

# County of Santa Barbara Human Services Commission

*Proposed Funding Concept*

*FY 2015-2017*

*County Executive Offices*



# Recommended Board Actions

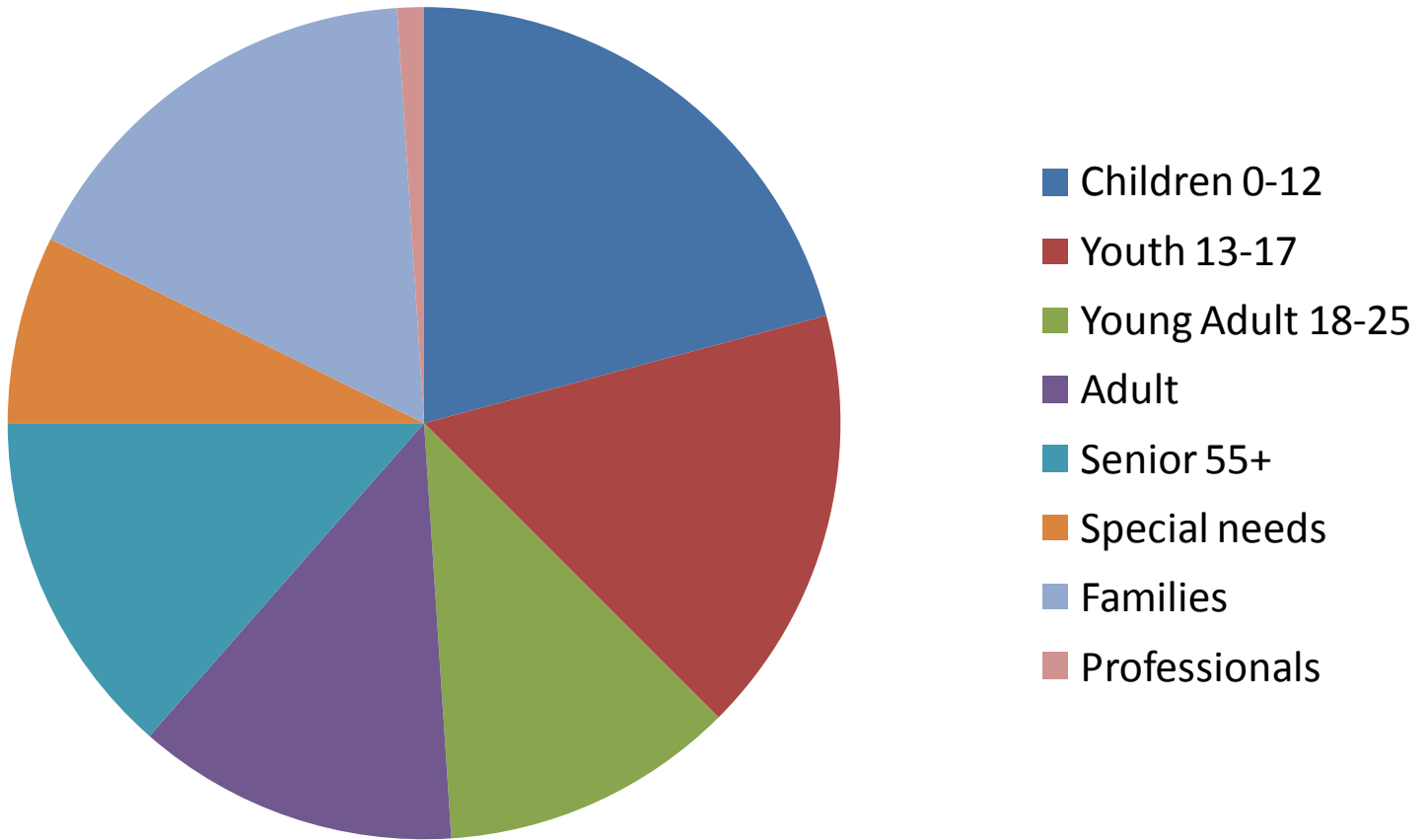
1. Receive and consider recommendations from the County of Santa Barbara Human Services Commission (HSC) for the proposed New Funding Cycle Concept for the three-year 2015-2016, 2016-2017 and 2017-2018 funding cycle for the delivery of Human Services (the “Three-Year Funding Cycle Concept”):
2. Approve the Three-Year Funding Cycle Concept recommended by the Human Services Commission including any modifications made by the Board during the public hearing; and
3. Provide direction to the HSC and Staff to:
  - Prioritize funding for homeless shelter operations in upcoming grant process given reduction in available shelter funding; or,
  - Allow the process to go forward as proposed, (Recommendation #2 above) wherein shelter providers apply directly to the HSC program for funding, and depending on the outcome, address any potential shortfall for homeless shelter services as part of the FY15-16 budget, in conjunction with other competing countywide funding needs, or;
  - Provide other direction to staff as determined by the Board of Supervisors, and;
4. Determine that the approval of the Three-Year Funding Cycle Concept is not the approval of a project that is subject to environmental review under the California Environmental Quality Act (CEQA) pursuant to CEQA Guidelines Section 15378(b)(4), finding that the action is a creation of government funding mechanisms or other government fiscal activities which do not involve any commitment to any specific project which may result in a potentially significant impact on the environment, and direct staff to file a Notice of Exemption (Attachment B).

