

VENTURA COUNTY



10-YEAR STRATEGY TO END HOMELESSNESS

June 2007



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“Planning to end homelessness—not to manage or maintain it—is new”.
(United States Interagency Council on Homelessness)

Executive Summary

I. OLD PROBLEMS

Homelessness is a continuing national problem that persists within local cities and communities including Ventura County. During the past two decades, an increasing number of single persons have remained homeless year after year and have become the most visible of all homeless persons. Other persons (particularly families) have experienced shorter periods of homelessness. However, they are soon replaced by other families and individuals in a seemingly endless cycle of homelessness.

As a result, the President challenged the 100 largest cities to end chronic homelessness in 2001. The U. S. Conference of Mayors extended the Bush Administration’s challenge to the 100 largest cities to include smaller cities. In June of 2003 the Mayors Conference unanimously passed a resolution that “strongly encourages cities to create and implement strategic plans to end homelessness (including chronic homelessness) in 10 years.” In March of 2005 the National Governors Association extended its support by encouraging state governments to coordinate efforts with federal and local governments (including 10-year planning efforts) to end chronic homelessness and not manage or maintain it.

There are approximately 300 cities, counties, and states that have completed or are completing a 10-year strategy to end homelessness in order to end an old problem according to the United States Interagency Council on Homelessness (USICH). USICH is a federal agency established by Congress to be responsible for supporting and encouraging local jurisdictions to develop and implement 10-year strategies. Some of the 300 jurisdictions have already begun implementing their plans and are

reporting positive results.¹ Recommendations in this report are based upon positive results from other jurisdictions.

II. NEW SOLUTIONS

USICH has encouraged the increasing number of jurisdictions that have completed or are completing 10-year strategies to recommend courses of action that end and not manage or maintain homelessness. A typical example of managing and maintaining homelessness involves moving homeless people from food and meal programs to emergency shelters and back to food and meal programs day after day, week after week, month after month, and—for an increasing number of homeless persons—year after year. Managing and maintaining homelessness also involves moving homeless people in and out of motels, winter shelters, and correctional institutions which also contributes to a seemingly endless cycle of homelessness.

Planning to end homelessness involves a different approach to homelessness which is delineated in the recommendations provided in this report. This approach involves focusing new and existing tools and resources on three (3) sub-populations of homeless persons that encompasses all homeless and at risk of becoming homeless persons within the County. The three (3) sub-populations include:

- Chronic Homeless Persons;
- Episodic Homeless Persons; and
- Persons At Risk of Becoming Homeless.

¹“Evidence that Chronic Homelessness is yielding to planful partnerships, strategic solutions, and innovative ideas at USICH Second Annual National Summit on Innovation for Jurisdictional Leaders,” U. S. Interagency Council on Homelessness e-newsletter, March 15, 2007.

- **Chronic Homeless Persons**

Chronic homeless persons, according to the U.S. Department of Housing and Urban Development (HUD), are individuals who are homeless for one (1) year or more, or four (4) times in three (3) years, and have a disability which is often mental illness and/or substance abuse.² They are often the most visible and the hardest to reach of all homeless persons. The Institute for Urban Research and Development estimates that about 38% or 500 of the approximately 1,300 persons who are homeless in the County (excluding the City of Oxnard³) on a given day are chronically homeless.

Organizations and individuals throughout the County provide a lot of emergency assistance to chronically homeless individuals that often results in managing and maintaining their chronic homeless experience. National and local studies have demonstrated that many people remain homeless year after year after hundreds of thousands of dollars are spent on emergency assistance.⁴

²Chronic homelessness is fully defined by HUD as “A person who is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter.” A disabling condition is defined as “a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.” A disabling condition limits an individual’s ability to work or perform one or more activities of daily living. An episode of homelessness is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter. A chronically homeless person must be unaccompanied and disabled during each episode.”

³The City of Oxnard’s number of homeless persons was not included in the 1,300 homeless persons noted above. Oxnard is completing a separate 10-year strategy to end homelessness. HUD encourages each continuum of care to complete its own 10-year strategy and the City of Oxnard receives a separate allocation from HUD and therefore operates its own continuum of care system.

⁴See “Costs of Serving Homeless Individuals in Nine Cities,” The Lewin Group, November 19, 2004; “The Do-It-Yourself Cost-Study Guide: Assessing Public Costs Before and After Permanent Supportive Housing: A guide for State and Local Jurisdictions,” Martha R. Burt, November, 2004.

Conversely, fewer resources such as assertive community treatment and permanent supportive housing are provided to chronic homeless persons which helps end their homeless experience. Thus, assertive community treatment, permanent supportive housing, and other effective tools and resources are recommended below.

- **Episodic Homeless Persons**

Episodic homeless persons are individuals or families who are homeless for a short period of time—days, weeks, or months—not a year or more. The Institute for Urban Research and Development estimates that 90% or 1,170 persons of the approximate 1,300 persons who are homeless in the County on a given day are not homeless one (1) year later.

Comparatively-speaking, the good news is that episodic homeless persons are no longer homeless days, weeks, or months because of the services provided by local government, non-profit organizations, faith-based organizations, community service groups, businesses, and volunteers. Thus, there are several recommendations that underline the need to support existing non-residential and residential homeless services such as case management based shelters and transitional housing programs.

- **Persons At Risk of Becoming Homeless**

The bad news is that there are at least a few thousand people who become episodically homeless and replace the episodically homeless persons noted above who obtain housing. This creates a continuous cycle of homelessness throughout the County year after year. The persons replacing the episodically homeless persons noted above are persons who were at risk of becoming homeless and became homeless.

Persons at risk of becoming homeless have limited income and often have to choose between paying their rent or mortgage and other daily living costs which often put them at risk of becoming homeless.⁵ The Institute for Urban Research and Development estimates that a large majority of households at risk of becoming homeless and who eventually become homeless do not seek and/or receive resources until the day(s) before, or the day(s) after, they become homeless. Once a household becomes homeless it generally costs thousands of dollars or more to help these households gain housing once again.

The recommendations in this report concerning homeless prevention (see pgs 20 - 22) will help households before they become homeless and generally cost less to keep them immediately housed. Residents have been asking if homelessness can actually end in their communities. If implemented, the recommendations concerning homeless prevention will end homeless for a large majority of persons who become homeless and thus break the cycle of continuous homelessness. This will help homeless service providers to continue to focus on, and reduce, the number of persons who are chronically homeless.

III. RECOMMENDATIONS

The 10-Year Strategy to End Homelessness for Ventura County provides 22 recommendations that describe how homelessness can be reduced annually within the County as part of its strategy to end homelessness by providing a balanced approach of new and existing resources for chronic homeless, episodic homeless, and at risk of becoming homeless persons. These recommendations were made by the Working Group which is comprised of representatives from public and private agencies that met at least once a month over an 18-month

⁵This report assumes that households with an annual income of less than \$25,000 are at risk of becoming homeless. There were approximately 40,000 households in Ventura County with an annual income of less than \$25,000 in 2000 according to U. S. Census Bureau data.

span of time and helped compile this report. A list of members can be found on the acknowledgment pages in the beginning of this report.

The initial goal is to reduce homelessness within the county by 50% during the first five (5) years (2008-2012) of implementation.

In order to reduce homelessness each year, the strategy primarily focuses on seven (7) activities that divide this report into the following seven (7) sections:

- 1) Establishing the Community's Commitment;
- 2) Adopting "Guiding Principles;"
- 3) Determining the Number of Persons to be Served;
- 4) Recommending Service and Housing Needs;
- 5) Developing Community Involvement;
- 6) Funding the Strategy; and
- 7) Measuring Performance.

Adopting recommendations for each of these seven (7) activities provides the County with an opportunity to break a continuous cycle of homelessness that has left thousands of households homeless each year and hundreds of persons living on the streets incessantly year after year. The recommendations, which are described in their entirety in the next section entitled "Implementing the Plan", fall within each of the following seven (7) activities:

1) Establishing the Community's Commitment

The number of homeless persons will be reduced by 50% during the first five (5) implementation years (2008–2012) of the 10-year strategy. Further reductions in homelessness for the following five (5) years (2013–2017) will be determined by the

Interagency Council on Homelessness for Ventura County (see Recommendation #19 below) and based upon the reduction outcomes during the previous five (5) years of implementation.

2) Adopting “Guiding Principles”

The Working Group established certain facts as “guiding principles” based upon local and national social service experiences and supported by recent local and national studies concerning homelessness. Guiding principles, and related homeless service and housing activities can be found on pages 17-18.

3) Determining the Number of Persons to be Served

The Working Group determined the number of persons to be served by examining local and national statistics. The number of persons to be served is divided into two (2) time periods: a) during the course of a year and b) during a given day.

a) The Number of Persons to be Served During the Course of a Year

The Working Group determined that at least 6,000 county residents consisting of approximately 2,000 households experience homelessness annually. This number was derived by examining local, regional, and national data and estimating the number of persons who become homeless annually within the county.⁶

The U. S. Department of Health and Human Services (HHS) and the Urban Institute have noted that up to 1% of a region’s population will experience

⁶Estimating the number of persons who become homeless annually within the county was derived by examining and comparing local, regional, and national data. National research, according to the Urban Institute, has shown that approximately 1% of a jurisdiction’s general population experiences homelessness during the course of a year (see “How Many Homeless People Are There?” in *Helping America’s Homeless*). According to the California Department of Finance, Demographic Research Unit, there were approximately 800,000 residents in Ventura County in January of 2006. One percent (1%) equals 8,000 residents.

homelessness annually.⁷ According to the California Department of Finance, Demographic Research Unit, there were approximately 800,000 residents in Ventura County in January of 2006. One percent (1%) equals 8,000 residents.

The Working Group determined that approximately three-quarters of a percent (0.75%) of the county’s 800,000 residents experienced homelessness annually which equals 6,000 residents. As previously stated, HHS has noted that up to 1% of a region’s population will experience homelessness annually.

In addition, HHS has noted that up to 6% of a region’s poor will experience homelessness over a year. The Working Group has concluded that residents of households with an annual income of less than \$25,000 are seriously at risk of becoming homeless in Ventura County. U. S. Census Bureau, State of California, and local data for 2000 - 2006 note that between 10% and 20% (80,000 to 120,000) of county residents are members of households with an annual income of less than \$25,000. Six percent (6%) represents 4,800 to 7,200 residents. Thus, a middle number (6,000 residents) ranging between HHS statistics was established by the Working Group.

b) The Number of Persons to be Served During a Given Day

Approximately 1,300 residents are homeless on a given day within the county.⁸ Of these persons, approximately 1,000 live on the streets on a given

⁷U.S. Department of Health and Human Services, “Ending Chronic Homelessness: Strategies for Action,” March 2003; “How Many Homeless People Are There?” in *Helping America’s Homeless: Emergency Shelter or Affordable Housing?*, The Urban Institute Press, 2001, p. 51.

⁸The County of Ventura conducted a point-in-time homeless count during January, 2007 and concluded that there are approximately 2,000 homeless persons on a given day or nearly four times the annual number of homeless persons. “Annual estimates are likely to be anywhere from three to six times as high as Point-in-time estimates” according to a recent report entitled “Estimating the Need” published by the Corporation for Supportive Housing in order to help guide jurisdictions in projecting their own annual estimate of homeless persons.

day. About half (50%)⁹ or 500 persons are single individuals who are chronically homeless¹⁰ and are likely to have a permanent disability making them unemployable. They have a wide-range of social service needs and require a wide-range of case management subsidies, treatment, and services in order to obtain and maintain permanent affordable housing.

The other half (500) of persons who live on the streets includes 250 single individuals who are episodically or intermittently homeless—perhaps once or twice during the course of a year for a shorter period (two to three months) of time. This segment also includes 250 persons who are members of families. This means that 83 families (three (3) persons per household) live on the streets on a given day. The remaining residents (300 of the 1,300 persons who are homeless on a given day) are sheltered. Of these persons, approximately 50 are sheltered in domestic violence shelters and the remaining 250 adults and children are residents of transitional housing programs.

4) **Recommending Service and Housing Needs**

The Working Group is recommending the following service and housing needs for reducing homelessness by 50% during the next five (5) years of implementation of the strategy based upon

⁹This percentage is based upon the fact that approximately 50% of unsheltered individuals on a given day in Los Angeles County, Long Beach, Riverside County, and Pasadena are chronically homeless.

¹⁰Chronic homelessness is defined by HUD as “A person who is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter.” A disabling condition is defined as “a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.” A disabling condition limits an individual’s ability to work or perform one or more activities of daily living. An episode of homelessness is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter. A chronically homeless person must be unaccompanied and disabled during each episode.”

the “guiding principles” on pages 17 and 18 and the “number of persons to be served” on page 18. Service and housing needs are divided into two (2) parts: a) recommendations for service and housing resources for reducing homelessness annually; and b) recommendations for service and housing needs for reducing homelessness on a given day. Recommendations fall under residential categories or non-residential activities within each of the two (2) divisions.

a) **Recommendations for Service and Housing Needs for Reducing Homelessness Annually**

Residential Categories

► **Recommendation #1: Homeless Prevention Program**

- Implement homeless prevention programs throughout the county that will prevent at least half (50%) or 1,000 of the 2,000 households who become homeless each year from becoming homeless;
- Implement a community outreach and education campaign that raises awareness about households at risk of becoming homeless and provides information about resources available through homeless prevention programs.

The Working Group concluded that there is a continuous cycle of homelessness each year during which large numbers of persons exit homelessness only to be replaced by a large number of other persons who lose their housing and become homeless. This cycle involves approximately 2,000 households (6,000 residents) who become homeless annually. The Working Group also realizes that helping households maintain their housing is less costly and more effective than helping households obtain housing after they become homeless.

As a result, the Working Group recommends that county-wide homeless prevention programs be implemented that will prevent at least half (50%)

or 1,000 of the 2,000 households who become homeless each year from becoming homeless. Each jurisdiction within the county should implement a local centralized homeless prevention program. If eligible, households at risk of becoming homeless would be able to receive a wide-range of supplemental resources (see p. 21) available “under a one roof approach” in order to maintain their housing. Prior to receiving resources, an intake and assessment should be completed that will verify eligibility and identify the needs and strengths of each household. Households should be a resident of the local jurisdiction in which the program is operating, show proof of residency, and proof of low income status. In addition, recipients should be required to work with a case manager on a long-term basis when necessary.

The Working Group has also concluded that a community outreach and education campaign needs to be implemented that will raise awareness about households at risk of becoming homeless and provide information about resources available through homeless prevention programs. Raising awareness about households at risk of becoming homeless is necessary because service providers often become aware of such households after they become homeless. The Working Group believes that raising awareness of households at risk of becoming homeless will result in households receiving resources prior to becoming homeless and thus increase the odds of maintaining their housing.

Raising awareness can be accomplished through several means of communication that provide at risk of becoming homeless households, and those groups and individuals that want to help them, with the necessary information and resources to prevent homelessness. Such means of communication are outlined on p. 22.

Providing information about resources available through homeless prevention programs is also necessary to ensure that households at risk of becoming homeless receive essential resources and

maintain their housing. Thus, the Working Group is recommending that each jurisdiction encourage faith-based organizations, neighborhood groups, and other neighborhood entities to “adopt a neighborhood.” Adopting a neighborhood would consist of distributing and/or posting homeless prevention program materials at various places as noted on p. 22.

► **Recommendation #2: Permanent Affordable Housing**

- Create 300 additional units of permanent affordable housing for extremely-low and very-low families and individuals during the first five (5) years of implementation of strategy.

