

**A REPORT ON HOMELESSNESS  
SERVICES  
IN THE COUNTY OF SANTA BARBARA**



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## Table of Contents

|  |    |
|--|----|
| <b>Profile</b> .....   | 3  |
| <b>Executive Summary</b> .....   | 4  |
| <b>Introduction</b> .....  | 5  |
| <b>Definition</b> .....  | 6  |
| <b>Why People Become Homeless</b> .....  | 6  |
| <b>How Many Homeless in Santa Barbara</b> .....                                  | 7  |
| <b>Who are the Homeless in Santa Barbara County</b> .....                        | 9  |
| <b>Cost And Impact Of Homelessness In Santa Barbara County</b> .....             | 18 |
| <b>Cities</b> .....  | 22 |
| <b>Regular Meetings conducted in Santa Barbara County</b> .....                  | 26 |
| <b>Growth of the Homeless Services</b> .....                                     | 31 |
| <b>County Homeless Services</b> .....  | 32 |
| <b>Services Versus System</b> .....  | 34 |
| <b>Homeless System of Care</b> .....   | 37 |
| <b>FINDINGS AND RECOMMENDATIONS</b> .....  | 38 |
| <b>CONCLUSION</b> .....  | 44 |
| <b>Acknowledgments</b> .....   | 46 |
| <b><i>Chronic Homelessness in the City of Santa Barbara</i> Appendix 1</b> ..... | 47 |
| <b>Use of Evidence-Based and Promising Practices</b> Appendix 2.....             | 64 |
| <b>Policies for Supportive Housing</b> Appendix 3.....                           | 69 |
| <b>Homeless Coordinator Job Description</b> .....                                | 75 |
| <b>Footnotes</b> .....   | 78 |

## **Profile**

Joe (fictitious name) had no income, no family contact, and no home, and lived in a cardboard box for 12 years. As a mentally ill homeless man, he had no possessions, no medication, and drank beer daily. Possessed by fear, he lived in back alleys and declined assistance from a multitude of human service agencies. He suffered from poor nutrition. Due to his mental illness, his food would transform before his eyes into grotesque plates of insects or inedible piles of nuts and bolts. These hallucinations would prevent him from eating.

Over a period of five (5) years, Joe had 570 incidents involving police contact and numerous arrests. Since July of 2004, members of the Restorative Policing team in Santa Barbara have been working to get people like Joe off the streets and out of custody. Since this program has been in place, Joe's dealings with the police have become more helpful than harmful. The officer was able to get Joe into Willbridge, a safe haven, for mentally ill homeless adults, medication and good food. Although Joe is not yet fully stable he has made substantial progress. He is much healthier, has a safe place to stay, and has reconnected with his family. His negative contacts with law enforcement & interaction with the criminal justice system has decreased, and the negative impact of his behavior on the quality of life in the community has significantly diminished.

## **Executive Summary**

Homelessness in Santa Barbara County is a significant, complex and expensive social issue. A conservative estimate puts the annual financial impact at \$36,187,633 to assist the thousands of families, children, mentally ill, substance abusers, old and young who have no home.

Since 1984, a number of successful strategies have worked to reduce the homeless count. Lives have been changed. Many have found employment and housing. Others have conquered their addictions and been united with their families. Many working homeless live in shelters, and RV's unable to afford the high rents.

Even with the substantial financial investment and dedication of so many providing compassionate care and treatment, the numbers continue to grow. Providers are managing the homeless rather than getting at the root causes, poverty and the lack of affordable housing. Without affordable housing, shelter operators cannot effectively transition the homeless from the shelters to the next level of housing.

The county, cities and homeless stakeholders are providing good quality services.

Communication and coordination can be improved and strengthened. These changes will help to improve the service delivery system. Services by themselves will not be sufficient to end chronic homelessness.

The County, cities, business sector and the non-profit stakeholders must forgo their political and geographic boundaries and develop a vision to end chronic homelessness.

The Housing First model, the integration of housing with human services, has proven to be successful in many communities around the country to reconnect the homeless back into society.

Homelessness transcends the county departments. The issue is so large and complex, that serious consideration should be given to establishing an office of homeless services.

This report looked at the services from a street perspective. The findings and recommendations are offered to improve what is already a good to a better service system.

## Introduction

On February 6, 1984, the Board of Supervisors accepted a Homeless People Project Report.<sup>1</sup>

This "interim report" submitted by the Homeless Coalition outlined the problems and identified the number of homeless individuals at 1,500 in the Santa Barbara area and 3,883 countywide. The authors claimed that local government was slow to recognize and attempt to deal with the problem of homelessness. In 1984, the Salvation Army, Rescue Mission, & Transition House were the three primary emergency shelters. A total of 136 beds were available for 1,500 homeless. Six (6) recommendations were made:

- The City and County declare a moratorium on enforcement of illegal sleeping and camping ordinances;
- The City and County designate some area where the homeless may camp without threat of arrest or harm;
- The City and County take the lead in coordinating the various public and private resources needed to establish emergency shelters in Santa Barbara;
- The City and County formally appoint liaisons to The Santa Barbara Homeless Coalition;
- The City and County urge the State to develop a comprehensive policy on homelessness;
- The City and County act to control sections leading to greater homelessness

On Feb. 23, 1984, the Board of Supervisors appointed staff to participate on the Santa Barbara City/County Committee reviewing problems of the homeless.

Two decades have passed since the report was heard by the Board of Supervisors. Have the problems increased or decreased? Is there more or less homelessness today? Who are the homeless? What is the fiscal impact of homelessness? Is there good coordination, & communication among service providers? Is the county collaborating with cities on homeless issues? Is there a county-wide policy, or strategy to end homelessness in Santa Barbara County?

## Definition

The Steward B. McKinney Homeless Assistance Act defines "A homeless person as an individual who lacks a fixed, regular and adequate nighttime residence or a person who resides in a shelter, transitional program, or a place that is not designated for, or ordinarily used as regular sleeping accommodations.<sup>2</sup> Examples include cars, parks, bus stations, abandoned building and the streets. In additions, persons who are staying in their own or someone else's home, but will be asked to leave within the next month are considered homeless. (People in jail or prison are not considered homeless.)"

## Why People Become Homeless

The reasons why people do become homeless are varied and complex. There are several factors that contribute to homelessness:

**Poverty** - People who are homeless are the poorest of the poor. Persons making the minimum wage fall below the Federal Poverty Level for a single adult. People living on fixed incomes and minimum wages are finding it impossible to rent within the inflated housing market.

**Housing** - The U.S. Department of Housing & Urban Development estimates that there are 5 million households who pay more than half of their income for rent or who live in severely substandard housing. Section 8 rental assistance has been cut back and the average wait for Section 8 housing in Santa Barbara is 36-60 months. The County Housing Authority manages over 4,000 units. Over 3,300 are Section 8 rental assistance. They have assisted over 3,700 individuals over their 64 year history. The current roster of families on their waiting list is over 11,300. Santa Barbara city housing authority has assisted approximately 10,000 individuals. They currently have a waiting list of 6,000 and have stopped accepting applications. It is not uncommon in some of our neighborhoods to find 10-15 individuals living in two bedroom homes or apartments. A person who receives \$291/month on general relief cannot afford an apartment in Santa Barbara County.

**Disability** - People with disabilities who are unable to work and must rely on entitlements such as Supplemental Security Income (SSI) can find it virtually impossible to find affordable housing. People receiving SSI benefits, \$850 average per month,

cannot cover the cost of a one-bedroom apartment and basic necessities in order to live in Santa Barbara County.

Additionally there are several risk factors that may increase individual vulnerability to become homeless or experience long term homelessness:

- Mental Illness can make it difficult or impossible to hold a job or maintain social relationships. The Alcohol, Drug, and Mental Health Services (ADMHS) department estimates they are treating 700 of the 1,700 mentally ill homeless in Santa Barbara County.
- Substance Abuse - Alcohol or drug use erodes social relationships, causes health problems and makes living on the streets extremely dangerous
- Co-occurring disorders - Persons with co-occurring mental illness and substance abuse are the most difficult to house and treat due to the limited availability of integrated treatment.
- Other circumstances - People find themselves homeless for a variety of other reasons including domestic violence, release from jail, job loss, divorce, chronic health conditions and exiting the foster care system.

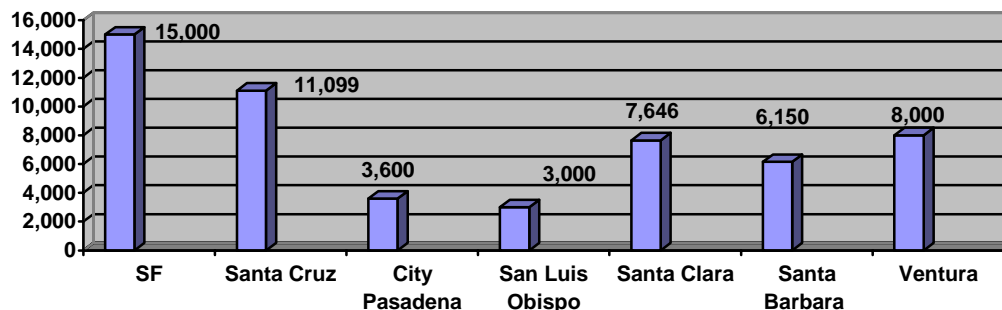
### **How Many Homeless in Santa Barbara**

According to the National Coalition for the Homeless, more than 3.5 million people experience homelessness during any given year. In California over 400,000, are homeless at any one time in the course of a year up to one million. If we use the national estimate for homeless (an average of 1.5% of the population), then Santa Barbara County would have 6,150 homeless people. In 2005, the Public Health Department treated 4,082 unique homeless individuals who received 18,035 encounters for medical, dental & substance abuse care.<sup>3</sup> Many homeless individuals do not avail themselves of county services; many use the hospital emergency rooms, community clinics and some refuse treatment all together. It is not unreasonable to assume that in one year there are 6,150 homeless in Santa Barbara County. In Santa Barbara, single men make-up about 60% of the homeless population; more than 20% are veterans. Single women represent 15% of the total homeless population and homeless families represent another 15%. There are a significantly higher number

of homeless women & children in Santa Maria & Lompoc. Five percent (5%) of the homeless population is young runaways, & those emancipated out of the foster care system into homelessness. Another five percent (5%) are elderly. One third of the homeless have some degree of mental illness. It is estimated that over 50% of the homeless have substance abuse problems.



## Estimated County Homeless Population 2005



### Who are the Homeless in Santa Barbara County

Generally the homeless are divided into three (3) distinct categories with sub-categories:

- Persons at-risk of becoming homeless
- Persons who are episodically homeless
- Persons who are chronically homeless

Persons at risk of becoming homeless should be a concern in Santa Barbara County. Many individuals are employed in the service and agricultural industries. They struggle to pay their rent and other daily costs such as food, clothing & transportation. Most cannot afford health insurance for themselves or their families. In Santa Barbara County 17.2% of the county residents live below the federal poverty level.<sup>3</sup> The most direct link to poverty is the educational level. Over 17% of county adult residents have less than a high school education. Many of these individuals and families live in substandard housing or live with multiple families. It is not uncommon in some neighborhoods to find 10-15 persons living in one household. Some of the land use and zoning ordinances have made home ownership in Santa Barbara County an unreachable goal. Rents have also increased significantly leaving many households at risk of joining the homeless. While the Administration has placed an emphasis on ending chronic homelessness, they have cut back Section 8 housing adding another barrier for low-income & homeless people to secure a permanent roof over their heads.

Persons who are episodically homeless include individuals & families who become homeless in times of economic hardship or suffer temporary housing loss which may be compounded by other factors such as divorce, domestic violence, chronic health issues, alcohol or drug abuse, and leaving the foster care system. These persons are also referred to as transitional homeless. They represent 80% of the homeless population. The transitional homeless population consists of individuals and a number of families. These individuals have lower incomes, are younger and have a weaker social support system. With some assistance many transition out of temporary homelessness.

Persons who are chronically homeless are individuals with a disabling condition who have either been continuously homeless for a year or more or have had at least four (4) episodes of homelessness in the past three years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g.; living on the streets) and/or in an emergency homeless shelter. A disabling condition is defined as a "diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions."

This population makes up 10%- 15% of the total homeless population and consume 50% or more of the services. These individuals are usually the most visible and disturbing to encounter. They receive the most negative reaction from communities. They also have a disproportionate impact on human services. These individuals generally live on the streets; they congregate & sleep in parks, under bridges, in door ways, & other public places. They move frequently between the streets, homeless shelters, hospitals & jails. This population includes individuals who passively or aggressively panhandle in shopping areas or engage in public rants or other disruptive behavior.

## Women and Children

Since the mid-eighties, the number of women and children on the streets has dramatically increased. Homeless women face different problems. Many suffer from alcohol or drug abuse, have difficulty supporting their children or face the potential of CPS removing the children to a foster care home. Living on the streets is dangerous for a single woman or a woman with children. They face not only the elements, but the potential of being robbed, & physically & sexual abused.

A middle aged female lives in one of our shelters. She suffers from mental illness. Periodically, she is beat up by one of her former boyfriends. The day I saw her, she had two black eyes, her face was black and blue & swollen. She denied being abused.

A young, single women, mentally ill, had her baby taken away from her because she could not take care of him. She lives in one of the shelters.

These children live in Santa Barbara County hungry, dirty, some abused, not attending school regularly, in their own third world living conditions.

Santa Barbara County is fortunate to have Good Samaritan Emergency Shelter in Santa Maria, BridgeHouse in Lompoc and Transition House in Santa Barbara to serve homeless women & children. While Casa Esperanza Emergency Shelter in Santa Barbara has two private rooms for women & children, these rooms are temporary for those awaiting an opening to Transition House. The Salvation Army and Rescue Mission, both in Santa Barbara, also house single women who are clean and sober. The recovery program for women at Bethel House in Santa Barbara is a very successful model.

A young woman on drugs since she was a teenager, in and out of jail, agreed to enter a 1 year detox program. She has been clean for 2 years, and has been reunited with her family and her baby.

