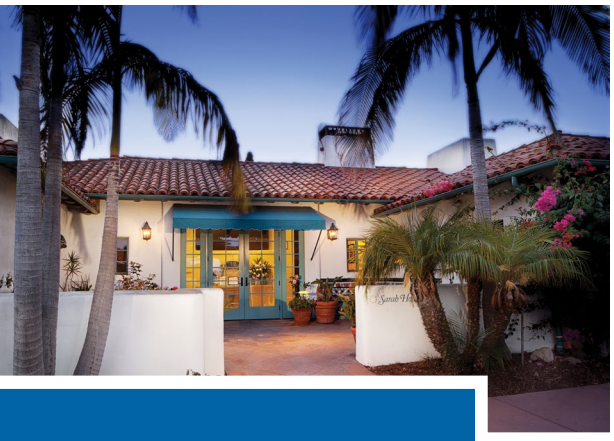

PHASE I

COMMUNITY ACTION PLAN TO ADDRESS HOMELESSNESS IN SANTA BARBARA COUNTY

SPONSORED BY SANTA BARBARA COUNTY HOUSING AND COMMUNITY DEVELOPMENT DIVISION AND DEPARTMENT OF BEHAVIORAL WELLNESS

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(Cover: top right photo, top middle photo, bottom left photo and bottom right photo by Bob Blackwell)

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Executive Summary

Homelessness is a salient and growing concern for residents in Santa Barbara County, and throughout the State of California as rising costs of housing have spread across the state. In addition to the cost of housing, other risk factors for homelessness include disproportionately low numbers of affordable housing units, stagnant incomes and lack of living-wage employment opportunities. These and other factors are increasingly displacing low-income households causing them to fall into homelessness. A lack of intensive supportive services and adequate long-term supportive housing prevents placement of chronically homeless individuals in housing even when funding may be available.

The network of partners working in collaboration over the past several years – in particular the County of Santa Barbara, the Cities, governmental agencies, homeless housing and service providers, faith-based providers, health and mental health care providers, youth providers, Veterans providers, and LGBTQ+ providers have made significant progress, including:

- Enhanced the governance structure of the Continuum of Care (CoC), including diverse stakeholder representation
- Fully implemented a Coordinated Entry System with a systematic way for consumers to enter and find help using an organized outreach component throughout the County
- Expanded the formal and informal cross-sector collaboration within the system of care and diversity of offerings.

In addition to this progress, there has been tangible improvement by the homeless housing and service providers in capturing data and providing services to the people they serve. Data quality has improved, and providers are consistently entering data into their Homeless Management Information System (single database system for recording data on each individual or family who enters the homeless system of care). In addition, providers are more effectively helping to increase the income and benefits of those served as well as the housing stability or retention and placement of those served in their housing programs.

Unfortunately, experience has demonstrated that despite significant progress in setting up structures and systems and a more robust provider network, current efforts alone will still not prevent the growth or reduce the impact of homelessness on the community. This will take a unified strategic response and a flexible and responsive system of care. In service of that goal, this planning report seeks to provide analysis of trends and demographics in the Santa Barbara County homeless population using the most recent data available, assess gaps within the system of care, identify strategies to address those gaps in order to meet the needs of individuals and families experiencing or at risk for homelessness, and guide the community in the next stages of planning.

The purpose of developing a Phase I Community Action Plan is to begin the process of identifying the resource gaps and the strategies needed to address these needs. Among the primary goals of the planning process were to:

- Identify needs
- Establish strategies to address those needs that align with state and federal strategic plans relating to homelessness
- Build and enhance partnerships
- Begin to guide all parties in a common direction
- Discuss metrics to track progress

This report was developed in collaboration with a diverse group of partners who were generous with their time and input and we thank all of the stakeholders in the system of care who contributed to the material incorporated here as the breadth of the plan relies on that work as well. A list of contributors is in the Appendix.

Goals are focused on increasing access to housing and the necessary services to maintain that housing, preventing homelessness whenever possible, developing adequate supports for the unique and individual sub-populations experiencing and at-risk for homelessness, and improving the future systemic response, including data sharing and collective planning. Please see below for full chart of Strategies Recommended in the Phase I Community Action Plan:

Phase I Community Action Plan to Address Homelessness Strategies and Action

	Activities in Progress	Activities to be Initiated
Increase Access to Safe, Affordable Housing	• CESH/HEAP funding allocated to increase available housing • CoC and ESG projects increase access in 2019-2020 • Public Housing Authorities (PHAs) providing additional housing opportunities through subsidies and affordable housing projects	• Increase affordable housing available for those experiencing or at risk of homelessness • Increase the Pool of Funding Available to Provide Housing and Services • Expand Shelter System and Create Low Barrier Options • Develop and Improve Partnerships with Landlords
Use Best Practices to Deliver Tailored Supportive Services to Meet Individual Needs	• Trainings provided on harm reduction, Trauma informed care • CoC-funded projects using Housing First through Coordinated Entry System (CES) referrals for Permanent Housing • Significant increase in client income and improved connection to mainstream benefits	• Implement Housing First, Low Barrier Housing • Engage in Harm Reduction • Provide Trauma Informed Care • Expand Supportive Services to Meet Client Needs • Connect Clients to Mainstream Services
Build a Collective Action Plan; Improve Data Sharing	• Significant investments in open HMIS • Year-over-year improvements in HMIS bed coverage rates • Agreement with PHAs • Drafting a common Release Of Information	• Craft a Collective Response to Homelessness • Improve Data Collection Countywide • Implement an Open HMIS System • Improve Data Sharing with Medical and Behavioral Health Care Providers
Strengthen Support System Available to Help Residents Obtain and Maintain Housing	• CESH/HEAP funding allocated for prevention and diversion • Broad CES outreach program covers all regions and populations	• Improve Prevention and Diversion Programs • Create a Flexible Source of Funding Administered through Coordinated Entry System • Reach Out to Those Least Likely to Apply for Help
Build Provider Capacity to Address the Needs of Specific Populations	• At least one existing provider already specializes in serving the needs of homeless survivors, families, veterans, youth, seniors adults with serious mental illness, and the vehicular homeless	Build Provider Capacity to Address the Needs of: • Survivors of Domestic Violence • Families with Children • Homeless Veterans • Homeless Youth • Vehicular Homeless • Adults with Serious Mental Disorders • Children with Serious Emotional Disturbance

INTRODUCTION

Why Have a Phase I Community Action Plan Now?

Strategic planning processes are important and impactful because they help to facilitate group prioritization of key actions, foster creative and collaborative problem-solving, and provide a platform to consider resource needs and opportunities. Strategic plans are central to qualifying for the funding that can sustain large portions of the homeless response system operating throughout Santa Barbara County and infuse the system with new resources that can bolster the efforts in ways never previously possible. Having an intentional, regional, collaborative plan for responding to homelessness will better position Santa Barbara County, its jurisdictions, and stakeholders to pursue funding and other resources to build system capacity to respond to homelessness.

The Phase I Community Action Plan ensures compliance with requirements and recommendations from crucial funders of Santa Barbara's housing and service providers, including the State of California and the federal government. For example, the plan is cross-referenced against No Place Like Home, Homeless Emergency Aid Program, and California Emergency Solutions and Housing Program requirements, including:

- Describes the magnitude and characteristics of homelessness, chronic homelessness and No Place Like Home target populations
- Inventories existing efforts to address homelessness, community partnerships and community-based resources
- Identifies challenges in serving No Place Like Home target populations
- Identifies plans to address unmet needs
- Includes efforts to prevent criminalization of homelessness
- Includes list of all contributors to plan to establish that all required constituencies were included in the planning and feedback process

Strategic Planning Process

The Phase I Community Action Plan to Address Homelessness is the result of a community-based process held from October 2018 through January 2019. The planning process included two community meetings (one in north county and one in south county), with a diverse range of representation from throughout the County to help identify gaps, set priorities, and establish strategies to address unmet needs.[1] At the South County meeting, 75 people representing 35 unique agencies attended, and 20 people submitted written public comments. At the North County meeting, 55 people representing 26 unique agencies attended, and 4 people submitted written comments. All of the comments received were addressed and considered as part of the development of this Phase I Community Action Plan.

A consumer focus group was held the next day with individuals who were experiencing homelessness to hear feedback on system gaps, barriers, unmet needs and ideas for solutions and strategies to improve the system of care. That feedback was considered and incorporated.

These efforts were supplemented by additional targeted outreach and engagement with key stakeholders through interviews[2] and surveys and data collection from various entities.

Preliminary Examination and Preparation

To ensure the strategic plan development process was thorough, effective, and built upon existing structures, networks, and resources throughout Santa Barbara County, the following preparations were conducted before community engagement and plan development:

- Scan of the homeless and housing environment in Santa Barbara County to identify the unique characteristics, strengths, challenges, and barriers.
- Review of all related material, processes and planning from the past several years, including the recently expired 10-year plan to End Homelessness (*Bringing Our Community Home*), MHSA plans and multiple jurisdictional plans and documents[3]

[1] The complete list of contributors is included in the Appendix
[2] The complete list of interviewees is included in the Appendix
[3] The complete list is included in the Appendix

CHARACTERISTICS OF HOMELESSNESS IN SANTA BARBARA COUNTY

There are a variety of ways to think about homelessness and housing, including whether someone is stably housed or able to afford housing in a reasonable manner. Further complicating efforts to characterize homelessness and quantify it for policy consideration is the fact that various government entities at the federal and state level use inconsistent definitions. Some agencies consider people to be experiencing homelessness if they are "couch-surfing," or sharing a bedroom with another family, or living in sub-standard housing, some will fund housing and services for those who are precariously housed in order to prevent them from becoming homeless. However, the federal Department of Housing and Urban Development (HUD) defines homelessness relatively narrowly: using HUD's definition, people are only homeless when they are sleeping in an emergency housing program, or when they are literally sleeping out-of-doors, e.g., sleeping in a car, or a tent, or on the street, or in an abandoned building. There are some limited exceptions; for example, a person who has been evicted and who can demonstrate that they will not be able to find an alternate residence may be able to qualify as homeless. For the most part, though, the federal definition of "homelessness" means something more than just housing insecurity: it means that a person is routinely exposed to the elements and/or cut off from basic utilities like electricity, plumbing, and running water.

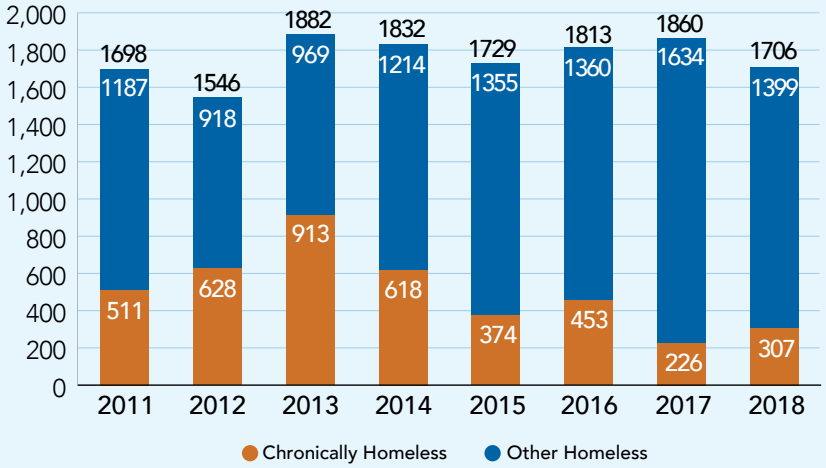
People in Santa Barbara County experience a wide range of housing instability. Some individuals and families are "couch-surfing" or "doubled up" living with family or friends; some are staying in temporary shelters or motels; and others are literally homeless, living in cars, abandoned buildings, or on the streets; and a segment of the homeless population have been chronically homeless for many years.

All homeless providers who receive federal funding from HUD must count the number of people they serve who are homeless according to the narrower HUD definition. The HUD definition also applies to the annual Point-in-Time (PIT) Count, a mandatory census that helps local communities estimate how many people are experiencing homelessness on any given night within their geographic borders. The PIT Count is held annually for sheltered individuals and families and biannually for all people experiencing unsheltered homelessness. Because these federally-sponsored activities yield one of the most complete and reliable sources of statistical data, this action plan consistently uses the federal definition of homelessness when indicating the number of people in various demographics who are experiencing homelessness.

Overview of Homelessness in Santa Barbara County

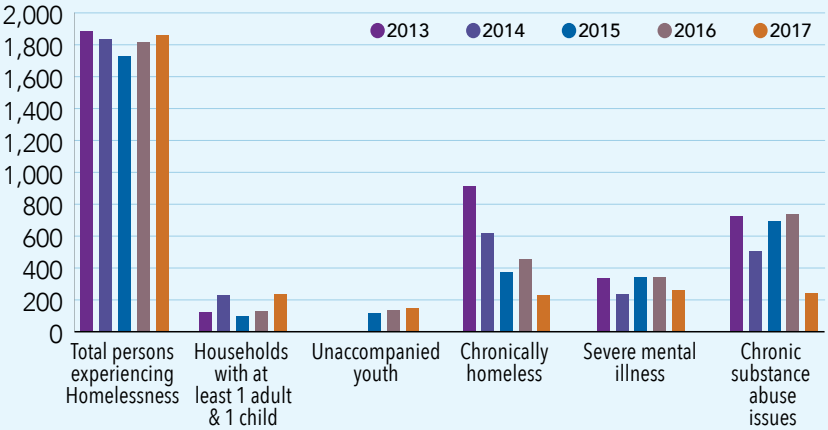
The overall number of people experiencing homelessness (sheltered and unsheltered) in Santa Barbara County has remained relatively consistent since the 2013 PIT Count (1,882 in 2013 vs. 1,860 in 2017). However, there have been significant shifts in terms of where people experiencing homelessness reside, and the kinds of people experiencing homelessness. Relative to previous years, the most recent PIT Count shows that there are fewer people experiencing homelessness in the City of Santa Barbara, and more people experiencing homelessness in Lompoc and Santa Maria. In 2013, about 50% of the County's homeless population was "chronically homeless," meaning that they had been homeless for a total of at least twelve months. By 2018, less than 20% of the County's homeless population was still chronically homeless. Because the survey methodology used in 2017 for determining chronic status and other individual characteristics was significantly different than prior years, the 2019 data will help to evaluate whether that was a meaningful decrease or was specific to the survey methodology used in 2017.

Santa Barbara County Homeless Population Over Time



This chart shows the number of people who were recorded as homeless (both orange and blue) or chronically homeless (orange only) by the annual Point-in-Time Count. People who are experiencing chronic homeless are also counted as homeless. For example, in 2018, there were 1,706 people experiencing homelessness, of which 307 were chronically homeless and 1,399 were not chronically homeless.

Who is Experiencing Homelessness	Important Characteristics
1,860 people experiencing homelessness in 1,386 households[4]	226 are chronically homeless
1,386 persons in households without children	260 have severe mental illness
474 people with at least one adult and one child or with only children	244 have chronic substance abuse issues



This chart shows the number of people who experienced various co-occurring disorders or conditions while homeless. All figures are based on self-reported demographics. The subcategories are not necessarily mutually exclusive. For example, some respondents were unaccompanied youth with severe mental illness.

DEMOGRAPHICS OF PERSONS EXPERIENCING HOMELESSNESS

Many of the providers that offer housing and/or services to people who are experiencing homelessness track their data in the Homeless Management Information System (HMIS)—an electronic database that uses federally-defined variables to store data on clients' demographics and outcomes. Each time a person enters or exits a homeless program, and whenever a household stays in the same program for a full year, the household is interviewed to determine where they are living, how much income they are collecting from employment and benefits, whether the person has health insurance, and what disabilities and conditions contribute to the client's vulnerability. In addition, the client is asked to share information about their residential history, their race, their gender, their history of domestic violence, their age, their veteran status, and other demographic markers. Any data collected is stored in secure servers that can only be accessed by appropriately trained personnel for the purpose of helping people experiencing homelessness to receive housing and services.

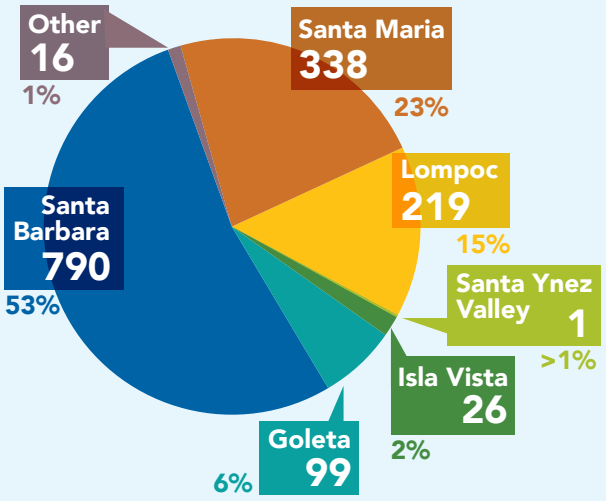
In recent years, the percent of programs who participate in HMIS has sharply increased, thanks to a combination of increased regulatory requirements as more types of programs are now required to enter data into HMIS in order to receive government funding and there is an increased interest in evaluating and monitoring performance. Additional programs are choosing to voluntarily enter data into HMIS in order to share their data with other agencies and benefit from a common approach to data management.

