

**Santa Cruz County
Homeless Action Partnership**



**TEN-YEAR PLAN TO END
HOMELESSNESS
2003-2013**

Sponsored by: *County of Santa Cruz*
 City of Santa Cruz
 City of Watsonville
 City of Capitola
 City of Scotts Valley

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ACKNOWLEDGEMENTS

This Plan comes out of the shared vision, experience, analysis, and time of scores of people who participated month after month in planning meetings; who facilitated, translated for and contributed in focus groups; who took the time to review and thoughtfully respond to drafts of the Plan; and who provided the administrative support to reduce ideas to paper.

The Santa Cruz County Continuum of Care Coordinating Group is grateful to each of these people for their work to transform our community to one where all residents have the stable housing and services they need to live in dignity and reach their highest potential.

The Coordinating Group extends gratitude to the Santa Cruz County Board of Supervisors for its leadership in directing the creation of this document. It also thanks the Board and the Cities of Santa Cruz, Watsonville, Capitola, and Scotts Valley for the shared funding of the development of the Plan and the commitment to working together to achieve the Plan's goals. This is truly a collaborative effort.

Special recognition is due to the members of the Coordinating Group's Planning Committee for their extraordinary contributions of time and expertise (members are identified in Participants in the Planning Process), and to the Santa Cruz County Human Resources Agency--Cecilia Espinola, HRA Director; Nora Krantzler, Senior Human Services Analyst; and Michelle Greenwood, Executive Secretary--for their exemplary effort in staffing the Planning Committee's work.

The Coordinating Group thanks the following staff of HomeBase/The Center for Common Concerns, for their patience and skill in facilitating the preparation of this Plan: Tony Gardner, Karen Gruneisen, Piper Ehlen, and Jessica Flintott.

Finally, thanks to Karen Lemon, Homeless Resource Coordinator for the County Office of Education, for designing the front cover.

2005 Acknowledgements Update: From a Five-Year to a Ten-Year Plan

Between April and June of 2005, the Homeless Action Partnership (HAP—formerly Continuum of Care Coordinating Group) converted this document from a Five-Year Plan to a Ten-Year Plan to End Homelessness. The HAP would like to acknowledge and give thanks to all of the following people, who provided their time, ideas, and expertise to during the community meetings held to accomplish the Plan conversion: JoAnn Allen, Marcus Banuelos, Carol Berg, Paul Brindel, Ken Burke, Betsy Clark, Ken Cole, Dawn Coppin, Maureen Denney, Sam Finkelstein, Michelle Fodge, Tony Gardner, Mary Lou Goeke, Teresita Hinojosa-Pereira, Sue Hoge, Suzanne Ise, Nora Krantzler, Linda Lemaster, Karen Lemon, Patricia Morales, Jim Moran, Desiree Sanchez, Christine Sippl, and Jane Wade.

EXECUTIVE SUMMARY

The Santa Cruz County Ten Year Plan to End Homelessness seeks to create a comprehensive and coordinated system of affordable housing and support services for the prevention and end of homelessness within ten years. It identifies outcome objectives in the areas of housing, jobs and incomes, supportive services, health care and the overall administration and coordination of the County's Continuum of Care system. For each outcome objective identified in the plan, specific action steps are laid out for implementation.

In this way, the Plan provides a common blueprint to guide the County, the Cities, service providers, the business sector, philanthropy, and the broader community in realizing the vision of a community in which all residents have stable housing and services they need to live in dignity and reach their highest potential.

Background & Planning Process

Santa Cruz County has a long history of community-wide, collaborative work to provide a range of homeless housing and services. These efforts have grown into a full countywide Continuum of Care system with all of its components, including prevention, emergency shelter, transitional housing, permanent affordable and permanent supportive housing, supportive services at each stage, specialized programs and outreach for each homeless subpopulation, and integration with "mainstream" programs. Nonetheless, homelessness in the county has grown to approximately 3,371 people on any given night. Accordingly, the County Board of Supervisors directed the lead entity for the countywide effort to respond to homelessness, the Santa Cruz County Continuum of Care Coordinating Group, with staff support from the County Human Resources Agency and consulting assistance from HomeBase, a nonprofit technical service provider on homelessness, to develop a five-year strategic plan to respond.

Work on the plan commenced in February, 2001. Through monthly four-hour meetings, the Group developed the Plan's recommendations and gained needed community input. The Group developed a vision, mission, guiding principles, topic-specific outcome objectives, and action steps. Its work was guided by an *ad hoc* Data Committee which gathered and analyzed existing information on the homeless population and their needs, and by an *ad hoc* Public Outreach and Civic Engagement Committee which facilitated public review of Plan drafts and elicited input from homeless people through focus groups.

2005 Update: Conversion from a Five-Year to a Ten-Year Plan

Not long after the original Five-Year Plan was completed and adopted (in 2003), a national homelessness policy direction arose emphasizing the idea of ending chronic homelessness in ten years. With encouragement from the National Interagency Council on Homelessness, cities and counties across the country have developed (or are developing) ten-year plans to end chronic homelessness. In addition, the U.S. Department of Housing and Urban Development (HUD) has adopted the strategic goal of ending chronic homelessness by 2012, and has required that all

communities that receive HUD Continuum of Care Homeless Assistance funds to develop and implement strategies and plans for ending chronic homelessness in ten years.

In view of these national developments, the HAP and its Executive Committee reviewed several options for preparation of a ten-year plan to cover Santa Cruz County. Both the HAP and the Executive Committee approved an approach that involved limited planning activity to make minor changes to the existing Plan, such as changing the title, revising the Executive Summary, and extending the timelines for outcomes and action steps from five years to ten years. In selecting this limited approach the HAP and the Executive Committee recognized that: (1) an extensive new planning process was not needed (because an extensive process had recently been completed), and (2) the existing Plan already recommended enough work for ten years.

To accomplish this limited planning approach, the HAP invited a broad range of community members to participate in two strategic planning sessions, held respectively on April 20 and May 18, 2005. During the first strategic planning session, participants updated the Plan's mission, vision, and guiding principles, and then broke out into working groups (corresponding to the Plan's recommendations chapters, e.g., Housing) to identify both accomplishments to date and barriers in connection with implementing the Plan. During the second strategic planning session, participants again broke out into chapter-related working groups, this time to identify short-term and long-term (ten-year) strategies, outcomes objectives, and action steps for ending homelessness.

Input from the strategic planning sessions was synthesized and used to convert this document from a Five-Year to a Ten-Year Plan to End Homelessness. Portions of the Plan that include revisions are:

- Cover page
- Table of Contents
- Acknowledgments
- Executive Summary
- Mission, Vision, and Guiding Principles
- Homelessness in Santa Cruz County
- Housing, Jobs and Incomes, Supportive Services, and Health chapters outcomes objectives and action steps.

Plan Themes

There is no easy fix to homelessness. While the strategies in this Plan to respond effectively in Santa Cruz County are numerous and diverse, there are some recurring ideas, which the HAP members identify as the foundations to their Continuum of Care:

Providing Housing

Homelessness will exist until there is sufficient housing affordable to those with the lowest incomes. Accordingly, the number one priority in this community must be to take all action to

ensure the preservation of existing and creation of new stable, affordable housing. Of critical importance is to expand the supply of permanent supportive housing targeted to chronically homeless people. This housing must be made immediately available through a Housing First model rather than waiting till a person is “housing ready.”

Closing the Front Door to Homelessness

Prevention of homelessness must be a cornerstone of a CoC system. The majority of people who enter the homeless assistance system receive help and exit the system relatively quickly. But no sooner do people successfully exit the system than they are replaced by others. Chronically homeless people may enter and exit the system repeatedly, straining resources. This is why the number of homeless people does not go down. If we are going to end homelessness we must prevent people from becoming homeless. Key strategies include ensuring people receive housing when they leave institutional care or custody and making sure they are not evicted from housing into homelessness

Local and Regional Engagement and Collaboration

Any successful effort to address homelessness must involve the support and collaboration and full engagement of the entire community, including the County, the Cities, service providers, the business sector, citizens, and people who are homeless or who formerly were homeless. While unique strategies are targeted to meet the needs of specific localities, coordinating efforts regionally, within the County and within the entire Bay Area, is necessary in order to enhance the efficiency and effectiveness of the County's efforts.

Accessible Safety Net Services for Improved Care and Financial Stability

Coordination with mainstream, safety net service systems must be improved and expanded in order to better meet the needs of people who are homeless or at-risk and to provide greater long-term financial stability for the Continuum of Care system. An end to homelessness cannot be accomplished unless mainstream systems play a larger role in meeting the needs of homeless people.

Integration of Services

Homeless individuals, especially those who are chronically homeless, benefit greatly from integrated supportive services programs, which coordinate the provision of housing, health, employment and other services to address the complex and interrelated barriers to self-sufficiency. These programs are highly successful; expanding existing programs and creating new ones, especially linked to permanent supportive housing, will be critical to ending Santa Cruz County homelessness.

Outcomes-Based Accountability

The Santa Cruz CoC goes beyond an effort to create a full spectrum homeless assistance system, which manages people's experience of homelessness. This is a long-term plan with specific, measurable, appropriate, realistic, time-bound and stakeholder-centered outcome statements and action steps related to systems changes. The Plan is not successful until an end to homelessness is measured and documented.

Homelessness in Santa Cruz County

The Plan text in this chapter includes:

- Data on the number and characteristics of homeless people in the County (including a brief update from the just-completed 2005 homeless census and survey.)
- An analysis of Key Needs of homeless people in the County

Outcome Objectives and Action Steps

The Homelessness Plan is divided into five chapters, each of which addresses a key area of need in the effort to reduce and prevent homelessness. Each chapter identifies outcome objectives for that area of need and action steps to guide implementation.

Among the outcome objectives of the Plan are the following. By the end of ten years:

1. 50% fewer of the lowest income households will lose their housing and become homeless.
2. 50% more families and individuals without shelter will receive emergency shelter.
3. 100 more families and 100 more individuals will attain self-sufficiency with the aid of transitional housing and services.
4. The overall countywide stock of housing affordable to family or individual households with extremely low or low incomes will be increased by 50%.
5. The overall countywide stock of permanent supportive housing available to families or individuals with serious and permanent life disabilities and extremely low or low incomes will be increased by 50%.
6. Each year, 5% of homeless people will obtain jobs at living wages or obtain better jobs with higher incomes and employment benefits.
7. 80% of homeless people will eat 3 meals a day.
8. All homeless children will attend school.
9. An additional 400 people per year will receive medical care (increasing the total to 2,500) and an additional 240 will receive urgent dental services (increasing the total to 300).

The chapters of the Plan include:

I. Housing. Recognizing that increasing the availability and accessibility of housing affordable to those who are homeless or have extremely low incomes is key to reducing homelessness in Santa Cruz County, this chapter focuses on a variety of strategies to maintain and expand a full continuum of housing options, including emergency shelter, transitional housing, supportive housing and permanent affordable housing. Needed emergency shelter will be provided through proposed new facilities for families in the North and South County; a permanent year-round facility for adults to replace the winter armory; motel vouchers for seniors, the ill and frail; and private home placements for

youth. Enhanced linkages between shelters and supportive services will reduce cycling back into shelter. Three new transitional housing facilities for families with children, youth and adults with mental illness and/or substance abuse issues with stronger linkages to permanent housing for graduates are called for. A plethora of strategies to maintain the existing supply, and develop new affordable housing are set forth. The stock of permanent affordable housing with supportive services for those with disabilities will increase through priority funding efforts and creation of integrated service teams linked to homeless housing.

To prevent homelessness, the Plan seeks to dramatically decrease the number of the lowest income households who lose their housing through emergency rental and utility assistance and eviction prevention measures, coupled with an increase in the housing units made available by landlords to low income families with subsidies through incentives to landlords, and ensure that people will not be discharged from public institutions into homelessness.

II. Jobs and Incomes. To realize the goal of self-sufficiency, this chapter's outcome objectives and action steps seek to address the need for employment at living wages and removal of the barriers homeless people face in accessing public benefits. It includes action steps to increase the availability of pre-employment services; expand access to job training, especially for higher paying jobs; and identify and alleviate the barriers to employment faced by homeless people with special needs. This chapter's action steps also seek to increase the availability of financial assistance, money management and support for asset accumulation, for those who are not making a living wage. In addition, this chapter focuses on working with employers to broaden the employment opportunities available to homeless people through specialized training and placement programs.

III. Supportive Services. This chapter focuses on the provision of a broad range of support services, all of which are key to reducing the incidence of homelessness. In order to make the best use of resources and facilitate greater coordination in service provision, a key focus of the action steps in this chapter is on assisting mainstream agencies to more effectively meet the needs of homeless people, thus expanding the quantity and quality of services available to them. In addition, there is an overall focus on ensuring that the services provided are comprehensive, integrated, flexible and culturally competent.

As such, this chapter includes action steps aimed at enhancing up-to-date services and housing information to homeless people and service providers through a web-based information and referral system and Resource Centers, and improving case management and streamlining data collection and outcomes assessment through a homeless management information system. It includes action steps to ensure that 80% of homeless people will eat three meals a day and food programs will increase in unincorporated areas of the county. It seeks to increase homeless people's access to public transportation, including developing transit lines between shelters and schools. Addressing child care needs, there are action steps to enhance access to child care subsidies and to increase the quality of child care provided to homeless children. The plan calls for all homeless

children to be enrolled in and attending school and to have access to the supports they need to achieve success in school. To assist homeless people in meeting their basic daily needs for hygiene, communication and storage, the plan calls for continued support of the homeless Community Resource Center and a new multi-service center in Watsonville.

IV. Health. Homeless people are at great risk of multiple health problems, exacerbated by exposure to the elements. Preventive health care, medical and dental treatment, and alcohol and drug detoxification centers are all necessary components of an adequate health care system to respond to the needs of homeless people in Santa Cruz County. As such, the plan seeks to increase access to care and stresses measures, which are preventive in nature. Specifically, action steps call for continued support of the Homeless Persons Health Project, outreach and education about the availability of and enrollment in health care insurance programs, and an increase in the number of detox beds, especially for recidivists, parents with dependent children, and youth.

V. Plan Implementation. This chapter and its recommended action steps focus on enhancing the representation and expanding the functions of the Continuum of Care Coordination Group, renamed the Homeless Action Partnership and maintaining strong County and City involvement in the Plan's implementation. In particular, the Plan looks to the Partnership to play the lead in overseeing plan implementation through a Homeless Coordination Team with two full-time staff members, and consolidating and coordinating countywide efforts to collect data, educate and advocate on homeless issues, and create minimum quality assurance standards for homeless programs. An annual review of the Plan to measure achievement of outcomes is called for along with amendments, as appropriate, by the Partnership. The Plan calls for creation of a high-level, formal Executive Committee comprising jurisdictions and entities that control the resources needed for implementation to coordinate fund development efforts, to enhance access by homeless people to mainstream program benefits and to coordinate approaches to prevent homelessness among people discharged from institutional care. The Plan also calls for development of a memorandum of understanding between the jurisdictions for plan implementation.

MISSION, VISION AND GUIDING PRINCIPLES

The Santa Cruz County Homeless Action Partnership purposefully acts in keeping with Mission, Vision and Guiding Principles.

Vision & Mission

Our vision is that all Santa Cruz County residents will have the stable housing and appropriate services they need to live in dignity and reach their highest potential. Our mission is to develop and implement a coordinated system of housing and services for preventing and ending homelessness in Santa Cruz County.

Guiding Principles

- **Community building:** Meeting the needs of people who are homeless requires the united efforts of many sectors in society—nonprofits, advocacy groups, local governments, faith groups, educational systems, law enforcement, citizens, funders, and consumers—and facilitating the positive and constructive collaboration of these sectors is a critical and fundamental purpose of our Continuum of Care planning process.
- **Involves the Private Sector:** The private sector represents a great source of potential energy for solutions to homelessness. We seek to involve members of the business community in all aspects of system development, from employment of homeless people through system planning
- **Countywide:** Homelessness is present in all parts of the county, whether urban, suburban, agricultural, or rural. With this as the reality, we are developing a *countywide* strategy that coordinates efforts, shares knowledge, and values unique local approaches.
- **Meets all Needs:** The term “homeless” encompasses a diversity of people and cultures with unique needs and strengths. The system must strive to meet the needs of all, including chronically homeless individuals, families with children, individual adults, seniors, homeless youth and young people exiting the foster care system, pregnant women, veterans, survivors of domestic violence, the underemployed, and farm workers, people with mental disabilities,

substance abuse issues, HIV/AIDS, physical health disabilities, developmental disabilities, multiple diagnoses, and illness or injury.