## Homeless Children

### Santa Barbara County Education Office Homeless Education/Liaison Project<sub>4</sub> 2004

The Santa Barbara County Education Office-Homeless Education/Liaison Project coordinates with the local school districts in a special after school program for homeless children. The school districts put up 1% of their Title I grant to match the County Schools \$290,000 federal grant.

#### Santa Maria

|  |           |
|--|-----------|
| Number of children living in shelters              | 239       |
| Number of children living in doubled up*           | 134       |
| Number of children living in motels                | 77        |
| Number of children living in transitional settings | 76        |
|  | Total 426 |

#### Lompoc

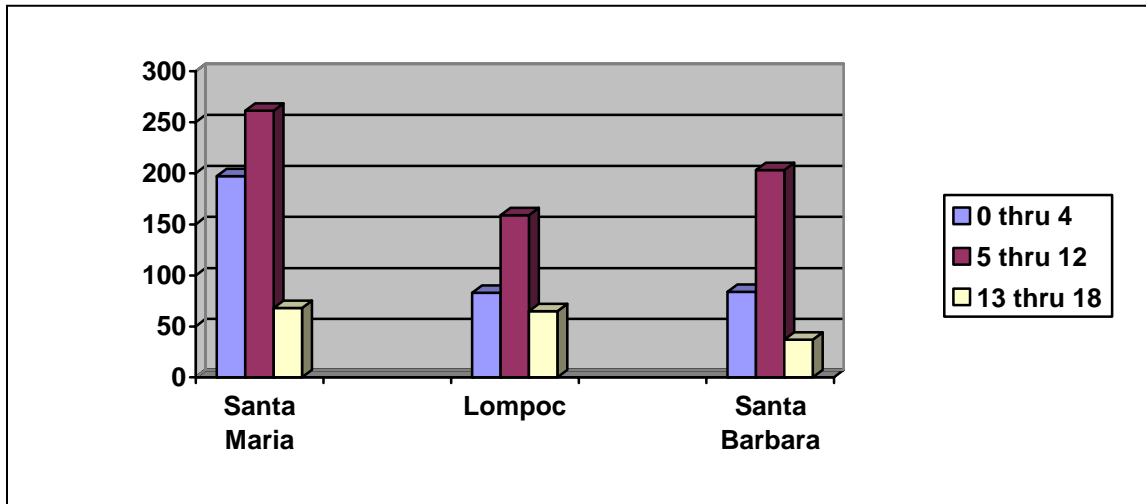
|   |           |
|---|-----------|
| Number of children living in shelters             | 123       |
| Number of children living in doubled up*          | 75        |
| Number of children living in motels               | 103       |
| Number of children living in transitional housing | -0-       |
|   | Total 301 |

#### Santa Barbara

|   |           |
|---|-----------|
| Number of children living in shelters             | 201       |
| Number of children living doubled up*             | 79        |
| Number of children living in motels               | 9         |
| Number of children living in transitional housing | 29        |
|   | Total 318 |

\*Multiple families living in a single unit

**SANTA BARBARA COUNTY  
HOMELESS-EDUCATION/LIAISON PROJECT CHILDREN**



## Alcoholics

There are many alcoholic homeless persons in Santa Barbara County. Many of them consume 40oz of malt liquor every day. Many of them exhibit signs of brain damage and other serious health issues. There are a large number of individuals with co-occurring disorders (mental health and substance abuse), a number of who are receiving care in County programs. The cost to the judicial system and law enforcement, while not easily accessible, is staggering. A number of chronic alcoholics have died this year or have been killed by a train or by a vehicle while they were inebriated. Since June of 2005, 26 homeless men and women have died on the streets.

Many are arrested for public intoxication and/or committing other offenses while drunk and taken to jail. Overcrowding of the jail has forced the sheriff to book and release less serious offenders. The local police departments would prefer more sobering stations rather than take them to jail. Santa Barbara police spent approximately \$450,000 dealing with homeless alcoholics and mentally ill. Arresting a homeless person seven (7) times a month becomes a costly revolving door and does not help the alcoholic, or the community. These individuals stay at some of the emergency shelters or on the streets.

A female who had a professional career, is a chronic alcoholic. She has been in detox twice. She returns to the streets and relapses. She is currently living in a shelter.

A male, has lived in the streets of Isla Vista for 25 years. He suffers from mental illness & alcoholism. He doesn't trust the shelters & services. He is currently living in Section 8 housing.

## Elderly

Over the years, the loss of single room occupancy (SRO) hotels in Santa Barbara has forced many elderly individuals living on fixed incomes to become homeless. There are few inexpensive hotels like the Faulding left for these individuals and other low income individuals. About 5% of the homeless are elderly.

A female, age 66 worked in the aerospace industry for years. She was laid off and took care of her invalid sister. Her sister passed away and the woman could no longer afford the rent on her meager income. She now lives in a homeless shelter.

In November, a mentally ill senior veteran suffering from a chronic illness was sent to the Veteran's Administration Hospital in Los Angeles. The veteran walked out of the hospital and was lost in LA for weeks. The restorative police using their network found him and he is now in a board and care home in LA.

## Youth

There is a sub-culture of young persons who have run away, been thrown out of their homes by parents or have been emancipated from the foster care system. Tragically research shows that these young people become acculturated to life on the streets. Many turn to a life of drugs, alcohol, & crime. A number die prematurely. Many of these young people come from dysfunctional homes and have been abandoned. While many of them have little education, they are street smart and quite resourceful and manipulative. Many of them have been physically and/or sexually abused.

A young, female is a runaway at age 15. She has lived on the streets for 9 years. She has been in jail for drugs. She has a newborn and is living in a shelter.

Ideally, the solution for these teenagers is prevention. Youth must be in a safe loving environment with competent guardians. In Santa Barbara County, Noah's Anchorage deals with 200 teens a year in their shelter and hundreds more on the streets. ADMHS is proposing a program for teens in Lompoc using Proposition 63 grant dollars.

A mother with mental health issues has three (3) children, one autistic. They were living in a car and taking showers on the beach. An outreach team got them into a teen shelter. The mother slept in her car. Child Welfare Services placed the autistic child in a residential facility. Two of the teen children were eventually placed with relatives. One of them recently graduated from high school.

## Mentally Ill

Over 20 years ago, California cared for the severely mentally ill in large mental hospitals. Horrible conditions were exposed in these institutions, leading to reforms. It was at this time, that psychotropic drugs became available. Deinstitutionalization took place as a result of deep cuts in the mental health system. One third of Santa Barbara's homeless suffer from mental illness. Research shows that hands-on treatment for homeless chronically mentally ill must be provided on their own turf. Many are too impaired and afraid to deal with the traditional mental health system. There is ample evidence around the country



demonstrating that mentally ill homeless individuals who are placed in low income housing, case managed, and offered a network of support services improve and have a better success rate.

A male is mentally ill with alcohol problems. He was placed in a detox center and then the Hotel de Riviera with an SSI retro payment and then was able to move close to his sister. He lives alone in a trailer outside of Santa Barbara.

## **Veterans**

The situation with homeless veterans is distressing proof of how we have let down the men and women who served in Vietnam and the Gulf War. Not only do they face the same difficulties as other homeless persons, but many suffer from Post Traumatic Stress Disorder, alcohol and drug abuse as well.

Chronically homeless persons have the most difficult conditions to address. Many suffer from mental illness, alcohol and or drug addiction with a number suffering both conditions (dual diagnosed). Others have health problems or disabilities. Homelessness precludes good nutrition, & personal hygiene. As a result, rates of both acute and chronic health problems are extremely high among this population. People on the streets are also at great risk of harm resulting from beatings, robberies and rape.

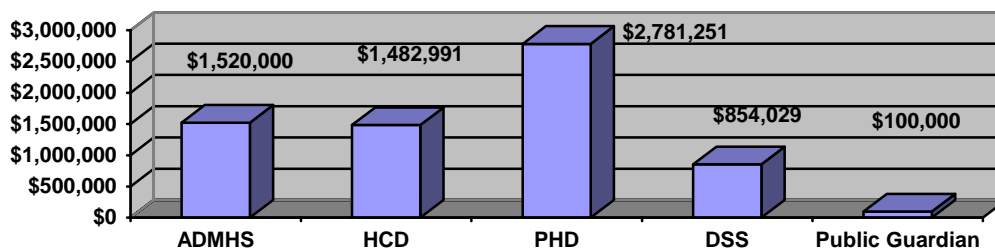
Most homeless persons do not choose to be homeless. If they chose that freedom, they are choosing to die prematurely. A woman may be forced to leave her home because of divorce or abuse. A man may lose his job because the company relocates to another state. A couple cannot afford their rent because of low wages. A veteran may return from war either traumatized or addicted to drugs. A foster teen leaves the system to live on the streets. All five end up homeless not by choice.

## Cost and Impact of Homelessness in Santa Barbara County

Counties and cities, such as San Francisco, San Diego and Seattle conducted a comprehensive fiscal analysis on the impact and cost of homelessness. San Diego studied fifteen (15) chronically homeless individuals for eighteen months. The cost to provide these fifteen (15) homeless individuals was \$125,000 per person. A similar study was conducted in Seattle. The cost per homeless person was \$200,000. San Francisco spends \$200,000,000 a year on homelessness.<sup>5</sup> Based on their findings, these metropolitan cities reassessed and modified their strategies on serving the homeless.

With few exceptions, the costs of homelessness and impacts on departments is not readily collected and analyzed. The City of Santa Barbara has completed an exercise to assess costs and impacts of homeless this year (see Appendix A). With the assistance and cooperation of both city & county staff, a financial impact follows. In some areas, these are conservative estimates based on the available information provided by the respective agencies. The county contributes millions of dollars for services as direct expenditures in the human service program budgets. Homelessness has impacted costs for law enforcement, district attorney, public defender, fire, parks, public works, probation and the courts. The five (5) county departments, Alcohol Drug & Mental Health, Housing & Community Development, Public Health, Social Services in FY 04/05 allocated \$6,718,269 for homeless services. Over \$5,000,000 comes from the Federal & state agencies. These funds are categorical & leave very little discretion to the departments. Costs in the Treasurer-Tax Collector/, Public Guardian Departments were \$100,000. In the last ten (10) years, these (5) county departments have spent in excess of \$40,000,000 on homeless services.

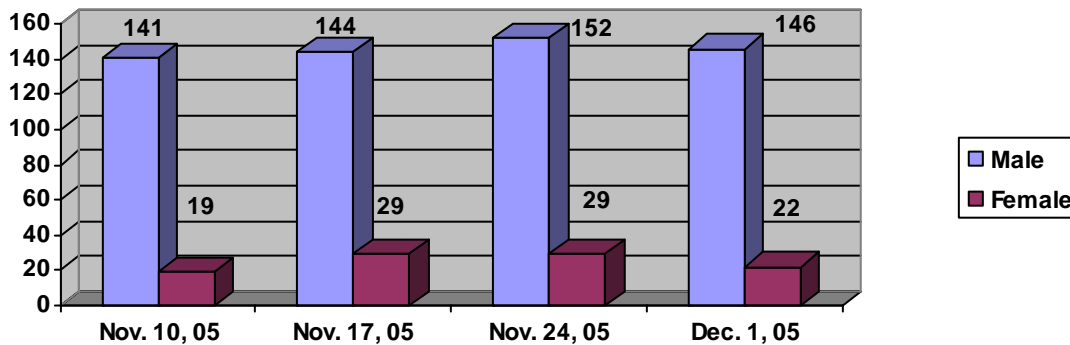
Table 1



On October 14, 15, 2005, the Sheriff's Department did a point in time count of homeless persons in jail for one weekend. Of the 706 inmates in the main jail, 152 were homeless. Ninety percent (90%) had substance abuse issues and 13% - 18% were being treated for mental illness. The jail has become the largest mental health inpatient facility in the county.

On November, 10<sup>th</sup>, 17<sup>th</sup>, 24<sup>th</sup> & December 1, 05, the Sheriff's Department conducted a four week inmate count of the homeless in the jail. An inmate was counted as homeless if she/he gave no address or the address was a county homeless shelter.<sup>6</sup> The counts are shown in the table below:

Table 2



|             |             |             |
|-------------|-------------|-------------|
| 160 inmates | \$86.00/day | = \$ 13,760 |
| 173 inmates | \$86.00/day | = \$ 14,878 |
| 181 inmates | \$86.00/day | = \$ 15,566 |
| 168 inmates | \$86.00/day | = \$ 14,448 |
| TOTAL       |             | \$ 58,652   |

For these four (4) weeks, the homeless inmate average was 170. The cost for the month was \$438,600

If the jail population consistently holds 150 homeless inmates a day, the cost per year is estimated at \$4,708,500.

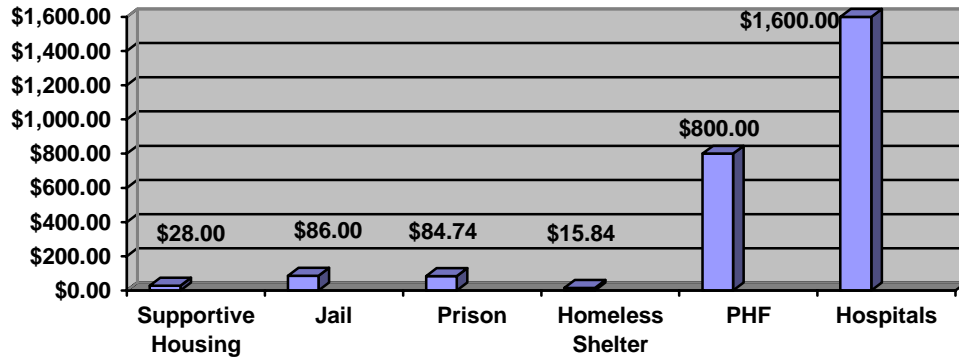
These homeless individuals were in jail because they had violated some law or ordinance but with appropriate interventions it is believed many of these offenses could have been avoided. With the lack of alternative facilities to care

for the alcoholic, substance abuser or mentally ill, many end in jail for a few days and then are released to the streets.

No cost estimates were available for Sheriff Deputies responding to 911 calls, to complaints of public drunkenness and sleeping in parks or other nuisance offenses.

