

# Recalibrating for Results: A Five Year Evaluation and Update of the 2007-2017 County of Ventura 10-Year Plan to End Homelessness

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Prepared by the  
Ventura County Homeless and Housing Coalition  
([www.vchhc.org](http://www.vchhc.org))

in consultation with the  
Ventura County 10-Year Plan Steering Committee

and the  
Institute for Urban Initiatives  
([www.urban-initiatives.org](http://www.urban-initiatives.org))

## ACKNOWLEDGEMENTS

This Updated 10-Year Plan to End Homelessness for Ventura County is the result of the efforts of the Ventura County 10-Year Plan Steering Committee.

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### Special Thanks

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## **Section I: Executive Summary**

Following the 10-Year Plan adoption in 2007, the Ventura County Homeless and Housing Coalition convened a Steering Committee in February of 2011 to evaluate each of the plan's 22 recommendations and update the document by incorporating national "best practices". The Steering Committee recognized that the best way to further the progress towards ending local homelessness was to incorporate the "best practices" that are promoted by the U.S. Interagency Council on Homelessness (USICH) and the U.S. Department of Housing and Urban Development (HUD).<sup>1</sup>

After reviewing local homeless count data for the past five years, the Steering Committee found that there was a decrease of 12% in local homelessness between 2007 and 2012 which nearly matched the unprecedented decrease of 14% in national homelessness between 2005 and 2011 (2012 national homelessness data is not yet available). The Steering Committee also found that the number and percentage of local homeless families have significantly decreased. In the 2009 local homeless count 162 families were counted. In 2012, there were 102 families locally counted, which represents a decrease of 60 families or 37% when compared to 2009. As a result, the number of homeless children also decreased as well. There were 214 children who were counted in 2012 and 352 in 2009 which represents a decrease of 138 children or 39%.

However, the increase in the percentage of local chronic homelessness did not match the unprecedented decrease in chronic homelessness nationally which was 36% between 2005 and 2009. Chronic homeless persons presently make up less than 20% of the total national homeless population. Locally, the number of chronic homeless persons counted each year since 2007 has been between 800 and 900 persons and represents approximately 50% of the local homeless population each year.

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<sup>1</sup> See <http://www.endhomelessness.org/pages/solutions>.

## **A. Achievements since 2007**

There have been significant achievements that have helped reduce local homelessness since 2007. The following is a list of achievements noted under two primary goals described in the 2007 10-year plan that are also promoted in this recalibrated plan. They are as follows: attaining permanent affordable housing and preventing homelessness.

### **• Attaining Permanent Affordable Housing**

Attaining permanent affordable housing is defined as a household paying no more than 30% of its monthly income on rent and utilities. The list of achievements since 2007 includes the development of:

1. 300 units of permanent affordable housing for very low and low income families and single individuals located throughout the County;
2. 100 permanent supportive housing units through the Veterans Affairs Supported Housing (VASH) Section 8 Vouchers Program for single veterans and those with spouses and/or children located throughout the County;
3. 8 units of permanent supportive housing for transition age youth (ages 18 – 24) located in the City of Oxnard;
4. 8 units of permanent supportive housing for single adults located in the City of Simi Valley;
5. 28 units of permanent supportive housing for individuals and families located in the City of Ventura;
6. 3 units of permanent support housing through Shelter Plus Care Program located in the City of Santa Paula;
7. 9 units of permanent support housing through Shelter Plus Care Program located throughout the County;
8. 240 households were rapidly re-housed after becoming homeless into permanent housing throughout the County through the Homeless Prevention and Rapid Re-housing Program (HPRP);
9. 25 low income households were matched with home providers through Homeshare in the City of Ventura;
10. A housing trust fund committed to producing and preserving affordable housing was created after receiving funds from the County



of Ventura and the cities of Camarillo, Moorpark, Santa Paula, Thousand Oaks, and Ventura.

- **Preventing Homelessness**

1. 441 households received homeless prevention assistance through the Homeless Prevention and Rapid-Rehousing Program which enabled them to maintain their current housing;
2. 260 households in the City of Ventura received eviction prevention assistance through the Ventura Homeless Prevention Fund of the Ventura Social Services Task Force.

## **B. Best Practices and Guiding Principles**

The Steering Committee evaluated best practices promoted by HUD and USICH as well as new federal funding priorities in order to determine which of them would further help ending local homelessness. These practices have assisted other jurisdictions across the country to significantly reduce their homeless population. The Steering Committee established a foundation of 10 Guiding Principles to “recalibrate” the Ventura County 10-Year Plan to End Homelessness. Five of the guiding principles are new while six were included in the 2007 10-Year Plan and continue to be relevant.

The five “new” Guiding Principles include:

1. Shifting away from providing more and more shelter and transitional housing for chronically homeless persons and moving towards providing permanent housing as quickly as possible along with services needed while in their housing—this principle has served as the basis to the best practice model known as Housing First;
2. Minimizing the length of stay in shelters and transitional housing programs and aligning resources to help households obtain permanent housing as quickly as possible along with home-based case management as needed—this principle serves as the base of the best practice known as Rapid Re-housing;
3. Moving away from street “outreach,” which has traditionally focused on building relationships with homeless persons over time in order to refer and/or transport them to social services, to focusing on rapid

engagement, support, and housing placement in order to implement the Housing First model—this principle combines the best practices known as Assertive Community Treatment and the National Street to Home Campaign;

4. Ensuring that rental and utility assistance is given to households that are most likely to become homeless if not for this assistance—best practices concerning homeless prevention have shown that helping households with rent and utility assistance who are behind in paying their bills but not likely to become homeless, increases the likelihood that there will not be enough financial resources to help households truly at risk of falling into homelessness;
5. Implement a service plan that helps persons placed in case managed transitional “re-entry beds” obtain permanent housing.

The “original” six Guiding Principles include:

6. Providing Permanent Supportive Housing which “ends” a person’s homeless experience instead of continuously “managing” their homeless experience with emergency food, clothing, and shelter—this principle supports the best practice of Permanent Supportive Housing, which provides subsidized rental housing with home-based supportive services as needed instead of street- or shelter-based supportive services that are meant to “ready” a homeless person for permanent housing;
7. Creating permanent affordable housing units for extremely-low and very-low income households that enables them to spend no more than 30% of their monthly income on their basic housing needs which includes rent/mortgage and utilities—HUD states that if a household is paying more than 30 percent of its gross monthly income for rent and utilities combined, that there is a chance that household is overburdened and may run into difficulties paying for other necessities;
8. Providing homeless prevention resources such as rental and utility assistance in order to help at risk of becoming homeless households maintain their current housing, which is less costly and more effective than helping households obtain housing after they become homeless;

9. Preventing persons from being discharged from public and private systems of care (e.g., hospitals, jails/prisons, foster care) into homelessness, shelter, or transitional housing programs by implementing discharge protocols and procedures which includes a housing destination, which is less costly and more effective than helping individuals obtain services and housing after they become homeless again;
10. Gathering data in order to identify and monitor benchmarks and outcomes in order to focus funding and identify gaps in services;
11. Building upon a public and private partnership to end homelessness that includes business, corporate, and faith-based contributions and engagement.

These guiding principles were used by the Steering Committee to significantly shape the recommendations below.

### **C. Recommendations**

The following recommendations incorporate many of the aspects of the best practices that have been promoted nationally in order to end homelessness for individuals and families. The first 14 recommendations or action steps are organized under the following three categories:

- Individuals and families who are mired in chronic homelessness (recommendations 1 – 5);
- Individuals and families who experience temporary homelessness (recommendations 6 – 11);
- Individuals and families who are at-risk of becoming homeless (recommendations 12 – 14).

Recommendations 15 – 20 are categorized in Section D “Other Recommendations” which focus on activities that serve all three of the subpopulations noted above.

There are three additional recommendations (21 – 23) that are related to implementing the plan. These recommendations can be found in Section IV. Implementing the Plan can be found on pages 61 - 63.

- **Individuals and families who are mired in chronic homelessness**

There are five recommendations that have been categorized for chronic homeless individuals and families and are described in much more detail in Section III Recommendations on pages 26 - 35. They are:

### **Recommendation 1: Housing First Model**

- Adopt and implement a Housing First Model when access to permanent supportive housing (i.e., Supportive Housing Program, Shelter PlusCare, HUD VASH Voucher, Section 8 Voucher) or permanent affordable housing is readily available and the appropriate level of services and supervision can be provided for episodic homeless households who are housing-ready as well as for chronic homeless households that may not be traditionally viewed as “housing-ready.”

It is important to recognize that the 10-Year Plan has been “recalibrated” to focus on a Housing First Model that shifts away from providing more and more shelter and transitional housing for homeless persons and moves towards providing permanent housing quickly and services as needed. This model has been deemed a best practice and has been adopted by an increasing number of jurisdictions because it 1) significantly reduces the time people experience homelessness; 2) increases the effectiveness of social services; 3) considerably lowers the cost of social service provision; and 4) notably prevents further episodes of homelessness.

**THIS IS A NEW  
RECOMMENDATION**

### **RECOMMENDATION 2: Community Outreach, Engagement, and Treatment for Chronically Homeless Individuals and Families**

- Identify, engage, house, and provide intensive integrated supportive services and treatment to the most vulnerable, visible, and hardest-to-reach chronically homeless single adults and families who have been living on the streets of Ventura County.

**THIS IS A NEW  
RECOMMENDATION**

This new recommendation is derived in part from a best practice that focuses on community outreach and engagement and the Housing First model described above. The action steps for this recommendation actually involve 1) moving away from traditional “street outreach” that focuses on going out to the streets to find homeless persons and establishing and building relationships with them in order to refer and/or transport them to social services; and 2) moving toward the implementation of a vulnerability assessment, rapid engagement, support, and housing placement of homeless persons and whatever on-going support is necessary to stabilize their permanent housing.

The Steering Committee recommends that each local jurisdiction in Ventura County implement a local “Street-to-Home” project.

**RECOMMENDATION 3: Shelter Plus Care Certificates**

- Obtain Shelter Plus Care certificates that assist homeless individuals and families with physical disabilities, mental disabilities, chronic substance abuse, and/or infected with HIV/AIDS by providing long-term affordable rental housing and a broad range of supportive services and treatment.
- Focus Shelter Plus Care certificates on those identified using the Community Vulnerability Index as noted in recommendation 2. These housing certificates substantially assist in ending homelessness by providing long-term affordable rental housing and a broad range of supportive services and treatment.

Obtaining Shelter Plus Care certificates was included in the 2007 10-Year Plan and is consistent with the need to continue to provide permanent supportive housing for persons with disabilities as noted in the guiding principles.

**10 S+C CERTIFICATES  
WERE GRANTED  
SINCE 2007**

**RECOMMENDATION 4: Permanent Supportive Housing Beds**

- Develop at least 100 more permanent supportive housing beds during the next five (5) years of the implementation of the plan to serve the chronically homeless population. These beds will serve homeless individuals and families with mental disabilities, chronic substance abuse, and/or infected with HIV/AIDS with long-term affordable rental

housing and a broad range of on-site and/or off-site supportive services.

Permanent supportive housing was also included in the 2007 10-Year Plan. Such housing assists homeless individuals and families with mental disabilities, chronic substance abuse, and/or with HIV/AIDS by providing long-term affordable rental housing and a broad range of on-site and/or off-site supportive services. The goal is also to increase independent living skills of residents who pay no more than 30% of their monthly income for rent and the balance of their actual cost of rent is subsidized by HUD.

**218 NEW PSH BEDS  
WERE CREATED**

**RECOMMENDATION 5:** Veterans Affairs Supported Housing (VASH) Vouchers

- Support local Housing Authorities to obtain Veterans Affairs Supported Housing (VASH) Vouchers that help homeless veterans and their immediate families find and maintain affordable, safe, and permanent housing in the community by combining rental assistance from HUD with case management and clinical services provided by the Department of Veteran Affairs (VA) through its medical centers and other community locations.

**100 NEW VASH VOUCHERS  
WERE GRANTED SINCE 2007**

The HUD-VASH program was not included in the 2007 10-Year Plan because this federal program was not initiated until 2008. The program is intended for veterans who are honorably discharged and:

- Are eligible for Department of Veteran Affairs (VA) health care services;
- Are chronically homeless, meaning homeless for a year or more or four or more times in the past three years;
- Have a history of medical, mental health, and/or substance abuse problems that are now stabilized;
- Are ready for independent housing in the community but need ongoing case management services to maintain it;

- Have some type of income to pay for a portion of their housing; and
  - are motivated to improve the quality of their lives by working with a VA case manager and actively participating in treatment for their conditions.
- **Individuals and families who experience temporary homelessness**

There are six recommendations that have been categorized for individuals and families who experience temporary homelessness and are described in much more detail in Section III Recommendations beginning on page 35 – 45. They are:

#### **RECOMMENDATION 6: Rapid Re-housing Strategy**

- Implement a rapid re-housing strategy that helps any at risk households that become homeless to move as quickly as possible back into housing by receiving social service support and short-term financial assistance for first month's rent, security deposit, and moving costs.

This new recommendation outlined above stems from best practices outlined in the Homeless Prevention and Rapid Re-housing Program (HPRP) which was initiated in 2009 after the 2007 10-year plan was adopted. This recommendation is consistent with the guiding principle that emphasizes helping households that lose their housing obtain permanent housing before having to enter shelter and transitional housing programs.

**240 HOUSEHOLDS  
WERE SERVED  
SINCE 2009**

#### **RECOMMENDATION 7: Shelters**

- Create small local year-round emergency shelters which are intended to be short-term harbors while permanent housing solutions are sought.

**12 NEW SHELTER BEDS  
WERE CREATED IN  
OXNARD SINCE 2007**

This recommendation is distinctly different from the one that was included in the 2007 10-Year Plan concerning shelters. In 2007, the recommendation was to "create 150 additional shelter beds for individuals living on the streets

and who should develop a case management plan with a case manager as a condition to admission.”

The Steering Committee recommends that the length of stay in shelters should be minimized and that shelter resources should be used to help households obtain permanent housing as quickly as possible along with home-based case management as needed. Thus, any new shelters should be short-term harbors while permanent housing solutions are sought.

#### **RECOMMENDATION 8: Transitional Housing**

- Create 45 additional transitional housing units consisting of 135 beds to serve families and individuals who are living on the streets.

This recommendation continues to encourage the creation of new transitional housing units as noted in the 2007 10-Year Plan. However, the recommendation also strongly encourages short-term stays, which is consistent with the guiding principle of minimizing the length of stay in transitional housing. The recommendation also encourages a “transition-in-place” model that allows a transitional housing unit to become a permanent housing unit by letting the household stay in the unit and assume the lease agreement with the property owner.

**90 NEW BEDS WERE  
CREATED IN THE CITY OF  
VENTURA SINCE 2007**

#### **RECOMMENDATION 9: Permanent Very Low Income Housing**

- Develop 300 additional units of permanent affordable housing for extremely low and very low-income families and individuals during the next five (5) years of implementation of plan.

**300 NEW UNITS WERE  
CREATED SINCE 2007**

This recommendation was included in the 2007 10-Year Plan and is consistent with the guiding principle that households are better able to meet their longer-term needs in their homes rather than doubled-up in someone else’s home or while living in a shelter or on the streets. These households are defined as having an annual income that is 30% or less of the area median income for Ventura County.



## **RECOMMENDATION 10:** Housing Trust Fund

- Support the activities of the Ventura County Housing Trust Fund to develop public and private sources of funding and to support the production and preservation of affordable housing.

The original recommendation concerned the creation of the Housing Trust Fund in the 2007 10-Year Plan. Since then, the Housing Trust Fund was created. The recommendation now concerns supporting the permanent affordable activities of the Housing Trust Fund which includes production and preservation.

**A HOUSING TRUST FUND  
WAS CREATED AND HAS  
OVER \$2 MILLION**

## **RECOMMENDATION 11:** Housing Choice Voucher Program (Section 8)

- Encourage all local Public Housing Authorities (PHAs) to provide a preference for homeless persons;
- Encourage local housing authorities to apply for a Moving to Work (MTW) designation or develop a similar local program.