- **Client-Centered:** People who are homeless have much to contribute to community efforts to resolve homelessness. All programs and planning efforts must actively involve the people they serve in leadership positions, and respond to the needs, concerns and feedback from those who are homeless.
- **Promotes Justice:** People who are homeless are among society's most vulnerable people. All programs and efforts related to homelessness must strive to be sure that they are always treated with fairness and justice.
- **Preventive:** Prevention of homelessness before it starts is both humane and cost effective. Therefore strategies to keep people in housing and to plan housing for those being discharged into our community from public health care, mental health, foster care, and correctional institutions will be central to our Plan.
- **Addresses Chronic Homelessness:** A significant portion of the homeless population is "chronically" homeless, meaning they are long-term or regular homeless. We must commit to ending chronic homelessness by providing a diversity of housing and service approaches to meet the diverse needs of chronically homeless people. Promising approaches include Housing First with wraparound health and supportive services and Direct Access to Housing.¹
- **Mainstreaming:** While a system of homeless-specific housing of services is required, mainstream systems of human service must play a larger role. We will continue to develop explicit strategies for integration and coordination of homeless programs with mainstream human service systems.
- **Accountable:** People who are homeless and the public have a right to hold us accountable for accomplishing positive changes toward ending homelessness. We must plan for achievable outcomes, identify barriers we face, measure our progress, and communicate our success.

¹ "Housing First" and "Direct Access to Housing" are the names of two successful program models.

THE SANTA CRUZ COUNTY CONTINUUM OF CARE COORDINATING GROUP AND PLAN DEVELOPMENT

The original Santa Cruz County-Wide Continuum of Care planning process and recent Ten-Year Plan updated have been informed by a long history of creative, community-based, multi-jurisdictional efforts to fight homelessness and build an effective system of response. Following is a very brief history:

- **1980s:** Community-based shelter, food and service programs are begun in response to the appearance of widespread homelessness.
- **1989:** 7.0 Loma Prieta Earthquake centered in our mountains destroys or damages 7% of the county's housing stock, and leads to a full-community emergency response.
- **1990:** Short-Term Housing Coalition (started as a result of the earthquake) releases *Assessment of Shelter and Housing Needs of the Homeless Population of Santa Cruz County*, encompassing a census, needs assessment, inventory of facilities, and recommendations. The County and Cities of Santa Cruz, Capitola, Watsonville, and Scotts Valley adopt a joint resolution regarding "Coordinated Community Effort to Assist the Homeless."
- **1990s:** Local jurisdictions invest in creative models of services and housing for homeless people.
- **1994:** County submits its first application for Continuum of Care Homeless Assistance to HUD.

Since 1996, the lead entity for our planning process has been the Santa Cruz Countywide Continuum of Care Coordinating Group (Coordinating Group). The Coordinating Group is a broad-based, community-wide action team aimed at creating the conditions needed to reduce and end homelessness and provide homeless families or individuals with the services and housing they need. Composed of many sectors—nonprofit homeless service providers, and advocates, county and city representatives, County Public Health and Mental Health representatives, homeless and formerly homeless people, representatives of the faith community, affordable housers, organizations representing persons with mental health, HIV/AIDS, substance abuse issues and other disabilities, veterans service organizations, domestic violence agencies, youth service organizations, foundations, workforce developers, and educational institutions—the Coordinating Group is open to all who wish to contribute to solving homelessness.

The County Human Resources Agency convenes and staffs the Coordinating Group. The Coordinating Group is an inclusive, nonhierarchical body that strives to make all members feel welcome and equal, including homeless and formerly homeless representatives. Committed to free and open discussion, all-important Continuum of Care issues are brought before the Group. Decisions are reached by consensus or democratic vote. Since its inception, the key functions of the Coordinating Group have been as follows:

- Providing a forum for inter-jurisdictional and interagency coordination on homelessness
- Conducting research and analysis regarding homeless people's needs, and service and housing capacity

- Making recommendations and setting priorities for development of the Continuum of Care system
- Facilitating the collaborative relationships needed to create new and expanded housing and services
- Carrying out all tasks needed each year to submit a consolidated application for HUD McKinney-Vento funding
- Coordinating grant applications and advocacy to secure federal, state, local, private funding
- Evaluating the community's progress in the development of a comprehensive Continuum of Care system

In late 2000, with jurisdictional support, the Coordinating Group expanded its role to include the development of this plan. Since February 1, 2001, the Coordinating Group has been meeting monthly to accomplish the work of Plan development. An initial step in the five-year planning process was to conduct aggressive community outreach to ensure that all relevant interests, all required expertise, and additional homeless or formerly homeless people were represented at the Coordinating Group meetings.

Santa Cruz Countywide Continuum of Care Planning Process

As described above, the Coordinating Group is the center of our single, unified Continuum of Care planning process. As economic shifts and the dramatic reductions in the affordable housing supply contributed to rising homelessness in the late 1990s—especially among families and employed persons—our County, Cities, service and housing providers, advocates, and concerned citizens united in the conviction that we needed to renew and strengthen our countywide efforts to stem the tide of homelessness. This has led to a coordinated process of research, needs assessment, and planning to lay the groundwork for the expansion and mainstreaming of our Continuum of Care system over the next five years.

Homeless Census and Needs Assessment

Since the last homelessness count was conducted in 1990, our first step was to carry out a comprehensive homeless census and needs assessment. In late 1999, we formed a 26-person Santa Cruz County Homeless 2000 Census and Needs Assessment Committee (Homeless 2000 Committee), which included representatives from the County, Cities, Coordinating Group, homeless service and advocacy groups, and homeless people. Coordinated by the United Way and Santa Cruz Community Action Board and funded by the jurisdictions (with additional support from many agencies), the Homeless 2000 Committee engaged the assistance of a local research firm, Applied Survey Research (ASR), to help design and implement the study. Over the course of several meetings, the Committee designed a study that was informed by HUD's *Practical Methods for Counting Homeless People* and built upon the "best practice" research model that ASR had successfully implemented the previous year in neighboring Monterey County. This included four basic elements: (1) a point-in-time street count, (2) a simultaneous headcount of all sheltered homeless persons; (3) a 60-question survey randomly administered to 833 homeless people at 18 different sites; and (4) an inventory of available beds, housing units, and services for homeless people.

The street and shelter counts were conducted over a 24-hour period from March 21-22, 2000 by 95 trained enumerators deployed in teams, each of which included at least one paid *homeless “deputy.”* Homeless deputies, along with community volunteers, also helped administer the survey. In our “socks for surveys” strategy, we gave a new pair of socks, donated by Longs Drugs, to each homeless person who completed the survey.

Final results of the study were released in August 2000 in the 317-page *Santa Cruz County Homeless 2000 Census and Needs Assessment Comprehensive Report*. The study counted 3,292 homeless people and estimated that 8,558 people experience homelessness at least once in a year. This is significantly more than counted in the 1990 census, but the extent of the increase is not certain due to major differences in the methodologies used in the two studies. The 2000 report also provided a wealth of new information about the homeless population and its needs, preferences, demographics, and subpopulation characteristics. Released with extensive media, public, and political interest, the report’s contents have contributed to a lively public dialogue on homelessness and helped motivate the community’s renewed compassion for and response to humans in need.

Developing the Five-Year Strategic Plan

Given the level of need demonstrated by the *Homeless 2000 Census and Needs Assessment* -- and following the March 2000 release of a City of Santa Cruz Homeless Issues Task Force report recommending, among other things, strong City collaboration with other jurisdictions in the ongoing countywide Continuum of Care process--the County and the Cities decided to pool resources for retaining HomeBase, a social policy center on homelessness, to help develop this countywide plan. After examining “best practice” planning models from nearby Alameda and Monterey counties, the jurisdictions decided to use the existing Continuum of Care Coordinating Group as a planning body to frame the new *Five-Year Strategic Plan on Homelessness*. The County and Cities were all officially represented within a broad-based Group that numbers 30 – 40 people at every meeting.

The Coordinating Group took on the role of guiding the planning process, developing the Plan’s recommendations, gaining needed community input, and getting the Plan adopted. This lively and engaging fifteen-month process began in February, 2001. Through monthly four-hour facilitated meetings, the Coordinating Group developed a vision, mission, guiding principles, and an early recommendation to the Board of Supervisors (immediately implemented) to establish a county emergency pre-eviction fund to complement Capitola and Santa Cruz funds available only to city residents. To accomplish the work of developing recommendations on specific topics, the Coordinating Group established the following Committees, which conducted “breakout” sessions during the course of four-hour Coordinating Group meetings:

- **Housing Committee** (Prevention, Emergency Shelter, Transitional Housing, Permanent Affordable Housing, and Permanent Supportive Housing)
- **Jobs and Incomes Committee** (Workforce Development, Job Creation, Homeless Enterprise Development, Public Benefits Access, and Asset Development)

- **Supportive Services Committee** (Outreach and Assessment, Case Management, Counseling and Basic Needs, Education, Child Care, Food, Transportation, Medical Care, Prenatal Care, Preventative Education, Dental Care, Mental Health Care, Substance Abuse Treatment, and System Integration)

An *ad hoc* Data Committee met regularly early in the planning process in order to gather and analyze all existing information that will be needed on the homeless population, its needs, system housing and service capacity, program funding, and mainstream participation and integration.

To ensure that the whole community is included and the needs of all populations are addressed by the Plan, an *ad hoc* Public Outreach and Civic Engagement Committee was formed. The committee facilitated a survey review of draft outcomes statements and action steps by approximately 160 homeless-targeted and mainstream service/housing providers throughout the county and by homeless persons through three separate focus groups. Providers also were asked to indicate if they were currently working or interested in working on the action step.

The work of all Committees was reported back to the Coordinating Group for review, modification if needed, and final approval.

The Group adopted an “outcomes-based accountability” framework for Plan development. This approach begins with the end result in mind by asking what are the specific positive changes we are seeking to make in homeless people’s lives and what are the specific action steps we can realistically take that would promote the desired outcomes. Under this approach, which has been adopted successfully in other local planning processes, all outcome goals should have “SMARTS,” i.e., be specific, measurable, appropriate, realistic, time-bound, and stakeholder-centered. In this way the functional committees began by developing outcome goals for their respective topics (e.g., housing). Outcomes that directly relate to homeless people’s housing, incomes, social, and health situations are the main focus of Committee work, but the Committees wrote outcomes statements and action plans relating to desired “systems changes,” e.g., removing systems barriers to the development of affordable housing for homeless people. In addition to action steps for meeting the outcomes proposed, action plans identify a realistic timeline and a mechanism to measure outcomes.

It is hoped that the *Five-Year Plan* will not only guide the Continuum of Care funding process but also be used to inform other Plans and funding programs that impact directly on homelessness—for example, local Consolidated Plans, General Plan Housing Elements, TANF Housing Plans, etc.—as well as coordinate with related planning efforts for other special needs or low-income populations, such as the Ryan White Consortium or welfare reform planning and implementation, and public health or business community planning. In this way, we have prepared a Plan has a strong mainstreaming and private sector orientation, seeking outcomes that link homeless people into mainstream systems of care, into the private economy, and that prevent discharge from mainstream mental health, foster care, correctional, and other institutions directly into homelessness.

Public Review, Plan Adoption, and Implementation

The jurisdictions agreed to a two-stage process for adoption of the Plan: an information session for review and comment, and transmittal of the final Plan for the jurisdictions' approval.

Following approval of the Plan by the County Board of Supervisors and the City Councils of Santa Cruz, Watsonville, Scotts Valley, and Capitola, an executive committee will convene. The Homeless Action Partnership, successor to the Coordinating Group, will oversee the Plan's implementation as described in the chapter, Plan Administration.

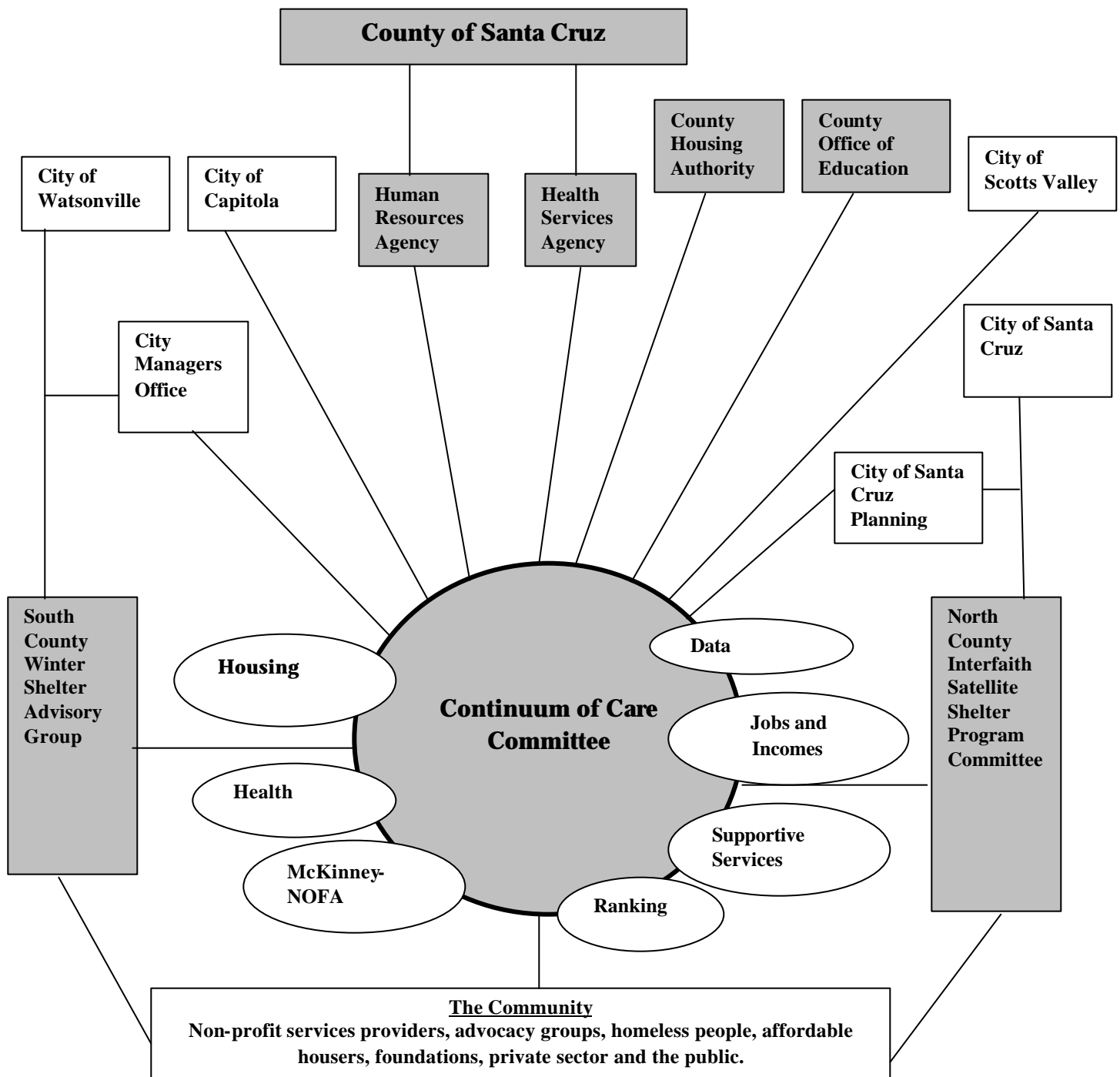
Prioritization of Outcome Objectives

The Coordinating Group prioritized among outcome objectives according to years in which steps to implement the action were to commence: High for Year 1 or 2, Medium for Year 3 or 4, and Low for Year 5 as designated by the letter H, M or L next to each outcome objective. Priorities were assigned based upon urgency of need and resources of the community. The importance of meeting the outcome objective is not indicated by its priority.

2005 Update: Converting to a Ten-Year Plan to End Homelessness

Please see the Executive Summary above for a description of the planning process for conversion of the Five-Year Plan to a Ten-Year Plan to End Homelessness.

Figure 1. Schematic of the Santa Cruz Countywide Continuum of Care



Note: The Santa Cruz County Homeless 2000 Census and Needs Assessment Committee and City of Santa Cruz Homeless Task Force have completed their work and thus are not included on this schematic.

HOMELESSNESS IN SANTA CRUZ COUNTY

WHAT IS THE DEFINITION OF HOMELESSNESS AND OF CHRONIC HOMELESSNESS?

Under the federal definition, a **homeless person** is:

An individual who lacks a fixed, regular, and adequate nighttime residence, and

An individual who has a primary nighttime residence that is:

- a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
- an institution that provides a temporary residence for individuals intended to be institutionalized; or
- a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

A **chronically homeless person** is a homeless individual with a disabling condition who has been homeless for at least one year or homeless at least four times within the past three years.