This chart presents estimates of the costs per day of serving homeless individuals in six alternative settings.

### Santa Barbara Comparative Cost Estimates



With adequate mental health facilities, detox beds, and other alternative sober living and safe haven homes both the cities and county could provide more suitable & cost effective alternatives for misdemeanor nuisance offenses. Certainly, finding alternative rehabilitation centers would also reduce the jail overcrowding.

It is estimated that Santa Barbara County needs a total of 200 detox and sober beds.

The District Attorney's office conservatively estimates that they spend three (3) hours a day at about \$100 an hour processing homeless misdemeanors at a cost of \$75,000. No data and cost could be furnished without a sizeable investment of staff time. Likewise, the public defender's office had no data or cost to defend homeless persons.

## Cities

Similarly cities also provide both Community Development Block Grant (CDBG) Human Service & Redevelopment funds for homeless services as well as for housing units.

### City of Santa Barbara Financial Impacts on City Services from Homelessness 7

| City Department                     | Annual Expenditure |
|-------------------------------------|--------------------|
| Police Dept.                        | \$400,000-450,000  |
| Public Works-Streets                | \$ 40,000-45,000   |
| Public Works-Environmental Services | \$ 30,000-40,000   |
| Parks & Recreation -Parks           | \$ 55,000-65,000   |
| Parks & Recreation-Creeks           | \$ 80,000-90,000   |
| Library                             | \$ 15,000-20,000   |
| Fire Dept.                          | NA                 |
| Total:                              | \$620,000-710,000  |

### City Funding to Homeless Service Providers

| CDBG/Human Services | Current FY<br>2006 | Life of Program |
|---------------------|--------------------|-----------------|
| Homeless Programs   | \$ 370,000         | \$ 3,608,000    |
| Prevention Programs | \$ 229,000         | \$ 4,881,000    |
| Capital             | \$5,530,000        | \$20,475,000    |
| Total               | \$6,139,000        | \$28,964,000    |

**City of Santa Maria**  
**Financial Impacts on City Services from Homelessness 8**

| City Department    | Annual Expenditure |
|--------------------|--------------------|
| Police Dept.       | \$121,000          |
| Parks & Recreation | \$ 20,000          |
| Public Works       | N/A                |
| Library            | N/A                |
| Fire Department    | N/A                |
| Library            | N/A                |
| Fire Dept.         | N/A                |
| Total:             | \$141,000          |

**City Funding to Homeless Service Providers**  
**1997-2005**

| CDBG/Human Services    | Current FY 2005 | Life of Program |
|------------------------|-----------------|-----------------|
| 1. Homeless Programs   | \$ 518,341      | \$ 3,502,768    |
| 2. Prevention Programs | \$ 37,500       | \$ 1,180,333    |
| 3. Capital             | \$ 820,000      | \$ 6,792,215    |
| Total                  | \$1,375,841     | \$ 11,475,316   |

**City of Lompoc**  
**Financial Impacts on City Services from Homelessness** 9

| City Department    | Annual Expenditure |
|--------------------|--------------------|
| Police Dept.       | N/A                |
| Public Works       | N/A                |
| Parks & Recreation | N/A                |
| Fire Department    | N/A                |
| Library            | N/A                |
| <b>Total:</b>      | <b>N/A</b>         |

**City Funding to Homeless Service Providers**  
**1997-2005**

| CDBG/Human Services    | Current FY<br>2005 | Life of<br>Program |
|------------------------|--------------------|--------------------|
| 1. Homeless Programs   | \$ 114,800         | \$ 260,842         |
| 2. Prevention Programs | \$ 63,200          | \$3,721,691        |
| 3. Capital             | \$ 208,860         | \$1,725,283        |
| Total                  | \$ 386,860         | \$5,707,816        |



## Cost to Hospitals

Hospital emergency rooms are constantly used by homeless individuals for medical care and a safe place to seek shelter from the elements. They are safe havens for many homeless alcoholics. An emergency room physician reported, "it is not unusual to have 5-8 homeless alcoholics in a day use our facility." Many have more serious chronic health conditions requiring inpatient services. The cost to the hospitals is enormous with very little compensation for services rendered. 10

|                          |                     |
|--------------------------|---------------------|
| Cottage Health System    | \$7,212,400         |
| Marian Medical Center    | \$ 350,400 estimate |
| Lompoc District Hospital | \$ 154,643          |

Last year American Medical Response (AMR), the county contract ambulance company transported 331 homeless individuals to hospitals from homeless emergency shelters throughout the county. They estimate their cost to be \$121,464.

## Emergency Shelter Costs

The county emergency homeless shelters have combined budgets of \$8,925,000. The shelters provide the homeless with a menu of services that include: crisis intervention, health care, mental health care, job training and employment services, alcohol and drug treatment, life( independent) skills training, assistance in accessing resources in the community, after school programs for children, etc. While these shelters receive some funding from the county and cities, most of their revenue comes from the generosity of foundations and the general public. They also heavily depend on some of the county staff, nurses, mental health professionals and social workers to provide the professional help to their clients. 11

**Regular Meetings conducted in Santa Barbara County  
Designed to Address Issues Related to Homelessness**

There are fifteen (15) groups that meet throughout the year to address issues related to the homeless.

**County/City Homeless Coalitions:**

The cities of Santa Maria, Lompoc and Santa Barbara have formed coalitions with the county. Their mission is to integrate delivery of homeless services. The purpose is to eliminate redundancies and have a coherent unified approach between the agencies.

The coalitions in Lompoc and Santa Maria meet monthly while in Santa Barbara the meetings are bi-monthly. Service providers are active and participation is encouraged from the homeless. The agenda for these meeting focuses on information sharing, networking and attempting to coordinate services. There does not appear to be a great deal of interaction, coordination & collaboration between the three (3) coalitions. In the last three months, the coalitions have been exploring the feasibility of implementing a homeless court.

The Santa Barbara coalition has developed a website providing information on homeless services and activities. The web-site is not updated regularly. The website can become another communication vehicle on homeless issues. This group was a strong proponent of the RV parking sites. For the last seven months, they have served as one of many forums for Proposition 63.

There are four (4) meetings under the umbrella of the County Housing & Community Development Department. The annual meeting is a workshop with local homeless providers interested in applying for HUD funds through the Continuum of Care Grant Application. The other three (3) meetings concern themselves with housing alternatives for the homeless and the development of a 10 year plan to End Chronic Homelessness. The HUD grant for FY 05 was \$1.4 million for various homeless services. This money is allocated to eleven (11) community organizations serving the homeless.

### **Restorative Policing:**

Restorative Policing is a strong collaborative between the Santa Barbara Police Dept. and Alcohol, Drug, and Mental Health Department. Other county and city staff meets with homeless providers on a weekly basis to case manage some of the most difficult chronic homeless individuals. The executive team meets monthly to address policy issues to address, strengthen and expand the services into other geographic areas of the county.

Cottage Hospital is the location for the weekly coordinating committee for the Homeless. This is a south county meeting discussing the homeless individuals about to be discharged from the hospital; what their medical needs are and what agencies will be available to assure there is a discharge plan. This meeting is attended by a majority of organizations working with the homeless to meet the needs of the homeless patient. This group is action specific and has good coordination and communication with the hospital and community providers.

As a requirement of the Health Care for the Homeless grant, the Public Health Department continually seeks input on the existing programs to strengthen the programs, and in some areas expand the services. This grant funds the out stationing of a physician assistant, and Public Health nurses in the shelters. The nurses also work on the streets providing medical care to those individuals who do not stay at the shelters. Dental care, transportation and substance abuse services are also provided by this grant.

The Isla Vista (IV) Parks Task Force meets monthly. A number of county departments, including the Isla Vista Foot Patrol and Supervisor staff from the 3<sup>rd</sup>. district participate with other IV representatives attempting to address some of the issues around homelessness. There are different challenges in IV with the homeless. Many of the homeless have lived in IV for years. They do not want to live in shelters. Many are mentally ill and suffer from substance abuse. They blend into the college atmosphere. Students are prone to give them change to buy alcohol.

The MESA group was started over 20 years ago by homeless advocates. This group is not sponsored by local government. County & city staffs do attend and participate. This is the only homeless meeting in the county that invites the private sector. This public private partnership concerns itself with some of the needs of the homeless providers. Philanthropists regularly attend these meetings and make funding decisions on the spot. This group is less concerned with process than making things happen.

## **RECOMMENDATIONS**

The federal government requires public participation in the grants allocated to the county to the Housing & Community Development & Public Health Departments. The two departments should explore the feasibility of coordinating their planning with the three (3) county/city homeless coalitions. This consolidation would lead to improved communication and coordination & expand public process. The three (3) county/city homeless coalitions should meet more often to address countywide homeless issues, reduce duplication, understand regional issues and share best practices.

Regular Meetings Conducted in Santa Barbara County Designed to Address Issues Related to Homelessness

| Frequency   | Name of Meeting                                       | Facilitated By   | Topic Discussed  | Contact   |
|---|---|--|--|---|
| Annual  | Continuum of Care Renewing Grant Workshops            | Housing and Community Development                                  | Update to local homeless service provider agencies interested in submitting new grant applications or review existing grants through the 2005 SuperNOFA. | Housing and Community Development<br>Mike Soderholm<br>560-1090<br>Kra Williams<br>DSS<br>681-4508<br>Sam Leer, LCSW<br>560-1090<br>Cottage<br>682-7111 |
| Weekly (Monday @ 11:00 AM)                        | Coordinating Committee for the Homeless               | Cottage Hospital Social Services and Dept of Social Services       | South County Client specific discussion of homeless people exiting hospital or with other special medical needs  | Housing and Community Development<br>Mike Soderholm<br>560-1090   |
| Monthly   | Housing Advisory Committee Homelessness Sub-Committee | Housing and Community Development                                  | Research assignments for 10-Year Plan to End Chronic Homelessness  | Housing and Community Development<br>Mike Soderholm<br>560-1090   |
| Quarterly   | HAC Steering Committee                                | Housing and Community Development                                  | Assignment of research topics to various subcommittees, including the County Homelessness Committee  | Housing and Community Development<br>Mike Soderholm<br>560-1090   |
| Bi-annually                                       | Housing Advisory Committee                            | Housing and Community Development                                  | Approval of recommendations that the Board of Supervisors initiate a 10-Year Plan to End Chronic Homelessness  | Housing and Community Development<br>Mike Soderholm<br>560-1090   |
| Monthly (Third Friday of the Month)               | Lompoc City/County Homeless Coalition                 | 4th District Supervisor's Office                                   | Comprised of County and City government and service providers  | Supervisor Joni Gray<br>Susan Warnsom<br>737-7700   |
| Bi-Monthly (Second Thursday of every other month) | Santa Barbara City/County Homeless Coalition          | 2 <sup>nd</sup> District Supervisor and Santa Barbara City Council | Comprised of County and City government and service providers  | Supervisor Susan Rose<br>City Council Member<br>Helene Schneider<br>Nancy Mathsen<br>681-4078   |
| Monthly (Third Friday)                            | Santa Maria City/County Homeless Coalition            | 5 <sup>th</sup> District Supervisor's Office                       | Comprised of County and City government and service providers  | Supervisor Joe Cantano<br>Bob Royster<br>346-8396   |
| Weekly (Thursday @ 11:00 AM)                      | Restorative Policing Case Management Team             | ADMHS & SBPD   | Update of clients' progress in the restorative policing program  | Howard Lehrvitz<br>681-5387<br>Sgt. Riley Herwood<br>897-5721   |
| Monthly   | Restorative Policing Executive Team                   | SBPD, ADMHS and PHD  | Executive team addresses policy and implementation needs of the restorative policing   | Chief Sam Sanchez<br>Dr. Jim Broderick  |

|  |  |   |  |   |
|--|--|---|--|---|
| Annually   | Restorative Policing Community Workshop                          | SRPD, ADMHS & PHD                         | Annual workshop designed to further integrate the Restorative Policing model into practice   | Dana Gamble<br>681-5417<br>Chief Cam Sanchez<br>Dr. Jim Broderick<br>Angela Astmore<br>681-5366 |
| Quarterly  | Health Care for the Homeless Advisory Committee                  | HCH Administrator                         | Advisory committee for on-going HCH program development  | Dana Gamble<br>681-5417   |
| Quarterly  | Health Care for the Homeless Focus Groups/ Client Advisory Group | HCH Administrator                         | Solicits feedback from clients of Health Care for the Homeless program regarding health care and other services  | Dana Gamble<br>681-5417   |
| Bi-Weekly<br>(Every other<br>Friday @ 12:00<br>PM) | Sara Burkana Homeless Advocates Lunch and Round Table            | Community Members                         | Problems, needs and solutions are discussed regarding South County Homelessness issues   | Calli Webb<br>calliwebb@yahoo.com   |
| Monthly  | Isa Vista Parks Task Force                                       | Isa Vista Alcohol and Other Drugs Council | Problems, needs and solutions are discussed regarding Isa Vista's issues around homelessness, substance abuse and lack of social services as impacts on the local parks. | Dr. Onnie Zwick<br>570-5999   |

## Growth of the Homeless Services

Since 1984, the number of emergency & transitional housing beds has quadrupled in size, as the number of county and city resources also grew. Non-profit organizations have also expanded resources to the homeless. The emergency homeless shelters have combined budgets of \$8,925,000. In addition to emergency beds, organizations & faith based organizations provide meals, clothing, & vouchers for personal use. It is difficult to assess the value of volunteer hours and goods into a dollar amount. 12

|                            | Lompoc              | Santa Maria      | Santa Barbara       |
|----------------------------|---------------------|------------------|---------------------|
| Bridge House               | 54<br>(12 families) |                  |                     |
| Domestic Violence Solution |                     | 21 families      | 21 families         |
| Good Samaritan             |                     | 75 (28 families) |                     |
| Transition House           |                     |                  | 70 families         |
| S.B. Rescue Mission        |                     |                  | 51 families         |
| Salvation Army             |                     |                  | 42                  |
| Casa Esperanza             |                     |                  | 200<br>(6 families) |
| Willbridge                 |                     |                  | 12                  |
| Sara House                 |                     |                  | 6                   |
| Ohana House                |                     |                  |                     |

The availability of transitional housing for homeless persons has also grown.