# Commission Process

## Review of available data:

- Poverty/Census
  - Income
  - Non English speakers
  - Public Health:
    - Cottage Hospital
    - Community Health Assessments
    - Maternal Child & Adolescent health assessment
- First 5:
  - County and State
  - Home and Community Factors
- LOACOM – tools for measuring reach
- Studies on collaboration and evidence-based best practices
- Surveys
- Site Visits/ Agency interviews

# 2011-14 Target Population Served



# Needs Survey

## Health and Wellness

Dental for adults, aftercare,  
drug and alcohol services

## Emotional Stability

Mental health, bilingual  
therapists

## Access to comprehensive basic needs

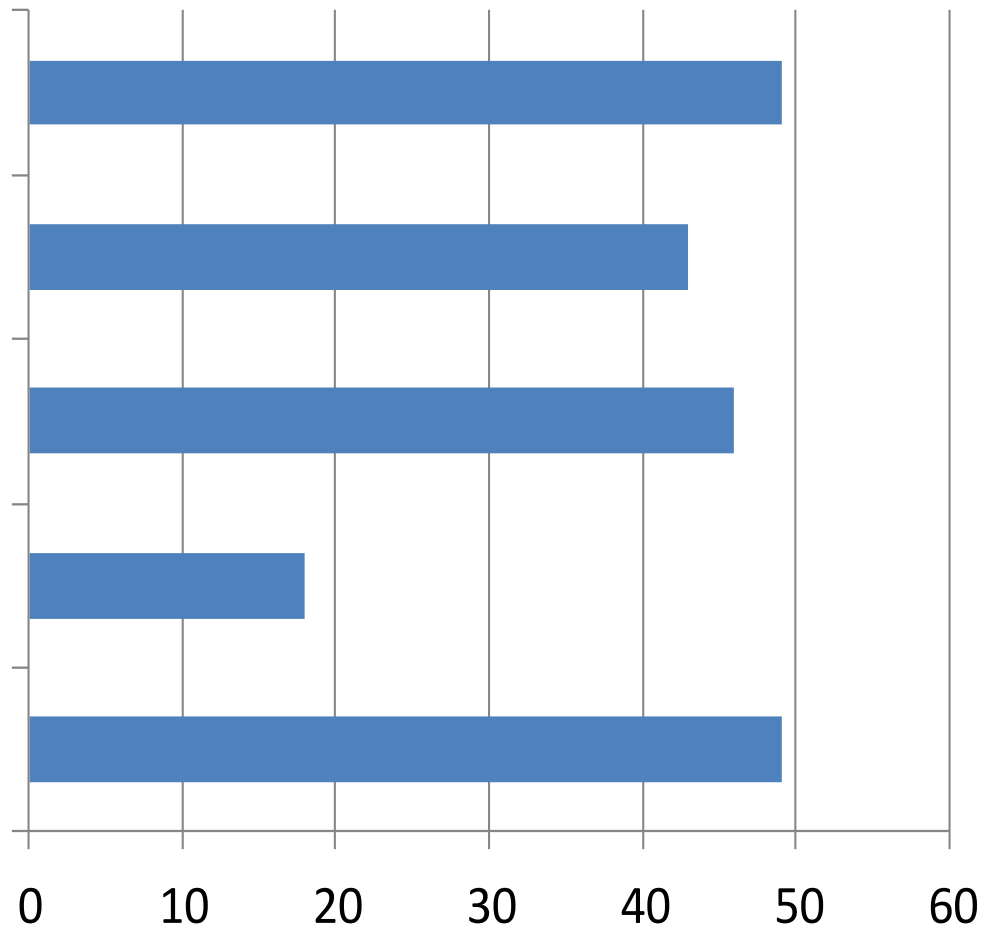
Affordable housing, transportation, food  
sourcing

## Safe Neighborhoods

DV Lompoc services, unemployment  
support countywide

## Family Strengthening

Affordable childcare, in-home adult  
care



# 2011 Priorities vs 2015

## 2011

Target Population

- Children
- Families
- Seniors

**Services:** Shelter, family strengthening, food, shelter, clothes, transit

**Emphasis:** Safety Net

## 2015

Target Population

- Children
- Families
- Seniors

**Services:** emphasis on food, shelter, transportation, freedom from abuse

**Additional emphasis:** Non English speaking population; mental health; access; prevention and protective factors; capacity and collaboration; evidence-based results; support programs serving all populations

# New Direction

**Board Directive:** Allocate larger grant amounts to fewer qualifying organizations for greater impact and efficiency

**HSC Analysis** = New Strategy developed with data review and analysis and support from other County Departments

**Development of 3 Tier model\*:** Mini Grants (agency capacity building), Basic Services (maintenance & stability), Best Practices (proven programs)