2005 Update: Data from the 2005 Santa Cruz County Homeless Census and Survey

Most of information in this Chapter provides a demographic profile and an assessment of needs of the homeless population as was known at the time of the development of Five-Year Strategic Plan. However, since that time, important new data have become available which update what we know about the Santa Cruz County homeless population. Most notably, the Homeless Action Partnership Homeless Count Committee and the County's consultant, Applied Survey Research (ASR) have very recently completed the 2005 Santa Cruz County Homeless Census and Survey. The conversion of this document to a Ten-Year Plan to End Homelessness was intended to be a limited process; re-writing of this chapter, Homelessness in Santa Cruz County, is outside this limited scope. Nevertheless, the following key findings from the 2005 census and survey are presented to provide context for the converted Plan. Readers are highly encouraged to review the whole 2005 census and survey document, which can be found on ASR's website, www.appliedsurveyresearch.org.

Snapshot of 2005 Homelessness Data

- 3,371 people are homeless countywide at a point-in-time.
- 7,383 people countywide (or 2.8% of the overall county population) experience at least one homelessness episode over a one-year period.
- 79% are unsheltered and 21% are staying in shelter facilities
- 58% are Caucasian, 28% Latino, 4% Native American, 4% African American, 1% Asian or Pacific Islander, and 5% other or multiple racial or ethnic groups.
- 61% are male and 39% female.
- 43% are chronically homeless according to the above definition.
- 60% (self-reported) suffer one or more disabling conditions, such as mental illness (19%), depression (55%), drug addiction (21%), alcoholism (28%), or physical disability (33%)
- Only 9% are in family groups and 1% unaccompanied homeless youths, but both these figures are certain significant undercounts due to limitations imposed by HUD's definition of "homeless person" (which excludes, for example, families "doubled up" with other families and foster youth who are the responsibility of the state).

DATA SOURCES

Data on homelessness in Santa Cruz County for the original Five-Year Plan are derived primarily from the Santa Cruz County Homeless 2000 Census and Needs Assessment Comprehensive Report ("the Report"). The report used two methodologies. First, a point-in-time census of homeless individuals was conducted, including a street count on March 21 and 22, 2000, and head-counts from all shelters, transitional housing, motel voucher programs and other relevant institutions that housed homeless persons on the evening prior to the street count. Census data are referred to as "Census" in this chapter.

The second methodology was a "Needs Assessment," a 60-question survey of 811 homeless individuals conducted at service provider agencies including social service agencies, faith organizations and nonprofits with homeless services focus, as well as at various street locations.

Unless otherwise indicated, data in this chapter are taken from the Needs Assessment portion of the Report.²

² Percentages from the Needs Assessment refer to individuals who answered the survey question. Because not all persons answered all questions, and because some questions permitted multiple responses, the number of respondents and the number of total responses (if different than number of respondents) are indicated in footnotes.

Limitations of Data

The purpose of providing data on homeless people and their needs is to provide a factual basis upon which to determine priorities in taking action to reduce homelessness and provide stable housing.

It should be understood, however, that there can be no hard and fast proclamation about the profile of the homeless population or their needs based upon the available data. This is so for several reasons.

Fundamentally, counting persons who are homeless is difficult. In the Census, significant barriers were encountered in enumerating certain subpopulations:

- homeless youth, due to their inherent elusiveness as well as privacy issues that protect them
- agricultural-worker population, because the study was conducted in a slow seasonal period and that population had privacy concerns related to immigration/employment status issues
- homeless families, because they were less likely to be out in public in the pre-dawn hours when the Census was conducted
- those who live in places not designed for, or ordinarily used as a regular sleeping accommodation for human beings because of access barriers
- some employed homeless because of pre-dawn movement to get to jobs
- those who live in extremely rural areas, due to access barriers

The Needs Assessment was given primarily to those who access homeless services. But homeless research indicates that many homeless people in the county cannot easily be recognized as such; many are employed and/or own cars or campers, may be staying with family or friends, and are fully functioning members of society who have not been able to secure affordable housing. Consequently, the Needs Assessment does not proportionately represent all homeless experiences but tends to over-represent the abjectly poor or street homeless who access services, resulting in under-representation of a potentially large segment with unique needs.

A further difficulty is that the situations of those who are homeless are in flux. Service needs change: one week a person may be living in a vehicle, the next in a shelter, then with a friend, and back to a vehicle. Further, needs for services at particular locations change; the homeless population in Santa Cruz County is mobile.

What can be said is that the data and survey results provide a well-defined “shadow” of the homeless population; the outline is clear, but not the figures casting it.

Demographic Profile of the Homeless Population

How Many People are Homeless?

In the Census, 3,293 homeless persons were counted. However, there is an acknowledged undercount in the Census and Needs Assessment of homeless youth; agricultural workers; families who are not in transitional housing, shelters or voucher programs; individuals without citizenship; individuals living in substandard or overcrowded housing; people who do not access homeless services; people who work; and those who live in extremely rural areas. It is estimated that approximately 8,500 people experience homelessness in Santa Cruz County in any given year.

What is the Demographic Profile of the Homeless in Santa Cruz County?

Age

- The mean age of the homeless population is 36 years; over half of homeless people in the County surveyed (55%) are between 30 and 50 years of age.

Gender

- 57% are male.
- 43% are female.

Ethnicity

- Compared with their proportions in the county as a whole, Hispanics/Latinos are overrepresented and Whites/Caucasians underrepresented in the homeless population.
- Almost 33% of respondents to the Needs Assessment identified themselves as “Hispanic/Latino” and 50% as “White/Caucasian.” According to the 2000 U.S. Census, 27% of the County population is Hispanic or Latino, and 66% is White and Not Hispanic or Latino.

Marital Status³

- Most of the homeless people surveyed (80%) are single.
- 85% of homeless men and 74% of homeless women are single.

Families

- Over half of the homeless people surveyed (56%⁴) have children; it is not known whether or not the children are living with the parents.
- Of those with children, 63% have more than one, and 31% have more than two.

³ 805 responses.

⁴ 758 responses.

Children

- The total number of homeless children currently living in the county is unknown.
- Studies from the County Office of Education indicate a growing number of school-aged homeless children (students living in cars, shelters, motels and overcrowded homes) who are in classes:

1992-1993	818
1995	900
1996	1,000
1999	1,907
2000	1,401
2001	2,327

- The Needs Assessment reveals that compared with North County, South County has a higher proportion of homeless children who are younger (ages 2-10). In South County, 75% of respondents' children are age 10 and younger; in North County, the proportion is 47%.

Education⁵

- 62% of the homeless population has a high school or general education degree. Almost one-third have completed some college courses.
- In South County, 48% of respondents had an 8th-grade education or less, compared with only 7% of those in North County.
- In North County, 40% had some college, or degrees from junior college, college or graduate programs, compared to 10% in South County.

Residence in the County⁶

- The homeless population in Santa Cruz County comprises many long-term residents.
- Over 80% have lived in the county for more than a year, 52% for more than 10 years, and 23% for over twenty years.

Duration and Frequency of Homelessness

- Most respondents (47%) have been homeless for more than two years.
- 47% had been homeless, then housed "permanently," then homeless again.

⁵ 799 responses.

⁶ 626 responses.

What are the Housing Needs of Homeless People in the County?

The homeless census counted 3,293 homeless persons in various living situations throughout the county (Table 1). The census tracts around the City of Santa Cruz and in the unincorporated areas contained the largest number of homeless persons, while the Capitola and Scotts Valley areas had the fewest. According to the census, many homeless persons in the county are not sheltered: 1,608 are living outdoors or in vehicles.

Table 1. Shelter Status of Homeless Persons in the County

Area *	Vehicularly Housed	Unsheltered	Emergency Shelter	Transitional Housing	Other	Total
Capitola area	21	21	0	28	64	134
Santa Cruz area	306	287	226	359	95	1,273
Scotts Valley area**	137	27	0	10	0	174
Watsonville area	75	117	89	321	90	692
Unincorp. Areas	443	174	9	350	44	1,020
Total	982	626	324	1,068 ⁷	293	3,293
Percentage of Total	29.82%	19.01%	9.84%	32.43%	8.90%	100%

* Point-in-time census by area and shelter status (“area” means “in and around” the jurisdiction identified).

** It should be noted that the City of Scotts Valley disputes these estimates and holds that the number of homeless persons in the Scotts Valley area is significantly lower.

Emergency Shelter

The purpose of emergency shelter is to provide temporary or transitional shelter for the homeless. Emergency shelter can be provided in a congregate living facility, through a voucher to a motel, or in a private home. Shelters may provide services concerned with employment, health, drug abuse, and/or education. This basic service enables people to get off the streets each night and facilitates their access to other supportive services and longer-term housing options.

⁷ This number is inconsistent with the known capacity of the county for transitional housing units; the Census appears to have included people who were in temporary housing, as well as those in transitional housing programs.

The county has approximately 219 emergency shelter beds available between April and October and an additional 122 beds available between November and March when the temporary winter shelters open. Some shelters serve special groups such as families, youth or severely mentally ill adults, while others serve the general homeless population (and may set aside beds for particular subpopulations.)

One in five homeless people had tried to use a shelter in Santa Cruz County and been turned away,⁸ typically for lack of space (45%) but also for eligibility criteria, including age (15%).⁹ Almost 40% of the 330 people¹⁰ who responded said they have given up trying to get into a shelter¹¹ (46% of respondents from North County, and 25% from South County^{12, 13}). It cannot be determined from the data whether or not those who have “given up” had actually attempted to stay in a shelter.

Service Implications: There is a need for additional emergency shelter beds, and for further investigation of barriers to accessing shelter.¹⁴

Transitional Housing

Transitional housing is one type of supportive housing used to facilitate the movement of homeless individuals and families to permanent housing. It is housing in which homeless persons live for up to 24 months and receive supportive services that enable them to live more independently. The supportive services may be provided by the organization managing the housing or coordinated by them and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures, at one site or in multiple structures at scattered sites.

Countywide there are approximately 400 units of Transitional Housing available, with an estimated need for an additional 641 beds for individuals and 405 for families with children.

Responses to the Needs Assessment indicate that many homeless feel that transitional housing would be of benefit--a temporary boost or some transitional help to get them through a difficult time. The majority of respondents (56%) said the County should put more money into transitional housing than anything else.

⁸ 166 of 794 responses.

⁹ 141 responses

¹⁰ This equates to 128 people who have “given up.”

¹¹ 330 responses.

¹² 111 responses.

¹³ 216 responses from North County.

¹⁴ 353 people responded that there was a reason they would not want to go to a shelter; 55 said because of “people at the shelters/fearful;” 34 said “living conditions and lack of freedom;” 31 said “too strict and confined; 20 said “mental illness, drug and alcohol atmosphere.”

Service Implications: Santa Cruz County needs more transitional housing, especially for families and others with potential for self-sufficiency.

Stable Housing

The priority need for the County's homeless population is stable, affordable housing.

There are 5,672 extremely low-income renter families (income is less than or equal to 30% of the area median income) in need of housing in the County.¹⁵ (While the need for 5,672 units is based on countywide need, it is interesting to note that there are only a total of 2,183 units in the county's largest city, Santa Cruz, which can be identified as long term affordable units, and many of these units are available to low or moderate-income households.¹⁶)

Housing costs of available units are out of reach for many county residents. Compared to statewide rents, Santa Cruz County rents are high (Table 2).

Table 2. 2001 Fair Market Monthly Rents (HUD 2001) by Number of Bedrooms

Geographic Area	Studio	One	Two	Three
California	\$649	\$763	\$957	\$1,312
Santa Cruz County	\$739	\$880	\$1,175	\$1,634

Table 3 shows the hourly wage required to earn enough to rent that housing:

Table 3. Housing Wage Needed by Number of Bedrooms¹⁷

Geographic Area	Studio	One	Two	Three
California	\$12.47	\$14.66	\$18.40	\$25.23
Santa Cruz County	\$14.21	\$16.92	\$22.60	\$31.42

According to the National Low Income Housing Coalition, a person earning minimum wage would need to work 108 hours per week to afford a one bedroom fair market rental unit in Santa Cruz County.

¹⁵ Housing Authority of Santa Cruz County, PHA Plan (5 Year Plan for Fiscal Years 2000-2004) and Annual Plan for Fiscal Year 2001

¹⁶ City of Santa Cruz, Affordable Housing in Santa Cruz (1999), cited in the City of Santa Cruz 2000-2005 Consolidated Plan.

¹⁷ The amount a worker would have to earn per hour in order to be able to work 40 hours per week and afford housing at the area's Fair Market Rent/HUD 2001 (National Low Income Housing Coalition, Out of Reach, 2001).

Further, according to data from the Housing Authority of the County of Santa Cruz, publicly subsidized housing is not available in sufficient supply as the following table indicates:

Table 4. Wait List for Subsidized Housing, April 2001

Bedroom Size	Santa Cruz	Watsonville	Capitola	Scotts Valley	County	Total
Studio	33	15	1	1	25	75
One	843	416	84	38	822	2,203
Two	480	774	52	31	1,898	3,235
Three	228	632	23	19	478	1,380
Four	18	92	1	0	72	183
Five	4	19	0	0	12	35
Total	1,606	1,948	161	89	3,307	7,111

Based upon past wait periods, the Housing Authority estimates a current *4 to 6 year* wait to receive a housing voucher. Even when a subsidized housing Section 8 voucher (Housing Choice) is available, there is no guarantee that one can find housing with it. In fact, escalated rents and the reluctance of some landlords to rent to Section 8 recipients result in approximately one-half of new voucher recipients forfeiting their vouchers because their time within which to locate housing (120 days) expires before housing is located.

For many, ownership of property is unattainable. According to the California Association of Realtors, in November, 2001, only 21% of the households in Santa Cruz County could afford the price of a median-priced home in the County, and that number was up from 15% in November, 2000.

Thirty percent of those who responded to the Needs Assessment are on a waiting list for some type of housing assistance, and 94% said they would choose to be in “permanent” housing now.

Further, because of their disabilities (mental health, substance abuse, HIV/AIDs), some people need supportive services in housing. There is a current inventory of approximately 277 permanent supportive housing units for individuals, and an estimated 569 more are needed; and no permanent supportive housing units for families with children¹⁸, although approximately 254 needed.

Service Implications: The county needs more stable affordable housing, and more permanent supportive housing, targeted to people who are homeless.

¹⁸ Some projects which will provide permanent supportive housing for families with children are in the pipeline however.

What are the Service Needs of Homeless People in the County?

Employment, Income and Assets

The total monthly income for 50% of respondents to the Needs Assessment is less than \$500; for 34.4%, less than \$200 per month; and 12% have no income at all.¹⁹

Employment

Almost one-third of respondents (32.6%) are employed full or part time or are self-employed;²⁰ 17% of them are employed as agricultural workers.²¹

Of those who work, 76% work fewer than 20 hours per week. Just under 10% work full time.²²

Over one-half of respondents (53%) are unemployed, and of those, 60% are actively looking for work.²³ In North County, 47% of respondents indicated they were unemployed; compared with 68.1% in South County.

About 14% are not in the employment market because they are disabled, retired, or students.²⁴

Almost three-quarters (72%) of respondents to the Needs Assessment are interested in job training;²⁵ almost half believe that the County should put the most money into job training programs

However, getting a job and working full time may not lead to self-sufficiency. The 1999 California Employment Development Department report “Labor Market Information” notes that 75% of the occupations with the greatest number of job openings in the county between 1995 and 2002 provide wages below what is needed to support a family.

Service Implications: Unemployed homeless people need help getting jobs and advancing to an income/benefits level of self-sufficiency.

¹⁹ 784 responses.

²⁰ 806 responses.

²¹ 551 responses.

²² 811 responses.

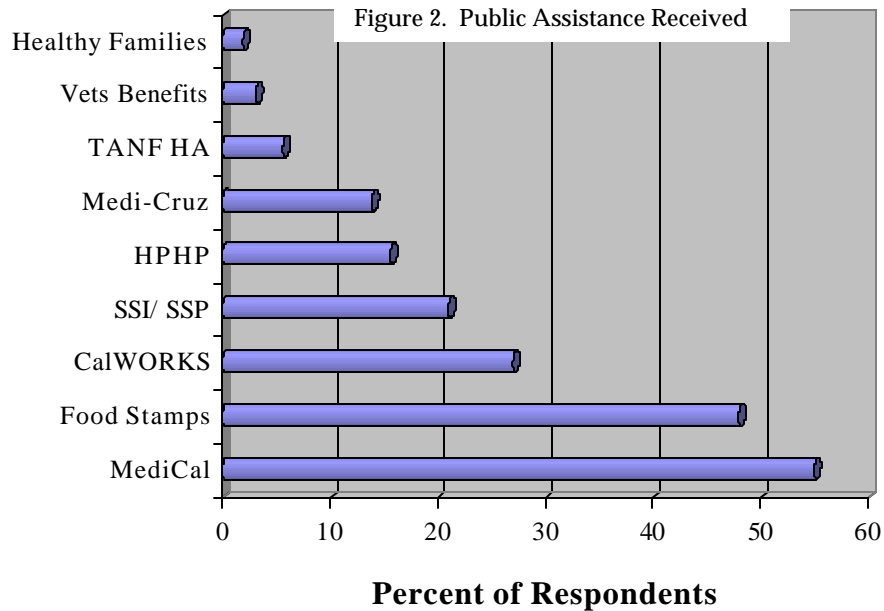
²³ 614 responses.

