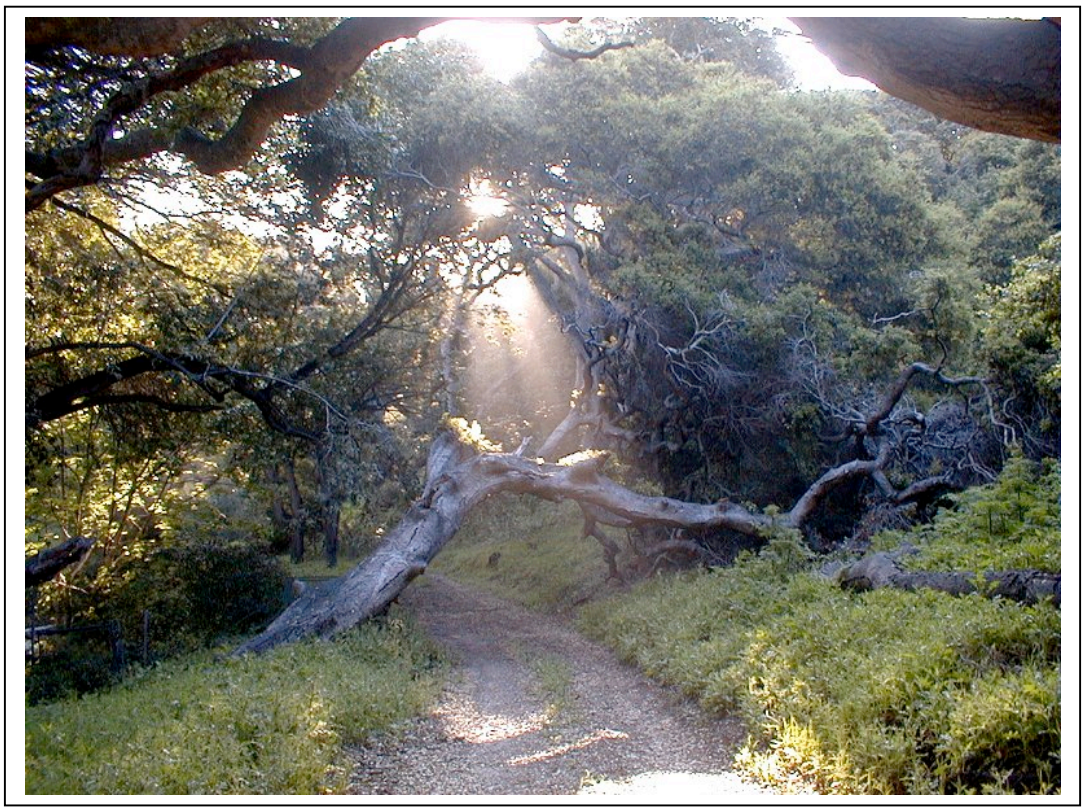
Path to a Home



San Luis Obispo Countywide
10-Year Plan to End Homelessness

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Path to a Home
The San Luis Obispo Countywide 10 Year Plan to End Homelessness

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Path to a Home
The San Luis Obispo County 10 Year Plan to End Homelessness

Overview of Plan Recommendations

Homeless Governing Board: A countywide collaborative governing body overseeing and coordinating the system of care

- Staffed by a full-time Homeless Coordinator and 2 other full-time staff overseeing fundraising and data collection/performance evaluation

- Providing leadership
- Developing an annual work plan to guide plan implementation
- Establishing funding priorities and overseeing allocations
- Facilitating communication and coordination between jurisdictions, governmental departments, providers, homeless people & advocates
- Organizing provider trainings
- Promoting system integration
- Overseeing & facilitating housing production
- Fundraising
- Carrying out a public communication campaign
- Conducting advocacy
- Overseeing systemwide program evaluation and quality improvement

Housing

- Creation of regional Basic Housing Assistance Centers to facilitate access to housing & housing-related services (BHAC)
- Countywide Housing First Policy to get people into housing quickly
- Development of a range of housing, including affordable housing, permanent supportive, no-demand housing, and interim and transitional housing (for crisis situations or specific sub-population needs)
- Short term and shallow housing subsidies to help people regain & maintain housing
- Services linkages for all housing provided through Primary Responders & Human Services Campuses
- Focus on facilitating and expanding affordable housing production through appointment of a point person, creation of a Pipeline Committee, increasing available funding and streamlining approval processes

Services

- 4 regional Human Services Campuses providing centralized access to comprehensive services
- Network of Primary Responders based on the campuses coordinating a single case plan for each client & facilitating linkage of services w/ housing
- Use of triage approach to target services to those most in need
- Streamlined paperwork & single data system to support coordinated service provision
- Countywide Work Fast policy and homeless employment & training programs to get people into employment, training or volunteer work as quickly as possible
- Streamlined access to benefits
- Development of profit–generating micro-enterprises to fund service provision
- Promoting community participation and volunteering to support efforts to address homelessness

Prevention

- Use of comprehensive assessment tool at intake to identify people who are homeless or at-risk and designated discharge planner at all publically funded institutions
- Discharge/Transition team coordinating a collaborative case plan to ensure continuity of care, involving discharge planners at all institutions, Primary Responders and BHAC
- Creation of medical respite beds
- Homeless courts to divert people from criminal justice system
- Eviction prevention housing assistance and services (through BHAC)
- Performance mandates linked to Department budgets and NGO contracts in support of county focus on preventing and ending homelessness

Path to a Home

The San Luis Obispo Countywide
10 Year Plan to End Homelessness

Executive Summary

In January 2008, cities, agencies and groups throughout San Luis Obispo county began an important journey, aimed at improving the county's approach to homelessness. The need for change was broadly recognized, as homelessness in the county was continuing to grow. More individuals and families were losing their housing; community members were increasingly frustrated by the effects of homelessness on their neighborhoods, city centers and public parks; homeless programs were struggling to meet growing need with dwindling resources, and local leaders were searching for solutions that were both effective and affordable.

Against this backdrop, and following a national trend to shift emphasis from "managing" homelessness to working to "end" it, a broad-based planning group came together to reevaluate current efforts within the county, consider best practices and lessons learned around the nation, and develop a Plan for a new and more effective response, aimed at ending homelessness in ten years. This document, **Path to a Home** is the outcome of that process.

Path to a Home lays out a clear central vision that focuses on ensuring that everyone has access to appropriate and affordable housing and to the services they need to sustain it. It provides a clear "path" of:

1) what needs to be done to help people who are homeless or at-risk arrive "home" to stable housing and a place in the community as productive and participating members and

2) the system, policy and program changes necessary for the Cities, Communities and County to arrive at their goal of ending homelessness in ten years.

Altogether, it is a new approach, one that puts as much attention on preventing homelessness as on helping people who are already homeless, and which calls for a variety of system level changes to facilitate integration and collaboration between mainstream and homeless agencies in their service provision. This new approach can be described as:

- system-focused, promoting greater effectiveness and efficiency in resource utilization;

• collaborative, **requiring all sectors of the county to contribute to this effort**;
• flexible and individualized, recognizing that each person in need is unique and requires a tailored response to his/her situation; and
• accountable, insisting on data collection and evaluation to document progress made and guide ongoing revisions and improvements.

The Journey's Start -- Background

Recognizing The Need For Change: As with many other communities around the nation, efforts in San Luis Obispo county to address homelessness sprang up in the late 1980s as a response to what was seen as an emergency. A network of housing and service programs was created, parallel to the mainstream safety net system, to deal with the special needs of people who are homeless. However, twenty years later, it is clear that homelessness is much more than a short-term crisis, and that despite the hard work and commitment of many excellent programs, the current approach to homelessness is not working and must be changed.

Consider the following:

- *Homelessness Continues To Grow, Affecting More And More People, Including Children:* An estimated 2,408 people are homeless each night in San Luis Obispo county, and almost 2,800 experience an episode of homelessness each year. Of these, almost half (44%) are people in families and 22% are children under age 12. Almost a quarter (23%) are victims of domestic violence. [1]

  These numbers indicate not only untold human misery and forfeited dreams, but for the children, it too often is a preview of a poverty-stricken and marginalized future. Children who are homeless are more likely to have health problems[2], to miss school and to have lower academic performance[3]. Those who are pre-school age, are more likely to have one or more developmental delays.[4] All in all, childhood housing instability and homelessness have been identified as one of the indicators of future homelessness[5].

[1] Sources: SLO County Homeless Enumeration Report, Spring 2006 & 2007 SLO County Continuum of Care Application, Exhibit 1.
[2] Weinreb, L., Goldberg, R., Bassuk, E., & Perloff, J. N. (1998). Determinants of health and service use patterns in homeless and low-income housed children. *American Academy of Pediatrics 102*(3): 554-562.
[3] Rafferty, Y. (1995). The Legal Rights and Educational Problems of Homeless Children and Youth. Educational Evaluation and Policy Analysis, 17(1), 42-45. http://webpage.pace.edu/yrafferty/yvonne/docs/Rafferty1995EEPA.pdf
[4] Bassuk, E. L. & Rosenberg, L. (1990). Psychosocial characteristics of homeless children and children with homes. *Pediatrics, 85*(3): 257-261.
[5] Burt, Martha R. "Demographics and Geography: Estimating Needs" for the 1998 National Symposium on Homelessness Research.

- *Many People Become Homeless Because The Mainstream Safety Net Has Not Met Their Needs:* In San Luis Obispo county, almost a quarter of homeless people are victims of domestic violence. 68% of homeless people are estimated to have a mental illness and 37% a substance addiction.[6] Unable to access the help they need, they become homeless, and too often, their problems begin to exacerbate.

- *Some People Have Been Homeless For Years:* Almost 10%[7] of people who are homeless in the county are chronically homeless, having been continually homeless for a year or more or having had at least four episodes of homelessness in the past three years. This extended homelessness is an indication of a breakdown in our systems of care, in that people are unable to get the assistance they need to end this unhealthy and dangerous living situation.

- *The Current System Shelters Only A Tiny Fraction Of Those In Need:* 92% of homeless people in the county are unsheltered, living outside or in vehicles.[8] The current system clearly does not have the capacity to meet the volume and types of needs that exist in the county.