The Working Group recommends that 300 units of permanent affordable housing be developed regionally for extremely-low and very-low income families and individuals during the initial five year’s of the strategy’s implementation. About two-thirds of the units should be for individuals that could benefit from single-room occupancy (SRO) housing. The other one-third would be for families in need of multiple bedroom units. Units can be the result of new construction, rehabilitation, or unit subsidy. Sources of funding for these units are noted in the following two (2) recommendations.

► **Recommendation #3: Housing Trust Fund**

- Encourage the creation of a county Housing Trust Fund that serves as a catalyst to develop public and private sources of funding to support the production and preservation of affordable housing.

There are approximately 400 cities and counties within 40 states across the country including at least six (6) counties within the State of California that have created housing trust funds.¹¹ Such funds are received through an ongoing dedicated source(s)

¹¹See the Center for Community Change web site <http://www.communitychange.org/issues/housingtrustfunds> for a list of jurisdictions that have created housing trust funds.

of public funding to support the production and preservation of affordable housing. The public source of funding is usually committed through legislation or ordinance.

► **Recommendation #4: Inclusionary Housing Policy**

- Encourage all local jurisdictions to adopt an inclusionary housing policy that requires a percentage of new housing to be affordable to extremely-low and very low-income residents.

Currently, six (6) cities within Ventura County have some type of inclusionary housing policies—Camarillo, Moorpark, Oxnard, Port Hueneme, Santa Paula, and Ventura. An inclusionary housing ordinance for other jurisdictions should require residential and mixed use projects to include a share of housing that is affordable to extremely-low and very low-income households. The share is usually 10 to 20 percent of newly constructed units. Inclusionary housing ordinances typically provide an “in lieu fee” provision. Payment of a fee in lieu of all or some of the inclusionary units, however, should be discouraged except in special circumstances (e.g. developments of fewer than 10 units).

► **Recommendation #5: Permanent Supportive Housing**

- Create at least 275 beds or units of permanent supportive housing for chronic homeless persons during the first five (5) years of implementation of the strategy;
- Create permanent supportive housing for 40 formerly homeless men and women living with chronic addiction.

The Working Group has determined that chronically homeless persons are more responsive to interventions and social services support while living in permanent supportive housing, rather than while living in temporary shelters. A large majority of the chronically homeless are mentally

ill persons who are the “most visible” and “hardest-to-reach” because of their severe mental illness which is often compounded by substance abuse and health care problems including non-compliance with prescribed medications. These conditions contribute to their inability and/or unwillingness to access or participate in emergency shelters and other programs with other persons.

Permanent supportive housing provides on-site and/or off-site social services such as health care, mental health care, and substance abuse treatment. These services should be coordinated with case manager(s) and between agency providers. As previously cited, there are approximately 1,000 persons living on the streets on a given day and approximately half (50%) or 500 persons are single individuals who are chronically homeless and in need of permanent supportive housing.

Thus, the Working Group recommends that at least 275 units or beds of permanent supportive housing be available for chronic homeless persons in order to reduce chronic homelessness by half during the first five (5) years (2008-2012) of implementation of the strategy. Permanent supportive housing often includes units within multi-family residences such as apartment buildings or Single Room Occupancy (SRO) complexes and bedrooms within group living facilities such as sober living homes.

The Working Group also recommends the creation of permanent supportive housing for 40 formerly homeless men and women living with chronic addiction. Residents will benefit from 24-hour, seven day a week supportive services that includes:

- State-licensed mental health and chemical dependency treatment;
- On-site health care services;
- Daily meals and weekly outings to food banks;
- Case management and payee services;
- Medication monitoring; and
- Weekly community building activities.

The aim of the facility is to improve the lives of residents through reduced alcohol consumption, better health care, and increased stability. The program will also reduce residents' use of the community's crisis response system, reduce public nuisances and encourage residents to undertake and follow through with alcohol treatment. Individuals will be encouraged to take part in services, regardless of level of motivation for change, goals or personal ideology.

Non-Residential Activities

► **Recommendation #6: Assertive Community Treatment**

- Expand the county-wide street outreach program in order to bring social services directly to chronically homeless persons in a more “assertive” way in order to decrease the number of chronic homeless individuals each year by at least 10% and help prevent additional persons from living on the streets for one (1) year or more.

The Working Group believes that “Assertive Community Treatment” (ACT) is a community outreach and service delivery approach necessary to achieve greater success with chronic homeless persons. ACT is distinguished from traditional street outreach because it brings the services to the people wherever they are instead of the traditional approach which focuses on building a relationship with a homeless person in order that the person can be brought to the services. In order to be effective, ACT needs to be linked with permanent supportive housing units (see Recommendation #5) and a wide-range of extended hour case management services including employment, health care, life skills, mental health care, substance abuse, and veteran benefits.

► **Recommendation #7: Discharge Planning**

- Adopt a “zero tolerance” plan for discharging clients to the streets;

- Improve coordination between discharge planning agencies and homeless service providers in order to decrease the number of persons being discharged into homelessness by at least 10% annually.

The Working Group recommends that the following “zero tolerance” statement for discharging clients to the streets be adopted by all discharge planning agencies and homeless service providers:

Discharging families and individuals from public and private systems of care into homelessness is unacceptable. Discharge planning agencies and homeless service providers should work collaboratively to prepare a homeless person to return to the community and to link that individual to essential housing and services.

The Working Group recommends improved coordination of discharge planning. The purpose of such planning is to prevent persons being discharged from publicly and privately funded institutions or systems of care into homelessness. These institutions and systems of care include health care facilities, foster care system or other youth facilities, mental health providers, and correction programs and institutions including jails, prisons, and probation programs. Discharge planning prepares a homeless person while in an institution to return to the community and links that individual to essential housing and services, including enhancing and expanding their treatment options and support.

The Working Group recommends that these local agencies and others including state agencies (e.g., Department of Corrections) and local area hospitals that discharge homeless persons improve coordination between agencies in order to decrease the number of persons being discharged annually into homelessness. This would contribute to the initial goal of reducing homelessness within the County by 50% during the first five (5) years (2008–2012) of the strategy's implementation.

► **Recommendation #8: Mainstream Resources**

- **Ensure that homeless persons and persons at risk of becoming homeless obtain and maintain eligible mainstream resources.**

Local and national data reveals that only a fraction of chronic homeless persons access mainstream benefit programs such as Food Stamps, Medicaid; Social Security Disability Income (SSDI), Supplemental Security Income (SSI), and Veteran's Benefits. In order to reverse this situation, case managers need to ensure that chronic homeless persons successfully obtain the benefits for which they are eligible. While some chronic homeless persons may have already attempted to access some of the resources for which they are eligible, they often fail to follow through with documentation and other responsibilities required for securing benefits.

The Working Group recommends that case managers assure to the greatest extent possible that chronic homeless persons enroll, obtain, and maintain mainstream resources. They need to work with chronic homeless persons to successfully obtain benefits by making sure that they make necessary appointments and have adequate transportation. They also need to make sure chronic homeless persons bring all proper documentation (including helping clients obtain necessary identification documentation if needed) and help them complete written applications either by assisting them with filling out the application or following up with staff of the mainstream resource program. Case managers also need to make certain that chronic homeless persons follow through with any other necessary requirements before and after obtaining mainstream resources.

In addition, one or more members of households at risk of becoming homeless may not be receiving mainstream resources though they are eligible to do so. For example, an individual with a severe disability may be eligible to receive Social Security

Disability Insurance or parents with children may be eligible to receive Temporary Assistance for Needy Families. Often, these benefits are supplemented by food and health care assistance. The county-wide homeless prevention programs noted above within recommendation #1 should provide resources to help at risk of becoming homeless households obtain and maintain mainstream resources.

b) Service and Housing Needs for Reducing Homelessness on a Given Day

The eight (8) recommendations above concern housing and service needs for reducing homelessness annually. The following four (4) recommendations concern housing and service needs for reducing homelessness on a given day. These recommendations also fall under residential categories or non-residential activities.

Residential Categories

► **Recommendation #9: Shelter Beds**

- **Create 150 additional shelter beds for individuals living on the streets and who should develop a case management plan with a case manager as a condition to admission.**

The recommendation for 150 additional shelter beds is based upon the number of persons who are homeless in the county which is 1,300 persons. Of these persons, 1,000 or approximately 77% are unsheltered.

Of the approximately 1,000 persons living on the streets on a given day, approximately half (50%)¹² or 500 persons are single individuals who are chronically homeless. Recommendations concerning these persons are outlined above in Recommendation #5 (Permanent Supportive Housing) which notes that chronically homeless

¹²See the Center for Community Change web site <http://www.communitychange.org/issues/housingtrustfunds> for a list of jurisdictions that have created housing trust funds.

persons are more responsive to interventions and social services support while living in permanent supportive housing, rather than while living in temporary shelters.

The other half (500) of persons living on the streets consists of approximately 250 single individuals who are often in need of shelter in order to obtain permanent affordable housing. These persons have a wide-range of social service needs and a wide-range of case management services is needed in order to meet their needs such as domestic violence recovery, education, employment, health care, mental health care, substance abuse treatment, and veteran services. They also need time to establish the resources (e.g., credit history, move-in costs, employment stability) necessary to obtain and maintain permanent housing.

► **Recommendation #10: Transitional Housing**

- Create 75 additional transitional housing units consisting of 225 - 300 beds to serve families who are living on the streets and who should develop a case management plan with a case manager as a condition to admission;
- Create 15 additional transitional housing “Safe Haven” beds for single individuals with disabilities.

The recommendation for 75 additional transitional housing units consisting of 225 - 300 beds for families and individuals with disabilities (e.g., mental illness and other disabilities) is also based upon the number of persons who are homeless in the county which is 1,300 persons. Of these persons, 250 persons are members of 83 families who are living on the streets and in need of transitional housing. The Working Group is also recommending an additional 15 “Safe Haven” beds for single individuals with disabilities. Such beds would ready these individuals for permanent supportive housing.

As defined by HUD, transitional housing should allow residents to stay up to two (2) years and have access to on-site and/or off-site social services such as employment, health care, housing placement, mental health care, substance abuse treatment, and veteran services. Their service needs should be coordinated with case manager(s) and among agency providers. In addition, they also need time to establish the resources (e.g., credit history, move-in costs, employment stability) necessary to obtain and maintain permanent housing.

► **Recommendation #11: Detoxification Center**

- Create a 20-bed social model detoxification program for adults;
- Increase access to medically monitored detoxification beds for adults.

The Working Group recommends the creation of a 20-bed social model Detoxification Center (Sobering Station) consisting of a detoxification program for adults. Admission decisions and interventions should be provided by substance abuse counselors. All residents should work with highly-trained and experienced staff and establish a case management plan. Case management should include an intake and assessment and access to 12-step meetings, alcohol and drug education, and a mentoring program. The goal is to safely detox clients from alcohol and/or drugs and to provide education and motivation for referral. Referrals for continuing treatment should be encouraged and arranged prior to discharge.

The Working Group also recommends increasing access to medically monitored detoxification beds for adults that are licensed for Medical Triage where prospective clients can be assessed and observed. Access should result in at least 600 days of treatment which should include 1) skilled nursing interventions provided by registered nurses; 2) residents working with highly-trained and experienced staff that help them establish a case management plan; and 3) case management which

should include an intake and assessment, access to 12-step meetings, alcohol and drug education, and a mentoring program. The goal should be to safely detox clients from alcohol and/or drugs and to provide education and motivation for referral. Referrals for continuing treatment should be encouraged and arranged prior to discharge.

Non-Residential Activities

► **Recommendation #12: Homeless Management Information System**

- 75% of all emergency shelter, transitional housing, and permanent supportive housing beds should participate in the County of Ventura Homeless Management Information System by April, 2008.

The County of Ventura Homeless and Housing Coalition has committed to ensuring that 75% of all emergency shelter, transitional housing, and permanent support housing beds/units will be included in its Homeless Management Information System (HMIS) by April, 2008. This commitment was made to HUD through the County's 2006 Continuum of Care Application which was submitted to HUD in May, 2006.

Currently, about 56% of all emergency shelter, transitional housing, and permanent supportive housing beds are participating in HMIS. The Working Group recommends that efforts be made to ensure that 75% of all emergency shelter, transitional housing, and permanent supportive housing beds participate in HMIS by April, 2008.

5) **Developing Community Involvement**

The Working Group believes that community involvement has to be further fostered in order to meet the two initial goals of the strategy which is to 1) reduce homelessness within the county by 50% during the first five (5) years of implementation of this strategy and 2) successfully carry out the recommendations in this report. To date,

community involvement in supporting homeless services has consisted of efforts of representatives from a wide-range of community groups that have included

- Businesses;
- Coalitions and Committees;
- Community Service Clubs;
- Corporations;
- Educational Institutions;
- Faith-Based Organizations;
- For-Profit Organizations;
- Housing Developers;
- Individual Concerned Residents;
- Local Government;
- Neighborhood Associations;
- Non-Profit Organizations; and
- Private Foundations.

In order to further community involvement the Working Group is proposing the following recommendations.

► **Recommendation #13: Community Education Campaign**

- Implement an education campaign to make the community aware of the findings, guiding principles, goals, and recommendations of this report.

It is important that the community know the extent and profile of homelessness within the county. As noted in this report, there are approximately 1,300 adults and children who are homeless on a given day throughout the county and about 6,000 persons who experience homelessness annually. The Working Group believes that knowing the extent of the problem will help generate more community support towards solving homelessness.

It is also important that the community know that there is a continuous cycle of homelessness. There are large numbers of persons who exit homelessness

each year thanks to the resources and social service efforts of many local organizations and individuals. However, these persons are replaced by a large number of other persons who lose their housing and become homeless. This cycle involves approximately 2,000 households consisting of about 6,000 adults and children who become homeless annually. The Working Group believes that knowing the extent of the problem will help generate more community support towards solving the problem for those at risk of becoming homeless including local homeless prevention programs (see Recommendation #1).

► **Recommendation #14: Faith-Based Organizations**

- Enlist the support of faith-based organizations to help implement the goals and recommendations in this report.

The faith community has a history of providing resources to homeless families and individuals. Past efforts have included providing emergency assistance, shelter, transitional housing, rental assistance, food, and affordable housing. Resources have included donations of in-kind gifts, financial gifts, and in-kind services through volunteers.

Faith-based organizations should be encouraged to participate in community groups addressing homeless issues and focus efforts and resources to help implement the goals and recommendations in this report. For example, Recommendation #1, which is a county-wide homeless prevention strategy is in need of a wide-range of supplemental resources in order to prevent households from becoming homeless. Faith-based organizations should be encouraged to provide such resources.

Other recommendations in this report concern programs and activities that have long been supported by members of the faith community. Such programs and activities can be found in Recommendation #5 (Permanent Supportive

Housing), #6 (Assertive Community Treatment), #9 (Shelter), and #10 (Transitional Housing). Faith-based organizations should be encouraged to provide, or continue to provide, resources towards these recommendations.

6) Funding the Strategy

There are several public and private sources of revenue that specifically target many of the programs and related activities that are included within the recommendations of this report. These sources of public and private revenue can potentially come from two primary funders: a) Private Foundations and b) Public Agencies. Other sources of revenue can come from c) Annual Special Events and d) Dedicated Sources of Funding.

a) Private Foundations

► **Recommendation #15: Private Foundation Grants**

- Encourage eligible non-profit organizations to apply for funding for one or more of the recommendations in this report.