[4] All 2017 Point-In-Time Count (PIT) numbers used in this document are from the official HUD-approved final 2017 PIT data reviewed and released via the HUD reporting system HDX. The lower number for total households experiencing homelessness that appeared in the PIT Count report produced locally by C3H had not been vetted by Continuum of Care staff or by HUD

Trends:

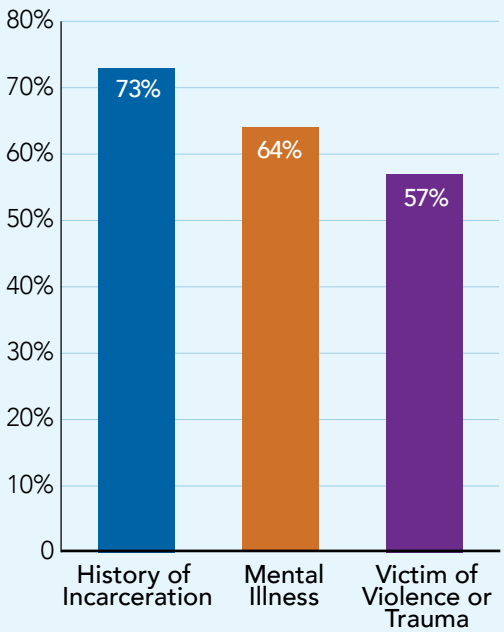
- **Increases in the number of people experiencing homelessness found in Lompoc, Goleta, and Isla Vista**
  - Increasingly expensive cost of living and near-zero vacancy rates in the south may be leading to increases in homelessness in Lompoc and Santa Maria
- **High instances of violence and trauma, incarceration, and mental illness among homeless sub-populations according to the 2015 PIT Count survey conducted by C3H and Common Ground**
  - 73% of respondents reported experiences of incarceration
  - 64% of respondents reported issues with mental illness and 48% with severe mental illness
  - 57% reported being a victim of violence/trauma
- **Increasing rates of homelessness among families and unaccompanied youth**
  - More families experiencing homelessness were found in north county, while more individuals were in south county
- **Co-occurring conditions**
  - The Substance Abuse and Mental Health Services Administration's (SAMHSA) funds a program in Santa Barbara called the Project for Assistance in Transition from Homelessness (PATH).
  - Out of 257 new persons contacted by PATH-funded staff, 58 were found to be seriously mentally ill (nearly 1 in 4)
  - 27 reported experiencing problems with alcohol
  - 26 reported experiencing problems with drug abuse
- **Children with Serious Emotional Disturbances**
  - 190 youth (age 24 or less) served by the homeless system of care reported having a mental health problem
  - The Department of Behavioral Wellness spends approximately $2.01 million per year through its New Heights / General System Development program to meet the needs of transition-age youth (ages 16-25) who require assistance for serious emotional conditions or severe mental illness.
  - In the FY2016-2017 year, the New Heights program served 4 children aged 0-15 and 209 youth aged 16-24.

2017 Homeless Population by Subregion



This chart shows the relative proportion of people experiencing homelessness who reported to the Central Coast Collaborative on Homelessness (C3H) that they lived in specific cities and sub-regions of Santa Barbara County.

Issues Faced by People Experiencing Homelessness



This chart shows the proportion of people experiencing homelessness who reported that they were experiencing certain co-occurring disorders or vulnerabilities.

Persons Experiencing Homelessness with Co-Occurring Disorders and Severe Mental Illness and Children with Serious Emotional Disturbance

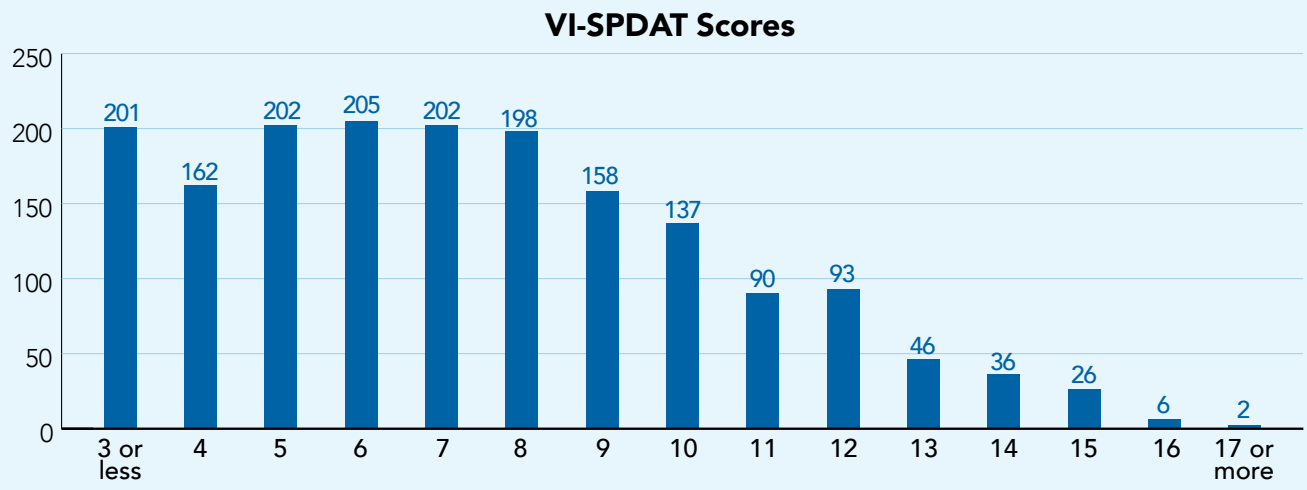
The subpopulations that will be targeted by No Place Like Home (NPLH) funding include people who are experiencing homelessness and who also have co-occurring disorders, i.e., people who have severe mental illness (SMI) and substance use issues. The Santa Maria / Santa Barbara County Continuum of Care prioritizes meeting the needs of this population through high-intensity interventions like Permanent Supportive Housing (PSH), which connect clients with supportive services, such as mental health care, while providing them with a safe and affordable place to live. Clients who have co-occurring disorders are assigned a higher priority for the next available PSH bed so as to make the best possible use of these resources.

One source of data on people experiencing homelessness with co-occurring disorders is the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT), a structured interview offered to all clients who are experiencing homelessness, including people who are living in institutions like hospitals and jails. In the most recent grant year prior to the publication of this plan, the VI-SPDAT has been administered to 1,542 single individuals and 222 families, for a total of 1,764 households. Although the results of the VI-SPDAT are primarily self-reported, the interviewers are trained to build trust and elicit honest answers. As shown in the table below, a large fraction of these households report that they are struggling with mental health issues, substance abuse issues, trauma, and/or abuse.

The VI-SPDAT can also be used to produce a quantitative vulnerability score that estimates how urgently a person needs to receive housing in order to avoid serious health risks. The graph below shows the spread of the VI-SPDAT scores that have been calculated in Santa Barbara County so far. People who are experiencing chronic homelessness, who have at least one disabling condition, and who score an 8 or more on the VI-SPDAT are generally prioritized for Permanent Supportive Housing.

	Housing Loss caused by Drinking or Drug Use	Mental Health Issue	Abuse or Trauma	Total
Families	47	25	109	**222**
Single Individuals	426	310	791	**1542**
Total Households	473	335	900	**1764**

This chart shows the number of people experiencing homelessness who were also struggling with mental health issues, substance abuse, or trauma.



This chart shows the number of people who received each score on the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). Scores of 8 or higher are associated with acute vulnerability that indicates that a consumer would benefit from being prioritized for Permanent Supportive Housing.

Another source of data on the co-occurring disorders of the local homeless population comes from the Homeless Management Information System (HMIS), a database that tracks entry dates, exit dates, client demographics, and client outcomes. According to HMIS records, 3,354 people in a total of 2,432 households were served by the homeless system of care during the most recent grant year. The most common co-occurring disorder reported as these people entered HMIS was a mental health problem (32%), followed by physical disabilities (24%). Because federal regulations for HMIS require that disabilities be tracked based on the disability status of the head of each household, some co-occurring disorders may be slightly more common or slightly less common among the individual members of a family experiencing homelessness.

Another subpopulation that will be targeted by NPLH funding is homeless children and adolescents who have serious emotional disturbances (SED). Although the Santa Barbara County Department of Behavioral Wellness (DBW) serves many youth who have Serious Emotional Disturbances, as well as many homeless youth, these youth are tracked based on their mental health, rather than based on their housing status, and so the number of youth who are both homeless and experiencing a serious emotional disturbance is not currently being tracked in a reportable fashion.

As the closest available approximation, the chart below shows some of the statistics from the annual Point-in-Time Count that illustrate the size of these target subpopulations in Santa Barbara County.

Meeting the needs of people who are experiencing both homelessness and behavioral health challenges is an important priority for the Department of Behavioral Wellness, which serves over 200 people per year who have serious mental illness and who are at risk of homelessness. The Department also funds over 75 units of affordable housing, with 35 additional units under construction, that are dedicated for people with mental illness who would otherwise be at risk of homelessness.

The Department of Behavioral Wellness is actively working with Santa Barbara's Coordinated Entry System to develop a protocol for sharing client data electronically, which will enhance the ability of the system to identify and count homeless youth with serious emotional disturbances. An emerging strategy identified by community partners and stakeholders has been to further enhance and coordinate the data that is being collected through the Santa Barbara County Department of Social Services and the Santa Barbara County Office of Education.

Special Populations of Persons Experiencing Homelessness	Number of Persons
Persons with Severe Mental Illness	219
Persons Currently Homeless because of Domestic Violence or Assault	117
Persons who report Chronic Substance Abuse	294
Unaccompanied Homeless Youth Under 18	34
Unaccompanied Homeless Youth Age 18-24	108

	Adult-Only Household	Mixed Household	Unaccompanied Children	Total	% of Persons Served
Mental Health Problem	784	47	1	**832**	**32.1%**
Alcohol Abuse	186	9	0	**195**	**7.5%**
Drug Abuse	118	49	1	**230**	**8.9%**
Chronic Health Condition	434	8	2	**444**	**17.1%**
HIV/AIDS	12	0	0	**12**	**0.5%**
Developmental Disability	121	19	4	**144**	**5.6%**
Physical Disability	597	23	3	**623**	**24.1%**

THE HOMELESS SYSTEM OF CARE IN SANTA BARBARA COUNTY

The Santa Barbara County homeless system of care is the network of agencies, organizations, jurisdictions, and groups who individually and collectively work to address and end homelessness. Together those stakeholders collaboratively provide outreach, assessment, and a diverse range of supportive services and housing for individuals and families, including emergency shelter, transitional or bridge housing, rapid rehousing, permanent supportive housing, and one-time financial assistance, such as a security deposit, back-rent, and utility payments. Case management ranging in intensity and frequency, housing navigation, legal services, behavioral and physical health care, and employment supports is provided.

The System is comprised of overlapping networks, individual stakeholders or stand-alone providers, and jurisdictions throughout Santa Barbara County who coordinate through the Continuum of Care. Several key areas of the System of Care are:

- Service Providers – Faith-Based, Community-Based, Volunteer
- Behavioral and Physical Health Care; Safety Net/ Crisis Response System
- County and City Governments (Elected Leadership, Housing and Community Development, Behavioral Health, Law Enforcement, Public Housing, etc.)

The broader System of Care is guided by decisions and policy initiatives by the:

- Santa Barbara County Board of Supervisors
- The County Executive Office
- Members of local City Councils
- The City Administrator's/Manager's Offices
- The Continuum of Care
- Local Non-Profit, Public Housing Authority Boards, and Private Housing Development Boards

The Continuum of Care is led by the Continuum of Care Board with guidance from the Continuum of Care General Membership and a range of Committees.

The Home for Good Coordinated Entry Operator and Home for Good Funder's Collaborative provide policy guidance to both the jurisdictions and the CoC

The Santa Maria / Santa Barbara County Continuum of Care

The Santa Maria / Santa Barbara County Continuum of Care is an association of public and private stakeholders who work together to coordinate the flow of funding to homeless programs and services and who cooperate to promote best practices and continuous quality improvement. The CoC and its structure originate from a federal funding stream from the United States Department of Housing and Urban Development (HUD) and their guidelines and requirements.

The CoC Board allows for broad stakeholder participation and provides for a fully HUD-compliant set of bylaws (governance charter), including representation from the following partners:

The Santa Maria/Santa Barbara Continuum of Care Board

Constituency	Organization	Board Member
Affordable Housing	Housing Authority of the City of Santa Barbara	Rob Fredericks
Affordable Housing	Housing Authority of the County of Santa Barbara	John Polanksey
Business		
Chronically Homeless	PATH Santa Barbara	Chuck Flacks
Coordinated Entry	United Way Home for Good	Emily Allen
Disability Services	People's Self-Help Housing	Rick Gulino
Education	Transition Youth Services SB County Office of Education	Dolores Daniel
Faith-Based	Unitarian Society of Santa Barbara	Erin Wilson
Families	Good Samaritan	Sylvia Barnard
Formerly Homeless	n/a	Wayne Mellinger
Healthcare	Dignity Health	Amelia Grover
Law Enforcement	Santa Barbara County Sheriff, UCSB Police Dept.	Fr. John Hedges
LGBT+	Pacific Pride Foundation	Colette Schabram
Member-at-Large	Family Services Agency	Chuck Madson
Mental Health	County of Santa Barbara Dept. of Behavioral Wellness	Alice Gleghorn
Outreach	Santa Barbara Neighborhood Clinics	Maria Long
Public Health	Health Care for the Homeless	Ralph Barbosa
Public Sector	City of Lompoc	Christie Alarcon
Public Sector	County of Santa Barbara Community Services Dept.	George Chapjian
Public Sector	City of Santa Barbara	Elizabeth Stotts
Public Sector	City of Santa Maria	Rosie Rojo
Unaccompanied Youth	Noah's Anchorage / YMCA	Valerie Kissell
Veterans	New Beginnings	Kristine Scwharz
Victims Services/Advocate	Victim Witness Assistance Program, SB DA's Office	Megan Riker-Rheinschild
Youth	Fighting Back Santa Maria Valley	Edwin Weaver

Santa Barbara County – the Lead Agency for the CoC and HMIS Administrator

One of the responsibilities of a Continuum of Care (CoC) is to designate an entity to serve as the Lead Agency and as the Homeless Management Information System (HMIS) Administrator. The Lead Agency is responsible for preparing an annual funding request to HUD, as well as for preparing essays and quantitative reports that demonstrate the region's progress toward ending homelessness. The HMIS Administrator is responsible for maintaining the regional database that tracks the enrollment and outcomes of homeless clients as they move through various parts of the homeless system of care.

The Santa Maria / Santa Barbara County CoC has designated the Santa Barbara County Housing and Community Development Division as both the Lead Agency and the HMIS Administrator. In addition, various County agencies serve as the Administrative Entity for several streams of homelessness funding provided by the State of California, including the Emergency Solutions Grant (ESG), Homeless Emergency Aid Program (HEAP), California Emergency Solutions and Housing (CESH) and No Place Like Home (NPLH) Programs.

The County discharges these responsibilities primarily through the Housing and Community Development Division (HCD) of its Community Services Department and through its Department of Behavioral Wellness (DBW). Together with the CoC, the County administers federally and locally-funded grant programs that respond to the needs of individuals and families who are experiencing homelessness, or are at risk of experiencing homelessness. These programs use a combination of local, state, federal, and private funds to respond to homelessness in the region, including federal and state Emergency Solutions Grants (ESG), federal HOME Investment Partnership Program (HOME), Continuum of Care Program (CoC), and Community Development Block Grants (CDBG), as well as state Homeless Emergency Aid Program (HEAP), Mental Health Services Act (MHSA), Public Safety Realignment (AB109), and other sources. Santa Barbara County's combined allocation from HUD is over $3,000,000 per year. In FY 2017, this included $1.7 million in CoC program funds, $1 million in CDBG funds, and $408,000 in HOME funds. Most of this funding is matched or supplemented with local appropriations.

Back in 2006, the County commissioned a study to understand the causes of homelessness in Santa Barbara County, examining the coordination between housing and service providers, and calculating the costs of homelessness to the cities and County. This launched *Bringing Our Community Home*, an unprecedented collaboration of over one-hundred community leaders to prevent and end chronic homelessness. The collaboration resulted in the identification of six goals that have helped to steer policies on homelessness since that time.

- **Goal 1:** Intervening in Chronic Homelessness before it repeats and in homelessness before it becomes chronic
- **Goal 2:** Reaching out, engaging, serving, and treating chronically homeless people
- **Goal 3**: Supporting housing ends homelessness
- **Goal 4:** Ending chronic homelessness by increasing incomes to sustain housing and reach self-sufficiency
- **Goal 5:** Financing a comprehensive system of housing, services and treatment
- **Goal 6:** Plan administration, coordination and implementation

The County has continued to prioritize these six goals through collaboration with stakeholders, and prioritizes available funding streams to serve the most vulnerable populations. Recent planning efforts addressing homelessness through the 2015-2020 Consolidated Plan place an emphasis on increasing and preserving affordable housing supply and providing services to low-income and special needs residents. Due to the high cost of living and low vacancy of affordable units, there has been a commitment to services and affordable housing through the CoC Program, HOME, CDBG, and other funding streams.

Community Partners

Homeless Housing and Service Providers

HEALTHCARE

Santa Barbara County Public Health Department
Santa Barbara Cottage Hospital
Santa Barbara Street Medicine/Doctors Without Walls
Santa Barbara Neighborhood Clinics
Dignity Health

PUBLIC ASSISTANCE

Santa Barbara County Department of Social Services

RAPID REHOUSING

PATH Santa Barbara
Good Samaritan
Northern SB County United Way
New Beginnings
The Salvation Army
Transition House

PERMANENT HOUSING

Good Samaritan
City of SB Housing Authority
Housing Authority of SB County
Mental Wellness Center
PathPoint
People's Self-Help Housing Corp
Sanctuary Psychiatric
SB Community Housing Corp
SB County Department of Behavioral Wellness
Sarah House SB
Transition House
WillBridge

BEHAVIORAL HEALTHCARE

Santa Barbara Department of Behavioral Wellness
Mental Wellness Center
Community Counseling and Education Center

GROCERIES/FOOD

Foodbank of Santa Barbara County
Catholic Charities
Food for Angels, Isla Vista
UCSB Associated Students Food Bank
Santa Barbara County Department of Social Services

EMERGENCY SHELTER

PATH Santa Barbara
Channel Islands YMCA
Domestic Violence Solutions
Good Samaritan
Santa Barbara Rescue Mission
Transition House
Faith-Based Coalition

TRANSITIONAL HOUSING

Channel Islands YMCA
Domestic Violence Solutions
Good Samaritan
The Salvation Army
Transition House
WillBridge

Santa Barbara County's Department of Behavioral Wellness

The Santa Barbara County's Department of Behavioral Wellness (DBW) provides a broad spectrum of essential services to people who are experiencing homelessness and/or at-risk of chronic homelessness. With an annual budget of approximately $135 million, DBW provides inpatient and outpatient mental health care services, alcohol and drug abuse treatment and prevention programs, step-down residential treatment for post-discharge consumers, long-term institutional care, crisis response teams, walk-in clinics, and inter-disciplinary collaborations and partnerships with health facilities, law enforcement, courts, schools, housing entities, and other services. These services aim to enhance the mental health of the general population, prevent the onset of mental health problems in individuals and communities, and assist those persons experiencing distress who are not reached by traditional mental health treatment services to obtain a more adaptive level of functioning. DBW works closely with the local Continuum of Care, The Housing Authorities of the City and County of Santa Barbara, local emergency and transitional shelters, and other agencies serving those experiencing homelessness or at risk of homelessness in our community.