- *Homelessness Is Expensive:* People who are homeless are high users of emergency services, including hospital emergency rooms, shelters, mental health crisis services, and substance abuse detox programs. A study of homeless people with severe mental illnesses found that each used an average of $40,451 worth of publicly-funded services per year, including health and mental health services (86%), emergency shelter (11%) and incarceration in state prisons and local jails (3%).[9]

  In San Luis Obispo county, a conservative estimate of the impact of homelessness on city services, including Police, Parks and Recreation, Public Works and Library, yields a figure of $121,904 per year.[10] In addition, communities also bear quality of life costs related to increased crime, reduced public safety, and problems due to the congregation of homeless people in downtown city centers and public parks.

- *Homeless Programs Cannot Solve The Problem On Their Own:* Both the size of the homeless population as well as their multiple needs makes it impossible for the homeless service system to resolve this problem in its own. Many people who are homeless need access to mainstream services, including health and

[6] 2007 SLO County Continuum of Care Application, Exhibit 1.
[7] 2007 SLO County Continuum of Care Application, Exhibit 1.
[8] Same as above.
[9] Culhane, Dennis P., Metraux, Stephen and Hadley, Trevor. (2002). Public Service Reductions Associated With Placement of Homeless Persons With Severe Mental Illness in Supportive Housing. *Housing Policy Debate* Vol 13, Issue 1, pp 107-163. Fannie Mae Foundation.
[10] This figure is based on a cost study conducted in Santa Barbara County. The per person cost figures from that study are applied to a San Luis Obispo County homeless population of 802, which is 1/3 of the homeless population documented in the Homeless Enumeration Report.

mental health services, drug and alcohol treatment, subsidized housing, employment and training services, and benefits. As noted above, homeless people are already incurring costs in many of these systems, repeatedly cycling in and out of these programs because their problems are not addressed in a coordinated way.

- *Evidence From Around The Country Demonstrates That Re-Orienting The Approach To Homelessness Works:* Over 300 communities around the country are engaged in federal government-promoted Ten Year Planning processes that shift the focus of their service systems from "managing" homelessness to "ending" it.[11] This involves strategies such as making housing a central focus; increasing mainstream program involvement in preventing and ending homelessness; linking services with housing in a comprehensive and coordinated package of care; making prevention a priority; and collecting data to guide decisions and monitor progress. Many of these communities have reported significant reductions in the numbers of people homeless on their streets after beginning implementation of their Plans, such as a 60% reduction in Philadelphia, 28% in San Francisco, and 20% in Portland.[12]

- *San Luis Obispo County Has Effective Programs Upon Which To Base Change:* While the current homeless system as a whole is not working to end homelessness, there are many excellent programs that have developed proven approaches to helping people regain and maintain housing throughout the county. Using these programs as a base and more fully involving mainstream agencies, the Cities and County can construct an effective system of assistance that will provide comprehensive and coordinated care aimed at helping people access and maintain housing for the long term.

The Homeless Outreach Program
A San Luis Obispo County
Success Story

The Homeless Outreach Program, operated by the County Behavioral Health Department, Mental Health Services, serves homeless individuals with mental illness through outreach services in the community where they congregate. HOP provides mental health counseling, medications, emergency assistance, transitional housing with case management, and assistance obtaining permanent housing.

<u>2006-2007 Outcomes</u>

- 92 clients served
- 90% received housing

[11] http://www.ich.gov/slocal/index.html
[12] The United States Interagency Council on Homelessness e-newsletter, June 8, 2006, http://www.ich.gov/newsletter/archive/06-08-06_e-newsletter.htm

- 63% involved in vocational development
- 40% have paid employment this year
- 7% are in educational programs
- Number of days homeless has been reduced by 13,346 days

2006-2007 Costs Savings

- $207,100 in cost savings from reduced incarceration of 2,071 days
- $301,500 in costs savings from reduced acute hospitalization of 335 days

A Call To Action: Recognizing the need to change the county's approach to homelessness, the County Board of Supervisors undertook the development of the 10 Year Plan as a framework for effectively addressing how the county can better meet the most basic needs of its poorest residents. A central goal of the 10-Year Plan is to assist the county in stabilizing and sustaining critical services to people who are homeless and at-risk by enhancing interagency collaboration and increasing systemwide efficiency in provision of services and utilization of resources. The County reached out to all cities and community partners to solicit their participation in the planning process. Staff support was provided through the County Planning and Building Department, with assistance from the Department of Social Services. Consultant services were provided by HomeBase/The Center for Common Concerns.

On The Road -- The Planning Process

The planning process was initiated in January 2008. A Leadership Council was convened with 60 seats, composed of key representatives from County and City government, community-based organizations, faith-based organizations, the business community, funders and people with experience of homelessness. The Leadership Council's responsibility was to oversee the overall development of the Plan; solicit community feedback; develop an implementation and oversight body; and facilitate plan adoption by the Board of Supervisors, City Councils and other relevant bodies.

Four committees were formed, corresponding to the four priority areas that the Plan needed to address.

- Finance and Administration (including oversight, data, coordination) Committee
- Short Term (including emergencies shelter) and Permanent Housing Committee
- Prevention and Discharge Planning Committee
- Supportive Services (including Outreach, Health Care, Incomes) Committee

Each committee met monthly, and strategies and action steps were developed based on general information about homelessness, its causes and solutions; pertinent county data on need and on the housing and services currently in place; and lessons from current research on homelessness and best practices from around the country.

The final Plan is divided into four sections, each of which contains recommendations addressing one of the priority areas of action to end homelessness:

- Priority 1. Facilitating Access to Affordable Housing to Put an End to Homelessness.

- Priority 2. Stopping Homelessness Before it Starts through Prevention and Effective Intervention.

- Priority 3. Ending and Preventing Homelessness through Integrated, Comprehensive, Responsive Supportive Services.

- Priority 4. Coordinating a Solid Administrative & Financial Structure To Support Effective Plan Implementation.

The Plan encompasses a series of strategies and action steps aimed at transforming existing homeless and mainstream systems and programs into one comprehensive and coordinated system of care aimed at both preventing homelessness for those at-risk and ending it for those who have already lost their homes. These strategies and action steps are suggestions to guide County, City and Community partners in taking coordinated action to achieve this goal. While the Plan does not mandate action by any agencies, the strategies and actions steps it contains were developed through a countywide planning process and represent the strong consensus of the Leadership Council and its Committees on how San Luis Obispo county can best improve the effectiveness of its approach to homelessness and achieve its goal of ending homelessness in ten years.

Reaching Our Destination – Plan Implementation

The Leadership Council will be the lead agency overseeing the start of Plan implementation, as it oversaw the development of the Plan. The implementation timeline is at page 64. Action steps will be implemented as funding is secured, redirected from existing funding streams or through the development of new federal, state, local and private sector funding. The initial implementation can begin using existing funding streams adjusted to be consistent with the plan. State and federal funding (See Appendix C) with local jurisdictions and private resources will be needed to access housing services and boost system capacity to the scale needed to end homelessness. A successor Homelessness Governing Body is proposed for Phase I.

Mission of the Leadership Council

- To foster involvement of all sectors of San Luis Obispo county working in collaboration and partnership to create a comprehensive and effective system of care that prevents and ends homelessness.

- To provide oversight and leadership that will promote ongoing innovation, accountability for outcomes and maximum efficiency in resource utilization.

The following vision statement and guiding principles were used to guide the development of the Plan and will be used to guide its implementation.

Vision Statement

We envision a future in which the housing and comprehensive services necessary to remain housed are available for all, affording everyone maximum self-sufficiency, and the opportunity to be productive and participating members of our community.

Guiding Principles

- Community Partners Working Together – Ongoing coordination and collaboration between the County, Cities and Community partners is recognized as the cornerstone of our efforts to build a comprehensive and seamless system of care that ensures that no one is left out of housing.

- Sharing Responsibility through Education and Outreach To All – Achieving results that matter will require involvement of all sectors of the community, including the business community, faith-based organizations and citizen volunteers. As such, education to build understanding of homelessness is essential in order to encourage broad involvement and cultivate support for solutions.

- Continuous Community Building – Development of this system of care will be carried out through significant investment in affordable and supportive housing, treatment and services for the benefit of All county residents.

- Fostering Of Innovation & Excellence – Through continuing investment in training, annual integration of lessons learned and emerging best practices, and openness to new ways of doing things, we will create a model system of care that is equal to the challenge of preventing and ending homelessness.

- Flexible and Individualized Attention – Ending homelessness will happen one person at a time; as such, housing and service provision will be tailored to the specific needs of each individual or family.

- Focus On Housing – All service provision will include ensuring the client's housing stability, whether by helping people to obtain housing quickly, linking them with the services they need to sustain it, or identifying risk and intervening early to prevent housing loss.

- Comprehensive Solutions With A Systemwide Perspective - No matter where the client enters the system, comprehensive solutions will be provided through access to the full range of care available within the system.

- Strategic Thinking & Efficiently Targeted Interventions – Data collection to allow evaluation of emerging needs and program outcomes will enable us to target interventions for maximum impact and continuously monitor results and adjust for improvement.

Conclusion

The planning process that produced **Path to a Home**, the San Luis Obispo countywide ten-year plan to end homelessness, involved a diverse group of stakeholders and built a strong base of collaboration that can help to carry the Plan forward through the implementation process. **Path to a Home** provides a strong and compelling framework for joint action that can guide County, City and Community partner efforts to effectively address homelessness and utilize precious housing and service resources in the most efficient and productive manner possible.

Path to a Home

The San Luis Obispo Countywide
10 Year Plan to End Homelessness

Priority 1: Facilitating Access to Affordable Housing to Put an End to Homelessness

The centerpiece of any effort to end homelessness must be housing – safe, decent and affordable housing. Experience from all over the country demonstrates that housing provides the essential base that allows people to recover from homelessness and the crises that provoked it. With housing, they are able to more effectively address health, mental health and addiction disorders that play a role in their economic marginalization. They are also better able to access and maintain employment or enroll in education or job training activities to enhance their employability and earning potential. Equally important, housing enables them to provide a stable environment to foster the healthy growth and development of their children. It also facilitates their ability to take their place in society as productive and participating members of the community.

Development of a Full Range of Housing

As such, a key priority for the county's efforts to end homelessness is to expand its supply of housing. This involves the development of a full range of housing types to meet the need countywide. Of particular importance is making housing affordable to people who are homeless, as San Luis Obispo county has some of the least affordable housing in the country.

- *Renters in San Luis Obispo county need to earn $20.67/hour in order to afford a modest two bedroom apartment; however, the average renter only earns $10.88/hour*[1].