²⁴ 806 responses.

²⁵ 792 responses.

Public Assistance

Half of respondents (50%) have not received any type of government assistance.^{26, 27} For those who have received assistance, Figure 2 shows the types of services accessed.



Almost 60% of respondents in North County²⁸ said they receive no government assistance, compared with 34% in South County.²⁹

²⁶ 800 responses.

²⁷ This response is not inconsistent with the response stating that 55% received MediCal. In answer to the query “Are you currently receiving MediCal,” 263 people said yes, representing 54.6% of the 482 respondents. In answer to the question “Have you received any type of government assistance,” 403 people said “yes” and 397 people said “no.” Accordingly, the number of people who said they had received government assistance exceeded the number who said they had received MediCal. The reason the percentages might seem inconsistent (54.6 % answering that they received MediCal and 49.6% answering that they received no government assistance) appears to be the result of the number of respondents to each question.

²⁸ 554 responses.

²⁹ 236 responses.

The most common reasons cited³⁰ for not receiving government assistance in the past 12 months were:

Did not apply	38%
Believe not eligible	20%
Hassle	17%
Lack of permanent address	16%
Turned down	14%
No ID	14%
Do not need it	12%

Just under 62% said they receive no government “money,”³¹ and of those that do, 39% receive less than \$500 per month.³²

Service Implications: Additional steps should be taken to raise the incomes of homeless single people on public assistance, for example, by moving from General Assistance to SSI, or through receipt of Food Stamps, MediCal, Healthy Families, Earned Income Tax Credit, or Veterans benefits. Further evaluation of why people are not receiving government benefits, and the removal of barriers to their receipt of benefits, also are needed.

Health and Health Care

General Need and Insurance

Homelessness severely impacts the health and well-being of all family members, especially children. Compared with housed poor children, homeless children experience worse health; more developmental delays; more anxiety, depression and behavior problems; and lower educational achievement.³³ Deep poverty and housing instability are especially harmful during the earliest years of childhood.

Parents also suffer the ill effects of homelessness and poverty. One study of homeless and low-income housed families found that both groups experienced higher rates of depressive disorders than the overall female population, and that one-third of homeless mothers had made at least one suicide attempt.³⁴

³⁰ 363 respondents offering 569 responses.

³¹ 797 responses; this query asked respondents whether they had received government “money,” as opposed to another question which asked about the receipt of government “assistance.”

³² 309 responses.

³³ Shinn and Weitzman, 1996.

³⁴ Santa Cruz County Children & Families Commission, Investing in Our Children, Strategic Plan 2000.

The cost of health care is an obvious barrier to accessing needed services. Over one-quarter (28%) did not receive health care when they needed it in the last year;³⁵ key reasons were lack of coverage (30%) and lack of money (21%).³⁶ Survey administrators reported that 52% of respondents had obvious signs of a health issue³⁷ and 52%, obvious signs of a dental issue.

Only 47% of respondents have health coverage (compared to 83% of the general population in Santa Cruz County).³⁸ Of these, 57% use MediCal.³⁹

Fifty-three percent of homeless respondents have no health insurance.⁴⁰ There are approximately 4,000 uninsured children in Santa Cruz County.⁴¹

The Medi-Cal Outreach Project Needs Assessment, completed in December 1999, identified these barriers to Medi-Cal enrollment for low-income residents of Santa Cruz County:

- Lack of knowledge regarding program benefits and eligibility requirements
- Lack of transportation
- Mistrust of government agencies
- Fear related to immigration
- Lack of appropriate language skills and low-literacy materials
- Complicated enrollment process⁴²

Service Implications: Homeless people need increased access to health insurance and to health and dental care services.

Drugs/Alcohol

One-half (50%) of respondents say they would accept drug or alcohol counseling if it were made available.⁴³ Over one-third (36%) have participated in a drug or alcohol counseling program.⁴⁴ Of those, nearly three in four (73%) would seek drug or alcohol counseling if available.⁴⁵ Fifteen percent say that drugs and 12.4%, alcohol, contributed most to their homelessness.⁴⁶

³⁵ 802 responses.

³⁶ 168 responses.

³⁷ 237 respondents (survey administrators), offering 283 responses.

³⁸ 783 responses.

³⁹ 43 responses.

⁴⁰ 783 responses.

⁴¹ The State of Health Insurance in California: Findings from the 200 California Health Interview Study, Los Angeles: UCLA Center for Health Policy Research, June, 2002.

⁴² Santa Cruz County Children & Families Commission, Investing in Our Children, Strategic Plan 2000.

⁴³ 759 responses.

⁴⁴ 783 responses.

⁴⁵ 276 responses.

⁴⁶ 193 respondents offering 260 responses.

Service Implications: Additional alcohol and drug treatment services would benefit a significant number of homeless persons.

Mental Health

Over one-quarter (27%) of respondents to the Needs Assessment have received mental health services.⁴⁷

According to the Santa Cruz County Health Services Agency, the most important housing-related need of the mentally disabled is the availability of affordable housing.⁴⁸ The agency estimates that between 1,150 and 1,650 mentally ill persons are either without housing or have a serious need for more appropriate housing. At least one-third of this need for more appropriate housing opportunities lies within the City of Santa Cruz.

Service Implications: Appropriate, affordable housing is a key need for mentally disabled homeless persons. Mental health counseling, including “lower level counseling” (for anger, depression, violence recovery, coping, etc.), also is needed.

HIV and Other Communicable Diseases

Specialized housing needs for persons infected with HIV generally arise at the later stages of the illness, when people may be prohibited from working. The Santa Cruz AIDS Project estimates that in 1994 a total of 102 AIDS patients were at risk of homelessness primarily because of the high cost of housing.

Self-reports of communicable diseases from the Needs Assessment show that 50 people have been diagnosed with hepatitis C and 17 with tuberculosis.⁴⁹

Service Implications: Homeless people need preventive health services, and untreated existing health problems must be addressed. Persons with AIDS need to be helped to find and maintain stable housing.

Pregnancy

Almost eight percent of female respondents (26 women) reported that they were pregnant.⁵⁰ Although the sample was small, almost half (12 women) had not seen a doctor during the pregnancy.⁵¹

⁴⁷ 789 responses.

⁴⁸ Santa Cruz 2000-2005 Consolidated Plan.

⁴⁹ 152 responses.

⁵⁰ 347 responses.

⁵¹ 32 responses; it should be noted that while 26 women said they were pregnant, 32 women responded to the question “Have you seen a doctor during this pregnancy.” Twenty of the 32 women who answered that questions stated that they had seen a doctor; 12 stated that they had not. Accordingly, one could read the data to mean that 6 of 26 pregnant women (23%) had not seen a doctor during the pregnancy.

Service Implications: Additional information is needed to determine whether pregnant homeless women are securing prenatal health care, and outreach should be provided to ensure that pregnant women are receiving needed health services.

Nutrition

Hunger is cited by almost one-third (31%) of respondents as one of the top five problems of daily life as a homeless person⁵². Although 70% say they get enough to eat, 20% eat only one meal a day. Only 32% eat three meals a day. While the number of children with inadequate nutrition is unknown, for children, periods of inadequate nutrition can permanently harm cognitive and physical development.

Other local studies offer additional information on hunger in Santa Cruz County and surrounding areas. The 1997 local Hunger Study collected data from 80 Food Bank Member agencies documenting a local hunger gap of 2.5 million pounds of food needed to meet client requirements.⁵³

The Hunger in America 2001 study by America's Second Harvest, based on surveys conducted locally by the Second Harvest Food Bank of Santa Cruz and San Benito Counties of food service agencies and program operators indicates that of clients of foods pantries, soup kitchens and shelters in Santa Cruz and San Benito Counties surveyed:

- 71% are food insecure and 33% experience hunger
- 38% skip meals or reduce meal size for lack of money
- 44% have to choose between paying for housing or for food
- 44% have one or more adults working in their household
- 42% are children
- 10% are elderly
- 9% are disabled

The study also shows that:

- 74% do not receive food stamps, and of those who do, 26% have had them reduced in the past year
- Many more people are eligible for food stamps than receive them
- 25% of those who did not apply, did not think they were eligible
- 50% of those who did not apply found location or process inconvenient
- School lunch participation for client families with children is 45% versus 63% nationally
- Women, Infants & Children program voucher participation for client families with children is 34% versus 52% nationally

⁵² 777 respondents offering 3,316 responses.

⁵³ Santa Cruz County Children & Families Commission, Investing in Our Children, Strategic Plan 2000.

Service Implications: Homeless individuals and families need more free and reduced cost food and nutrition services and better access to federal food program access are needed.

Homeless Services Access

Nearly 60% of those responding to the Needs Assessment survey said that they recommend helping the homeless by providing assistance in acquiring services. Currently, 38% do not receive any type of government assistance, and the most common reason (38%) cited is that they did not apply.

Service Implications: More outreach and better linkages between programs are required to help homeless people gain access to needed services.

Other Subpopulations with Special Needs

Agricultural Workers

The Pajaro Valley produces 90% of Santa Cruz County's gross agricultural income, and if it were a county, it would rank fifth in agricultural production in California. The estimated population of migrant and seasonal farmworkers in Santa Cruz County ranges from a low of 18,069 to a high of 32,155.⁵⁴

About 17% of homeless respondents to the Needs Assessment are agricultural workers⁵⁵—28% of South County respondents and 11% of those in North County.

Many agricultural workers who are not homeless live in substandard, overcrowded housing and may be at risk of homelessness. For these agricultural workers, housing conditions are often substandard, health coverage remains minimal and costly, wages remain substantially lower than in other industries, and cultural and linguistic barriers may be isolating them from social services and support.

According to the 2001 Farmworker Housing and Health Assessment Study (Salinas and Pajaro Valley commissioned by the Boards of Supervisors of Santa Cruz and Monterey Counties, which interviewed over 700 farm workers in Santa Cruz and Monterey Counties), farmworkers:

- typically are male (61%)
- are Spanish speaking (97%)
- are between the ages of 18 and 44 (79%)
- consider California their permanent place of residence (93%)
- live with their spouses (78%), many of whom also work in agriculture
- live with their spouses and at least one child (66%)
- live in an extended family of six people

The earnings of farmworkers in Santa Cruz County are lower than any other occupational category with a median annual income of \$14,000. Annual earnings are below income adequacy as measured by the California Self-Sufficiency Standard and the federal poverty guidelines for a family of four.

Fewer than half of the respondents reported using health or social services for which they may have been eligible. Only one-fourth reported having health insurance through their work and fewer than half reported using public health care assistance such as Medi-Cal, Medi-Cruz, Healthy Families or the Children's Health and Disability Program. When asked what type of health information would be useful to them, 72% said health insurance eligibility services. When in need of care, most (84%) went to a community clinic, followed by nearly a third (32%) who went to the hospital or emergency room.

⁵⁴ Larson, Alice. Migrant and Seasonal Farmworker Enumeration Profiles Study. (Draft, July 2000).

⁵⁵ 551 responses

Most agricultural workers (89%) rent housing from a non-employer. Respondents spend a median 40% of their income on housing costs, and 57% pay a disproportionate amount of their income on housing based on HUD's standard of 30%. They also live in more overcrowded conditions, with an average of 5.4 people per household, or 50% higher than the average of 3.6 people per household for the general population. Respondent households also have more persons per bedroom than standards allow, with some sleeping in a living room, kitchen, hallway, or outside the house, in the garage or shed. The conditions of farmworker houses also are unlikely to meet HUD standards. Many reported having no plumbing, leaking faucets, cracking, peeling or chipped paint, holes in the wall or floor, mice or a leaking ceiling.

Service Implications: Housing for the agricultural workers of the County does not meet their housing needs, and barriers to accessing services, including for health care, should be assessed and addressed.

Developmentally Disabled⁵⁶

Those with developmental disabilities face unique challenges. This population, generally speaking, is not able to live independently, limiting their options for housing venues. The wages of those who work generally are less than minimum wage. Even with SSI and SSA benefits, income is not sufficient to meet housing prices.

For developmentally disabled persons who become homeless due to eviction or inability to pay increased rents, the impact of relocation is particularly severe. People with developmental disabilities often require a great amount of support to learn the basic skills needed for daily living. It may take months or even years to train someone to do laundry, grocery shop or use the bus system. Being forced to leave the community means not only leaving a support system and possible family relations, but also having to start over in learning to live as independently as possible.

As of February, 2000, there were 934 people with developmental disabilities living in Santa Cruz County, and approximately 400 are 21 years of age or older. Forty-one percent of individuals with developmental disabilities between the ages of 25 and 80 are currently living in their family home in Santa Cruz County.

Service Implications: The developmentally disabled population needs eviction prevention and sustained, supportive, affordable housing.

⁵⁶ The information contained in this section comes from a March 5, 2001, letter from Julie Reinhardt, Manager of Community Living Services, Skills Center, Inc., to the Human Resources Agency.

HOUSING

HOUSING

INTRODUCTION

It is axiomatic that stable housing, affordable and accessible to those with the lowest income, and service-enriched for persons needing support, is the most vital component to any strategy to end homelessness. In short, the back door to homelessness must be opened through the availability of affordable housing units.

However, for many, housing in Santa Cruz County is simply not affordable. As a prime residential choice for workers in the Silicon Valley (less than 30 miles away) Santa Cruz County's housing prices have risen dramatically to the point where, in 2002, only 9% of households could afford to buy a median-priced home (\$522,000 in June, 2002). A worker in Santa Cruz County must earn at least \$22.60 per hour to afford to rent two-bedroom apartment at the fair market rate, reports the National Low Income Housing Coalition's 2001 report *Out of Reach*. About 9% of Santa Cruz County residents who earn \$15,000 or less annually have been homeless in 2000, according to the United Way's Community Assessment Project.

The result of the inflated housing prices is that extremely low income persons are pushed onto the margins of society, already homeless or living with the constant threat of homelessness. A small monthly income, consumed by high housing costs, leaves no margin for responding to unexpected occurrences – job loss, eviction or medical emergency. Once housing is lost, it is difficult to save sufficient resources to reacquire it, and landlords are reluctant to rent to persons with poor credit and eviction histories.

An inflated housing market renders a primary governmental housing subsidy available to the lowest income persons -- Section 8 vouchers – unattractive to landlords because of its under-market value, and provides incentives for leasers to evict without cause to garner the market rate for the unit.

It is not surprising, then, that homeless people have become more and more visible in all parts of the county, urban, suburban, and rural. Shelters, once home to people without incomes, are increasingly filling with working people who just cannot find or afford housing; transitional housing programs, meant to facilitate a person's ability to transition into permanent housing, are left without exits.

The County and its Cities recognize the priority need to increase affordable housing stock, a goal that will be met with the collaborative efforts of the entire community. The Plan focuses on a number of strategies designed to prevent people from losing their housing, assisting them in reentering and retaining housing, and maintaining and expanding the full continuum of housing options including emergency shelter, transitional housing, and permanent affordable and supportive housing.

This chapter and its objectives and recommended action steps are divided into the following four sections:

- ◆ Prevention
- ◆ Emergency Shelter
- ◆ Transitional Housing
- ◆ Permanent Supportive, Affordable Housing

PREVENTION

Homelessness in Santa Cruz County will not end unless systems and programs are in place to close the “front door” to – that is, prevent – homelessness.

Prevention activities are designed to stabilize at-risk individuals and families in housing through rental and utility assistance, eviction prevention, legal services, fair housing counseling and institutional discharge planning. Prevention services are provided through both homeless service programs and mainstream agencies.

Prevention programs assist people who are housed but are at risk of losing their housing (for instance, due to crises such as loss of employment, health emergency, rental increase, utilities increase, eviction or need to escape domestic abuse); who have chronic disabilities and need support services to successfully maintain their housing; and who are being discharged from institutions such as prisons, the Youth Authority, a hospital, a residential treatment program, a mental health facility or foster care.

The strategic preference for investing resources in prevention is well-supported by evidence that it is much more expensive to assist someone out of homelessness than it is to prevent it. The cost of homelessness to the community in terms of both dollars expended and loss of creative and productive contributions from those who are homeless is enormous. Nationally, studies have established that because they have no regular place to stay, people who are homeless are more likely to access hospital services and need medical treatment for serious health care issues, including addictive disorders; and spend more time in jail or prison. It also is true nationally that annual emergency shelter costs are thousands of dollars per person more expensive than the average cost of a permanent housing subsidy. Less subject to quantification, but of paramount concern, are the lost opportunity costs occasioned by the negative impact of homelessness on health, educational experiences, and dignity. Effective prevention programs ameliorate these losses by reducing the need for expensive services and housing programs to bring people out of the crisis of homelessness.