### Transitional Housing Beds

|                            | Lompoc | Santa Maria | Santa Barbara |
|----------------------------|--------|-------------|---------------|
| S.B. Rescue Mission        |        |             | 25            |
| Noah Anchorage             |        |             | 8             |
| Casa Serena                |        |             | 12            |
| New House                  |        |             | 12            |
| Hotel de Riviera           |        |             | 30            |
| Transition House           |        |             | 72            |
| Good Samaritan             |        |             | 56            |
| Salvation Army             |        |             | 29            |
| Marks House                | 19     |             |               |
| Bridge House               | 24     |             |               |
| Domestic Violence Solution |        | 14          |               |

## County Homeless Services

Homeless persons need access to the following services: medical & treatment care; employment and educational assistance; treatment programs for substance abuse; temporary and permanent housing assistance; child care; personal and vocational assistance; transportation; nutritional needs; legal & financial assistance; and clothing & hygiene items.

There is not one organization or department that can comprehensively address all of the needs of the homeless. Santa Barbara County is fortunate to offer these services by public and non-private providers including a number of faith-based volunteer groups. Without the hundreds of volunteers, some of the emergency shelters would find it extremely difficult to be financially viable. It is difficult to calculate the dollar value of volunteers and free goods donated to assist the homeless is estimated to be in the hundreds of thousands of dollars. As the number of homeless has grown so have the services. Some argue that the services are a magnet attracting homeless men and women to Santa Barbara County. Coastal cities on the east and west coast are often attractive to the homeless because of the mild climate and proximity to the beaches.

Historically, the three (3) county Human Service Departments: Alcohol Drug, and Mental Health Services (ADMHS), the Department of Social Services (DSS), and the Public Health Department (PHD) all provide services under section 17,000 of the Welfare & Institution Code as the providers of last resort serving the poor. The homeless are the poorest of the poor. These three departments provide a range of services including public health prevention, primary and specialty health care, hospitalization, inpatient and outpatient mental health care, case management, outreach and crisis services, Cal Works homeless assistance, adult protective services, general relief, counseling and food stamps, and child protective services.

The Housing and Community Development Department (HCD) receives Housing and Urban resources for homeless services. There is a housing position paid for by ADMHS and assigned to HCD to more effectively coordinate, and develop new housing opportunities.

In 1987, the Public Health Department was awarded a health care for the homeless grant. This enabled the department to place public health nurses in emergency homeless shelters and on the streets to work with the homeless. Medical and dental services



are also a function of the grant. The grant also provides funds for transportation services. In 2005, a physician assistant was funded to work in the shelters. Parish nurses also provide medical care in the South Coast shelters.

The Department of Social Services has provided a full time outreach worker in Santa Barbara. This employee has worked on the streets with the homeless for over twenty (20) years.

In 2005, DSS added a new outreach position to work in the Santa Maria area.

The Alcohol Drug & Mental Health department is overwhelmed by the number of mentally ill. The department has been criticized by the majority of homeless stakeholders for being unresponsive and for the lack of sufficient mental health professionals in the shelters and on the streets assisting the homeless mentally ill. Recruitment of mental health professionals interested in providing outreach to the homeless has proven challenging for the department. The department has begun to re-examine the current model to serve the homeless mentally ill.

ADMHS has recently completed a lengthy planning process, to qualify for Mental Health Service Act, Prop 63 funds. Homelessness is a top priority in the plan. The Department is recommending the allocation of \$1 million to develop a new program in Lompoc, an under-served area, and to expand homeless services on the South coast. There is cautious optimism that the department will be able to recruit and hire the culturally competent staff outlined in the plan.

The department has already transformed its crisis services. This program is headed by a very competent, energetic, experienced psychologist that is trail blazing through the county with remarkable success. A 24/7 crisis center is about to open in Santa Maria. In early January, a meeting was held between the department and transitional and permanent housing operators. The operators expressed concern with the lack of support from the department. There was a strong commitment to convene the group to address the issues in a positive and proactive manner. Progress though incremental change is being made.

While there are issues and concerns about the county services, there are many homeless individuals and providers that receive excellent services and funding for on-going services. There are

many county employees who are committed, dedicated, and offer compassionate care to the homeless.

## **Services versus System**

There is no question that there are comprehensive services provided to homeless individuals by county departments, cities and non-profit partners. There are some large contracts with Telecare, the Supportive Housing Initiative Assistance (SHIA), Council on Alcohol & Drug Abuse and the emergency homeless shelters to provide services to the homeless.

All provide essential and critical services by some of the most dedicated people. There are agreements, contracts, partnerships and collaborative efforts in place. Yet each department and organization functions autonomously and independently. County departments operate in silos. There is no vision or policy regarding the homeless. What we have are independent service providers operating on parallel tracks serving the homeless. They are attempting to manage this population and provide needed services. At the end of the day, month, and year, the majority of homeless individuals remain homeless. They remain on the streets or in shelters. Much of the funding for county departments is categorical with little flexibility to be creative. Operating in silos leads to poor communication, cooperation, coordination and collaboration.

The four county departments have met monthly as the Interagency Policy Council to discuss mutual interest and work more effectively together. Until recently, homelessness has never been an agenda item, despite the millions of dollars being spent to serve the homeless.

The absence of on-going dialogue and a collective strategy to address the issues of this vulnerable population results in individuals falling through the cracks; individuals losing eligibility and/or benefits; and dual diagnose homeless not receiving appropriate treatment. The services are fragmented as they are provided by a number of departments who do not communicate effectively with one another on the issue of homelessness. The burden falls on the homeless to navigate the bureaucratic maze.

Another significant issue is the need to improve discharge planning from the jail, hospitals and mental facilities. Most of the homeless are discharged from these facilities suffering from mental illness or recovering from alcohol and must find their way back to shelters or remain on the streets. While there is a lack of adequate resources, providers must ensure that appropriate housing, treatment and support services are needed. Dade County, Florida & Cincinnati have developed systems where all homeless discharged from institutions are remanded to outreach teams. The homeless shelters do not have the professional staff to screen and assess homeless mentally ill or dual diagnosed.

At one of the crisis services meeting, there were two questions asked of the 49 participants:

- 1) With existing resources, how may crisis response and crisis services improve? The responses were:
  - Improve communication with involved organizations
  - Improve understanding of phone base services
  - Adjust hours and expand 24/7
  - Streamline access to services
  - Administration of meds
  - Increase the number of people for more training
  - Improve post-crisis follow-up
  - Create more integration between Alcohol & Drug/Mental Health & other departments
  - Identify and breakdown barriers between agencies that offer crisis services
  - Increase the knowledge/understanding of what other agencies provide to the public, educate and collaborate each others roles to improve service
  - More outreach vs. office based services
  - More outreach to the public
  - Increase inclusion
  - More coordination of training between agencies
  - Centralize services

2) The second question was: If the sky were the limit, how would you improve crisis services? The responses were:

- 24/7 holding facility/drop in center
- Day treatment
- Inpatient detox
- Mental Health crisis professional
- 24/7 database with client info/history
- Inter disciplinary outreach team
- More beds of every kind all over the county that you could get to in 30 minutes
- Centralized bed control
- Transportation services/ID card for bus
- More housing programs
- Educate community about needs of this patient population
- No waiting to see a psychiatrist
- Re-establish mental health count
- More MHAT workers mixed with mental health EMT workers
- More alcohol treatment
- Funds for clothes, shoes, etc.
- Improve training and coordination
- Increase frequency of face to face contact with case managers
- CARES North & South 23-hr. beds
- Improve sharing info. Re: the Health Insurance Portability Accountability Act (HIPAA)
- Include consumers in support services
- Wraparound services
- Outcome tracking to measure effectiveness
- More structure/programs on a daily basis
- Client to create their own crisis plan
- More employment programs for outpatient
- Ability to mediate in the field
- More residential programs
- Tokens for food
- Mobile response team 24/7 with beds
- 2<sup>nd</sup>. North Count PHF
- Walk-in emergency counseling
- Discretionary funds for crisis team

## Homeless System of Care

County Alcohol, Drug, and Mental Health Services (ADMHS) has a great deal of experience and expertise in systems of care. They developed and implemented a successful children's system of care Multi-Integrated System of Care (MISC) that has been in operation for fifteen (15) years. Everyone wants the best for the homeless and wants to respect their individual culture while treating them with dignity and respect. Successful systems need to be/adaptive, responsive, and collaborative and understand the importance of including family members, if possible, as part of the system's mission and vision. A responsive system would empower the person, promote effective personal relationships and meet individual needs that affect and support positive change.

An effective system intervenes in the community. All programs follow four levels of response:

- Intake, welcoming & engagement
- Planning and arranging to provide services
- Implement and providing interventions
- Transitioning or leaving the system

The County has the necessary resources in place to develop a homeless system of care. Implementing a homeless system of care would improve communication, coordination, cooperation and collaboration.

## **FINDINGS AND RECOMMENDATIONS**

### **1. Finding**

There is a need for improved communication, coordination, & collaboration among the county, cities, & non-profit homeless stakeholders.

#### **1.A Recommendation**

The County should consider establishing an Office of Homeless Services. It should be staffed by a homeless coordinator to be the facilitator, ombudsperson & liaison between all the stakeholders. The Homeless Coordinator should report to the Interagency Policy Council.

### **2. Finding**

There is a need for a comprehensive plan (big Picture) on homelessness and an improved understanding of what the county and cities are doing in the area of homelessness.

#### **2.A Recommendation**

There is a window of opportunity with the initiation of the 10 year planning process to end chronic homelessness. County & city officials, business leaders, & homeless stakeholders should craft a comprehensive plan to make a sizeable impact in the lives of the homeless in Santa Barbara County.

### **3. Finding**

The county and cities provide major financial support for the homeless: in direct services; grants to operate emergency shelters; and capital for the purchase & renovation of homeless shelters. These services and funding opportunities are necessary for the sustainability of the homeless emergency shelters.

#### **3.A Recommendation**

The cost of operating a homeless emergency shelter is high. The county & cities should continue to fund and increase their grants to sustain their infrastructure & support services.

#### **4. Finding**

The County spends an estimated \$6,501,280 a year on the homeless. Performance measures should emphasize numbers of lives changed. There does not appear to be formal evaluations of the grant awards to measure cost effectiveness and value. Many other county departments, Sheriff, District Attorney, Public Defender & others are financially impacted; yet do not participate in discussions about strategies to reduce their expenditures.

##### **4.A Recommendation**

There are limited dollars to fund all the human service agencies. The county should establish priorities to address this complex social issue and fund those agencies that demonstrate results. The County Executive Office should convene the department executives to develop a strategy and plan to address this pressing need.

#### **5. Finding**

There are a limited number of beds for the mentally ill homeless and chronic alcoholics & substance abusers. The jail has become the largest in-patient psychiatric and detox facility in the county. The homeless do not receive rehabilitation in the jail. They serve their time, depending on the offense, and are released back to the streets. For many homeless, this is a revolving door that has proven to be unsuccessful and expensive.

##### **5.A Recommendation**

Serious consideration must be given to make available more psychiatric & detox beds operated by non-profit organizations.

#### **6. Finding**

There is a need for improved coordination for discharge planning from the jail, hospitals, psychiatric facilities, and the foster care system.

##### **6.A Recommendation**

Discharge planners in each facility should coordinate the release of homeless persons to homeless outreach teams & emergency shelter operators.

## **7. Finding**

The restorative policing program between the Santa Barbara Police Department and Alcohol, Drug and Mental Health Department is a model program that has the involvement and coordination of the major service providers, both public and non-profit, concentrating their efforts on some of the most difficult chronically homeless individuals.

### **7.A Recommendation**

This multidisciplinary team approach is a model that works and should be expanded county wide. The development of the Crisis and Residential Emergency Services (CARES) program and reorganization of the Mental Health Assessment Team (MHAT) should make a significant improvement in this area.

## **8. Finding**

With the exception of the restorative policing program, the county does not have a multi disciplinary team to comprehensively address the homeless person's complex multiple issues.

### **8.A Recommendation**

The county should join forces with the non-profit sector to develop these multidisciplinary teams that engage homeless to avail themselves of services. These teams also serve as liaison between individuals being discharged from the jail, hospitals, and other facilitate and the private providers. No homeless person should be left behind.

## **9. Finding**

County and non-profit organizations are not accessing all of the federal & state resources to serve the homeless. Everyone has very busy schedules. Few have full time grant persons to monitor RFAs and RFPs and to respond to them.

### **9.A Recommendation**

One of the major responsibilities of the homeless coordinator would be to research and identify potential grant opportunities and serve as a clearinghouse for this information.



## **10. Finding**

Many chronically ill homeless qualify for SSI benefits. One of the major issues is that physicians do not always have time to adequately document the individual's condition to qualify for those benefits. The paperwork is rejected by the Social Security Administration. Much time is lost in re-doing the paperwork to qualify.

### **10.A Recommendation**

The Substance Abuse and Mental Health Services Administration (SAMHSA) has published strategies for developing Programs to Expedite SSI/SSDI for people experiencing homelessness. This is a best practice that should be considered by the case managers.

## **11. Finding**

There is criticism of ADMHS and the MHAT team regarding accessibility and evaluation of services. There is a need for improved street outreach and assessments of many homeless mentally ill.

### **11.A Recommendation**

ADMHS continues to meet with the homeless stakeholders to evaluate the need on how best to provide the needed services. Since homelessness is one of the top priorities in the county Mental Health Service Act, there is the potential to address some of the shortcomings in the system.

## **12. Finding**

The executive directors of the homeless shelters rarely meet to discuss their services, share program information tracking of clients, protocols, and potential joint ventures.

### **12.A Recommendation**

The executive directors should meet bi-annually to share information, mutual interest and concerns and develop a more formal relationship with each other. They should also collectively meet with the county department heads to share strategies, concerns and potential leveraging of dollars.

### **13. Finding**

Data collection and retrieval is problematic. All of these departments and organizations do not effectively share pertinent information that could enhance the quality of the services. Some emergency shelters are piloting the Homeless Management Information System (HMIS).