- *The median sales price of single-family homes in the county exceeded $600,000 in February 2006. Less than 10% of the county's households can afford to buy housing at this price. In 2003, San Luis Obispo county had the fourth least affordable housing market in the nation.* [2]

[1] San Luis Obispo County Housing Trust Fund. "Rental Housing is 'Out of Reach'" in *Housing For All*, April/May 2008.
[2] Data from the SLO County 2004 Housing Element and the SLO County Department of Planning & Building website.

Also important is the development of permanent supportive housing to meet the needs of people who are chronically homeless, experiencing extended homelessness and suffering from health, mental health and addiction disorders. Permanent supportive housing links an array of services with the housing to facilitate ongoing residential stability. This type of housing is a nationally-recognized "best practice" with documented effectiveness, helping some of the most vulnerable and needy members of the homeless population to exit homelessness and improve their health and well-being. At the same time, it has resulted in significant cost-savings for communities as, once in stable housing, use of expensive emergency services by this population drops precipitously.

- *Studies of permanent supportive housing programs show that about three quarters of residents stay for at least two years, and about half retain the housing for three to five years.*[3]

- *A study in New York City documented a reduction in service use of $16,281 per housing unit per year by homeless people with severe mental health disabilities who are placed in supportive housing. More than 85% of the savings resulted from reduced usage of emergency and inpatient health and mental health services.*[4] *Importantly, the reduced costs from lower service utilization cover 95% of the cost of developing and operating supportive housing.*

Finally, interim housing, including both emergency housing and transitional housing are needed for emergency situations and for certain special need populations.

[3] Wong YI, Hadley TR, Culhane DP, Poulin SR, Davis MR, Cirksey BA, Brown JL. Predicting Staying or Leaving in Permanent Supportive Housing that Serves Homeless People with Serious Mental Illness. U.S. Department of Housing and Urban Development, Office of Policy Development and Research, Washington DC. March 2006. and Lipton, F.R., Siegel, C., Hannigan, A., et al. Tenure in supportive housing for homeless persons with severe mental illness. Psychiatric Services 51(4): 479-486, 2000.
[4] Culhane, Dennis P., Metraux, Stephen and Hadley, Trevor. (2002). Public Service Reductions Associated With Placement of Homeless Persons With Severe Mental Illness in Supportive Housing. *Housing Policy Debate* Vol 13, Issue 1, pp 107-163. Fannie Mae Foundation.

San Luis Obispo County Housing Needs[5]	
Housing Type	**Estimated Unmet Need**
Very Low and Low Income Housing (50-80% of median income)	524 units
Permanent Supportive Housing	425 family beds 274 individual beds
Transitional Housing	449 family beds 401 individual beds
Emergency Housing	174 family beds 443 individual beds

Source: 2007 SLO County Continuum of Care Application, Exhibit 1, See Appendix A

Path to a Home recommends increasing the overall supply of housing available to people who are homeless or at risk.

- For permanent affordable housing, it recommends streamlining the permit and approval process, facilitating production, exploring new cost-effective designs, and increasing the funding available from grants and other new sources.

- For permanent supportive housing, it recommends developing strategies to link housing with support services targeted to meet the specific needs of the client population.

- For interim housing, it recommends increasing the supply in order to provide a supplement to permanent housing, not an alternative. Specifically, it recommends developing sufficient enriched interim housing to meet the countywide need for emergency housing and creating transitional housing to meet the needs of key target populations, including young people exiting foster care, victims of domestic violence, medically fragile, veterans returning from war, and those exiting prison.

- Finally, it recommends conducting public education and outreach to build support for the development of housing for homeless people.

See Appendix C for projected unit and service needs, with associated costs and potential revenue sources.

[5] Data from San Luis Obispo HUD 2007 Continuum of Care Exhibit 1 and from 2004 SLO County Housing Element

Rapid Re-Housing

Path to a Home also calls for the adoption of a "Housing First" policy by the County. Housing First is an approach that puts a priority on helping people to quickly re-access permanent housing, thus minimizing the physical and emotional damage caused by homelessness and putting them in a position to recover more quickly. Under Housing First, people who are homeless will be assisted in obtaining housing as soon as possible, without any prerequisites such as spending time in interim housing or achieving sobriety. The housing provided will be linked with intensive case management, treatment and wrap-around services, and while services are not required, people will be encouraged and assisted in accessing those they need. This low demand approach has proven successful, even with people who are chronically homeless and/or have a health, mental health or addiction disorder.

- *A HUD-sponsored study of three Housing First programs [New York City's Pathways to Housing, Seattle's Downtown Emergency Services Center (DESC) and San Diego's Reaching Out and Engaging to Achieve Consumer Health (REACH)] serving people who are chronically homeless and have a mental illness or a co-occurring disorder found that 84% of clients were still housed after 12 months*[6]*.*

- *Despite the fact that services are often not required in these programs, clients still access assistance that addresses their needs. An evaluation of the Closer to Home Initiative found that 81% of tenants were receiving health care services, 80% mental health treatment, 56% substance abuse treatment, 65% money management, 51% benefits assistance, and 41% employment services.*[7]

Facilitating Access To Housing

Path to a Home also recommends strategies to help people access and maintain housing. This includes obtaining funding for additional housing vouchers/subsidies and creating a funding pool to provide rental and mortgage assistance to people at immediate risk of homelessness and deposit guarantees and initial move-in costs to homeless clients reentering housing. The Plan also calls for the development of 4 regional Basic Housing Assistance Centers to facilitate access to housing and housing supports for people who are homeless or at-risk. These Centers will allocate housing

[6] Locke, G, Khadduri, J and O'Hara, A. *Housing Models.* Discussion Draft for the 2007 National Symposium on Homelessness Research. p. 14.
[7] Barrow S, Soto G, Cordova p, Final Report on the Evaluation of the Closer to Home Initiative, Corporation for Supportive Housing, 2004.

assistance funds, help people in finding appropriate units, and provide a range of services to facilitate successful tenancy.

Short Term Housing Assistance Success Stories

In Massachusetts, three pilot programs offering short term housing assistance were implemented to test alternative approaches to family emergency shelter which had become very costly (average annual cost of providing shelter to a family was $47,000 in 2004).

- The Rental Assistance for Families in Transition (RAFT) program provided flexible funding for first/last month's rent, security deposits and utility payments. 436 families were assisted at an average household cost of $1,365.
- Similar assistance was provided to 476 eligible families through the State's TANF emergency assistance program to help them shorten a shelter stay or avoid homelessness. The average cost per family was $3,080.
- 207 families were assisted under the Shelter to Housing pilot with a one-time subsidy of $6,000 to cover rent and some stabilization services.

Two years later 80% of the families were still housed. In addition, these three programs were able to significantly reduce costs, housing 1,119 families for the same cost as 63 shelter rooms.[8]

[8] One Family. *Housing First: An Unprecedented Opportunity,* Fall 2006. http://www.onefamilyinc.org/cgi-script/csArticles/uploads/466/PolicyPaperFINAL.pdf

The strategies and action steps outlined in the following pages are suggestions for how County, City and Community partners can improve the effectiveness of the county's approach to homelessness. They were developed through a countywide planning process and represent the strong consensus of the Leadership Council and the Short Term and Permanent Housing Committee on how San Luis Obispo county can best achieve its goal of ending homelessness in ten years.

Strategy 1.1: CREATE MORE AFFORDABLE PERMANENT HOUSING AND PERMANENT SUPPORTIVE HOUSING TO HELP PEOPLE WHO ARE HOMELESS ACHIEVE LONG-TERM RESIDENTIAL STABILITY.

Action Step 1.1.1: Increase the supply of affordable housing for homeless people, including through new construction, acquisition and rehab, master leasing, set asides in existing buildings/developments and dedicated units in new developments (through inclusionary zoning and other strategies).

Action Step 1.1.2: Identify properties (land, retail or commercial space, motels, apartments, housing units, mobile home parks) in the county that can be acquired and converted into affordable permanent housing and permanent supportive housing for homeless people.

Action Step 1.1.3: Develop strategies for linking permanent housing with supportive services to meet the specific needs of the target subpopulation being served. Strategies should address staffing and coordination among services and treatment providers and may include clinically trained staff on housing property manager team to coordinate and involve outside service providers. Individual case plans should be in place and integrated with provision of housing when the client enters the housing. [See Action Step 2.5.3]

Action Step 1.1.4: Explore creative new housing models for homeless people.

- Conduct an annual review of best practices, emerging models, and new concepts in housing design, particularly in use with homeless people. Convene those working with homeless people, homeless people, formerly homeless current tenants, and affordable housing developers to discuss possibilities. [See Action Step 4.4.1]

- Re-invent housing models to be smaller, less costly, to foster communal living, and meet what homeless people want. Explore Greenbuild models and concepts, and consider SROs. Any innovative models should be good quality, politically feasible, meet funding criteria, be sustainable for management and maintenance, and socially acceptable as fit for human habitation.

Action Step 1.1.5: Appoint a countywide "Point Person" for affordable housing production and funding to lead an Affordable Housing Production Pipeline Committee that will meet bi-annually in order to facilitate development of affordable housing, including dedicated units for homeless people. The "Point Person" should be existing city/county staff. The Pipeline Committee members should be the affordable housing developers, the housing and community development staff of each city and the County, and other potential funders. [See Action Step 4.2.1.]

The Point Person and Committee should:

- For each city and the County, project the number of units needed over ten years and the kind of units.

- Assist potential projects to get off the ground by identifying sponsors, funding, land and service providers.

- Annually, develop an overall matrix of projects "in the pipeline" to monitor and support their progress, including identifying and resolving barriers and providing assistance in accessing funding and in obtaining necessary permits and waivers.

- Explore mutually beneficial work with market rate developers, tap inclusionary zoning revenue, and stay abreast of all housing-related funding opportunities.

Action Step 1.1.6: Identify secure, sustainable funding sources to create affordable permanent housing and permanent supportive housing for homeless people, including funding for predevelopment, development, operations, administration, and tenant support services. Grant funds, as well as loans, are required to develop housing affordable for homeless people.

- Create a dedicated source of revenue for the County Housing Trust Fund and expand its mandate to include long term, below market rate financing for dedicated units of housing for homeless people, as well as for affiliated operations and services. [See Action Step 4.2.3.]

- Develop new sources of funding, such as in lieu fees, tax on commercial square footage. [See Action Step 4.2.3.]

- Support the bill now pending on Housing Trust Funds in the California Legislature.

- Support Housing CA efforts to identify a permanent source of funding for extremely low income housing development.