It is estimated that thousands of people in the County are at risk of homelessness due to diverse factors including escalating and unregulated rental prices, unaffordable utility costs, landlords’ eviction rights, and institutional discharges.

The County’s overall goal is to close the front door to homelessness. The Plan seeks to keep people from losing their housing to eviction, increase the supply of affordable housing, ensure discharge from institutional facilities into housing, and encourage landlords to rent housing to low-income persons.

SERVICES IN PLACE

- *Santa Cruz County's Human Resources Agency and Santa Cruz AIDS Project* provide people with HIV/AIDS emergency assistance funds for rent and utilities.
- *Santa Cruz County Community Action Board's Shelter Project* provides rental and mortgage assistance to potentially homeless disabled individuals and families with children.
- *Santa Cruz County Community Action Board's Energy Services, Home Energy Assistance Program* provides assistance with home heating bills.
- *Families in Transition* provides rental assistance to potentially homeless individuals and families who participate in case management.
- *Catholic Charities, Homeless Assistance Program, The Salvation Army, St. Vincent de Paul (depending on funds), Pajaro Valley Housing Corporation, Valley Churches United, and Valley Resource Center* all provide emergency rental assistance.
- *The Housing Authority of the County of Santa Cruz* provides rental assistance to potentially homeless individuals and families.
- *Legal Aid Society of Santa Cruz County* provides legal assistance for low-income housing and landlord problems.
- *The Cities of Santa Cruz and Capitola and the County of Santa Cruz* provide emergency rental/mortgage assistance, administered through the Community Action Board.
- *The Cities of Capitola, Santa Cruz and Scotts Valley, and the County of Santa Cruz* provide security deposit assistance, administered through the Housing Authority.

OUTCOME OBJECTIVES AND ACTION STEPS

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
PREVENTION	
<p>Outcome 1 (H) : 50% fewer of the lowest income households (those with incomes below 15% of area median income) will lose their housing and become homeless.</p> <p><u>How this Outcome Will Be Measured:</u> Annual CAP survey. In 2000, 9.3% of this group had been homeless in the past year; this figure will be reduced by 50% by year ten.</p> <p><u>When this Outcome Will be Met:</u> This outcome will be accomplished progressively as follows: Year 1: 5% fewer households Year 2: 10% fewer households</p>	<p>1A. Expand funding for City and County pre-eviction programs.</p> <p>1B. Support faster assessment of eligibility for homelessness prevention programs.</p> <p>1C. Fund legal services to defend landlord-tenant cases of extremely low-income families, individuals, and seniors, including those not eligible for other legal aid programs.</p> <p>1D. Fund an ombudsman or advocate to assist mental health clients with eviction/tenancy issues.</p> <p>1E. Conduct outreach to inform families at risk of housing loss about available services and emergency</p>

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
PREVENTION	
<p>Year 3: 15% fewer households Year 4: 20% fewer households Year 5: 25% fewer households Year 6: 30% fewer households Year 7: 35% fewer households Year 8: 40% fewer households Year 9: 45% fewer households Year 10: 50% fewer households</p>	<p>aid.</p> <p>1F. Encourage landlords and tenants to submit their controversies to mediation.</p> <p>1G. Explore mechanisms for stabilizing tenants' rental housing costs.</p> <p>1H. Support efforts to develop and implement livable wages. (See Jobs and Incomes for specific actions.)</p> <p>1I. 100% of low-income households eligible for PG&E's Care Program (subsidized utilities) will receive this assistance, so that all low-income households will be able to pay their utility costs.</p> <p>1J. Expand outreach efforts to sign up low-income households eligible for PG&E's Care Program (subsidized utilities).</p> <p>1K. Provide energy efficiency equipment and supplies (e.g., low power use light bulbs) to low-income households.</p> <p>1L. Expand emergency assistance funding to prevent household utilities cut offs due to lack of payment.</p> <p>(Note that many action steps elsewhere in this Plan support achievement of this prevention outcome.)</p>

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
PREVENTION	
<p>Outcome 2 (M) : Fewer people leaving long-term mental health, foster care, correctional and other facilities will be discharged to homelessness.</p> <p>2.1. Foster care graduate transitional living placements will increase from 5 to 15 over three years.</p> <p>2.2. Mental health institution discharge placements into stable housing or permanent care beds will be increased by 50%.</p> <p>2.3. Correctional institution discharge placements into stable housing will be increased by 50%.</p> <p>2.4. Hospital patient discharge placements of homeless people into stable housing will be increased by 50%.</p> <p>How this Outcome Will Be Measured: Develop discharge and follow-up data from respective institutions. For example, obtain relevant foster care data from HRA.</p> <p>When this Outcome Will Be Met: These outcomes will be accomplished progressively as follows:</p> <p><i>Foster care:</i> Year 1: 2 fewer homeless discharges than the year before [by homeless discharge we mean both those who become homeless directly upon discharge and those who <i>eventually</i> become homeless, e.g. two years, after discharge]</p>	<p>2A. Consider the need for a planning group, including clients, to develop protocols and procedures to ensure people leaving long-term institutions have adequate housing, and to meet HUD requirements for such planning.</p> <p>2B. Monitor and work with discharging institutions to ensure that all discharge plans for people coming into Santa Cruz County contain plans and funding for housing.</p> <p>2C. Provide training and support to improve case managers' ability to access vouchers for their clients.</p> <p>2D. Increase the number of foster care graduate transitional living beds from 5 to 15 over 3 years.</p> <p>2E. Develop a program of master leasing of supportive housing units to relieve pressure on the more intensive levels of the system of care.</p> <p>2F. Increase the number of shared housing beds for mental health clients by seeking housing subsidies and utilizing third party leasing.</p>

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
PREVENTION	
<p>Year 2: 2 fewer homeless discharges than Year 1 (total of 4 fewer) Year 3: 2 fewer homeless discharges than Year 2 (total of 6 fewer) Year 4: 2 fewer homeless discharges than Year 3 (total of 8 fewer) Year 5: 2 fewer homeless discharges than Year 4 (total of 10 fewer).</p> <p><i>Other institutions:</i> Year 1: 5% fewer homeless discharges Year 2: 10% fewer homeless discharges Year 3: 15% fewer homeless discharges Year 4: 20% fewer homeless discharges Year 5: 25% fewer homeless discharges Year 6: 30% fewer homeless discharges Year 7: 35% fewer homeless discharges Year 8: 40% fewer homeless discharges Year 9: 45% fewer homeless discharges Year 10: 50% fewer homeless discharges</p>	
<p>Outcome 3 (L) : 50% more housing units (above the 2001 baseline of units) will be made available by landlords to rent to low income families with housing subsidies.</p> <p>How this Outcome Will Be Measured: Length of Housing Authority list of willing landlords. Number of units under Housing Authority contract.</p>	<p>3A. Assist landlords in navigating the bureaucracy associated w/subsidy programs, and encourage the current streamlining of the application process.</p> <p>3B. Educate landlords regarding subsidy programs, supportive services, and workforce programs that will support tenant stability.</p> <p>3C. Provide landlords with support for solving tenant issues without resort to eviction; provide information</p>

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
PREVENTION	
<p>When this Outcome Will Be Met: This outcome will be accomplished progressively as follows: Year 1: 5% more housing units available Year 2: 10% more housing units available Year 3: 15% more housing units available Year 4: 20% more housing units available Year 5: 25% more housing units available Year 6: 30% more housing units available Year 7: 35% more housing units available Year 8: 40% more housing units available Year 9: 45% more housing units available Year 10: 50% more housing units available</p>	<p>and a list of referral numbers to call for specific issues, such as PG&E's assistance.</p> <p>3D. Explore the potential for additional local monetary incentives for landlords to accept subsidized tenants (e.g., property tax exemptions, other tax exemptions, or utility subsidies).</p> <p>3E. Encourage nonprofit development and ownership of affordable housing. (See affordable housing subchapter below for specific action steps).</p>

EMERGENCY SHELTER

Emergency shelter is a remnant of this country's initial crisis response to homelessness twenty years ago. While it is disfavored by many as too expensive and failing to offer any permanent solution to homelessness, it nonetheless is an important component of the continuum of care because it is most people's point of entry to the homeless services system. Through contiguous living spaces or motel vouchers, it enables people to sleep indoors, in a place fit for human habitation, and gain access to other supportive services and long-term housing options.

The countywide emergency shelter system comprises various short-term housing options, including permanent shelters with services and case management, temporary winter shelters, motel vouchers for those with medical emergencies and interfaith rotating programs. Some shelters serve special groups, such as families, youth or severely mentally ill adults, while others serve the general homeless population (and may set aside beds for particular subpopulations).

The county has 354 emergency beds available in the Winter, between November and March, and 250 beds available the balance of the year, April – November. It is estimated that approximately 270 additional people need but do not receive emergency shelter on a typical night. One reason there is an insufficient supply of emergency housing beds is that there are insufficient transitional housing or affordable stable housing units available to those wishing to leave the shelter system. Further, there are insufficient shelter beds available for families who naturally prefer to be sheltered together, and for unaccompanied youth.

To minimize return to shelter, linkages between shelters and recovery programs, and transitional and permanent housing programs are needed. The Continuum of Care Coordinating Group seeks to ensure that people do not sleep on the streets and other places unfit for human habitation. This Plan seeks to place more homeless families in shelter with emergency services and to develop the linkages that will reduce the chances of returning to homelessness.

OUTCOME OBJECTIVES AND ACTION STEPS

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
EMERGENCY HOUSING	
Outcome 4 (H) : 50% more families and individuals without shelter will receive emergency shelter.	4A. Sustain and enhance existing shelter and motel voucher programs by accessing available federal, state, local, and private funding.

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
EMERGENCY HOUSING	
<p>How this Outcome Will Be Measured: Shelter bed numbers, usage rates, and turnaway rates.</p> <p>When this Outcome Will be Met: This outcome will be accomplished progressively as follows: Year 1: 5% more families and individuals Year 2: 10% more families and individuals Year 3: 15% more families and individuals Year 4: 20% more families and individuals Year 5: 25% more families and individuals Year 6: 30% more families and individuals Year 7: 35% more families and individuals Year 8: 40% more families and individuals Year 9: 45% more families and individuals Year 10: 50% more families and individuals</p>	<p>4B. Continue development of new homeless family shelter in North County.</p> <ul style="list-style-type: none"> • Seek funding for development. • Encourage participation by all jurisdictions. <p>4C. Continue process of expansion of homeless family shelter in South County.</p> <ul style="list-style-type: none"> • Seek funding for expansion. • Encourage participation by all jurisdictions. <p>4D. Develop a new permanent (year-round) adult shelter facility to replace the winter armory shelter.</p> <p>4E. Find and recruit families willing to temporarily house homeless youth.</p> <p>4F. Convene a working group of service providers and consumers to develop specific objectives and action steps addressing the special service needs of homeless teens and young adults.</p> <p>4G. Provide new funding for motel vouchers targeted for medical emergencies, frail, elderly, disabled and respite care.</p> <p>4H. In collaboration with the American Association of Retired People and Senior Centers, expand emergency housing options for frail elderly homeless persons.</p>
<p>Outcome 5 (L) : 50% fewer people leaving emergency shelter will return or “cycle” back to shelter.</p> <p>How this Outcome Will Be Measured: Homeless Management Information System (HMIS) data.</p> <p>When This Will Be Met: This outcome will be accomplished progressively as follows: Year 1: 5% fewer people returning</p>	<p>5A. Expand links between shelters and alcohol and drug recovery programs, mental health recovery programs, and transitional and permanent housing programs.</p> <p>5B. Increase the availability and accessibility of all health and human services and case management for homeless people at the emergency level. (See Supportive Services and Health chapters for more detail.)</p> <p>5C. Develop a computerized homeless management</p>

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
Year 2: 10% fewer people returning Year 3: 15% fewer people returning Year 4: 20% fewer people returning Year 5: 25% fewer people returning Year 6: 30% fewer people returning Year 7: 35% fewer people returning Year 8: 40% fewer people returning Year 9: 45% fewer people returning Year 10: 50% fewer people returning	information system connecting shelter, service, and housing programs that will facilitate following clients' progress through the system. (See Supportive Services chapter for action steps.)

TRANSITIONAL HOUSING

Transitional housing provides time-limited housing, usually 3 months to 2 years, to prepare individuals and families to become fully self-sufficient. In addition to housing, programs typically include comprehensive and intensive supportive services, case management, housing placement assistance and aftercare. As with emergency shelter, many transitional programs target particular subpopulations, such as families, victims of domestic violence, or chronic substance abusers. Placing participants into permanent housing upon program completion is central to the effectiveness of this component of the Continuum of Care plan.

Aware of the national debate over whether resources are better invested in permanent housing with transitional services, rather than in transitional housing with transitional services, the Continuum of Care Coordinating Group recognizes that for some segments of the homeless population, permanent housing with supportive services cannot replace the benefits received through transitional housing programs including the intensity of services and the community environment. In fact, in the Needs Assessment, more than half of the respondents said that the County should put more money into transitional housing than anything else.

Currently, the County has approximately 372 transitional housing beds; it is estimated that it needs 614 more for individuals, and 423 more for persons in families with children.

The County's goal is to provide persons who need intensive support services for a temporary period the opportunity to attain permanent housing through transitional housing programs, and further to enhance the ability of those graduating from transitional housing programs to access permanent housing.

OUTCOME OBJECTIVES AND ACTION STEPS

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
TRANSITIONAL HOUSING	
<p>Outcome 6 (L) : 100 more families and 100 more individuals will attain self-sufficiency with the aid of transitional housing and services.</p> <p>(For Youth, see Outcome 2 above.)</p> <p>How this Outcome Will Be Measured: Transitional housing bed numbers, usage rates, and turn-away rates.</p>	<p>6A. Sustain and enhance all existing transitional housing programs by accessing COC renewal</p> <p>6B. Establish three new transitional housing programs, including in Watsonville, with priority on:</p> <ul style="list-style-type: none"> • Families w/children • Unaccompanied homeless youth and youth aging out of foster care

- Adults w/mental illness, substance abuse issues, or dual diagnoses

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
TRANSITIONAL HOUSING	
<p>When this Outcome Will Be Met: This outcome will be accomplished progressively, striving for the following rates of increase:</p> <p>Year 1: 10 more families and 10 more individuals Year 2: 20 more families and 20 more individuals Year 3: 30 more families and 30 more individuals Year 4: 40 more families and 40 more individuals Year 5: 50 more families and 50 more individuals Year 6: 60 more families and 60 more individuals Year 7: 70 more families and 70 more individuals Year 8: 80 more families and 80 more individuals Year 9: 90 more families and 90 more individuals Year 10: 100 more families and 100 more individuals</p>	<ul style="list-style-type: none"> Adults w/mental illness, substance abuse issues, or dual diagnoses <p>6C. Seek funding from variety of funding streams, such as general funds, CDBG, redevelopment, state capital funds, and bond funding.</p>

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
TRANSITIONAL HOUSING	
<p>Outcome 7 (M) : 85% of all families and individuals leaving transitional housing will access and remain in permanent housing for at least 12 months.</p> <p>How This Outcome Will be Measured: Transitional housing placements into housing and client follow-up surveys.</p> <p>When This Outcome Will Be Met: 85% of those who leave transitional housing each year</p>	<p>7A. Help clients find permanent housing, provide tracking and aftercare for graduates, and facilitate service relationships for graduates wherever they have moved.</p> <p>7B. Each year, link more transitional housing graduates to permanent housing subsidies.</p> <p>7C. Provide former clients with financial incentives to fill out and return follow-up surveys.</p>

PERMANENT AND SUPPORTIVE AFFORDABLE HOUSING

Availability of permanent affordable housing is critical to the success of a Continuum of Care system. Unless they can access permanent housing, homeless people cannot reach their goal of becoming permanently self-sufficient. Because homeless people typically have extremely low or no incomes, those ready for self-sufficient lives often need some form of affordable subsidized housing. This includes Public Housing, Section 8, SRO and site-based programs often targeted to disabled individuals or families.

In the extremely tight Santa Cruz housing market, permanent affordable housing is in very short supply. Unfortunately, there are currently no permanent affordable housing units that are targeted specially to homeless individuals or families. Rather, homeless people seeking subsidized housing must rely upon mainstream affordable housing sources such as the Public Housing and Section 8 programs operated by the Santa Cruz County Affordable Housing Authority. Countywide, there are a total of 6,484 affordable housing units, including 1,972 Section 8 vouchers and certificates. Primary target populations are low-income families, disabled persons, and senior citizens. At any given time, approximately 6,000 people are on the Housing Authority's waiting list, and they wait an average of 4 to 6 years for housing.