The Working Group recommends that eligible non-profit organizations apply for funding from private foundations for one or more of the recommendations in this report. The recommendations in this plan that have historically fallen within the priority areas of private foundations include

- Homeless Prevention Activities;
- Institutional Capacity Building for Affordable Housing Developers;
- Case Management for Permanent Supportive Housing;
- Street Outreach Services;
- Emergency Shelter Services;
- Transitional Housing Services; and
- Community Advocacy and Education.

b) Public Agencies

► Recommendation #16: Public Agency Grants

- Encourage local government departments and non-profit agencies to apply for public agency grants.

The Working Group recommends that local government departments and non-profit agencies work together to continue to apply for, or begin to apply for, funding from federal, state, county, and local city sources of public revenue (a list of specific funding programs for each of the sources of revenue is listed in Appendix A).

c) Annual Special Events

► Recommendation #17: Annual Special Events

- Encourage each local jurisdiction to organize and implement an annual event to raise funds to support its homeless prevention program.

The Working Group recommends that each local jurisdiction organize and implement an annual event to raise funds to support its homeless prevention program. The Working Group has concluded that there is a continuous cycle of homelessness each year during which large numbers of persons exit homelessness only to be replaced by a large number of other persons who lose their housing and become homeless. Funds would be used to help provide supplemental resources to prevent households at risk of becoming homeless from becoming homeless. Supplemental resources previously noted include

- clothing certificates;
- food certificates;
- health care;
- household items certificates;
- landlord-tenant mediation;
- legal services;
- rental assistance;

- transportation assistance; and
- utility assistance.

The Working Group believes that the annual events will also raise awareness about the tens of thousands of low income adults and children who live within the county and are at risk of becoming homeless each year.

d) Dedicated Sources of Funding

► Recommendation #18: Dedicated Sources of Funding

- Identify dedicated source(s) of funding that can be used to help finance the recommendations in this report.

The Working Group has identified the following examples of recommendations from other 10-year strategies to end homelessness (*please note that these examples are not recommendations*):

- *Maricopa County, Arizona*

Recommendation: Secure a dedicated source of funding for initiatives identified by the Regional Continuum of Care Committee on Homelessness in the region

- *City of Denver*

Recommendation: To ensure that adequate resources are assembled, the plan creates a Fund Raising Team that includes staff and senior management of DDHS, Executive Director of the Denver Commission to End Homelessness, Mile High United Way, and other Commission and community members. The group's primary emphasis is to provide assistance in identifying and securing grants and contracts, contributions from individuals, corporations, and other public and private funders, and potential tax generated funding sources for on-going support to help with the implementation of the Plan.

- *City of Long Beach*

Recommendation: Collect between one half percent (.5%) and one percent (1%) tax on the sale of food and beverages

The City of Long Beach recommendation is based upon the Miami-Dade County Homeless Trust which was created in 1993 by the Board of County Commissioners and administers proceeds from a one-percent food and beverage tax.

In addition, the City of Pasadena committed to identifying “a dedicated stream of funding that can be used to help finance the recommendations in (its) report” as stated in its recently completed plan.

7) **Measuring Performance**

Adopting recommendations within this strategy provides an opportunity to break a continuous cycle of homelessness that has left thousands of households homeless each year and hundreds of persons living on the streets incessantly year after year. Therefore, in order to ensure that the recommendations and related activities are coordinated and evaluated the Working Group is recommending that an Interagency Council on Homelessness for Ventura County be charged with these tasks. The recommendation is as follows:

- ▶ **Recommendation #19: Interagency Council on Homelessness for Ventura County**
- Adopt by resolution an Interagency Council on Homelessness for Ventura County that would be charged with coordinating and evaluating policies concerning all of the recommendations and related activities within this plan.

The U.S. Interagency Council on Homelessness¹³ encourages states and large communities such as counties to create an interagency model at the local level in order to create and implement a 10-year plan to end homelessness. The Interagency Council on Homelessness for Ventura County should include members who are elected persons from various sectors such as county, city, schools, and recreation/park districts. Members should also include representatives from other agencies that are most affected by homelessness including law enforcement. The Ventura County Homeless and Housing Coalition should serve as an advisory body to the Interagency Council as noted below.

▶ **Recommendation #20: Ventura County Homeless and Housing Coalition**

- Appoint the Ventura County Homeless and Housing Coalition as an advisory body to the Interagency Council on Homelessness for Ventura County;
- Appoint representative(s) of the Coalition as standing member(s) to the local Interagency Council on Homelessness for Ventura County.

The Working Group recommends appointing the Ventura County Homeless and Housing Coalition as an advisory body to the Interagency Council on Homelessness for Ventura County. The Coalition has been coordinating the county’s continuum of care system for homeless persons since 1996. Coordination has focused on applying for funding each year to HUD for “continuum of care homeless assistance.” During the past year, the amount of funding for new activities and renewal funding for existing activities was approximately \$1,000,000. Funding for new activities has included permanent supportive housing and transitional housing. Renewal funding for existing activities has included

¹³The U.S. Interagency Council on Homelessness consists of secretaries and department heads from approximately 20 federal agencies that have some involvement in working with people who are homeless (see.ww.ich.gov).

permanent supportive housing, transitional housing, and supportive services including case management and street outreach.

Coordination has also focused on implementing the annual goals and objectives that HUD requires in order to be competitive nationally for Continuum of Care homeless assistance funding. HUD required goals and objectives have included implementing homeless counts, increasing access to public assistance, and coordinating a homeless management information system (as described in Recommendation #12) among other required goals and objectives.

To date, the coalition has representation from non-profit agencies and local government though more representation is needed. Representation from other community groups such as businesses, corporations, faith-based agencies, for-profit organizations, neighborhood groups, and private foundations is desired.

Community Issues

Addressing Community Issues

There were other findings and recommendations made concerning “community issues”. Community issues are defined as legal or illegal activities by homeless persons and/or by individuals who want to help them and are of concern to the Working Group. Such concerns mainly involve activities related to law enforcement, parks, libraries, and riverbeds. Details are provided on pages 35 - 38. Other findings and recommendations include:

- ▶ **Recommendation #21: Homelessness 101 Training**
- Conduct periodic training sessions concerning community issues such as i) law enforcement policies and minor and criminal behaviors by homeless persons; ii) appropriate actions and responses by residents and business employees

when confronted by minor and criminal behaviors by homeless persons; iii) appropriate actions and responses by social service providers when contacted by law enforcement personnel, residents, and business employees; and iv) distribution of current available resources and referral contacts.

The Working Group recommends that Homelessness 101 Training sessions be conducted periodically. Such sessions should focus on developing community partnerships between social service agencies, law enforcement agencies, residents, businesses, faith communities, and other community groups. Representatives from these groups should be encouraged to attend and participate including homeless and formerly homeless persons. The sessions should also focus on other related areas of concern identified by the Working Group which include use of parks and libraries by homeless persons.

▶ Recommendation #22: Collaborative Justice Courts

- Increase awareness of the alternative sentencing program provided by the Ventura Superior Court’s “Homeless Court;”
- Increase awareness of the alternative sentencing program provided by the Ventura Superior Court’s “Adult Drug Court;”
- Increase awareness of the alternative sentencing program provided by the Ventura Superior Court’s Mental Health Court.

In Ventura County, Collaborative Justice Courts also known as restorative justice courts or problem solving courts provide an alternative sentencing mechanism for defendants experiencing homelessness that currently consist of Homeless Court, Adult Drug Court, and Mental Health Court.

Homeless Court

The Working Group recommends increasing awareness of the alternative sentencing program provided by the Ventura Superior Court’s “Homeless Court” which helps resolve many outstanding minor offenses arising out of the condition of homelessness such as illegal camping, drinking in public, and a variety of other infractions and misdemeanors. A communication strategy should be expanded to ensure that all homeless service providers and homeless persons should be made aware of Homeless Court. The strategy should include materials such as brochures and flyers that would be made available through web sites and electronic mailing lists. Also, awareness of the Court’s services should be included within Homelessness 101 training sessions.

Adult Drug Court

The Working Group also recommends increasing awareness of the alternative sentencing program provided by the Ventura Superior Court’s “Adult Drug Court.” The Ventura County Adult Drug Court is a collaborative venture between the Court, Behavioral Health, Probation, District Attorney, and Public Defender that targets felony drug abusing offenders who would otherwise be committed to state prison. Eligible participants include those convicted of non-violent drug-related offenses or non-drug offenses with a history of significant drug abuse or addiction.

A communication strategy should be expanded to ensure that all homeless service providers and homeless persons should be made aware of Drug Court. The strategy should include materials such as brochures and flyers that would be made available through web sites and electronic mailing lists. Also, awareness of the Court’s services should be included within Homelessness 101 training sessions.

Mental Health Court

This therapeutic court directs those with mental health needs to available services and helps to develop plans for their successful integration into society. The strategy should include materials such as brochures and flyers that would be made available through web sites and electronic mailing lists. Also, awareness of the Court’s services should be included within Homelessness 101 training sessions.

Cost Benefit Analysis

This report also provides a cost benefit analysis concerning chronic homelessness and homeless prevention on pages 34 and 35. Studies have revealed that frequent use of local public resources by chronic homeless persons is not only costly but ineffective in ending their chronic homeless experience.¹⁴ As the studies note, tens of thousands of dollars and in some cases hundreds of thousands of dollars are often spent on each chronic homeless person annually, while at the end of the year most of them, if not all, are still homeless. The studies have also concluded that it is less expensive to provide permanent supportive housing to chronically homeless persons than to continue to provide them services while they live on the streets year after year.

Anecdotal information suggests that social service providers generally do not help households at risk of becoming homeless until the day before or the day after such households become homeless. Thus, these households often remain hidden until it is too late to help them remain in their homes. Helping households maintain their housing is less costly and more effective than helping households obtain housing after they become homeless.

¹⁴In the Cities: G2B2G Communities Conduct Cost-Benefit Studies, in United States Interagency Council on Homelessness e-Newsletter, January 6, 2006; “Emerging Research on the Costs of Homelessness,” Dennis P. Culhane, University of Pennsylvania, n.d.

The initial goal is to reduce homelessness within the county by 50% during the first five (5) years (2008-2012) of implementation.

Implementing the Plan

This plan outlines how homelessness will be reduced annually within the County of Ventura as part of a strategy to end homelessness. The Working Group¹⁵ has divided the plan into seven (7) sections that include the following:

1. Establishing the Community's Commitment;
2. Adopting "Guiding Principles;"
3. Determining the Number of Persons to be Served;
4. Recommending Service and Housing Needs;
5. Developing Community Involvement;
6. Funding the Strategy; and
7. Measuring Performance.

There is an additional section that addresses "community issues." Community issues are defined as legal or illegal activities by homeless persons and/or by individuals who want to help them and that are of concern to the Working Group. Such concerns mainly involve activities that are related to law enforcement, parks, and libraries.

I. ESTABLISHING THE COMMUNITY'S COMMITMENT

The number of homeless persons will be reduced by 50% during the first five (5) implementation years (2008–2012) of the 10-year strategy. Further reductions in homelessness for the following five (5) years (2013–2017) will be determined by the

Interagency Council on Homelessness for Ventura County (see Recommendation #19) and based on the reduction outcomes established during the previous five (5) years of implementation.

2. ADOPTING "GUIDING PRINCIPLES"

The Working Group established certain facts as "guiding principles" based upon local and national social service experiences and supported by recent local and national studies concerning homelessness. Guiding principles, and related homeless service and housing activities, include the following:

Homeless Prevention

- a. helping households maintain their housing is less costly and more effective than helping households obtain housing after they become homeless;
- b. preventing persons from being discharged from public and private systems of care (e.g., hospitals, jails, foster care) into homelessness by implementing discharge protocols and procedures is less costly and more effective than helping individuals obtain services and housing after becoming homeless;

Basic Emergency Services

- c. redirecting basic emergency services and activities such as distributing food and clothing in parks to residential and non-residential homeless programs is a more effective way of helping people end their homeless experience;

¹⁵The Working Group consists of representatives from public and private organizations who have been meeting on a monthly basis in order to obtain community input into the strategy.

Street Outreach

- d. understanding that the longer a person lives on the streets the greater the likelihood that the problems that caused and/or prolong their homeless experience will intensify;
- e. bringing social services directly to chronically homeless mentally ill persons living on the streets is a more effective way of providing treatment than initially bringing these same persons to the services;

Case Management

- f. recognizing that homeless persons have a wide-range of social service needs and that case management services including domestic violence, education, employment, health care, mental health care, substance abuse, and veteran benefits is needed in order to meet their needs;
- g. centralizing non-residential program-based case management services linked to housing options within a “one-stop” location is a more effective means of service provision than having homeless persons navigate multiple services throughout cities and the county;

Homeless Court

- h. recognizing that unresolved legal issues can preclude homeless people from accessing needed services such as employment, housing, public assistance, and treatment programs;

Emergency Shelter

- i. allowing homeless persons to stay in shelters on an on-going basis without a case management plan is costly and often does not help them acquire the skills and resources necessary to obtain and maintain permanent housing and live self-sufficiently;
- j. permitting lengthy stays in mass shelters have adverse affects on children and their parents;
- k. implementing a “rapid exit” strategy that focuses on early identification and resolution of

resident’s “housing barriers” through case management facilitates their return to permanent housing as quickly as possible;

Transitional Housing

- l. acknowledging that families and individuals with disabilities need longer periods of residency (up to two (2) years) than the average shelter residency of 90 days in order to gain the resources (e.g., credit history, move-in costs, employment stability) to obtain and maintain permanent housing;

Permanent Supportive Housing

- m. recognizing that at least one-third of homeless individuals 1) have a permanent disability; 2) are unemployable; and 3) need on-going supportive services to reside in permanent supportive housing with on-site and/or off-site social services if they are to obtain and maintain permanent housing;

Permanent Affordable Housing

- n. acknowledging that households should not spend more than 30% of their monthly income on their basic housing needs which includes rent/mortgage and utilities;
- o. recognizing that persons residing in shelters and transitional housing programs should receive sufficient case management services and complete a case management plan before moving into housing and receive follow-up care for at least one (1) year.

3. DETERMINING THE NUMBER OF PERSONS TO BE SERVED

The Working Group determined the number of persons to be served by examining local and national statistics. The number of persons to be served is divided into two (2) time periods: a) during the course of a year and b) during a given day.

a) The Number of Persons to be Served During the Course of a Year

The Working Group determined that at least 6,000 county residents experience homelessness annually. This number was derived after examining local, regional, and national data and estimating the number of persons who become homeless annually within Ventura County.

The U. S. Department of Health and Human Services (HHS) and the Urban Institute have noted that up to 1% of a region's population will experience homelessness annually¹⁶. According to the California Department of Finance, Demographic Research Unit, there were approximately 800,000 residents in Ventura County in January of 2006. One percent (1%) equals 8,000 residents.

The Working Group determined that approximately three-quarters of a percent (0.75%) of the county's 800,000 residents experienced homelessness annually which equals 6,000 residents. As previously stated, HHS has noted that up to 1% of a region's population will experience homelessness annually.

In addition, HHS has noted that up to 6% of a region's poor will experience homelessness over a year. The Working Group has concluded that residents of households with an annual income of less than \$25,000 are seriously at risk of becoming homeless in Ventura County. U. S. Census Bureau, State of California, and local data for 2000 - 2006 note that between 10% and 20% (80,000 to 120,000) of county residents are members of households with an annual income of less than \$25,000. Six percent (6%) represents 4,800 to 7,200 residents.