- Work to create private funding sources for housing development for homeless people. [See Action Step 4.2.3.]

- Implement mechanisms to document and capture cost-savings in mainstream systems and programs due to reduced use of services by homeless people after implementation of Plan "best practices", and reinvest cost savings in affordable housing. [See Action Steps 2.2.4, 2.4.2 & 4.2.5]

Action Step 1.1.7: Enact local government policies, and create administrative procedures, that ease the process of developing permanent housing and permanent supportive housing for homeless people. Consider the following:

- Allowing more units per lot, waiving parking standards, school district fees, and other requirements that burden an affordable housing development for homeless people.

- Increasing the number of unrelated adults who may share a single family dwelling without a conditional use permit.

- Creating a replacement policy on any affordable units converted to market rate housing.

- Assessing the opportunity for creation of affordable units and the maximum number that can be created whenever the General Plan is amended and opportunity for growth identified.

- Adopting design models/standards for permanent supportive housing that allow automatic permitting.

- Appointing local government "affordable housing fast track specialists" as the "go to" desk for any proposed project to shepherd them quickly through the approval process.

Expected Outcomes

- Supply of affordable housing increases to meet need
- Process of developing affordable housing is streamlined, through easier identification of sites, better and more efficient coordination of the production process and simplified and more efficient approval processes
- Effective strategies in place to link housing and services
- New cost-effective and high quality housing model options developed for homeless people
- Increased funding available for affordable housing

Strategy 1.2: INCREASE THE SUPPLY OF SHORT-TERM "INTERIM" AND TRANSITIONAL HOUSING AS A SUPPLEMENT, AND NOT AN ALTERNATIVE, TO PERMANENT SUPPORTIVE HOUSING.

Action Step 1.2.1: Create sufficient emergency housing capacity throughout the county using the enriched "interim housing" model. Permanent housing should be provided "first" when possible and appropriate to the individual's needs, and interim and transitional housing should be used only for targeted populations or as a stop gap measure for a system in housing crisis. Interim housing should be linked with the Community Services Centers and structured so that it connects clients with deep support services and a case management plan to help them move toward greater stability. However access to permanent housing should NOT be conditioned on a "stint" in interim or transitional housing.

- Replace the current Maxine Lewis Homeless Shelter with interim housing to respond to current need. Interim housing should be developed with the vision of being able to convert facilities to other service and housing uses in the future as needs change.

- Concrete performance measures should be established for all interim housing programs, such as fostering self sufficiency; increasing housing stability; developing or strengthening a community support network of friends and family; and improving education, employment, and community participation. [See Action Steps 2.6., 3.1.1 & 4.3.2]

Action Step 1.2.2: Create transitional housing targeted to specific life experiences and offering appropriate services. Target populations include: young people exiting foster care, victims of domestic violence, medically fragile, veterans returning from war, and those exiting prison.

Expected Outcomes

- Adequate emergency housing available to those in need, including interim housing and transitional housing for those with special needs

Strategy 1.3: CULTIVATE AND FOSTER INCLUSIVE HOUSING OPPORTUNITIES THROUGHOUT THE COUNTY FOR HOMELESS INDIVIDUALS AND FAMILIES.

Action Step 1.3.1: Create and fund a group to promote affordable housing for homeless people as part of the 10 Year Plan Homelessness Governing Body activity. Membership should include local elected officials. [See Action Step 4.2.3] This group should:

- Conduct education campaigns about affordable housing and permanent supportive housing targeted to local government officials and staff and to the general public. Campaigns should develop a yearly calendar of activities, including awards and tours and should address the importance and need for this type of housing, effective outcomes, process of development and the need for funding and neighborhood support.

- Conduct outreach and community education on issues of NIMBY to facilitate siting of projects.

- Promote the long-term financial advantage of affordable housing as an investment in the community and a community economic resource. Mention the years of affordability built into projects.

Action Step 1.3.2: Organize a peer support network of housing providers to facility siting of housing for people who are homeless or at risk. This group can develop strategies to encourage community acceptance when a problem is encountered or predicted.

Expected Outcomes

- Communities willing to accept proposed affordable housing development

Strategy 1.4: IMPLEMENT A HOUSING FIRST MODEL OF SUPPORTIVE HOUSING.

Action Step 1.4.1: In concert with approval of this Plan, adopt "Housing First" as a countywide policy for ending homelessness. Encourage the use of mainstream discretionary funds to implement this policy. *[See Appendix D for research and practice profiles on Housing First.]*

Action Step 1.4.2: Provide housing units without conditioning access to meeting threshold behavioral criteria to those with alcohol, substance abuse, mental health, or personality disorders. These units should be linked with low case load intensive case management, treatment and wrap-around services provided through integrated service teams linked with master-leased housing units, "landlord integrated services" by affordable housing developers, and other effective methods. [Primary Responder agencies using the models contained in the Supportive Services Chapter will support success of this work – see Appendix D]

Action Step 1.4.3: Educate service providers and agencies on the importance of using a Housing First model. Provide ongoing staff training and develop a peer support network to support consistent implementation. Assist agencies in making necessary changes to streamline the process to and prerequisites for accessing housing. Look at redirecting services and treatment funds to support the conversion to Housing First. [See Action Steps 2.1.5, 2.2.2, 3.1.7 & 4.4.2]

Action Step 1.4.4: Educate the general public about the effectiveness of, cost benefits of, and need for a Housing First approach in order to build support for the policy and programs. This should be carried out as part of the overall county Public Communication effort on homelessness. [See Action Step 4.2.3]

Expected Outcomes

- Rapid access to housing by homeless people with health, mental health and addiction disorders
- Improved residential stability, health and well-being for the target population
- Reduced costs to emergency services due to access to housing and services
- Public support for Housing First approach

Strategy 1.5: GENERATE MORE SHORT-TERM AND SHALLOW SUBSIDIES THAT HELP PEOPLE REGAIN AND MAINTAIN HOUSING.

Action Step 1.5.1: Implement a system of housing vouchers, both tenant-based rental subsidies and project-based subsidies to support development. Tenant-based subsidies should be designed to be immediately accessible in times of urgency.

Action Step 1.5.2: Create a substantial, new funding pool from which service providers can provide rental and very low income household mortgage assistance to people at immediate risk of homelessness and deposit guarantees and initial move-in costs to homeless clients reentering housing. [See Action Steps 1.6.1 & 2.5.1]

Expected Outcomes

- At-risk households are able to maintain housing and avoid homelessness
- Homeless households quickly re-access housing through rental and other housing –related assistance

Strategy 1.6: FACILITATE AND STREAMLINE ACCESS TO HOUSING AND HOUSING SUPPORTS BY PEOPLE WHO ARE HOMELESS OR AT-RISK.

Action Step 1.6.1: Create from existing agencies regional Basic Housing Assistance Centers to help people access housing and housing-related services. These designated Centers should serve people who are homeless, in shelters, transitional housing or on the streets; people who are discharging from hospitals, foster care, the corrections systems and other residential/custodial facilities; and people who are at-risk of homelessness due to eviction from current housing. They should:

- Maintain a database of affordable units and current availability.
- Allocate housing assistance funds, including rental and very low income household mortgage assistance funds, deposit guarantees, and move-in costs, and manage the first-time homebuyer program. [See Action Steps 1.5.2 and 2.5.1]
- Forge relationships with landlords to encourage and support them in accepting homeless people as tenants. Landlords should be asked to accept housing vouchers and to waive credit review reports and housing application fees for homeless people.

- Provide a range of services to facilitate successful tenancy, including housing skills for tenants, landlord-tenant dispute resolution, a repair fund, and direct rent payments to landlords when necessary to support residential stability. [See Action Step 2.5.2]

- With the Primary Responder network, create a support services plan for each tenant placed in housing that provides linkages with community-based services. [See Strategy 3.1 and Action Steps 2.1.3 and 2.2.1]

- Be based at or closely linked with the Community Service Centers. [See Action Step 3.2.1]

- They should be developed in coordination with or by enhancing existing housing and social services assistance programs.

Expected Outcomes

- Coordinated access to housing assistance on a regional basis
- Fewer people become homeless and those homeless regain housing more quickly due to ease of access to needed services

Path to a Home

The San Luis Obispo Countywide
10 Year Plan to End Homelessness

Priority 2: Stopping Homelessness Before it Starts through Prevention and Effective Intervention

"…homelessness should be reframed, and rather than focusing narrowly on bouts of outright lack of shelter, should address the broader experience of an imminent or existing housing emergency."

Dennis P. Culhane and Stephen Metraux in "Rearranging the Deck Chairs or Reallocating the Lifeboats?"[1]

Effectively ending homelessness requires action not only to help those on the streets and in shelters back into housing, but also to prevent those at-risk of becoming homeless from hitting the streets. Such prevention makes sense on two levels. First, it is humane, in that the experience of homelessness is devastating and debilitating, disrupting virtually every aspect of people's lives, damaging their physical and emotional health, and interfering with children's education and healthy development. Second, it is cost-effective as it is far simpler and cheaper to help people maintain their housing than it is to help them once they are homeless.

- *According to a U.S. Department of Health and Human Services study of homeless prevention programs, the cost of preventing a homeless episode is one-sixth the average cost of a stay in a shelter.*[2]

- *The annual cost of an emergency shelter bed is $8,607*[3] *-- much higher than the $6,805 average annual cost of a HUD housing voucher.*[4]

In addition, homelessness is expensive as people who do not have housing and supports tend to use costly emergency services, including hospital emergency rooms, shelters, mental health crisis services, and substance abuse detox programs. This is

[1] Journal of the American Planning Association, Vol. 74, No. 1, Winter 2008, p.112.
[2] U.S. Department of Health and Human Services Office of the Inspector General (1990). *Homeless Prevention Programs*. [OIG: 07-90-00100]. Washington, DC: Author. http://www.oig.hhs.gov/oei/reports/oei-07-90-00100.pdf
[3] The Lewin Group, 2004.
[4] [15] Sard, B., Lawrence, P. & Fischer, W. 2005. *Appropriations Shortfall Cuts Funding for 80,000 Housing Vouchers this Year:* Congress rejected deeper reductions sought by Administrations. Washington, DC: Center on Budget and Policy Priorities.

especially true for people who are chronically homeless and suffering from health, mental health and addiction disorders.