During FY 2017-18, the Department of Behavioral Wellness employed 432 persons who collectively served 9,600 mental health clients and 4,453 Alcohol and Drug Program clients. The mission of the Department is to promote the prevention of and recovery from addiction and mental illness among individuals, families, and communities, by providing effective leadership and delivering state-of-the-art, culturally competent services. Recently, DBW augmented this leadership by creating and filling a new supervisor-level position. The new Supervisor of Homeless Services helps ensure that all Behavioral Wellness programs are leveraged appropriately to reduce and end homelessness, and coordinates outreach efforts with United Way and with AmeriCorps volunteers. The United Way of Northern Santa Barbara County provides 4FTE AmeriCorps members to serve with the Department of Behavioral Wellness, thereby allowing for the expansion of homeless outreach services, in all three regions of the county. The expansion of these services, through the inclusion of the AmeriCorps members, enhanced the ability of DBW's mental health system to respond to the long term needs of persons with severe mental illness who are homeless or at risk of homelessness, and who are not receiving adequate mental health services, and has enabled our mental health system to more efficiently connect those experiencing homelessness to Santa Barbara County's Continuum of Care (CoC) and thereby their enrollment in the County's Coordinated Entry System (CES).

The Department of Behavioral Wellness is committed to ensuring that care is available to everyone in Santa Barbara County who needs it. To that end, the Department has created a 24/7 Access Line staffed with both English-speaking and Spanish-speaking screeners, with over-the-phone Language Line Services available in over 240 different languages. Staff participate in Mandatory Cultural Competence Training, and follow a non-discrimination policy and a policy on accessibility for persons with disabilities. The Department has partnered with the American Indian Health and Services (AIHS) program to address disparities in access to quality, culturally-appropriate mental health services to Native youth and families within Santa Barbara County, and the Department has updated its assessments using the American Psychiatric Association's Cultural Formulation Interview (CFI) questions, which result in a greater clinical understanding of each client's potential sources of help and cultural expectations.

Beginning in January 2018, the Department of Behavioral Wellness became a partner with the Continuum of Care (CoC) in the newly launched Coordinated Entry System and bolstered its engagement and outreach services. As a participating agency, DBW serves as a member of the CoC's Coordinated Entry Committee and have committed to assess and refer eligible clients for services using a low barrier methodology (VI-SPDAT: Vulnerability Index Service Prioritization Decision Assistance Tool) through the coordinated entry system; the survey is administered to standardize and expedite the process by which people experiencing homelessness, or who are at risk of homelessness, access housing and homeless resources. Trained DBW staff, serve as entry points to the CES, conducting field VI-SPDAT assessments. Through partnership with the United Way North / AmeriCorps team members, DBW has been better able to ensure that there is adequate geographic and population coverage in each region of the county.

The Department of Behavioral Wellness is one of the primary sponsors of this Phase I Community Action Plan; without DBW's assistance, it would not have been possible to consult such a comprehensive array of community stakeholders or to explore the strategies needed to reduce and end homelessness in so much detail.

Community-based Resources and Interventions

As a result of the collaborative efforts conducted by the above partners, the below interventions and funding streams provide persons experiencing homelessness in Santa Barbara with the tools and supports needed to regain stability in housing and personal wellbeing.

Continuum of Care Program (CoC)

Continuum of Care (CoC) grants provide federal funding to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness. The Santa Maria/ Santa Barbara Continuum of Care received **$1,733,165** in FY 2017 funding and are awaiting the awards notice for FY 2018.

Emergency Solutions Grant (ESG)

The Emergency Solutions Grant (ESG) program provides federal and state funding for emergency shelters, rapid re-housing, homeless prevention, and street outreach services. The Santa Barbara County Community Services Department, Housing and Community Development Division (HCD) was designated by the CoC as the Administrative Entity for state and federal ESG funding, and issued a Request for Proposals from local agencies to apply for ESG funds, with an application deadline in June 2018. All of the proposals were evaluated by a non-conflicted review and rank panel to assess applicant capacity, the financial feasibility of the proposals, the community's need for the proposed project, and the technical quality of the applicant's proposed approach. HCD also evaluated proposals based on their eligibility for ESG funding, their alignment with the Consolidated Plan's priorities, and their sponsor's administrative and financial capacity. Based on recommendations from the review panel and from HCD, the County Board of Supervisors approved final awards of $326,955 for FY2018 to 3 of the 4 ESG proposals.

State Funding – HEAP and CESH

The State of California has made an unprecedented amount of one-time funding available for use on emergency housing and homelessness. In order to take advantage of that opportunity and because of the short-timeline involved, the community held strategy meetings to identify funding priorities for the coming fiscal year, including the best uses of the first round of the HEAP and CESH funding. After listening to presentations on the available options, the community met in July, August, and November of 2018 to engage in ranked-choice voting to set priorities for state funding streams. A Notice of Funding Availability was subsequently released and a neutral Review and Rank Committee recommended projects for funding, allocating $9,281,824 across 11 projects. The projects include housing development, street outreach services, and resources targeted to domestic violence survivors and transitional age youth experiencing homelessness.

Outreach

Homeless outreach teams in Santa Barbara County divert people experiencing homelessness to community resources, including the Coordinated Entry System's (CES) extensive Outreach Network. There are 20+ regular outreach and in-reaches that happen in Santa Barbara County. These outreach and in-reaches have a set day, time, staff and AmeriCorps Members that cover them. They cover the entire geographic area. These Coordinated Outreach Teams are trained to assess emergent needs, develop trust and, when able, to conduct the Coordinated Entry assessment. All CES materials have a phone number and website prominently listed them and the Outreach Team will go to where the client is if they cannot get to a Regional Entry Point. The CES has information on the website and on promotional materials that has been translated into Spanish. The Coordinated Entry Team has also partnered with Santa Barbara County Department of Behavioral Wellness to ensure that they have access to staff that can appropriately respond to people with mental health needs.

Home for Good – Santa Barbara County's Coordinated Entry System

Homeless housing and service providers in Santa Barbara County have a long tradition of coordinating their operations through case management conferences, referrals, and partnership agreements. The goal of this cooperation has been to ensure that people experiencing homelessness have access to the most appropriate resources for their needs, and that, to the greatest extent

possible, relevant information about each household's history was available to all of the agencies providing housing or services.

Over 2017, the CoC facilitated the development and implementation of a new Coordinated Entry System (CES) to better identify and track clients as they move through the system of care, minimizing the inefficiency and trauma associated with re-interviewing clients as they repeatedly attempt to enter a program. The new CES, Home for Good Santa Barbara County, is administered by the United Way of Northern Santa Barbara County. The CES covers the CoC's entire geography and matches people to services and housing based on their preferences and level of need. Administered assessments are culturally and linguistically competent to ensure fair and equal access, and inclusive to subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, seniors, persons with disabilities, and survivors of domestic violence.

The Coordinated Entry System helps identify open beds, match them with the most vulnerable clients, and keep open the lines of communication so that information follows the client.

Today, there are eight Regional Entry Points in the CES, and the CES is the primary way for people experiencing homelessness to find assistance. Regional Entry Points have walk-in hours, and walk-in appointments are first-come, first-served basis. In addition, there are 20+ regular outreach and in-reaches that happen in Santa Barbara County with set days, times, staff and AmeriCorps Members that cover them. The Coordinated Entry System makes referrals to all projects receiving ESG and CoC Program funds, including emergency shelter, rapid rehousing (RRH), permanent supportive housing (PSH), and transitional housing (TH), as well as other housing and homelessness services. Staff can also provide referrals to mental health counseling, medical care, substance abuse treatment and recovery programs, legal aid, and other services as needed.

In the near future, they plan to expand the Coordinated Entry System to include:

- Diversion services
- A flexible funding source for prevention services
- Expanded RRH throughout the County, including a flexible funding source

According to the Department of Behavioral Wellness (DBW), the establishment of formal Coordinated Entry case conferencing meetings, which include strict privacy requirements in order to make use of sensitive medical data in HMIS, has reduced the frequency of the informal sub-regional meetings where case managers have traditionally discussed the non-housing needs of their clients. To help fill this gap, DBW has begun hosting system outreach meetings, where the focus is on coordinating services, rather than on prioritizing clients for housing placement. In the first half of these meetings, case managers gather information about their clients from law enforcement, State Street ambassadors, and other members of the public who may have useful observations. In the second half of these meetings, the room is cleared of everyone who is not licensed to view private HMIS data, and case managers have a confidential discussion about how best to arrange services in light of the full spectrum of information that they have received about their clients.

Emergency Shelters/Transitional Housing

Emergency Shelters provide a safe place to stay temporarily while efforts to locate appropriate long-term housing are ongoing. In Santa Barbara County, three providers currently provide shelter in the Northern and Southern parts of the County. The programs run by Good Samaritan, PATH and the Salvation Army combine to provide 531 full-time emergency beds in the County. In addition, Freedom Warming Centers are run by the faith-based community and provide overnight accommodations at religious centers during inclement weather between November 15th and March 31st. These seasonal centers provide hot meals, personal toiletry items, and resources to health and wellness clinics.

In Santa Barbara County, Transitional Housing programs exist to help homeless individuals by placing them in temporary stable housing while helping them gain financial independence and permanent housing. Several programs, including Transition House, Santa Barbara Rescue Mission and WillBridge Transitional Housing operate in the county.

Rapid Re-Housing (RRH)

Rapid Re-Housing in the County provides short and medium-term assistance to vulnerable populations that do not require a permanent intervention to end their homelessness. Financial assistance and/or housing relocation and stabilization services are provided to assist participants with housing stability. Referrals to RRH programs receiving ESG and CoC funds are made through the CES. There are 6 providers for Rapid Re-Housing assistance providing 213 beds through a combination of CoC, federal and state ESG, and Consortium HOME funds. The need for greater flexibility for a portion of the RRH funding was identified as a top priority system wide in community planning meetings.

Permanent Supportive Housing (PSH)

Permanent Supportive Housing (PSH) provides a safe, stable place for people with long-term disabilities to live that is integrated with the local community and avoids the expense of institutionalization. PSH is an integral part of the response to homelessness. PSH provides long-term supportive housing for homeless individuals and households and is often targeted to those experiencing chronic homelessness. A majority of HUD CoC funding supports individuals in PSH. Additionally, the County works collaboratively with partners, including local housing authorities, Behavioral Wellness, the VA, developers, and funders to increase the number of long-term supportive housing units and subsidies to house those most in need of long-term supports. Under the County's most recent Consolidated Plan, projects that promote permanent supportive housing for individuals and families experiencing homelessness and those at imminent risk of homelessness and/or persons with special needs are identified as a high priority.

Permanent Supportive Housing provides a safe, stable place for people with long-term disabilities to live that is integrated with the local community and avoids the expense of institutionalization.

In the County, there are 151 PSH beds for Households with adults and children, and 497 for households with adults only, for a total of 647 PSH beds. Of these beds, 283 are dedicated for Chronically Homeless Households and 208 for Veterans. PSH providers include:

- Good Samaritan
- Housing Authority of the County of Santa Barbara
- Housing Authority of the City of Santa Barbara
- Mental Wellness Center
- PathPoint
- People's Self-Help Housing
- Sanctuary Psychiatric Centers of Santa Barbara
- Santa Barbara Community Housing Corp.
- Santa Barbara County Department of Behavioral Wellness
- Sarah House Santa Barbara
- WillBridge of Santa Barbara

Healthcare—Santa Barbara County Public Health Department

The Public Health Department has been providing services through the Health Care for the Homeless program since 1988. Access to health care is provided through coordinated outreach combined with an effective clinic system. The clinic system includes three Health Care Centers located within homeless shelters and five Health Care Centers that collaborate to serve all areas of the County.

Medical outreach is important in removing barriers to health care for those who are experiencing homelessness. The Public Health field service team consists of Public Health Nurses stationed in thirteen homeless shelters and transitional living centers. The nurses provide triage care and make referrals to the Health Care Centers and shelter-based clinics for those needing additional care.

Department of Behavioral Wellness (DBW)

Santa Barbara County's Department of Behavioral Wellness provides extensive mental health and substance abuse treatment services each year to residents who are experiencing homelessness and/or at risk of chronic homelessness, and reports on these services in an Annual Report and in annual Mental Health Services Act (MHSA) Plan Updates that are published pursuant to the MHSA Plan. The full Update is publicly available on the County's website, but key findings are summarized below in order to provide context for the County's current efforts to end homelessness.

In FY18-19, for Santa Barbara County, the MHSA allocates $14.6 million for Community Services and Supports, $4.0 million for Prevention and Early Intervention, $263,000 for Workforce Education and Training, and $1.0 million for Innovation projects intended to demonstrate new techniques. In addition, the County is applying for $2.4 million in non-competitive allocations under the No Place Like Home (NPLH) initiative, as well as additional funds in the NPLH competitive grant process.

The Plan Update specifically notes that the New Heights Initiative, which served 213 unique clients in FY16-17, is aimed at youth at risk of homelessness. Through the Mental Wellness Center, a Family Advocate reaches out to both Spanish- and English-speaking audiences, meeting with adults and small groups to help address questions about resources and system navigation on behalf of family members who have a serious mental illness. Last year, the Family Advocate counseled 348 unduplicated persons.

The Plan Update also earmarked $626,324 for homeless outreach services through Behavioral Wellness, Good Samaritan, Transitions Mental Health Association, and United Way-AmeriCorps. These funds provide shelter beds for homeless mentally ill consumers, crisis services staff, housing case management, outreach staff, and mental health screenings to over 140 unique clients per year.

The MHSA Housing Program created and directly supports 32 permanent supported housing units in Santa Maria, Santa Barbara, and Lompoc for persons with mental illness. These units receive long-term subsidies so that residents can benefit from private apartments that are integrated into their local communities, and feature a variety of layouts, including single-occupancy units, one-bedrooms, two-bedrooms, and three-bedroom apartments. The last of the County's MHSA housing funds have been braided with tax credits, support from local Housing Authorities, and other federal funds, and are being invested in The Residences at Depot Street, which is currently under construction, will add an additional 35 permanent supported housing units.

One small feasibility pilot program of homeless housing supported by DBW is the Women's House. It is a collaborative venture between the Mental Wellness Center (which provides an on-site resident manager), the City Housing Authority (which provides the physical infrastructure), and DBW (which verifies clients' entitlement to mental health counseling and works with landlords and the Coordinated Entry System to accommodate client needs). Together, these agencies maintain 5 bedrooms for women who are both chronically homeless and experiencing behavioral health issues.

DBW also provides approximately 43 shelter beds in Santa Barbara County. 24 mental health beds are at the PATH shelter and DBW works closely with PATH program staff to support residents with engagement in the Coordinated Entry System and helps them become document-ready. The goal is to move clients along through the system of care so that they do not lose momentum and morale while remaining for excessive periods of time in an emergency shelter setting. DBW uses a similar model to provide 5 mental health beds at a Salvation Army shelter. A dedicated case worker provides supportive services on-site and, without requiring any clients to participate in mental health services, constantly engages clients to encourage them to seek clinical care.

DBW also provides funding for short and mid-term supported housing as well as crisis residential treatment beds within the county. As part of ongoing efforts to expand the housing continuum by fiscal year 2019-2020, the department will have increased residential treatment beds from 42 to 69 and added an additional 10 beds for crisis residential housing for a total of 32 beds.

COC SYSTEM PERFORMANCE MEASURES DEMONSTRATE PROGRESS

One key set of metrics for evaluating the CoC's progress toward ending homelessness are the HUD System Performance Measures (SPMs), which measure the overall performance of the entire system of care, rather than the performance of any individual program or agency. The HUD SPMs are:

1. The average length of time people remain homeless before being housed;
2. The recidivism rate, i.e., the extent to which people who have already entered permanent housing wind up returning to homelessness;
3. The total number of people experiencing homelessness;
4. The change in annual income for people who have experienced homelessness;
5. The number of people per year who become homeless for the first time;
6. [SPM 6 is not applicable to the Santa Maria / Santa Barbara County CoC], *and*
7. The percentage of people in the homeless system of care who successfully exit to permanent housing.

The CoC's system performance measures demonstrate important progress in many areas, as well as a few areas for improvement.

The average length of time that people have been experiencing homelessness before receiving housing has slightly declined, reflecting continuous improvement in the CoC's coordinated entry and street outreach programs.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY2017	Submitted FY 2016	FY2017	Difference	Submitted FY 2016	FY2017	Difference
1.1 Persons in ES and SH	1645	1509	95	101	6	58	53	-5
1.2 Persons in ES, SH, and TH	2309	2191	126	116	-10	62	56	-6

The recidivism rate is 24% over a two-year time period, which is approximately average for coastal California. Because all homeless services are purely voluntary on the part of the client, this figure includes clients who check into an emergency shelter for one or two nights and then leave the shelter to return to the streets.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness in from 6 Months tp 12 Months (181 - 365 days)		Returns to Homelessness in from 13 Months tp 24 Months (366 - 730 days)		Returns to Homelessness in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from ES	556	74	13%	32	6%	52	9%	158	28%
Exit was from TH	180	22	12%	10	6%	8	4%	40	22%
Exit was from PH	252	13	5%	2	1%	21	8%	36	14%
TOTAL Returns to Homelessness	988	109	11%	44	4%	81	8%	234	24%

The overall population in Santa Barbara County's homeless shelters has been declining, which is partly the result of ongoing efforts to place people into permanent housing.

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	2372	2263	-109
Emergency Shelter Total	1647	1513	-134
Safe Haven Total	0	0	0
Transitional Housing Total	1016	1063	48

The County's homeless population was much more successful in FY2017 at increasing its total income, using a combination of job training, worker placement programs, and aggressive enrollment of clients in mainstream benefit programs (i.e., programs that are not specifically reserved for the homeless population) such as Social Security Disability Income (SSDI) and Temporary Assistance for Needy Families (TANF).