**THIS IS A NEW  
RECOMMENDATION**

This is a new recommendation in which the Steering Committee encourages local housing authorities to provide a local preference for homeless households. The Steering Committee notes that PHAs may utilize local preferences for selecting applicants from their waiting lists and that local preferences may include homeless persons.

The Steering Committee also encourages local housing authorities to apply for a Moving to Work (MTW) designation or develop a local program with a similar model.

- **Individuals and families who are at-risk of becoming homeless**

There are three recommendations that have been categorized for individuals and families who are at-risk of becoming homeless and are described in much more detail in Section III Recommendations on pages 45 – 53. They are:

## **RECOMMENDATION 12:** Homeless Prevention Resources and Services

- Increase homeless prevention resources and services that will help more households remain in their housing by alleviating the problems that place them at risk of becoming homeless and that such assistance is more effective and efficiently delivered to households within the stability of their own housing;
- Increase financial resources for rental and utility assistance to households that are most likely to become homeless if not for this assistance.

Homeless Prevention Resources and Services were also a recommendation in the 2007 10-Year Plan. This recommendation, however, has now changed and notes that financial resources for this prevention model should be for rental and utility assistance to households

that are most likely to become homeless if not for this assistance. Best practices have shown that helping households with cash assistance that are at risk of becoming homeless, but not likely to become homeless, increases the likelihood that there will not be enough financial resources to help those at risk households who will become homeless. Thus, criteria such as low income status and history of homelessness should be established in order to identify those households who will likely become homeless.

**441 HOUSEHOLDS  
WERE SERVED  
SINCE 2009**

## **RECOMMENDATION 13:** Community Outreach and Education Campaign

- Implement a community outreach and education campaign that informs households at risk of becoming homeless about resources available to them through homeless prevention programs.

**THE CAMPAIGN WILL  
CONTINUE**

This recommendation is the same recommendation in the 2007 10-Year Plan. The purpose for this recommendation is to help households find out about the resources that can help them from

becoming homeless before they lose their housing. Too often households find out about such resources after they lost their housing.

#### **RECOMMENDATION 14:** Discharge Planning

- Increase the number of case managed transitional “re-entry” beds by at least 12 over the next five years and strategically locate them throughout the County;
- Implement a service plan that helps persons placed in case managed transitional “re-entry beds” obtain permanent housing.

A recommendation concerning discharge planning was included in the 2007 10-Year Plan. At the time, the recommendation centered on improving the coordination between agencies that discharge homeless persons and those that receive them in order to decrease the number of persons being discharged annually into homelessness. The purpose for the new recommendation is to increase the number of case managed transitional “re-entry” beds. This is consistent with the Housing First Model.

**THIS IS A NEW  
RECOMMENDATION**

#### **A. Other Recommendations**

Other recommendations focus on activities that serve all three of the subpopulation categories noted above—individuals and families who are 1) mired in chronic homelessness; 2) experience temporary homelessness; and 3) are at-risk of becoming homeless.

These recommendations also support a “balanced” Housing First Model and rapid re-housing strategy for persons chronically, temporally, and at-risk of becoming, homeless and also provides a balance of action steps that will help ensure that all individuals and families receive the resources needed to remain in their housing or quickly obtain and maintain housing after losing their housing. They are described in much more detail in Section III Recommendations on pages 53 – 62. They are:

#### **RECOMMENDATION 15:** Mainstream Resources

- Ensure that homeless persons and persons at risk of becoming homeless obtain all mainstream resources for which they are eligible.

**ENROLLMENT WILL  
CONTINUE**

This recommendation is the same recommendation noted in the 2007 10-Year Plan. The Steering Committee recommends that all service providers and homeless case managers continue to assure to the greatest extent possible that all homeless persons enroll, obtain, and maintain mainstream resources as noted in the initial 10-Year Plan in 2007.

**RECOMMENDATION 16:** Detoxification and Treatment Services

- Provide social model detoxification services for 300 adults annually;
- Increase access to medically monitored detoxification beds for adults;
- Increase access to post-detox treatment beds.

Social model detoxification services and increased access to medically monitored detoxification beds were also recommendations in the 2007 10-Year Plan.

**THIS IS A NEW  
RECOMMENDATION**

**RECOMMENDATION 17:** Homeless Management Information System (HMIS)

- Require all homeless service providers who receive public agency funds for homeless services to participate in HMIS;
- Encouraging all other homeless service providers to also participate.

**75% OF BEDS ARE  
ON HMIS**

The original recommendation concerning HMIS in the initial 10-Year Plan adopted in 2007 called for 75% of all emergency shelter, transitional housing, and permanent supportive housing beds to participate in Ventura County Homeless Management Information System by April, 2008. The Steering Committee is now recommending that all beds serving homeless persons be included in HMIS, excluding domestic violence beds which are exempt under HUD rules.

The recommendation is consistent with the guiding principle that reliable data is needed in order to identify and monitor benchmarks and outcomes that are characteristics of best practices.

## **RECOMMENDATION 18: Business Community Involvement**

- Increase the number of business organizations and individual business leaders that actively become involved in the implementation of the recommendations of the 10-Year Plan.

### **THIS IS A NEW RECOMMENDATION**

The 2007 10-Year Plan encouraged business community involvement but did not provide specific ways for involvement. The Steering Committee recommends that business organizations and individual businesses become actively involved in providing solutions in this plan through the following activities:

- Identify employment opportunities for homeless and formerly homeless persons who have successfully obtained housing;
- Provide on-the-job-training (OJT) and entry level job opportunities;
- Create partnerships between homeless prevention service providers and business community to ensure that the community's workforce is aware of homelessness prevention resources and services; and
- Support local homeless service providers and the homeless persons that they serve through the donation of funds or the provision of in-kind services.

## **Recommendation #19: Faith-Based Organizations**

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

This recommendation is the same recommendation in the 2007 10-Year Plan. Faith-based organizations should be encouraged to focus efforts and resources to help implement the goals and recommendations in this report through advocacy, donations, and direct volunteer services. The faith community has a long history of providing hope and essential resources to homeless families and individuals. Past efforts have included providing emergency financial assistance, shelter, transitional housing, rental assistance, food, mentoring, and affordable housing.

### **FAITH-BASED ORGANIZATIONS HAVE RESPONDED**

Resources have included donations of in-kind gifts, financial gifts, and in-kind services through the generosity of volunteers.

**RECOMMENDATION 20:** Coordinated Screening Assessment and Case Management System

- Develop a coordinated screening assessment and case management system designed to link clients more effectively to the appropriate organization(s) and services;
- Establish a coordinated system of homeless services.

This is a new recommendation. The McKinney-Vento Homeless Assistance Act was recently amended and requires all communities funded through the HUD Emergency Solutions Grant (ESG) and Continuum of Care (CoC) grants to develop and implement a centralized or coordinated assessment system in its geographic area. Such a system must be designed locally in response to local needs and conditions, with the goal of providing a strategic, community-wide system to prevent and end homelessness.

**THIS IS A NEW  
RECOMMENDATION**

The Steering Committee is recommending that a Working Group be established to develop a screening assessment tool appropriate for use by homeless services providers throughout the County and to design a more coordinated homeless services delivery system. The Committee recognizes that HMIS is an important element in this Coordinated Assessment System. The HMIS system should be used to collect and report out on the outcomes relevant to the coordinated assessment system.

**B. Implementing the Plan**

In order to ensure that the recommendations and related activities are coordinated and evaluated the Steering Committee is recommending that a Continuum of Care Oversight Body for Ventura County be created and charged with these tasks (see Section IV. Implementing the Plan)

## **RECOMMENDATION 21:** Continuum of Care Oversight Board

- Designate a Continuum of Care Oversight Board for Ventura County that will be charged with coordinating strategies and evaluating progress related to all of the recommendations and related activities within this plan.

The HEARTH Act requires communities receiving CoC funds (a critical funding resource for ending homelessness in this County) to create an interagency body to facilitate collaboration with public and private organizations to avoid service duplication and ensure that service and housing gaps are addressed in the continuum's geographic area. The Continuum of Care Oversight Board for Ventura County will be charged with monitoring and evaluating the progress concerning the recommendations in the 10-year plan. The Board must be representative of the relevant organizations and projects serving homeless subpopulations; and include at least one homeless or formerly homeless individual.

**THIS IS A NEW  
RECOMMENDATION**

## **RECOMMENDATION 22:** Working Groups

- Designate Working Groups to address key activities for Continuums of Care for Ventura County and to address key activities and issues related to implementing the recommendations and related activities within this plan.

**THIS IS A NEW  
RECOMMENDATION**

The CoC may appoint additional committees or workgroups to fulfill its responsibilities, as described in Recommendation 21. The CoC must develop a governance charter as required by the HEARTH Act to document all groups created to support the CoC and each group's relative responsibilities.

## **RECOMMENDATION 23:** Ventura Council of Governments

- Recognize the Ventura Council of Governments (VCOG) as the local Interagency Council on Homelessness for Ventura County (IACH).

In September 2012, VCOG accepted the role as the new Interagency Council on Homelessness (IACH) for Ventura County. The Ventura Council of Governments (VCOG) was identified as a key regional authority appropriate to serve in this capacity. VCOG is a voluntary joint powers authority that

represents the 10 cities of Ventura County as well as the County. VCOG's goal is to "facilitate cooperative sub-regional and regional planning, coordination and technical assistance on issues of mutual concern."

VCOG will receive progress reports about the 10-year plan recommendations from staff of the Continuum of Care Board and as the IACH, members of VCOG will disseminate information received at these annual or semi-annual updates to the jurisdictions that they represent.

**THIS IS A NEW  
RECOMMENDATION**

As the IACH, VCOG will facilitate the exchange of ideas and information on progress being made towards ending homelessness in the County and promote cooperation between the municipalities of Ventura County towards ending homelessness for the residents of Ventura County.

## **Section II: Homelessness Data**

There are approximately 1,900 adults and children who are homeless on a given day according to the Ventura County 2012 Homeless Count and Survey. This represents a 12% decrease when compared to the number of homeless persons a few years ago. Please note that the number of persons who are homeless over the course of a year is higher. Local, regional, and national data suggests that it is three to four times higher than the number of persons homeless on a given day. Thus, the number of persons homeless over the course of a year is approximately 8,000 persons.

A person was considered homeless, and thus counted, only when he/she fell within the HUD based definition by residing in one of the places described below:

- In places not meant for human habitation, such as cars, parks, riverbeds, sidewalks, and abandoned buildings;
- In an emergency shelter; and
- In transitional housing for homeless persons.

HUD does not consider the following persons to be homeless—persons who are "doubled up," or persons who are "near homelessness"—but considers them to be at risk of becoming homeless. Such persons were not included in the homeless count.<sup>2</sup> The County of Ventura, like many other counties, has a substantial number of households that are at risk of becoming homeless.

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<sup>2</sup> See "People Who Should NOT be Included in the PIT (Point-in-Time count)," 2013 Housing Inventory Count and Point-in-Time Count of Homeless Persons: Data Collection Guidance, U.S. Department of Housing and Urban Development: September 2012, p. 15.



According to the U.S. Census Bureau, in 2010, there were approximately 42,000 households consisting of about 130,000 persons (nearly one of every five residents) in Ventura County who were members of a household whose annual income was less than \$25,000. There were approximately 21,000 households consisting of about 66,000 persons whose annual income was less than \$15,000 a year.

Also, the Census Bureau noted that 11 percent or nearly 80,000 residents of the County were living below poverty level as reported in the 2011 American Community Survey. The 10-Year Plan Steering Committee considers these persons at risk of becoming homeless. Many of these persons can become homeless because of social structural issues such as increases in rent, loss of job, and rising health care costs. In addition, personal experiences such as domestic violence, physical disabilities, mental illness, and substance abuse can cause members of a low income household or an entire household to become homeless. Often, one or more of these experiences factor into a household's homeless experience.

The following table provides a breakdown of the total number of persons counted within each jurisdiction on the day of the 2012 Homeless Count.

<b>Jurisdiction</b>	<b>Total # of Persons Counted</b>
Camarillo	30
Fillmore	16
Moorpark	5
Ojai	41
Oxnard	522
Port Hueneme	12
Santa Paula	60
Simi Valley	284
Thousand Oaks	90
Unincorporated County	175
Ventura	701
<b>Total: 1,936</b>	

The County of Ventura 2012 Homeless Count and Survey was also designed to compile a cross-section of information concerning several sub-populations pre-determined by the U.S. Department of Housing and Urban Development (HUD) that included: chronic homeless persons, men, persons with a developmental disability, persons with a physical disability, persons with HIV/AIDS, persons with mental illness, substance abusers, veterans, victims of domestic violence, women, and youth ages 18 – 24.

The survey was conducted on the streets and at various residential and nonresidential social service sites that participated in the homeless count.

An analysis of the data reveals the following information about each of the sub-populations, which is compared to the 2011 survey data in the table below. The 2012 survey is based on the responses of 299 survey respondents that equals a sample of 17% of the number of adults (1,722) counted during the 2012 homeless count. The 2011 survey is based on the responses of 513 survey respondents which equal 31% of the number of adults (1,652) counted during the 2011 homeless count.

Community volunteers and representatives from more than 20 public and private agencies, service providers and faith-based institutions participated in conducting survey interviews throughout Ventura County. The process involved administering a one-on-one interview with a representative sample of homeless adults living in the County of Ventura. There were three (3) primary types of contact with homeless persons who participated in the survey. They were: 1) interviews with homeless persons who were contacted on the streets; 2) interviews with homeless persons who were contacted while living in shelters and transitional housing; and 3) interviews with homeless persons who were contacted while using non-residential homeless services.

<b>Sub-Population</b>	<b>2011 Survey</b>	<b>2012 Survey</b>
Chronic Homeless Persons	48%	56%
Men	57%	75%
Persons with a Developmental Disability	16%	20%
Persons with a Physical Disability	30%	42%
Persons with HIV/AIDS	1%	4%
Persons with Mental Illness	38%	28%
Substance Abusers	31%	26%
Veterans	9%	13%
Victims of Domestic Violence	45%	22%
Women	39%	25%
Youth Ages 18 - 24	8%	7%

### **Section III: Recommendations and Potential Funding Sources**

Each of the recommendations included in the 10-Year Plan are listed within this section. Sources of potential revenue and/or in-kind contributions are also listed for each recommendation. The sources of potential revenue for each recommendation are taken from an “Inventory of Potential Revenue Sources for Recommendations” which is provided in Appendix A (see pages 67 - 77). Only the names of the revenue sources follow the corresponding recommendations below. However, a detailed description of each revenue source can be found in Appendix A.

In-kind contributions are also described in detail for those recommendations that have been matched with the aforementioned potential source of public and private resources. These descriptions follow each recommendation below. Each description provides the various kinds of contributions that are needed in order to implement the corresponding recommendation.

See Appendix B: Funding the Plan-Potential Funding Sources (page 81) for a one-page summary sheet that lists each recommendation and provides a “check” for each corresponding potential funding source, and whether or not in-kind contributions are needed. Also, a Glossary is provided in Appendix C (see pages 83 - 95) and Appendix D provides various web sites that provide background information about many of the activities that make up the recommendations in this report (see pages 97 - 98). Appendix E provides a list of all 23 Revised Recommendations.

As noted in this section, in order to implement 14 of the 23 recommendations, a combination of sources of revenue (e.g., grants) and in-kind contributions are needed from public and private organizations, groups, and individuals. In order to implement the other nine (9) recommendations, only in-kind contributions are needed. Such resources will come from academic, business, civic, community, corporate, faith-based, local government, neighborhood and nonprofit groups and organizations.

The first recommendation, which concerns the adoption and implementation of a Housing First model, is for individuals and families who are mired in chronic homelessness; individuals and families who experience temporary homelessness, and individuals and families who are at risk of becoming homeless. Recommendations 2 through 5 focus on individuals and families

who are mired in chronic homelessness. Recommendations 6 through 11 also concentrate on individuals and families but on those who experience temporary homelessness and recommendations 12 through 14 focuses on individuals and families who are at risk of becoming homeless. The final recommendations, which are 15 through 20, support each of the other recommendations with additional activities and resources.