- *A major study of homeless people with severe mental illnesses found that each used an average of $40,451 worth of publicly-funded services per year, including health and mental health services (86%), emergency shelter (11%) and incarceration in state prisons and local jails (3%). When they were placed in supportive housing, there was a net reduction of $12,146 in health, corrections and shelter services use per person per year.*[5]

Path to a Home proposes action on two levels to help prevent individuals and families from becoming homeless: enhanced discharge planning for people being released from public institutions and facilities and early intervention to support people in retaining their housing.

Discharge Planning

Many people become homeless after release from public institutions (hospitals, mental health facilities, prisons and jails, substance abuse treatment facilities, and the foster care system). In addition, once homeless, the likelihood that they will return to these facilities is much higher.

- *In California, 10% of parolees are homeless, and in urban areas, such as San Francisco and Los Angeles, 30-50% of parolees are homeless.*[6]

- *In New York City, more than 30% of single adults entering city shelters were recently released from city and state correctional institutions.*[7]

- *A study in a Florida metropolitan area found that 82% of repeat users of jail were transient or homeless at jail intake.*[8]

- *In Santa Clara County, a study of frequent users of hospital emergency rooms found that 62% lacked stable housing. 23% were on probation or parole and 51% had incomes of less than $500/month. Many had a history of mental illness or substance abuse, and 30% had co-occurring mental health and substance abuse disorders.*

[5] Culhane, Dennis P., Metraux, Stephen and Hadley, Trevor. (2002). Public Service Reductions Associated With Placement of Homeless Persons With Severe Mental Illness in Supportive Housing. *Housing Policy Debate* Vol 13, Issue 1, pp 107-163. Fannie Mae Foundation.
[6] California Department of Corrections, *Prevention Parolee Failure Program: An Evaluation* (Sacramento: California Department of Corrections, 1997).
[7] NYC Department of Homeless Services, "Summary of DOC/DHS Data Match" (draft of data analysis submitted for review as part of the New York City Department of Correction and Department of Homeless Services Discharge Planning Initiative, January 22, 2004).
[8] Ford, M.C., "Frequent Fliers – High demand Users of Local Corrections." *American Jails* 19(3):18, 2005.

In San Luis Obispo county, it is estimated that over 55 people exit public institutions and facilities into homelessness each month. While some discharge planning is happening, more resources and coordination are needed to ensure that all people exiting these facilities are linked with appropriate housing and support services so they can avoid homelessness.

Institution	# of Homeless People Exiting
County Jail	10/month
Mental Health Facilities	10/month
Substance Abuse Treatment Facilities	10–30/month
Youth 18-25 years old	25-40/month
Hospitals, Inpatient	80/year
Emergency Room	Constant cycling in and out

Path to a Home recommends enhancing current discharge planning efforts and making housing status a central focus for all exit planning.

- In the corrections system, this means providing housing-focused discharge planning for inmates assessed as homeless or at-risk and initiating support services during incarceration to prepare for release. It also means developing diversion strategies so that homeless people who commit petty crimes are linked with housing and services to address their needs and reduce likelihood of future involvement with law enforcement.

- For hospitals, mental health facilities and substance abuse treatment programs, this means designating staff to conduct housing-focused discharge planning and supporting them in this role through training and care management meetings. It also means developing medical respite beds for people who are medically fragile and not able to enter permanent housing.

- For the foster care system, this means providing discharge planning that focuses on housing and acquisition of life skills needed to achieve independence and increasing the supply of specialized youth housing.

- In addition, **Path to a Home** also recommends the creation of an overall countywide Discharge/Transition Team to support the discharge efforts of each system.

Discharge Planning Success Stories

- Maryland's Shelter Plus Care program, which provides rental subsidies, case management and support services to persons with serious mental illness coming from jails, has achieved low rates of both recidivism to jail and homelessness. Less than 7% of clients return to jail and less than 1% become homeless.[9]

- The Thresholds Jail Program in Cook County, Illinois, which assists people with mental illnesses who are released from jail in accessing housing, mental health services, entitlements and a host of other social services through Assertive Community Treatment, has resulted in an 82% drop in the number of days clients spend in jail. For the first thirty clients who completed one year of the program, savings are estimated at $157,640.[10]

Early Intervention

In 2006, 13.6% of San Luis Obispo county residents were living below the poverty line.[11] This is almost 35,000[12] people whose low incomes put them at-risk of homelessness in the face of an unexpected emergency, such as job loss, eviction, or a health crisis. Currently, 12 programs in the county provide eviction prevention / rental assistance services, but they are only able to serve a portion of the demand.

Path to a Home recommends increasing the resources available to prevent housing loss, including creation of a pool of resources that can be used to cover rent and mortgage payments for low income households at-risk of losing their housing; hiring crisis workers to work with these households to help them regain financial and housing stability; and creating a countywide Support Services Coordinator to oversee services linked with

San Luis Obispo County Eviction Prevention / Rental Assistance Programs

1. SLO County Department of Social Services
2. People's Kitchen
3. Salvation Army
4. EOCSLO
5. ECHO
6. AIDS Support Network
7. Catholic Charities
8. Green Pastures
9. Housing Authority of SLO City
10. St. Vincent De Paul Society
11. Transitional Food & Shelter Program
12. TMHA

[9] Substance Abuse Mental Health Services Administration (SAMHSA). 2003. *How States Can Use SAMHSA Block Grants to Support Services to People Who are Homeless.*
10 Dincin, J. et al. "Preventing Re-Arrests of Mentally Ill Persons Released from Jail", Thresholds Jail Program Study, 2007. http://www.thresholds.org/jailtables.asp
[11] 2006 Community Survey.
[12] Based on 2006 US Census Bureau population estimate for San Luis Obispo County. http://quickfacts.census.gov/qfd/states/06/06079.html

housing.

Early Intervention Success Stories

- The Transitions to Housing Program in Portland, Oregon has provided short term emergency rental assistance to over 1,300 individuals and families who are newly housed after homelessness or at-risk of becoming homelessness. Twelve-month estimates show that 71 percent of households retained permanent housing free of rent assistance, and the latest figures show that households, on average, have increased their monthly income by almost 35 percent.[13]

- Mediation with landlords under the auspices of housing court preserved housing for up to 85% of single adults with serious mental illness facing eviction in the Western Massachusetts Tenancy Preservation Project. Compared to the housing outcomes of similar people who were waitlisted but did not receive services, this project cut the proportion becoming homeless by at least one-third.[14]

Finally, **Path to a Home** recommends that government agencies and community-based organizations with public contracts align their efforts with the countywide goal of preventing and ending homelessness. One approach for achieving this alignment could be through the creation of performance mandates linked with budgeting and development of a data system to track program and client outcomes.

[13] National Alliance to End Homelessness, "A New Vision: What is in Community Plans to End Homelessness?", November 2006, p. 27.
[14] Burt, M, Pearson, C and Montgomery, AE. Community-Wide Strategies for Preventing Homelessness: Recent Evidence, J Primary Prevent (2007) 28:213–228, p.219.

The strategies and action steps outlined in the following pages are suggestions for how County, City and Community partners can improve the effectiveness of the county's approach to homelessness. They were developed through a countywide planning process and represent the strong consensus of the Leadership Council and the Prevention and Discharge Planning Committee on how San Luis Obispo county can best achieve its goal of ending homelessness in ten years.

Strategy 2.1: CONDUCT HOUSING FOCUSED DISCHARGE PLANNING FOR PEOPLE EXITING JAILS AND PRISONS IN ORDER TO PREVENT HOMELESSNESS AND REDUCE RECIDIVISM.

Action Step 2.1.1: Develop and implement a comprehensive assessment tool that will identify people who are homeless or at-risk of homelessness. Assessment should include questions about housing options available upon discharge as well as other issues related to the individual's ability to maintain housing, including employment, eligibility for benefits; family relationship status; and existence of health, mental health and/or drug and alcohol abuse disorders. The assessment tool can be structured so that when a certain percentage of trigger factors are noted, the individual is automatically referred to assistance in linking with housing.

- Designate staff who will conduct the assessments. This could be by creating and hiring for a new staff position or by expanding an existing position to fulfill this function.
- Develop protocols for using the tool and organize trainings with staff who will conduct the assessments.
- Assess all prisoners upon entry to county jail, including before transfer to state prison.
- As the release data approaches, use assessment information to guide discharge planning.
- The existence of a case plan and identified housing can be a factor for consideration by county probation board.

Action Step 2.1.2: Develop necessary systems to store assessment data and provide access to information as the release date approaches and discharge planning is initiated. [See Action Steps 2.6.2, 3.1.2 & 4.3.1]

- Consider data synchronicity with the California Outcomes Measurement System (CalOMS) to be sure information collected can be cross-compared. (See Appendix E)

Action Step 2.1.3: Conduct discharge planning focused on housing for all discharging prisoners identified in the assessment as homeless or at-risk.

- For state prison system releases, build on the existing PACT and Forensics Coordination Team work now underway, adding a specific emphasis on housing for those without stable housing options upon discharge.

- For local jail releases, create a local parallel program that builds upon the state models, such as the new ReEntry Teams being launched by the Mental Health Department and the Sheriff and make housing a core emphasis.

- All discharge planning efforts should include: identification of specific housing opportunities, both short and long term; linkage with needed support services and benefits; and pre-release matching with a community-based agency to facilitate the transition to the community.

- While short term jail stays do not allow for extensive discharge planning, people who are homeless or at-risk should be offered assistance, including signing up for agency meetings. An accountability mechanism should be built in to assure follow through.

- Discharge planning should be conducted in coordination with the Primary Responders [See Strategy 3.1] and Basic Housing Assistance Centers [See Action Step 1.6.1] for linkage with housing.

Action Step 2.1.4: Initiate services to prepare for and facilitate discharge while inmates are still serving their sentence. Utilize the help of volunteers and faith-based organizations to provide assistance, including mentoring, working with inmates to develop individualized re-entry plans, and offering services to prepare for release.

- Arrange for inmates to take classes on resources for re-entry, collaboratively make detailed housing and financial plans, prioritize meeting rehab needs, and conduct skills training.

- Assist inmates in obtaining necessary identification so that they have it upon release. Consider creation of a temporary County identification card that can be used immediately upon release until permanent identification is obtained. (See Appendix E)

- Assist inmates in applying for benefits pre-release so that they have them at discharge. Implement benefits suspension for those incarcerated, with re-activation completed as part of re-entry process.

Action Step 2.1.5: Educate prison/jail staff, especially parole and probation officers, on the importance of housing focused re-entry support services. [See Action Steps 1.4.3, 2.2.2, 3.1.7 & 4.4.2]

- Consider using the "day in the life" experiential training process, as part of employee orientation and annual training.