*\*Based on the overall disposition of grant applications received, determination of needs and availability of funding, the Human Services Commission may make recommendations to the Board of Supervisors outside of the guidelines that follow.*

# Tier One – One Year Mini Grants

**Purpose:** Catalysts for Capacity Building

**(\$5 – 7,000 with \$50,000 total)**

**Examples:** organizational development, systems change, agency capacity building (i.e., training including staff and boards of directors, collaboration/data sharing; research (i.e., to develop a new program, extend service reach, conduct asset mapping, conduct a media /marketing / advocacy campaign, develop strategy on how to move toward evidence-based best practice)



# Tier Two – Basic Services (1-3 years)

**Purpose:** Safety net programs, maintenance, prevention (**\$20-\$50,000 with \$500,000 total**)

- **Priorities:** food, shelter, transportation, services which provide freedom from abuse (i.e., spousal, seniors, children through violence, physical, sexual and emotional assault)
- Other services that support families, seniors, youth, disabled, homeless populations
- Reporting
- Monitoring

# Basic Services Cont.

*Emphasis on Agencies that:*

- Demonstrate on-going program and administrative growth
- Implement ongoing evaluation of services and institute performance management systems
- Value real-time proven feedback systems
- Who are committed to sharing and collaborating with other organizations

# Tier Three – Best Practices

## (3 years)

**Purpose:** Achieve measurable results in assisting individuals and families in need (**\$50-\$100,000 with \$450,00 total**)

- Clearly articulated model tied to industry standard, research-based theory, peer approved, endorsed by federal agency or respected research agency and is adaptable (qualitative, quantitative)
- Outcomes achieved sooner and are results based, data driven, collaborative and determined to be a best practice
- More cost effective and efficient
- Agencies with capacity to evaluate and measure outcomes

**Results in clear positive change in the circumstances of specific population served (individual/family)**

# Evidence

Combines the best research with clinical expertise and patient needs (i.e., location, culture, health, language). Includes:

- **Contextual evidence**
  - Measurable community factors (data, assessment, focus groups)
  - What is acceptable, feasible and useful in local setting
- **Research evidence**
  - Inquiry, evaluation, design and implementation
  - Observable, replicable, credible, verifiable
- **Experiential evidence**
  - Insight, understanding, skills, expertise gained over time
  - Knowledge of community through real world experience
- **Adapt Model:**

Assess target population, identify components of proven model, modify model, document modifications, pilot the modified model

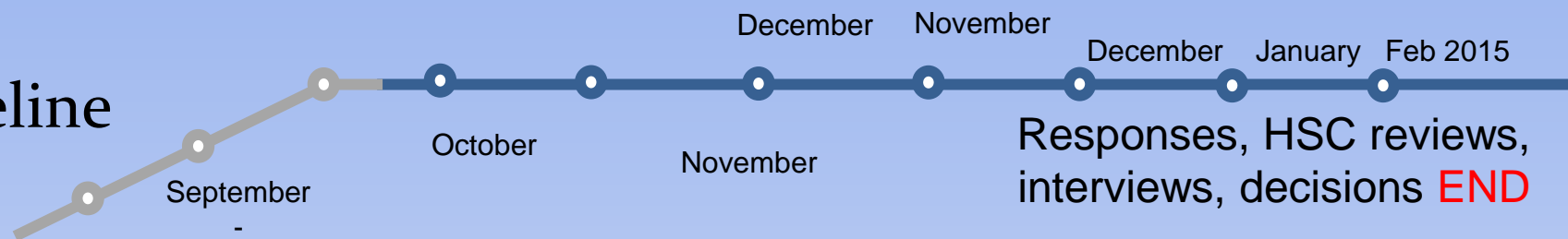
# COMMISSION COMMITMENT

Support agencies by:

- ❑ Connecting them to resources, networks, and collaborative opportunities
- ❑ Encouraging them to solicit and use feedback to improve service delivery
- ❑ Providing technical assistance and capacity building
- ❑ Communicating expectations clearly
- ❑ Supporting issues advocacy
- ❑ Encouraging on-going needs assessments, program evaluation, and performance monitoring
- ❑ Encouraging agencies to secure staff and board members who reflect the experience and knowledge of those they serve

# Short Term Plan – Feb 2015

## Timeline



NOFA workshops, technical assistance, awardee training (Z Grants, reporting)

Committee work, Commission Retreat, prep NOFA

Outreach, public input, education, application workshops

Administrative and committee work, develop concept, draft criteria, applications

Data review, analysis

**START:** Early planning and organizational Assessments

# Other Considerations

- 2014-15 one-time restoration of Homeless Shelter Operations budget of \$165,000
  - Direction from Board of Supervisors in budget adoption
- No HUD Emergency Solutions Grant award for fy 2015-16 (\$117,000 for shelter services)
- **Options:**
  - Provide direction to Commission regarding the prioritization of homeless services; or
  - Provide direction to the Commission to proceed with the process as outlined wherein the Commission considers needs and recommends level of funding given applications received

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