The 2007 – 2017 County of Ventura 10-Year Plan to End Homelessness has been “recalibrated” to focus on a Housing First Model that shifts away from providing more and more shelter and transitional housing for homeless persons and towards providing permanent housing quickly and with services as needed. This model has been deemed an evidenced-based and best practice<sup>3</sup> and adopted by an increasing number of jurisdictions across the nation because it 1) significantly reduces the time people experience homelessness on the streets and in shelters; 2) knowingly increases the effectiveness of services; 3) considerably lowers the cost of social service provision; and 4) notably prevents further episodes of homelessness.

The Housing First Model in this plan also focuses on homeless prevention by emphasizing the need to keep individuals and families in their current housing if possible and appropriate. Often households are in danger of losing the housing that they would like to maintain. Keeping such households in their current housing while they receive financial assistance and other resources sufficient to prevent homelessness and help address the issues that make them at-risk of becoming homeless is sensible. Such help increases the effectiveness of social services, promotes family stability, and is also less costly. If such households do become homeless, they will be rapidly re-housed as described above. It should be noted, that this approach and other key recommendations in this plan require the availability of case managers trained to do field-based outreach and home-based social service support.

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<sup>3</sup> The Substance Abuse and Mental Health Services Administration (SAMHSA), a branch of the U.S. Department of Health and Human Services, recognizes Housing First as an evidence-based practice that looks at housing as a tool, rather than a reward, for recovery. It is an approach to ending homelessness that centers on providing permanent housing first and then providing services as needed and requested. For more information see <http://homeless.samhsa.gov/channel/housing-first-447.aspx>.

## **RECOMMENDATION 1: Housing First Model**

- Adopt and implement a Housing First Model when access to permanent supportive housing (i.e., Supportive Housing Program, Shelter+Care, HUD VASH Voucher, Section 8 Voucher) or permanent affordable housing is readily available and the appropriate level of services and supervision can be provided for episodic homeless households who are housing-ready as well as for chronic homeless households that may not be traditionally viewed as “housing-ready.”

Nationally, the Housing First Model has been largely defined in terms of “rapid re-housing” which is a practice that moves homeless individuals and families immediately from the streets, or shortens their stay in a shelter, and into affordable permanent housing. This model is in contrast to a “housing readiness model” which emphasizes that a homeless individual or family must address other issues such as substance abuse and mental illness through case management and treatment prior to entering permanent housing as opposed to addressing such issues after they are housed.

The Housing First Model in this plan not only focuses on rapid re-housing but also on homeless prevention. For households at-risk of becoming homeless, the focus is on addressing the issues that are making them at-risk while in their current housing. They receive enough financial assistance to prevent homelessness that might include rental and/or utility assistance, landlord tenant mediation or access to public assistance benefits for health care (Medical or ACE), food (Cal Fresh), or temporary financial assistance and employment focused services (CalWORKs). If such households become homeless, they will be rapidly re-housed as described above.

Thus, a Housing First Model will be implemented that addresses the needs of individuals and families who A) are mired in chronic homelessness; B) experience temporary homelessness; and C) are at-risk of becoming homeless. Each of the recommendations in this report focuses on implementing and supporting a “balanced” Housing First Model for persons chronically, temporarily, and at-risk of becoming, homeless. The range of the recommendations also provides a balance of action steps that help ensure that all individuals and families receive the resources needed to remain in their housing or quickly obtain and maintain housing after losing

their housing. The approach is premised on a partnered and strategic utilization of public funding and community resources.

### **Sources of Potential Revenue and/or In-Kind Contributions:**

Adopting a Housing First Model does not require any revenue or in-kind contributions. However, implementing a Housing First Model does. Implementing a Housing First Model requires sources of revenue and in-kind contributions that are directly related to carrying out this approach for:

- Recommendation 2: Community Outreach, Engagement, and Treatment for Chronically Homeless Individuals and Families;
- Recommendation 3: Shelter Plus Care Certificates;
- Recommendation 4: Permanent Supportive Housing;
- Recommendation 5: Veterans Affairs Supported Housing (VASH) Vouchers;
- Recommendation 12: Homeless Prevention Resources and Services.

The resources that are needed to implement each of the recommendations are described within each recommendation below.

#### **A. Individuals and families who are mired in chronic homelessness**

Recommendations 2 through 5 focus on individuals and families who are mired in chronic homelessness. Chronic homelessness is defined by HUD

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

Focused, coordinated efforts will be made to identify the most vulnerable, visible, and hardest-to-reach chronically homeless single adults and families who have been living on the streets of Ventura County. Efforts, and thus recommendations, will focus on housing them first and then providing the services necessary for them to maintain this housing. Such housing will primarily include permanent supportive housing which provides on-site and/or off-site services that may be short-term, sporadic, or ongoing. Such housing is subsidized, with residents paying no more than 30% of their adjusted monthly income.

**RECOMMENDATION 2:** Community Outreach, Engagement, and Treatment for Chronically Homeless Individuals and Families

- Identify, engage, house, and provide intensive integrated supportive services and treatment to the most vulnerable, visible, and hardest-to-reach chronically homeless single adults and families who have been living on the streets of Ventura County.

The 10-Year Plan Steering Committee recommends another new recommendation focused on community outreach and engagement based on the Housing First model described above. This action step involves participation by the summer of 2013 in a national movement of communities working together to find permanent homes for 100,000 of the country's most vulnerable homeless individuals and families (see [www.100khomes.org](http://www.100khomes.org)).

According to the 2012 County of Ventura Homeless Count and Survey, nearly 2,000 adults and children are homeless on a given day<sup>4</sup> in Ventura County. Of these persons, nearly 1,300 or 65% are unsheltered. Also, according to the count and survey, approximately half (56%) or just over 700 of the unsheltered adults and children are chronically homeless.

Of the 1,300 unsheltered persons, approximately 60% or almost 800 are homeless in the cities of Oxnard and Ventura and approximately 450 of those are chronically homeless. An additional, 30% or nearly 400 are homeless within the cities of Simi Valley and Thousand Oaks and in the

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<sup>4</sup> "Annual estimates are likely to be anywhere from three to six times as high as Point-in-time estimates" according to a recent report entitled "Estimating the Need" published by the Corporation for Supportive Housing in order to help guide jurisdictions in projecting their own annual estimate of homeless persons.

unincorporated areas of the county, with about 225 being chronically homeless. The remaining 100 unsheltered persons are scattered throughout the other cities and approximately half (56) are chronically homeless.

Local Southern California "Street-to-Home" projects for cities have focused on engaging 50 to 100 of the most vulnerable, visible, and hardest-to-reach chronically homeless single adults and families and have been successful in housing 20 to 40 persons within three to six months.

The committee recommends that each local jurisdiction implement a local "Street-to-Home" project to identify, engage, house, and provide integrated supportive services to their most vulnerable residents. A Community Vulnerability Index will be used to identify project participants that must meet the following local criteria before being placed into the proposed projects:

- Local residency determined by a standardized series of questions focusing on "ties" to the community such as having worked, gone to school, and/or family living in Ventura County;
- Length of time homeless on the streets in Ventura County for one (1) year or more and/or homeless four (4) times or more during the previous three (3) years;
- Persons with serious, unmet physical health and mental health needs;
- Frequent users of public services which include correctional facilities, courts, emergency health care services, inpatient care, motel vouchers, and seasonal shelter programs;
- Frequent service call generators who generate the most calls for service for law enforcement, fire department, medical transport, mental health and other outreach teams. Such calls may be due to their location (church, school, shopping/dining area), behavior, negative impact on their surroundings (trash, litter, health hazards), or community concern.

Those persons identified as "vulnerable" through the index will be prioritized for engagement by outreach workers. They will be rapidly re-housed as quickly as possible, with services provided on an as needed basis to help ensure they remain housed.

Potential participants must be willing to engage with the proposed program. Engagement must include a) participating in an intake and assessment that will serve as a basis for a service plan; and b) working with a case manager



to fulfill the goals and objectives of their particular plan in order to obtain and maintain permanent supportive housing and other essential services.

These action steps will move beyond traditional street “outreach” to rapid engagement, support, housing placement and whatever on-going support is necessary to stabilize their permanent housing.

Engagement will include expediting access to Social Security disability benefits for people who have physical disabilities, mental illnesses or other co-occurring disorders. Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) are disability income benefit programs administered by the Social Security Administration (SSA) that also provide Medicaid and/or Medicare health insurance to individuals who are eligible. Currently, SOAR (SSI/SSDI Outreach, Access and Recovery), a federal training program locally supported by the County Behavioral Health Department, helps communities increase access to Social Security disability benefits for homeless or at risk of homelessness persons who also have mental illnesses or other co-occurring disorders or other disabilities.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), only about 30% of individuals who apply for SSI/SSDI are approved on initial application. For people who are homeless and have no one to assist them, that percentage is cut by more than one half. When applications are denied, appeals can take an average of one (1) year to complete, and in that time applicants often give up hope. Communities using the SOAR approach average over 70% approval ratings within a three (3) month application period.

Engagement will also include such activities as 1) helping participants develop an individualized post-crisis plan to return to wellness; 2) teaching participants how to obtain and maintain personalized recovery services such as health, mental health, and substance abuse care; 3) creating access for participation in recovery-based self-help and support groups; 4) obtaining other resources such as employment services, education opportunities, and transportation; and 5) obtaining various public assistance benefits. Currently, a “WRAP” (Wellness and Recovery Action Plans) approach is used by local mental health providers for these activities.

Treatment within the community outreach and engagement model will include health services, mental health services, substance abuse treatment, and assertive community treatment for those persons who choose to accept

services. Local and national research has revealed that Assertive Community Treatment (ACT) is a successful combined form of outreach case management that is distinguished from more traditional street outreach because the outreach team:

- Consists of several multi-disciplinary practitioners from the fields of psychiatry, nursing, psychology, and social work with increasing involvement of substance abuse and vocational rehabilitation specialists;
- Provides the services clients need directly rather than sending them to other programs for services;
- Supplies a wide variety of services to each client from the same group of specialists which means that members of the team do not have individual caseloads because the team as a whole is responsible for each client;
- Operates with a team-to-client ratio of one clinician for every ten clients;
- Is cross-trained in each other's areas of expertise to the maximum extent feasible;
- Provides services 24-hours a day, seven days a week, for as long as they are needed; and
- Never discharges someone because they are "too difficult" or "do not make progress."

#### Permanent Housing with Supports

The following three (3) recommendations focus on Permanent Supportive Housing which combines housing that is affordable with needed services that help households maintain their housing. Households include those that 1) have an extremely low income defined as no more than 30% of the area median income; 2) have a disabling condition, which is defined as a diagnosable substance abuse, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions; and 3) access to needed on-site and/or off-site services in order to overcome barriers that prevent them from obtaining and maintaining housing.

Essential elements of Permanent Supportive Housing consist of 1) households paying no more than 30% of their household income towards rent and utilities; 2) social service providers proactively seeking to engage tenants in on-site and community-based supportive services according to consumer preference; 3) agreement that participation in such supportive

services is not a condition of tenancy; and 4) service and property management strategies focused on interventions that help households maintain their housing if substance abuse relapse happens and when mental health crises occur.

Distinctive federal permanent supportive housing rental assistance programs, with Section 8 voucher support and activities have been viewed as “best practices” because they combine affordability with Supportive Services. Programs which provide the essential elements noted above include the Shelter Plus Care Program (S+C); Permanent Supportive Housing Program (SHP); and Veterans Affairs Supported Housing (VASH) Program. Presently, these programs are the most accessible programs that provide such housing.

### **Sources of Potential Revenue and/or In-Kind Contributions:**

Sources of Potential Revenue from Appendix A and In-Kind Contributions include:

- Assembly Bill 1445;
- Community Development Block Grant Program (CDBG) Public Service Funds;
- Continuum of Care Homeless Assistance Program;
- Emergency Food Shelter Program (EFSP);
- Emergency Solutions Grant Program (ESG);
- Local General Funds;
- Mental Health Services Act;
- Private Donations;
- Private Foundation Grants; and
- Veterans Affairs Supported Housing (VASH) Vouchers.

In-kind contributions are also needed to implement this recommendation and should include community volunteers who are willing to help implement the local vulnerability index. Contributions should also include furniture, kitchen wares, and other household supplies once homeless persons have secured their housing.

### **RECOMMENDATION 3: Shelter Plus Care Certificates**

- Obtain Shelter Plus Care certificates that assist homeless individuals and families with physical disabilities, mental disabilities, chronic substance abuse, and/or infected with HIV/AIDS by providing long-

term affordable rental housing and a broad range of supportive services and treatment.

- Focus Shelter Plus Care certificates on those identified using the Community Vulnerability Index as noted in recommendation 2. These housing certificates substantially assist in ending homelessness by providing long-term affordable rental housing and a broad range of supportive services and treatment.

The goal of Shelter Plus Care is to increase the participants' independent living skills. Tenants, who must have a mental or physical disability, pay no more than 30% of their adjusted monthly income for rent and the balance of their rent is subsidized by HUD.

Funding for Shelter Plus Care certificates is made available every year by HUD through the Shelter Plus Care Program component of the Continuum of Care Homeless Assistance Competition. Thirty-two (32) certificates have been obtained to date. Each year approximately \$150,000 has been available to the County of Ventura and an additional \$150,000 to the City of Oxnard for these certificates. This is enough for six (6) certificates annually. The same amount of funding is anticipated in the future.

Such certificates must be received through local housing authorities and supportive services are required to be matched by the same dollar amount of the certificates by another public or private agency. Thus, the 10-Year Plan Steering Committee recommends that Shelter Plus Care Certificates be an annual priority for the funding request to HUD each year for continuum of care homeless assistance.

### **Sources of Potential Revenue and/or In-Kind Contributions:**

The only source of revenue that exists for this recommendation is the **Continuum of Care Homeless Assistance Program** which is described in Appendix A.

### **RECOMMENDATION 4: Permanent Supportive Housing Beds**

- Develop at least 100 more permanent supportive housing beds during the next five (5) years of the implementation of plan to serve the chronically homeless population. These beds will serve homeless individuals and families with mental disabilities, chronic substance abuse, and/or infected with HIV/AIDS with long-term affordable rental

housing and a broad range of on-site and/or off-site supportive services.

Permanent Supportive Housing assists homeless individuals and families with mental disabilities, chronic substance abuse, and/or infected with HIV/AIDS by providing long-term affordable rental housing and a broad range of on-site and/or off-site supportive services. The goal is also to increase independent living skills of residents who pay no more than 30% of their monthly income for rent and the balance of their actual cost of rent is subsidized by HUD.

The 10-Year Plan Steering Committee recommends that public and private housing developers, together with local jurisdictions, continue to work towards the development of more permanent supportive housing beds. In 2007, there were 106 permanent supportive housing beds which increased to 324 by 2011 which represents an increase of 218 beds. The original goal set in 2007 was for the development of 315 beds. By 2017, at least 100 more beds should be added to the available inventory in order to exceed the original goal.

### **Sources of Potential Revenue and/or In-Kind Contributions:**

Sources of Potential Revenue from Appendix A and In-Kind Contributions include:

- Community Development Block Grant (CDBG) Program Capital Funds;
- Community Development Block Grant Program (CDBG) Public Services Funds;
- Continuum of Care Homeless Assistance Program;
- Home Investment Partnerships (HOME) Program;
- Ventura County Housing Trust Fund; and
- Low Income Housing Tax Credit.

In-kind contributions are also needed to implement this recommendation and should include furniture, kitchen wares, and other household supplies once homeless persons have secured their housing.

## **RECOMMENDATION 5:** Veterans Affairs Supported Housing (VASH) Vouchers

- Support local Housing Authorities to obtain Veterans Affairs Supported Housing (VASH) Vouchers that help homeless veterans and their immediate families find and maintain affordable, safe, and permanent housing in the community by combining rental assistance from HUD with case management and clinical services provided by the Department of Veteran Affairs (VA) through its medical centers and other community locations.

The HUD-VASH program is a collaboration between the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs Supported Housing (VASH) program to help homeless veterans and their immediate families find and maintain affordable, safe, and permanent housing in the community.