- Explore feasibility of adding staff training to the San Luis Obispo Coastal Unified School District contract for life skills training.

Action Step 2.1.6: Divert homeless people arrested for "quality of life crimes" (such as sleeping in public areas, public urination, public inebriation, etc.) from the criminal justice system to case managed programs and housing. [See Appendix E, California's AB 2034 program and San Diego's Serial Inebriate's program.]

- Create diversion opportunity or specialized programs, such as homeless courts that understand and appreciate the unique needs and life circumstances of homeless people. [See Appendix E]

- Coordinate agencies involved (law enforcement, probation, District Attorney, Public Defender, Health Department) to provide the housing and services people need to avoid re-arrest and homelessness.

Expected Outcomes

- Elimination of releases into homelessness by the Corrections System
- Reduced recidivism by people who are homeless or at-risk
- Identification of people who are homeless or at-risk upon entry to jail or prison, and linkage with needed services during incarceration and with housing and services upon discharge
- Better preparation of inmates to re-enter the community and achieve housing stability and maximum self-sufficiency

STRATEGY 2.2: CONDUCT COMPREHENSIVE, HOUSING FOCUSED DISCHARGE PLANNING FOR PEOPLE EXITING HOSPITALS, MENTAL HEALTH FACILITIES, AND ALCOHOL AND OTHER DRUG TREATMENT CENTERS IN ORDER TO PREVENT HOMELESSNESS.

Action Step 2.2.1: Designate staff, such as nurse case managers, at all health-related facilities, including hospitals and mental health and alcohol and other drug treatment facilities, to execute routine client discharge plans with a housing focus.

- Discharge plans should include identification of specific housing opportunities, both short and long-term and linkage with needed support services and benefits.

- The facility discharge planner should coordinate the discharge plans and link clients to their previous or current case manager at Primary Responder or Community Safety Net agencies, if any, and with the county Basic Housing Assistance Centers which will ensure appropriate housing placement and linkage with needed services. [See Strategy 3.1 and Action Step 1.6.1]

Action Step 2.2.2: Support coordination of all the health facility discharge planners through regular staff orientations, trainings, and care management meetings. [See Action Steps 1.4.3, 2.1.5, 3.1.7 & 4.4.2]

Action Step 2.2.3: Create more comprehensive medical respite beds for those being discharged from hospitals and mental health facilities who are not returning to permanent housing. Include small apartments where people can pay 20% of their income for rent.

Action Step 2.2.4: Identify and secure the funding to support the discharge planning and related services and housing.

- Advocate for the re-institution of AB 2034 as a funding stream to support these activities.

- Examine the dollars currently spent on the medically fragile, and investigate where money could be saved if cost efficient discharge plans were implemented. [See Action Steps 1.1.6, 2.4.2 & 4.2.5.]

- Target Mental Health Services Act (MHSA) resources to support housing focused transition planning, treatment, respite beds, services and permanent housing.

Expected Outcomes

- Elimination of discharges to homelessness by health-related facilities
- Creation of medical respite and hospice beds for people who are medically fragile and without other appropriate housing options
- Reduced recycling between health-related facilities and homelessness
- Reduced inappropriate use of emergency and crisis services

Strategy 2.3: CONDUCT COMPREHENSIVE, HOUSING FOCUSED DISCHARGE PLANNING FOR YOUNG PEOPLE EXITING THE FOSTER CARE SYSTEM IN ORDER TO PREVENT HOMELESSNESS.

Action Step 2.3.1: For youth about to emancipate, age out, be discharged, or otherwise exit the foster care system or Juvenile Hall, create and implement discharge planning that focuses on housing and life skills training. The social worker discharge/transition planner should coordinate the transition plan (aka Independent Living Program Plan), linking to any previous or current case manager a youth may have.

- Strengthen, support, and expand upon the ability of the TAY (transition age youth -- 18-24 yrs) system, by dedicating housing units for them and adapting the Basic Housing Assistance Centers to meet their needs. [See Action Step 1.6.1]

- Form linkages to local colleges to orient this population to educational opportunity. Work with workforce investment programs to target this population.

- Develop mentoring program, provide life skills training and support for steps to independence.

- Ensure that youth are linked with any benefits for which they are eligible.

Action Step 2.3.2: Secure state and other funds to develop housing for this population. Continue participation in California's Transitional Housing Placement (THP)-PLUS program in an effort to increase the number of young adults served.

Action Step 2.3.3: Develop housing assessments and interventions as needed for young people at the continuation high school.

Expected Outcomes

- Elimination of discharges to homelessness from the foster care system
- Development of special housing to help youth make the transition to independence after foster care
- Increase in number of youth exiting the foster care system who are able to achieve self-sufficiency and take their place in society
- Reduction in number of people who are homeless or at-risk with foster care history

Strategy 2.4: CREATE AN OVERALL DISCHARGE/ TRANSITION COORDINATOR TO SUPPORT AND COORDINATE THE DISCHARGE EFFORTS OF EACH SYSTEM (CORRECTIONS, HEALTH-RELATED PROGRAMS AND FOSTER CARE).

Action Step 2.4.1: Create a central discharge or transition coordinator to facilitate monthly case conferencing meetings involving discharge planning staff of each system and Primary Responders providing community-based care to people who have been or are being discharged. Case conferencing meetings should facilitate identification of mutual clients and care coordination, including collaborative development of post-discharge continuity of care plans that comprehensively address housing, income and other services needed to ensure stability. In addition, case conferencing meetings should provide opportunities to problem solve, share successful strategies and identify common system level barriers to be addressed.

Action Step 2.4.2: Collect data on "frequent users" of these systems to demonstrate cost-savings from provision of supportive housing to these clients. [See Action Steps 1.1.6, 2.2.4 & 4.2.5]

Expected Outcomes

- Elimination of discharges to homelessness from publically-funded institutions and facilities
- Reduction of recycling between the streets and these institutions and facilities

Strategy 2.5: CREATE EVICTION INTERVENTION STRATEGIES TO STOP HOMELESSNESS.

Action Step 2.5.1: Develop a pool of eviction intervention resources that can be used to meet rent or extremely low income household mortgage payments for individuals and families who are at risk of being evicted from their homes into homelessness. [See Action Steps 1.5.2 & 1.6.1]

- Significantly expand the Federal Emergency Management Agency (FEMA) resources to meet the need for prevention.

- Provide support services along with any rental and mortgage assistance, including overall assessment, landlord mediation, behavior-related eviction defense, case management, and skills training in order to prevent a similar recurrence of homelessness vulnerability.

- Attach an information sheet regarding this resource to eviction notices, and put information sheets in places where needy clients can see the information.

Action Step 2.5.2: Hire and train crisis workers to work with extremely low income individuals and families who are at risk of becoming homeless owing to eviction. Assist them to remedy not only the immediate crisis, but also help to avoid further incidents by cultivating continuity in the client-case worker relationship, providing assistance in developing peer networks, and offering life skills training, treatment, medications management, education and employment opportunity. [See Action Step 1.6.1]

Action Step 2.5.3: Create Support Services Coordinator positions to ensure that housing units for people who are homeless or at-risk are linked with the services the tenants need to achieve stability and maintain their housing. These positions can be supported by landlords as they help ensure stable, rent paying tenants. For landlords, with a large number of units in their portfolio, the position can be in-house. [See Action Step 1.1.3] Affordable Housing Developers, Community Service Agencies, and Department of Social Services may serve as venues for these positions.

Expected Outcomes

- Homelessness prevented for households who are at-risk of losing their housing

Strategy 2.6: CREATE PERFORMANCE MANDATES TO SUPPORT NEW COUNTYWIDE POLICY FOCUS OF KEEPING PEOPLE HOUSED AND/OR GETTING THEM QUICKLY RE-HOUSED.

Action Step 2.6.1: Create performance mandates on preventing and ending homelessness that are linked with local government department budgets and with department contracts with community-based organizations. [See Action Steps 1.2.1, 3.1.1 & 4.3.2]

Action Step 2.6.2: Put in a data system to track results in preventing and ending homelessness. [See Action Steps 2.1.2, 3.1.2 & 4.3.1]

Expected Outcomes

- County programs align with policy focus of preventing and ending homelessness

Priority 3: Ending and Preventing Homelessness through Integrated, Comprehensive, Responsive Supportive Services

Access to services is an essential component both of regaining residential stability after homelessness and of avoiding homelessness in the first place. Many people who are homeless, particularly those who are chronically homeless, have multiple needs in addition to their need for housing. Helping them to exit homelessness for the long term requires not only assisting them in accessing housing, but also supporting them in obtaining the services they need to obtain ongoing health and stability. Likewise, people who are at-risk of losing their housing may be able to avoid homelessness if they can access assistance to address the crisis they are facing. The types of services needed varies, depending on the specifics of each situation, but may include health care, mental health services, alcohol and other drug treatment, rental assistance, education and job training, benefits advocacy, employment services, child care, and/or life skills.

Accessible, Comprehensive & Coordinated Care

In order to be most effective, service provision should be accessible, comprehensive and coordinated. This requires an integrated system of care, structured so that individuals in need can enter the system at any point and still be assessed and referred to the full range of assistance they need. This ensures not only ease of access and comprehensiveness of care, but it also facilitates coordination so that services are delivered in a manner that maximizes their effectiveness and minimizes unnecessary duplication. Key components of an integrated system of care include structures, policies and procedures that facilitate inter-agency communication and collaboration in meeting client needs, such as a single case plan, uniform assessment and data collection instruments, inter-agency case conferencing, and common performance standards and evaluation mechanisms.

Such integration in service provision has been found to produce positive client outcomes:

- *A study of two supportive housing projects using inter-agency integrated service teams found high rates of residential stability, with 81% of clients remaining in*

their housing for a year and 62% for two years. In addition, after one year, client use of emergency rooms fell by 58%; use of hospital inpatient beds fell by 57%; and use of residential mental health programs disappeared.[1]

- *The evaluation of the ACCESS (Access to Community Care and Effective Services and Supports) demonstration program concluded that systems that are better integrated have significantly better client housing outcomes.*[2]

- *An evaluation that looked at nine National Institute on Alcoholism and Alcohol Abuse (NIAAA) demonstration projects to foster increased cooperation among alcohol treatment, drug treatment, and housing and other supportive services, found that individuals served in sites with more inter-program cooperation and formal linkages were significantly more likely to report improvement than comparison clients in most other sites.*[3]

In San Luis Obispo county, integration and coordination of service provision is underway through the Family Resource Centers[4].