¹⁶U.S. Department of Health and Human Services, "Ending Chronic Homelessness: Strategies for Action," March 2003; "How Many Homeless People Are There?" in Helping America's Homeless: Emergency Shelter or Affordable Housing?, The Urban Institute Press, 2001, p. 51.

Thus, a middle number (6,000 residents) ranging between HHS statistics was established by the Working Group.

The middle number of 6,000 residents is also supported by other national and local data. "Annual estimates are likely to be anywhere from three to six times as high as "point-in-time estimates" according to a recent report to guide jurisdictions in projecting their own annual estimate of homeless persons.¹⁷ Local data notes that at least 1,300 residents are homeless on a given day within the county¹⁸. This means that the middle number of 6,000 residents is about four (4) and a half times the number of residents who are homeless on a given day within the county which falls within the estimated range provided by the Urban Institute.

b) The Number of Persons to be Served During a Given Day

Approximately 1,300 residents are homeless on a given day within the county.¹⁹ Of these persons, approximately 1,000 (77%) live on the streets on a given day. About half (50%)²⁰ or 500 persons are single individuals who are chronically homeless²¹

¹⁷"Estimating the Need: Projecting from Point-in-Time to Annual Estimates of the Number of Homeless People in a Community and Using this Information to Plan for Permanent Supportive Housing," March 2005, p. 10.

¹⁸See the County of Ventura 2006 Continuum of Care Application which was submitted to the U. S. Department of Housing and Urban Development during May of 2006.

¹⁹County of Ventura 2007 Homeless Count, April, 2007 (copies can be obtained on www.vchhc.org).

²⁰This percentage is based on the fact that approximately 50% of unsheltered individuals on a given day in Los Angeles County, Long Beach, Riverside County, and Pasadena are chronically homeless.

²¹Chronic homelessness is defined by HUD as "A person who is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter." A disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." A disabling condition limits an individual's ability to work or perform one or more activities of daily living. An episode of

and are likely to have a permanent disability that makes them unemployable. They have a wide-range of social service needs and require a wide-range of case management subsidies, treatment, and services in order to obtain and maintain permanent affordable housing.

The other half (500) of persons who live on the streets includes 250 single individuals (50%) who are episodically or intermittently homeless—perhaps once or twice during the course of a year for a shorter period (two to three months) of time. This segment also includes about 250 persons (50%) who are members of families. This means that 83 families (three (3) persons per household) live on the streets on a given day.

Both groups, single individuals and families, have a wide-range of social service needs and require a wide-range of case management services in order to meet their needs such as domestic violence recovery, education, employment, health care, mental health care, substance abuse, and veteran services. They also need time to establish the resources (e.g., credit history, move-in costs, employment stability) necessary to obtain and maintain permanent housing.

The remaining residents (300 persons of 1,300 persons who are homeless on a given day) are sheltered. Of these persons, approximately 50 are sheltered in domestic violence shelters and the remaining 250 adults and children are residents of transitional housing programs. They also have a wide-range of social service needs and require a wide-range of case management services in order to gain employment (about two-thirds are employable) and obtain and maintain permanent housing.

homelessness is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter. A chronically homeless person must be unaccompanied and disabled during each episode.”

4) RECOMMENDING SERVICE AND HOUSING NEEDS

The Working Group is recommending the following service and housing needs for reducing homelessness by 50% during the next five (5) years of implementation of the strategy based upon the “guiding principles” on pages 17 and 18 and the “number of persons to be served” on pages 18 - 20. Service and housing needs are divided into two (2) parts: a) recommendations for service and housing resources for reducing homelessness annually; and b) recommendations for service and housing needs for reducing homelessness on a given day. Recommendations fall under residential categories or non-residential activities within each of the two (2) divisions.

a) Recommendations for Service and Housing Needs for Reducing Homelessness Annually

Residential Categories

► Recommendation #1: Homeless Prevention Program

- Implement homeless prevention programs throughout the county that will prevent at least half (50%) or 1,000 of the 2,000 households who become homeless each year from becoming homeless;
- Implement a community outreach and education campaign that raises awareness about households at risk of becoming homeless and provides information about resources available through homeless prevention programs.

The Working Group concluded that there is a continuous cycle of homelessness each year during which large numbers of persons exit homelessness only to be replaced by a large number of other persons who lose their housing and become homeless.

This cycle involves approximately 2,000 households (6,000 residents) who become homeless annually. These residents can be divided into two (2) groups for a given year:

- a) 10% or 600 residents are mostly single individuals and will be homeless for the whole year and likely to become chronically homeless;
- b) 90% or 5,400 residents consisting of about 2,000 households will not remain homeless for the whole year because of the combined efforts and resources of these residents and homeless service providers that help them obtain housing.

The Working Group, however, also concluded that 5,400 more persons or 2,000 households will become homeless during the following 12 months and replace those who are no longer homeless as part of a continuous cycle of homelessness.

The Working Group also realizes that helping households maintain their housing is less costly and more effective than helping households obtain housing after they become homeless. As a result, the Working Group is recommending that a county-wide homeless prevention program be implemented that will prevent at least half (50%) or 1,000 of the 2,000 households who become homeless each year from becoming homeless.

Each jurisdiction within the county should implement a local centralized homeless prevention program. If eligible, households at risk of becoming homeless would be able to receive a wide-range of supplemental resources available “under one roof” in order to maintain their housing. Prior to receiving resources, an intake and assessment should be completed that will verify eligibility and identify the needs of each household. Households should be a resident of the local jurisdiction in which the program is operating, show proof of residency, and proof of low income status. In addition, recipients should be required to work with a case manager on a long-term basis when necessary.

Supplemental resources should include:

- benefit counseling including public assistance;
- clothing certificates;
- credit repair;
- employment services;
- eviction prevention;
- food certificates;
- health care (including medications and dental services);
- household items certificates;
- landlord-tenant mediation;
- legal services;
- money management;
- rebuilding family networks;
- rental assistance;
- transportation assistance;
- utility assistance; and
- veteran benefits.

The Working Group has also concluded that a community outreach and education campaign needs to be implemented to raise awareness about households at risk of becoming homeless and provide information about resources available through homeless prevention programs.

Raising Awareness about Households at risk of Becoming Homeless

Raising awareness about households at risk of becoming homeless within the County is necessary because service providers often become aware of such households after they become homeless. The Working Group believes that raising awareness of households at risk of becoming homeless will result in households receiving resources prior to becoming homeless and maintaining their housing.

Raising awareness can be accomplished through several means of communication that provide at risk of becoming homeless households, and those groups and individuals that want to help them, with

the necessary information and resources to prevent homelessness. Such means of communication would include:

- a “Homeless Prevention Resource Guide” that provides a description of, and contact information for, homeless prevention resources;
- “Homeless Prevention Week” that raises awareness concerning families and individuals who are at risk of becoming homeless households and the resources available to help them;
- posters, flyers, and brochures containing contact information for those at risk of becoming homeless households that would be:
 - made available at public counters including libraries, schools, post offices, and City Hall public service counters;
 - delivered for distribution at local committees, coalitions, and task force meetings;
 - delivered to post, and distribute, at local community, educational, and recreational service centers and organizations including religious congregations;
 - made available to property owners and managers to distribute to renters.
- information concerning homeless prevention made available on existing web sites of community organizations including local jurisdictional web sites;
- public service announcements that provide contact information for homeless prevention resources; and
- contact information enclosed in utility bills for homeless prevention assistance.

Providing Information about Resources Available through Homeless Prevention Programs

Providing information about resources available through homeless prevention programs is also necessary to ensure that households at risk of becoming homeless receive essential resources and

maintain their housing. Thus, the Working Group is recommending that each jurisdiction encourage faith-based organizations, neighborhood groups, and other neighborhood entities to “adopt a neighborhood.” Adopting a neighborhood would consist of distributing and/or posting homeless prevention program materials at the following places located within the adopted neighborhood:

- Neighborhood resource centers that provide community services to residents such as education, employment, health, and recreation;
- Stores such as markets and repair shops;
- Businesses including those providing check cashing services, payroll advances, and short-term loans;
- Schools both public and private;
- Places with public counters such as post offices, libraries, parks, etc.;
- Community health clinics; and
- Other appropriate places.

► Recommendation #2: Permanent Affordable Housing

- **Create 300 additional units of permanent affordable housing for extremely-low and very-low families and individuals during the first five (5) years of implementation of strategy.**

The Working Group recommends that 300 units of permanent affordable housing be developed regionally for extremely-low and very-low income families and individuals during the initial five year’s of the strategy’s implementation. About two-thirds of the units should be for individuals that could benefit from single-room occupancy (SRO) housing. The other one-third would be for families in need of multiple bedroom units. Units can be the result of new construction, rehabilitation, or unit subsidy. Sources of funding for these units are noted in the following two (2) recommendations.

► **Recommendation #3: Housing Trust Fund**

- Encourage the creation of a county Housing Trust Fund that serves as a catalyst to develop public and private sources of funding to support the production and preservation of affordable housing.

There are approximately 400 cities and counties within 40 states across the country and there are at least six (6) counties within the State of California that have created housing trust funds.²² Such funds are received through an ongoing dedicated source(s) of public funding to support the production and preservation of affordable housing. The public source of funding is usually committed through legislation or ordinance.

The Working Group recommends that these funds be used for a variety of purposes including, but not limited to:

- producing affordable housing including permanent supportive housing;
- preserving affordable housing through maintenance and repairs;
- supporting homebuyer assistance through down payment and mortgage assistance and interest subsidies;
- providing safety net housing which includes increasing emergency shelter and transitional housing beds;
- assisting nonprofit housing developers with pre-development funds;
- granting “matching” funds that other public or private resources may require;
- encouraging projects to serve low income households by giving priority status to projects serving low income households;
- favoring projects that provide at least 30 years of long-term affordability by giving priority status

to projects providing at least 30 years of long-term affordability; and

- encouraging projects to provide units accessible to those with disabilities and meet the requirements of the Americans with Disabilities Act (ADA) and applicable local laws by giving priority status to projects providing accessible units.

► **Recommendation #4: Inclusionary Housing Policy**

- Encourage all local jurisdictions to adopt an inclusionary housing policy that requires a percentage of new housing to be affordable to extremely-low and very low-income residents.

Inclusionary housing has created over 34,000 affordable homes and apartments in California over the past 30 years. Currently, there are more than 100 cities and counties in California that have adopted an Inclusionary Housing policy which represents nearly a 50 percent increase since 1994.²³ Six (6) cities within Ventura County have some type of inclusionary housing policies—Camarillo, Moorpark, Oxnard, Port Hueneme, Santa Paula, and Ventura.

An inclusionary housing ordinance should require residential and mixed use projects to include a share of housing that is affordable to extremely-low and very low-income households. The share is usually 10 to 20 percent of newly constructed units. Inclusionary housing ordinances typically provide an “in lieu fee” provision. Payment of a fee in lieu of all or some of the inclusionary units, however, should be discouraged except in special circumstances (e.g. developments of fewer than 10 units). The amount of the fee is calculated using a fee schedule established by the local jurisdiction. Fees are set-aside to be used for affordable housing that could include permanent supportive housing.

²²See the Center for Community Change web site <http://www.communitychange.org/issues/housingtrustfunds> for a list of jurisdictions that have created housing trust funds.

²³“Inclusionary Housing in California: 30 Years of Innovation,” California Coalition for Rural Housing, 2003, p. 2.

The Working Group believes an inclusionary housing policy helps to produce new, quality affordable housing units. The policy also allows for affordable units to be integrated into market rate developments creating inclusive communities. The Working Group also believes that integrated developments give lower-income families the opportunity to benefit from the amenities of newer neighborhoods—schools, parks, stability and security—where new developments are often built. Such a policy also helps overcome one of the greatest barriers to better housing opportunities for extremely-low and very low-income families—opposition to the construction of affordable housing.

Other benefits from an inclusionary housing policy include:

- producing affordable “workforce” housing for middle income workers;
- supporting the creation of mixed income communities;
- preventing rising prices from driving out low and moderate income residents; and
- leveraging the expertise and capacity of the private market to develop affordable housing.

► **Recommendation #5: Permanent Supportive Housing**

- Create at least 275 beds or units of permanent supportive housing for chronic homeless persons during the first five (5) years of implementation of the strategy;
- Create permanent supportive housing for 40 formerly homeless men and women living with chronic addiction.

The Working Group has determined that chronically homeless persons are more responsive to interventions and social services support while living in permanent supportive housing, rather than while living in temporary shelters. A large majority of the chronically homeless are mentally ill persons who are the “most visible” and “hardest-

to-reach” because of their severe mental illness which is often compounded by substance abuse and health care problems including non-compliance with prescribed medications. These conditions contribute to their inability and/or unwillingness to access or participate in emergency shelters and other programs with other persons.

Permanent supportive housing provides on-site and/or off-site social services such as health care, mental health care, and substance abuse treatment. These services should be coordinated with case manager(s) and among agency providers. As previously cited, there are approximately 1,000 persons living on the streets on a given day and approximately half (50%) or 500 persons are single individuals who are chronically homeless and in need of permanent supportive housing.

Thus, the Working Group recommends that at least 275 units or beds of permanent supportive housing be available for chronic homeless persons in order to reduce chronic homelessness by half during the first five (5) years (2008-2012) of implementation of the strategy. Permanent supportive housing often includes units within multi-family residences such as apartment buildings or Single Room Occupancy (SRO) complexes and bedrooms within group living facilities such as sober living homes.

The Working Group also recommends the creation of permanent supportive housing for 40 formerly homeless men and women living with chronic addiction. Residents will benefit from 24-hour, seven day a week supportive services that includes:

- State-licensed mental health and chemical dependency treatment;
- On-site health care services;
- Daily meals and weekly outings to food banks;
- Case management and payee services;
- Medication monitoring; and
- Weekly community building activities.

The aim of the facility is to improve the lives of residents through reduced alcohol consumption, better health care, and increased stability. The program will also reduce residents' use of the community's crisis response system, reduce public nuisances and encourage residents to undertake and follow through with alcohol treatment. Individuals will be encouraged to take part in services, regardless of level of motivation for change, goals or personal ideology.

Non-Residential Activities

► Recommendation #6: Assertive Community Treatment

- Expand the county-wide street outreach program in order to bring social services directly to chronically homeless persons in a more “assertive” way with the goal to decrease the number of chronic homeless individuals each year by at least 10% and help prevent additional persons from living on the streets for one (1) year or more.

The Working Group believes that “Assertive Community Treatment” (ACT) is a community outreach and service delivery approach necessary to achieve greater success with chronic homeless persons. Local and national research has revealed that ACT is a combined form of outreach case management that is distinguished from more traditional street outreach because the outreach team

- consists of several multi-disciplinary practitioners from the fields of psychiatry, nursing, psychology, and social work with increasing involvement of substance abuse and vocational rehabilitation specialists;
- provides the services clients need rather than sending clients to other programs for services;
- supplies a wide variety of services to each client from the same group of specialists which means that members of the team do not have

individual caseloads because the team as a whole is responsible for each client;

- operates with a team-to-client ratio of one clinician for every ten clients;
- is cross-trained in each other's areas of expertise to the maximum extent feasible;
- provides services 24-hours a day, seven days a week, for as long as they are needed; and
- never discharges someone because they are “too difficult” or “do not make progress.”