The HUD-VASH program is intended for veterans who are honorably discharged and:

- Are eligible for Department of Veteran Affairs (VA) health care services;
- Are chronically homeless, meaning homeless for a year or more or four or more times in the past three years;
- Have a history of medical, mental health, and/or substance abuse problems that are now stabilized;
- Are ready for independent housing in the community but need ongoing case management services to maintain it;
- Have some type of income to pay for a portion of their housing; and
- Are motivated to improve the quality of their lives by working with a VA case manager and actively participating in treatment for their conditions.

The program combines rental assistance from HUD with case management and clinical services provided by the VA at its medical centers and through service providers in the local community. Ongoing VA case management, health, and other supportive services are made available at VA Medical Centers (VAMC). The program also requires the local public housing agency (PHA) participation, which consists of applying for and managing the rental assistance vouchers.

The program began in 2008 with the issuance nationally, of approximately 10,000 vouchers and with another 10,000 vouchers were issued in 2009, 2010, and in 2012. In 2011, 7,700 more were issued across the United States. The HUD/VA overall goal is to issue 65,000. VASH vouchers are not part of a grant application process. Vouchers were issued based on a selection process that “took into account the population of homeless veterans needing services in the area, the number of homeless veterans served by the homeless programs at each VAMC during Fiscal Years 2006 and 2007, geographic distribution, and VA case management resources” according to HUD. PHAs administrative performance was also taken into account.

As a result, over 30 jurisdictions in California have received program resources including the Housing Authority of the City of San Buenaventura and the City of Oxnard Housing Authority. The Oxnard Housing Authority received 25 vouchers in 2010 and the Housing Authority of the City of San Buenaventura received 75 vouchers—25 vouchers in 2010, 2011, and 2012. Together, the two cities received a combined total of 100 vouchers.

### **Sources of Potential Revenue and/or In-Kind Contributions:**

The only source of revenue that exists for this recommendation is the Veterans Affairs Supported Housing Program which issues the VASH vouchers and is described in Appendix A. VASH vouchers are not part of a grant application process. They are issued by HUD and are based on a selection process that takes “into account the population of homeless veterans needing services in the area, the number of homeless veterans served by the homeless programs at each VAMC during Fiscal Years 2006 and 2007, geographic distribution, and VA case management resources” according to HUD. PHAs administrative performance is also taken into account. The Oxnard Housing Authority received 25 vouchers in 2010 and the Housing Authority of the City of Ventura received 75 vouchers—25 vouchers in 2010, 2011, and 2012. Together, the two cities received a combined total of 100 vouchers to date. VASH vouchers will be issued for at least two more years (till 2014) which means the Oxnard Housing Authority and the Housing Authority of the City of Ventura number of vouchers may receive more vouchers.

## **B. Individuals and families who experience temporary homelessness**

Individuals and families experience temporary homelessness due to lack of sufficient and stable income, chronic or sudden health problems, domestic violence, untreated mental illness, chronic substance abuse, and youth who lack parental, foster or institutional care among other causes. Such individuals or heads of households may be veterans who recently served in active military service, unemployed or underemployed workers, abused youth or adults; and persons discharged from public and private systems of care such as correctional, foster care, health, and mental health facilities. Some of these persons may only have an initial experience of homelessness and not become homeless again, while others may experience homelessness episodically.

Recommendation 6 focuses on rapidly rehousing individuals and families by providing resources to obtain housing that is affordable and providing services while housed so that they can maintain their housing. Recommendations 7 through 11 focus on minimizing the length of stay in shelters and transitional housing programs and providing affordable housing. While in temporary housing programs, emphasis should be placed on locating affordable housing and increasing household income to maintain such housing.

### **RECOMMENDATION 6: Rapid Re-housing Strategy**

- Implement a rapid re-housing strategy that helps any at risk households that become homeless to move as quickly as possible back into housing by receiving social service support and short-term financial assistance for first month's rent, security deposit, and moving costs.

Funding through the Homeless Prevention and Rapid Re-housing Program (HPRP) was used for both eviction prevention and rapid re-housing of persons who were already homeless. Approximately \$352,955 was used by the City of Oxnard for rapid re-housing which assisted 126 households consisting of 304 persons and about \$282,106 was used by Ventura County to assist 114 households consisting of 243 persons. Together, 240 households were assisted that consisted of 547 persons. This model proved successful, with over 80% of households maintaining their permanent housing stability.



As a result, the 10-Year Plan Steering Committee recommends a rapid re-housing strategy based upon the model used in the HPRP program. Implementing a rapid re-housing strategy is also consistent with a Housing First Model as described in Recommendation #1. If an at risk household becomes homeless, a rapid re-housing approach helps the household move as quickly as possible back into housing. Often short-term financial assistance is needed for first month's rent, security deposit, and moving costs. This may require downsizing their housing, consolidating debts, and re-budgeting. In addition, longer-term assistance may be needed such as affordable child care and health care, as well as employment counseling and placement, and income support programs such as public assistance.

Short-term intensive case management may be necessary during this period of adjustment. As noted above, an important Housing First premise concerning such assistance is that bringing services to households in their own home are more effective and efficiently delivered because household members are stable and better able to focus on meeting their longer-term needs in their homes rather than doubled-up in someone else's home or while living in a shelter or on the streets.

### **Sources of Potential Revenue and/or In-Kind Contributions:**

Sources of Potential Revenue from Appendix A include:

- Community Development Block Grant Program (CDBG) Public Services Funds;
- Continuum of Care Homeless Assistance Program;
- Emergency Food and Shelter Program (EFSP);
- Emergency Solutions Grant Program (ESG);
- Private Donations; and
- Private Foundations.

### **RECOMMENDATION 7: Shelters**

- Create small local year-round emergency shelters which are intended to be short-term harbors while permanent housing solutions are sought.

Small local year-round emergency shelter beds are needed for short-term harbor while permanent housing solutions are sought. Shortening the

experience of homelessness has become a best practice adopted by an increasing number of local jurisdictions. The focus is to minimize the length of stay in shelter and reduce repeat homeless episodes such as homeless persons rotating in and out of shelters.

Such shelters should align resources to ensure that households have access to the services necessary to obtain permanent housing as quickly as possible. Services should include an intake and assessment that outlines the immediate steps to obtain housing. Working with a case manager to achieve these steps is usually necessary. Emphasis should be placed on locating housing that is affordable and increasing household income to maintain such housing. Once these steps are achieved the immediate goal should be to move the household into appropriate permanent housing including home-based case management as needed.

During the first five (5) years of the implementation of the plan, only 12 year-round shelter beds were created, all of which were located in Oxnard. No new year-round shelter beds were created in other parts of the county. In 2013, there were 237 shelter beds, of which 126 were year-round and 111 were seasonal.

Additional shelter beds are needed and should be modeled after this recommendation. Small local year-round shelters should consist of a number of beds that is proportional to its location. Such a proportion should be based on at least 10% of the local homeless population established by the homeless count. Each year a homeless count is conducted and the total number is broken down for each of the local jurisdictions. If a jurisdiction has a local homeless population of 100, a small local year-round shelter should consist of at least 10 beds.

### **Sources of Potential Revenue and/or In-Kind Contributions:**

Sources of Potential Revenue from Appendix A and In-Kind Contributions include:

- Community Development Block Grant (CDBG) Program Capital Funds; Community Development Block Grant (CDBG) Program Public Services Funds;
- Emergency Food and Shelter Program (EFSP);
- Emergency Housing and Assistance Program (EHAP);
- Emergency Housing and Assistance Program Capital Development (EHAPCD);
- Emergency Solutions Program (ESG) Program;
- Local General Funds;
- Private Donations; and
- Private Foundations.

In-kind contributions are also needed to implement this recommendation and should include free services to shelter residents as they prepare to exit the shelter such as child care, meal preparation, tutoring, etc. Also, community volunteers should be recruited to donate furniture, kitchen wares, and other household supplies once homeless persons have secured their housing.

#### **RECOMMENDATION 8:** Transitional Housing

- Create 45 additional transitional housing units consisting of 135 beds to serve families and individuals who are living on the streets.

During the first five (5) years of the implementation of the plan, 30 units consisting of 90 beds were created. The initial goal in 2007 was 75 units consisting of 225 beds. An additional 45 transitional housing units consisting of 135 beds will fulfill the initial goal which includes serving families and individuals who are homeless (living on the streets) and who are willing to develop and work a service plan with a case manager as a condition to admission.

All transitional housing programs provide supportive services which include needs assessment upon entry, periodic reassessment and progress monitoring, case management, individual and/or group meetings, and resident enrollment in community-based service programs. The goal of these case management services is to help residents achieve self-sufficiency and obtain and maintain permanent housing. The degree of supportive services varies based on the program model and level of resident needs. The Ten Year Plan Steering Committee recommends development of a combination of the models listed below:

<b>Short Term 3-6 months</b>	<b>Mid Term 6-12 months</b>	<b>Traditional Up to 2 years</b>	<b>Partial Subsidy Up to 2 years</b>
Safe Haven Transitional Housing	Congregate Transitional Housing	Apartment Style (Based )Transitional Housing	Transition in Place Apartments or Rental House
Facility Based/dorm sleeping quarters, common community rooms	Facility Based/ dorm or separate sleeping quarters, common community rooms	Single site or scattered site apartments Program supported independent living with rental agreement.	Scattered site rentals. Independent Living with rental agreements
No resident fees	Fees vary 0 to 30% of income	Program Subsidized Possible program fees.	Initial rent subsidy, then client assumes rent.
Facility based 24/7 program, case management, full services program and community based services	Facility based 24/7 program, client specific case plan, full services program and community based services	Field-based Case management, mix of site based and off site (community based ) services	Field-based Case management, community based services
Population Focus: Mentally Ill	Population Focus: special needs or general homeless population	Population Focus: Multiple Needs	Population Focus: special or general
Continuum of Care Model	Continuum of Care Model	Continuum of Care Model	Housing First & Rapid Re-Housing model.
Example: Our Place Safe Haven	Example: RAIN & Salvation Army TLC	Examples: Stoll House, Wooley House, Appleton House, and Transition House	Example: HPRP , VASH, Community Action Program

The 30 units consisting of 90 beds of transitional housing (The Kingdom Center) noted above were developed as a clustered program in the City of Ventura. The development of transitional housing units should also be located throughout the county and based on population and need for services. Currently there are 372 transitional housing beds of which 103 or 28% are located in Oxnard and 269 or 72% are located in other cities throughout the County.

### **Sources of Potential Revenue and/or In-Kind Contributions:**

Sources of Potential Revenue from Appendix A and In-Kind Contributions include:

- Community Development Block Grant (CDBG) Program Capital Funds;
- Community Development Block Grant (CDBG) Program Public Service Funds;
- Emergency Food and Shelter Program (EFSP);
- Emergency Housing and Assistance Program (EHAP);

- Emergency Housing and Assistance Program Capital Development (EHAPCD);
- Emergency Solutions Program (ESG) Program;
- Home Investment Partnerships (HOME) Program;
- Private Donations;
- Private Foundations; and
- Veterans Homeless Providers Grant and Per Diem Program.

In-kind contributions are also needed to implement this recommendation and should include free services to residents as they prepare to exit the program such as child care, meal preparation, tutoring, etc. Also, community volunteers should be recruited to donate furniture, kitchen wares, and other household supplies once homeless persons have secured their housing.

### **RECOMMENDATION 9:** Permanent Very Low Income Housing

- Develop 300 additional units of permanent affordable housing for extremely low and very low-income families and individuals during the next five (5) years of implementation of plan.

Approximately 300 units of permanent affordable housing were created during the first five (5) years of the implementation of the plan for very-low and low-income families and individuals. The 10-Year Plan Steering Committee recommends that an additional 300 units of permanent affordable housing be developed or designated regionally for extremely-low and very-low income families and individuals. These households are defined as having an annual income that is 30% or less of the area median income for Ventura County. There should be a mix of units including multiple bedroom units for families, single-room occupancy (SRO) housing, and one-bedroom units for individuals and couples.

The small size and limited amenities in SROs generally makes them a more affordable housing option as noted as follows:

- The average size of a motel room is 300 to 400 square feet which is often the size of a SRO unit;
- The room usually includes a kitchenette and/or a small bathroom; or
- There may be a large shared kitchen; shared bathrooms; and a shared dining area within the multiple-tenant building.

## **Sources of Potential Revenue and/or In-Kind Contributions:**

Sources of Potential Revenue from Appendix A include:

- Community Development Block Grant (CDBG) Program Capital Funds;
- Home Investment Partnerships (HOME) Program;
- Ventura County Housing Trust Fund;
- Inclusionary Housing “in lieu fees”;
- Low-Income Housing Tax Credits;
- Multifamily Housing Program; and
- Section 8 Housing Choice Voucher Program.

### **RECOMMENDATION 10:** Housing Trust Fund

- Support the activities of the Ventura County Housing Trust Fund to develop public and private sources of funding and to support the production and preservation of affordable housing.

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

The Ventura County Housing Trust Fund (VCHTF) was created after the fund was recommended in the 10-year plan in 2007. The VCHTF currently has raised over \$1,100,000 from local jurisdictions, foundations, corporations and individuals. Funds from local jurisdictions include \$500,000 set aside from the County of Ventura, \$200,000 from the City of Ventura, \$100,000 from Camarillo, and the cities of Moorpark, Thousand Oaks and Santa Paula each of whom contributed \$50,000. Non-government large donor funds have been received from Citi Bank, Wells Fargo, Montecito Bank & Trust, Rabo Bank, Housing Authority of the City of San Buenaventura, and Housing Opportunities Made Easier (the HTF’s founding entity). In addition, the HTF has identified another potential \$1,000,000 from investors which can be leveraged for the State match. The VCHTF received a \$2,000,000 matching grant from the State’s Prop.1C Local Housing Trust Fund Matching Grant Program. VCHTF expects to launch its Revolving Loan Fund in the 3<sup>rd</sup> quarter of 2012 with an initial \$4,000,000 disbursed over three years.

## **Sources of Potential Revenue and/or In-Kind Contributions:**

Sources of Potential Revenue from Appendix A include:

- Community Development Block Grant (CDBG) Program Capital Funds;
- Inclusionary Housing “in lieu fees”;
- Low-Income Housing Tax Credits;
- Private Donations; and
- Private Foundations.

### **RECOMMENDATION 11:** Housing Choice Voucher Program (Section 8)

- Encourage all local Public Housing Authorities to provide a preference for homeless persons;
- Encourage local housing authorities to apply for Moving to Work (MTW) designation or develop a similar local program.

The Housing Choice Voucher program (Section 8) is administered locally by public housing authorities (PHAs) for the cities of Oxnard, Port Hueneme, Santa Paula, Ventura, and the County of Ventura. Each of the housing authorities receive federal funds from HUD to administer the program. Funds are used for housing subsidies that are paid to landlords directly by the PHA on behalf of participating households. The households pay the difference between the actual rent charged by the landlord and the amount subsidized by the program. Households pay no more than 30% of their household income toward rent.

Eligibility for a housing voucher is determined by the PHA based on the total annual gross income and family size and is limited to US citizens and specified categories of non-citizens who have eligible immigration status. In general, the family's income may not exceed 50% of the median income for the county or metropolitan area in which the family chooses to live. By law, a PHA must provide 75 percent of its vouchers to applicants whose incomes do not exceed 30 percent of the area median income. Median income levels are published and updated by HUD and vary by location. Current median income level for the Ventura County area can be found on local PHA websites.