#### **13.A Recommendation**

All homeless providers should take advantage of the HMIS computer tracking system. A comprehensive cost and impact analysis should be conducted to assess the true cost of services to the homeless.

### **14. Finding**

The business communities remain concerned about the number of homeless persons who panhandle, intimidate customers and use their storefronts as restrooms. Many of them feel the county and cities do too much for the homeless. Some feel the services are a magnet for the homeless.

#### **14.A Recommendation**

The business community needs to come to the table with some of their resources to help develop strategies to eliminate chronic homelessness.

### **15. Finding**

The three county/city coordinating councils are addressing homeless issues in their respective geographic areas. There is little coordination among them to address county-wide issues. There are recent discussions on a Homeless Court Program. The Santa Barbara coordinating council recently changed its name to South Coast and has asked the cities of Goleta and Carpinteria to participate.

#### **15.A Recommendation**

The three county/city coordinating councils should meet more often to work more closely together to share information and strategies that are working in their areas. They should use the 10 year plan to end chronic homelessness as a springboard to work together on a countywide system to transition homeless back into mainstream of society.

**16. Finding**

The City of Santa Barbara has attempted to systematically evaluate their cost and the impact of homelessness on the city.

**16.A Recommendation**

The county and cities should consider such fiscal analysis to identify the true cost of homelessness in Santa Barbara County.

**17. Finding**

The Leadership Council for the Ten Year Plan was recently assembled to oversee the development of the 10 year Plan. Membership is made up of elected officials from the County, Cities, with business representatives, non-profit executives, homeless advocates and consumers.

**17.A Recommendation**

The Leadership Council should serve in an advisory capacity to the homeless coordinator to implement the recommendations. A charter should be developed delineating the roles and responsibilities of the Council, IAPC and the Coordinator.

## CONCLUSION

Santa Barbara County has much to be proud of in providing services to the homeless. The efforts of the County, Cities and non-profit organizations are commendable. Santa Barbara must continue to deliver these needed services and in some areas, expand them to mainstream the homeless into supportive and permanent housing. There needs to be new thinking about the homeless. Managing the homeless is a costly proposition with little fundamental results in lives changed. Other cities have made significant advances in developing permanent solutions rather than addressing the symptoms of homelessness.

If Santa Barbara County is to succeed in making a significant impact in the lives of the homeless, the departments need to improve coordination and centralize homeless services in a comprehensive and integrated system. A paradigm shift must take place in the current delivery system. Rather than merely manage the homeless, the goal of transitioning homeless from the streets must become the primary outcome. The system cannot continue to enable homelessness. The Multi-Integrated System of Care (MISC) implemented in the early nineties for high risk children is a model that should be considered for the homeless.

There should be one door to enter the system; barriers reduced; communication and conflicts improved; duplication minimized or eliminated; and services delivered in a more cost effective manner. The Mental Health Service Act Plan has identified key factors for such a system. The emphasis is on recovery; hiring culturally competent employees; expanding outreach teams to engage those distrustful of the services. Transition must lead to permanent housing.

There needs to be a continuum from entry point to shelters, to transitional housing to permanent housing. A homeless coordinator is recommended to bring the departments together to develop this shared vision and provide the leadership to bring about the change necessary to achieve the proposed strategy.<sup>13</sup> There is a window of opportunity as Santa Barbara is about to initiate a 10 year plan to eliminate chronic homelessness. This system change requires the active participation of all the stakeholders, strong support from the cities and business community.

Some strategies to develop this homeless system of care are:

- Co-locating staff - preferably in the shelters
- Cross training staff
- Improve data collection and sharing through the HMIS system
- Leverage resources
- Multi-disciplinary outreach teams

Santa Barbara has the public, private and philanthropic resources to make a significant and long lasting impact in the lives of the homeless.

Is there the political will to tackle this complex social issue and make a difference in the lives of the homeless?

## **Acknowledgments**

This report was compiled with the input and feedback from 120 individuals: Board of Supervisors, department directors, county employees, city council members, city managers, city staff, Superior Court Judge & Commissioners, homeless shelter executive directors and staff, and homeless persons on the streets and in shelters. Their time in interviews and data provided is greatly appreciated.

In great appreciation to the four department directors, Alcohol, Drug & Mental Health, Housing & Community Development, Public Health, & the Department of Social Services. They have a Vision to end Homelessness in Santa Barbara County and were instrumental in this project being presented.

A special thanks to my wife for the administrative support throughout this project.

## DRAFT

### *Chronic Homelessness in the City of Santa Barbara Appendix 1 January 30, 2006*

#### **Summary of Service Impacts and Funding Provided**

The information in this document was gathered during the fall of 2005 to provide a general understanding of the following:

- The type and scope of impacts, from chronically homeless individuals, on the day-to day services provided by the City; and
- The range of funding provided by the City over the past two decades to local non-profit organizations to provide services, emergency shelter and housing to the homeless.

The financial cost estimates of the services impacted do not include administrative overhead and facility costs and the estimates have not undergone any form of financial review or audit. Therefore this information should be considered a “preliminary draft” or a “work-in-progress”. However, the information regarding funding provided by the City to housing and service providers is accurate.

#### **SUMMARY OF FINANCIAL IMPACTS AND GRANT FUNDING**

##### **Financial Impacts on City Services from Chronic Homelessness**

| <b>City Department</b>              | <b>Annual Estimated Expenditures</b> |
|-------------------------------------|--------------------------------------|
| 1. Police Dept.                     | \$400,000-450,000                    |
| 2. Public Works-Streets             | \$40,000-45,000                      |
| Public Works-Environmental Services | \$30,000-40,000                      |
| 3. Parks & Recreation -Parks        | \$55,000-65,000                      |
| 4. Parks & Recreation-Creeks        | \$80,000-90,000                      |
| 5. Library                          | \$15,000-20,000                      |
| 6. Fire Dept.                       | NA*                                  |
| <b>Total:</b>                       | <b>\$620,000-710,000</b>             |

\* See Section 6 below for more detailed information concerning the nature of the impacts on the Fire Department.

##### **City Funding to Homeless Service Providers**

| <b>CDBG/Human Services</b> | <b>Current FY 2006</b> | <b>Life of Program</b>     |
|----------------------------|------------------------|----------------------------|
| 1. Homeless Programs       | \$370,000              | \$3,608,000                |
| 2. Prevention Programs     | \$229,000              | \$4,881,000                |
| 3. Capital                 | \$5,530,000            | \$20,475,000               |
|                            |                        | <b>Total: \$28,964,000</b> |

## **IMPACTS ON CITY SERVICES**

### **1. Police Department/Patrol Division**

#### **Scope of Service Demands and Response Activities:**

Respond to calls for service regarding trespassing and illegal lodging/camping. Conduct on-going cleanups of homeless encampments on public lands and undeveloped private property.

#### **Typical Costs Incurred and Source of Funding:**

The Police Department has a specialized unit consisting of 1 sergeant and 5 officers (Tactical Patrol Force) which has a primary responsibility of dealing with street crime in the Downtown and Beachfront area. One officer in this unit is assigned to work full-time with mentally ill homeless individuals. Overall, the 5 officers and the sergeant devote approximately 70% of their time to Municipal Code violations and other issues associated with chronically homeless people.

For Fiscal Year 2006, costs incurred by this unit for chronic homeless issues are estimated to be approximately \$400-450,000. Although other units in the Police Department are encumbered by service demands from the chronically homeless population, there are no additional hard costs that can be separated from those associated with general law enforcement expenditures from the Police Department budget.

#### **Impacts on Community-wide Levels of Service:**

Response to calls for other types of police services are delayed when officers are encumbered with calls for service and activities that are the result of homelessness.

#### **Services/Projects Deferred (a.k.a. Lost Opportunities):**

No specific services or projects are deferred; however, in general police officers would have reduced average response times to calls for service and more available time for proactive enforcement and community policing activities if they were not encumbered by problems related to homelessness.

#### **Other Relevant Information:**

Police Department statistics do not capture an individual's status relative to homelessness. That status can only be inferred based upon some types of violations, particularly illegal camping and illegal lodging. Homelessness can also be inferred based upon a combination of the type of violation and its location, for example, an open container violation at a location frequented by homeless people. However, any attempt to quantify these incidents as being attributed strictly to homeless individuals would be highly subjective and potentially very inaccurate. This becomes even more difficult if a definition of "Chronically Homeless" is imposed upon the data. While some violations, such as public intoxication and panhandling, are more common among homeless individuals, the offenses are not committed exclusively by the homeless. To categorize any crime as the exclusive domain of homeless individuals would be inaccurate, and any estimate or extrapolation using currently available data would be inaccurate.



## 2. Public Works Dept./Streets & Environmental Services Divisions

### **Scope of Service Demands and Response Activities:**

The Streets Division responds at three levels to homeless impacts within the City limits, both on City property and on private property located within the City limits (such as the corridors of Union Pacific railroad and Caltrans Highway 101).

- One full time Maintenance Worker is assigned five days a week to clean up debris and graffiti found while inspecting his route of pedestrian bridges and hot spots plus whatever individual complaints have been received. A typical clean up by this crew might be a mattress and litter found in landscaping bushes. About 5% of the time of this position is related to homelessness issues.
- Occasional scheduled work orders of smaller encampment removals are handled by two or more Maintenance Workers in an hour or so, responding to complaints generated by the public, Police, etc., where the size of the job requires more manpower than a single crew member but no special equipment.
- “All hands-on” cleanups occur a few times a year, are multi-departmental and multi-agency, and require a pre-event coordination meeting and a site visit. The clean up is a full day or more of hard work often with difficult access including removing shrubs and trees that provide cover for homeless encampments, hauling mattresses and debris and cut vegetation for some distance, use of heavy equipment and on-site dumpsters. The participation in such clean up is typically 2-4 Police officers making a sweep the day before the cleanup, 10-20 Streets crew, 10-20 Parks crew, along with assistance from PW/Environmental Services to arrange for Marborg’s services including dumpsters and portable toilets. CalTrans, Union Pacific, Fire, City Hall, and the media may also be involved. Examples of this type of operation are: Alisos Street February 2004; Los Patos Way April 2004 and February 2005; and Coronel Street/ McKinley School March 2004; and the Union Pacific railroad corridor June 2005.

### **Typical Costs Incurred and Source of Funding:**

Estimated annual cost summary for Streets Division homeless cleanup work:

- |  |                      |
|--|----------------------|
| • One-man crew on daily route and cleanups | \$ 10,000            |
| • Small crew work orders: 2/month @ \$210: | 5,000                |
| • Major, all day, clean ups: 3/year @      | <u>25 - \$30,000</u> |

Estimated Annual Total: \$40,000 – 45,000

The cost of dumping debris and cut vegetation related to homeless cleanups is hidden, since Streets is not charged by Marborg for dumpsters or portable toilets because the garbage haulers must, by franchise agreement, provide up to \$150,000 of additional service per contract year. PW/Environmental Services Division Staff estimates that the cost of these services ranges from \$30-40,000 per year. The services provided by the franchisees could be utilized to support other community activities.

**Impacts on Community-wide Levels of Service:**

In the past two years there has been an increased emphasis on neighborhood and homeless encampment clean ups. The number of crew members available has remained the same. The Concrete Crew and Asphalt Crew perform these clean ups. In the same two years, our performance measurement targets have been downsized for square footages of concrete sidewalk repair and replacements and asphalt paving overlays. These decreases cannot be said to be entirely caused by homelessness, but in part they are related.

The other major Streets crew, the Sign and Paint crew, works a 3:15 AM – 12:45 PM shift, so they are less available for participating in homeless cleanups and their regular work is less impacted.

**Services/Projects Deferred (a.k.a. Lost Opportunities):**

No specific projects, other than the work mentioned above.

**3. Parks and Recreation Department/Parks Division****Scope of Service Demands and Response Activities:**

Following are the extraordinary workload issues experienced by the Parks Division:

- *Daily trash collection and illegal campground cleanups.* Twenty-four hours prior to a major clean-up of illegal camping sites, staff posts notices advising the homeless of the impending clean-up, thereby allowing them time to remove their personal belongings. Some items are identified as “lost and found”, are then packaged and transported to the Police Department headquarters for storage until reclaimed;
- *Public restroom cleanups,* in some facilities many times each day;
- *Occasional fire suppression,* followed by clean-up, repairs to facilities or re-vegetation;
- *Encountering criminal activities* (i.e. illegal drug sales, camping, public intoxication, urination, defecation, etc.). On average, 5 – 7 calls a day are made to either the Police Department or to Park Rangers. In addition to witnessing and reporting these activities, court appearances are often required.

City parks especially impacted by the homeless include the following:

- Oak Park (highest level of incidents)
- Stevens Park
- Cabrillo Ballfield
- Dwight Murphy Ballfield
- Pershing Park Ballfield
- Shoreline Park
- La Mesa Park
- Douglas Family Preserve
- Leadbetter Beach Park
- East Beach/Chase Palm Park
- Las Positas Valley corridor

- Andre Clark Bird Refuge

**Typical Costs Incurred and Source of Funding:**

Major neighborhood clean-ups are normally 48 hours worth of work. Crews vary in size from 2 – 4 people. Annually, Parks Division costs are estimated to be \$25-30,000. Daily/weekly operational clean-ups are estimated to cost \$30-35,000 annually.

These costs impact the City’s General Fund. For the most part these cleanup activities have become daily tasks for which the Department receives no funding.

**Impacts on Community-wide Levels of Service:**

The cleanups of homeless campsites results in other park maintenance tasks being postponed or not being done altogether. This therefore results in an overall reduced level of service for park maintenance.

Residents and visitors, especially the elderly, single women and families with children are fearful of being confronted by the homeless. Heavily impacted parks, ballfields and some playground areas are viewed by many in the community as being “unsafe” or “off-limits”.

When we do the neighborhood clean-ups, this involves the removal of the homeless and since it is reported in the press, members of the public contact staff to report the presence of campgrounds in other parks and expect immediate response for additional cleanups.

**Services/Projects Deferred (a.k.a. Lost Opportunities):**

As an example: We’re in the middle of installing the irrigation system in a park; staff gets a call to make a clean-up of an encampment. This delays completion of these projects and, in some situations, costs will increase.