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	103	113	10
Number of adults with increased total income	4	37	33
Percentage of adults who increased total income	4%	33%	29%

Slightly fewer people became homeless for the first time in FY2017 as compared to FY2016.

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES,SH,or TH during the reporting period.	1960	1905	-55
Of persons above, count those who were in ES, SH, TH, or any PH within 24 months prior to their entry during the reporting year.	623	645	22
Of persons above, count those who did not have entries in ES, SH, TH, of PH in the previous 24 months (i.e. Number of persons experiencing homelessness for the first time)	1337	1260	-77

As compared to FY2016, somewhat fewer people entered permanent housing in FY2017 after leaving other parts of the system of care. Although the overall rate of housing retention in long-term PSH increased from an already high 92% to an extremely robust 96%, the percentage of people who successfully 'graduated' from shorter-term housing such as RRH declined to a low 33%. One of the reasons for this decline is the increasingly tight housing market in Santa Barbara County, which makes it difficult for people to find affordable private housing after their temporary subsidies have expired. The CoC and its partners are working to correct this problem by building new affordable housing, issuing new long-term Section 8 housing vouchers, and hiring new housing navigators who can help persuade private landlords to make their units available to people who were formerly homeless.

Change in exits to permanent housing destinations

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	103	113	10
Number of adults with increased total income	4	37	33
Percentage of adults who increased total income	4%	33%	29%

Change in exits to or retention of permanent housing

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES,SH,or TH during the reporting period.	1960	1905	-55
Of persons above, count those who were in ES, SH, TH, or any PH within 24 months prior to their entry during the reporting year.	623	645	22
Of persons above, count those who did not have entries in ES, SH, TH, of PH in the previous 24 months (i.e. Number of persons experiencing homelessness for the first time)	1337	1260	-77

Efforts to Prevent Criminalization of Homelessness

The Santa Maria/Santa Barbara County Continuum of Care is committed to pursuing initiatives and interventions that best address the needs of individuals and families experiencing homelessness by promoting pathways to housing and stability and preventing unnecessary involvement in the criminal justice system. These efforts include specialized restorative law enforcement teams, restorative court, regional outreach efforts, and the coordinated entry system.

Restorative Police Team

The City of Santa Barbara Restorative Police Team takes a client-centered approach in helping to restore the lives of individuals and families experiencing homeless in the City of Santa Barbara, many of whom are chronically homeless. The Team helps identify the reasons people are homeless and addresses them by offering a range of assistance through community partners, including case management, housing placement, services and reunification with family, and by providing legal assistance through Restorative Court. Included on the Team is a civilian Restorative Court Liaison who helps to provide ongoing case management, connections to resources, coordination with the Homeless Court and who acts as a resource for the jails, probation, courts and clients.

Similarly, there are other areas in the County who focus on the needs of individuals and families experiencing homelessness by connecting them to community resources for treatment and services to promote housing and stability rather than simply focusing on unnecessary involvement in the criminal justice system. This includes the Santa Barbara County Sheriff's Department, Isla Vista, and the City of Goleta who contracts with the Santa Barbara County Sheriff's Department for a trained officer to provide.

Restorative Court

The Restorative Court program is a collaborative effort of the Santa Barbara Police Department, court system, health care system, and social service agencies to help divert people away from the criminal justice system and instead connect them to the appropriate resources within the community. It is designed to help address the complicated needs of individuals experiencing homelessness, particularly those who have mental illness and substance dependence. Through customized recovery and services plans, many clients who have participated in the restorative court have achieved positive outcomes, including sobriety, reunification with family, and safe permanent housing.

There are new Solutions Track Courts in both North and South County that are part of the treatment courts within Santa Barbara County; however, they are designed to identify people experiencing homelessness in order to focus on their specialized needs and connect them to the appropriate resources and housing.

Coordinated Entry/Outreach Teams

As described above, Outreach teams work to assess emergent needs, develop trust and, when able, conduct the Coordinated Entry assessment. The Coordinated Entry Team has partnered with Santa Barbara County Department of Behavioral Wellness to ensure that they have access to staff that can appropriately respond to people with mental health needs. They have AmeriCorps Members connected with Behavioral Wellness in all regions in Santa Barbara County. They also have AmeriCorps Members and Partner Agency staff at the Santa Barbara County Jail and serving in Restorative and Solutions Court with people identified as experiencing homelessness. Over 50 assessments have been administered in jail to date to ensure priority placement and to help avoid homelessness at release. They also have AmeriCorps Members who serve with the Probation Day Reporting Center and assist justice involved people. There are also other outreach teams associated with faith-based providers, social service agencies and local jurisdictions who divert people experiencing homelessness to a wide variety of community resources, including available housing.

SPECIAL CHALLENGES & BARRIERS TO SERVING TARGET POPULATIONS

As detailed above, Santa Barbara County has cultivated a diverse consortium of partners and resources in the continued effort to prevent and end homelessness; however, like many other communities, the County experiences a number of challenges in providing housing, services, and conducting outreach to persons experiencing homelessness.

Overview of the Barriers

One of the primary challenges in Santa Barbara County is the lack of affordable and supportive housing. The housing market in the County is characterized by rising rents and home prices, with 58% of renters considered cost burdened and 30% being severely cost burdened. The County of Santa Barbara's March 2015 Analysis of Impediments to Fair Housing Choice showed that the lack of affordable housing in the Santa Barbara Consortium disproportionately impacts persons with disabilities as well as racial and ethnic minorities living in poverty. Through the study and input from stakeholders, supportive housing--specifically for persons with cognitive disabilities and mental health needs—was identified as a significant area of need. Various studies have shown that housing is a crucial component in recovery and stabilization for those suffering from mental health challenges. To address this, No Place Like Home funding will be sought by the County in addition to funding allocations from other sources.

The implementation of the Coordinated Entry System made it apparent that another challenge that needed to be addressed was related to staffing and inter-agency collaboration. For example, to cope with an increased client case load and an increased percentage of patient referrals who were experiencing homelessness, the Department of Behavioral Wellness added a Team Supervisor position in South County. This new supervisor also assists with meeting the needs of federally required data collection and data entry, and with coordinating the meeting of clients' clinical needs through the existing MHSA County team, community-based organizations, and four AmeriCorps outreach workers providing services through United Way. Because so many different organizations are involved in providing services to the high-acuity homeless population, one of the barriers to serving this population is the lack of dedicated management staff who can coordinate those services across agencies.

Adults With Serious Mental Disorders

In addition to a need for increased supportive housing, fiscal structure that does not allow for staff movement has also been identified as a challenge. This has resulted in stagnation of consumers in programs that may no longer apply to them after specialized treatment has been provided. To address this, the Department of Behavioral Wellness is working on developing a proposal that will envision Team Based Care that will allow for flexibility of staff to provide services at each level of care.

In addition to a need for increased supportive housing, medical providers noted that many clients are unwell enough to engage in behaviors that dissuade property managers from renting to them, but not so unwell that they can be involuntarily committed to mental health treatment, which involves very strict criteria. A local housing authority echoed this sentiment, noting that if you're unwell enough to qualify for free mental health services; you are also probably too unwell to successfully enroll in mental health services without being shepherded through the process by a dedicated outreach team. Other barriers to housing in this population include criminal justice involvement, inability to afford the payment for a background check, and lacking a government identification card.

Additional challenges to serving the NPLH target population of adults with serious mental illness include clients who are aging into a need for skilled nursing services, but who may not be appropriate candidates for institutionalization. For example, some older adults experiencing homelessness have brain trauma or developmental disabilities that make it challenging for them to listen to instructions and conform to the procedures commonly used at skilled nursing facilities. Other older adults may possess most (but not all) of the skills needed for independent living, so that if they are adequately supported, they can live independently in private housing with a much lower cost and higher quality of life than they could be expected to achieve in an institution. One proposal for addressing some of these needs is a new recuperative program, such as a medical respite facility, with multi-disciplinary services that can serve clients who are coming out of the hospital and who would otherwise not have a bed. Another proposal, offered by a local housing developer, is to construct more of the newer generation of independent living apartments that are associated with extensively available health care and mental health care services.

Children or Adolescents With Serious Emotional Disturbance

Some of the special challenges and barriers to serving Children and Adolescents with Serious Emotionally Disturbance who are homeless, chronically homeless, or at risk of chronic homelessness include: understanding the scope of the need; outreach and identification; and histories of family violence, trauma, foster care, and juvenile justice involvement.

It is difficult to understand the current scope of the need in part because of the lack of integration of the data systems that currently collect this level of information and because of barriers that school districts and others have on keeping this data confidential. In addition, there are significant hurdles around identifying and engaging with homeless or at-risk children and youth, in part because they are hesitant to self-identify. Parents of children and youth with serious emotional disturbance are often unaware of how to access services and are apprehensive about accessing needed services for fear of losing their children on account of their living situation.

For youth, histories of violence, trauma and involvement with foster care and juvenile justice are common with barriers frequently centering around treatment outcomes to support mental health and resilience while learning basic living skills to live independently in the community to avoid returns to homelessness.

People Who Are Not Likely to Access the Homeless System of Care or Utilize the Coordinated Entry System Without Special Outreach

Even with Access Points county-wide, there is an increased need for better coordination between public and private programs and services. The CoC is committed to supporting programs that improve discharge planning for persons leaving the criminal justice system, foster care, hospitals, mental health, and drug and alcohol treatment programs to ensure that they are not released into an experience of homelessness. Working toward this goal, the County has adopted the goal of providing "successful reentry of offenders back into the community" through its recent Realignment Plan. To accomplish this, the County now has a full-time staff at each Probation Report and Resource Center (PRRC). Each staff member provides engagement and outreach to justice involved individuals who are experiencing homelessness or at risk of being homeless. Additionally, the County has also started employing full time housing specialists who provide intensive case management and rehabilitation services, assistance securing identification, temporary housing placement and assistance with permanent housing applications.

All units that are funded through the No Place Like Home Program (NPLH) will be filled with people who have mental illness and are experiencing or at risk of experiencing homelessness and that have been referred to their new home through Home For Good, the Coordinated Entry System (CES) in Santa Barbara. In accordance with established policies and procedures for the CES, all referrals to NPLH units will be made on a non-discriminatory basis. The CES Coordinating Agency, as well as all of the programs that participate in CES, have adopted anti-discrimination policies that

prohibit discrimination based on any protected category, and clients who use the CES are provided with confidential contact information that they can use to report any grievances or concerns about discrimination. The Santa Barbara Coordinated Entry Policies and Procedures are compliant with HUD requirements regarding equal access and non-discrimination and meet Fair Housing standards.

People at Risk for Chronic Homelessness Who Are Not Literally Homeless

People at risk of experiencing chronic homelessness who may not fit the literal definitions of being homeless are often the same individuals who would benefit most from increased coordination between systems and programs and services. To address this, the Home for Good and Continuum of Care partners are working toward increasing prevention and diversion services to address needs such as better connecting individuals and families to mainstream benefits/aid, educational and vocational aid, credit repair, emergency rental/utility aid, and legal aid to minimize evictions. These strengthened services would work in conjunction with the new strategy of employing a flexible funding source for prevention services that will be administered through the Coordinated Entry System if funded through the Homeless Emergency Aid Program.

According to an advocate for family caregivers of persons experiencing mental illness, one subpopulation that is often at risk for chronic homelessness is middle-aged adults who are living in their childhood homes. These adults are often unable to develop the independent living skills that they will need when their parents die, and may be subject to elder abuse and/or prolonged homelessness. Some of these adults frequently visit inpatient care facilities; when the inpatient facilities are able to discharge the adults to their private homes, this can be recorded as a positive outcome, but the outcome is not entirely positive if the adults are going back to homes that do not promote their well-being and that are likely to result in long-term homelessness after the adults' parents have passed on. Apartments that are funded through No Place Like Home and that include relevant supportive services could be a good fit for this subpopulation, who are often not literally homeless, but who still need significant support in order to avoid a future of chronic homelessness.

WHAT STRATEGIES WILL BE USED TO ADDRESS THE UNMET NEEDS OF THOSE EXPERIENCING HOMELESSNESS?

Through the opportunity afforded by the chance to engage in a collaborative process to evaluate the existing resources and needs in Santa Barbara County, the following strategies have been identified that are either currently in place or that will be implemented to address the unmet needs of those experiencing homelessness and systemically to reduce homelessness within the County.

Increase Access to Safe, Affordable Housing

Severe Shortage of Affordable Housing

Santa Barbara County has a large gap between its supply of affordable housing and the demand for affordable housing. According to the American Community Survey from 2016, of the 65,406 housing units occupied by renters, there are 31,144 units where those renters are paying 35% or more of their household income on rent. This means that essentially half of the county's renters are living in unaffordable housing.

According to the 2007-2011 CHAS, there are 16,042 households of renters in Santa Barbara County who have at least one severe housing problem, meaning that their home lacks a kitchen, lacks complete plumbing, has more than 1.5 people per room, or has a cost burden that exceeds 50% of the household's income.

There is also an urgent need for affordable housing for the benefit of people who are already experiencing homelessness. One year after the launch of the Coordinated Entry System's new assessment protocols, over 1,500 assessments have been completed, and these assessments show that 617 people need Permanent Supportive Housing (PSH), and 507 people need Rapid Re-Housing (RRH). Even when funding is available to operate new units of PSH or RRH, this funding can be ineffective without access to affordable housing: sometimes the relatively modest stipends offered by PSH and RRH programs are not enough to allow a household to actually rent a habitable unit. If affordable units are scarce, then searching for an appropriate unit can take several months, which reduces system throughput and consumes valuable staff time that could otherwise be spent on supportive services and housing stabilization. Increasing the general supply of affordable housing is thus a crucial part of the push toward ending homelessness.

The County has already applied for significant additional funding to build and rehabilitate affordable housing through the California Emergency Solutions and Housing Program and the Homeless Emergency Aid Program, which were recently awarded; and they are in the process of applying for No Place Like Home funds.

Need for Additional Housing Subsidies

Even if the housing supply reached a healthy equilibrium, there would still be many individuals and families who would need a housing subsidy in order to afford decent housing. According to the 2015-2020 HOME/CDBG Consolidated Plan, which drew on the results of the 2007-2011 Comprehensive Housing Affordability Strategy (CHAS), 639 renters in Santa Barbara County have zero or negative income, and therefore must receive a subsidy in order to pay rent. 7,512 rental households in Santa Barbara County earn less than 30% of the Area Median Income and therefore are more likely to require some type of subsidy in order to pay rent.

Between 1/1/18 and 12/21/18, the Housing Authority of the City of Santa Barbara issued 392 Section 8 vouchers, of which 235 have already been leased up.

The Housing Authority of the County of Santa Barbara issued 572 Section 8 vouchers, which resulted in a net addition of 352 vouchers to the HCV program after

subtracting people who have left the program or who have left the area. These vouchers allowed 171 homeless families in Santa Barbara County to sign a lease. 53 of the leases were in units owned or managed by the Santa Barbara County Housing Authority and 118 were through the Housing Choice Voucher (HCV) program.

While these provide a massive short-term influx of resources, the issuance of so many new vouchers is atypical as the waiting list is usually opened for only a few weeks every several years. Similarly, the Coordinated Entry System shows that there are hundreds of individuals and families who would be eligible for Rapid Re-Housing rental assistance if more funding were available.

It is important to pair housing subsidies with supportive services as needed; the Housing Authority of the County of Santa Barbara reports that many voucher recipients face barriers to leasing based on a lack of money to make a security deposit, lack of money to make a utility deposit, bad credit, and/or past-due utility bills that prompt the utility companies to refuse to turn on utilities in a new unit. Although there are some limited funding sources to address these one-time payments or deposits, such as through Catholic Charities, Alexander House, and the Housing Authority, there is not nearly enough funding to assist every client in need. This at times prevents landlords from leasing available units to voucher holders seeking to rent a unit. Some housing subsidy recipients also face barriers to stability after leasing, including lacking furniture and other necessities and needing training on basic life skills. Supporting voucher recipients with appropriate services will help promote housing stability and ensure that each voucher issued results in the maximum number of people who are lifted out of homelessness.

Increase Affordable Housing Available for Individuals and Families Experiencing Homelessness

A top priority of the Continuum of Care and partners will be to build and rehabilitate affordable housing units whenever possible in order to add additional permanent sources of housing for those individuals and families experiencing homelessness, especially sustainable sources of supportive housing. Santa Barbara County already provides 591 Permanent Supportive Housing (PSH) beds and 213 Rapid Re-Housing (RRH) beds. However, as mentioned above, an estimated 617 people still need Permanent Supportive Housing (PSH), and 507 people are still in need of Rapid Re-Housing (RRH).

The 2015-2020 Santa Barbara County Consolidated Plan makes it a high priority goal to promote new construction/acquisition/rehabilitation of rental housing projects for lower income households including large, small, and special needs households, as well as persons who are homeless, persons with disabilities and elderly persons, and to promote projects that combine supportive services with housing.

To increase residents' access to safe, affordable housing, the County will use No Place Like Home (NPLH) funding to build and rehabilitate affordable housing units. In addition to the 35 units being constructed at The Residences at Depot Street, the County has a tentative plan to construct 13 units in Santa Maria, and has received letters of interest for three other proposals, each of which would include 30 to 40 units. The County's goal is to add at least 100 new units of affordable housing via NPLH.

Similarly, the City of Santa Barbara Housing Authority will also continue constructing a 90-unit project that broke ground in August 2018, which will serve low-income senior citizens by offering subsidized rents as low as $474/month. Additionally, the Housing Authority of the City of Santa Barbara is concurrently constructing a 17-unit permanent supportive housing development that will serve veterans moving from homelessness.

The new units will serve adults with serious mental illness, children and adolescents with severe emotional disorders and their families, and persons who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention. These units will be dedicated to persons who are homeless, chronically homeless, or at risk of chronic homelessness. Rehabilitation may be necessary because 61% of the County's rental housing stock was built before 1980. Much of this older housing stock is likely to require rehabilitation to retain and/or extend its useful life. According to a 2009 condition survey conducted by the County, 12% of single-family homes, 14% of multifamily structures and 10% of mobile homes need some type of major repair. The survey also found that homes in rural communities – particularly those in the northern and eastern portions of the County – are significantly more likely to need repair.