Median income level for 2012 for selected households follows:

**1 Person Household:**

- 30% Median (Extremely Low Income) - \$18,800
- 50% Median (Very Low Income) - \$31,300
- 80% Median (Low Income) - \$47,400

**3 Person Household:**

- 30% Median (Extremely Low Income)- \$24,150
- 50% Median (Very Low Income) - \$40,200
- 80% Median (Low Income) - \$60,900

**5 Person Household:**

- 30% Median (Extremely Low Income) - \$28,950
- 50% Median (Very Low Income) - \$48,250
- 80% Median (Low Income) - \$73,100

The Steering Committee encourages local housing authorities to provide a local preference for homeless households. PHAs may utilize local preferences for prioritizing applicants on their waiting list. Local preferences may include homeless persons that meet the following criteria:

- Must be able to provide third party documentation of their homelessness that they:
- Lack fixed, regular, and adequate nighttime residence; or have a primary nighttime residence that is:
  - A supervised public or privately operated shelter designated to provide temporary living accommodations. (Welfare Hotels, congregate shelters and transitional housing);
  - An institution that provides temporary residence for individuals intended to be institutionalized (not incarcerated);
  - A public or private place not designated or normally used as regular sleeping place for humans.

The 10-Year Plan Steering Committee also encourages local housing authorities to apply for Moving to Work (MTW) designation or develop a local program with a similar model.



As noted by HUD, Moving to Work (MTW) is a demonstration program for public housing authorities (PHAs) that provide them the opportunity to design and test innovative, locally-designed strategies that use federal dollars more efficiently, help residents find employment and become self-sufficient, and increase housing choices for low-income families. MTW gives PHAs exemptions from many existing public housing and voucher rules and more flexibility with how they use their federal funds. MTW options could include a set aside of Section 8 vouchers with a 3-5 year time limit. This would increase the number of persons who have the opportunity to receive a housing subsidy as a time limited way to build some financial stability. MTW PHAs are expected to use the opportunities presented by MTW to inform HUD about ways to better address local community needs.

There are currently 30 PHAs participating as MTW demonstration sites. Three new PHAs were selected in 2010 and in 2011. HUD is soliciting applications for four new MTW public housing authorities in 2012.

- Encourage local social service providers to better assist applicants with the local housing authority intake process, in order to help ensure the applications are submitted properly and that a method of follow-up contact is maintained.

Local social providers are encouraged to 1) help applicants collect the personal documents needed to support the information noted in the application such as copies of birth certificates, social security cards, paycheck stubs, and state-issued picture identification; 2) ensure applications are complete and submitted properly, follow-up documents are provided in a timely manner, and contact information remains current; and 3) provide a mailing address and phone contact number for homeless applicants who do not have a reliable means to receive critical, time sensitive communications.

### **Sources of Potential Revenue and/or In-Kind Contributions:**

The Housing Choice Voucher Program (Section 8) is administered locally by public housing authorities (PHAs) for the cities of Oxnard, Port Hueneme, Santa Paula, Ventura, and the County of Ventura. Each of the housing authorities receives federal funds from HUD to administer the program.

Funds are used for housing subsidies that are paid to landlords directly by the PHA on behalf of participating households.

### **C. Individuals and families who are at-risk of becoming homeless**

Ventura County, like many other counties, has a substantial number of households that are at risk of becoming homeless. According to the U.S. Census Bureau, in Ventura County approximately nine percent (9.2%) or nearly 76,000 residents representing over 25,000 households were living below poverty level as reported in the 2010 American Community Survey. Despite the fact that many households live below poverty level, no more than 10% of them become homeless over the course of a year according to recent national research.<sup>5</sup> This means that up to 7,600 Ventura County residents or over 2,500 households living below poverty level likely experience homelessness every year.

The 7,600 residents who experience homelessness each year is congruent with the number of persons who were calculated as homeless during the 2012 point-in-time homeless count which was approximately 1,900. "Annual estimates are likely to be anywhere from three to six times as high as Point-in-time estimates" according to a recent report entitled "Estimating the Need" published by the Corporation for Supportive Housing in order to help guide jurisdictions in projecting their own annual estimate of homeless persons. Four times the number of homeless persons counted in 2012 (1,900) is 7,600. Other national research has shown that approximately 1% of a jurisdiction's general population experiences homelessness during the course of a year (see p. 51 in "How Many Homeless People Are There?" in Helping America's Homeless, Urban Institute Press). One percent (1%) of the County's 2010 total population of approximately 800,000 persons is 8,000 which is also congruent with the 2012 homeless count.

Recommendations 12 through 14 focus on providing the resources necessary to keep individuals and families in their housing. Households are better able to focus on meeting their longer-term needs when housed than while living doubled-up with another household, or on the streets, or in a shelter. This is

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<sup>5</sup> "Strategies for Preventing Homelessness," U.S. Department of Housing and Urban Development/Office of Policy Development and Research, May, 2005: p. xii.

consistent with the Housing First Model premise that resources and services are more effective and efficiently delivered to households within the stability of their own housing. Another focus is on discharge planning in order to prevent people from becoming homeless when they are discharged from correctional, foster care, health care, or mental health care systems.

## **RECOMMENDATION 12:** Homeless Prevention Resources and Services

- Increase homeless prevention resources and services that will help more households remain in their housing by alleviating the problems that place them at risk of becoming homeless and that such assistance is more effective and efficiently delivered to households within the stability of their own housing;
- Increase financial resources for rental and utility assistance to households that are most likely to become homeless if not for this assistance.

Increasing resources for homeless prevention will help more households remain in their housing by alleviating the problems that place them at risk of becoming homeless. Households living below the poverty level are at serious risk of becoming homeless. Because of their limited income, they frequently have to choose between paying their rent or mortgage and other daily living costs such as child care, clothing, food, health care, and transportation. The generally accepted standard for housing affordability is that households should not spend more than 30% of their incomes on rent and utilities. Many at risk households spend 70% or more of their income on rent and utilities.

An important factor in avoiding homelessness is timely access to support networks which can be both private and public. Private support networks include family members and friends who are willing to provide resources such as financial support to help households pay for rent or avoid costs associated with daily necessities such as food or transportation. Public support networks include businesses, civic groups, corporations, educational institutions, faith-based organizations, local government, and nonprofit agencies.

Such groups often provide financial assistance, food, health care, clothing, legal assistance, public assistance, rental assistance, and utility assistance at little or no cost. Additional short-term financial assistance such as rental or

utility assistance may be needed in order for households to remain stable in their housing. Immediate skilled help such as legal assistance or landlord-tenant mediation may also be necessary. Longer-term assistance, which often includes subsidized affordable child care and health care, help stabilize households. Such assistance may also necessitate credit counseling, employment counseling and placement, and income support programs such as public assistance (e.g., CAL FRESH/food stamps, Supplemental Security Income (SSI), and CalWorks).

The 10-Year Plan Steering Committee recommends that the short-term assistance delivery model as outlined by HUD through the Homeless Prevention and Rapid Re-housing Program (HPRP) be implemented by homeless service providers and the area Homeless Task Forces. This delivery model as outlined by HUD “targeted households with the highest likelihood of becoming homeless, and programs should provide just enough assistance to prevent or end an episode of homelessness - stretching resources as far as possible.” Financial resources for this model should be for rental and utility assistance to households that are most likely to become homeless if not for this assistance. In other words, efforts should be made to ensure that these resources are provided to households that are facing eviction and would become homeless without this help.

As a best practice, jurisdictions across the United States gathered data and compared results between households receiving homeless prevention resources who did not enter shelters and households who entered shelters.<sup>6</sup> Findings show that both types of households have unaddressed issues such as health care, disability, and limited education and English proficiency. However, there were significant differences concerning income and history of homelessness:

- 44% of families who received prevention assistance and did not enter shelters were paying more than 65% of their income toward housing, compared with 94% of those who entered shelter;
- 36% of households receiving prevention assistance and did not enter shelters had previously experienced homelessness, compared with 63% of sheltered households;

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<sup>6</sup> See “Hennepin County, MN: Promising Strategy for assessment of the Targeting of Homelessness Prevention Resources,” at <http://www.endhomelessness.org/content/article/detail/3642>.

- Among families who entered shelters, nearly one-third of all heads of household represented “young families;” among households receiving prevention assistance and who did not enter shelters, however, the figure was only one percent (1%).

A comparison of similar data for both types of households for Ventura County is recommended in order to establish thresholds and criteria for the provision of rental and utility assistance to households at risk of becoming homeless. In addition, the comparison should include a contrast of families to see if providing rental and utility assistance, rather than sheltering options, is more effective in preventing homelessness.

### **Sources of Potential Revenue and/or In-Kind Contributions:**

Sources of Potential Revenue from Appendix A and In-Kind Contributions include:

- Emergency Food and Shelter Program (EFSP);
- Emergency Solutions Grant Program (ESG);
- Local General Funds;
- Private Donations; and
- Private Foundations.

In-kind contributions are also needed to implement this recommendation and should include supplemental resources from various public and private support networks that provide child care, credit counseling, employment, food, health care, clothing, legal (including landlord-tenant mediation), rental, transportation and utility assistance at little or no cost. These resources are provided by a variety of local public and private groups and agencies.

### **RECOMMENDATION 13:** Community Outreach and Education Campaign

- Implement a community outreach and education campaign that informs households at risk of becoming homeless about resources available to them through homeless prevention programs.

It is important that households at risk of homelessness be aware of the wide-range of services that can prevent them from becoming homeless. Anecdotal information suggests that such households often learn about such services right before, or right after, they become homeless.

The Steering Committee believes that most at-risk of homelessness households can maintain their housing if they have access to longer-term assistance to help stabilize themselves which often includes subsidized affordable child care and health care. Such assistance may also necessitate credit counseling, employment counseling and placement, and income support programs such as public assistance (e.g., CAL FRESH/food stamps, Supplemental Security Income (SSI), and CalWorks).

The Steering Committee recommends the following community outreach and education activities:

- Creation, distribution, and management of homeless prevention guides;
- “Homeless Prevention Week” that raises awareness concerning families and individuals who are at risk of becoming homeless households and the resources available to help them;
- Posters, flyers, and brochures containing contact information for households at risk that would be:
  - Made available at public counters including libraries, schools, post offices, and City Hall public service counters;
  - Delivered for distribution via local committees, coalitions, and task force meetings;
  - Delivered to post, and distribute, at local community, educational, and recreational service centers and organizations including religious congregations;
  - Made available to property owners and managers to distribute to renters.
- Information concerning homeless prevention made available on existing web sites of community organizations including local jurisdictional web sites (e.g., 211 info line);
- Public service announcements that provide contact information for homeless prevention resources; and
- Contact information enclosed in utility bills for homeless prevention assistance.

Such materials should be available in appropriate languages.

The 10-Year Plan Steering Committee also recommends that the community outreach and education activities noted above should be provided in-kind by

various public and private agencies and organizations that have contact with households at risk of homelessness (see recommendations 18 and 19).

### **Sources of Potential Revenue and In-Kind Contributions:**

In-kind contributions are needed to implement this recommendation. Community outreach and education activities should be provided in-kind by various public and private agencies that have contact with households at risk of homelessness.

### **RECOMMENDATION 14:** Discharge Planning

- Increase the number of case managed transitional “re-entry” beds by at least 12 over the next five years and strategically locate them throughout the County;
- Implement a service plan that helps persons placed in case managed transitional “re-entry beds” obtain permanent housing.

The 10-Year Plan Steering Committee recommends that the number of case managed “re-entry” beds be increased by at least 12 over the next five years and be strategically located throughout the County. Ideally, at least one (1) bed would be available in each smaller community and two (2) in larger communities. These beds are envisioned to serve homeless persons being discharged into the community from various institutions and systems of care. They will provide short-term shelter and the opportunity for community-based collaborative care for persons who agree to work with a community case manager.

The Steering Committee also recommends that the existing Countywide Homeless Discharge Planning Committee be expanded to more accurately reflect the activities of all institutions involved. Committee membership should include, but not be limited to, City and County representatives, community homeless provider organizations, corrections, foster care, health care, and mental health/substance abuse providers. The Discharge Committee will develop a system of collaborative case management that will improve community re-entry from institutions and systems of care and address reintegration issues. Through regularly scheduled meetings, the committee will also identify best practices and gaps in services, including the need for additional resources, and quality improvement areas.

The goal is to prevent persons from being discharged into homelessness by placing them in permanent housing supported with services. Community case managers will need to work closely with those newly discharged to develop and implement a service plan that ensures they receive full benefits and services to avoid their fall back into homelessness.

This approach includes the collaborative team methods implemented by the Ventura County Sheriff Inmate Services Reentry Planning Program. Using a collaborative team approach, Sheriff's Inmate Services Program Administrator and Behavioral Health Jail Liaison partner together in a program designed to break the cycle of recidivism. The effort strengthens existing partnerships with Ventura County Behavioral Health Department, Pacific Clinics Transitional Age Youth (TAY) Wellness and Recovery Center, criminal justice partners, and community treatment providers to ensure a continuity of care for the mentally ill upon release. There are two phases of assistance to inmates which was expanded to include all inmates who request help. The pre-phase program connects participating inmates to community services throughout Ventura County, and may include housing, employment, substance abuse treatment, mental health services/facilities anger management, vocational training, basic needs such as food and clothing, and job placement. The post-phase program monitors participant progress.

This approach also includes the Human Services Agency's Children & Family Services Independent Living Program (ILP) which provides services to assist eligible youth and young adults between the ages of 16 and 21 in making a successful transition from foster care to independent living. The goal of the program is to enable youth to achieve self-sufficiency prior to exiting the foster care system by providing independent living skills assessment, training and services, as well as a written transition independent living plan for every participant.

### **Sources of Potential Revenue and/or In-Kind Contributions:**

One potential source of funding from Appendix A is Assembly Bill 1445 which was recently amended by the California State Senate (July 6, 2012) and the California State Assembly (February 28, 2012) and awaits final adoption into law. AB 1445 would create permanent inmate re-entry support programs in



several counties in the state (including Ventura County). The programs would allow the Sheriffs of these counties to use funds from the inmate welfare fund to help departing county jail inmates successfully re-enter the community and to avoid future illegal activities that might cause them to be re-arrested. Money in the welfare inmate fund comes from the sale to inmates of confectionery, tobacco and tobacco users' supplies, postage, writing materials, and toilet articles and supplies. These funds could be used to provide work placement, counseling, and help in obtaining proper identification, education, and housing for departing inmate (See Mitchell, **AB-1445 Jails: county inmate welfare funds** at California Legislative Information website).

A commitment of Section 8 housing subsidies will be sought from the City and County Housing Authorities to enable formerly homeless clients to transition to permanent housing.

Additional funding streams will be sought to support the increase of case managed beds by a minimum of 12 over the next 5 years which will be devoted to re-entry. The project would be expected to serve at least 60-90 clients annually at a cost of \$15,000 per bed per year.

#### **D. Other Recommendations**

Other recommendations focus on activities that serve all three of the subpopulations noted above—individuals and families 1) mired in chronic homelessness; 2) experiencing temporary homelessness; and 3) are at-risk of becoming homeless.

These recommendations support a “balanced” Housing First Model and Rapid Re-Housing strategy for persons chronically, temporally, and at-risk of becoming, homeless and also provide a balance of action steps that will help ensure that all individuals and families receive the resources needed to remain in their housing or quickly obtain and maintain housing after losing their housing.

## **RECOMMENDATION 15: Mainstream Resources**

- Ensure that homeless persons and persons at risk of becoming homeless obtain all mainstream resources for which they are eligible.

The 10-Year Plan Steering Committee recommends that all systems of care and homeless case managers continue to assure to the greatest extent possible that all homeless persons apply, obtain, and maintain mainstream resources as noted in the initial 10-year plan in 2007. Chronic homeless persons especially, need help obtaining proper documentation, scheduling and keeping appointments, transportation between locations and assistance in completing written applications.

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

Local and national data reveals that only a fraction of chronic homeless persons access mainstream benefit programs such as CalFresh (formerly known as Food Stamps and federally known as the Supplemental Nutrition Assistance Program (SNAP), Medicaid/Medi-Cal; Social Security Disability Income (SSDI), Supplemental Security Income (SSI), and Veteran’s Benefits. In order to reverse this situation, case managers need to ensure that chronic homeless persons successfully obtain the benefits for which they are eligible. While some chronic homeless persons may have already attempted to access some of the resources for which they are eligible, they often fail to follow through with documentation and other responsibilities required for securing benefits. Case manager support provides the essential critical link between eligibility for benefits and actually obtaining them.