Homeless people facing serious disabilities often need permanent supportive housing. This model provides permanent affordable housing with comprehensive supportive services tailored to the residents' particular needs and aimed at stabilizing the resident in housing. Permanent supportive housing has proven to be highly cost-effective intervention because it helps break the costly cycle of repeat homelessness, shelter stays, correctional and other institutional stays, emergency health system use, and more. Homeless subpopulations that particularly benefit from permanent supportive housing are severely mentally disabled, chronic substance abusers, those living with HIV/AIDS, developmentally disabled, and those with dual diagnoses of mental illness and substance abuse problems.

At this time, most of the 241 units of permanent supportive housing in Santa Cruz County are for persons with severe mental illness or for persons living with HIV/AIDS. While some of this housing is not homeless-targeted, many people who live there were homeless before they moved in or have a history of homelessness. It is estimated that 668 additional units of permanent supportive housing are needed countywide.

The Strategic Plan supports opening the back door to homelessness through the development of additional units for those with serious lifetime disabilities, through permanent supportive housing.

OUTCOME OBJECTIVES AND ACTION STEPS

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
PERMANENT & SUPPORTIVE AFFORDABLE HOUSING	
<p>Outcome 8 (H) : The overall countywide stock of subsidized housing affordable to family or individual households with extremely low or low incomes will be increased by 50% (above the 2001 baseline of affordable units).</p> <p>Reduce the number of households paying more than 50% of overall income for housing from 41.6% of all county households to 20%.</p> <p>How this Outcome Will Be Measured: Consolidated Plan and other housing plan updates and annual reports. Housing Authority client and housing statistics. CAP reporting on housing costs.</p> <p>When this Outcome Will be Met: This outcome will be accomplished progressively, striving for the following rates of increase: Year 1: 5% more affordable housing Year 2: 10% more affordable housing Year 3: 15% more affordable housing Year 4: 20% more affordable housing Year 5: 25% more affordable housing Year 6: 30% more affordable housing Year 7: 35% more affordable housing</p>	<p>Maintain the existing supply of affordable housing:</p> <p>8A. Work to discourage demolition of existing housing and conversions of affordable units to market rate housing, using financial incentives and other strategies.</p> <p>8B. Restrict government efforts to require loss of units as a result of code violations in all jurisdictions.</p> <p>8C. Work with and encourage landlords to keep units in the affordable housing market, including by accepting section 8 vouchers, and direct public attention to those “role model” landlords who respond.</p> <p>Develop new affordable housing:</p> <p>8D. Aggressively seek new federal, state, and foundation funding every year for new affordable housing developments.</p> <p>8E. Invest jurisdictional dollars in the new Community Housing Land Trust; purchase residential buildings for permanent affordable housing.</p> <p>8F. Target existing vouchers and subsidized units, as possible, to households with extremely low or no incomes; ensure sufficient units available to frail or elderly.</p> <p>8G. Apply for new Section 8 vouchers from HUD as available; to extent possible, target to homeless families and households w/extremely low or no incomes.</p>

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
PERMANENT & SUPPORTIVE AFFORDABLE HOUSING	
<p>Year 8: 40% more affordable housing</p> <p>Year 9: 45% more affordable housing</p> <p>Year 10: 50% more affordable housing</p>	<p>8H. Alter planning and zoning policies and requirements, where needed, to allow for greater housing density, mixed use facilities, affordable multi-family unit projects, and second unit additions to single unit homes.</p> <p>8I. Require that land proposed for annexation meet affordability goals reflected by community needs.</p> <p>8J. Encourage the County to release land it is not developing, for others to develop as affordable housing.</p> <p>8K. Engage the County Redevelopment Agency in developing and providing resources for homeless housing and in identifying potential housing sites.</p> <p>8L. Encourage developers to meet inclusionary housing requirements rather than pay-in-lieu fees.</p> <p>8M. Convene stakeholders to explore methods to provide housing assistance to needy families who are not otherwise eligible for any housing assistance.</p> <p>8N. Support the efforts of planning groups and coalitions, such as the Housing Advisory Commission and Affordable Housing Advocates, that are striving to meet the housing needs of low income, elderly, and disabled county residents.</p>

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
PERMANENT & SUPPORTIVE AFFORDABLE HOUSING	
<p>Outcome 9 (H): The overall countywide stock of permanent supportive housing available to families or individuals with serious and permanent life disabilities and extremely low or low incomes will be increased by 50% (above the 2001 baseline of permanent supportive units).</p> <p>How this Outcome Will Be Measured: Consolidated Plan and other housing plan updates and annual reports. Housing Authority client and housing statistics. CAP reporting on housing costs.</p> <p>When this Outcome Will Be Met: This outcome will be accomplished progressively, striving for the following rates of increase: Year 1: 5% more permanent supportive units Year 2: 10% more permanent supportive units Year 3: 15% more permanent supportive units Year 4: 20% more permanent supportive units Year 5: 25% more permanent supportive units Year 6: 30% more permanent supportive units Year 7: 35% more permanent supportive units Year 8: 40% more permanent supportive units Year 9: 45% more permanent supportive units Year 10: 50% more permanent</p>	<p>9A. Sustain existing models of permanent supportive housing for severely mentally ill, HIV/AIDS, and other frail or disabled populations.</p> <p>9B. Facilitate successful implementation of homeless permanent supportive housing projects “in the pipeline,” through funding, siting assistance, and barrier removal.</p> <p>9C. Develop new permanent supportive housing and Shelter Plus Care projects for homeless people w/mental health disabilities, substance abuse, and/or HIV/AIDS.</p> <p>9D. Support funding and creation of integrated service teams to provide supportive services in homeless housing projects; link these teams to long-term services funding from mainstream sources.</p> <p>9E. Ensure that sufficient units of all forms of housing are accessible in accordance with Americans With Disabilities Act and other disability law standards.</p> <p>9F. Increase the percentage of people who support siting affordable housing developments in Santa Cruz County (decrease “Not-In-My-Backyard” sentiment):</p> <p>9G. Develop a public education campaign to improve public understanding of homelessness, dispel myths regarding declining property values and public safety and show the benefit of affordable housing.</p> <p>9H. Double the number of housing, shelter, and service projects that receive community acceptance, and any required local planning and funding approvals.</p>

supportive units	<p>9I. Encourage nonprofit providers to become educated concerning zoning rules and to participate in the zoning decision-making process.</p> <p>9J. Support federal and state initiatives for legislation to protect housing programs from NIMBY opposition by requiring that the denial of a local zoning permit be overridden if the locality has not met its housing need.</p>
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JOBS AND INCOME

JOBS AND INCOME

INTRODUCTION

Access to adequate income is essential in the fight to end homelessness. Indeed, the very reason most people find themselves without suitable housing is because of their inability to pay for even basic shelter. The high cost of living in Santa Cruz County coupled with the fact that many homeless people are either employed at insufficient wages or unemployed make finding a home a difficult if not impossible task.

Contrary to popular belief, the vast majority (72.1%) of homeless people in Santa Cruz County do want to work, and many are in fact employed. Approximately one-third of Santa Cruz County's homeless population work full- or part-time or are self-employed. However, the wages associated with these jobs are often not enough to cover real living expenses. In addition, 76% of the homeless population in the county who do work average only 20 hours per week or less. Thus not only are such people making less money but they are also generally ineligible for work-related benefits.

Two factors compound the precarious employment situation faced by many homeless persons in Santa Cruz County. First, 75% of the occupations in the county with the largest amount of projected job openings provide wages below what is needed to support a Santa Cruz County family. Second, homeless people who are seeking employment have special needs that are not shared by their housed counterparts. For example, food, clothing, and transportation needs must be taken care of in addition to the job skills training most unemployed people require.

Access to employment services targeting the special needs of the homeless population is vital to remedying Santa Cruz County's homelessness problems. Within Santa Cruz County, several organizations provide employment services, including the Santa Cruz County Human Resources Agency (HRA) (particularly, the Agency's CareerWORKS division), Santa Cruz Citizens Committee for the Homeless, and the county's Community Action Board. These programs offer such diverse services to the homeless population as educational training, workshops, job search assistance, and post-placement follow-up. However, most of the programs do not target special-needs groups or address non-traditional employment and training. Homeless people also often have difficulty accessing these programs.

The Plan seeks to remedy the gaps in Santa Cruz County's income and employment services by increasing the number of homeless people who obtain employment at living wages or better. In particular, the Plan calls for close coordination with existing organizations to better serve the homeless community. In addition, the Five-Year Plan seeks to increase access to public benefits, which is particularly important to homeless persons who are unable to work. It is desired that undocumented homeless persons be accorded as much assistance as set forth in this chapter as the law permits.

RESOURCES/SERVICES ALREADY IN PLACE

Santa Cruz County has in place a broad system of employment services that have been instrumental in addressing the needs of the homeless population. HRA, Homeless Services Center, and Community Action Board are the key resources currently in existence in Santa Cruz County. Each of the aforementioned services is described below:

HRA PARTNERSHIPS:

Workforce Santa Cruz County has a network of services offered at two Career Centers located in Santa Cruz and Watsonville. Primary career Center partners are the Workforce Investment Board (WIB), State of California Employment Development Department (EDD) and HRA- CareerWorks Division. Services offered include:

- Universal services (services for the general public)--Job listings/ job placement assistance, Internet access, career exploration workshops, community resource information and referral, resume assistance, career information library and computerized tutorials.
- Workforce Investment Act (WIA) employment and training programs for dislocated workers, youth and low-income adults.
- CalWORKs Welfare to Work employment services for parents and caretakers receiving CalWORKs cash aid.
- Access to services offered by Cabrillo College, Department of Vocational Rehabilitation, County Office of Education, Santa Cruz Adult and Community Education, County Office of Education, Watsonville/Aptos Adult Education, American Association of Retired Persons and various other community based organizations serving businesses and job seekers in Santa Cruz County.
- **Workforce Investment Act (WIA)** --The federal WIA program provides job and training services to unemployed or laid off adults and eligible youths. Workforce Santa Cruz County Career Centers provide WIA funded services locally, including career exploration workshops, job search assistance, initial assessment, employment and career planning assistance, vocational training and skill advancement training. Youth services include mentoring, work experience, and educational assistance.
- **Area Homeless Service Providers** --In partnership with HRA, local providers also offer employment and related supportive services to homeless persons. For example, **the Brommer Street Transitional Housing project** serves homeless families in the community.
- **Homeless Community Resource Center** --The center is headquarters for the daily "Job Club," a program in which a Client Services Manager aids homeless adults in their job searches. It also provides Food Stamp Employment Training Program

(FSET) services to homeless, able-bodied adults without dependents, designed to provide Food Stamp recipients with opportunities that will lead to paid employment.

HOMELESS SERVICES CENTER:

- **The Interfaith Satellite Shelter Program** - The program pays homeless people more than \$110,000 per year aggregate as stipend volunteers to assist in the operation of the program.

HOMELESS COMMUNITY RESOURCE CENTER:

- **The Homeless Employment Program** - The purpose of this program is to place homeless people in jobs in Santa Cruz County.

HOMELESS GARDEN PROJECT:

- **The Homeless Garden Project** - The project teaches and employs approximately twenty homeless people in the fields of organic gardening and candle and wreath-making. Many participants have since gone on to find jobs in mainstream horticulture and crafts.

COMMUNITY ACTION BOARD:

- **The Message Center** - The Center supplies 400 Voicemail boxes to homeless persons in search of jobs. In addition, the Center supports Video Resumes which affords homeless people the opportunity to describe their skills on local television.
- **Women Ventures Project** - This program allows women to receive training and placement in nontraditional occupations. **HRA, education and training providers, labor unions and employers** are also partners in the program.
- **Natural Resources and Employment Program** - This program uses environmental restoration as a means of training and employing low-income Santa Cruz residents.

OTHER SERVICES:

- **Above the Line** provides housing and services for homeless teens, including residential treatment for 4-5 teens and a day program with education and employment counseling for 16 – 20 youths.
- **The County Office of Education Homeless Educational Outreach Program** provides specialized educational services to homeless children, including outreach and linkage to all public school programs and occupational programs, tutoring, and counseling.

OUTCOME OBJECTIVES AND ACTION STEPS

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
JOBS AND INCOME	
<p>Outcome 10 (M) : Each year, 5% of homeless people will obtain jobs at living wages or obtain better jobs with higher incomes and employment benefits.</p> <p>How this Outcome Will Be Measured: GA enrollment, which will track housing status of single clients; HRA's various data banks, including CareerWorks.</p> <p>When Will This Outcome Be Met: Commencing in year 1, each year, 5% of the existing homeless population will obtain jobs as stated.</p>	<p>10A. Work with WIA, One-Stop Career Centers, and Welfare-to-Work programs to continue to address unique homeless needs, including scheduling flexibility and need for longer training programs, and the needs of agricultural workers.</p> <p>10B. Provide services such as clothing, soft skills and life skills training (pre-employment training), voicemail, transportation, lunches, and substance counseling.</p> <p>10C. Sustain existing and start new homeless training, placement, and enterprise programs focusing on existing economic opportunities in the community for living wage positions (e.g. automobile mechanics, information technology positions, gardening, trucking) with placement keyed to client's strengths.</p> <p>10D. Create job referral partnerships with private, public and non-profit sector employers to facilitate placement of job-ready but untrained homeless people in jobs, especially agricultural workers.</p> <p>10E. Convene a working group to consider day labor and its impact on homelessness and to propose appropriate action steps to increase the incomes and public benefits of homeless persons.</p>

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
JOBS AND INCOME	
<p>Outcome 11 (H) : 30% more homeless people who are eligible for benefits, will access public benefits.</p> <p>How this Outcome Will Be Measured: HRA and State databases.</p> <p>When This Objective Will Be Met: This objective will be met progressively, utilizing 2001 figures as a baseline:</p> <p>Years 1-2: 10% Years 3-5: 15% Years 6-8: 20% Years 8-10: 30%</p>	<p>11A. Provide outreach, including to day laborers, concerning entitlement to benefits, including utilities-payment assistance and section 8 benefits, and help in obtaining those benefits, including with completing applications.</p> <p>11B. Support changes to public benefit eligibility rules:</p> <ul style="list-style-type: none"> • which create barriers to vehicularly sheltered people accessing benefits because the value of their car renders them ineligible; • to permit people to complete education without losing benefits; and • to account for actual rental payments in determining qualification. <p>11C. Place eligibility workers from the mainstream service delivery programs at sites to maximize application for benefits, including health care benefits (e.g. sites frequented by homeless persons accessing homeless-targeted services/housing, sites where lay-offs are occurring or agricultural sites at season end).</p> <p>11D. Conduct a client satisfaction survey within HRA to determine what barriers to homeless people accessing benefits exist and can be removed.</p>

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
JOBS AND INCOME	
<p>Outcome 12 (L) : Each year, 25% more homeless people will receive information concerning asset accumulation programs and strategies and 5% more homeless people will increase their savings.</p> <p>How this Outcome Will Be Measured: Client surveys, provider surveys concerning existence of IDA and economic literacy programs.</p> <p>When this Outcome Will Be Met: Commencing in year 1, each year 25% more homeless people will receive the information stated.</p>	<p>12A. Develop Individual Development Account Programs, including economic literacy and asset management training, and training on legal rights and responsibilities regarding child support and garnishment.</p> <p>12B. Through collaborative efforts, sustain and enhance, and increase enrollment in the existing countywide money management programs to provide budgeting and money management skills training, provide financial counseling and assist clients in collecting past and current federal Earned Income Tax Credits (EITC).</p>

SUPPORTIVE SERVICES

SUPPORTIVE SERVICES

INTRODUCTION

For many homeless people, moving out of homelessness also requires not only shelter but also access to supportive services including food, transportation, education, child care and hygiene and communication tools. Both clients and service providers need to have accurate, current information on what services are available. The Continuum of Care can respond most effectively to client supportive service needs when gaps in services are readily identifiable--information that can be accessed through a homeless management information system. Accordingly, this Plan seeks to enhance the supportive services available to clients, to improve outreach and information and referral to ensure that clients are aware of the opportunities for services and to implement a community wide, computerized information system.

This chapter, and its outcomes and objectives are divided into the following categories:

- ◆ Outreach, Case Management and Information Technology
- ◆ Food and Dietary Needs
- ◆ Transportation
- ◆ Child Care
- ◆ Education
- ◆ Multi-Service Centers

OUTREACH, CASE MANAGEMENT AND INFORMATION TECHNOLOGY

A long-term relationship with a case manager is a valuable resource for a homeless individual or family attempting to move from the streets and despair to permanent housing and a new life. Case management is the core service that links together all the others, ensuring that clients receive an integrated and comprehensive package of services, designed according to their specific needs. Case managers work with clients to identify their needs, assist them in accessing services, teach them how to advocate for themselves within the service system, and follow up to ensure that they are in fact, making progress toward regaining their self-sufficiency. In Santa Cruz County, virtually every homeless service program offers some level of case management, as do many mainstream programs. Nonetheless, nearly 60% of those responding to the Needs Assessment survey said that they would help the homeless by providing assistance in acquiring services. Accordingly, this Five-year Plan seeks to increase the availability of information concerning services to homeless people through a web-based information and referral system and Resource Centers and by providing information in Spanish and English. Further, to assist case managers in providing services, clients in accessing services and the Continuum of Care in responding to needs, a homeless management information system will be developed and integrated into other countywide management information systems.