Path to a Home recommends the establishment of comprehensive, integrated and flexible system of care to meet the needs of people who are homeless and at-risk. To do this, it suggests:

- Establishing common standards of care across agencies, the creation of a single data system and systemwide staff training.

- Use of a single case plan for clients and improved interagency communication about clients, including regional case conferencing teams.

- Funding outreach workers throughout the county to facilitate and encourage access to care by people who are chronically homeless and outside of the service system.

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[1] Proscio, Tony. (2000). "Supportive Housing and Its Impact on the Public Health Crisis of Homelessness", Corporation for Supportive Housing. pp. 7 and 15-18.

[2] Goldman, H.H.; Morrissey, J.P.; Rosenheck, R.A.; Cocozza, J.; Blasinsky, M.; Randolph, F.; and the ACCESS National Evaluation Team. *Lessons From the Evaluation of the ACCESS Program.* Psychiatric Services, August 2002 Vol. 53 No. 8, pp. 967-969. http://psychservices.psychiatryonline.org

[3] Orwin, R. G., Goldman, H. H., Sonnefeld, L. J., Ridgely, M. S., Garrison-Mogren, R., & O'Neill, E. (1994). Alcohol and Drug Abuse Treatment of Homeless Individuals: Results From the NIAAA Community Demonstration Program. *Journal of Health Care for the Poor and Underserved, 5*(4): 326-352.

[4] The SAFE Family Resource Centers are collaboratively staffed from DSS, Probation, the Health Agency (Drug & Alcohol, public health, mental health), EOC (our local anti-poverty agency), school districts and local non-profits such as the Literacy Council or Hospice (depending on the community). Some agencies such as the Regional Center have parent resource centers also, as do some schools. Working with parent shared leadership principles there is also some development of more generic community resource centers but as far as I know there are no physical locations at this time. The intention is to integrate or at least coordinate all of the above

- Creation of four regional Community Service Centers to provide centralized access to a broad range of services.

Integrated Services Success Story

California's AB 2034 Program provided comprehensive services to adults with serious mental illness who were homeless, recently released from a county jail or state prison, or at significant risk of incarceration or homelessness unless provided with treatment. Meeting the multiple needs of this client population required integration of services within and across agencies, including outreach, supportive housing and other housing assistance, employment, substance abuse, mental health and health care services.

AB 2034 outcomes include:

- Reduction in Prison and Jail Incarceration: number of clients incarcerated decreased 58.3%, number of incarcerations decreased 45.9%, and the number of incarceration days decreased 72.1%

- Decreased Homelessness: overall number of homeless days experienced by clients decreased by 67.3%

- Decreased Hospital Use: number of clients hospitalized decreased 42.3%, hospital admissions decreased 28.4%, and the number of hospital days decreased 55.8%

- Increased Income Levels: number of SSI recipients increased by 93.1% and the number of people receiving wages from employment increased by 279.8%[5]*

Community Participation

Homelessness represents a serious tear in the fabric of our communities in which some members fall through the cracks, not receiving the support and assistance they need to take their place or maintain their place as productive and participating members. Repairing this rip requires communitywide support and participation. To this end, **Path to a Home** recommends actions to facilitate community involvement and understanding, including community meetings, organizing volunteers and use of media to both recruit support and educate the community.

[5] Effectiveness of Integrated Services for Homeless Adults with Serious Mental Illness, Report to the Legislature 2003. California Department of Mental Health, Stephen W. Mayberg, Ph.D. Director. May 2003. pp. 9-13. www.dmh.cahwnet.gov/AOAPP/Int_Services/docs/Leg_Report_2003.pdf

Employment & Volunteerism

Employment is an important aspect of preventing and ending homelessness as it provides an income stream allowing people to obtain housing and meet other needs. Jobs as well as volunteer work are important as they provide people with a sense of purpose and value, offering opportunities to make a contribution to the community. The enhanced sense of self-worth that comes from this is a crucial source of motivation for making the changes necessary to achieve long-term health and stability.

Employment services have been shown to be effective in helping people who are homeless to access employment, even those with serious barriers to employment.

- *Studies document that clients, even those with histories of homelessness and disability, who receive employment services as part of an integrated package of care are able to access employment.*[6]

- *Analysis of data from the ACCESS demonstration program suggests that use of vocational services is significantly associated with increased likelihood of paid employment.*[7] *In addition, receipt of vocational and rehabilitation services delivered through case management has been found to be associated with a lower probability of shelter reentry after termination of ACCESS services.*[8]

Path to a Home recommends actions to enhance access to employment and volunteer work by people who are homeless or at-risk through the creation of comprehensive work training programs, including job mentoring / job shadowing programs and the development of a database of employment and volunteer opportunities. It also recommends the development of profit-generating microenterprises to provide both employment and training opportunities for homeless people and income generation to support the work of key agencies in the system of care.

[6] Cook, J.A., Pickett-Schenk, S.A., Grey, D., Banghart, M., Rosenheck, R., and Randolph, F. Vocational outcomes among formerly homeless individuals with severe mental illness in the ACCESS program. *Psychiatric Services* 52(8):1075-1080, 2001 and Trutko, J.W., Barnow, B.S., Kessler-Beck, S., et al. Employment and Training for America's Homeless: Final Report of the Job Training for the Homeless Demonstration Program. Washington, DC: U.S. Department of Labor, 1997.

[7] Pickett-Shenk et al (2002) Employment history of homeless persons with mental illness, Community Mental Health Journal, 38(3):199-211.

[8] Nin, Wong and Rothbard. Outcomes of shelter use among homeless adults with serious mental illness. Psychiatric Services, 56:172-178, 2005.

Employment Services Success Story

In New York City, The Doe Fund's, Ready Willing and Able employment program assists homeless people to secure housing and personal stability through employment. 56% of all clients who completed the program obtained employment, either outside the Doe Fund or within it. 86% of the employed clients kept their jobs for at least 90 days, 57% for at least one year and 44% for two years.[9]

Enhanced Access to Benefits

Some people who are homeless are unable to access employment due to serious disabilities. For them, access to benefits is a means to obtain housing and maximize their self-sufficiency. Unfortunately, many of those eligible for benefits do not access them due to lack of information, difficulties in filing applications and other problems. Benefits advocacy programs have been shown to increase access to entitlement programs, and receipt of benefits to improve client quality of life.

- *The federal SOAR (SSI/SSDI Outreach, Access and Recovery) Project's training and technical assistance in 24 states and the County of Los Angeles have dramatically improved homeless access to this important benefit. SSI/SSDI application approval rates increased from 10-15% to 49-100% and the length of time for an application decision decreased from an average of more than 120 days to an average of less than 96 days. In addition, fewer follow-up consultative exams are being requested by DDS, evidence of better disability documentation in the applications.*[10]

- *A study of mentally-ill homeless veterans who applied for SSI or SSDI found that three months after the award decisions, those awarded benefits had significantly higher incomes and reported higher quality of life. They spent more on housing, food, clothing, transportation and tobacco products, but not on alcohol or illegal drugs.*[11]

[9] The Doe Fund, Inc.'s *Ready, Willing and Able* Program Client Profile and Outcomes 1999 – 2001. Prepared March 2003 by Mika'il DeVeaux of Phillliber Research Associates. http://www.doe.org/programs/program_eval.cfm

[10] Preliminary Outcomes from the SOAR Technical Assistance Initiative, http://www.prainc.com/SOAR/about/SOARPreliminaryOutcomes.pdf

[11] Long, D, Rio, J and Rosen, J. *Employment and Income Supports for Homeless People*. Discussion Draft for the 2007 National Symposium on Homelessness Research. pp. 21-22.

Path to a Home recommends actions to increase homeless access to benefit programs, including development of partnerships between service provider agencies and benefits programs, outstationing of eligibility staff at the Community Services Centers and fast-tracking of SSI/SSDI applications using national models such as SOAR.

The strategies and action steps outlined in the following pages are suggestions for how County, City and Community partners can improve the effectiveness of the county's approach to homelessness. They were developed through a countywide planning process and represent the strong consensus of the Leadership Council and the Supportive Services Committee on how San Luis Obispo county can best achieve its goal of ending homelessness in ten years.

Strategy 3.1: CREATE A COMPREHENSIVE, INTEGRATED, FLEXIBLE SYSTEM OF CARE WHICH OFFERS EFFECTIVE AND COORDINATED CARE TO THOSE IN NEED.

The comprehensive system of care will be comprised of "Primary Responders" and "Community Safety Net" Agencies. ONE client-centered case plan will be developed that coordinates care by all agencies serving the client. This will include a clinical assessment and evaluation. [See Action Steps 1.6.1, 2.1.3, 2.2.1, 3.4.1, 3.5.1 and 3.6.1]

Primary Responders are those whose principal business is responding to housing, services, and treatment needs of extremely low income people, including those who become homeless. They typically include emergency shelters, day centers, the Housing Authorities, the Department of Social Services, Health Department, Health Care for the Homeless, Family Resource Centers and Outreach workers, and non profit housing providers. Primary responders reach out to engage the homeless population and those at immediate risk, assessing needs and creating individual action plans.

Community Safety Net Agencies provide assistance to a much broader range of people, but routinely include homeless people. These include the emergency rooms, hospitals, alcohol and drug treatment programs, schools and food pantries. Community Safety Net Agencies should participate in contributing information on needs, developing the action plan, and reporting on progress.

Regular case conferencing on individuals and families who are homeless should be convened, to assure progress. For Health Insurance Portability and Accountability Act (HIPAA) purposes, both groups of agencies may be legally permitted to participate pursuant to the client's informed consent, a business associates agreement or as a multidisciplinary team under Welfare and Institutions Code section 10850.1.

It is recommended that the development of a comprehensive system of care take place in phases, with the first phase (Years 1-3) focused on launching a pilot of coordinated care for people who are chronically homeless. As such, the following action steps should be implemented in Years 1-3 with a focus on the chronic homeless sub-population. In subsequent years, the focus should expand to include other sub-populations to be served in the system of care.

Action Step 3.1.1: For each County Department in contact with people who are homeless or at-risk, establish standards of care to use in carrying out work under this Plan and participating in the overall system of care. Involve homeless people in the development of the standards. [See Action Steps 1.2.1, 2.6.1 & 4.3.2]

- Develop common standards for case management for all agencies in the system of care. Create a certificate program in case management at the CAL Poly continuing education center.