### **Sources of Potential Revenue and/or In-Kind Contributions:**

Hundreds of billions of dollars are appropriated by Congress for mainstream assistance programs each year. These resources provide low-income persons (including individuals and families who are homeless) with payments and supportive services for needs such as food, health care, housing, job

training, and nutrition services. Mainstream resource programs include CalFresh (formerly known as Food Stamps and federally known as the Supplemental Nutrition Assistance Program (SNAP), Medicaid/Medi-Cal; Social Security Disability Income (SSDI), Supplemental Security Income (SSI), and Veteran's Benefits.

Case manager support provides the essential critical link between eligibility for benefits and actually obtaining them. Thus, they should continue to assure to the greatest extent possible that all homeless persons apply, obtain, and maintain mainstream resources. Chronic homeless persons especially, need help obtaining proper documentation, scheduling and keeping appointments, transportation between locations and assistance in completing written applications.

#### **RECOMMENDATION 16:** Detoxification and Treatment Services

- Provide social model detoxification services for 300 adults annually;
- Increase access to medically monitored detoxification beds for adults;
- Increase access to post-detox treatment beds.

Social model detoxification services are for adults with moderate drug and alcohol dependency that do not have a long history of chemical dependency and are medically able and willing to go through detoxification. Emphasis will be on creating a safe and supportive environment with other individuals dealing with the same issues.

The Steering Committee also recommends increasing access for adults to medically monitored detoxification beds in programs that are licensed for Medical Triage and where prospective clients can be assessed and observed. Referrals for continuing treatment should be encouraged and arranged prior to discharge including post-detox treatment beds.

#### **Sources of Potential Revenue and/or In-Kind Contributions:**

Sources of Potential Revenue from Appendix A include:

- Local General Funds;
- Private Foundations; and
- Substance Abuse Prevention and Treatment (SAPT) Discretionary Funding.

**RECOMMENDATION 17:** Homeless Management Information System (HMIS)

- Require all homeless service providers who receive public agency funds for homeless services to participate in HMIS;
- Encourage all other homeless service providers to also participate in HMIS.

The original recommendation concerning HMIS in the initial 10-year plan adopted in 2007 called for 75% of all emergency shelter, transitional housing, and permanent supportive housing beds to participate in Ventura County Homeless Management Information System by April, 2008. Currently, 69% of all beds are included in HMIS. The goal is now focused on 100% participation of all beds provided by residential homeless service providers. Additionally, programs serving the homeless population which receive CDBG, EHAP or FESG funds should also participate in the county-wide HMIS system.

The 10-Year Plan Steering Committee is recommending that all beds serving homeless persons be included in HMIS excluding domestic violence beds which are exempt under HUD rules. In order to achieve this goal, participation in HMIS should be a condition of funding for those agencies receiving

- Local Emergency Food and Shelter program (EFSP) funds (per diem awards for shelter only);
- Local Community Development Block Grant (CDBG) awards for homeless services only;
- Local Emergency Housing Assistance Program (EHAP) awards for services to homeless persons.

HUD requires all agencies to implement HMIS who receive funding through its Continuum of Care Homeless Assistance Program, and Emergency Solutions Grant (ESG). HMIS costs are an eligible activity for funding for homeless providers that receive Continuum of Care Homeless Assistance Program and Emergency Solutions Grant funding.

Agencies receiving other sources of homeless funding such as local Emergency Food and Shelter program (EFSP) funds; local Community Development Block Grant (CDBG) awards for homeless services only; and

local and state Emergency Housing Assistance Program (EHAP) funds may have to assume costs related to participating in HMIS. Recognizing the burden this can place on a smaller program, there is a need to explore funding for such programs beyond the sources that are identified for this recommendation in Section IV Funding the Plan. Costs for implementing HMIS vary according to existing resources, such as the availability of computers that a homeless service provider may have. HUD provides cost estimate guidelines to help determine expenses.

### **Sources of Potential Revenue and/or In-Kind Contributions:**

Sources of Potential Revenue from Appendix A include:

- Continuum of Care Homeless Assistance Program; and
- Emergency Solutions Grant Program (ESG).

Continuum of Care Homeless Assistance Program allows for funding requests for HMIS costs for any new program proposals submitted to the Continuum of Care Homeless Assistance Program. Requests may include equipment, software, licensing, and personnel.

Grant funds from the Emergency Solutions Grant Program (ESG) may be used for the costs of participating in an existing HMIS of the Continuum of Care where the project is located. The ESG program requires any agency that receives ESG funding to participate in their local Homeless Management Information System (HMIS).

Agencies receiving other sources of homeless funding such as local Emergency Food and Shelter program (EFSP) funds; local Community Development Block Grant (CDBG) awards for homeless services only; and local and state Emergency Housing Assistance Program (EHAP) funds may have to assume costs related to participating in HMIS. Recognizing the burden this can place on a smaller program, there is a need to explore funding for such programs beyond the sources that are identified for this recommendation which are noted above. Costs for implementing HMIS vary according to existing resources, such as computers, that a homeless service provider may have. HUD provides cost estimate guidelines which helps determine expenses.

## **RECOMMENDATION 18:** Business Community Involvement

- Increase the number of business organizations and individual business leaders that actively become involved in the implementation of the recommendations of the 10-year plan.

The Plan adopted in June, 2007 did not provide any specific recommendations for business community involvement. The Steering Committee recognizes the vital role the business community can play in helping to end homelessness in our community. Therefore, the Committee recommends that business organizations and individual businesses become actively involved in solutions in this plan through the following four activities:

1. Identify employment opportunities for homeless and formerly homeless persons who have successfully obtained housing;
2. Provide on-the-job-training (OJT) and entry level job opportunities.

Homeless service providers will proactively work with employers to support their clients' efforts at re-entry into the workplace. Extra care will be taken by permanent housing providers to work closely with local business organizations and individual business leaders to identify employable permanent supportive housing residents as potential employees. Once such persons are identified, local business organizations and individual business leaders will refer them to appropriate employment opportunities offered by local businesses.

Permanent housing providers and businesses will work together to publicize their successes. Such activities will include highlighting success stories in newsletters, web sites, and social media mediums such as Facebook. Other activities will include announcements at appropriate meetings and stories in local media resources such as newspapers and magazines.

3. Create partnerships between homeless prevention service providers and business community to ensure that the community's workforce is aware of homelessness prevention resources and services.

The local service providers will help employers inform their employees of homelessness prevention resources available to their workers. Doing so will help employees who are at risk of becoming homeless, as well as help

inform other employees who may want to help neighbors who are at risk. Ongoing awareness activities will include providing information about community resources such as no or low cost food, clothing, and health care, rental assistance, utility assistance, landlord-tenant mediation, and legal services. The provision of information will be encouraged by flyers, posters, web sites, and announcements during company activities such as staff meetings.

4. Support local homeless service providers and the homeless persons that they serve through the donation of funds or the provision of in-kind services.

Examples of supporting homeless service providers with monetary donations include:

- Donating year-end gifts;
- Contributing to special events;
- Responding to special appeal letters.

Examples of supporting homeless persons include:

- Legal assistance;
- Dental or eye care;
- Credit repair assistance;
- Transportation repairs for automobiles or bicycles;
- Appliance donation or repair;
- Computer donation or repair;
- Discounts on furniture and appliances.

### **Sources of Potential Revenue and/or In-Kind Contributions:**

This recommendation will be fulfilled through in-kind contributions and private donations as noted within this recommendation.

### **Recommendation #19: Faith-Based Organizations**

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

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

Faith-based organizations are encouraged to focus their efforts and resources to help implement the goals and recommendations in this report through advocacy, donations, and direct volunteer services.

The Steering Committee recognizes the particular gifts the faith community offers through its moral voice and the rich diversity of talented members. Opportunities for involvement exist throughout this report. To name a few: participation in the annual community-wide Homeless Count; joining as part of a wrap-around service team to support those recently housed with essential household items; serving as an interviewer for the Vulnerability Index Outreach; public testimony in support of affordable housing projects.

Another example would be to provide supplemental resources such as food, school supplies, furniture, and small appliances in order to help lower income households use their limited income for rent, utilities, and other basic housing needs in order to maintain their housing as noted in Recommendation 12. Faith community organizations and members should also be encouraged to provide sheltering and “affordable” housing options to homeless persons mired in chronic homelessness or experiencing temporary homelessness.

### **Sources of Potential Revenue and/or In-Kind Contributions:**

Faith-based organizations should be encouraged to focus efforts and resources to help fulfill the in-kind contributions related to the following recommendations:

Recommendation 2;	Recommendation 4;
Recommendation 7;	Recommendation 8;
Recommendation 12; and	Recommendation 13.

Faith-based organizations should also be encouraged to provide private donations to help fulfill the recommendations noted immediately above.



## **RECOMMENDATION 20:** Coordinated Screening Assessment and Case Management System

- Develop a coordinated screening assessment and case management system designed to link clients more effectively to the appropriate organization(s) and services;
- Establish a coordinated system of homeless services.

The McKinney-Vento Homeless Assistance Act was recently amended and requires all communities funded through the HUD Emergency Solutions Grant (ESG) and Continuum of Care (CoC) grants to develop and implement a centralized or coordinated screening assessment system in its geographic area. Such a system must be designed locally in response to local needs and conditions, with the goal to provide a strategic, community-wide system to prevent and end homelessness.

Coordinated screening assessment, also known as coordinated entry or coordinated intake, paves the way for more efficient homeless assistance systems by:

- Ensuring the screening, assessment and referral of program participants are consistent with the written standards;
- Helping people move through the system faster by identifying the right service match;
- Reducing new entries into homelessness (by consistently offering prevention and diversion resources upfront, reducing the number of people entering the system unnecessarily); and
- Improving the quality of data collection and identifying gaps in services.

A County-wide coordinated case management system will create a more effective approach to serving homeless persons. This system will establish a single point of responsibility for each homeless person accessing the network of services designed to end homelessness.

A Working Group will be established to develop a screening assessment tool appropriate for use by homeless services providers throughout the County and to design a more coordinated homeless services delivery system. The Committee recognizes that HMIS is an important element in this Coordinated

Assessment System. The HMIS system should be used to collect and report out on the outcomes relevant to the coordinated assessment system.

The most important role of the HMIS in a coordinated assessment and case management system is that it will enable better access to resources for clients, help partners to track outcomes, and to assist the Continuum of Care in evaluating the effectiveness of the service delivery system.

### **Sources of Potential Revenue and/or In-Kind Contributions:**

The Working Group will identify sources of revenue and in-kind resources to carry out the initial activities of the recommendation.

### **Other Recommendations:**

There are three other recommendations that are related to implementing the plan. Detailed descriptions for these three recommendations and sources of potential revenue and/or in-kind contributions can be found in the following section.

## **Section IV. Implementing the Plan**

Implementing the recommendations in this plan provides an opportunity to break a continuous cycle of homelessness that has left thousands of households homeless each year and hundreds of persons living on the streets incessantly year after year. Therefore, in order to ensure that the recommendations and related activities are coordinated and evaluated the 10-Year Plan Steering Committee recommends that a Continuum of Care Oversight Body for Ventura County be created and charged with these tasks. This body will directly, or indirectly through subcommittees and interaction with the Interagency Council on Homelessness, carry out these tasks as described below.

### **RECOMMENDATION 21:** Designate a Continuum of Care Oversight Board

- Designate a Continuum of Care Oversight Board for Ventura County that will be charged with coordinating strategies and evaluating progress related to all of the recommendations and related activities within this plan.

The HEARTH Act requires communities receiving CoC funds (a critical funding resource for ending homelessness in this County) to create an interagency body to facilitate collaboration with public and private organizations to avoid service duplication and ensure that service and housing gaps are addressed in the continuum's geographic area. The Continuum of Care Oversight Board for Ventura County will be charged with monitoring and evaluating the progress concerning the recommendations in the 10-year plan. The Board must be representative of the relevant organizations and projects serving homeless subpopulations; and include at least one homeless or formerly homeless individual. When the organizations referenced below are located within the geographic area served by the Continuum of Care, HUD expects a representative of the organization to be a part of the Continuum of Care Board:

- Advocates;
- Affordable Housing Developers;
- Businesses;
- Faith-Based Organizations;
- Governments;
- Homeless and Formerly Homeless Persons;
- Hospitals;
- Law Enforcement;
- Mental Health Agencies;
- Nonprofit Homeless Providers;
- Organizations that Serve Homeless and Formerly Homeless Veterans;
- Public Housing Agencies;
- School Districts;
- Social Service Providers;
- Universities; and
- Victim Service Providers.

### **Sources of Potential Revenue and/or In-Kind Contributions:**

Continuum of Care Oversight Board members will provide their expertise as an in-kind service. Per HUD's requirements, such members will include public and private representatives that represent various homeless subpopulations such as chronically homeless persons, mentally ill, persons with HIV/AIDS, substance abusers, veterans, victims of domestic violence, and youth under 18 and between the ages of 18 and 24. At least one homeless or formerly homeless person needs to be a member as well.

**RECOMMENDATION 22:** Designate Working Groups to Address Key Activities for the Continuums of Care for Ventura County

- Designate Continuum of Care Working Groups that will be charged with addressing key activities and issues related to implementing the recommendations and related activities within this plan.

The CoC may appoint additional committees or workgroups to fulfill its responsibilities, as described in Recommendation 21. The CoC must develop a governance charter as required by the HEARTH Act to document all groups created to support the CoC and each group's relative responsibilities. Key working groups (some currently in existence, others to be created) include, but are not limited to:

- 10 Year Plan Progress Oversight Committee;
- Advocacy groups such local Cities Homeless Task Forces, the Ventura County Homeless and Housing Coalition and the City of Oxnard Commission on Homelessness;
- Coordinated Screening/Assessment Development Working Group;
- Discharge (Re-Entry) Planning Committee;
- HMIS Steering Committee;
- Homeless Committee;
- Housing and Service System Coordination;
- Grant Application Review Committee;
- Performance Monitoring Committee; and
- Policies, Standards, and Charter Working Group.

**Sources of Potential Revenue and/or In-Kind Contributions:**

Members of designated working groups will provide their expertise as an in-kind service. Such groups will focus on key activities that include evaluating the progress towards each of the recommendations in this report.

**RECOMMENDATION 23:** Recognize the Ventura Council of Governments (VCOG) as the local Interagency Council on Homelessness for Ventura County (IACH).

In September 2012, VCOG accepted the role as the new Interagency Council on Homelessness (IACH) for Ventura County. The Ventura Council of Governments (VCOG) was identified as a key regional authority appropriate to serve in this capacity. VCOG is a voluntary joint powers authority that represents the 10 cities of Ventura County as well as the County. VCOG's

goal is to “facilitate cooperative sub-regional and regional planning, coordination and technical assistance on issues of mutual concern.” VCOG will receive progress reports about the 10-year plan recommendations from staff of the Continuum of Care Board and as the IACH, members of VCOG will disseminate information received at these annual or semi-annual updates to the jurisdictions that they represent.

As the IACH, VCOG will facilitate the exchange of ideas and information on progress being made towards ending homelessness in the County and promote cooperation between the municipalities of Ventura County towards ending homelessness for the residents of Ventura County.

### **Sources of Potential Revenue and/or In-Kind Contributions:**

Members of the Ventura Council of Governments (VCOG) will provide their expertise as an in-kind service. VCOG is a voluntary joint powers authority that represents the 10 cities of Ventura County as well as the County. In September 2012, VCOG accepted the role as the new Interagency Council on Homelessness (IACH) for Ventura County.

## Appendix A: Description of Potential Revenue Sources

### *Assembly Bill 1445*

Assembly Bill 1445 which was recently amended by the California State Senate (July 6, 2012) and the California State Assembly (February 28, 2012) and awaits final adoption into law. AB 1445 would create permanent inmate re-entry support programs in several counties in the state (including Ventura County). The programs would allow the Sheriffs of these counties to use funds from the inmate welfare fund to help departing county jail inmates successfully re-enter the community and to avoid future illegal activities that might cause them to be re-arrested. Money in the welfare inmate fund comes from the sale to inmates of confectionery, tobacco and tobacco users' supplies, postage, writing materials, and toilet articles and supplies. These funds could be used to provide work placement, counseling, and help in obtaining proper identification, education, and housing for departing inmate (See Mitchell, **AB-1445 Jails: county inmate welfare funds** at California Legislative Information website).