In addition, ACT is distinguished from traditional street outreach because it brings the services to the people wherever they are instead of the traditional approach which focuses on building a relationship with a homeless person in order that the person can be brought to the services. To be effective, ACT needs to be linked with permanent supportive housing units (see Recommendation #5) and a wide-range of case management services including employment, health care, life skills, mental health care, substance abuse, and veteran benefits. The Working Group recommends that ACT teams be located in close proximity to the homeless populations in need of these services.

► Recommendation #7: Discharge Planning

- Adopt a “zero tolerance” plan for discharging clients to the streets;
- Improve coordination between discharge planning agencies and homeless service providers in order to decrease the number of persons being discharged into homelessness by at least 10% annually.

The Working Group recommends that the following “zero tolerance” statement for discharging clients to the streets be adopted by all discharge planning agencies and homeless service providers:

Discharging families and individuals from public and private systems of care into homelessness is unacceptable. Discharge planning agencies

and homeless service providers should work collaboratively to prepare a homeless person to return to the community and link that individual to essential housing and services.

The Working Group also recommends improved coordination of discharge planning. The purpose of such planning is to prevent persons being discharged from publicly and privately funded institutions or systems of care into homelessness. These institutions and systems of care include health care facilities, foster care or other youth facilities, mental health providers, and correction programs and institutions including jails, prisons, and probation programs. Discharge planning prepares a homeless person while in an institution to return to the community and links that individual to essential housing and services, including enhancing and expanding their treatment options and support.

Local agencies providing discharge planning and placement assistance include:

- County of Ventura Human Services Agency Children and Family Services which provides discharge planning and placement assistance to youth leaving foster care;
- Ventura County Medical Center (VCMC), VCMC – Santa Paula, St. John’s Regional Medical Center, St. John’s/Pleasant Valley Hospital, Community Memorial Hospital (CMH), Ojai Valley Hospital, Simi Valley Adventist Hospital, and Los Robles Hospital, and Aurora Vista del Mar Psychiatric Hospital which provide discharge planning and placement assistance to patients being discharged from hospitalization;
- County of Ventura Behavioral Health Department which provides discharge planning and placement assistance to consumers leaving County facilities; and
- County of Ventura Jail which refers mentally ill persons 30 days prior to their release from jail to the Ventura County Behavioral Health Department.

The Working Group recommends that these local agencies and others, including state agencies (e.g., Department of Corrections) and local area hospitals that discharge homeless persons, improve coordination between agencies in order to decrease the number of persons being discharged annually into homelessness. This would contribute to the initial goal of reducing homelessness within the County by 50% during the first five (5) years (2008-2012) of the strategy’s implementation.

► **Recommendation #8: Mainstream Resources**

- **Ensure that homeless persons and persons at risk of becoming homeless obtain and maintain eligible mainstream resources.**

Local and national studies reveal that less than one-third (33%) of homeless and at risk of becoming homeless persons receive “mainstream resources” which consists of federal and state government assisted benefit programs. Such programs receive several hundred billion dollars each year appropriated by Congress for mainstream assistance programs. These resources provide low-income persons (including individuals and families who are homeless) with payments and supportive services for needs such as food, health care, housing, job training, and nutrition services.

Local and national data reveals that only a fraction of chronic homeless persons access mainstream benefit programs such as Food Stamps, Medicaid; Social Security Disability Income (SSDI), Supplemental Security Income (SSI), and Veteran’s Benefits. In order to reverse this situation, case managers need to ensure that chronic homeless persons successfully obtain the benefits for which they are eligible. While some chronic homeless persons may have already attempted to access some of the resources for which they are eligible, they often fail to follow through with documentation and other responsibilities required for securing benefits.

The Working Group recommends that case managers assure to the greatest extent possible that chronic homeless persons enroll, obtain, and maintain mainstream resources. Case managers need to work with chronic homeless persons to successfully obtain benefits by making sure that they make necessary appointments and have adequate transportation. They also need to make sure chronic homeless persons bring all proper documentation (including helping clients obtain necessary documentation if needed) and help them complete written applications either by assisting them with filling out the application or following up with staff of the mainstream resource program. Case managers also need to make certain that chronic homeless persons follow through with any other necessary requirements before and after obtaining mainstream resources.

In addition, one or more members of households at risk of becoming homeless may not be receiving mainstream resources despite the fact that they are eligible to do so. For example, an individual with a severe disability may be eligible to receive Social Security Disability Insurance or parents with children may be eligible to receive Temporary Assistance for Needy Families. Often, these benefits are supplemented by food and health care assistance. The county-wide homeless prevention program noted in recommendation #1 should provide resources to help at risk households to obtain and maintain mainstream resources. Also, it is important to note that according to ADA law, deaf and hard of hearing homeless persons, whether disabled or not, must have equal communication access (i.e. sign language and/or oral interpreters).

b) Service and Housing Needs for Reducing Homelessness on a Given Day

The eight (8) recommendations above concern housing and service needs for reducing homelessness annually. The following four (4) recommendations concern housing and service

needs for reducing homelessness on a given day. These recommendations also fall under residential categories or non-residential activities.

Residential Categories

► Recommendation #9: Shelter Beds

- **Create 150 additional shelter beds for individuals living on the streets and who should develop a case management plan with a case manager as a condition to admission.**

The recommendation for 150 additional shelter beds is based upon the number of persons who are homeless in the county which is 1,300 persons. Of these persons, 1,000 or approximately 77% are unsheltered.

Of the approximately 1,000 persons living on the streets on a given day, approximately half (50%)²⁴ or 500 persons are single individuals who are chronically homeless. Recommendations concerning these persons are outlined above in Recommendation #5 (Permanent Supportive Housing) which notes that chronically homeless persons are more responsive to interventions and social services support while living in permanent supportive housing, rather than while living in temporary shelters.

The other half (500) of persons living on the streets consists of approximately 250 single individuals (50%) who are often in need of shelter in order to obtain permanent affordable housing. Because these persons have a wide-range of social service needs, a wide-range of case management services is needed in order to meet their needs such as domestic violence recovery, education, employment, health care, mental health care, substance abuse treatment, and veteran services. They also need time to establish the resources (e.g., credit history, move-

²⁴This percentage is based upon the fact that approximately 50% of unsheltered individuals on a given day in Los Angeles County, Long Beach, Riverside County, and Pasadena are chronically homeless.

in costs, employment stability) necessary to obtain and maintain permanent housing. As a result, the Working Group has determined that 150 additional shelter beds are needed for residents who should be required to develop a case management plan with a case manager as a condition to admission.

► **Recommendation #10: Transitional Housing**

- Create 75 additional transitional housing units consisting of 225 - 300 beds to serve families who are living on the streets and who should be required to develop a case management plan with a case manager as a condition to admission;
- Create 15 additional transitional housing “Safe Haven” beds for single individuals with disabilities.

The recommendation for 75 additional transitional housing units consisting of 225 – 300 beds for families and individuals with disabilities (e.g., mental illness and other disabilities) is also based upon the number of persons who are homeless in the county which is 1,300 persons. Of these persons, 250 are members of 87 families who are living on the streets and are in need of transitional housing. The Working Group is also recommending an additional 15 “Safe Haven” beds for single individuals with disabilities. Such beds would ready these individuals for permanent supportive housing.

As defined by HUD, transitional housing should allow residents to stay up to two (2) years and have access to on-site and/or off-site social services such as employment, health care, housing placement, mental health care, substance abuse treatment, and veteran services. Their service needs should be coordinated with case manager(s) and among agency providers. In addition, residents also need time to establish the resources (e.g., credit history, move-in costs, employment stability) necessary to obtain and maintain permanent housing.

The Working Group recommends that transitional housing units should fit the needs of individuals and families. Units for individuals should include single-room occupancy and units for families should consist of appropriate accommodations for all members of the family including teenagers. Transitional housing programs should also include subsidized scattered-site units that may later become a permanent residence for occupants.

► **Recommendation #11: Detoxification Center**

- Create a 20-bed social model detoxification program for adults;
- Increase the number of medically monitored detoxification beds for adults.

The Working Group recommends the creation of a 20-bed social model Detoxification Center (Sobering Station) consisting of a detoxification program for adults. Admission decisions and interventions should be provided by substance abuse counselors. All residents should work with highly-trained and experienced staff and establish a case management plan. Case management should include an intake and assessment and access to 12-step meetings, alcohol and drug education, and a mentoring program. The goal is to safely detox clients from alcohol and/or drugs and to provide education and motivation for referral. Referrals for continuing treatment should be encouraged and arranged prior to discharge.

The Detoxification Center (Sobering Station) will be open for admission 365 days a year, 7 days a week, and 24 hours a day depending on bed availability. The Detox Center should be located on a major bus route and will be easily accessible from major streets. Clients may be referred from any provider, social service agency or by self. Two (2) beds should be available for law enforcement on a 24-hour basis.

The length of stay should be individualized but a stay of 12 to 15 days is anticipated. Clients whose needs cannot be managed at this level should be referred to a higher level of care. The Detox Center should be in ADA compliance.

The Working Group also recommends increasing access to medically monitored detoxification beds for adults that are licensed for Medical Triage where prospective clients can be assessed and observed. Access should result in at least 600 days of treatment which should include 1) skilled nursing interventions provided by registered nurses; 2) residents working with highly-trained and experienced staff that help them establish a case management plan; and 3) case management which should include an intake and assessment, access to 12-step meetings, alcohol and drug education, and a mentoring program. The goal should be to safely detox clients from alcohol and/or drugs and to provide education and motivation for referral. Referrals for continuing treatment should be encouraged and arranged prior to discharge.

Non-Residential Activities

► **Recommendation#12: Homeless Management Information System**

- 75% of all emergency shelter, transitional housing, and permanent supportive housing beds should participate in the County of Ventura Homeless Management Information System by April, 2008.

The County of Ventura Homeless and Housing Coalition has committed to ensuring that 75% of all emergency shelter, transitional housing, and permanent support housing beds/units will be included in its Homeless Management Information System (HMIS) by April, 2008. This commitment was made to HUD through the County's 2006 Continuum of Care Application which was submitted to HUD in May, 2006.

HMIS, which was initiated in the fall of 2004, is a networked computerized record-keeping system that allows homeless service providers to collect uniform client information over time. The system is designed to allow providers to collectively perform a number of activities that could include: 1) decreasing duplicative intakes and assessments; 2) streamlining referrals; 3) coordinating case management; 4) tracking client outcomes; 5) and preparing financial and programmatic reports for funders. Data gathered through HMIS also helps with future program planning and evaluation. Cumulative information assists service providers with trends and outcomes. Outcome measurements help programs determine the merit of specific interventions, enabling the modification of case management programming accordingly.

Currently, about 56% of all emergency shelter, transitional housing, and permanent supportive housing beds are participating in HMIS. The Working Group recommends that efforts be made to ensure that 75% of all emergency shelter, transitional housing, and permanent supportive housing beds participate in HMIS by April, 2008.

The Working Group recommends that HMIS be integrated into an overall information and referral system that provides information about the availability of residential and non-residential services for homeless families and individuals. HMIS should be used to track the availability of shelter, transitional housing, safe haven, and permanent supportive housing beds. Such information would be made available on an on-going basis to homeless service providers.

5) DEVELOPING COMMUNITY INVOLVEMENT

The Working Group believes that community involvement has to be further fostered in order to meet the two initial goals of the strategy which are to 1) reduce homelessness within the County by

50% during the first five (5) years of implementation of this strategy and 2) successfully carry out the recommendations in this report. To date, community involvement in supporting homeless services has consisted of efforts of representatives from a wide-range of community groups that have included

- Businesses;
- Coalitions and Committees;
- Community Service Clubs;
- Corporations;
- Educational Institutions;
- Faith-Based Agencies/Organizations;
- For-Profit Organizations;
- Housing Developers;
- Local Government;
- Neighborhood Associations;
- Non-Profit Organizations;
- Private Foundations; and
- Individual Concerned Residents.

In order to further community involvement the Working Group is proposing the following recommendations.

► **Recommendation #13: Community Education Campaign**

- Implement an education campaign to make the community aware of the findings, guiding principles, goals, and recommendations of this report.

Findings

It is important that the community know the extent and profile of homelessness within the county. As noted in this report, there are approximately 1,300 adults and children who are homeless on a given day throughout the county and about 6,000 persons who experience homelessness annually. The

Working Group believes that knowing the extent of the problem will help generate more community support towards solving homelessness.

It is also important that the community know that there is a continuous cycle of homelessness. There are large numbers of persons who exit homelessness each year thanks to the resources and social service efforts of many local organizations and individuals. However, these persons are replaced by a large number of other persons who lose their housing and become homeless. This cycle involves approximately 2,000 households consisting of about 6,000 adults and children who become homeless annually. The Working Group believes that knowing the extent of the problem will help generate more community support towards solving the problem for those at risk of becoming homeless including local homeless prevention programs (see Recommendation #1).

Guiding Principles

The guiding principles used in this report were formulated from the actions of other jurisdictions throughout the country that enabled them to reduce homelessness within their communities. As a result, the Working Group came up with recommendations that take an overall different approach to ending homelessness within the county than in past years. The Working Group believes educating the public about this overall approach will result in greater community participation in ending local homelessness.

Goals

The initial goal of this report is to reduce homelessness within the county by 50% during the first five (5) years of implementation of this strategy. The Working Group recommends that this initial goal should be promoted throughout the county in order to encourage new and continued support from a wide-range of community stakeholders

including businesses, community service groups, corporations, faith-based agencies, for-profit agencies, local government, neighborhood groups, non-profit organizations, and private foundations.

Recommendations

The community should be made aware of the recommendations of this report. The recommendations provide the county with an opportunity to break a continuous cycle of homelessness that has left thousands of households homeless each year and hundreds of persons living on the streets incessantly year after year. Public awareness often generates public support which will ensure that the recommendations and related activities are implemented successfully.

In summary, the Working Group is recommending that community involvement be further fostered by coordinating an effective communication strategy about the findings, guiding principles, goals, and recommendations of this report. The committee believes that the most effective way of communicating the strategy to the public is through a “speakers group.” This group will consist of individuals who are familiar with the strategy and its goals and recommendations and who will present this report to local groups. Local groups will be identified by community stakeholders such as elected officials, businesses, community service groups, faith-based organizations, and non-profit agencies.

► Recommendation #14: Faith-Based Organizations

- Enlist the support of faith-based organizations to help implement the goals and recommendations in this report.

The faith community has a history of providing resources to homeless families and individuals. Past efforts have included providing emergency assistance, shelter, transitional housing, rental

assistance, food, and affordable housing. Resources have included donations of in-kind gifts, financial gifts, and in-kind services through volunteers.

Faith-based organizations should be encouraged to participate in community groups addressing homeless issues and to focus efforts and resources to help implement the goals and recommendations in this report. For example, Recommendation #1, which is a county-wide homeless prevention strategy designed to reduce the number of households who become homeless by half during the first five (5) years of implementation of this strategy, is in need of a wide-range of supplemental resources in order to prevent households from becoming homeless. Faith-based organizations should be encouraged to provide such resources.

Other recommendations in this report concern programs and activities that have long been supported by members of the faith community. Such programs and activities can be found in Recommendations #5 (Permanent Supportive Housing), #6 (Assertive Community Treatment), #9 (Shelter), and #10 (Transitional Housing). Faith-based organizations should be encouraged to provide, or continue to provide, resources towards these recommendations.