Adding more affordable housing – whether by constructing new units or by rehabilitating units that would otherwise be unable to house tenants – is crucial to reducing homelessness.

Suggestions endorsed by community members for building new housing include increasing the density of housing within city limits, promoting infill within city limits, finding locations outside city limits (such as foothills or farmland in northern Goleta), adding additional RV parks on public land for existing RV dwellers, converting armories into housing, and passing ordinances to encourage development of alternate dwelling units, such as tiny homes. Other suggestions were acquiring units from retiring landlords who are growing too old to continue to maintain their properties, or from landlords who are frustrated with the difficulties involved in renting to students. One concern regarding rehabilitation is that many of the apartment complexes that would be suitable for rehabilitation are already housing very-low-income residents who would be at risk of becoming homeless if they were displaced from their building because they have few other housing options. Therefore, it is important to select a location for rehabilitation that is either uninhabited or that is home to people with a variety of incomes.

Community members generally agree that new units should be located near public transportation and daycare and that some new units are needed that are wheelchair-accessible and/or suitable for families. Some units may benefit from having on-site amenities and case managers. Specific locations that were proposed include La Cumbre Plaza, Paseo Nuevo, the National Guard Building on upper State Street, 4020 Calle Real Apartments, Old Town Goleta, side streets off of Carpinteria Avenue, side streets off of Hollister Avenue, Gaviota, the "county campus" west of the City of Santa Barbara, and the MTD Property near US-101. Another suggested site for new units is near the bus stops served by the Clean Air Express, a medium-distance bus line that connects the more affordable areas in the northern part of the county with neighborhoods in Santa Barbara and Goleta that offer more opportunities for employment. Some of the municipalities in the thinly-settled Santa Ynez valley are too small to support an entire building that is reserved for formerly homeless persons, but there are developments there for people with very-low-incomes that are currently housing several formerly homeless persons, including a 6-unit property reserved for senior citizens and a 27-unit property reserved for families. R4-zoned neighborhoods are ideal in order to get the density needed to make a real impact. The consensus was that local municipalities should, if possible, waive fees and/or expedite the planning process for developments intended to house formerly homeless persons so that the time between acquiring land and beginning construction can be cut down from its current average of 4 to 5 years.

Increase the Pool of Funding Available to Provide Housing and Services

Even if the housing supply reached a healthy equilibrium, there would still be many individuals and families who would need a housing subsidy in order to afford decent housing. 639 renters in Santa Barbara County have zero or negative income, and therefore must receive a subsidy in order to pay rent. 7,512 rental households in Santa Barbara County earn less than 30% of the Area Median Income and therefore are more likely to require some type of subsidy in order to pay rent. The waiting list for new Section 8 Housing Choice Vouchers typically includes thousands of families and is opened only for a few weeks every several years. Similarly, the Coordinated Entry System shows that there are hundreds of individuals and families who would be eligible for Rapid Re-Housing rental assistance if more funding were available.

Through the Santa Maria / Santa Barbara County Continuum of Care, the County is already in the process of funding $101,165 in new Rapid Re-Housing subsidies and another $101,165 in new hybrid Transitional Housing / Rapid Re-Housing subsidies. These two new programs were ranked at the top of the CoC's FY2018 Priority Listing and together will provide affordable access to 119 new units of housing for persons exiting homelessness. These will be added to the 694 units of year-round permanent housing that, as of the FY2017 Housing Inventory Count, were already dedicated to serving persons experiencing homelessness.

The Housing Authority also issued 392 new Section 8 housing vouchers in 2018, of which approximately 60% have already been leased as of 12/21/2018. This is impressive given the region's extremely low vacancy rate. Persons experiencing homelessness are automatically

awarded additional preference points that help them obtain these vouchers. These vouchers will be added to the 3,550 Section 8 vouchers already offered by housing authorities in the County and the 420 units of existing public housing.

Because of the large volume of un-met need, merely shifting funding from one type of program to another will not be successful in eliminating homelessness: what is needed is an increase in the overall pool of funding available to provide both housing and services for people who are not able to sustain stable housing without outside support. One potential source of some additional funding is Medicaid: the Center for Medicare & Medicaid Services (CMS) was vigorously interested in exploring proposals for assisting people experiencing homelessness in 2016, and now that the Medicaid expansions appear less likely to be repealed, it may be time to renew negotiations with CMS over potential waivers that would permit Medicaid funds to be used to cover the cost of housing-related case management.

The good news is that Santa Barbara County's providers are relatively experienced at making the best use of any funding that does become available: if a project receives development subsidies, then it will not need as many Section 8 vouchers, and so those vouchers can be freed up to assist other clients. If a project receives free mental health care, then it will not need as much funding for supportive services, and so the money that was paying for those services can be freed up to provide additional rental assistance.

Expand Shelter System and Create Low Barrier Options

All eight incorporated cities and the County have declared a "homeless shelter emergency," indicating that these cities have a significant number of homeless residents who are unable to find shelter, and that their health and safety is threatened by a lack of shelter. The 2017 Point-in-Time Count found 363 persons living in unsheltered environments such as cars, tents, parks, streets, and riverbeds. The 2017 Housing Inventory Count recorded 531 full-time emergency shelter beds in the County. This suggests that the County needs approximately 68% more emergency shelter beds.

This demonstrated need aligns with the feedback from the community forums in both South and North County, a diverse range of interviews, and the consumer focus group. Feedback shared was that the current shelter system was inadequate both in geographic coverage and due to the barriers to entry and other restrictions within the existing shelter system. As you can see below in the Appendix, where stakeholders used stickers to rank priorities, shelter expansion received numerous votes in two different categories.

This strategy focuses on providing additional coverage in areas where there is inadequate or no coverage, with South County being a key priority identified at this time. Additionally, the Continuum of Care and community have identified and committed to establishing a shelter system with low or no barriers to entry that does not screen out participants based on preconditions, such as sobriety or income and without service-participation requirements. There are existing programs that operate with a different model based on current funding streams or populations served; however, a system of care and community must have a low-barrier shelter system in place to meet the needs of individuals experiencing homelessness in the community. This is both a practical and policy need as evidenced by the recent United States Court of Appeals for the Ninth Circuit ruling[5] declaring that as long as there is no option for people to sleep indoors that municipalities could no longer enforce ordinances that essentially criminalized homelessness. They ruled that in order to be considered shelter capacity, the specified shelters must not have preconditions or participation requirements that were prohibitive. Therefore, an important consideration in future planning will be identifying the necessary expanded shelter capacity and ensuring adequate lower barrier options within Santa Barbara County.

[5] Martin v. City of Boise, 2018 U.S. App. LEXIS 25032 (9th Cir. Sept. 4, 2018)

Develop and Improve Partnerships with Landlords and Property Managers

The current lack of affordable housing prevents households with low or no income from finding or maintaining permanent housing and once they do it becomes critical to maintain the relationship with the landlord. Similarly, for housing providers, it is critical to develop strong relationships and maintain the ones they have. With rental rates high and vacancy rates low, subsidies or other forms of rental assistance are often insufficient or are seen as less advantageous than a traditional form of payment. Even households who have a voucher from a Public Housing Authority, which are in high demand, are often unable to easily find a placement within the necessary timeframe in the geography they may prefer

What are some of the best strategies for persuading private landlords to rent their units to formerly homeless clients?

Landlord outreach campaigns can be an important part of developing new relationships and improving relationships as they can dispel existing myths, change the narrative around homelessness and open minds to the real people experiencing homelessness in the community. Offering testimonials from existing landlords, including success stories and demonstrating the attentive resolution of problems or issues is another effective method that can complement that outreach. Several current providers, such as…., have effective campaigns and approaches such as this and sharing best practices and expanding these strategies county wide would help to bolster the impact as new funding for subsidized housing is brought online.

Additional strategies that will be utilized will be providing mitigation insurance to protect landlords against destruction of their property and providing dedicated housing location and landlord outreach for the county as part of the HEAP funding allocation.

Creative ideas proposed during the community engagement process for partnering with landlords included: inviting landlords to donate a unit for low-income housing in exchange for tax breaks, providing financial incentives, encouraging landlords to share vacation rentals with people experiencing homelessness during the off-season, and providing landlord education.

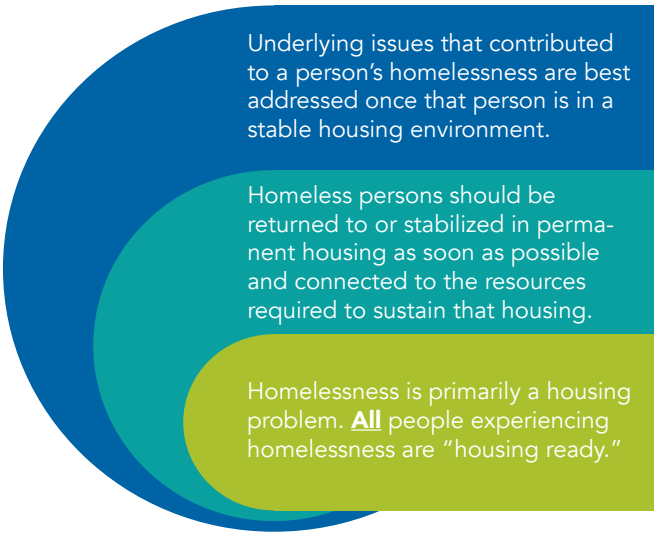
Another related idea to ensure increased rentals was to enact an ordinance that would ban discrimination in rental housing based on source of income.

Use Best Practices to Deliver Tailored Supportive Services and Meet Individual Needs

Implement Housing First, Low-Barrier Housing

Independent living fosters self-reliance and empowers participants to meet personal challenges. Permanent housing is a demonstrated fundamental first step in helping people address issues like substance abuse and physical/mental health problems. Supportive services maximize housing stability and prevent returns to homelessness rather than address predetermined treatment goals prior to permanent housing entry. Client-centered, evidence-based practices for client engagement such as motivational interviewing, trauma-informed care, and harm reduction help clients to stabilize in and maintain housing.

Basic Principles of Housing First Philosophy



The CoC is already in the process of incrementally implementing Housing First strategies. All CoC-funded and ESG-funded programs in Santa Barbara County have pledged to use Housing First procedures and this is part of the criteria to accept new referrals on a non-discriminatory basis through the Coordinated Entry System (CES).

Engage in Harm Reduction

Harm reduction is a set of strategies and principles that aim to reduce negative impacts of substance use, both on individuals who use substances and on society. The harm reduction approach recognizes that some portion of the population will always engage in substance use, for a range of social, economic, mental health, and personal reasons. The defining feature of this approach is a focus on the harms associated with those behaviors, rather than targeting the behavior itself. While harm reduction is primarily implemented in relation to substance use, harm reduction principles can be applied to a variety of behaviors that entail a high level of risk. In fact, most of us rely on harm reduction strategies, such as seat belts, turn signals, and bicycle helmets, in our daily lives. Key principles include: Acceptance and Pragmatism about the fact that high-risk behaviors will occur, but that there are ways to make is safer; Focusing on the Harm rather than creating stigmas around behavior; Recognizing the Choice of the Individual if and when to change behavior; Consumer-Driven programming and service planning; Responsibility of the Individual for natural consequences resulting from behavior.

Providers have already received training on how to deliver trauma-informed care centered on a harm reduction approach; this is a strategy that is currently in progress.

Provide Trauma-Informed Care

Many individuals and families experiencing homelessness or at risk of homelessness have also experienced a form or forms of trauma and in some cases persistent trauma. Trauma-Informed Care seeks to avoid re-traumatizing people by understanding and responding to issues and special needs that each trauma-survivor may have and by promoting environments of healing and recovery. Key Principles are: Promoting Safety – physically and emotionally; Developing Trust; Communicating Openly; Supporting Client Choice, Autonomy, and Empowerment; Sharing Power and Governance; Ensuring Cultural Competence; Inclusiveness and Shared Purpose.

Expand Supportive Services to Meet Client Needs

Currently, there is a diverse range of services being provides to individuals and families experiencing homelessness in Santa Barbara County through existing providers utilizing federal, state, local, and private funding streams and through connections to mainstream government resource programs, collective partnerships, jurisdictional support, and local health care providers

resource networks. Despite this developed network of provider support for homeless services, there are gaps in the supportive services available to match the need. In particular, there are inadequate resources to provide services to support people through the full range of housing identification, placement, and stabilization throughout the county and there is a significant gap in services for chronically homeless individuals with high acuity who need intensive case management in supportive housing. This gap is a limiting factor in utilizing additional housing subsidies and in fully implementing best practices in Santa Barbara County, such as Housing First and Coordinated Entry.

Santa Barbara County has a robust mental health care system. The Department of Behavioral Wellness served 9,600 unique clients in FY2016/17. However, this most likely understates the true demand for mental health care and other supportive services. For instance, of the patients categorized as having "urgent" mental health needs (meaning that they are likely to require inpatient hospitalization if they do not receive immediate treatment) only 85.7% were offered an appointment within 24 hours during the most recent quarter for which data is available. Due to limited resources, only 65% of patients were offered an appointment with a psychiatrist or MD within 15 days of their initial assessment, and the average wait time to see a psychiatrist was 28 days.

To help connect clients with mental health needs to services more rapidly, the Department of Behavioral Wellness has applied for and been awarded a grant to expand its Homeless Mentally Ill Outreach and Treatment (HMIOT) Program from its pilot location in the city of Santa Barbara to include the northern and western regions of the County. Each new location has a full-time practitioner staffing an outreach program, and is supported by a full-time case worker and full-time administrative assistant who will split their time between the two new locations. Together, the new outreach teams will offer counseling and connections to mainstream services that can be tracked in HMIS even in less densely populated areas of the County.

As the Santa Barbara Coordinated Entry System improves its ability to prioritize homeless housing and services for the most vulnerable populations, the average acuity level of clients accepting housing is increasing, but there has been no corresponding increase in the funding available for counselors, clinical social workers, and therapists. As a result, many homeless programs are experiencing an acute gap in their ability to provide necessary supportive services.

According to one advocate for family caregivers of people with mental health issues, one of the services that is often unavailable because of staffing shortages is budgeting assistance and general life coaching. People who receive a Section 8 voucher or other large housing subsidy for the first time may not have the skills to manage that money responsibly, but case workers may need smaller caseloads in order to make the time to repeatedly follow up with the same client about financial literacy. In addition, clients who are in the process of being connected with housing may need frequent coaching and moral support in order to make progress on completing paperwork, keeping appointments, and maintaining their hygiene and appearance while living on the streets. Because merely surviving outside is a significant challenge, some clients need very frequent support so that they have someone to lean on while completing the non-survival-oriented tasks that are useful for obtaining housing.

Connect Clients to Mainstream Services

An important part of this overall goal is connecting clients to mainstream services. Whenever possible, individual needs should be met through resources that are available to the general population (i.e., not exclusive to people experiencing homelessness), such as Medi-Cal, Social Security, Section 8 public housing, food banks, discounted utilities and appliances through Southern California Edison, and the Santa Barbara County Department of Behavioral Wellness. This frees up homeless-specific resources such as Permanent Supportive Housing to be used for people whose needs cannot be met through any other channel. To facilitate this coordination of resources, Santa Barbara County plans to expand the scope of its Coordinated Entry System, adding data-tracking capabilities to emergency shelters and for the provision of services, even when those services are not specifically linked with housing. This will support a conversation about how care is being provided in the County and provide insight into where opportunities exist to make more efficient use of the existing resources.

"Mainstream" services are services that are not reserved for people experiencing homelessness, like Medicaid and SSDI.

Accessing healthcare is sometimes difficult because of automated systems, long wait times, and confusing forms. Even after being enrolled in an insurance plan, some clients may not have the practical ability to obtain health care without a case manager's assistance. Through the community engagement, it was reported that additional psychiatric professionals are needed in Santa Maria. In addition, it was noted that areas where housing costs are less expensive tend to have fewer resources for psychiatry and substance abuse treatment; this may require adding new affordable housing in more expensive areas, adding new mental health clinics in more affordable areas, or investing in transportation that can bring clients from their affordable housing to their doctors.

Another often overlooked need is some clients who have pets or service animals may need vouchers for veterinary care or dog food, or referrals to volunteer veterinary clinics. Many affordable housing units will not allow pets, but clients often use dogs as an informal mental health resource, and they will not even consider accepting housing if that would mean giving up their pets. Members of the consumer focus group explained that their pets are their family and provide much needed comfort and support. They explained that people would not ordinarily ask others to choose between housing and family.

The issue was raised that LIHTC-funded housing developments typically contain inadequate funding for supportive services, so the County may want to consider adding funding for life skills training through the County's Department of Behavioral Health and/or the Affordable Care Act. The County's total budget for mental health services may be inadequate compared to local need and compared to the budgets of neighboring counties. Specifically, small projects providing 10 to 12 residents with intensive mental health services may be more effective than a large board-and-care facility. Projects using a scattered-site model also need additional retention services.

Another concern raised was that as people get older, they may start to develop dementia or Alzheimer's. Because the local homeless population already experiences forms of mental illness, the addition of dementia raises the acuity of these clients to a level that skilled nursing facilities are often unprepared to accept. In addition, many older adults are already stretching very limited resources between the high cost of housing, required medications and treatments, and other necessities. A growing number of senior citizens are living in sub-par housing, receiving inadequate nursing services and are at risk of homelessness. These residents need a long-term care placement that has the skill level to manage both medical and cognitive issues. Prevention services are a key component in ensuring that older adults in Santa Barbara have the resources and assistance needed to stay housed and stabilized and, when needed, find long-term care that is appropriate and matched to their needs.

A local housing authority noted the importance of bringing inoculations, wellness checks, and other primary health care services to the homes of Permanent Supportive Housing clients by partnering with the Public Health department. The housing authority's experience has been that clients often lack the executive function to make and schedule an appointment for preventative medicine, but clients who have had flu shots, tetanus shots, etc. are more likely to stay healthy, and healthy clients are more likely to be able to work on housing stability, job training, and education. Healthy clients also integrate better into the neighborhood and are more likely to be welcomed by the community. Consistent with this approach, another community member recommended serving people who have severe mental illness with an interdisciplinary team that includes a public health technician (either a nurse or an EMT), a public defender, a holistic case manager, and a housing navigator.