**Other Relevant Information:**

*Health risks to staff:*

- Emotional stress on supervisors and field crews to deal with these social issues.
- Contact with needles; blood-borne pathogens
- Exposure to Poison Oak when in remote areas for clean-ups.

**4. Parks and Recreation Department/Creeks Division**

**Scope of Service Demands and Response Activities:**

Creek and creek bridges and riparian areas are often popular homeless sleeping areas. Sycamore Creek in the lower eastside sees use as hangout, place for drinking alcohol, as well as some overnight sleeping. The encampments in heavily or frequently used creek areas become cluttered with trash and feces in a very short time. The homeless bring materials to the sites for bedding and shelter, but seem to take nothing away from the site. Trash and feces are left at the site, and materials used for bedding, shelter—even clothing

and personal items, are typically abandoned. The homeless scrounge most of their materials from dumpsters and other free sources, so they usually will not expend the energy necessary to take the bulk of their belongings with them when they move on. Latrine use is indiscriminate, so feces are often found throughout the campsite. In some areas the feces and paper are tossed into the creek.

*Sites that are most used by the homeless:*

#### Mission Creek

At Montecito St/HWY 101; the Culverts at HWY 101 and Montecito St.; Carrillo St behind Tire Pro's, and also on the west side of the creek near the freeway, both north and south of Carrillo Bridge; Micheltorena Bridge, Arrellaga Bridge, and under the Islay St Bridge; Area adjacent to Ralph's shopping center, roughly between State St and De La Vina and adjacent to Alamar.

#### Old Mission Creek

The riparian area above the creek near the tracks south of West Figueroa St; Bohnett Park in the restoration area north of the playground (we have not seen homeless at this location in recent weeks—assume Police efforts are responsible).

#### Laguna Channel

Garden HWY 101 Off Ramp at Laguna Channel; Laguna Channel at the RR bridge (near Chase Palm Park); El Estero Drain, which is the drainage ditch adjacent to the treatment plant and the tracks. It appears that Police efforts have successfully kept the homeless out of El Estero Drain for approximately the past 12 months.

#### Sycamore Creek

There is only one defined habitual camp area, at the tracks and adjacent to the Zoo opposite Dwight Murphy Park. Only a few people sleep near the creek—most of the homeless are well away from Sycamore creek, sleeping along the HWY 101 riparian area adjacent to the Zoo and Childs Estate. The path connecting Punta Gorda and Soledad St is a popular hangout. We regularly find feces and trash in this area. We found two small homeless camps during a recent creek walk in Sycamore Creek; one near Cacique St., and one near Quinientos St. These areas have dense foliage with nice canopy which makes a well hidden sleeping area.

#### San Roque Creek

Area opposite the Burger King and adjacent to Hitchcock Ranch development has seen some homeless sleeping.

#### Arroyo Burro Creek

The bank above the Hope St culvert, adjacent to the Westpac building, has been used for sleeping—appears to be a single individual. Vehicles that people live in, such as pickups with campers, vans and small RV's; are frequently parked in this area.

Creek cleanups are done weekly. Creeks Division currently has a purchase order with Service Master to do the cleanups. A work order is sent to Service Master at the beginning of each week, and additional orders may follow, depending on need.

The City has provided portable toilets at two locations to provide an alternative for the homeless to using the creeks for a latrine. Two portable toilets are maintained at the labor line on Yanonali Street to reduce latrine use under the bridge.

A portable toilet is maintained by the City on West Montecito Street at Mission Creek. The area under the bridge has long been used as a latrine, sleeping area, and hangout by the homeless. Also, Mission Creek at this location functions as a pedestrian corridor for the homeless linking downtown and the Fig Tree area.

**Typical Costs Incurred and Source of Funding:**

Over the course of one fiscal year, the Creeks Division incurs costs that range from \$70,000 to \$100,000 for creek clean-ups (range depend in part on the cost of the contractor which has varied). 80%-90% of creek cleanups are homeless related.

The portable toilet rental with four day service costs approximately \$216.00 per toilet per month. The toilets require four day service due to heavy use. Approximately \$2,500 is spent annually on the portal toilet at Montecito Street.

**Impacts on Community-wide Levels of Service:**

Homeless account for 80-90% of creek cleanups. The homeless have impacted restoration sites at Bohnett Park and at Sycamore Creek at Punta Gorda.

**Services/Projects Deferred (a.k.a. Lost Opportunities):**

Measure B funds could be spent on other, proactive, water quality and creek improvement projects.

**Other Relevant Information:**

Homeless sleeping in creeks and riparian areas increases in warm months, and tends to persist year around. Typically, sleeping in creeks diminishes, often substantially, in winter months, depending on the weather.

**5. Library Department**

**Scope of Service Demands and Response Activities:**

Library staff regularly deal with a variety of issues involving the chronically homeless and mentally ill. These include alcohol related issues such as harassment and intimidation of other library users and other disruptive behaviors; waking up persons sleeping in the library; on-going cleanup of homeless encampments on library grounds and of library furniture and carpets. Staff also spends time monitoring and, when deemed necessary, reporting to police the presence of packages and bulky parcels left unattended.

Staff members also deal with a substantial number of children that appear to be homeless. They are often left unattended in the library for long periods of time and require staff intervention for behavior problems.

**Typical Costs Incurred and Source of Funding:**

Public desk staff spends approximately 3% of desk time dealing with issues relating to the chronically homeless. For fiscal year 2006 this cost is expected to be \$12-15,000.

Custodians spend approximately 5 hrs. /wk. cleaning tasks that can be attributed to the chronic homeless such as removing bedding trash and fecal matter from the library property; cleaning up messes in the public restrooms; cleaning upholstery and dealing with infestations resulting from backpacks and other personal belongings.

Slight additional costs are incurred by the need to have Service Master clean and restock the public restrooms after the library custodial staff has gone home. For FY 06 the cost is expected to be \$3-5,000.

**Impacts on Community-wide Levels of Service:**

The most significant impact is on the image of the library as a pleasant place to spend time. A recent survey of library users yielded a large number of negative comments relating to the presence of homeless persons. These comments included requests to clean furniture that was stained or “smelly” and a general reluctance to use library furniture “because the fabric is unsanitary mainly due to homeless population.” Many comments reflected general expressions of discomfort around “unkempt, loud and unstable persons.” In addition, anecdotal information indicates many potential users avoid the library because of the presence of the homeless.

**Services/Projects Deferred (a.k.a. Lost Opportunities):**

No specific services or projects are deferred. There are frequent occasions however, when library users must wait for staff to deal with problems related to the chronic homeless or mentally ill before their needs for assistance can be met.

**6. Fire Department**

**Scope of Service Demands and Response Activities:**

The Santa Barbara City Fire Department is a full service, all risk agency. We respond to all types of emergencies locally and, through mutual aid agreements, state and national disasters. The City of Santa Barbara has a chronic homeless population that has come to depend on the 911 services provided through our Fire Department. The services provided to this population include, but are not limited to the following:

- Emergency Medical Services. This includes standard emergency medical response. Chronic health problems associated with alcoholism, drug abuse and

communicable disease are prevalent. In addition health problems exacerbated by life on the street are a common source of 911 calls. Poor diet and unsanitary living conditions are strong factors. Calls involving people with untreated mental illness are also very common. Weather related health problems associated with rain, cold and heat are cyclical throughout the year.

- Warming and cooking fires are a constant source of Fire Department response. These commonly occur along the US 101 and Railway corridor but are also very common in City parks and ball fields. Grass and brush fires started by untended cooking fires occur on a regular basis. These require a 3 person Engine response at all times and often multiple Engines depending on location, size and time of year. Dispatch protocols require that a “pessimistic” approach be followed. We cannot depend on the fire being small enough to be handled by one Engine company and to insure fireground safety these protocols must be followed.
- Hazmat response to raw sewage spills. This process can often include additional response by contractors with the City with cleanup responsibilities and Public Works. Dumping of sewage from Recreational vehicles continues to be a problem in Engine 2’s district.
- Responses related to criminal activity such as assaults and fights. These often put crews working in the area at personal risk.
- Traffic related incidents include an increase in railway incident involving the homeless resulting in traumatic, usually fatal injuries. In addition alcohol and drug abuse play a role in many vehicle versus pedestrian and bicycle accidents requiring Fire response.

This is a summary of general types of calls. A more detailed analysis can be obtained by an audit of Fire Department NFIRS (National Fire Incident Reporting System).

### **Typical Costs Incurred and Source of Funding:**

The Santa Barbara Fire Department is a constant staffing agency. What that means is that our 8 stations are staffed with the same number of Firefighters on a daily basis. Three Firefighters per Engine Company is the standard at all Stations with the exception of Station 1 which, in addition to an Engine Company, is staffed by a 4 person Truck/Rescue crew. During acute emergencies we depend on mutual aid response and the callback of off duty personnel.

Because of this the daily costs to our agency remain largely constant throughout the year. We are a General Fund based organization. While other Departments staffing may vary on a day to day basis our staffing costs, with a few rare exceptions, are not special project driven. Since we are always on duty and available for all calls, it is difficult to establish additional costs driven by responses to the chronic homeless population.

We can trace the costs on any response through the NFIRS data base. Arguably the cost of responses to the homeless community can be extracted by auditing that data base. For example a 3 person Engine costs out at \$229.00 per hour. A response for the two person Rescue would cost out at a lower rate. By extracting the man hours associated with all calls to the homeless community we could come up with a rough figure. But since that

Engine companies cost is part of our normal daily operating expense, differentiating the additional cost drain on our department is hard to do. The real cost is in levels of service.

**Impacts on Community-wide Levels of Service:**

To properly understand the impact on levels of service we need to take a moment to understand the philosophy behind the Fire Departments infrastructure. The Fire Department has 7 stations in the City proper and 1 at the City Airport. The stations are strategically placed according to a variety of factors. These factors include population, traffic patterns, topography and proximity to each other. These factors have changed historically and the development and location of the Fire Stations have changed to reflect the growth of the City and our ability to respond effectively to the emergencies of a changing community. For example, in the 1980's two Fire Stations were built. Station 4 was moved from its old location in the 2900 block of De La Vina to North Ontare to more effectively respond to the growth of the North end of town. Additionally Station 2 was moved from its location in the 700 block of East Haley to 816 Cacique Street. This move allowed a more effective response to the freeway corridor and Coast Village, Eucalyptus Hill area of town.

Each station has a defined "first in" response area that overlaps with surrounding stations to provide a timely response not only for the 1<sup>st</sup> Engine, but also for additional resources. This ensures that the citizens of Santa Barbara will receive a fast and adequate response to all emergencies. We strive to provide a 3 to 5 minute response time to all areas of the City and the placement and availability of all these engines is crucial to that goal.

In conjunction with Fire Department response, AMR staff anywhere from 2 to 4 ambulances in the greater Santa Barbara area. These ambulances are also placed with effective and timely response in mind. AMR should be consulted to find the strategy employed for their response patterns.

Recently the institution of the "2 in 2 out" requirement for all interior firefighting operations has placed a strain on that system. "2 in 2 out" requires that for every 2 Firefighters engaged in interior firefighting, 2 additional Firefighters must be outside and available for potential Firefighter rescue. In the past 2 Engines, plus the Truck/Rescue and a Battalion Chief responded to any structure fire. Currently that response has been increased to 3 Engines plus the Truck/Rescue and Battalion Chief.

As these engines respond a series of preset "move-ups" of surrounding engines occurs to provide coverage for the rest of the City. In the event of a significant incident developing, mutual aid or automatic aid from surrounding jurisdictions respond either to the incident or for station coverage. In addition the call back of off duty personnel is initiated. These multiple engine responses are not limited to Structure Fires. Many responses including traffic accidents, gas leaks, brush and grass fires, gas leaks, boat fires require multiple companies. Why is this relevant to Fire Department response to the chronic homeless?

When an Engine Company responds on an EMS call they become unavailable for any other response for the duration of that incident. For example; Engine 2 responds to a 911



call at Dwight Murphy Field for a man down. When Engine 2 gets on scene they encounter an intoxicated male whose condition has led a passerby to call for assistance. They begin to assess the patient. Additionally an AMR ambulance has been dispatched and PD response is often likely, based on availability. The response now includes 6 people from three agencies.

Any 911 incident that now occurs in Engine 2's district will have to be handled by the next available Engine. So should a Fire, heart attack or traffic accident occur in Engine 2's district, the responding Engine is coming from a greater distance. Engine 2 is not allowed to leave the scene at Dwight Murphy to respond to what they may feel is a more critical emergency until relieved by a higher medical authority, in this case AMR. Leaving the scene before then is considered patient abandonment. In addition the ambulance company now has one less ambulance available for coverage of the City until it returns to service after delivering the patient to Cottage Hospital.

What we are finding is that chronic misuse of the 911 system by some members of the homeless community is resulting in a diminished level of service for the population of Santa Barbara as a whole. Recent tracking of Fire Department responses show a dramatic increase in calls of this nature. A particularly dramatic increase can be found in the Milpas Street corridor since 2000. The scenario above is occurring regularly and often simultaneously with similar 911 calls on the lower State Street corridor and outer State Street. The net effect is that 1, 2 or 3 Engines, and the corresponding amount of ambulances, are being pulled out of this strategic system and are unavailable for response due to chronic misuse by a few individuals. This makes it much harder for us to achieve a 3 to 5 minute response time. Coupled with the "2 in 2 out" mandate, the strain on the system becomes acute. This lowering of service levels has largely gone unnoticed by the general public, but is becoming increasingly apparent to those of us who work in the field.

We would like to make clear that there is no suggestion here that response from the Fire Department to 911 calls be curtailed or differentiated according to the economic or social condition of the caller or the nature of their emergency. What we are suggesting is that the current approach to providing 911 services to a small group of chronically homeless needs to be reexamined. The current system is failing both the chronically homeless and potentially lowering the levels of service the rest of the community depends on. When coupled with the impact on the Emergency Room, both in terms of workload and economics, the situation is becoming critical.