SERVICES IN PLACE

- The mobile Homeless Persons Health Care Project (HPHP) provides basic case management and referrals for homeless people at the front end of the Continuum of Care. HPHP also provides intensive, long-term case management to a sector of the street population.
- All the emergency shelter, transitional housing, and permanent supportive housing programs listed above provide case management with varying subpopulation specialties, including adult men and/or women, families, battered women, severely mentally disabled, substance abuse, HIV/AIDS, dual diagnosis, other major health problems, and unaccompanied youth.
- The HOPWA and Ryan White-funded Santa Cruz AIDS Project furnishes case management for homeless people with HIV/AIDS, whether or not in a residential program.
- Above the Line provides housing and services for homeless teens, including residential treatment for 4-5 teens and a day program with education and employment counseling for 16 – 20 youths.
- The County Office of Education Homeless Educational Outreach Program provides case management aimed at helping homeless children and unaccompanied youth to succeed in school.
- The Santa Cruz Veterans Services Office provides case management, claims and appeals assistance, information and referral and client advocacy to veterans and their families.
- HelpSCC.org provides an on-line information and referral directory for services related to employment, housing, emergency assistance, food, health, children and youth, and seniors

OUTCOME OBJECTIVES AND ACTION STEPS

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
OUTREACH AND ENGAGEMENT	
<p>Outcome: 13 (L) : All homeless people will be aware of all Continuum of Care resources available.</p> <p>How this Outcome Will Be Measured: Provider surveys, homeless surveys, “hits” on HelpSCC website.</p> <p>When this Outcome Will Be Met: This outcome will be accomplished progressively as follows: Year 1: 5% more people aware. Year 2: 10% more people aware. Year 3: 15% more people aware. Year 4: 20% more people aware. Year 5: 25% more people aware. Year 6: 30% more people aware. Year 7: 35% more people aware. Year 8: 40% more people aware. Year 9: 45% more people aware. Year 10: 50% more people aware.</p>	<p>13A. Maintain the www.HelpSCC.org community-wide web-based information and referral system searchable database of Continuum of Care resources and enhance it to include affordable housing resources.</p> <p>13B. Form Resource Centers to provide points of access to Continuum of Care services through drop-in, telephone and internet.</p> <p>13C. Sustain and expand existing agency-based outreach and referral efforts.</p> <p>13D. Develop a bilingual card with the services hot-line number and web address.</p> <p>13E. Translate outreach materials into Spanish.</p>

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
OUTREACH AND ENGAGEMENT	
	13F. Work toward bilingual capacity in all homeless-targeted and mainstream service agencies.
<p>Outcome 14 (H) : Case management, information and referral, and outcomes reporting will be strengthened by a homeless management information system.</p> <p>How this Outcome Will Be Measured: Development and implementation of an HMIS.</p> <p>When this Outcome Will Be Met: By October, 2004.</p>	<p>14A. Convene a committee to commence plans for a homeless management information system (HMIS) including: inventory computer needs, develop finance plan and assess existing HMIS software; develop privacy protocol and safeguards; enlist assistance of one of the County's high tech companies.</p> <p>14B. Integrate this HMIS into other County Management Information Systems including the Children and Families Commission MIS, as appropriate</p>

FOOD AND DIETARY NEEDS

Fewer than one-third of the homeless people surveyed in Santa Cruz County eat three meals a day. Thirty percent identified hunger as their biggest daily problem. Access to nutritious meals is critical to maintaining one's health and having the determination and focus necessary to pull oneself out of homelessness or prevent it in the first place. There is a gap between those eligible for and those accessing governmental food programs. As such, this Plan seeks to increase food programs and utilization of governmental food programs such as food stamps.

SERVICES IN PLACE

- All shelter and transitional housing programs described above provide meals for clients.
- The Homeless Community Resource Center serves two meals per day to a large segment of the Santa Cruz city homeless population.
- 10 additional programs throughout the county, such as Loaves & Fishes in Watsonville, provide meals or groceries for homeless and other needy people.
- The Community Food Hotline provides referrals to Food Assistance Programs and other services.
- Homeless program case managers routinely assist clients in accessing Food Stamps.

OUTCOME OBJECTIVES AND ACTION STEPS

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
FOOD AND DIETARY NEEDS	
<p>Outcome 15 (M) : 80% of homeless people will eat 3 meals a day (up from 32% in 2000).</p> <p>How This Outcome Will Be Measured: Homeless surveys.</p> <p>When This Outcome Will Be Met: Outcome will be accomplished progressively as follows: Year 1: 35% Year 2: 40% Year 3: 45% Year 4: 50% Year 5: 55% Year 6: 60% Year 7: 65% Year 8: 70% Year 9: 75% Year 10: 80%</p>	<p>15A. Sustain existing programs that provide meals and food for meals to homeless persons.</p> <p>15B. Assist homeless persons to obtain Food Stamps.</p> <p>15C. Increase food programs in the unincorporated areas of the county.</p> <p>15D. Explore expansion of Meals on Wheels--e.g., to include homeless people using motel vouchers.</p> <p>15E. Explore development of nutritious breakfast program at Homeless Services Center in Santa Cruz and The Salvation Army in Watsonville.</p> <p>15F. Use GIS mapping system to analyze geographic distribution of County food programs to determine areas that are underserved.</p>

TRANSPORTATION

Availability of services to the homeless is meaningless if they have no means to travel to service sites. Seventeen percent of the homeless surveyed in Santa Cruz County stated that transportation was preventing them from living in permanent housing, and 40% identified transportation as their biggest daily problem, third behind insufficient income and lack of work.

SERVICES IN PLACE

- The County Human Resources Agency provides transportation, through mass transit payment reimbursement or advance and mobile services in remote areas of the county

to CalWORKs participants for transportation costs associated with welfare-to-work activities.

- The Interfaith Satellite Shelter Program provides van service daily to and from faith shelter sites.

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
TRANSPORTATION	
<p>Outcome 16 (L) : Decrease from 40% to 20% the homeless people reporting transportation as one of their biggest daily problems.</p> <p>How this Outcome will be Measured: Homeless surveys.</p> <p>When This Outcome Will Be Met: This outcome will be met progressively over a 6-year period, striving for the following rates of decrease:</p> <p>Year 1-2: 33% Year 3-4: 27% Year 5-6: 20%</p>	<p>16A. Over 6 years, double the number of Santa Cruz County Metro day passes issued to homeless individuals at service agencies countywide from 10,000 to 20,000 per year.</p> <p>16B. Advocate for discounted prices for day passes from Santa Cruz Metro.</p> <p>16C. Sustain existing shuttle van service.</p> <p>16D. For the City of Santa Cruz, seek funding to reinstate and expand Homeless Service Center's free daytime shuttle service from Coral Street to Emeline campus, downtown, and other areas using ISSP.</p> <p>16E. Develop and seek funding for a similar daytime shuttle service within the Watsonville area, potentially sponsored by The Salvation Army.</p>

CHILD CARE

Over one-half of homeless people in the County have children, and 77% of those families are single-parent families. The ability to engage in job training, to work and to access other needed social services is impeded by a lack of child care services.

SERVICES IN PLACE

- The County HRA CareerWorks Child Care Program is a primary provider of subsidized childcare in the county. Under the regulations of state child care subsidy programs and supported by coordination with homeless service providers, homeless families may receive subsidies of up to 100%. The nonprofit Child Development Resource Center in Capitola,

located at the County Office of Education, is a key source of information and referral to childcare for many low income families. The Pajaro Valley Shelter maintains its own childcare center, called KidSpace.

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
CHILD CARE	
<p>Outcome 17 (M) : Families with children who are shelterless or who stay in emergency shelter will have a safe place to go during the day where school-age children and teens can do their homework.</p> <p>How this Outcome will be Measured: Data from Family Respite Center, Salvation Army, and Family Shelter in Santa Cruz (to be built).</p> <p>When This Outcome Will Be Met: This outcome will be met progressively over a 10-year period, striving for the following rates of increased access:</p> <p>Year 1: 5% Year 2: 10% Year 3: 15% Year 4: 20% Year 5: 25% Year 6: 30% Year 7: 35% Year 8: 40% Year 9: 45% Year 10: 50%</p>	<p>17A. Maintain and expand the Family Respite Center in the City of Santa Cruz.</p> <p>17B. Apply for funding to keep the Salvation Army emergency shelter open during the day until a day center is completed</p> <p>17C. Ensure that family respite centers and family shelters have a place for school-age children and teens to do homework, with school supplies available.</p> <p>17D. Provide parenting classes to homeless parents.</p>

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
CHILD CARE	
<p>Outcome 18 (L) : Homeless families will have improved access to subsidized child care.</p> <p>How This Outcome Will Be Measured: Because childcare providers do not routinely keep records on their clients' housing status, this outcome will be measured using subjective assessments from agencies that assist homeless families.</p> <p>When This Outcome Will Be Met: This outcome will be met progressively over a 10-year period, striving for the following rates of increased access:</p> <p>Year 1: 5% Year 2: 10% Year 3: 15% Year 4: 20% Year 5: 25% Year 6: 30% Year 7: 35% Year 8: 40% Year 9: 45% Year 10: 50%</p>	<p>18A. Support the development of a licensed child care center supported by both private fees and voucher payments for Salvation Army clients and the community in Watsonville.</p> <p>18B. Explore established models in other counties.</p> <p>18C. Collaborate with the Child Development Division Consortium to develop ways to give homeless families--both those in CalWORKs and those who are not--better access to subsidized childcare. Develop ways to strengthen the ability to contact people immediately when they are next on the waiting list for subsidized care.</p> <p>18D. Provide outreach and education to ensure that those eligible for and desiring child care subsidies through CalWORKs are applying for and receiving benefits.</p> <p>18E. Provide information to agencies serving homeless families on emergency short-term child care available through Pegasus program at the Voucher Project.</p> <p>18F. Ensure that any follow-up homelessness surveys or needs assessments conducted in Santa Cruz County count the number of homeless families whose children live with them and assess the current use of and need for child care and family respite services.</p> <p>18G. Educate child care providers on special needs of homeless children and parents.</p>

EDUCATION

Education is one of the most important services we can provide to homeless children. Over 2,000 students in the County are homeless. Further, approximately 17% of school-age homeless children do not attend school. Homelessness can easily deprive children of a chance to have a full education. When a family loses housing, a cycle begins of staying with friends or family, emergency shelter, and transitional housing, often involving several school districts. For the children, this can mean school changes, a situation that adds further stress to their lives and often results in gaps in their learning. For the parents, it means meeting multiple enrollment processes. Living in a shelter, in a car, or on the street may mean no quiet place to study and difficulty completing assignments requiring activities “at home.” Lack of resources may prevent purchasing supplies or preclude participating in after-school programs such as tutoring or sports. This Plan responds by removing barriers to attendance and meeting the unique needs of homeless students

SERVICES IN PLACE

- The Santa Cruz County Office of Education Homeless Education Outreach Program provides assistance to the homeless children and youth of Santa Cruz County in accessing their right to free, appropriate public education, by providing support services that remove the barriers that prevent homeless children and youth from accessing educational opportunities; bridge the gap between schools and service providers; increase community awareness regarding the issues of homeless children and youth; and provide additional academic and job search assistance to empower homeless children and youth to succeed in school and in their future endeavors.

OUTCOME OBJECTIVES AND ACTION STEPS

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
EDUCATION	
<p>Outcome 19 (M) : All homeless children will be enrolled in and attending school.</p> <p>How this Outcome will be Measured: School records and surveys.</p> <p>When This Outcome Will Be Met: This outcome will be met progressively over a 10-year period, striving for the following rates of enrollment and attendance:</p>	<p>19A. Sustain the existing homeless education and outreach program.</p> <p>19B. Assign an advocate to each homeless child to link school with family shelter.</p> <p>19C. Provide funding to assist homeless children to access school supplies, tutoring, clean clothes, haircuts, etc.</p>

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
EDUCATION	
Year 1: 5% Year 2: 10% Year 3: 15% Year 4: 20% Year 5: 25% Year 6: 30% Year 7: 35% Year 8: 40% Year 9: 45% Year 10: 50%	

MULTI-SERVICE CENTERS

Access to a place to attend to basic hygiene, to make telephone calls and receive mail, and to store belongings are taken for granted by the housed, but are much-needed by the homeless. To ensure these basic necessities, the Plan calls for maintaining the multi-service center in Santa Cruz, and building a new one in Watsonville.

OUTCOME OBJECTIVES AND ACTION STEPS

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
MULTI-SERVICE CENTERS	
<p>Outcome 20 (H) : Increase from 130 to 142 (North County) and from 0 to 30 (South County) the number of homeless people who are able to meet their basic daily needs of personal hygiene, communication, and storage of personal items.</p> <p>How this Outcome will be Measured: Homeless surveys.</p> <p>When This Outcome Will Be Met: This outcome will be met progressively over a 10-year period, striving for the following increases in persons served:</p> <p>Years 1-2: 2 (North Cty.); 5 (South Cty.) Years 3-4: 2 (North Cty.); 5 (South Cty.) Years 5-6: 4 (North Cty.); 5 (South Cty.) Years 7-8: 4 (North Cty.); 5 (South Cty.) Years 9-10: 10 (South Cty.)</p>	<p>20A. Sustain and enhance the existing Homeless Community Resource Center in the City of Santa Cruz.</p> <ul style="list-style-type: none"> • Provide for one extra shower bay and laundry facility at the center by 2004 (10% service level increase). <p>20B. Develop a fully bilingual, culturally appropriate daytime homeless multi-service center in Watsonville.</p> <ul style="list-style-type: none"> • Begin facility acquisition or lease by 2005. • Provide day services for up to 25-30 homeless persons in the Watsonville area.

HEALTH

HEALTH

INTRODUCTION

The assurance of adequate health care is integral to ending homelessness. Homeless people are at greater risk of multiple health problems that are often chronic, difficult to remedy, and exacerbated by exposure to the elements.

Many homeless people in Santa Cruz County battle serious physical and mental illness. Some 27% of the county's homeless population has received treatment for mental health problems while even more are believed to have mental illness. Nearly half (49%) of the County's homeless people fight substance abuse. In addition, 8.2% of Santa Cruz County's homeless population has been diagnosed with HIV or AIDS.

Lack of sufficient health care also negatively impacts homeless children. Compared with housed children, homeless children are more prone to depression and behavioral problems. They are also more likely to experience developmental delays and lower educational achievement than their non-homeless peers. Dental disease is thought to be the number one health problem among low-income and homeless children in Santa Cruz County. One survey by Dientes! Community Clinic of 500 homeless students found that 60% needed dental care.

Ensuring homeless persons' access to adequate health care is a critical component in the fight to end homelessness. The assurance of timely, competent services, utilizing existing organizations and new programs and targeting both homeless adults and youths, facilitates this goal.

Access to health insurance is vital to remedying poor health among the homeless population. In Santa Cruz County, Healthy Families, Medi-Cal, and Medi-Cruz provide for many of the homeless residents' health needs. Despite the existence of these programs, according to the Needs Assessment, 53% of homeless people in Santa Cruz County lack health insurance. Of the 47% who do have coverage, 57% use Medi-Cal. Of the 27,000 people in Santa Cruz County without health insurance, between 5000 and 6000 are children. Barriers, including lack of knowledge about the process and eligibility, mistrust of government agencies, and transportation obstacles, continue to prevent many homeless and low-income families from utilizing these programs.

Unlike many in society, seriously ill homeless persons often lack the support of family and friends so essential to full recovery. Homeless persons who battle illness alone are less likely to fully recover and more prone to recurrences. The Five-Year Plan proposes steps aimed at providing more homeless persons with the support system needed to combat serious illness.

Various hurdles prevent parents from obtaining immunization for their children. Some parents are unable to budget time for immunizations while other low-income and homeless families are unaware of the availability of free immunizations. Many families also lack transportation or are

simply uninformed about the process. To combat these obstacles, the Five-Year Plan's strategy focuses on reducing obstacles that stand between children and immunizations. The ultimate goal is to increase the overall number of homeless youth receiving immunizations, thereby giving more children a healthy start in life.

One key to reducing health problems in the homeless community is prevention through education. Providing information and support, particularly to previously ignored segments of society, hinders the spread of infectious illness, thus saving money and resources.

The Plan seeks to remedy the gaps in Santa Cruz County's health services by increasing homeless persons' access to medical, dental, and other health services and expanding homeless persons' participation in government programs. The community encourages the provision of supportive services and housing through integrated services programs. In addition, the Plan emphasizes the needs of particular groups within the homeless population. For example, the Plan focuses on the needs of children and people disabled by substance abuse. Furthermore, the Plan stresses measures that are preventive in nature as being central to curbing health problems, and thereby ending homelessness, in Santa Cruz County.