6) FUNDING THE STRATEGY

There are several public and private sources of revenue that specifically target many of the programs and related activities that are included within the recommendations of this report. These sources of public and private revenue can potentially come from two primary funders: a) Private Foundations and b) Public Agencies. Other sources of revenue can come from c) Annual Special Events and d) Dedicated Sources of Funding.

a) Private Foundations

► Recommendation #15: Private Foundation Grants

- Encourage eligible non-profit organizations to apply for funding for one or more of the recommendations in this report.

The Working Group recommends that eligible non-profit organizations apply for funding from private foundations for one or more of the recommendations in this report. The recommendations in this plan that have historically fallen within the priority areas of private foundations include:

- Homeless Prevention Activities;
- Institutional Capacity Building for Affordable Housing Developers;
- Case Management for Permanent Supportive Housing;
- Street Outreach Services;
- Emergency Shelter Services;
- Transitional Housing Services; and
- Community Advocacy and Education.

The Working Group also recommends that potential applications be discussed with the Interagency Council on Homelessness for Ventura County (if approved) and with the County of Ventura Homeless and Housing Coalition in order to avoid the loss of funding for existing programs.

b) Public Agencies

► Recommendation #16: Public Agency Grants

- Encourage local government departments and non-profit agencies to apply for public agency grants.

The Working Group recommends that local government departments and non-profit agencies work together to continue to apply for, or begin to

apply for, funding from the following sources of revenue (a list of specific funding programs for each of the sources of revenue is listed in Appendix A):

Federal:

- HUD Homeless Assistance Programs;
- Department of Health and Human Services;
- Veterans Administration; and
- Federal Emergency Management Agency.

State:

- Department of Aging;
- Department of Community Services and Development;
- Department of Education;
- Department of Health Services;
- Department of Housing and Community Development;
- Department of Mental Health;
- Department of Social Services;
- Department of Veteran Affairs;
- Employment Development Department;
- Health and Human Services Agency;
- Housing Finance Agency;
- Office of Criminal Justice Planning; and
- State Treasurer's Office.

County:

- Ventura County Executive Office; and
- Area Agency on Aging.

Local Cities:

- Camarillo;
- Filmore;
- Moorpark;
- Ojai;
- Oxnard;
- Port Hueneme;
- Santa Paula;

- viii) Simi Valley;
- ix) Thousand Oaks; and
- x) Ventura.

c) Annual Special Events

▶ Recommendation #17: Annual Special Events

- Encourage each local jurisdiction to organize and implement an annual event to raise funds to support its homeless prevention program.

The Working Group recommends that each local jurisdiction organize and implement an annual event to raise funds to support its homeless prevention program. The Working Group has concluded that there is a continuous cycle of homelessness each year during which large numbers of persons exit homelessness only to be replaced by a large number of other persons who lose their housing and become homeless. Funds will be used to help provide supplemental resources to prevent households at risk of becoming homeless from becoming homeless. Supplemental resources previously noted include

- clothing certificates;
- food certificates;
- health care;
- household items certificates;
- landlord-tenant mediation;
- legal services;
- rental assistance;
- transportation assistance; and
- utility assistance.

The Working Group believes that the annual event will also raise awareness about the tens of thousands of low income adults and children who live within the county and that are at risk of becoming homeless each year.

d) Dedicated Sources of Funding

▶ Recommendation #18: Dedicated Sources of Funding

- Identify dedicated source(s) of funding that can be used to help finance the recommendations in this report.

The Working Group has identified the following examples of recommendations from other 10-year strategies to end homelessness (*please note that these examples are not recommendations*):

- *Maricopa County, Arizona*

Recommendation: Secure a dedicated source of funding for initiatives identified by the Regional Continuum of Care Committee on Homelessness in the region.

- *City of Denver*

Recommendation: To ensure that adequate resources are assembled, the plan creates a Fund Raising Team that includes staff and senior management of DDHS, Executive Director of the Denver Commission to End Homelessness, Mile High United Way, and other Commission and community members. The group's primary emphasis is to provide assistance in identifying and securing grants and contracts, contributions from individuals, corporations, and other public and private funders, and potential tax generated funding sources for on-going support to help with the implementation of the Plan.

- *City of Long Beach*

Recommendation: Collect between one half percent (.5%) and one percent (1%) tax on the sale of food and beverages.

The City of Long Beach recommendation is based upon the Miami-Dade County Homeless Trust which was created in 1993 by the Board of County Commissioners and administers proceeds from a one-percent food and beverage tax.

In addition, the City of Pasadena committed to identifying “a dedicated stream of funding that can be used to help finance the recommendations in (its) report” as stated in its recently completed plan.

7) MEASURING PERFORMANCE

Adopting recommendations within this strategy provides an opportunity to break a continuous cycle of homelessness that has left thousands of households homeless each year and hundreds of persons living on the streets incessantly year after year. Therefore, in order to ensure that the recommendations and related activities are coordinated and evaluated the Working Group is recommending that a Interagency Council on Homelessness for Ventura County be charged with these tasks. The recommendation is as follows:

► **Recommendation #19: Interagency Council on Homelessness for Ventura County**

- **Adopt by resolution an Interagency Council on Homelessness for Ventura County that will be charged with coordinating and evaluating policies concerning all of the recommendations and related activities within this plan.**

The U.S. Interagency Council on Homelessness²⁵ encourages states and large communities such as counties to create an interagency model at the local level in order to create and implement a 10-year plan to end homelessness. The Interagency Council on Homelessness for Ventura County should include members who are elected persons

²⁵The U.S. Interagency Council on Homelessness consists of secretaries and department heads from approximately 20 federal agencies that have some involvement in working with people who are homeless (see.ww.ich.gov).

from various sectors such as county, city, schools, and recreation/park districts. Members should also include representatives from other agencies that are most affected by homelessness including law enforcement. The Ventura County Homeless and Housing Coalition should serve as an advisory body to the Interagency Council as noted below.

► **Recommendation #20: Ventura County Homeless and Housing Coalition**

- **Appoint the Ventura County Homeless and Housing Coalition as an advisory body to the Interagency Council on Homelessness for Ventura County;**
- **Appoint representative(s) of the Coalition as standing member(s) to the local Interagency Council on Homelessness for Ventura County.**

The Working Group recommends appointing the Ventura County Homeless and Housing Coalition as an advisory body to the Interagency Council on Homelessness for Ventura County. The Coalition has been coordinating the county’s continuum of care system for homeless persons since 1996. Coordination has focused on applying for funding each year to HUD for “continuum of care homeless assistance.” During the past year, the amount of funding for new activities and renewal funding for existing activities was approximately \$1,000,000. Funding for new activities included permanent supportive housing and transitional housing. Renewal funding for existing activities included permanent supportive housing, transitional housing, and supportive services including case management and street outreach.

Coordination has also focused on implementing the annual goals and objectives that HUD requires in order to be competitive nationally for Continuum of Care homeless assistance funding. HUD required goals and objectives included implementing homeless counts, increasing access to public assistance, and coordinating a homeless management information system (as described

in Recommendation #12) among other required goals and objectives.

To date, the coalition has representation from various public and private agencies and local government, however more representation is needed. Representation from community groups such as businesses, corporations, faith-based agencies, for-profit organizations, neighborhood groups, and private foundations is desired.

8) COST BENEFIT ANALYSIS

The purpose of this section is to provide a cost benefit analysis that primarily reveals three things: 1) the “hidden costs” of chronic homelessness; 2) the “hidden costs” of “last minute” homeless prevention efforts; and 3) cost-offset opportunities.

1. “Hidden Costs” of Chronic Homelessness

Increasing evidence reveals that reducing chronic homelessness results in significant reductions in ambulance fees, arrests, court costs, emergency room visits, health clinic visits, hospital admissions, incarcerations, and substance abuse treatment.²⁶ Conversely, increases in the number of chronic homeless persons and/or the amount of time persons remain chronically homeless often results in frequent use of costly local public resources such as the criminal justice and health care systems by chronically homeless persons.

Costly local public resources are needed by local residents including homeless persons. Studies have revealed, however, that frequent use of local public resources by chronic homeless persons is not only costly but ineffective in ending their chronic homeless experience.²⁷ In other words, for example, their immediate health care need may be met, but their homeless experience persists. As the studies

note, tens of thousands of dollars and in some cases hundreds of thousands of dollars are often spent on each chronic homeless person annually, while at the end of the year most of them, if not all, are still homeless.

2. “Hidden Costs” of “Last Minute” Homeless Prevention Efforts

Anecdotal information suggests that social service providers generally do not help households at risk of becoming homeless until the day before or the day after such households become homeless. Thus, these households often remain hidden until it is too late to help them remain in their homes.

Once a household becomes homeless it generally costs thousands of dollars to help them gain housing once again. The longer households remain on the streets the fewer resources they are able to maintain such as adequate clothing, education, employment, food, health care, etc. Households often turn to drop-in centers and/or shelters. These experiences, however, tend to have adverse affects on children and their parents the longer they use these services.

3. Cost-Offset Opportunities

Chronic Homelessness

The studies noted above have concluded that it is less expensive to provide permanent supportive housing to chronically homeless persons than to continue to provide them services while they live on the streets year after year. Permanent supportive housing allows service providers to provide on-site and off-site services to help chronic homeless persons maintain their housing. Service provision often results in chronic homeless persons receiving a source(s) on income to pay a portion of their rent. In addition, their reliance on costly local public services is reduced because they are better able to take care of their health. In addition, their housing reduces incidences of arrest related to their lack of housing.

²⁶“Emerging Research on the Costs of Homelessness,” Dennis P. Culhane, University of Pennsylvania, n.d.

²⁷“In the Cities: G2B2G Communities Conduct Cost-Benefit Studies, in United States Interagency Council on Homelessness e-Newsletter, January 6, 2006.

Households At Risk of Becoming Homeless

Helping households maintain their housing is less costly and more effective than helping households obtain housing after they become homeless. Once a household becomes homeless it generally costs thousands of dollars or more to help them gain housing once again depending on how long they remain homeless. It generally costs hundreds of dollars or less to provide them with the supplemental resources needed to initially maintain their housing.

Community Issues

Addressing Community Issues

There were other findings and recommendations made concerning “community issues”. Community issues are defined as legal or illegal activities by homeless persons and/or by individuals who want to help them and are of concern to the Working Group. Such concerns mainly involve activities related to law enforcement, parks, libraries, and riverbeds.

Concerning Law Enforcement

The Working Group recognizes that the plight of homeless persons is one of the county’s most visible social problems and generates complaints and demands for law enforcement action. The committee also recognizes that law enforcement faces the difficult challenge of meeting the expectations and often conflicting demands of the political, business and community leaders, advocates for the homeless, social service providers and the homeless population themselves. Law enforcement agencies must provide for the safety and integrity of residential and business communities while protecting the rights, dignity, and property of the homeless population.

As a result, the Working Group recommends several “guiding principles” related to law enforcement and homeless persons. They include the following:

- ***Being Homeless is Not a Crime***

A homeless person should not be cited, arrested, jailed or otherwise punished for behavior that is normal and necessary to daily living and life sustaining activities such as standing, sitting, eating, sleeping, or other similar activities if there is no other safe and appropriate space to carry out such activities.

- ***Arrests for Minor Violations are Generally a Short-Term “Fix” Solution to Public Problems***

Arrest for minor violations such as standing, sitting, eating, and sleeping is a short-term solution to “public problems” that often result in a homeless person spending a few hours or days in jail before being discharged into the community when the cycle of “minor violations” start again. In addition, such arrests may result in a violation of civil rights.

- ***Enforcing Existing Laws and Regulations Should be Considered and Applied Concerning Behaviors that are Crimes***

The following behaviors are considered crimes and are enforceable by police officers:

- aggressive panhandling;
- bathing in public places;
- camping in unauthorized public and private places;
- drinking alcohol in public;
- entering/sleeping in vacant buildings;
- possession of some else’s shopping cart;
- storing property without permission on public or private property; and
- urination/defecation in public.

- *Homeless Persons Should Not be Discharged from Prisons and Jail into Homelessness*

Homeless persons that enter the justice system should not be discharged into homelessness. Law enforcement personnel should attempt to identify persons who are homeless during the intake processing stage. Prior to discharge, an appropriate social service agency should be contacted so that a social worker can interview the person who is homeless with the goal of linking the person to services immediately upon discharge. Such discharges should occur, to the greatest extent possible, during normal business hours.

► **Recommendation #21: Homelessness 101 Training**

- Conduct periodic training sessions concerning community issues such as i) law enforcement policies and minor and criminal behaviors by homeless persons; ii) appropriate actions and responses by residents and business employees when confronted by minor and criminal behaviors by homeless persons; iii) appropriate actions and responses by social service providers when contacted by law enforcement personnel, residents and business employees; and iv) distribution of current available resources and referral contacts.

The Working Group recommends that Homelessness 101 Training sessions be conducted periodically. Such sessions should focus on developing community partnerships between social service agencies, law enforcement agencies, residents, businesses, faith communities, and other community groups. Representatives from these groups should be encouraged to attend and participate as well as homeless and formerly homeless persons.

The sessions should also focus on other related areas of concern identified by the Working Group which include use of parks and libraries by homeless persons.

Concerning Parks

The issues that are areas of concern include:

- sleeping in parks;
- sleeping in cars within park parking lots;
- bathing and washing clothes in park bathrooms;
- alcohol and other drug use on park premises;
- storing personal property in parks; and
- urination and defecation in public.

The Working Group recommends that existing rules and regulations concerning sleeping in parks, urination/defecation, alcohol and other drug use, bathing and washing clothes in bathrooms, and storing property in parks be enforced. The committee proposes that how these rules and regulations are understood and implemented should be clearly communicated through Homeless 101 Training sessions.

In addition, the Working Group recommends that community groups should be discouraged from distributing food and clothing in parks and that community groups should be encouraged to redirect their distributions to existing social service programs that serve homeless persons.

Concerning Libraries

The activities that were identified as areas of concern include:

- sleeping on the grounds of the library;
- bathing and washing clothes in bathrooms;
- alcohol and other drug use on premises;
- storing personal property on premises;
- sleeping inside the building;
- using tables and chairs for long periods of time; and
- offensive/confrontive language and behaviors.

The Working Group recommends that existing rules and regulations concerning the activities identified above should be enforced. The committee also proposes that how these rules and regulations are understood and implemented should be clearly communicated through Homeless 101 Training sessions.

► **Recommendation #22: Collaborative Justice Courts**

- Increase awareness of the alternative sentencing program provided by the Ventura Superior Court’s “Homeless Court;”
- Increase awareness of the alternative sentencing program provided by the Ventura Superior Court’s “Adult Drug Court;”
- Increase awareness of the alternative sentencing program provided by the Ventura Superior Court’s Mental Health Court.

In Ventura County, Collaborative Justice Courts also known as restorative justice courts or problem solving courts provide an alternative sentencing mechanism for defendants experiencing homelessness that currently consist of Homeless Court, Adult Drug Court, and Mental Health Court.

Homeless Court

The Working Group also recommends increasing awareness of the alternative sentencing program provided by the Ventura Superior Court’s “Homeless Court” which helps resolve many outstanding minor offenses arising out of the condition of homelessness such as illegal camping, drinking in public, and a variety of other infractions and misdemeanors. A communication strategy should be expanded to ensure that all homeless service providers and homeless persons are aware of the Homeless Court. The strategy should include materials such as brochures and flyers that would be made available through web sites and electronic mailing lists. Also, awareness of the Court’s services should be included within Homelessness 101 training sessions.