**Other Relevant Information:**

Critical, specific analysis of the data assembled through the NFIRS system and FIREHOUSE could be a very useful tool in gauging the impact that 911 services to the chronically homeless has on the Fire Department. We are an agency whose primary focus is response. But on a day to day basis we assemble data through our daily logs that could be used to analyze those responses in greater detail. By marking certain calls by type or address we can track personnel hours. We can also track the responses of Engines out of their "first-in" area.

## **CITY FUNDING TO HOMELESS SERVICE PROVIDERS**

See the attached inventory of programs and projects that have received funding from the City.

**CITY OF SANTA BARBARA  
FUNDED AGENCIES SERVING THE HOMELESS  
1976 - 2006**

**HOMELESS PROGRAMS**

| AGENCY                               | PROGRAM   | FY 2006 TOTAL PROGRAM BUDGET CITY FUNDING | FY 2006 PROGRAM BUDGET CITY FUNDING                  | YEARS FUNDED | TOTAL CITY FUNDING |
|--------------------------------------|---|---|--|--------------|--------------------|
| AIDS Housing, Santa Barbara          | Sarah House<br>Provide a residential home for people with AIDS and non-AIDS Hospice.  | \$655,000                                 | \$25,000 CDBG  | 14           | \$323,379          |
| Casa Esperanza                       | Operation of Day Center for provision of services to homeless persons, including case management and placement into housing.                                      | \$420,000                                 | \$25,000 CDBG  | 6            | \$142,000          |
| Community Kitchen                    | Provide nutritious lunches for the homeless, and provide access to County public health nurses, mental health workers and social workers.                         | \$375,000                                 | \$50,000 Human Services                              | 11           | \$331,500          |
| County Foul Weather Homeless Shelter | Provide emergency shelter for homeless persons from December 1st to March 15th.   | \$68,252                                  | Human Services                                       | UNKNOWN      | UNKNOWN            |
| Domestic Violence Solutions          | Shelter<br>Provide shelter for battered women and their children.   | \$290,070                                 | \$53,000 (\$27,000 CDBG/<br>\$26,000 Human Services) | 22           | \$1,177,539        |
| Domestic Violence Solutions          | Second Stage<br>Transitional housing program for battered women and their children.   | \$169,298                                 | \$6,000 Human Services                               | 5            | \$29,500           |
| New Beginnings Counseling Center     | Homeless Outreach<br>Provide case management services to place homeless persons into housing and employment.  | \$87,000                                  | \$7,000 Human Services                               | 3            | \$21,500           |
| Noah's Anchorage YMCA                | Youth Shelter<br>Provide residential care for runaway, homeless and in-crisis youth. Also provide case management, counseling and residential emergency services. | \$596,000                                 | \$26,000 CDBG  | 21           | \$498,615          |

**CITY OF SANTA BARBARA  
FUNDED AGENCIES SERVING THE HOMELESS  
1976 - 2006**

|                               |  |                    |                            |    |                    |
|-------------------------------|--|--------------------|----------------------------|----|--------------------|
| Pueblo Storyteller            | Provide child care, resource and referral services for homeless families.  | \$759,650          | \$30,000<br>Human Services | 16 | \$390,796          |
| S. B. Community Housing Corp. | Hotel de Rivera<br>Provide transitional housing for dually-diagnosed homeless individuals.                                   | \$289,181          | \$10,000<br>Human Services | 2  | \$20,000           |
| S. B. Community Housing Corp. | New Faulding Hotel<br>Provide case management services to residents to help them remain in permanent housing.                | \$618,880          | \$11,000<br>Human Services | 1  | \$11,000           |
| St. Vincents                  | PATHS<br>Provide transitional housing and case management for single mothers.  | \$395,339          | \$14,000<br>Human Services | 1  | \$14,000           |
| Transition House              | Shelter<br>Provide temporary emergency shelter and child care for families and children.                                     | \$1,174,223        | \$37,000<br>CDBG           | 20 | \$840,644          |
| Will/Bridge                   | Amazin' Grace<br>Provide temporary shelter for chronic homeless mentally ill individuals as an alternative to incarceration. | \$231,000          | \$8,000<br>CDBG            | 1  | \$8,000            |
| <b>SUB-TOTAL</b>              |  | <b>\$6,060,641</b> | <b>\$370,262</b>           |    | <b>\$3,608,472</b> |

**CITY OF SANTA BARBARA  
FUNDED AGENCIES SERVING THE HOMELESS  
1976 - 2006**

**HOMELESS PREVENTION PROGRAMS**

| AGENCY                              | PROGRAM  | FY 2006 TOTAL PROGRAM BUDGET | FY 2006 CITY FUNDING                                      | YEARS FUNDED | TOTAL CITY FUNDING |
|-------------------------------------|--|------------------------------|---|--------------|--------------------|
| Catholic Charities                  | Emergency Housing<br>Provide rent assistance to save existing housing.   | \$315,000                    | \$24,000<br>CDBG  | 23           | \$904,280          |
| Legal Aid                           | Provide housing law assistance for low income persons, and assist tenant groups in dilapidated dwellings subject to City code enforcement. | \$411,350                    | (\$45,000<br>(\$22,565 CDBG/<br>\$22,435 Human Services)) | 22           | \$1,011,416        |
| Rental Housing Mediation Task Force | Provide information and mediation in order to prevent homelessness.  | \$194,344                    | \$152,344<br>CDBG   | 27           | \$2,795,807        |
| Transition House                    | Prevention<br>Provide employment training, including computer, resume, interview skills, literacy  | \$154,000                    | \$7,500<br>Human Services                                 | 5            | \$38,790           |
| <b>SUB-TOTAL</b>                    |  | <b>\$1,074,694</b>           | <b>\$228,844</b>  |              | <b>\$4,650,083</b> |

**OTHER HOMELESS PROGRAMS PREVIOUSLY FUNDED**

| AGENCY                    | PROGRAM  | YEARS FUNDED | TOTAL CITY FUNDING |
|---------------------------|--|--------------|--------------------|
| Dennis House              | Provide transitional housing for women with substance abuse. | 1            | \$5,000            |
| Salvation Army-Day Center | Provide drop in center for homeless.                         | 12           | \$134,660          |
| Salvation Army-Job Club   | Provide transitional shelter and case management.            | 12           | \$91,354           |
| <b>SUB-TOTAL</b>          |  |              | <b>\$231,014</b>   |

CITY OF SANTA BARBARA  
FUNDED AGENCIES SERVING THE HOMELESS  
1976 - 2006  
CAPITAL GRANTS/LOANS

| AGENCY  | FUNDING |             | TOTAL<br>CITY FUNDING |
|---|---------|-------------|-----------------------|
|   | SOURCE  | AMOUNT      |                       |
| AIDS Housing - Health House                         | CDBG    | \$38,550    | \$38,550              |
| AIDS Housing - Sarah House (HACSB)                  | RDA     | \$745,000   | \$745,000             |
| Casa Esperanza                                      | CDBG    | \$200,000   |                       |
|   | RDA     | \$1,720,000 | \$1,920,000           |
| CHC - Hotel de Rivera                               | CDBG    | \$468,000   |                       |
|   | RDA     | \$210,000   | \$678,000             |
| CHC - New Faulding Hotel                            | CDBG    | \$835,000   |                       |
|   | HOME    | \$95,000    |                       |
|   | RDA     | \$1,218,500 |                       |
|   | SEMP    | \$150,000   | \$2,298,500           |
| Domestic Violence Solutions                         | CDBG    | \$209,046   | \$209,046             |
| Domestic Violence Solutions- 2nd Stage              | RDA     | \$430,000   |                       |
|   | HOME    | \$249,300   |                       |
|   | CDBG    | \$342,246   | \$1,021,546           |
| Housing Authority-W. Carrillo St. (SRO)             | RDA     | \$1,775,000 |                       |
|   | HELP    | \$300,000   | \$2,075,000           |
| Noah's Anchorage/KBSAY                              | CDBG    | \$61,434    | \$61,434              |
| Legal Aid Foundation                                | CDBG    | \$81,000    | \$81,000              |
| People's Self Help Housing Corp.- Victoria Hotel    | HOME    | \$700,000   |                       |
|   | CDBG    | \$720,000   | \$1,420,000           |
|   | CDBG    | \$262,700   | \$262,700             |
| Phoenix House                                       | CDBG    | \$9,675     | \$9,675               |
| Pueblo Storyteller                                  | CDBG    | \$560,000   |                       |
| Sanctuary House                                     | RDA     | \$540,000   | \$1,100,000           |
| S.B. Mental Health Association-Casa Juana Maria     | RDA     | \$425,000   |                       |
|   | HOME    | \$183,000   | \$608,000             |
| S.B. Mental Health Association-Canon Perdido Street | RDA     | \$189,000   |                       |
|   | HOME    | \$214,113   |                       |
|   | SEMP    | \$107,897   | \$511,000             |
| S.B. Mental Health Association-Garden Street        | RDA     | \$4,686,000 |                       |
|   | HELP    | \$300,000   | \$4,986,000           |

**CITY OF SANTA BARBARA  
FUNDED AGENCIES SERVING THE HOMELESS  
1978 - 2006**

|   |      |             |                     |
|---|------|-------------|---------------------|
| Transition House  | CDBG | \$483,000   | \$1,108,000         |
|   | RDA  | \$525,000   | \$196,824           |
| Transition House-Fire House (HACSB)   | CDBG | \$186,824   | \$196,824           |
| Transition House-Salinas Street   | CDBG | \$99,500    |                     |
|   | HOME | \$1,056,000 | \$1,155,500         |
| <b>SUB-TOTAL</b>  |      |             | <b>\$20,474,575</b> |
| CDBG = Community Development Block Grant<br>HOME=HOME Investment Partnership Program<br>RDA= Redevelopment Agency<br>SEMP=State Economic Mitigation Program<br>HELP=Housing Enabled by Local Partnerships |      |             |                     |
| <b>GRAND TOTAL CITY SUPPORT</b>   |      |             | <b>\$28,964,144</b> |

## **Use of Evidence-Based and Promising Practices** Appendix 2

In a report titled Blueprint for Change by US Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, the author states

*"The good news about services for people with serious mental illness and/or co-occurring substance use disorders who are homeless can be summed up simply: We know what works. Now we need to put what we know to work."*

"Community-based providers have shown that mentally ill and co-occurring homeless persons make substantial gains when exposed to some of the services outlined below.

### 1. Outreach and Engagement

Many severely impaired homeless persons do not trust, are fearful of and are unwilling to stay in a shelter and seek treatment. Outreach workers have to seek them out and go into their world wherever that may be. This is a critical step to connecting a person with health, mental health, alcohol drug and social services. This process referred to as engagement is developing a rapport and trust prior to helping them receive services. Two outreach workers describe their experience of bringing sandwiches to homeless living in a culvert. They spoke to them but could not see them. It was weeks before they came out and interacted face to face and gained their trust. Some cities use recovering clients to reach the most difficult.

Santa Barbara has a number of programs that have outreach workers. These individuals work well together. Communication and coordination with agencies needs improvement.

### **Multidisciplinary Treatment Teams**

Homeless mentally ill and/or co-occurring substance abusers have complex problems and require a host of treatment services. Many receive services that cut across departments. Co-locating multi-disciplinary teams in one facility proves to be cost effective, and efficient. The assertive Community Treatment (ACT) is one example.



## **Integrated Treatment for Co-occurring Serious Mental Illness and Substance Use Disorder**

These individual provide to be a major challenge to providers. What came first alcohol to cause mental illness or vice-versa? Where does this person go first for treatment? This can be problematic for agencies. There are three (3) treatment approaches that have some degree of success. Integration between Mental Health & Alcohol & Drug are key. Closer collaboration of the two is paramount.

### **Self-Help Programs**

Self-help program, like Alcoholics Anonymous (AA) and others are important part of the recovery process. There is a focus on personal responsibility with strong peer support. They tend to be inexpensive and are commonly used as an outpatient service.

### **Prevention Services**

Public Health is all about education and prevention. Agencies and the community at large can learn a great deal about reducing risk factors.

Offering services to prevent people from becoming homeless is important. Addressing the shortage of housing is also essential. A more systematic approach to discharge planning is crucial to keep individuals off the streets.

### **Supportive Housing**

A shelter is not a home. While it is a temporary stay for many, homeless mentally ill want to live in integrated housing. With the support services available, they achieve stability and improve. This reduces the costs to the community.

*Evidence-Based and Promising Practices*

**Outreach and Engagement**

- Meets immediate and basic needs for food, clothing, & shelter
- Non-threatening, flexible approach to engage and connect people to needed services

**Housing with Appropriate Supports**

- Includes a range of options from Safe Havens to transitional and permanent supportive housing
- Combines affordable, independent housing with flexible, supportive services

**Multidisciplinary Treatment Teams/Intensive Case Management**

- Provides or arranges for an individual's clinical, housing, and other rehabilitation needs
- Features low caseloads (10-15:1) and 24-hour service availability

**Integrated Treatment for Co-occurring Disorders**

- Features coordinated clinical treatment of both mental illnesses and substance use disorders
- Reduces alcohol and drug use, homelessness, and the severity of mental health problems

**Motivational Interventions/Stages of Change**

- Helps prepare individuals for active treatment; incorporates relapse prevention strategies
- Must be matched to an individual's stage of recovery

## **Modified Therapeutic Communities**

- Views the community as the therapeutic method for recovery for substance use
- Have been successfully adapted for people who are homeless and people with co-occurring disorders

## **Self-Help Programs**

- Often includes the 12-step method, with a focus on personal responsibility
- May provide an important source of support for people who are homeless

## **Involvement of Consumers and Recovering Persons**

- Can serve as positive role models, help reduce stigma, and make good team members
- Should be actively involved in the planning, and delivery of services

## **Prevention Services**

- Reduces risk factors and enhance protective factors
- Includes supportive services in housing, discharge planning, and additional support during transition

## *Other Essential Services*

### **Primary Health care**

- Includes outreach and case management to provide access to a range of comprehensive health services

### **Mental Health and Substance Abuse Treatment**

- Provides access to a full range of outpatient and inpatient services (e.g., counseling, detox, self-help/peer support)

### **Psychosocial Rehabilitation**

- Helps individual recover functioning and integrate or re-integrate into their communities

### **Income Support and Entitlement Assistance**

- Outreach and case management to help people obtain, maintain, and manage their benefits

### **Employment, Education, and Training**

- Requires assessment, case management, housing, supportive services, job training and placement, and follow-up

### **Services for Women**

- Programs focus on women's specific needs, e.g., trauma, childcare, parenting, on-going domestic violence, etc.