RESOURCES/SERVICES ALREADY IN PLACE

Santa Cruz County has in place a network of health, mental health, and substance abuse services that have been instrumental in addressing homelessness issues. Key community resources currently in existence include:

HEALTH INSURANCE SERVICES:

- **Healthy Families - Healthy Families** covers medical, dental, mental health, and substance abuse services for eligible children between the ages of 0 and 18 years of age.
- **Medi-Cal and Medi-Cruz --Medi-Cal**, the statewide health coverage program, serves 22,507 people in Santa Cruz County, providing both preventive and emergency care, primary and specialist doctor visits, and supplementary services such as home health, medical equipment, and pharmaceuticals. **Medi-Cruz**, the local equivalent of **Medi-Cal**, serves low-income residents of Santa Cruz County who are not eligible for the statewide program.

HEALTH SERVICES:

- **Homeless Persons Health Care Project (HPHP)** --HPHP is jointly funded by the federal Health Care for the Homeless grant program and Santa Cruz County. The project consists of health care workers, substance abuse counselors, and social workers

who provide homeless people with information and referral services; medical care; alcohol and drug use counseling and support; health education and prevention; and case management.

- **Santa Cruz County Public Health Clinics** --County health clinics provide basic health care and health education services to low-income and homeless residents.
- **Hospital emergency rooms and other acute care sites** --Because many individuals lack health insurance or fear rejection and humiliation when seeking medical attention, emergency rooms and acute care sites often end up serving as the main medical providers for homeless people.
- **Santa Cruz AIDS Project (SCAP)** --Funded by HOPWA and the Ryan White Foundation, SCAP specializes in serving homeless people who have AIDS/HIV.

MENTAL HEALTH SERVICES:

- **Familias Bienvenidas** --Formed in 2000 by the Santa Cruz Community Counseling Center in cooperation with the Santa Cruz County Volunteer Center, Familias Bienvenidas provides mental health services to low-income Latinos in Watsonville.
- **Santa Cruz County's Community Mental Health Services** --The County's service systems care for the mental health needs of the area's homeless adults and children, providing in-patient acute and sub-acute treatment, as well as outpatient counseling.

SUBSTANCE ABUSE PROGRAMS:

- **Publicly funded substance abuse treatment programs** --All County treatment programs accept homeless individuals and last year reported 13.6% (329 of 2,418) homeless admissions. **Janus of Santa Cruz** is the only program specifically funded to provide homeless services and operates the only detoxification facility in the County. In addition, homeless mothers treated at the **Mondanero-Baskin program** usually move into **Families in Transition** transitional housing.

OUTCOME OBJECTIVES AND ACTION STEPS

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
HEALTH CARE	
<p>Outcome 21 (H): Increase from 60 to 300 the annual number of uninsured homeless individuals who receive needed urgent care dental services (includes pain control, abscess care, fillings and as possible root canals and crowns).</p> <p>How this Outcome Will Be Measured: Data from Dientes and Salud Para La Gente Dental Program.</p> <p>When this Outcome Will Be Met: This outcome will be met progressively over a 10-year period, striving for the following increases in persons served:</p> <p>Year 1: 84 individuals (24 new) Year 2: 108 individuals Year 3: 132 individuals Year 4: 156 individuals Year 5: 180 individuals Year 6: 204 individuals Year 7: 228 individuals Year 8: 252 individuals Year 9: 276 individuals Year 10: 300 individuals</p>	<p>21A. Expand existing funding for individuals in Santa Cruz area provided by Dientes Community Dental Clinic in collaboration with the County Homeless Persons Health Project (HPHP).</p> <p>21B. Fund and develop a program similar to Dientes through a collaboration with HPHP and Salud Para La Gente, for needed dental care in the Watsonville area.</p>
<p>Outcome 22 (L): Increase from 5 to 25 the annual number of uninsured homeless individuals who receive needed restorative dental care.</p>	<p>22A. Expand funding for restorative dental care services provided through the HPHP-Dientes Collaboration for homeless individuals without MediCal.</p> <p>22B. Explore and fund a parallel service through</p>

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
HEALTH CARE	
<p>How this Outcome Will Be Measured: Data from HPHP-Dientes and HPHP-Salud Collaborations.</p> <p>When this Outcome Will Be Met: This outcome will be met progressively over a 10-year period, striving for the following increases in persons served:</p> <p>Years 1-2: 9 Years 3-4: 13 Years 5-6: 17 Years 7-8: 21 Years 9-10: 25</p>	<p>an HPHP-Salud collaboration for individuals needing restorative dental care in the Watsonville area.</p>
<p>Outcome 23 (M): Increase from 15 to 200 the annual number of uninsured homeless individuals who receive dental exams and prophylactic treatment.</p> <p>How this Outcome Will Be Measured: Data from Dientes and Salud Para La Gente.</p> <p>When this Outcome Will Be Met: This outcome will be met progressively over a 10-year period, striving for the following increases in persons served:</p> <p>Years 1-2: 52 Years 3-4: 89 Years 5-6: 126 Years 7-8: 163 Years 9-10: 200</p>	<p>23A. Fund and arrange for prophylactic treatment made available through Dientes and Salud Para La Gente through collaborations with HPHP.</p>
<p>Outcome 24 (L) : Increase from 5 to 25</p>	<p>24A. Explore funding sources and possible</p>

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
HEALTH CARE	
<p>the annual number of pregnant and parenting homeless mothers and homeless families who receive targeted health outreach services and intensive, longer-term health, parenting and child development-focused case management services, provided from pregnancy through early childhood, through public health nurse-led teams.</p> <p>How this Outcome Will Be Measured: Case management encounter data from HPHP.</p> <p>When this Outcome Will Be Met: This outcome will be met progressively over a 10-year period, striving for the following increases in persons served:</p> <p>Years 1-2: 9 Years 3-4: 13 Years 5-6: 17 Years 7-8: 21 Years 9-10: 25</p>	<p>community collaborations with the County Homeless Persons Health Project, to provide a minimum of 1.0 FTE Social Worker-Public Health Nurse team dedicated to pregnant women and homeless or intermittently homeless parents with children, to engage and provide services coordination, to link to all possible assistance programs, and to ensure that health needs are met and services coordinated.</p>
<p>Outcome 25 (L) : 100 or more homeless individuals per year will be able to rest, receive needed care and recover more quickly and completely from serious illnesses or injuries by receiving day time medical respite services.</p> <p>How this Outcome Will Be Measured: Client encounter report data collected as program is developed.</p> <p>When this Outcome Will Be Met: Highly dependent on identification of</p>	<p>25A. Explore mechanisms for funding and developing a small pilot daytime medical respite program organized in collaboration with a nighttime shelter program. Possible collaborating partners include the River Street Shelter the Homeless Services Center the County Homeless Persons Health Project, local hospitals and linked foundations.</p>

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
HEALTH CARE	
funding source.	
<p>Outcome 26 (H) : At least 200 homeless adults per year will be able to enter and participate in a substance abuse recovery program without wait.</p> <p>How this Outcome Will Be Measured: Annual survey data collected from all treatment programs in the County.</p> <p>When this Outcome Will Be Met: Years 1-3: Collect baseline data and seek program funding. Year 4-6: 100 Year 7-10: 200</p>	<p>26A. Convene a working group with representatives of treatment programs, outreach programs, shelter programs, transitional programs, health programs and others interested to assess needs, feasibility and to plan and seek funding for the following with attention paid to needs of homeless in both Santa Cruz and Watsonville areas:</p> <ul style="list-style-type: none"> • A system to offer treatment on demand for homeless individuals • A new outpatient recovery program created specifically to address the needs and realities of homeless individuals with an emphasis on housing, employment and education/job training services • Detoxification programs, Residential Treatment programs, and Clean and Sober Housing. <p>26B. Develop a standardized reporting mechanism for homeless individuals receiving services and on waiting lists on a monthly basis to document unmet need and progress toward meeting that need.</p>
<p>Outcome 27 (H) : Increase from 2,100 to 2,500 the annual number of insured and uninsured homeless individuals who are able to access and receive medical care through the County Homeless Persons Health Project (HPPH).</p> <p>How this Outcome Will Be Measured: HPPH Health Care for the Homeless Grant Program Annual Data Report.</p> <p>When this Outcome Will Be Met:</p>	<p>27A. Seek expanded funding for HPPH's Health Care for the Homeless Program services</p>

OUTCOME OBJECTIVES H=High; M=Medium; L=Low Priority	POTENTIAL RANGE OF ACTION STEPS
HEALTH CARE	
Year 1: 2140 people access HPHP Year 2: 2180 Year 3: 2220 Year 4: 2260 Year 5: 2300 Year 6: 2330 Year 7: 2380 Year 8: 2420 Year 9: 2460 Year 10: 2500	
<p>Outcome 28 (L) : Biannually add 2-5 residential alcohol and drug treatment beds dedicated for homeless individuals, including detoxification, in-patient treatment, and clean and sober transitional housing.</p> <p>How this Outcome Will Be Measured: Reports from alcohol and drug treatment programs.</p> <p>When this Outcome Will Be Met: Years 1-2: Seek funding Years 3-4: 2 beds Years 5-6: 4 beds Years 7-8: 6 beds Years 9-10: 8 beds</p>	<p>28A. Develop a strategy that identifies an annual target to expand treatment at all levels of residential treatment.</p> <p>28B. Work with the contract partners to identify development resources, ownership structures and potential funding.</p>

PLAN IMPLEMENTATION

PLAN IMPLEMENTATION

Achieving the goals and outcomes of this Plan, reducing homelessness, and making a greater positive difference in homeless people's lives will require significantly strengthening community-wide capacity for planning and coordination. The Santa Cruz County Continuum of Care Coordinating Group has proven to be a highly effective action body for creating a Continuum of Care approach, for accessing federal homeless assistance funding, and for developing this Five-Year Plan. Because it is effective, the Coordinating Group should continue to play a central role in the response to homelessness, and in fact, its structure and role should be considerably enhanced.

However, the broadened scope of what must take place over the next five years and beyond requires that those who control the resources needed to implement the Plan have a heightened, more formalized role. Therefore, we recommend the following structural changes, to establish a Homeless Action Partnership among those who play a role in resolving homelessness. We believe these changes are absolutely critical for the successful implementation of the Plan.

It must be noted that the implementation strategy described below is contingent upon the availability of required resources.

A. Establish a Homeless Action Partnership based on the existing Continuum of Care Coordinating Group, enhanced by broadening its representation and expanding its functions.

Having been the place where this Plan was created, the Santa Cruz County Homeless Action Partnership will continue to play a major role in fostering and carrying out the programs and collaborations that the Plan envisions. This role can best be accomplished when all those who can play a part in resolving homelessness participate. Thus, homeless coordination staff (see below) should conduct aggressive outreach to maintain and expand Partnership membership. Particular attention should be paid to securing new representation from the following sectors:

- Faith community
- Business
- Funders
- Law enforcement
- Community and neighborhood groups.

The Coordinating Group's main functions have been to (1) conduct all work that is needed to develop and submit consolidated applications to the U.S. Department of Housing and Urban

Development for homeless assistance funding, (2) develop this Five-Year Plan, and (3) foster the interagency and inter-jurisdictional collaborations needed to implement a Continuum of Care approach. In addition to these roles, the Homeless Action Partnership should take concerted action to implement the Five-Year Plan. Specifically, the Partnership should do all of the following toward meeting the Plan's goals and outcomes:

- Annually evaluate and report on Plan progress.
- Develop any new programs and collaborations needed.
- Building upon Bay Area model quality assurance standards, establish minimum quality assurance standards for the operation of homeless shelter, housing, and service programs.
- Plan the Homeless Management Information System (HMIS) recommended in this Plan and required by HUD mandate.
- Implement a public relations strategy to inform the public about homeless needs and successes in resolving homelessness.
- Convene annual community forums to discuss progress.
- Continue to track homeless needs and trends, and recommend any Plan modifications needed due to changed homeless circumstances.
- Advocate for federal and state funding and policy changes needed.
- Prepare a new Plan at the end of five years.

To accomplish its work, the Partnership should continue to meet regularly on a year-round basis. The Partnership should form committees as needed to accomplish specific tasks toward implementation of this Plan. For example, a committee could be formed to conduct assessments and develop strategies relating the above-referenced HMIS. These committees should be directed by and report to the full Partnership.

The Partnership should remain an informal, consensus-based body. This approach has proven particularly suitable for building the collaboration and group spirit required for effectively responding to the crisis of homelessness, and therefore need not be changed.

B. Commit two full-time staff members to form a countywide Homeless Coordination Team for implementation of the Plan.

In recent years, the County, cities, and Continuum of Care Coordinating Group have made great progress with only part-time staff devoted to homelessness. The fact that comparable Northern California jurisdictions commit more than one full-time staff to the issue is testament not only to the resource limitations we face, but also to hard work and productiveness of staff under a tremendous workload. However, this situation cannot be sustained given the expanded staff responsibilities that are entailed by the Five-Year Plan and the need for greater progress on homelessness. Thus, we recommend that two full-time staff people be committed to the issue of homelessness. They should be headquartered with the County Human Resources Agency (where current staff to the Coordinating Group now is located), where they should form a Homeless Coordination Team.

Key responsibilities of the Team should be as follows:

- Convene and staff the Executive Committee (described below).
- Convene and staff the Partnership and its committees.
- Coordinate submission of the annual consolidated application to HUD for federal homeless assistance funds.
- Lead community efforts to develop a Homeless Management Information System.
- Identify new funding sources, and coordinate submission of applications for additional federal and state homeless-related funds.
- Administer homeless assistance funds on behalf of nonprofit project sponsors.
- Work with the community to implement homeless programs and initiatives, including emergency shelter, winter shelter, housing loss prevention funding, etc.
- Monitor government contracts relating to homeless issues.
- Participate in regional, state, and national events relating to homelessness.
- Supervise consultants as needed.
- Assist in reporting to elected representatives on homeless-related issues.

C. Establish a high-level, formal Executive Committee comprising jurisdictions and entities in the Partnership that control the resources needed to implement the Plan.

The Executive Committee should be composed of no more than ten persons, who hold significant positions of relevant authority with the County, the cities, other funders of services and housing. The following entities should be considered:

County:

1. County Administrator's Office
2. Human Resources Agency
3. Health Services Agency
4. Housing Authority

Cities:

5. Capitola
6. Santa Cruz
7. Scotts Valley
8. Watsonville

Others:

9. United Way of Santa Cruz
10. Community Foundation of Santa Cruz

The Executive Committee should meet regularly to accomplish its objectives. The primary roles of the Executive Committee should be as follows:

- Identify new resources for implementing the Plan, and facilitate access to those resources.
- Facilitate the redirecting of existing resources if needed to meet the goals of the Plan.
- Ensure coordination among funders to eliminate funding duplication and better target funding toward the Plan.
- In conjunction with the Partnership, assess changes needed to “mainstream” health, welfare, housing, and social service programs to be sure that they provide qualified homeless people with the maximum assistance possible. As a first step, each mainstream program should begin documenting the housing status of clients (if they do not already do so) in order to make referrals for homeless persons or those at risk of homelessness.
- In conjunction with the Partnership, develop coordinated approaches for preventing homelessness among persons being discharged from institutional care, including correctional, mental health, hospitals, and foster care.

As an initial task, the Executive Committee, with staff support (above), should develop its own mission, by-laws and operating procedures.

D. Develop a Memorandum of Understanding for implementation of new planning and coordinating structures.

Setting the stage for successful Plan implementation can best be accomplished through creation of a Memorandum of Understanding between participating jurisdictions and entities with the resources needed for Plan. Therefore, high-level representatives from the County, cities, and other funders should meet as soon as possible to develop a joint Memorandum of Understanding (MOU) on Plan implementation and resolving homelessness. This MOU will build upon the positive precedent set in 1990 when the County and cities adopted a joint resolution on “Coordinating Community Effort to Assist the Homeless.” The MOU should address all of the following critical needs for making the Plan a reality:

- The central role of the Plan in the community-wide response to homelessness, and in setting priorities for funding.
- Establishment of and participation in the Homeless Action Partnership.
- Participation in and support for the Homeless Action Partnership.
- Creation and joint funding of the two full-time staff positions to be headquartered at the County Human Resources Agency.
- A cost sharing formula bringing jurisdictions and funding entities together to pay for the two staff positions needed to create the Homeless Coordination Team, any services and consulting needed, emergency winter shelter, and other costs the participants deem appropriate.

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The Santa Cruz County Continuum of Care Coordinating Group is deeply appreciative of the invaluable participation of the following persons in preparing this Plan. Agency affiliations are at the time of participation. Omission of any participant is regretted.

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