### *Community Development Block Grant (CDBG) Program Capital Funds*

The Community Development Block Grant (CDBG) Program is administered by the U.S. Department of Housing and Urban Development (HUD) and provides funding to local jurisdictions for the purpose of developing viable urban communities. These viable communities are achieved by providing households with low and moderate income: decent housing; a suitable living environment; and expanded economic opportunities. One primary eligible activity is to expand the availability of decent, accessible, and affordable housing. In support of this activity, CDBG funds may be used to help support the preservation of permanent supportive housing by rehabilitation and reconstruction. Reconstruction generally means the rebuilding of a structure on the same site in substantially the same manner. Rehabilitation generally means the labor, materials, tools, and other costs of improving buildings, other than minor or routine repairs. CDBG funds may also be used to acquire property for rehabilitation. For single unit housing, 100 percent of the units assisted must be occupied by low- and moderate-income households. For a multi-unit structure, 51 percent of the units must be occupied by low- and

moderate-income households. CDBG funds may also be used to provide public services which include supportive services for homeless persons such as health care, drug abuse counseling and treatment, and job training.

Local jurisdictions that receive annual CDBG funds include: Camarillo, Oxnard, Simi Valley, Thousand Oaks, Ventura City, and Ventura County. Other local jurisdictions are eligible to apply to the State Community Development Block Grant (CDBG) program which is administered annually by the California Department of Housing and Community Development (HCD). Such jurisdictions must have fewer than 50,000 residents that do not participate in the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) entitlement program.

#### *Community Development Block Grant Program (CDBG) Public Service Funds*

The Community Development Block Grant (CDBG) Program is administered by the U.S. Department of Housing and Urban Development (HUD) and provides funding to local jurisdictions for the purpose of developing viable urban communities. Fifteen percent (15%) of a jurisdiction's allocation of CDBG funds may be used to provide public services which include supportive services for homeless persons such as health care, drug abuse counseling and treatment, and job training. Local jurisdictions that receive annual CDBG funds include: Camarillo, Oxnard, Simi Valley, Thousand Oaks, Ventura City, and Ventura County. Other local jurisdictions are eligible to apply to the State Community Development Block Grant (CDBG) program which is administered annually by the California Department of Housing and Community Development (HCD). Such jurisdictions must have fewer than 50,000 residents that do not participate in the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) entitlement program.

#### *Continuum of Care Homeless Assistance Program*

The Continuum of Care Homeless Assistance Program is administered by the U.S. Department of Housing and Urban Development (HUD) and is designed to assist sheltered and unsheltered homeless people by providing the housing and/or services needed to help individuals move into transitional and permanent housing, with the goal of long-term stability. Since 1995, approximately 1 billion dollars has been made available nationally each year. The County of Ventura and the City of Oxnard has been receiving more than

\$2 million for the past several years. Most of these funds have been for renewal funding for several transitional housing and permanent supportive housing programs. Some of the funds have been used to provide revenue for the County's Homeless Management Information System (HMIS) and new permanent supportive housing activities such as Shelter Plus Care.

#### ***Emergency Food and Shelter Program (EFSP)***

Ventura County has received EFSP funds since the program began in 1983. Funding is awarded in Ventura County under the auspices of the Local Board for the Emergency Food and Shelter Program. The United Way of Ventura County provides administrative support for the Ventura County EFSP Local Board and funded Local Recipient Organizations (LROs). Eligible funding activities include food distribution, shelter, and rental assistance.

#### ***Emergency Housing and Assistance Program (EHAP)***

Emergency Housing and Assistance Program (EHAP) Operating Facility Grants provides facility operating grants for emergency shelters, transitional housing projects, and supportive services for homeless individuals and families. Eligible Activities include providing direct client housing, including facility operations and administration, residential rent assistance, leasing or renting rooms for provision of temporary shelter, capital development activities of up to \$20,000 per site, and administration of the award (limited to 5 percent). Eligible applicants include local government agencies and nonprofit corporations that shelter the homeless on an emergency or transitional basis, and provide support services.

#### ***Emergency Housing and Assistance Program Capital Development (EHAPCD)***

Emergency Housing and Assistance Program Capital Development (EHAPCD) provides funding to fund capital development activities for emergency shelters, transitional housing, and safe havens that provide shelter and supportive services for homeless individuals and families. Eligible activities include acquiring, constructing, converting, expanding and/or rehabilitating emergency shelter, transitional housing, and/or safe haven housing and administration of the award (limited to 5 percent). Eligible applicants include local government agencies and nonprofit corporations that shelter the homeless on an emergency or transitional basis, and provide support services.



### *Emergency Solutions Grant (ESG) Program*

The County of Ventura and the City of Oxnard receive direct ESG funding from HUD. The County's funding is targeted for Fillmore, Santa Paula, Ojai, Moorpark, and Port Hueneme. ESG provides funding for the following shelter and transitional housing related activities:

- Major Rehabilitation, Conversion, or Renovation of a building to serve as a homeless shelter. Site must serve homeless persons for at least 3 or 10 years, depending on the cost. Note: Property acquisition and new construction are ineligible ESG activities;
- Essential Services such as case management, childcare, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations;
- Shelter Operations, including maintenance, rent, repair, security, fuel, equipment, insurance, utilities, relocation, and furnishings.

ESG program also provides funding for other program activities that include:

- **Street Outreach:** funds may cover costs related to essential services for unsheltered persons (including emergency health or mental health care, engagement, case management, and services for special populations).
- **Homelessness Prevention and Rapid Re-Housing:** both components fund housing relocation and stabilization services (including rental application fees, security deposits, utility deposits or payments, last month's rent and housing search and placement activities). Funds may also be used for short- or medium-term rental assistance for those who are at-risk of becoming homeless or transitioning to stable housing.
- **Homeless Management Information System:** funds may be used to pay the costs for contributing data to the HMIS designated by the Continuum of Care for the area. Eligible activities include (computer hardware, software, or equipment, technical support, office space, salaries of operators, staff training costs, and participation fees).

Funding to increase resources for these activities should also be a focus of funding requests to the California Department of Housing and Community Development's (HCD) Federal Emergency Shelter Grants Program (FESG). FESG is initiated by HUD and implemented by HCD. Funding is distributed by

state and then by continuum or community. Eligible agencies (units of government and nonprofit organizations) located in or serving Camarillo, Thousand Oaks, Simi Valley, and the City of Ventura can apply to HCD which usually receives over \$6 million which is issued through a state-wide Notice of Funding Availability (NOFA).

### *Home Investment Partnerships (HOME) Program*

Home Investment Partnerships (HOME) Program is another source of funding which is the largest Federal block grant to State and local governments and designed exclusively to create affordable housing for low-income households. Local jurisdictions are encouraged to partner with local nonprofit groups to fund a wide range of activities that build, buy, and/or rehabilitate affordable housing for rent or homeownership or provide direct rental assistance to low-income people. HOME funds can also be used to finance the acquisition, rehabilitation and construction of transitional housing. Such projects funded under this category must meet HOME regulatory requirements. Transitional housing, under HOME stipulates that: 1) it must be designed to provide housing and appropriate supportive services to persons, including (but not limited to) deinstitutionalized individuals with disabilities, homeless individuals with disabilities, and homeless families with children; 2) it has as its purpose facilitating the movement of individuals and families to independent living with a maximum stay of 24 months; 3) individuals and/or families must sign a rental lease agreement that does not contain certain HOME restricted language (an admissions form is not a rental lease agreement); 4) individuals and/or families must provide source income documentation and provide documentation annually to the County certifying continued eligibility; and 5) supportive services must be voluntary and not a condition for them to receive housing.

Local jurisdictions that receive HOME funds include: City of Oxnard, City of Ventura, and County of Ventura. Selected cities and counties that do not receive HOME funds directly from the federal Department of Housing and Urban Development (HUD) are eligible to receive HOME funds as grants from the California Department of Housing and Community Development (HCD). The list published by HCD concerning eligibility as of June 1, 2012 included the following cities in Ventura County: Camarillo, Simi Valley, and Thousand Oaks. State certified CHDOs (Community Housing Development Organizations) operating in state-eligible jurisdictions may apply for low

interest loans. CHDOs must be a private non-profit organization with affordable housing experience."

### *Housing Trust Fund of Ventura County*

The Ventura County Housing Trust Fund (VCHTF) was created after the fund was recommended in the 10-year plan in 2007. The VCHTF currently has raised over \$1,100,000 from local jurisdictions, foundations, corporations and individuals. Funds from local jurisdictions include \$500,000 set aside from the County of Ventura, \$200,000 from the City of Ventura, \$100,000 from Camarillo, and the cities of Moorpark, Thousand Oaks and Santa Paula each of whom contributed \$50,000. Non-government large donor funds have been received from Citi Bank, Wells Fargo, Monticeto Bank & Trust, Rabo Bank, City of Ventura Housing Authority, and Housing Opportunities Made Easier (the HTF's founding entity). In addition, the HTF has identified another potential \$1,000,000 from investors which can be leveraged for the State match. The VCHTF received a \$2,000,000 matching grant from the State's Prop.1C Local Housing Trust Fund Matching Grant Program. VCHTF expects to launch its Revolving Loan Fund in the 3<sup>rd</sup> quarter of 2012 with an initial \$4,000,000 disbursed over three years.

### *Inclusionary Housing In-Lieu Fees*

Inclusionary housing ordinances typically provide an "in lieu fee" provision which allows payment of a fee in lieu of all or some of inclusionary units that are affordable for low and moderate income households. The amount of the fee is calculated using a fee schedule established by a local jurisdiction. Fees are set-aside to be used for affordable housing that could include permanent supportive housing. All but one (1) of the 10 incorporated cities in the county have an Inclusionary Housing Policy.

### *Local General Funds*

Local general funds consist of revenue from various sources such as property tax, sales tax, business license tax, transient occupancy tax, and vehicle license fees. Such funds generally have few restrictions on the type of permitted expenditures and as a result the activities of this recommendation are likely to be eligible expenses.

### *Low-Income Housing Tax Credit*

Low-Income Housing Tax Credit is another source of potential funding that encourages private investment in affordable rental housing for households meeting certain income requirements. The California Tax Credit Allocation Committee (TCAC) administers the federal program and the state program low-income housing tax credit programs. The federal program allows developers to raise project equity through the sale of tax benefits to investors. The state program does not stand alone. It augments the federal tax credit program which helps offset the high cost of developing housing in California. The state credit is only available to a project which has previously received, or is concurrently receiving, an allocation of federal credits. State law requires TCAC to implement two or more application cycles each year.

### *Mainstream Resources*

Mainstream resources are publicly funded programs that provide services, housing, and income supports to people who are poor whether they are homeless or not. Mainstream programs include housing, food, health care, transportation, and job training designed to help low-income individuals achieve or retain economic independence and self-sufficiency. Such resources include public assistance programs such as CalFresh (formerly known as Food Stamps and federally known as the Supplemental Nutrition Assistance Program (SNAP), Medicaid/Medi-Cal; Social Security Disability Income (SSDI), Supplemental Security Income (SSI), and Veteran's Benefits.

### *Mental Health Services Act*

The Mental Health Services Act provides funding through the California Department of Mental Health to support county mental health programs for children, transition age youth, adults, older adults and families including those who are homeless. The Act addresses a broad continuum of prevention, early intervention and service needs that help homeless persons receive services on the street as well as after they obtain housing.

### *Multifamily Housing Program*

The Multifamily Housing Program (MHP) provides funding for post-construction permanent financing only and assists with the new construction,

rehabilitation and preservation of permanent and transitional rental housing for lower income households. Eligible activities include new construction, rehabilitation, or acquisition and rehabilitation of permanent or transitional rental housing, and the conversion of nonresidential structures to rental housing. MHP funds are provided for Eligible costs also include the cost of child care, after-school care and social service facilities integrally linked to the assisted housing units; real property acquisition; refinancing to retain affordable rents; necessary onsite and offsite improvements; reasonable fees and consulting costs; and capitalized reserves.

### *Substance Abuse Prevention and Treatment (SAPT) Discretionary Funding*

The California Department of Alcohol and Drug Programs (ADP) provides Substance Abuse Prevention and Treatment (SAPT) to state counties including Ventura County. Funding from this source is to be used for substance abuse prevention and treatment. Counties in turn are able to provide services to clients either directly or by contracting with local service providers.

### *Private Donations*

Private donations from community groups and individuals are a common means of support for non-profit organizations. Such funding may be secured through fundraising appeals and events and should be tax-exempt. Funding is also secured through monthly or annual gifts from the same donor. Capital campaigns are also a primary means in which funds are raised for acquisition, rehabilitation, or new construction.

### *Private Foundation Grants*

Grant applications should be submitted to private foundations whose guidelines encompass this recommendation. Such submissions should come from a non-profit(s) who will be engaged in this recommendation. Several of the recommendations in this plan have historically fallen within the priority areas of private foundations which include:

- Homeless Prevention Activities;
- Case Management;
- Social services such as educational training, employment training, health care, mental health care, etc.;
- Job Creation;

- Street Outreach Services; and
- Community Advocacy and Education.

### *Section 8 Housing Choice Voucher Program*

The Housing Choice Voucher Program (Section 8) is administered locally by public housing authorities (PHAs) for the cities of Oxnard, Port Hueneme, Santa Paula, Ventura, and the County of Ventura. Each of the housing authorities receive federal funds from HUD to administer the program. Funds are used for housing subsidies that are paid to landlords directly by the PHA on behalf of participating households. The households pay the difference between the actual rent charged by the landlord and the amount subsidized by the program. Households pay no more than 30% of their household income toward rent.

### *Veterans Affairs Supported Housing (VASH) Vouchers*

The Veterans Affairs Supported Housing (VASH) Vouchers is a collaboration between the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs Supported Housing (VASH) program to help homeless veterans and their immediate families find and maintain affordable, safe, and permanent housing in the community. The program combines rental assistance from HUD with case management and clinical services provided by the VA at its medical centers and through service providers in the local community. Ongoing VA case management, health, and other supportive services are made available at VA Medical Centers (VAMC). The program also requires the local public housing agency (PHA) participation, which consists of applying for and managing the rental assistance vouchers.

VASH vouchers are not part of a grant application process. They are issued based on a selection process that takes into account the population of homeless veterans needing services in the area, the number of homeless veterans served by the homeless programs at each Veterans Affairs Medical Center (VAMC), geographic distribution, and VA case management resources according to HUD. PHAs administrative performance is also taken into account.

### *Veterans Grant and Per Diem Program*

The Department of Veterans Affairs provides funding through its Homeless Providers Grant and Per Diem Program as part of the effort to end homelessness among veterans. The VA expects to fund approximately 450 beds over a three year period beginning in 2012. The VA estimates that a maximum grant award of 1.2 million will support an average of 25 beds per night, per project.