To address some of these needs, the CoC has already begun a performance improvement plan aimed at increasing the percentage of clients who are connected to mainstream benefits and who are able to increase their income. This plan is already in progress and has already yielded significant improvements in client income.

Build a Collective Action Plan; Improve Data Sharing

There are three key areas identified where the community is already working on significant improvements that will make them better able to respond to the impacts of homelessness. These are: 1) developing a collective response to homelessness using this action plan as a first step in the more in-depth community-based planning process; 2) continuing to improve data collection, and 3) improving the capacity for data sharing, including sharing data with the public using a dashboard or other public reporting system.

Craft a Collective Response to Homelessness

Although most of the agencies who provide homeless housing and services in Santa Barbara County have developed their own strategic plans, there is still a

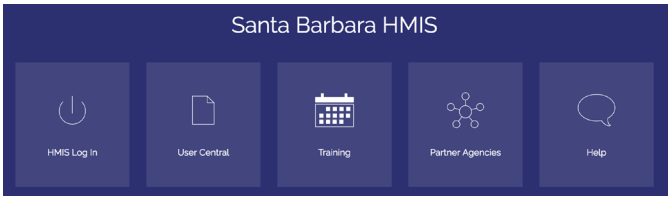
need for a truly comprehensive regional strategy that integrates all of the plans for the various agencies and organizes those activities so that all sectors of the community can work together toward a common set of goals. Because most strategic plans are written in order to demonstrate that a particular funding stream will be put to good use, an insufficient amount of attention has been devoted to the question of which funding streams offer the best fit for which agencies. Are some services being duplicated by two (or more) different funding streams? Are some services not being offered at all or only being offered on a very small scale? Could some of the funding currently going to duplicated services be either consolidated (for administrative efficiency) or repurposed (to plug gaps in the system of care)?

Relatedly, no one entity has enough authority to set an action plan on behalf of the entire community. Funding and decision-making power are widely distributed among city governments, the various branches of the County government, the Continuum of Care, local non-profits, faith-based communities, and business leaders. Because no one entity has the power to make decisions about the homeless system of care, some resources must be devoted to strategic planning so that the various actors can effectively coordinate their response to homelessness. This Community Action Plan is itself the first phase of a two-phase process that is currently under way and that is aimed at crafting a collective response to homelessness.

Improve Data Collection Countywide

As people experiencing homelessness move through the system of care, they generate a large volume of data: demographic information, information about needs and services, information about housing outcomes, medical information, and simple "historical" data such as the dates and locations at which a household has checked into or out of a given program or service. This data represents a potential resource that can be used by the system of care to improve system-wide performance and achieve better results with the same amount of resources. A robust, reliable database means that the community can identify best practices, identify programs that are struggling with one or more outcomes, and follow up with clients throughout their journeys to minimize the number of people who fall through the cracks.

Most of the programs that receive HUD funding through the Continuum of Care are required to store this data in the Homeless Management Information System (HMIS), a database with federally defined variables that can be used to compare results and share information across institutions. Increasingly, non-HUD programs such as the VA and CalWORKs are encouraging or requiring their grant recipients to enter data into HMIS.



Some programs are specifically forbidden from entering data into HMIS for safety reasons. For example, programs that primarily serve survivors of domestic violence (DV) must instead enter their data into a parallel database that is accessible only by staff that have been specifically cleared to work with DV victims. Other programs choose not to participate in HMIS, either due to a lack of resources or because they are required by their funders to track their data in some other fashion, and they want to avoid entering the same piece of data into two separate systems. Finally, some programs do not rigorously track outcomes at all: a small faith-based shelter that rotates among local churches, for example, may simply serve as many people as possible with whatever resources are available on any given night.

The uneven collection of data poses both technical and institutional challenges: how can the system fully and accurately measure its performance and make data-informed policy decisions when part of the system is opaque to quantitative reasoning? How can the data that is available in non-HMIS software be appropriately anonymized and combined with HMIS to provide a portrait of the system that is as accurate as possible? Therefore, one of the needs of the system of care is for increased and improved data collection and data translation, so that no subpopulation is neglected as the community works to end homelessness. Data quality improvement drives are already in process and have resulted in noticeably increased HMIS bed coverage rates each year for the past few years. The Continuum of Care and the Public Housing Authorities have an agreement to add the outstanding units to HMIS as soon as practically feasible.

Implement an Open HMIS System

Historically, agencies who participated in Santa Maria / Santa Barbara County CoC's Homeless Management Information System (HMIS) have stored their data in private, closed servers that were accessible only to the agency that generated the information. In 2017, the CoC began a movement toward a more open HMIS that would give clients the option to share their data with other local homelessness providers so that the client's information would follow them from one program to the next, eliminating the need for frequent re-interviews and providing a central repository to store information that can help people qualify for homeless housing and services. For example, agencies may want to readily get access to documents showing a client's homeless history, or a client's disability paperwork, so that the client does not have to restart the process of applying for benefits from scratch every time the client moves from one shelter to the next.

A great deal of thought and planning went into designing the Open HMIS, with multiple public meetings spread out over several months. Providers prioritized ensuring that clients were kept fully informed about the uses of their data and on integrating adequate security and privacy protections to make sure that data is not inadvertently shared with prosecutors, stalkers, or unauthorized third parties.

After several rounds of community feedback, the CoC voted to adopt and publish a new, comprehensive set of policies and procedures governing the Open HMIS, as well as a new omnibus Release of Information form that clients would be able to sign to give permission for their data to be more widely shared. Participating providers were also required to sign new forms promising to comply with training and security requirements so as to properly safeguard these new data sources.

To support the Open HMIS system, providers have been meeting together in regional and inter-disciplinary case conferences, bringing hard copies of each client's data in order to safely discuss each client's needs and opportunities. This strategy is already in process. Now that a critical mass of providers and consumers have signed the new paperwork, the system is poised to "go live" in early 2019 so that records will be shared electronically with all authorized providers. The CoC will then begin planning for Phase II of Open HMIS, which will include electronic tracking of shelter beds and other services that do not include an automatic connection to long-term housing. The County of Santa Barbara's Division of Housing and Community Development will continue working with all of the institutions that help serve people experiencing homelessness, such as hospitals and emergency rooms to link important data where needed.

Improve Data Sharing with Medical and Behavioral Health Care Providers

Ultimately, the goal is to share data not just among housing providers, but among all of the providers that help support formerly homeless clients in achieving their life goals, including emergency shelters, behavioral health care providers, and medical providers. Building a truly inter-disciplinary database poses special challenges, because some institutions may be locked into a technically incompatible system: if a hospital's patient data is already being stored in an electronic health record that cannot be electronically imported into HMIS, it is unlikely that the hospital would be willing and able to switch database vendors just to accommodate its homeless patients. Other institutions may lack the technical capacity to easily participate in any type of shared database, regardless of format: a drop-in services center or a rural outreach team may not have the laptops or internet connections it would need to enter real-time client data. Another barrier is the format in which services are delivered. For example, if services are provided primarily by telephone, then clients may be unable to provide the pen-and-ink signatures that are currently considered essential to protecting the privacy of their mental health information.

However, sharing data across systems also provides unique opportunities. Much of the financial value provided by homeless housing and services can only be tracked or captured when a client's utilization of services can be tracked through emergency rooms, law enforcement, and rehabilitation centers. There is substantial statistical evidence demonstrating that the total cost to society of allowing people to sleep on the street is typically much higher than the cost of providing even high-intensity interventions like Permanent Supportive Housing. However, because those costs are widely distributed across several different public institutions, it is not always feasible to recapture those costs or re-invest them in the system of care. A truly interdisciplinary database would allow the community to see in real-time how providing housing and services helps decrease the overall financial cost of responding to homelessness, and may help build public support and consensus for a sustainable level of funding.

Strengthen Support System Available to Help Residents Obtain and Maintain Housing

To support the new affordable housing that is being created, Santa Barbara County will also implement programs to coordinate its resources so as to better respond to individual needs. This includes improving prevention and diversion programs, creating a flexible source of funding that will be administered through the coordinated entry system, and connecting clients to mainstream services. Efforts can also be undertaken to reduce the extent to which individual agencies feel "siloed" or isolated from other agencies, so that data, clients, and insights can be shared as widely as possible. Coordination could be improved by cataloging which agencies are providing which services to identify where there are gaps in service and/or duplication of services so that duplicate resources can be shifted to plug gaps. Another option is to try to help each arm of the government implement a "no wrong door" approach, so that clients who present at any County or city department can get access to all of the services they may need, including food stamps, Housing Choice Vouchers, public defenders, job training, etc., all in one visit. The goal is for all agencies to be aware of all of the needs of each client, so that they can reduce the number of clients who fall through the cracks in the system of care.

Improve Prevention and Diversion Programs

Some persons who are experiencing homelessness or at risk of chronic homelessness do not necessarily need long-term rental assistance. Instead, many of these people need a one-time cash payment to eliminate an arrearage of rent and/or utilities, one-time legal assistance to resolve a possible eviction or other barrier to housing, or counseling and strategic problem-solving to help identify alternate housing options and encourage the client to continue searching for a housing solution despite early setbacks. The County will train all stakeholders in appropriate prevention and diversion techniques to ensure that people are connected with the resources that are right for them.

A medical provider noted that some clients do not initially need permanent supportive housing, but if they are discharged to the street and are unable to access a safe, normal environment where they can heal or at least maintain their condition, then their health deteriorates to the point where they need surgery and/or a skilled nursing facility. Adding medical respite housing could divert some of the clients who would otherwise need long-term supportive housing by helping to preserve those clients' mental and physical health.

Some California Emergency Solutions and Housing Program and Homeless Emergency Aid Program funding is currently allocated for improved prevention and diversion efforts, including a flexible funding stream to be managed by the Coordinated Entry System. This is a strategy that is already in process.

Create a Flexible Source of Funding Administered through the Coordinated Entry System

Often, proper prevention and diversion requires a flexible source of funding: creative problem-solving works best when the funders are not constrained by the terms of their grants to offer a narrowly defined type of financial assistance. Problem-solving is also more effective when it happens at the level most directly and immediately connected to the client, so that the people providing the resources and the people who need the resources can brainstorm solutions together before the clients have been homeless long enough to experience decompensation. To achieve these goals, the County's strategy includes developing a flexible source of funding to be administered directly by the Coordinated Entry System, so that the same people who are assessing the vulnerability and strengths of each client can work with that client to craft a customized solution for that client's specific needs. Some of the needs to be addressed by this flexible funding source could include short-term rental assistance, payment of security deposits and utility deposits, payment of arrears in rent or utilities, assistance with transportation or childcare, automotive repairs, purchase of uniforms or other professionally appropriate clothing, payment for professional licensing fees or necessary professional classes, and legal fees for resolving criminal records, eviction proceedings, and/or professional discipline issues that could interfere with a household's ability to secure housing.

Other frequent suggestions from the community engagement were to provide drop-in centers, mailboxes, and showers and to potentially include multidisciplinary support and connection to mainstream benefits. One benefit of such an approach was that clients would build comfort repeatedly coming to the service centers and may learn to trust the center enough to accept more sensitive services such as therapy or medication.

A local housing authority recommended conflict resolution as an important supportive service to provide to newly housed individuals. Especially in the chronically homeless subpopulation, some people are receptive to being educated about new social norms when that education is provided in a respectful way in advance of any specific conflicts.

Some California Emergency Solutions and Housing Program and Homeless Emergency Aid Program funding is currently allocated for building a flexible source of funding through the Coordinated Entry System. This is a strategy that is already in process.

Reach Out to Those Otherwise Least Likely to Apply for Help

The Coordinated Entry System already conducts a broad-based outreach program with multiple outreach teams who cover all regions and all homeless sub-populations. This strategy is already in process.

In addition, in the future, to ensure that new units and services are fairly distributed among all subpopulations, including those who would be least likely to apply in the absence of special outreach, all new housing opportunities will be announced through the Continuum of Care's e-mail listserv, posted on the CoC's website, discussed during case conferencing meetings in the Coordinated Entry System, and advertised on flyers that will be distributed in cafes and government offices in rural areas where some residents may not have Internet access. Materials will be translated into Spanish, as needed, and orally presented by disability advocates who have direct access to the target subpopulations. Community members pointed out that some clients with mental health issues may need help overcoming barriers to reaching the Coordinated Entry System to be added to the Community Queue. In addition, there may be a need for long-term bus passes lasting for one or two years, so that clients do not need to frequently renew their bus passes in order to retain the ability to travel to appointments.

The people who need services most urgently are not necessarily the people who are best able to access the system of care.

There are several challenges in serving hard to reach populations. It has been suggested that Section 8 Housing Vouchers be released on a staggered schedule, in smaller batches, or come with a longer period of time during which to find housing, because when many vouchers are released all at the same time, it increases the stress and difficulty for clients who wind up competing against each other to find one of the few vacancies in units that will accept Section 8 vouchers. The Housing Authority of the City of Santa Barbara notes that it is not always possible to control the timing of voucher releases, because the number of vouchers being issued is a function of Congressional appropriations, and Congress typically refuses to renew any vouchers that have not been connected to a specific lease within one year of being issued, putting the Housing Authorities in a "use it or lose it" situation.

It is also important to have someone who can assess mental health needs on the spot, instead of trying to refer a client who is experiencing mental health issues to an appointment that they may find difficult to keep. Another challenge stems from the need for a signed release from a client with no permanent address when the outreach services available are conducted entirely by phone. Without the signed release, it is not possible to forward mental health information that is necessary in order for a client to be scored appropriately on the assessment tools so that they will be recommended for the supportive housing they need.

People living outside farms or in hotels or cars may be less likely to access the Coordinated Entry system without dedicated outreach. In some of the northern parts of the County, the people who are most likely to come into contact with people experiencing homelessness are Rangers from the Parks & Recreation Department, who serve as auxiliary law enforcement officers and may have difficulty earning the trust of clients because of their role in suppressing the use of illegal drugs that some people experiencing homelessness are using as a form of self-medication. Building navigational centers in these areas where individuals experiencing homelessness can receive food, prescription medication, and other services could help them to build a connection to the system of care.

Build Provider Capacity to Address the Needs of Specific Populations

In addition to the general strategies discussed above to reduce and end homelessness in the general Santa Barbara County population, the County will also employ specific strategies and activities to address the housing needs of specific subpopulations, including survivors of domestic violence, families with children, the vehicular homeless, veterans, and unaccompanied youth. There is already at least one provider who focuses on each of the following subpopulations:

- Homeless Survivors of Domestic Violence
- Homeless Families with Children
- Homeless Veterans
- Homeless Youth
- Vehicular Homeless
- Homeless Adults with Serious Mental Disorders

These providers have already been working on building their unique capacities and respective areas of expertise. In this sense, the strategy of building provider capacity to address the needs of specific populations is already in process. However, in the future, additional strategies to build this capacity will be implemented as described below.

Build Capacity to Serve Homeless Survivors of Domestic Violence

Survivors of domestic violence often need housing that is not only affordable, but also safe and anonymous. Suitable housing may include properties that come with 24/7 security guards, unlisted addresses, supportive services that are trained to pick up and drop off clients at a reasonable distance from their homes to avoid giving away the location of those homes, and additional security features such as fences, walls, and alarms. Alternatively, survivors who wish to remain in their current homes may be assisted with new locks for windows and doors, with obtaining a restraining order against their abuser(s), and with appropriate supportive services.

The supportive and housing services needed by domestic violence victims may vary, but most need health care and counseling immediately following a crisis and continued mental health support to assist with the traumatic stress related to the violence. Victims may also require assistance with substance abuse and mental health issues, both of which are common among domestic violence victims. Affordable housing is also critical. The National Alliance to End Homelessness argues that a "strong investment in housing is crucial [to victims of domestic violence] ...so that the family or woman is able to leave the shelter system as quickly as possible without returning to the abuse." The Alliance also reports that studies on homelessness have shown a correlation between domestic violence and homelessness.

Domestic Violence Solutions, a highly experienced provider of services for survivors of domestic violence, offered a 40-hour advocacy training in Santa Maria in August 2018 that fulfills California state requirements for personnel working with victims or perpetrators of domestic violence, and frequently volunteers to share its expertise with other providers to help them build the capacity to meet the needs of this important subpopulation. They operate a 24-hour emergency shelter for domestic violence victims. The Santa Maria / Santa Barbara County Continuum of Care has also applied for $168,608 in new funding for Good Samaritan's Santa Maria Safe House, a hybrid Transitional Housing / Rapid Re-Housing facility that will be dedicated to serving homeless survivors of domestic violence.

Build Capacity to Serve Homeless Families with Children

Families with children often need multi-bedroom housing, which can sometimes be difficult to obtain at affordable prices. Only 36% of rental properties in the County have 3 or more bedrooms. The County has approximately 12,500 renter households with incomes less than $25,000 per year, but as of 2012, there were only 3,800 rental units available that would be affordable at this income level. In addition, children need connections to educational services so that their schooling is not unduly interrupted by changes in housing and/or experiences of homelessness. Some families are "doubled up" several times over, with multiple family units living in a single unit.

To meet these needs, the County works with several family-oriented providers, including Good Samaritan Shelter (18 units of Permanent Supportive Housing for families), People's Self-Help Housing (1 unit of Permanent Supportive Housing for Families), Transition House (32 units of Permanent Supportive Housing for families), and the Housing Authority's Rancho Hermosa project (40 units of Permanent Supportive Housing for Families). The Continuum of Care has recently added 47 new units of Rapid Re-Housing that are available to families. The Coordinated Entry System now flags households with children in HMIS based on their length of time homeless, and takes this into account for prioritizing housing.

The Coordinated Entry System now has 9 entry points available to families experiencing homelessness, including schools, street outreach, victim service providers, and family shelters. The CoC partners with McKinney-Vento local educational authorities to work with homeless children in the school district, advocate for their educational resources, and ensure that their basic needs are met. Fighting Back Santa Maria Valley, a local nonprofit, works to increase the quality of life for disadvantaged families in the region, and helps families overcome barriers to accessing education.

