management or shared service plan system, bringing mainstream and non-profit providers together for case conferencing and problem solving. It is often used in permanent supportive housing and sometimes coincides with "harm reduction."

3. CONSIDERATION OF CITY OF SANTA CRUZ PUBLIC SAFETY CITIZEN TASK FORCE FINAL REPORT

In early 2013 the City of Santa Cruz created the Public Safety Citizen Task Force (Task Force) to provide a platform for community members to come together to better understand the City's public safety concerns and recommend actions that the City and its partners could take to improve quality of life in Santa Cruz. Released in December 2013, the Task Force's final report considered a number of public safety concerns. A number of Task Force recommendations related to homelessness and thus were considered for this plan. The following chart compares Task Force recommendation on homelessness with corresponding recommendations in this plan:

COMPARISON OF PUBLIC SAFETY CITIZEN AND *ALL IN* RECOMMENDATIONS

PUBLIC SAFETY CITIZEN TASK FORCE HOMELESSNESS RECOMMENDATIONS	CORRESPONDING *ALL IN* RECOMMENDATIONS (*WITH LOCATION IN THE PLAN*)
Add to the point in time Homeless Census Survey questions that concern the City of Santa Cruz	Continue conducting the PIT study of the unsheltered homeless population every two years, but increase the frequency of the sheltered homeless population study to every year (as now required by HUD). **Add questions on the City of Santa Cruz per the Public Safety Citizens Task Force.** *(See Using Data to Drive Decisions and Evaluate Plan Progress)*
Expand the Homeward Bound program	Not addressed.
Recommend that City and County Planning Departments encourage landlords to support best practice housing programs (like Housing First) and incentives for renting to special needs populations	Widely adopt a Housing First approach, providing low barrier access to units and delivering services to stabilize housing. Develop a landlord outreach and incentive program to recruit new housing partners and increase usage of housing subsidies. *(See Strategic Priority 2: Increasing Access to Permanent Housing)*
City of Santa Cruz to coordinate with government and non-government programs to operate social service programs to ensure public safety impacts to community are minimized	Replicate the Downtown Accountability Program countywide and connect it to addiction recovery and mental health services. Use facilitated community conversations, mediation, and public education for community problem and conflict resolution. Add specialty courts, e.g., homeless court and behavioral health court, and constructive "sentencing" to social services. Increase networking of street outreach mental health, and law enforcement personnel for appropriate service responses and improved community relations. Increase funding for inpatient alcohol and drug treatment, and ensure housing reserve units for those in treatment programs. *(See Strategic Priority 3: Integrating Systems and Community Support)*
City of Santa Cruz to develop and publicize alternatives to giving money to panhandlers	Consider strategies that will raise funds from individuals (e.g., a merchant-sponsored donation box system as an alternative to panhandling coupled with donated gift cards). *(See Developing the Needed Funding and Resources)*

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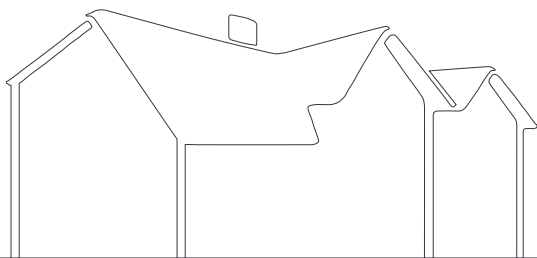   VA Palo Alto Health Care System
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ALL IN

TOWARDS A HOME FOR EVERY COUNTY RESIDENT

SMART SOLUTIONS TO HOMELESSNESS
SANTA CRUZ COUNTY

HAP
homeless
action
partnership

United Way

United Way
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