Adult Drug Court

The Working Group also recommends increasing awareness of the alternative sentencing program provided by the Ventura Superior Court’s “Adult Drug Court.” The Ventura County Adult Drug Court is a collaborative venture between the Court, Behavioral Health, Probation, District Attorney and Public Defender, that targets felony drug abusing offenders who would otherwise be committed to state prison. Eligible participants include those convicted of non-violent drug-related offenses or non-drug offenses with a history of significant drug abuse or addiction.

Offenders who have prior convictions for serious or violent felonies or who have been charged with drug sales or transportation for sale are not eligible for participation in Drug Court. Upon conviction, interested participants are referred for screening by the Drug Court team. If accepted, offenders will have their sentence to state prison suspended pending successful completion of the Drug Court program.

Successful participants remain under Drug Court supervision for a minimum of 18 months. Upon successful completion of the program, their suspended commitment to state prison is vacated. Also, awareness of the Court’s services should be included within Homelessness 101 training sessions.

Mental Health Court

This therapeutic court directs those with mental health needs to available services and helps to develop plans for their successful integration into society. The strategy should include materials such as brochures and flyers that would be made available through web sites and electronic mailing lists. Also, awareness of the Court’s services should be included within Homelessness 101 training sessions.

Appendix A

List of Public Funding Sources and Programs

I. FEDERAL FUNDING SOURCES AND PROGRAMS

• HUD Homeless Assistance Programs

HUD administers five targeted programs that can be used to fund the development, operation, and supportive services of emergency, transitional, and permanent housing for people who are homeless which includes:

- **Emergency Shelter Grants** are formula grants to states and local governments for the purpose of providing emergency and transitional housing, and are coordinated through the Consolidated Plan, a 5-year comprehensive housing plan required of communities to access HUD housing resources.
- **Supportive Housing Program (SHP), Shelter Plus Care (S+C), and Section 8 Moderate Rehabilitation Single Room Occupancy (SRO)** program funds are awarded through an annual competition that requires communities to engage in a coordinated strategic planning process and to submit a comprehensive Continuum of Care plan to address homelessness.
- SHP funds may be used for the development and operation of transitional and permanent housing, and for supportive services;
- S+C funds may be used to provide rental assistance for permanent housing, with required matching funds for supportive services;
- Section 8 SRO funds can be used for rental assistance in single-room-occupancy dwellings.

HUD also administers **Housing for People who are Homeless and Addicted to Alcohol.**

- Approximately 10 two-year grants are expected to be awarded under a new \$10 million Housing for People who are Homeless and Addicted to Alcohol initiative created by Congress in PL 108-7. This initiative is designed to provide supportive housing assistance to chronically homeless persons who have been living on the streets for at least 365 days over the last five years and have a long term addiction to alcohol (serial inebriates). To be eligible for assistance under this program, clients must be living on the streets at the time of initial contact and will have no history of living in transitional or permanent housing over the last five years. Grantees will be expected to partner with local law enforcement, court systems and other relevant institutions to identify eligible clients for the program. To be eligible for funding consideration, a project must be located within a Continuum of Care that has at least 100 people who are chronically homeless and unsheltered as reported by the Continuum of Care or a recent official count.

In addition, there are other HUD programs that are designed to expand affordable housing opportunities for low-income people or people with disabilities, including those who are homeless.

- **Public Housing** is developed, owned, and managed by public housing agencies (PHAs) under contract with HUD. HUD provides a subsidy to cover operating and management costs of the units, and tenants generally pay 30 percent of their incomes toward rent. PHAs are allowed to establish local preferences for income targets and tenant selection and must submit a 5-year plan that outlines these preferences and demonstrates their consistency with the local needs and strategies identified in the consolidated plan;
- **The Housing Choice Voucher Program**, formerly referred to as the Section 8 program, is the largest Federal program targeted to very low-income households, including people with disabilities (TAC, 2002). Administered

through state or local PHAs, the program offers four types of assistance: tenant-based rental assistance; project-based rental assistance; homeownership assistance; and down payment assistance. Tenant-based assistance is the most common form, offering subsidies that allow tenants to pay 30 percent of their income toward housing costs in a unit of their choice;

- **The Home Investment Partnerships program (HOME)** is specifically designed to expand the supply of affordable housing for low and very low-income people. Program funds are controlled through the consolidated plan and awarded via formula grant to states and local jurisdictions. Partnerships among government and nonprofit organizations and private industry are required to develop and manage safe, decent, affordable housing. Funds may be used for homeownership, rental housing production, and tenant-based rental assistance, and are easily combined with funds from HUD's Homeless Assistance Programs;
- **Housing Opportunities for Persons with AIDS (HOPWA)** supports the provision of both housing and services for people with HIV or AIDS. Funds are awarded by block grant to states and large metropolitan areas and can be used for a variety of activities, including housing information and coordination assistance; acquisition, rehabilitation, and leasing of property; rental assistance; operating costs; supportive services; and technical assistance (TAC, 1999);
- **Community Development Block Grants (CDBG)** are formula grants to states and to "entitlement communities" (as defined by HUD) to provide decent housing and suitable living environments for moderate and low-income people. CDBG funds also are controlled through the consolidated plan and can be used for housing rehabilitation or construction, including shelters and transitional housing facilities, and for supportive services such as counseling, employment, and health care;
- **The Section 811 Supportive Housing for Persons with Disabilities Program** awards funds competitively to community based nonprofit organizations to develop and operate supportive housing for people with disabilities. Funds may be used for new construction, rehabilitation, or acquisition; for project-based rental assistance; and for supportive services to address the health, mental health, or other needs of people with disabilities.

• Department of Health and Human Services

Department of Health and Human Services (HHS) administers three programs specifically designed to meet the needs of people who are homeless and who may have serious mental health and/or substance use disorders.

- **The Health Care for the Homeless (HCH) program**, administered by the Health Resources and Services Administration, awards grants to community-based organizations—including community health centers, local health departments, hospitals, and nonprofit community coalitions—to improve access to primary health care, mental health services, and substance abuse treatment. HCH funds support the provision of primary health care, substance abuse treatment, outreach, case management, provision of or referral to mental health services, and assistance in obtaining housing and entitlements (HRSA BPHC, 2001);
- **The Projects for Assistance in Transition from Homelessness (PATH) program**, administered by SAMHSA's CMHS, awards formula grants to states and territories to support community-based services for people with serious mental illnesses and/or substance use disorders who are homeless or at risk of homelessness. PATH funds can be used to support a range of services, including outreach, screening and assessment, case management, mental health services, and substance abuse treatment, provision of or

linkage to supportive services, and a limited set of housing services;

- **The Grants for the Benefit of Homeless Individuals (GBHI) program**, administered by SAMHSA's Center for Substance Abuse Treatment, provides funds to develop and expand mental health and substance abuse treatment services for people who are homeless. Grants are awarded to local public and nonprofit agencies to provide either substance abuse services, mental health services, or both, allowing communities the flexibility to provide the services they believe to be the most urgent.

HHS also administers a number of mainstream resource programs, for which homeless people may be eligible, that also can be used to provide services and supports.

- **Community Mental Health Services Block Grant** funds are formula grants to states and territories to create comprehensive, community-based systems of care for adults with serious mental illnesses and children with severe emotional disturbances. Funds are used at the discretion of states to provide services such as health, mental health, rehabilitation, employment, housing, and other supportive services. Most states provide services specific to adults with serious mental illnesses who are homeless. In some cases, states have used block grant funds to provide services in supportive housing. Mental health block grant funds also may be used to provide services for individuals with substance use disorders within certain guidelines;
- **Substance Abuse Prevention and Treatment Block Grants** also are formula grants to states and territories, in this case, to fund alcohol prevention and treatment activities, prevention and treatment related to other drugs, and primary prevention programs. All individuals who have alcohol or substance use problems are eligible for services, including people who

are homeless, or persons with co-occurring substance use disorders;

- **Community Health Centers**, supported by discretionary project grants, provide preventive and primary care services to medically underserved populations; many have specific programs designed to serve individuals who are homeless;
- **Community Services Block Grants** are formula grants to states to support a range of services designed to address poverty and to promote self-sufficiency among low-income members of communities, including those who are homeless;
- **Social Services Block Grants**, also formula grants to states, can be used to support a range of services to prevent, reduce, and eliminate dependency and increase self-sufficiency among community residents.

- **Veterans Administration**

The Veterans Administration (VA) administers several programs that specifically meet the needs of veterans with mental illnesses and/or substance use disorders that are homeless.

- **The Domiciliary Care for Homeless Veterans program** provides funds to VA medical centers to support the delivery of health, mental health, substance abuse, and other social services in residential treatment settings for veterans who are homeless;
- **The Homeless Chronically Mentally Ill Veterans program** supports mental health services, substance abuse treatment, case management, and other rehabilitative services in community-based residential treatment settings for veterans with chronic mental illnesses who are homeless;
- **The Health Care for Homeless Veterans program** supports outreach and assessment, treatment, case management, and referral to community-based residential care for veterans

with serious mental illnesses and substance use disorders who are homeless;

- **The HUD-VA Supported Housing program**, administered jointly with HUD, provides permanent supportive housing and treatment for veterans with serious mental illnesses and substance use disorders who are homeless;
- **Urban Homeless Veterans’ Reintegration Program (HVRP)** are intended to address two objectives: (1) to provide services to assist in reintegrating homeless veterans into meaningful employment within the labor force, and (2) to stimulate the development of effective service delivery systems that will address the complex problems facing homeless veterans. Successful applicants will design programs that assist eligible veterans by providing job placement services, job training, counseling, supportive services, and other assistance to expedite the reintegration of homeless veterans into the labor force.

- **Federal Emergency Management Agency**

The Federal Emergency Management Agency (FEMA) administers the Emergency Food and Shelter Program.

Emergency Food and Shelter Program

The Emergency Food and Shelter Program was created in 1983 to supplement the work of local social service organizations within the United States, both private and governmental, to help people in need of emergency assistance. Such assistance primarily includes funding for food and shelter.

II. STATE FUNDING SOURCES AND PROGRAMS

State government administers many of the Federal programs mentioned above. They can either provide services themselves or can contract with local providers to offer services with these funds. In addition, the state uses its own resources for

programs specifically designed to meet the housing and support service needs of people who are homeless. Funding sources and programs include:

- **Department of Aging**

- Utilizes a combination of state and federal funds for several local programs that serve persons who are, or are at risk of becoming, homeless, including legal services to assist in fighting evictions and help for low-income and disabled seniors in obtaining cash assistance;
- Funds local information and referral services targeted to seniors that provide referrals to emergency shelter.

- **Department of Community Services and Development**

- **Community Service Block Grant Funds—** Provides funds used by many local community action agencies to provide emergency shelter and other types of emergency services for the homeless.

- **Department of Education**

- **Adult Education for the Homeless Program—** Provides financial assistance to educational agencies for the purpose of implementing a program of literacy training and basic skills remediation for homeless adults. Program emphases include literacy improvement, self-esteem enhancement, job and education placement, increased education aspirations, and increased competency-based life skills. Services include, but are not limited to, assistance with food and shelter, alcohol and drug abuse counseling, individual and group mental health counseling, health care, child care, case management, job skills training, employment training, and job placement.

- **Department of Health Services**

- **Food, Shelter, Incentives, and Enablers Program (FSIE)**—Funds are available to all local health jurisdictions for the provision of shelter and other services for persons with suspected or confirmed tuberculosis who are or are at risk of becoming homeless. Additional outreach, assessment, and emergency housing allotments are made available through State TB Control Local Assistance Subvention Funds;
- **Women, Infants, and Children (WIC)**—Provides food packages to homeless women and children on a monthly basis, as well as referrals to other needed services.

- **Department of Housing and Community Development**

- **Emergency Housing and Assistance Program Operating Facility Grants**—The purpose of the grant is to provide facility operating grants for emergency shelters, transitional housing projects, and supportive services for homeless individuals and families. Eligible Activities include providing direct client housing, including facility operations and administration, residential rent assistance, leasing or renting rooms for provision of temporary shelter, capital development activities of up to \$20,000 per site, and administration of the award (limited to 5 percent);
- **Emergency Housing and Assistance Program Capital Development**—The purpose of this source of funding is to fund capital development activities for emergency shelters, transitional housing, and safe havens that provide shelter and supportive services for homeless individuals and families. Eligible activities include acquiring, constructing, converting, expanding and/or rehabilitating emergency shelter, transitional housing, and/or safe haven housing and administration of the award (limited to 5 percent);

- **Proposition 1C, Housing Emergency Shelter Trust Fund Act of 2006**, was approved by voters in November 2006. This measure authorized the State to sell \$2.85 billion of general obligation bonds to fund 13 new and existing housing and development programs. The funds will assist eligible projects to build affordable and accessible housing for individuals with lower incomes, including people with developmental disabilities, in their communities over the next ten years.

- **Federal Emergency Shelter Grant Program (FESG)**—Allocates federal funds for homeless services to local governments and non-profits in small cities and counties. Eligible uses of FESG funds include homeless prevention, outreach, emergency shelter/transitional housing operations, and facility renovation, conversion, or major rehabilitation. In 2001, FESG funds provided 1,226,955 Person Shelter Days;
- **Multifamily Housing Program (MHP)**—Finances the development of affordable permanent rental and transitional housing. Over 30 percent of the units it assists are reserved for extremely low-income households. Since its creation in 1999, MHP has produced 3,279 units of permanently affordable housing, of which 531 are designated for persons who are homeless or at risk of homelessness, including emancipated foster youth and persons with chronic mental illness.

- **Department of Mental Health**

- **Program for Assistance in Transition from Homelessness (PATH)**—In partnership with the federal government, administers funds to provide treatment services to persons with serious mental illness who are homeless or at imminent risk of becoming homeless. Twenty percent of PATH funds may be used to assist clients in obtaining or retaining housing;
- **Mentally Ill Offender Crime Reduction (MIOCR) Grant Program**—Provides funding

to support the implementation and evaluation of locally developed demonstration projects designed to curb recidivism and reduce crime, jail crowding, and criminal justice costs associated with adult offenders with mental illness. Funds are granted to counties on a competitive basis based upon service needs identified in the Local Plan. Local Plans summarize existing services and identify needs for a cost-effective continuum of graduated responses, including prevention, intervention, and incarceration for mentally ill offenders who often are homeless or at risk of homelessness;

- **Supportive Housing Initiative Act (SHIA)**—Operated in partnership to provide grants to local governments and private non-profit organizations to provide permanent housing with support services to low-income homeless individuals and families with disabilities, including mental illness, HIV/AIDS, substance abuse, developmental disabilities, and other chronic health conditions. Requires that the services assist the tenant in retaining their housing, improving their health status, and maximizing their ability to live and work in the community;
- The **Integrated Services for Homeless Adults with Serious Mental Illness (AB 2034)** program addresses the mental health, housing and vocational needs of adults, 18 years and older, who have serious mental illness and face homelessness, incarceration, or hospitalization. A comprehensive array of services including outreach, supportive housing and other housing assistance, employment, substance abuse, and mental and physical healthcare including medications;
- **The Mental Health Services Act (Proposition 63)** known as the Mental Health Services Act, will fund community mental health programs with voluntary outreach, access to medicines, and a variety of support services for children and adults with mental disorders. The initiative uses a model of integrated, recovery-based services,

which includes outreach, medical care, short and long-term housing, prescription drugs, vocational training, and self-help and social rehabilitation. The measure's proponents believe that these programs will produce hundreds of millions in savings by reducing hospitalizations and incarcerations.