The Phase I Community Action Plan will further promote Santa Barbara County's already strong capacity to address the needs of homeless families with children by coordinating funding for multi-unit affordable housing with appropriate supportive services for families.

Build Capacity to Serve Vehicular Homeless

Many people who lose access to their primary nighttime residence still have an automobile or other vehicle that provides a measure of protection from the elements and offers strategic mobility. This subpopulation (the vehicular homeless) has unique strengths and unique needs. While they are often more able than other persons experiencing homelessness to travel to appointments, to apply for benefits and receive health care, they also may be unable to find a safe place to park their car near an emergency shelter or transitional housing facility, which can interfere with their ability to access the system of care and may be subject to harassment when parked and ticketing.

To assist with these needs, the New Beginnings Counseling Center provides case management and outreach to people experiencing homelessness as well as safe overnight parking for individuals and families living in their vehicles. Their confidential, daily-monitored parking spaces help connect people experiencing chronic homelessness to shelters and services that will get them off the streets and into safer environments. Within the general homeless population, the subpopulation of people who have a valid driver's license, vehicle registration, and insurance are often more likely to be able to quickly begin earning a living wage with appropriate support for resume writing, employment referrals, and cash assistance for medical and dental expenses. Identifying people who are experiencing homeless while legally driving their own vehicle therefore helps reduce and end homelessness by improving the success rate of programs designed to connect people with permanent housing by helping them gain employment.

To promote provider capacity to serve the subpopulation of the vehicular homeless, New Beginnings has published the Safe Parking Program Manual, which outlines best practices, challenges and how to overcome them, and practical tips for securing, operating, and taking advantage of parking spaces that are accessible to persons experiencing homelessness.

Concerned community members have suggested eliminating the "street" camping law, which currently penalizes persons sleeping in their car by fining them $500, as well as providing additional funding for drivers who need help renewing their insurance, keeping their registration current, and paying off any outstanding tickets.

A local expert on working with the vehicular homeless noted that some people experience psychological stress when transitioning from living in a vehicle to living indoors, either because they are not used to the privacy and associated social isolation, or because they feel a sort of survivor's guilt while comparing their situation to the situation of their still-homeless friends. This community member recommended adding intensive support for chronically homeless persons who have just been housed, explaining that there is a critical period where these individuals need more frequent support in areas that caregivers may take for granted, such as learning how to pay a bill or how to cook in a kitchen.

Build Capacity to Serve Homeless Veterans

Veterans experiencing homelessness may have a need for veteran-specific supportive services, including trauma-informed counseling, dialectical-behavioral therapy, and assistance with navigating the resources available through the VA. One of the key challenges in serving veterans experiencing homelessness involves navigating the f connections between the homeless system of care and the veteran-specific system of care, which sometimes have inconsistent requirements for tracking and reporting client data. Based on interviews with homeless service providers in Santa Barbara County, affordable low-income housing is the primary need for people experiencing homelessness. There is a need for single-room affordable housing particularly for veterans and middle-aged individuals who do not yet qualify for senior benefits, as well as a need for larger units for families. There is also a need for specialized mental health services for veterans.

To help bridge these gaps, the Santa Maria / Santa Barbara County Continuum of Care has developed a

by-name list that attempts to identify and track every homeless veteran in the County and prioritize them for housing openings. The CoC operates three veteran-focused outreach sites and partners with the Santa Barbara County Veterans' Service Office (VSO) and the Salvation Army to help identify homeless and/or at-risk veterans. Eligible veterans are immediately referred to one of two SSVF offices and may also be enrolled in HUD-VASH or Grants Per Diem.

A local housing authority noted that it has a specific Section 8 allocation for veterans experiencing homelessness, and that it conducts outreach to ensure that veterans are aware of these vouchers and able to access them. One of the Santa Barbara County Supervisors spearheads a veteran "stand-down' event every October, and the housing authority attends that event in order to get the number and age groups of the veterans who attended and who self-identified as being homeless. The housing authority then uses that information to work with local veterans' groups and the VA to provide appropriate services.

One strategy that will be used to reduce and end veteran homelessness in the near future is Rapid Resolution, a diversion program being developed as a joint project by HUD, USICH, and the SSVF Program Office that is scheduled to be added to Santa Barbara County in FY2019. The Santa Maria / Santa Barbara CoC is currently working with these offices to plan how to implement this program in the County.

Build Capacity to Serve Homeless Youth

To reduce and end homelessness among unaccompanied youth, the Santa Maria / Santa Barbara County Continuum of Care currently offers protective assistance and social services for foster youth, including a 24-hour hotline, 1-on-1 counseling, and youth therapy groups. Family Unification Program vouchers are available for transitional-aged youth who have left foster care or will leave foster care within 90 days and are at risk of homelessness. The CoC identifies these families in advance through a Memorandum of Understanding with the County Public Housing Authority and the County Department of Social Services. Housing providers receive regular training from the local YMCA Youth and Family Services on the unique developmental housing needs of young adults, including best practices for serving LGBTQ+ youth and youth of color.

As part of its Phase I Community Action Plan, the County will use HEAP funding to provide youth-specific interventions such as group homes, after-school programs, community centers, and workforce development. Youth living in HEAP-funded programs will not be required to adhere to the strict schedules used by adult-oriented Rapid Re-Housing programs that require participants to achieve financial independence within 12 to 24 months. Instead, youth will be given additional time as needed to pursue GEDs, develop job skills, and learn how to live independently. As described in more detail in the Appendices (Specific Involvement of Homeless Youth Programs, p. 53), youth providers have been collaborative partners in determining the best uses of funding that will be dedicated toward homeless youth, and these partners will continue to play an important role in shaping the use of HEAP funding.

Several community members suggested creating more "dormitory"-style communal living facilities for youth, including housing that features private bedrooms with shared common areas. A youth provider recommended building youth-specific shelters, because many emergency shelters are only for people experiencing chronic homelessness (unlikely to apply to youth because they are not old enough to have been homeless for a long time) or for families with children (unlikely to apply to youth because of their age), or people with intense substance abuse issues or other severe mental illnesses that are not always relevant to homeless youth. In fact, some youth are homeless precisely because they have fled from or been abandoned by parents with mental health issues and/or drug addictions, so being forced to spend time in close quarters with shelter residents who are experiencing those types of issues can be triggering for homeless youth. Moving into a shelter where the majority of residents have been continuously homeless for many years can also be an unacceptable threat to the self-image of homeless youth, many of whom do not consciously identify as homeless.

One concern raised was whether there are adequate youth psychiatric beds in the county because a shortage leads youth who need extended inpatient care to have to be sent to more distant facilities. Another was that the County's emergency response supports have become less mobile, especially on nights and weekends. Emergency mental health care can be a vital part of crisis response and assessment planning for recently homeless youth will be a part of the new state funding allocation. Qualified, well-trained staff that is familiar with the unique needs of youth is also helpful for engaging "parentified" youth, who may have prematurely taken on an adult role in that they have become accustomed to caring for their disabled and/or low-functioning parents. Such youth may be initially unwilling to accept services if those services would separate them from their parents and prevent them from continuing to care for their parents.

In terms of positive opportunities, youth may still be open to enrolling in college, and may be able to get access to housing through a university (e.g. college dormitories). Homeless youth are also somewhat more likely to have living relatives, especially extended family, who might be able to reconcile with them with or without the help of supportive services.

Build Capacity to Serve Homeless Adults with Serious Mental Disorders

Much of the homeless system of care is already geared around serving homeless adults with serious mental disorders: the two interventions with the largest total number of beds in the 2018 Housing Inventory Count for the Santa Maria / Santa Barbara County CoC were Emergency Shelter for adult individuals (499 beds) and Permanent Supportive Housing for adult individuals (440 beds). To be eligible for Permanent Supportive Housing, the head of household must have at least one qualifying disability, and tri-morbid clients (who by definition have both a mental disability and a substance abuse disorder) receive the highest priority for PSH.

Nevertheless, there is more to do to build additional capacity to serve homeless adults with serious mental disorders, both in terms of increasing the volume of services, and in terms of helping traditional housing providers respond to a higher average level of acuity among their clients. As the Coordinated Entry System increasingly identifies and prioritizes the most vulnerable individuals for homeless housing, all HUD-funded programs will be more likely to encounter people with moderate to severe mental disorders. To safely and comfortably accommodate these people, programs will need to hire and/or train additional mental health counselors, especially counselors who can be "on call" for night and/or weekend issues that impact housing stability. Additional housing navigators are also needed to reassure landlords that their business needs can be accommodated while renting to people with mental health issues and to help coach clients on conflict resolution skills so that they will be able to successfully adapt to their new environment and their new roles as tenants and neighbors. The Department of Behavioral Wellness reports that intensive wrap-around services are needed to serve recently-housed clients, especially during their first 9 months after entering permanent housing, to promote a stable transition and to connect clients with mainstream supports.

Build Capacity to Serve Homeless Children with Serious Emotional Disturbances

One challenge in serving children with serious emotional disturbances is that their parents sometimes choose not to report the disturbances because they are concerned that reporting would result in having their children taken away from them. Youth are also understandably reluctant to self-identify as having a serious emotional disturbance. Although care can be accessed through a culturally sensitive 24-hour toll-free hotline, more staffing is needed to proactively identify youth who may be in need of services, especially in a homeless context.

Once children with serious emotional disturbances are identified, the Santa Barbara County Department of Behavioral Wellness (DBW) uses a variety of programs to address children's mental health needs, including the Wellness & Resiliency Teams, which provide specialized outpatient teams in each region who use evidence-based practices to serve children with serious emotional disturbances. DBW has recently expanded Substance Use Disorder services in the Santa Barbara Children's Clinic for Transitional-Age Youth and their families, using the Strengthening Families model, a research-informed approach designed to increase family strengths and child development while reducing substance use by promoting key protective factors.

	FY 13-14		
	Children & Youth with 1 or more SMIS Visits	Certified Eligible & Youth	Penetration Rate
All	**2,342**	**70,254**	**3.3%**
Children 0-5	486	24,809	2.0%
Children 6-11	719	21,420	3.4%
Children 12-17	872	16,163	5.4%
Youth 18-20	265	7,862	3.4%
Alaskan Native or American Indian	^	163	^
Asian or Pacific Islander	39	2,567	1.5%
Black	78	963	8.1%
Hispanic	493	12,236	4.0%
White	1,580	49,207	3.2%
Other	^	1,636	^
Unkown	106	3,482	3.0%
Female	1,098	34,751	3.2%
Male	1,244	35,503	3.5%

	FY 13-14		
	Children & Youth with 5 or more SMIS Visits	Certified Eligible Children & Youth	Penetration Rate
All	**1,807**	**70,254**	**2.6%**
Children 0-5	379	24,809	1.5%
Children 6-11	593	21,420	2.8%
Children 12-17	637	16,163	3.9%
Youth 18-20	198	7,862	2.5%
Alaskan Native or American Indian	^	163	^
Asian or Pacific Islander	28	2,567	1.1%
Black	59	963	6.1%
Hispanic	383	12,236	3.1%
White	1,223	49,207	2.5%
Other	^	1,636	^
Unkown	83	3,482	2.4%
Female	828	34,751	2.4%
Male	979	35,503	2.8%

This chart shows that once delivered, services for children with serious emotional disturbances are relatively effective and well-tolerated

Evidence from the California Mental Health Planning Board Council's Data Notebook for Santa Barbara County suggests that once delivered, services for children with serious emotional disturbances are relatively effective and well-tolerated: although only 2,342 (3.3%) of children who are certified as eligible for Medi-Cal receive some type of specialty mental health treatment during the year, there are 1,807 children (2.7%) each year who receive specialty mental health care at least five times per year. This suggests that children who need help are able and willing to receive sustained support once they are initially connected to the system. Accordingly, new resources should be devoted to improving children's ability to connect to the mental health care system for the first time.

Another way to support homeless children with serious emotional disturbances is through drop-in youth services centers that offer food, showers, counseling, and safe spaces, with optional connections to more intensive interventions for homeless youth and/or their families.

How Will the County Track Progress Toward Its Goals?

A key piece in ensuring that continued progress toward improving housing stability for persons experiencing homelessness in Santa Barbara County is captured in a comprehensive way are the data systems by which existing and planned data collection are made possible. While many data metrics are required to be captured for evaluation by the Department of Housing and Urban Development, planning for additional data collection and reporting is required for compliance with criteria set forth in the No Place Like Home (NPLH) Program Guidelines; this provides an opportunity to explore further possibilities for information sharing amongst community partners, to ensure the needs of participants in supportive housing are truly met, resulting in long-term success for these individuals and families.

HMIS

A key element of the Phase I Community Action Plan is tracking progress toward the County's goals. To actively evaluate its progress, the County will collect and review data from multiple sources, including the Homeless Management Information System (HMIS), annual compliance reports, demographic surveys, project performance reports, utilization records from the corrections system, and utilization records from the health care system.

The Santa Maria / Santa Barbara CoC's HMIS is operated by the County of Santa Barbara's Division of Housing and Community Development (HCD), and uses ServicePoint software to track universal and program-specific data for 73 projects at 18 participating locations. All projects funded through the Continuum of Care and/or the Emergency Services Grant program are required to use HMIS. To facilitate this usage, HCD provides system-wide oversight, management, technical assistance, training, and supportive resources. HCD also engages with new providers at community meetings to encourage them to voluntarily adopt HMIS even when their funders do not affirmatively require it. Over the next five years, HCD expects the number of providers using HMIS to significantly increase based on a growing interest in statistical performance evaluation and the increasing number of funding streams that require the use of HMIS.

The Santa Maria / Santa Barbara CoC's HMIS also tracks data that is acquired by street outreach teams and emergency shelters as part of the process of operating the Santa Barbara's Coordinated Entry System, which is also administered by the County HCD. The Coordinated Entry System uses HMIS to aggregate data about the vulnerability and needs of clients who are or may be experiencing homelessness, including Vulnerability Assessment – Service Prioritization Decision Assistance Tool (VI-SPDAT) scores, the housing needs and preferences of each client, and notes from each client's case conferences. This allows the County to de-duplicate client data, ensure that the widest possible range of clients are tracked in the system, and gather reliable near-real-time information about the County's progress toward providing housing for all of its residents.

As discussed below, the Santa Maria / Santa Barbara CoC's HMIS will be a crucial part of the system in place to collect the data needed for the reports required by No Place Like Home, as well as a crucial part of the County's efforts to track progress toward its goal of ending homelessness.

System Performance Measures

As discussed in Section II (p. 20), one key set of metrics for evaluating the community's progress toward ending homelessness are the HUD System Performance Measures (SPMs), which measure the overall performance of the entire system of care, rather than the performance of any individual program or agency. As detailed above, they will help provide a continuing picture on a variety of metrics. They will be evaluated at periodic intervals as part of the Continuum of Care performance monitoring. However, they can be run at any time and used in a complementary fashion with the other evaluation methods discussed here.

Annual Compliance Reports

California's Code of Regulations Title 25 §7325 requires that all government-funded rental housing developments submit an independent audit prepared by a certified public accountant within 90 days after the end of each project's fiscal year. NPLH Program Guideline Sections 214(a) and 214(b) makes this requirement applicable to all units funded by NPLH. These audits serve as an "annual compliance report" in that they confirm that payments are reasonably current on all loans and that each program is continuing to engage in eligible activities and spending their grant funding on eligible costs for eligible clients.

The County will collect and review annual compliance reports from all NPLH-funded projects at least once every three years in order to confirm that these reports are being fully, accurately, and promptly completed. Projects that have not correctly completed their annual compliance reports will receive technical assistance and more intensive monitoring.

Data from the annual compliance reports, including the amount of money being spent on affordable housing by private and public sources, will help the County keep track of its progress toward the goals in this Phase I Community Action Plan. Ideally, these reports will also be publicly accessible. An easy-to-access monthly report or live dashboard on the County's website that gives the public statistics on demographics and success rates would help maintain public involvement and support.

Demographic Reports

To better measure how well each subpopulation is being served, the County will prepare demographic reports showing the numbers and characteristics of homeless and formerly homeless people who are benefiting from the homeless system of care, including projects funded by No Place Like Home (NPLH).

With the exception of project occupancy restrictions and the number of tenants who served on active duty in the US armed forces, all demographic data required by No Place Like Home (NPLH) Section 214(e) is tracked by the Santa Maria / Santa Barbara CoC's HMIS, including:

- Project location, services, and amenities;
- Number of units funded through each stream of funding assistance;
- Number of individuals and households served; and
- Homeless status, veteran status, disability status, and mental health status (no information on specific diagnoses will be collected).

Project occupancy restrictions are tracked by individual agencies and will be collected and reviewed by the County on an annual basis as part of its oversight of any NPLH grants.

HMIS already identifies all veterans, including both veterans who served on active duty in the US armed forces and those who did not. The County will ensure that NPLH grantees interview their veteran clients after program entry to attempt to determine whether these clients served on active duty and collect and tabulate this information at least once per year.

As appropriate, the County will also gather data directly from property managers and lead service providers to ensure that the County has all of the information needed to assess progress under this Phase I Community Action Plan and compile all necessary demographic reports and financial audits as required by the NPLH Program Guidelines.

Project Performance Reports

To better measure how well each subpopulation is being served, the County will prepare performance reports showing the extent to which each project (including projects funded by NPLH) is successfully assisting persons who are or were experiencing homelessness. All of the performance data required by No Place Like Home (NPLH) Section 214(e) is tracked by the Santa Maria / Santa Barbara CoC's HMIS, including:

- Average project vacancy rate;
- Gender, race, ethnicity, and age of heads of household;
- Income levels and changes in income of NPLH tenants;
- Length of stay of NPLH tenants;
- Homelessness status (prior to entry) of NPLH tenants;
- Length of prior episodes of homelessness;
- Exit destinations of tenants who leave NPLH housing; and
- Deaths in NPLH housing.

As appropriate, the County will also gather data directly from property managers and lead service providers to ensure that the County has all of the information needed to assess progress under this Phase I Community Action Plan and compile all necessary performance reports and financial audits as required by the NPLH Program Guidelines.