### **Low-Demand Services**

- Helps engage individuals who initially are unwilling or unable to engage in more formal treatment

### **Crisis Care**

- Responds quickly with services needed to avoid hospitalization and homelessness

### **Family Self-Help/Advocacy**

- Helps families cope with family members' illnesses and addictions to prevent homelessness

### **Cultural Competence**

- Accepts differences, recognizes strengths, and respects choices through culturally adapted services

### **Criminal Justice System Initiatives**

- Features diversion, treatment, and re-entry strategies to help people remain in or re-enter the community.

DRAFT

PCH accepts applications from PCH Partner Agencies that have signed a Memorandum of Agreement. Individuals enter PCH and the PCH Shelter Plus Care units by contacting one of the PCH Partner Agencies. The Partner Agencies currently include: Contra Costa County Homeless Program, Contra Costa County Alcohol and Other Drugs Services Division, Contra Costa County Mental Health Services, Contra Costa County Health Care for the Homeless, Department of Veterans Affairs Northern California Health Care System, Project HOPE, and the Health, Housing and Integrated Services Network (HHISN).

The PCH Partner Agency, by forwarding an application to the local evaluator (CHAPE), certifies that an assessment for eligibility has been conducted in cooperation with the applicant, and that to the best of the agency's knowledge, the applicant meets the eligibility requirements for PCH. The agency submitting the application is expected to function as the primary service provider for the applicant during their application to PCH.

The application process for a PCH/Shelter Plus Care housing unit is as follows:

- A. When an opening is available, the agency will refer the next qualified applicant from the top of their waiting list, submitting the following documentation to the PCH Manager:
  - 1. Completed S+C application form
  - 2. Signed verification of homelessness along with supporting documentation
  - 3. Documentation of a disabling condition which is substantiated by a qualified clinician
  - 4. Proof of income
  - 5. Photocopy of identification and social security card
  - 6. Signed consent and authorization for the release of information
- B. Upon receipt of the referral application, the PCH Manager will:
  - 1. Log the receipt of the application
  - 2. Review the application to confirm eligibility
  - 3. Refer the applicant to the Housing Authority of Contra Costa County for the issuance of a S+C certificate
  - 4. Coordinate with all agencies and persons involved in the participant's housing search and placement into housing, including Housing Authority staff

**III. Waiting List Policy**

The following procedures will be followed in identifying referrals to fill openings for one of the rental subsidies designated for a Partner Agency:

- A. Each Partner Agency shall maintain a waiting list of clients who are eligible for services and meet the eligibility criteria.

DRAFT

- B. When there is a Shelter Plus Care vacancy, the names of all PCH Partner Agencies will be selected at random by the PCH Administrator. The Agency will choose a client that it has previously referred to the PCH HHISN waiting list and/or referred to CHAPE Director for evaluation under PCH.
- C. The S+C Certificate will stay within Central/East-West geography of the county from which it originated. The agency that is chosen for a S+C vacancy will offer the certificate to the next person on the agency's list. If the client does not want to move to that area of the county, the agency will ask the next client on its list. The refusing client will stay at the top of the agency's list until the next certificate is made available to the Partner Agency. If the clients still refuses the certificate, the client will be moved to the bottom of the agency's waiting list.
- D. Clients on the waiting list will be removed from the waiting list in the event that their circumstances change and they no longer meet the PCH/Shelter Plus Care eligibility criteria. For example, an applicant who becomes housed would no longer be eligible for PCH/Shelter Plus Care and would be removed from the list.

**IV. Provision of Services**

- A. Memoranda of Understanding are maintained between all PCH Partner Agencies.
- B. PCH Partner Agencies reserve the right to enter the housing unit of PCH clients if the well-being of the client is in danger. These welfare checks will be performed by 2 members of PCH Partner Agencies, including the Clinical Director if available and a SHELTER, Inc. staff person, and members of the Police Department. The PCH Partner must have a reasonable and articulate belief that the PCH client is in need of immediate aid or assistance or protection from serious harm. The good faith aspect of this entrance means that the group's entry cannot be pretextual, i.e., entry for the purpose of investigating possible criminal activity or obtaining incriminating evidence, rather than pursuant to a non-criminal-related community caretaking function. Furthermore, the entry must be limited to the justification given, and the officer may not do more than is reasonably necessary to determine whether the PCH client is in need of assistance, and to provide that assistance.

**V. Termination and Appeals**

Project Coming Home strives to serve people who have had a history of difficulties in their efforts to find and retain stable housing. Therefore, every effort will be made to accommodate their special needs and retain them in housing and in the program. However, under certain circumstances it may be determined that

DRAFT

the Shelter Plus Care aspect of PCH is no longer an appropriate option for a program participant.

The PCH staff shall exercise judgment in determining when problems are serious enough to warrant termination from PCH. This determination will be made in cases where there are serious or repeated violations of the participant's Program Agreement and/or their Lease Agreement. PCH staff will do as much as possible to assure the adequacy of support services so that a participant's assistance is terminated only in the most severe cases.

A decision by a landlord or a partner agency to terminate housing or support services does not necessarily constitute termination from the S+C Program. The PCH Project Manager will determine with the service providers whether alternative housing and/or services will be a viable alternative to termination.

A. Reasons for discharge:

The Shelter Plus Care Program may terminate the rental subsidy and/or program participation for the following reasons:

1. The participant's certificate has expired and they have not contacted the Housing Authority or their service coordinator in over 60 days.
2. The participant has been unable to secure housing within the allowable time limit of their S+C certificate.
3. Serious and repeated violations of the Lease Agreement, or the initiation of eviction proceedings by the property owner, with no demonstrated effort on the part of the participant to address the related behaviors.  
Serious violations of the Lease Agreement include:
  - a) non-payment of rent;
  - b) property damage;
  - c) allowing another person or persons to reside in the unit without proper approval of the Shelter Plus Care Program and the landlord;
  - d) illegal activity in one's place of residence;
  - e) disturbing the quiet enjoyment of the neighbors and community.
4. Non-cooperation with the service requirement as stated in the Program Agreement:
  - a) failure to maintain regular contact with their Service Coordinator or to abide by their service plan.
5. Failure to cooperate with the rules and regulations of the Housing Authority of Contra Costa County as required for administering the rental subsidy:

DRAFT

- a) non-cooperation with the Housing Authority staff to complete the annual re-inspection and re-certification process;
  - b) non-payment of utility bills such that utility services are cut off;
  - c) vacating the unit for more than 30 days without the approval of Program staff
6. Behavior which threatens the safety and well-being of others including:
    - a) Violent or threatening behavior
    - b) Causing health, fire, or safety hazards to one's place of residence that jeopardizes the health and safety of neighbors and the community.
  7. Voluntary Withdrawal
  8. Household Income Exceeds Limit for Receiving a Rental Subsidy

B. Due Process for Discharging Participants

Prior to termination, interventions deemed appropriate by the Program staff and the participants Service Coordinator will be made in an effort to maintain the participant in the program and in housing. Extremely serious program violations, including violent behavior, drug sales, or other criminal behavior, may result in proceedings immediately prior to termination proceedings. In all other cases, the participant will first be given a written warning with an opportunity to address the problems.

In the event that a program participant voluntarily decides to withdraw from the program, they will be asked to sign a Voluntary Withdrawal form or other written statement.

If the household income increases such that the client is obligated to pay 100 % of their rent, the client will remain on the roles of the Shelter Plus Care Program for six months before being discharged. The Housing Authority will notify the client in writing of this grace period, and a copy of this letter will be forwarded to the Program Coordinator. If the client experiences a loss of income during this period, their rental assistance can be automatically reinstated. After six months, if their income still exceeds the limit, they will be formally discharged from the Shelter Plus Care Program.

If there is no response to the written warning, and the Program Coordinator determines that termination is warranted, the client will be notified in writing when possible, and they will be entitled to appeal the decision according to the program policy.



DRAFT

The written warning shall state the reason for the warning, and the specific actions that the participant must take to remain in the program.

Termination by the S+C Program is a formal process that recognizes the rights of individuals receiving assistance to due process. The termination process is as follows:

1. When issues arise that jeopardize a participant's standing in the program, the Program Coordinator will send a written notice to the client and their service provider, notifying them that the client is at risk of being discharged from the program. The notice shall contain a clear statement of the reasons for possible termination. The client may be required to develop a corrective action plan with their Service Coordinator that addresses the problems and concerns. The written notice shall specify any specific actions that the participant must take in order to come back into compliance with the program requirements, and a specific deadline that is not less than 30 days for the participant to respond to the concerns.
2. If the participant does not respond to the written notice or satisfactorily fulfill the conditions as set forth in the written notice by the stated deadline, nor have they negotiated an extension of the deadline, then the participant will be sent a final warning, restating the actions that must be taken in order to continue to be in the Program. The final warning will specify a deadline of not less than 15 days for the participant to respond.
3. If the participant does not respond to the final warning, they will be given written notice of termination by the S+C Coordinator, and a copy of the Appeal Hearing Request Form. A copy of this letter will be sent to their Service Coordinator. To request an appeal, the participant must do so in writing within 7 days of receipt of the notice of termination. A participant who fails to request a hearing waives this right and the S+C Director's decision becomes final. The request for an appeal must be sent to: Contra Costa Shelter Plus Care Program, 597 Center Avenue Suite 355, Martinez, CA, 94553.
4. The Director of the Homeless Program will schedule a hearing within 10 working days of the receipt of the request. The participant is encouraged to bring their service provider with them who can support their claim.
5. The Director of the Homeless Program shall issue written notification of the decision to the participant within 7 working days. If the decision is made to uphold the termination, the Housing Authority staff will be notified to proceed with issuing a 30-day Notice to Terminate to the

DRAFT

participant and to their landlord. If the tenant does not voluntarily move out of the unit by the end of the 30-day notice period, and they are in violation of their lease agreement, the landlord may evict the tenant through the legal eviction process.

6. Participants who have been terminated from the program due to program violations may qualify for readmission to the program after a six-month period by showing responsibility, motivation and readiness to fulfill program requirements. The participant would need to re-apply through one of the Partner Agencies, and re-referred when an opening is available and their name has come to the top of the waiting list.

## Homeless Coordinator Job Description

### Description:

Under administrative direction, the Homeless Coordinator, plans, organizes & directs all activities of the County's Homeless Services Program; The Office of Homeless Services Provides a community focal point for the coordination & integration of diverse services and program components through out the county.

### Distinguishing Characteristics:

This position has overall responsibility for the Office of Homeless Services, including program development, implementation, intervention, evaluation of all housing, social services, alcohol, drug & mental health & public health services. The activities of the office also includes collaboration & interrelationship with activities, services & resources of the County's Housing & Community Development Program, Shelter Plus Care Program Continuum of Care; the County's Human Services; & various County & non-profit organizations that serve the homeless.

### Tasks:

- Develops, plans, coordinates & evaluates the activities of the Office of the Homeless Services consistent with the needs & interests of community organizations, human service agencies & the homeless;
- Develops & analyzes policies & procedures related to service delivery
- Develops & implements program goals & objectives
- With input from community groups, identifies the current needs & emerging trends affecting homeless individuals in Santa Barbara County, & develops & recommends solutions to address these needs;
- Conducts an annual survey of homeless individuals
- Acts as liaison with all County Departments, Cities, community organizations, advocacy groups & other non-profit agencies,

- Oversees grant writing & fund-raising activities, as well as housing contracts & healthcare for the homeless
- Serves as an advocate in the legislative arena for issues regarding homeless by supporting as well as proposing appropriate legislation;
- Develops & maintains effective collaborative relationship with various community groups, elected & appointed officials & private industry representatives to resolve issues & problems affecting the homeless
- Develops & maintains linkages & cooperative efforts with other Santa Barbara County programs in the County that provide services for the homeless, such as Shelter Providers, Domestic Violence Solutions, Salvation Army, Catholic Charities, etc.
- Develops & submits an annual report detailing the work of the Office of Homeless Services that includes the identification of gaps in community services and service delivery, & outlines a work plan with specific objectives for the coming year.

**Qualifications:**

**Education**

Possession of a baccalaureate degree from an accredited college or university with a major in social/ behavior sciences or business/public administration. Masters preferred and three (3) years experience managing a human services program in a public or non-profit agency. Experience in programs serving the homeless is highly desirable.

**Knowledge, Skills, & Abilities:**

**Knowledge**

- Social welfare, health & housing issues specific to the homeless population;
- Public Health, health care, alcohol & drug & mental health trends that impact the homeless
- Current research, trends, & methods used in solving & preventing problems in the field of human services
- Principles & techniques of organizing & motivating groups;

**Ability to**

- Formulate goals & implement procedures to meet program objectives;

- Work collaboratively with diverse agencies;
- Work effectively with constituents, advocacy groups, community agencies & the general public;
- Conduct needs analyses & surveys;
- Develop & maintain statistics;
- Be sensitive to cultural, ethnic, gender, & socio-economic diversity;
- Communicate effectively, both orally & in writing.

## Footnotes

- 1 Homeless People Project Report 1984
- 2 Stewart B. McKinney - Homeless Assistance Act (42 USC Section 11302)
- 3 Public Health Department UDS Report
- 4 Santa Barbara County Education Office Homeless Education/Liaison Project 2004
- 5 US Interagency council on Homelessness San Francisco 10 yr. plan
- 6 Letter dated 12/05/05 by Sheriff's Department
- 7 Santa Barbara Data from city report
- 8 City of Santa Maria, Consolidated Annual Performance & Evaluation Report
- 9 City of Lompoc consolidated Plan 2005-2010 Action Plan 2005-2006
- 10 Hospital data for Cottage and Lompoc furnished by the hospitals. Marian Medical Center figures are estimated based on city police and AMR reports
- 11 Annual budget by emergency shelter
- 12 Figures given by Emergency Providers