- **Department of Social Services**

- **CalWORKs-Cash Assistance and Welfare-to-Work Program**—Provides temporary cash assistance to low-income families to assist in meeting their basic needs, including monthly housing costs. CalWORKs families also receive a variety of work support services to help them become employed and steadily increase their income so that they can achieve self-sufficiency;
- **The Transitional Housing Placement Program (THPP)**—Serves children who are in out-of-home placements under the supervision of their county department of social services or their county probation department and who are actively participating in an independent living program (ILP). While each county has its own policies, all applicants must meet certain minimum criteria. As participants, foster/probation youth prepare for emancipation by learning to live independently under the close supervision and support of their caseworker, ILP coordinator, and foster care agency. Twenty-four counties have approved THPP programs;
- **SSI/SSP**—Federal Supplemental Security Income combined with the State Supplemental Payment is the primary source of income for many aged, blind, and disabled individuals in California who are unable to work at the level necessary to sustain themselves and to provide independently for their daily needs. The state provides SSP to assist individuals in paying for basic necessities such as food and housing. In the absence of such supports, many of these recipients would be homeless.

- **Department of Veterans Affairs**

- **Stand Downs**—Typically one- to three-day events that provide services to homeless veterans such as food, shelter, clothing, health screenings, benefits counseling, and referrals to a variety of other necessary services such as housing, employment, and substance abuse treatment. Stand Downs are organized by community-based veteran service organizations with cooperation from the Department of Veterans Affairs and a variety of other state, federal, private, and non-profit agencies.

- **Employment Development Department**

- **Veterans Workforce Investment Program (VWIP) and Governor’s Discretionary WIA 15% Dollars**—Provides services to the state’s hardest-to-serve/hardest to employ veterans. Many of the veterans served are coping with mental disabilities, recovering from alcohol and drug addiction, homeless, and facing multiple barriers to employment. Of the 20 funded programs, half focus their resources on specifically on homeless veterans.

- **Governor’s Initiative**

- The Governor of California is supporting a 65 million initiative for supportive housing units to help the most in need through the Multifamily Housing Program (MHP). The initiative is in collaboration with state agencies, local government, and the private sector.

- **Housing Finance Agency**

- **Special Needs Permanent Loan Program**—Provides below-market rate financing to special needs and supportive housing projects. Interest rates are as low as 3% for a project with a mix of special needs and non-disabled residents, and as low as 1% for developments serving a 100% special needs population. Populations

for this program are broadly defined to encompass individuals and families eligible for supportive housing programs. CalHFA has issued commitments for 12 projects under this program for a total of 455 units, including 266 special needs units.

- **Office of Criminal Justice Planning**

- **Homeless Youth Emergency Services Program**—Funds two projects in Los Angeles and San Francisco providing runaway and homeless youth with the basic necessities required to help them leave the streets, including street outreach, crisis intervention, food, access to emergency shelter, follow-up counseling, case management, screening for basic health needs, long-term stabilization planning, and referrals to other public and private agencies;

- **Domestic Violence Assistance Program**—Provides funding to 85 battered women’s shelters across the state. Through these shelters, victims can receive 24-hour crisis intervention and assistance with filing police reports, obtaining restraining orders, or seeking medical treatment. Many shelters are now offering transitional housing for women and their children who need additional time moving from a violent environment into a new safe one.

- **State Treasurer’s Office**

- **State and Federal Low Income Housing Tax Credit Program (LIHTC)**—Provides the largest source of rental subsidies for the development of deeply affordable rental housing. Tax credits are frequently used in combination with SHIA funds. Homeless and special needs projects are awarded bonus points in the highly competitive allocation process. LIHTC devotes at least 5 percent of the annual federal tax credit to homeless developments, or about \$25 million annually for ten years. Additionally, some of these projects also are awarded state tax credits.

In 2001, \$4.8 million in state credit was awarded to developments serving homeless populations.

III. LOCAL (COUNTY AND CITY)

FUNDING SOURCES AND PROGRAMS

County governments administer many of the Federal programs mentioned above. They can either provide services themselves or can contract with local providers to offer services with these funds. In addition, many counties use their own resources for programs specifically designed to meet the housing and support service needs of people who are homeless. Funding sources and programs include:

- **Community Development Block Grants (CDBG)** are formula grants to states and to “entitlement communities” (as defined by HUD) to provide decent housing and suitable living environments for moderate and low-income people. CDBG funds also are controlled through the consolidated plan and can be used for housing rehabilitation or construction, including shelters and transitional housing facilities, and for supportive services such as counseling, employment, and health care;
- **Emergency Shelter Grants** are formula grants to states and local governments for the purpose of providing emergency and transitional housing, and are coordinated through the Consolidated Plan, a 5-year comprehensive housing plan required of communities to access HUD housing resources;
- **The Home Investment Partnerships program (HOME)** is specifically designed to expand the supply of affordable housing for low and very low-income people. Program funds are controlled through the consolidated plan and awarded via formula grant to states and local jurisdictions. Partnerships among government and nonprofit organizations and private industry are required to develop and manage safe, decent, affordable housing. Funds may be used for homeownership, rental housing production, and

tenant-based rental assistance, and are easily combined with funds from HUD’s Homeless Assistance Programs.

City governments administer many of the Federal programs mentioned above as well. They can either provide services themselves or can contract with local providers to offer services with these funds. In addition, many cities also use their own resources for programs specifically designed to meet the housing and support service needs of people who are homeless. Funding sources and programs include:

- **Community Development Block Grants (CDBG)** are formula grants to states and to “entitlement communities” (as defined by HUD) to provide decent housing and suitable living environments for moderate and low-income people. CDBG funds also are controlled through the consolidated plan and can be used for housing rehabilitation or construction, including shelters and transitional housing facilities, and for supportive services such as counseling, employment, and health care;
- **Emergency Shelter Grants** are formula grants to states and local governments for the purpose of providing emergency and transitional housing, and are coordinated through the Consolidated Plan, a 5-year comprehensive housing plan required of communities to access HUD housing resources;
- **The Housing Choice Voucher Program**, formerly referred to as the Section 8 program, is the largest Federal program targeted to very low-income households, including people with disabilities (TAC, 2002). Administered through state or local PHAs, the program offers four types of assistance: tenant-based rental assistance; project-based rental assistance; homeownership assistance; and down payment assistance. Tenant-based assistance is the most common form, offering subsidies that allow tenants to pay 30 percent of their income toward housing costs in a unit of their choice;

- **The Home Investment Partnerships program (HOME)** is specifically designed to expand the supply of affordable housing for low and very low-income people. Program funds are controlled through the consolidated plan and awarded via formula grant to states and local jurisdictions. Partnerships among government and nonprofit organizations and private industry are required to develop and manage safe, decent, affordable housing. Funds may be used for homeownership, rental housing production, and tenant-based rental assistance, and are easily combined with funds from HUD's Homeless Assistance Programs.

Appendix B

Glossary

ACTMODEL – Assertive Community Treatment is a team treatment approach designed to provide comprehensive, case management-based social services to persons living on the streets and after they are placed in permanent housing if necessary. Services include health care, mental health care, substance abuse treatment.

Affordable Housing – refers to housing costs that do not exceed 30 percent of the gross annual household income for extremely low, very low, low, and moderate income households. For a rental unit, total housing costs include the monthly rent payment as well as utility costs. With for-sale units, total housing costs include the mortgage payment (principal and interest), utilities, homeowners association dues, taxes, mortgage insurance and any other related assessments.

Americans with Disability Act – is a federal civil rights law enacted in 1990. It protects qualified persons with disabilities from discrimination in employment, government services and programs, transportation, public accommodations, and telecommunications. The ADA supplements and complements other federal and state laws which protect persons with disabilities.

At Risk of Homelessness – is generally defined as any household that pays more than 30% of its income on basic housing costs that includes rent/mortgage and utilities.

Chronically Homeless – A person who is chronically homeless is defined as an unaccompanied individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.

CDBG – The Community Development Block Grant Program (CDBG) was authorized by the Housing and Community Development Act of 1974. CDBG provides eligible metropolitan cities, and urban counties (called “entitlement communities”), and states with annual direct grants to revitalize neighborhoods, expand affordable housing and economic opportunities, and/or improve community facilities and services, principally to benefit low-and moderate-income persons.

Continuum Of Care System – The fundamental components of a Continuum of Care system are emergency shelters that offer essential services to ensure that homeless individuals and families receive basic shelter needs; transitional housing with appropriate supportive services to give families the shelter and services they need while they learn the skills necessary to transition to permanent housing; and permanent supportive housing which provides on-site and/or off-site social services to residents.

– also references to a local consortium of agencies that HUD requires be formed by community organizations and stakeholders to apply for and receive HUD funding through the annual competitive process. Members include a majority of a community’s or region’s non-profit and faith-based homeless service providers, and may also include law enforcement, hospitals, local colleges and universities, local government, churches, etc.

CSBG – The Community Service Block Grant program (CSBG) provides States and recognized Indian Tribes with funds to provide a range of services to address the needs of low income individuals to ameliorate the causes and conditions of poverty. The CSBG is administered by the Division of State Assistance in the Office of Community Services (OCS) of the U.S. Department of Health and Human Services.

Disability – is defined as a physical or mental impairment that substantially limits one or more major life activities. A person is considered disabled if the person has such a physical or mental impairment, has a record of such an impairment, or is regarded as having such an impairment. “Disability” covers a wide range of conditions and includes mobility, vision, hearing, or speech impairments, learning disabilities, chronic health conditions, emotional illnesses, AIDS, HIV positive, and a history of alcoholism or prior substance abuse.

Discharge Planning – refers to actions taken with a homeless person prior to discharge from a public or private system of care to help ensure that the person is not discharged into homelessness.

Emergency Assistance – is Assistance that attempts to prevent homelessness or that attempts to meet the emergency needs of homeless individuals and families, including prevention, outreach and assessment, and emergency shelter.

Emergency Shelter – refers to short-term shelter (usually for 30 days or less) for emergency situations such as winter shelters and motel vouchers.

Episodic Homelessness – is the result of experiencing episodic disruptions in their lives brought about as a result of living in poverty. Episodic homeless persons are individuals or families who are homeless for a short period of time—days, weeks, or months—not a year or more.

ESG – (Emergency Shelter Grant) is a federal grant program designed to help improve the quality of existing emergency shelters for the homeless, to make available additional shelters, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness.

HOME – is HUD’s HOME program provides block grant funds to local governments and states for new construction, rehabilitation, acquisition of affordable housing, assistance to homebuyers, transitional housing and tenant-based rental assistance.

Homeless – according to the HUD definition is: (a) an individual or family which lacks a fixed, regular, and adequate nighttime residence; or (b) an individual or family which has a primary nighttime residence that is: (1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for persons with mental illness); (2) an institution that provides a temporary residence for individuals intended to be institutionalized; or (3) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. (4) The term does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law. In addition, the HUD definition includes persons who will be discharged from an institution, such as a jail or mental health hospital, within 7 days, yet that person does not have an identified place to live upon discharge.

Housing First – A new model of homeless services that involves moving persons directly from the streets and placing them into permanent housing accompanied by intensive services. Initially a research project, this model has been shown to be very effective with persons who are chronically homeless and cost neutral to communities. This model has also been shown to work well with families and young adults who are homeless.

HUD – The U.S. Department of Housing and Urban Development, first created in 1937 to respond to the need for housing for every American. The primary areas of focus for HUD include creating opportunities for homeownership; providing housing assistance for low-income persons;

working to create, rehabilitate and maintain the nation's affordable housing; enforcing the nation's fair housing laws; helping the homeless; spurring economic growth in distressed neighborhoods; helping local communities meet their development needs.

Linkage Fee – is generally a “housing” impact fee that is administered to collect monies from new commercial and industrial development to provide for affordable housing. Linkage fees are premised on the basis that lower-wage workers, who are needed to build and work in new non-residential development, also need to be able to afford adequate housing within the community.

In Lieu Fee – is a payment of a fee in lieu of all or some of the inclusionary units required by an inclusionary housing ordinance. The amount of the fee is usually calculated using a fee schedule and is set-aside to be towards the costs of affordable housing.

Lower-income Household – refers to low-, very low- and extremely low income households as determined annually by the U.S. Department of Housing and Urban Development (HUD).

- **Extremely Low Income:** A household whose gross annual income is equal to or less than 30 percent of the median income for Ventura County;
- **Very Low Income:** A household whose gross annual income is more than 30 percent but does not exceed 50 percent of the median income for Ventura County;
- **Low Income:** A household whose gross income is more than 50 percent but does not exceed 80 percent of the median income for Ventura County.

Low Income Housing Tax Credits (LIHTC) – is a way of obtaining financing to develop low-income housing. Government programs provide dollar-for-dollar credit toward taxes owed by

the housing owner. These tax credits can be sold, or used to back up bonds that are sold, to obtain financing to develop the housing.

Mainstream Resources – refers to federal and state-funded programs generally designed to help low-income individuals either achieve or retain their economic independence and self-sufficiency. Programs provide for housing, food, health care, transportation, and job training.

Moderate Income – refers to a household income that is more than 80 percent but does not exceed 120 percent of the median income for the County.

Medicaid – is a program that pays for medical assistance for certain individuals and families with low incomes and resources. This program became law in 1965 and is jointly funded by the Federal and State governments to assist States in providing medical long-term care assistance to people who meet certain eligibility criteria. Medicaid is the largest source of funding for medical and health-related services for people with limited income.

Median Household Income – divides households into two equal segments with the first half of households earning less than the median household income and the other half earning more. According to HUD, the median household income for Ventura County was \$79,400 in 2006.

Permanent Supportive Housing – is permanent housing with services. The type of services depends on the needs of the residents. Services may be short-term, sporadic, or ongoing indefinitely. The housing is affordable and intended to serve persons who have very low incomes.

Safe Haven – is a facility that provides shelter and services to hard-to-engage persons who are homeless and have serious mental illness who are on the streets and have been unable or unwilling to participate in supportive services. Safe Havens

usually follow a “harm reduction” model of services.

Service Area – is defined as the unincorporated areas of the county and the following cities: Camarillo, Fillmore, Ojai, Moorpark, Port Hueneme, Santa Paula, Simi Valley, Thousand Oaks, and Ventura. The City of Oxnard is not included because it operates a HUD funded continuum of care system.

Shelter – is temporary housing (up to 90 days) with varying levels of services to help residents obtain and maintain appropriate permanent housing.

SRO – Single Room Occupancy refers to housing units that are an affordable housing option for very low income and homeless individuals and are typically single room units with a bed, small refrigerator, and a microwave.

SSI – Supplemental Security Income – is a federal income supplement program providing monthly financial payments to persons with disabilities. For most persons on SSI, this is their only source of income, and thus severely limits housing options.

Supplemental Resources – consists of a wide-range of resources and services that help households at risk of becoming homeless from becoming homeless.

Supportive Services – consists of services such as case management, medical or psychological counseling and supervision, child care, transportation, and job training provided for the purpose of facilitating people’s stability and independence.

Transitional Housing – Transitional housing is designed to provide housing and appropriate supportive services to homeless persons and families and has the purpose of facilitating the movement of individuals and families to independent living within a time period of no more than two (2) years.

Wraparound (Supportive) Services – refers to services that are provided to residents of supportive housing for the purpose of facilitating the independence of residents. Some examples are case management, medical or psychological counseling and supervision, childcare, transportation, and job training.