Efforts to Collect Data on Utilization of Corrections and Health Care Systems

The County Sheriff's department has recently launched a Behavioral Sciences Unit (BSU) that is collaborating with the County Department of Behavioral Wellness's Crisis Triage program to identify individuals in the community with frequent law enforcement contact who may be struggling with mental illness. The BSU has also been successful in identification of at-risk persons who are making extensive use of the 911 system and appear to be struggling with mental illness. Crisis triage staff seek out and provide outreach to these individuals to attempt to engage them in receiving mental health services. This project has laid useful groundwork for collecting data on the utilization of corrections and health care information.

The County Department of Behavioral Wellness is also working on developing a universal Release of Information form that will be compatible with privacy statutes for both mental health providers and homeless system of care providers. This form is expected to be available within one year, and, once signed by clients, will facilitate the sharing of statistical information on program usage across multiple systems.

Some of the important barriers to collecting this data include (1) the time required to contact clients and ask them to sign a new release of information, (2) resistance from individual clients or providers toward unfamiliar and/or confusing data collection techniques, (3) technical barriers based on incompatible databases and software, and (4) data quality issues at providers who are attempting to collect new types of information for the first time. The County will use its best efforts to overcome these barriers so that the appropriate statistics will be readily available for both health care utilization/outcomes and for incarceration utilization/outcomes.

To the extent that these efforts are successful, the County will collect and provide aggregated data on:

- emergency room visits for NPLH tenants before and after move-in;
- average number of hospital and psychiatric facility admissions and in-patient days before and after move-in; and
- number of arrests and returns to jail or prison before and after move-in.

WHAT ARE THE NEXT STEPS IN THE PLANNING PROCESS FOR THE HOMELESS SYSTEM OF CARE?

Obtain Additional Funding (i.e. HEAP, CESH, ESG, COC, and NPLH)

Santa Barbara County is pursuing or has recently been awarded a significant amount of additional funding to bolster the homeless system of care, including HEAP, CESH, ESG, CoC, and NPLH. This additional funding will be utilized to add new capacity, programs, and providers to the system and help bring online the new strategies and expanded housing and service options discussed in this Phase I Community Action Plan.

Gather Additional Data

Additional data is essential in determining the needs of the community and the effectiveness of current policies and resources. Analysis of data from the new Point-in-Time Count, Housing Inventory Count, System Performance Measures, and Longitudinal Systems Analysis will be available over the first several months of 2019 and will provide crucial insight into how to continue to improve the homeless system of care.

Form a Strategic Planning Workgroup

As an important first step in next phase, a Strategic Planning Workgroup will be formed to oversee the development of the Phase II Regional Strategic Action Plan. The Workgroup will have diverse stakeholder representation, including members with lived experience.

Conduct Community Engagement and Draft Regional Strategic Action Plan

With the guidance of the Workgroup and facilitation, conduct community engagement process, including forums, consumer focus groups, surveys, additional interviews. Identify collective priorities, goals and strategies and framework for implementation. Draft Regional Strategic Action Plan and achieve adoption through consensus.

APPENDICES

What Community Input Led to This Plan?

The Santa Barbara community has extensively participated in planning processes related to homelessness, housing, and behavioral health, and feedback and materials from that participation are incorporated into this Strategic Plan Update. This includes extensive outreach, public meetings, surveys, interviews, and the development of written planning materials.

Incorporation of Material from Previous Planning Processes

The Santa Barbara community has already extensively commented on and participated in planning processes related to homelessness, housing, and behavioral health, and the fruits of that participation are incorporated into this Phase I Community Action Plan.

To develop the 2015-2020 Consolidated Plan for the Santa Barbara County HOME Consortium and CDBG Urban County, the County held two public meetings in two different locations near public transit, interviewed the executive director or managing director of 5 major local housing agencies, and convened focus groups for individuals with disabilities, for Hispanic residents, and for stakeholders which together included 16 residents plus an additional 28 service providers. The Hispanic focus group was conducted using the Spanish language. The public meetings were advertised via the County website, the County cable TV station, widely distributed flyers, and direct notice to service providers for persons with disabilities.

To develop the 2018-2019 Annual Action Plan for the Santa Barbara County HOME Consortium and CDBG Urban County, the Plan was advertised in three local newspapers, distributed in public libraries, posted on the County's website, and announced at two public hearings.

To develop the 2015-2020 Consolidated Plan for the City of Santa Maria, the City held a meeting at a public library that was attended by 19 residents, and distributed needs assessment surveys that were filled out by 604 people. The City also received and incorporated public comments from 34 local agencies and service providers.

To develop the FY 2018-2019 Funding Recommendation Report from the City of Santa Barbara's Community Development and Human Services Committee, the Committee held 18 meetings, including site visits to grant recipients and public hearings. The Committee includes representatives from youth-oriented service providers, the business community, the disabled community, the Latino/a community, the African-American community, and four low-income neighborhoods.

To develop the FY 2018-2019 Santa Barbara County Department of Behavioral Wellness Mental Health Services Act Plan, the Department hosted monthly CBO Collaborative meetings, regular in-person meetings with individual providers, monthly regional partnership meetings in each region of the County and special outreach to marginalized and/or disadvantaged communities, including the United Domestic Workers' Union, the Pacific Pride Foundation, American Indian Health Services, La Casa de la Raza, and Santa Maria's Day of the Farmworkers fair. The Department of Behavioral Wellness also regularly convenes pop-up work groups with current and former consumers, known as the Community Togetherness Action Teams, who work together to create more cohesion in their communities and build a feeling of empowerment to create change. Community Togetherness Action Teams have identified self-respect, better communication, public restrooms, hygiene items, DMV vouchers, additional shelter bed days, and a reduction in stigma around homelessness and mental illness as some of the key issues that they would like to see addressed.

To develop and implement the Coordinated Entry System in the Santa Maria / Santa Barbara County Continuum of Care, the CoC hosted public forums; public Continuum of Care Committee, General, and Board meetings; stakeholder focus groups with healthcare providers, Veterans groups, family providers, victims service providers, youth advocates, and shelter operators who serve chronically homeless individuals over a two-year period; Committee and Board meetings to review policy documents, assessment tools, prioritization criteria, geographic breakdowns, and during implementation proposed case conferencing procedures; and subsequently all revisions proposed have been publicized and considered during public meetings of the CoC.

Additional public meetings, interviews, focus groups and surveys were conducted as part of the process of developing the:

- Priorities and allocations for the Round 1 HEAP and CESH funding
- FY2017 and 2018 CoC Program CoC Program Applications
- FY 2018-2019 County of Santa Barbara Public Safety Realignment Plan
- 2017 Report on Homelessness in Santa Barbara County from the Central Coast Collaborative on Homelessness
- April 2017 Mental Health Services Act Planning Presentation
- FY 2016-2017 Annual Report of the Santa Barbara County Department of Behavioral Wellness
- 2015 Santa Barbara County Analysis of Impediments to Fair Housing Choice
- 2006 Santa Barbara County-wide 10-Year Plan to End Chronic Homelessness

Additional Public Meetings

In addition to the planning and community participation discussed above, Santa Barbara County convened a pair of special public meetings specifically for the purpose of discussing the Phase I Community Action Plan. The meetings were hosted on November 14, 2018 in Goleta (South County) and Santa Maria (North County), and was announced in advance using County websites, distribution of flyers, and outreach through service providers, including providers who serve specific subpopulations such as veterans, people with disabilities, and youth.

At the South County meeting, 75 people representing 35 unique agencies attended, and 20 people submitted written public comments. At the North County meeting, 55 people representing 26 unique agencies attended, and 4 people submitted written public comments. All of the comments received were addressed and considered as part of the development of the Phase I Community Action Plan.

Participants at the North County and South County meetings broke out into small groups and brainstormed potential strategies to help address homelessness, and the key ideas that each group coalesced around were shared with the group and recorded in the front. At the end of the meeting, each participant was given four stickers to place next to the strategies that they felt were most important or most relevant to Santa Barbara County's needs and should be prioritized moving forward. There was a notable degree of overlap as to which strategies were endorsed by community participants. The following strategies received at least three votes (no more than one vote per person) from the combination of the two meetings, with each "x" indicating one vote:

Accept Medicaid Vouchers	xxx
Address Costs	xxx
Address Section 8 Stigma/Landlord Outreach and Incentives	xxxxxxxxxxx
Assess Persons without Addiction/Sobriety Requirements	xxxx
Agencies Lobby together to Effect Change/Advocacy (State Assembly/Federal)	xxxx
Build All Types of Units (family, communal, tiny, 1/2BR)	xxx
Build Cooperative Housing (dorm style)	xxxxxxxx
Build Infrastructure for Support Services in High Density Areas	xxxxxxxxx
Build on City/County owned land	xxxxxxx
Collaborative/Unifying Data System	xxxxxxxxx
Coordinate Resources in a Day Center facility	xxxxxxxxxxx
Dig into problem be proactive not reactive (i.e.: not "see a need, fill a need")	xxxx
EACH CITY Needs to do their Fair Share/Collaborate	xxx
Expand Safe Parking Program to Include Showers/Bathrooms	xxx
Fee Waivers for Developers from Local Jurisdictions	xxxxxx
Financial and Criminal Assistance	xxxxxx
Focus on the Population That is Served in that Area	xxxxxx
Form Public/Private Partnerships	xxxx
Fund Transportation (MTD, Easy Lift, UBER, Lyft)	xxx
Goleta Has Land, But No Shelters…build them	xxxxxxx
Harm Reduction Approach	xxxx
Identify site/Undeveloped land	xxxx
Increase Safe Parking Spots	xxxxxx
Information Sharing Among Entities/Clarity/Streamlining Services	xxx
Law Enforcement Approval for Mental Health Holds	xxxxxx
Level of Services Need to Match Needs of Community	xxxxxx
Locations/Drop-In Centers with Multiple Services	xxxxx
Master Leasing	xxxx
Mental Health/Substance Abuse Services	xxxxx
Mentally Ill Need Access to Homeless Services	xxxxxxx
Mobile Tiny Homes	xxxxx
More Emergency Housing/Shelters/Services	xxxxxxxxxxx
More Housing Units (singles, families)	xxxxxxxxxxx
More Shelters in Addition to Existing Ones – WITHIN the Community	xxxxxxxxxx
New Housing Location(s) Analysis	xxx
Philanthropic Donations (Money and Property)	xxx
Provide HOUSING in Unincorporated Areas Near Services	xxxxxxxxxxx
Remove Barriers to Development/Solve NIMBY Problem	xxxxxxx
Research Other Cities' Best Practices/One-Stop Service (San Diego)	xxxxx
Review Homelessness Programs in San Diego and San Antonio	xxxxxxx
Review/Change Source of Income Laws (locally, statewide, nationally) to Prevent	xxxxxx
Sub-Population Tri-Morbid/Resistant Population Services (1 on 1)	xxxxxx
Supportive Housing to Prevent Recidivism	xxxxxxxxx
Tax Credits to Qualify Locals/Rent Index	xxxx
Training for Trauma Agencies/First Responders	xxxxx
Use United Way as a Resource to Connect Consumers to Services	xxxx
VA Support	xxx
Vouchers/Landlord Incentives (navigator/insure tenant?)	xxxxxx
Wrap Around Services	xxxxx

Finally, Santa Barbara County convened a consumer focus group on November 15, 2018 in downtown Santa Barbara. 8 residents currently experiencing homelessness, including some residents who were chronically homeless and/or experiencing mental illness, attended this focus group and shared their thoughts on what needs to be done to end homelessness in the County.

Some of the key requests shared by consumers included:

- The need for additional staff to monitor phone lines, so that calls for help can be answered or at least promptly returned;
- Access to can openers, microwaves, and freezer space so that food stamps can be used effectively;
- A more inclusive atmosphere at the public library;
- Lockers or places to store gear during the daytime;
- A place to rent bunk beds for the night for people who have a job and have saved some money;
- More time for medical staff to listen to patient concerns before prescribing pills;
- More security in homeless shelters to prevent robbery and violence;
- Help navigating the overwhelming amount of paperwork needed to secure a housing voucher;
- More training for AmeriCorps staff in how to clearly communicate the status of the Coordinated Entry queue;
- Additional mobile shower facilities
- Additional clothing donations, e.g., socks;
- Pet-related services and pet-friendly housing;
- Screening for physical and mental health issues;
- Housing that does not require participants to get rid of their vehicles as a condition of entry
- Housing that is accessible to those with credit scores below 700;
- Shelters with relatively longer (e.g. > 10 day) lengths of stay so that residents have a chance to take action after getting comfortable and before being returned to the street
- More oversight and investigation into evictions; why are people being evicted, and what happens to them after they lose their housing?
- One-stop services center similar to the facility in Oxnard, with a washer/dryer, phone, computers, paperwork help, a mailing address, medical services, and lockers.

Phone Interviews with Key Stakeholders

To supplement the feedback received at the public meetings, the County conducted telephone interviews with key stakeholders, including:

- the Housing Authority of Santa Barbara County
- the Housing Authority of the City of Santa Barbara
- City of Santa Maria
- the Santa Barbara County Department of Behavioral Wellness
- the Santa Barbara County Department of Education
- the Santa Barbara County Inter-Agency Policy Council (which represents)
  - the Santa Barbara County Department of Public Health
  - the Santa Barbara County Sheriff's Office
  - the Santa Barbara County Department of Social Services
  - the Santa Barbara County Division of Housing and Community Development
- an officer of the Board of the Santa Maria / Santa Barbara County Continuum of Care
- CenCal Health (county health plan)
- YMCA Youth and Family Services
- Mental Wellness Center (support center for family members advocating on behalf of persons with serious mental illness)
- PATH (housing provider with experience providing services to those who are Chronically Homeless)
- The Rescue Mission (housing provider with experience providing services to those who are Chronically Homeless)
- Transition House (family and shelter provider)

During the phone interviews, the County and its representatives engaged in a collaborative process with the key stakeholders to gather their input. All of the feedback received was considered as part of the development of this Phase I Community Action Plan.

Request for Feedback via Listserv, Announcements, and Websites

Before the Strategic Plan Update became final, the County published it on the website, distributed the Plan via its e-mail listserv with 182 active subscribers, and announced that the County was seeking feedback on the Plan at the Planning Committee Meeting and subsequently at the CoC Board meeting, which is publicized and held as an open public meeting according to the California's Ralph M. Brown Act. As a result of outreach, the County received public comments on the Strategic Plan. All of the feedback received was considered as part of the development of this Strategic Plan.

Specific Involvement of Homeless Youth Programs

Consistent with other state and federal definitions, this Phase I Community Action Plan defines "homeless youth" as an unaccompanied homeless individual who is not older than 24. This includes homeless individuals not older than 24 who are parents. In order to create this Plan, the County consulted with youth advocates and homeless youth service providers to determine the best use of funds that will be spent on the needs of homeless youth, including the homeless youth set-aside under California's Homeless Emergency Aid Program (HEAP).

In particular, the County consulted with schools, educators, youth program providers, after-school programs, community centers, advocates, and housing and service providers, such as:

- The Santa Barbara County Office of Education
- YMCA Youth and Family Services

All of the feedback received was considered as part of the development of this Strategic Plan, and the opinions of those who work directly with homeless youth were given special weight in shaping the recommendations of activities that will be used to address youth homelessness. The County worked with youth advocates and providers to ensure that the activities selected for funding allocations, such as from HEAP, were appropriate interventions for youth.

Specific Involvement of Families of Persons Living with Serious Mental Illness

The Phase I Community Action Plan was developed in consultation with the Family Wellness Center, which represents and empowers families and caregivers of persons living with serious mental illness, and in consultation with Santa Barbara County's Department of Behavioral Wellness. All respondents were advised that their feedback would be incorporated into this public-facing Phase I Community Action Plan but that no specific diagnoses or private medical information would be published.

All of the feedback received was considered during development of this Strategic Plan and the opinions of family members who care for individuals with serious mental illness were given special weight in shaping the recommendations of activities that will be used to address homelessness, chronic homelessness, and people at-risk of chronic homelessness. That feedback will be used in the Phase II Strategic Planning process when developing more detailed recommendations and strategies as well as for the No Place Like Home funding process.

List of All Participating Agencies[6]

The Santa Maria / Santa Barbara County Continuum of Care and Santa Barbara County would like to thank the following agencies and all other partners who contributed to the development of this Phase I Community Action Plan. The following directly participated in the community engagement process held from October 2018 – January 2019:

- American Legion
- AmeriCorps/United Way
- Business Owner
- Caregivers
- CenCal Health (County Health Plan)
- Central Coast Regional Water Quality Control Board
- City of Goleta
- City of Carpinteria
- City of Lompoc
- City of Santa Barbara
- City of Santa Maria
- Community Action Commission
- Community Members
- Cottage Health
- Dignity Health
- Domestic Violence Solutions
- Economic Alliance
- Elite
- Freedom Warming Centers
- Fund for Santa Barbara
- Future Housing Communities
- Good Samaritan
- Harvest Community Center
- Home for Good
- Housing Authority, City of SB
- Housing Authority, County of SB
- Habitat for Humanity
- Independent Living Resource Center
- Interagency Policy Council
- Keller Williams Realty
- Lazy Days Santa Maria
- Lompoc Police Department
- Mental Wellness Center
- Meridian/Santa Barbara Rental Association
- Santa Barbara Neighborhood Clinics
- New Beginnings Counseling Center
- Office of Hannah-Beth Jackson
- Office of Joan Hartmann
- Office of Monique Limon
- PATH
- People's Self-Help Housing Corporation
- Parks and Recreation Commission
- Santa Barbara Rescue Mission
- Santa Barbara Foundation
- Santa Maria City Councilmember Mike Cordero
- Santa Maria Mayor Alice Patino
- Santa Maria Police Department
- Santa Maria Public Defender's Office
- Santa Barbara City Council Representative
- Santa Barbara County Education Office
- Santa Barbara County Behavioral Wellness
- Santa Barbara County Public Works
- Santa Barbara County Sheriff's Office
- Santa Barbara County Social Services
- Showers of Blessings
- St. Michael's University Church
- St. Vincent's
- Temple Beth El
- Transition House
- Transitions Mental Health
- United Way – North County
- YMCA / Noah's Anchorage

[6] Cross-referenced against No Place Like Home Program, Homeless Emergency Aid Program, and California Emergency Solutions and Housing Program requirements to ensure compliance

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