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## **Appendix B: Funding the Plan and Potential Funding Sources**

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Recommendations:		CA Assembly Bill 109	CA Assembly Bill 1445	Community Development Block Grant Program - Capital Funds	Community Development Block Grant Program - Public Service Funds	Continuum of Care Homeless Assistance Program	Emergency Food and Shelter Prg	Emergency Housing Assistance Prg	Emergency Housing Assistance Prg - Capital Development	Emergency Solutions Program	HOME Program	Housing Trust Fund - Ventura County	Inclusionary Housing In-Lieu Fees	In-Kind Contributions	Local General Funds	Low Income Housing Tax Credits	Mainstream Resources	Mental Health Services Act	Multifamily Housing Program - CA	Private Donations	Private Foundation Grants	Section 8 Housing Choice Voucher Prg	Substance Abuse Prevention and Treatment Discretionary Funding	VASH Program Vouchers	Veterans Grant and Per Diem Prg
1	Adopting Housing First Model													✓											
2	Community Outreach, Engagement, Treatment		✓		✓	✓	✓			✓				✓	✓			✓		✓				✓	
3	Shelter Plus Care					✓																			
4	Permanent Supportive Housing			✓	✓	✓					✓	✓	✓			✓		✓	✓	✓					
5	VASH Program Vouchers																						✓		
6	Rapid Re-housing Strategy				✓	✓	✓			✓				✓	✓					✓	✓				
7	Shelters			✓	✓		✓	✓	✓	✓				✓	✓					✓	✓				
8	Transitional Housing			✓	✓		✓	✓	✓	✓	✓			✓						✓	✓			✓	
9	Permanent Housing			✓							✓	✓	✓			✓			✓			✓			
10	Housing Trust Fund			✓								✓	✓							✓	✓				
11	Section 8 Housing Choice Voucher Program																					✓			
12	Homeless Prevention						✓			✓					✓					✓	✓				
13	Prevention Outreach & Education													✓											
14	Discharge Planning	✓	✓																	✓	✓				
15	Mainstream Resources				✓												✓								
16	Detoxification Services														✓						✓		✓		
17	Homeless Management Information System					✓				✓															
18	Business Community Involvement													✓						✓					
19	Faith-based Organizations													✓						✓					
20	Coordinated Assessment System													✓											
21	Continuum of Care Oversight board													✓											
22	Working Groups													✓											
23	Ventura Council of Governments (VCOG)													✓											

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## Appendix C: Glossary

**ACT Model** – Assertive Community Treatment is an intensive and highly integrated team approach for community mental health service delivery designed to provide comprehensive, case management-based rehabilitation, treatment, and community support services to persons with mental illness. Services include health care, mental health care, substance abuse treatment. ACT is an effective approach to assisting persons who are living on the streets and after they are placed in permanent housing if necessary.

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

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

**At Risk of Homelessness** - Defined as an individual or family who as an annual income below 30 percent of median family income for the area, as determined by HUD and does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “Homeless” definition in this section; and meets one of the following conditions:

- Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
- Is living in the home of another because of economic hardship;
- Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;
- Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;

- Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
- Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
- Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.

**Case Management** - The process by which all matters of a homeless individual's needs are assessed and managed by a social worker or case manager. Case managers coordinate designated components of health care, employment readiness, public benefits, and housing placement. Case management is intended to ensure continuity of services and accessibility to overcome rigidity, fragmented services, and the improper utilization of facilities and resources. It also attempts to match the appropriate intensity of services with the individual's needs over time.

**Chronically Homeless** is defined as an individual who:

- Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
- Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- Has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

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

**Centralized or Coordinated Assessment System** means a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

**Continuum Of Care System** - The fundamental components of a Continuum of Care system are emergency shelters that offer essential services to ensure that homeless individuals and families receive basic shelter needs; transitional housing with appropriate supportive services to give families the shelter and services they need while they learn the skills necessary to transition to permanent housing; and permanent supportive housing which provides on-site and/or off-site social services to residents. Continuum of Care also references to a local consortium of agencies that HUD requires be formed by community organizations and stakeholders to apply for and receive HUD funding through the annual competitive process. Members include a majority of a community’s or region’s non-profit and faith-based homeless service providers, and may also include law enforcement, hospitals, local colleges and universities, local government, churches, etc.

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

**Developmental Disability** means, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002): a severe, chronic disability of an individual that:

- Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- Is manifested before the individual attains age 22;
- Is likely to continue indefinitely;
- Results in substantial functional limitations in three or more of the following areas of major life activity:
  - Self-care;
  - Receptive and expressive language;
  - Learning;
  - Mobility;
  - Self-direction;
  - Capacity for independent living;
  - Economic self-sufficiency.
- Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (1)(i) through (v) of the definition of "developmental disability" in this section if the individual, without services and supports, has a high probability of meeting these criteria later in life.

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

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



**Dually Diagnosed** - Individuals who are substantially limited in one or more major life activity by mental illness and alcohol or drug addiction. Persons with other diagnoses qualify under multiple diagnoses.

**Emancipated Foster Youth** - Young adults who have reached majority age (18 years) were in the foster care system and who now have no other home.

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

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

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

**Emergency Housing and Assistance Program Capital Development (EHAPCD)** - Provides funding to fund capital development activities for emergency shelters, transitional housing, and safe havens that provide shelter and supportive services for homeless individuals and families. Eligible activities include acquiring, constructing, converting, expanding and/or rehabilitating emergency shelter, transitional housing, and/or safe haven housing and administration of the award (limited to 5 percent).

**Emergency Housing and Assistance Program (EHAP) Operating Facility Grants** - Provides facility operating grants for emergency shelters, transitional housing projects, and supportive services for homeless individuals and families. Eligible Activities include providing direct client housing, including facility operations and administration, residential rent assistance, leasing or renting rooms for provision of temporary shelter, capital development activities

**ESG (Emergency Solutions Grant)** - Assists individuals and families quickly regain stability in permanent housing after experiencing a housing crisis or homelessness. Recipients, which are state governments, metropolitan cities, urban counties, and U.S. territories, receive ESG funds from HUD and make these funds available to eligible sub-recipients, which can be either local government agencies or private nonprofit organizations.

Sub-recipients that want to operate the homeless assistance and/or homelessness prevention projects must apply for ESG funds to the governmental recipient, and not directly to HUD. ESG funds are available for five program components: street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance, and data collection through the Homeless Management Information System or HMIS. Recipients also receive administration funds with a statutory cap of 7.5 percent.

**Grant and Per Diem (GPD) Program** - Funds community-based agencies providing transitional housing or service centers for homeless veterans. Under the Capital Grant Component VA may fund up to 65% of the project for the construction, acquisition, or renovation of facilities or to purchase van(s) to provide outreach and services to homeless veterans. Per Diem is available to grantees to help off-set operational expenses including staff salaries for support services.

**Fair Market Rents (FMRs)** - Primarily used to determine payment standard amounts for the Housing Choice Voucher program, to determine initial renewal rents for some expiring project-based Section 8 contracts, to determine initial rents for housing assistance payment (HAP) contracts in the Moderate Rehabilitation Single Room Occupancy program (Mod Rehab), and to serve as a rent ceiling in the HOME rental assistance program. HUD annually estimates FMRs for 530 metropolitan areas and 2,045 nonmetropolitan county FMR areas. By law the final FMRs for use in any fiscal year must be published and available for use at the start of that fiscal year, on October 1. FMRs are gross rent estimates. They include the shelter rent plus the cost of all tenant-paid utilities, except telephones, cable or satellite television service, and internet service. HUD sets FMRs to assure that a sufficient supply of rental housing is available to program participants.

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

**Homeless** – An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular

sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or
- An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
- An individual or family who will imminently lose their primary nighttime residence, provided that:
  - The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
  - No subsequent residence has been identified; and
  - The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
- Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
  - Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
  - Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
  - Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or

two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

- Any individual or family who:
  - Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
  - Has no other residence; and
  - Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

**Homeless Management Information System (HMIS)** - A computerized data collection application designed to capture client-level information over time on the characteristics of housing and service needs of men, women, and children experiencing homelessness, while also protecting client confidentiality. An HMIS aggregates client-level data to generate an unduplicated count of clients served within a community's system of homeless services, and can provide data on client characteristics and service utilization.

**Homeless Prevention** - Provides rental assistance, utility assistance and supportive services directly related to the prevention of homelessness to eligible individuals and families who are in danger of eviction, foreclosure or homelessness. Assistance is designed to stabilize individuals and families in their existing homes.

**Housing Choice Voucher Program** (Section 8) - A federal housing subsidy program that is administered locally by housing authorities. The subsidy program is both tenant and project-based. The Section 8 voucher program provides assistance in order for the voucher recipient to pay no more than 30% of their gross monthly income on rent in a unit that complies with the rent guidelines. Housing authorities may spend a portion of their Section 8

certificate program funds to specific housing projects and thus subsidizing the unit.

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

**HUD** – The U.S. Department of Housing and Urban Development was first created in 1937 to respond to the need for housing for every American. The primary areas of focus for HUD include creating opportunities for homeownership; providing housing assistance for low-income persons; working to create, rehabilitate and maintain the nation's affordable housing; enforcing the nation's fair housing laws; helping the homeless; spurring economic growth in distressed neighborhoods; helping local communities meet their development needs.

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

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

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

**Low Income Housing Tax Credits (LIHTC)** – A way of obtaining financing to develop low-income housing. Government programs provide dollar-for-dollar credit toward taxes owed by the housing owner. These tax credits can be sold, or used to back up bonds that are sold, to obtain financing to develop the housing.

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

**Moderate Income** - A household income that is more than 80 percent, but does not exceed 120 percent of the median income for the County.

**Medicaid – (AKA Medi-Cal in California)** - A program that pays for medical assistance for certain individuals and families with low incomes and resources. People served by Medicaid include adults, their children, and people with certain disabilities. This program became law in 1965 and is jointly funded by the Federal and State governments to assist States in providing medical long-term care assistance to people who meet certain eligibility criteria. Medicaid is the largest source of funding for medical and health-related services for people with limited income.

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

**Multifamily Housing Program (MHP)** - Finances the development of affordable permanent rental and transitional housing. Over 30 percent of the units it assists are reserved for extremely low-income households. Since its creation in 1999, MHP has produced 3,279 units of permanently affordable housing, of which 531 are designated for persons who are homeless or at risk of homelessness, including emancipated foster youth and persons with chronic mental illness.

**Permanent Housing** - Community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid

rehousing. To be permanent housing, the program participant must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for cause.

**Permanent Supportive Housing** – Provides housing to persons with disabilities who have low incomes and need support in order to maintain housing and not become homeless or institutionalized. It is permanent housing with services. The type of services depends on the needs of the residents. Services may be short-term, sporadic, or ongoing indefinitely. The housing is affordable and intended to serve persons who have very low incomes.

**Point-in-Time Count** - A count of sheltered and unsheltered homeless persons carried out on one night in the last 10 calendar days of January or at such other time as required by HUD.

**Private Foundation** - A non-governmental, non-profit organization which has a fund or endowment that is used to aid charitable, educational, religious or other agencies serving the public good. It makes grants primarily to other non-profit organizations. Each private foundation, however, has its own specific priorities and interests which determines the types of programs it supports. These preferences and any program restrictions and requirements for applying will be included in the Foundation's guidelines.

**Private Nonprofit Organization** - An organization where, no part of the net earnings of which inure to the benefit of any member, founder, contributor, or individual;

- That has a voluntary board;
- That has a functioning accounting system that is operated in accordance with generally accepted accounting principles, or has designated a fiscal agent that will maintain a functioning accounting system for the organization in accordance with generally accepted accounting principles; and
- That practices nondiscrimination in the provision of assistance.

A private nonprofit organization does not include governmental organizations, such as public housing agencies.

**Project-based Rental Assistance** - Provided through a contract with the owner of an existing structure, where the owner agrees to lease the subsidized units to program participants. Program participants will not retain rental assistance if they move.

**Rapid Re-Housing** - Provides housing stabilization and cash assistance with rent, security deposit, utility deposits, payments or arrearages to move homeless households who just lost their housing, and those living in emergency or transitional housing, back into permanent housing.

**Rent Reasonableness** - HUD will only provide rental assistance for a unit if the rent is reasonable. The recipient or sub-recipient must determine whether the rent charged for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, taking into account the location, size, type, quality, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charged by the same owner for comparable unassisted units.

**Safe Haven** – A facility that provides shelter and services to hard-to-engage persons who are homeless and have serious mental illness who are on the streets and have been unable or unwilling to participate in supportive services. Safe Havens usually follow a “harm reduction” model of services.

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

**Sponsor-based Rental Assistance** - Provided through contracts between the recipient and sponsor organization. A sponsor may be a private, nonprofit organization, or a community mental health agency established as a public nonprofit organization. Program participants must reside in housing owned or leased by the sponsor.

**SRO – Single Room Occupancy** - Housing units that are an affordable housing option for very low income and homeless individuals and are typically single room units with a bed, small refrigerator, and a microwave. Units have either private or shared bathrooms.



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

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

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

**Tenant-based Rental Assistance** - A rental subsidy to help individual households afford housing costs, such as: rent, utility costs, and security and utility deposits. Program participants choose housing of an appropriate size in which to reside.

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

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

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## **Appendix D: Useful Web Sites about Homelessness**

### **Local Web Sites:**

- Ventura County Housing and Homeless Coalition:
  - [www.vchhc.org](http://www.vchhc.org)
- County of Ventura Human Services Agency:
  - [www.vchsa.org](http://www.vchsa.org)
- City of Oxnard Commission on Homelessness:
  - [www.cityclerk.cityofoxnard.org/page/2/925](http://www.cityclerk.cityofoxnard.org/page/2/925)
- City of Simi Valley Department of Community Services Citizen Advisor/Task Force on Homelessness
  - [www.simivalley.org/index.aspx?page=482](http://www.simivalley.org/index.aspx?page=482)
- City of Ventura Homeless Services
  - [www.cityofventura.net/homelesssservices](http://www.cityofventura.net/homelesssservices)
- Ventura Social Services Task Force
  - [www.vsstf.org](http://www.vsstf.org)
- United Way of Ventura County
  - [vcunitedway.org/our-work/income/](http://vcunitedway.org/our-work/income/)
- Ventura County Community Development Department
  - [http://portal.countyofventura.org/portal/page/portal/ceo/divisions/communitydevelopment/HUD\\_Reports](http://portal.countyofventura.org/portal/page/portal/ceo/divisions/communitydevelopment/HUD_Reports)

### **State Web Sites:**

- Housing California/ Homelessness
  - [www.housingca.org](http://www.housingca.org)
- California Research Bureau/The California Homeless Youth Project
  - [www.cahomelessyouth.library.ca.gov/about.html](http://www.cahomelessyouth.library.ca.gov/about.html)
- California Department of Housing and Community Development
  - [www.hcd.ca.gov](http://www.hcd.ca.gov)

### **National Web Sites:**

- United States Interagency Council on Homelessness
  - [www.usich.gov](http://www.usich.gov)
- United States Department of Housing and Urban Development Homeless Resource Exchange
  - [www.hudhre.info](http://www.hudhre.info)
- National Alliance to End Homelessness
  - [www.endhomelessness.org/](http://www.endhomelessness.org/)
- United States Department of Health and Human Services
  - [www.hhs.gov/homeless](http://www.hhs.gov/homeless)
- United States Department of Veterans Affairs Homeless Veterans
  - [www.va.gov/HOMELESS/index.asp](http://www.va.gov/HOMELESS/index.asp)
- Substance Abuse & Mental Health Services Homeless Resource Center
  - [www.homeless.samhsa.gov](http://www.homeless.samhsa.gov)

## Appendix E: Revised Recommendations

Recommendation 1 applies to individuals and families who are mired in chronic homelessness; individuals and families who experience temporary homelessness, and individuals and families who are at risk of becoming homeless.

1: Housing First Model

Recommendations 2 through 5 focus on individuals and families who are mired in **chronic homelessness**.

2: Community Outreach, Engagement, and Treatment for Chronically Homeless Individuals and Families

3: Shelter Plus Care Certificates

4: Permanent Supportive Housing Beds

5: Veterans Affairs Supported Housing (VASH) Vouchers

Recommendations 6 through 11 also concentrate on individuals and families but those who experience **temporary homelessness**

6: Rapid Re-Housing Strategy

7: Shelters

8: Transitional Housing

9: Permanent Affordable Housing

10: Housing Trust Fund

11: Housing Choice Voucher Program (Section 8)

Recommendations 12 through 14 focus on individuals and families who are **at risk of becoming homeless**.

12: Homeless Prevention Resources and Services

13: Community Outreach and Education Campaign

14: Discharge Planning

Recommendations 15 through 20 support each of the other recommendations with additional activities and resources.

15: Mainstream Resources

16: Detoxification Services

17: Homeless Management Information System (HMIS)

18: Business Community Involvement

19: Faith-Based Organizations

20: Coordinated Assessment and Case Management System

Recommendations 21 through 23 address **Implementation of the Plan**.

21: Continuum of Care Board

22: Designate Working Groups to Address Key Activities for the Ventura County Continuum of Care

23: Recognize the Ventura Council of Governments (VCOG) as the local Interagency Council on Homelessness for Ventura County (IACH).