Action Step 3.1.2: Create a single data system to support the new coordinated system of care.

- Streamline administrative paperwork for reporting data and outcomes, identify common data elements to be collected, and establish shared standards and definitions for all participating agencies. [See Action Steps 2.1.2, 2.6.2 & 4.3.1]

- Create capacity for web-based case-conferencing (like Child Protective Services model).

Action Step 3.1.3: Create an interactive system of communication that can be used by shelters, multi-service centers and other programs to communicate regarding clients appointments, schedules, and transportation needs, in an effort to ensure that clients attend their appointments.

Action Step 3.1.4: Create a “Homeless Case Management Brain Trust” to develop a triage mechanism to ensure that those with the greatest or most severe needs get immediate assistance.

Action Step 3.1.5: Create case management case conferencing teams in each of the 4 primary geographic regions (North, South, SLO City, Coastal) of the county, with the Primary Responder agencies (above). Participation in the case conferencing teams should be directly by Department or Agency heads or by designated staff with decision-making authority, so that solutions can be identified and implemented at these sessions.

Action Step 3.1.6: Develop a single case plan for each client, addressing the full range of housing and services needed.

- Case plans should seek to maintain the involvement of all those already engaged with the client and to create community support networks to support progress of the individual/family in reaching housing stability. This includes nurturing ties with friends, family, and commonplace community venues (grocery store, church, schools).

- Case plans should address the need for life skills, including tenancy skills, conflict management, parenting skills, money management and budgeting, among others.

Action Step 3.1.7: Offer an annualized staff training series, covering evidence-based practices, best practices, and emerging and promising practices. Critical Time Intervention and Continuous Community Treatment will be models underpinning the new system of care, and should be taught in Year 1. [See Action Steps 1.4.3, 2.1.5, 2.2.2 & 4.4.2]

Action Step 3.1.8: Re-fund the Adult System of Care Homeless Outreach Project workers, the front line workers of the system of care, with 6 staff regionalized in 5 cities. "Outreach and Engagement Services" are the critical first step to ending chronic homelessness. Having sufficient workers to establish relationships with people who are not in touch with services will reconnect people to community agencies, thus facilitating their exit from homelessness. Outreach workers should function using national evidenced-based practices and promising practices, such as Assertive Community Treatment, and the Integrated Services Team model. (See Appendix F)

Expected Outcomes

- More effective care provided and greater efficiency in resource utilization
- Enhanced inter-agency communication about client care
- People who are homeless connected with housing and services

Strategy 3.2: CENTRALIZE AND STREAMLINE ACCESS TO COMPREHENSIVE, COORDINATED SUPPORT SERVICES.

Action Step 3.2.1: Create four centralized Community Services Centers, one in each region of the county, at which people can access a comprehensive range of support services in one location. Each Center should include the Primary Responders, linkages to the Basic Housing Assistance Centers as well as

Community Safety Net Agencies and other agencies offering needed services. [See Action Step 1.6.1, 3.4.1, 3.5.1 and 3.6.2]

- Centers should be designed to serve as a single point of entry to the system of care, offering an "any door the right door to services" approach.

- Design the Center to serve as a mixed-income Community Services Center that is an asset to the entire community, rather than segregating services for homeless people away from services for the general community. Build upon what exists in the 4 geographic areas, working with jurisdictions and existing buildings or facilities. Partner with Family Resource Centers and other existing programs to meet the needs of homeless people. Each should be unique physically, influenced and designed to fit what is in place, and may include homeless-related services as well as other services needed by the general community, such as Detox Centers, sobering stations, drug and alcohol treatment, child focused development services, food services, and health care. Co-location of key County and community services will facilitate meeting needs of homeless people.

- Mobile vans can supplement on site services with specialized care.

Action Step 3.2.2: Design a transportation system that will bring county residents in need of services to one of the Centers. Work with the Ride-on for buses. (See Appendix F)

Expected Outcomes

- Accessible, coordinated services for those in need

Strategy 3.3: GENERATE GREATER COMMUNITY PARTICIPATION IN THE PROVISION OF COMPREHENSIVE SUPPORT SERVICES.

Action Step 3.3.1: Host community meetings at which the general community, service providers, homeless people, and those at risk of homelessness can communicate and forge partnerships. This can be based on the Project Homeless Connect and Stand Down models (See Appendix F)

Action Step 3.3.2: Establish a way of linking the many county residents who want to volunteer into a homeless-response system and mobilizing them to work at all

agencies. This can be centralized volunteer coordination using the Volunteer SLO database.

Action Step 3.3.3: Utilize all media including 211, web, radio, print, and public broadcasting stations as a way to recruit volunteers and educate the community as to homeless interventions happening in their neighborhood. Link to Spring Homeless Awareness Week at Cal Poly.

Expected Outcomes

- Greater resources devoted to addressing homelessness
- Increased public understanding of homelessness and support for action

STRATEGY 3.4: FOSTER EMPLOYMENT, VOLUNTEERISM, AND A SENSE OF PURPOSE AMONG HOMELESS PEOPLE, AS A CORE INTERVENTION TO PREVENT AND END HOMELESSNESS

Action Step 3.4.1: Expand or incorporate a comprehensive work-training program for homeless individuals at the Community Services Centers to build confidence and skills. Primary Responder agencies should work with the Department of Rehabilitation, Vocation Rehabilitation, the One Stop Centers and others for whom employment is their core focus. [See Action Step 3.2.1 and Strategy 3.1]

- Employability assessments should include the impact of earnings on receipt of benefits.
- Employment supports should be provided as needed, including child care, transportation.
- Preparation for employment may include education and training; retraining; provision of tools and uniforms; and paying union/apprenticeship fees and workers compensation coverage.
- Foster an expectation that everyone is able to contribute to the community, either by earning a wage or by volunteering.
- Build upon the work component of existing programs, considering such examples as Growing Grounds Farms, Shoreline Industries, Senior Work Training Programs, and others. (See Appendix E)

- The Homelessness Governing Body should establish a Workforce Committee, and establish a formal relationship with the One Stop Centers.

Action Step 3.4.2: Establish a "temp" employment agency, and target employment sectors with potential for growth, such as agriculture.

Action Step 3.4.3: Create a database of all day labor job sites and job placement agencies, volunteer work, and community participation activity. Make this information available to clients.

Action Step 3.4.4: Utilize volunteers to create a job mentoring and/or job shadowing program for homeless people in order to help coach people to next step employment opportunity. Assist as needed with forms, resumes and paperwork.

Expected Outcomes

- More homeless people achieving economic self-sufficiency and contributing to the community

Strategy 3.5: SUPPORT CREATION OF PROFIT-GENERATING BUSINESSES TO PROVIDE RESOURCES TO HOMELESSNESS "PRIMARY RESPONDER" AGENCIES.

Action Step 3.5.1: Partner retired Business Executive or University Professors with Homeless Service Agencies to explore fields of interest and develop business plans.

- Cal Poly Business School seniors could develop the Plans, as could RAMS, Mission Community Services Corporation, SCORE, and the Economic Vitality Corporation.

- Business development could be linked to Primary Responder agencies and regional Community Services Centers. [See Strategy 3.1 and Action Step 3.2.1]

Expected Outcomes

- Greater sustainable resources devoted to addressing homelessness

STRATEGY 3.6: USE MAINSTREAM BENEFITS AND RESOURCES MORE EFFECTIVELY IN SUPPORT OF COUNTY GOAL TO END HOMELESSNESS

Action Step 3.6.1: Develop partnerships between homeless Primary Responder providers and mainstream benefits provider organizations. [See Strategy 3.1]

- This may include "deputizing" community-based agency staff to do intake interviews or preliminary eligibility assessments for benefits. Look at the Food Stamps in a Day model (see http://homebaseccc.org/PDFs/More_PDFs/Foodstamp%20Report%20v%204.pdf) and the DVA increased involvement in meeting the needs of homeless people model.

Action Step 3.6.2: Outstation intake eligibility staff from mainstream benefits programs at homelessness programs and at the Community Services Centers. [See Action Step 3.2.1]

Action Step 3.6.3: Facilitate access to SSI/SSDI by providing application assistance and advocacy to help eligible individuals obtain this benefit. Use the emerging national models and practices that have successfully raised first-approval applications for homeless people above 60%. (See Appendix F)

Expected Outcomes

- More homeless people accessing the benefits for which they are eligible
- Greater housing stability through access to benefits

Path to a Home

The San Luis Obispo Countywide
10 Year Plan to End Homelessness

Priority 4. Coordinating A Solid Administrative & Financial Structure To Support Effective Plan Implementation

As can be seen in the previous chapters of this Plan, effectively responding to homelessness requires development of a system of care that offers coordinated and seamless access to a comprehensive range of housing and services. Formation of such a system entails significant integration across mainstream and homeless systems and agencies to create new configurations and models of service provision that enhance access to assistance, improve the quality and comprehensiveness of care, and promote more efficient use of resources. A centralized Homelessness Governing Body is needed to both facilitate the system change needed to achieve enhanced integration and to provide continuing systemwide oversight.

To this end, **Path to a Home** recommends the creation of a countywide collaborative Homelessness Governing Body to administer the county's integrated systems of care, coordinate efforts to prevent and end homelessness, and oversee Plan implementation. It is suggested that the Governing Body be based in an existing non-profit entity, which can act as host and fiscal agent, and have formal Memoranda of Understandings (MOUs) in place with all public and nonprofit agencies involved in the effort to respond to homelessness. This Governing Body and its committees should evolve from the Leadership Council and committees that developed the Plan. It should have the equivalent of full-time dedicated staff to support its varied functions.

Implementation of the Plan will require significant resources that should be identified and developed in stages. The next three months (July-September 2008) focus on 1) gaining acceptance for the Plan from elected bodies and 2) launching strategic activities called for in the Plan. This second requires engaging homeless housing and service providers in new ways to work, initially focusing on mainstreaming and coordinating the response to homelessness and implementation of a Housing First approach. To this end, agencies should be engaged in identifying the changes they need to make in order to align with these

two strategies and the resources they will need to support making these changes. Adjustment of the use of existing resources, small investments from local jurisdictions, and aggressive pursuit of state, federal, and private sources can support moving forward. [See Appendix B for evaluation profiles to be filled out by agencies.] Based on this information, a detailed budget and timeline should be developed for Year 1 of Phase 1 (Years 1-3) of implementation. Action steps should be implemented as funding is secured, redirected from existing funding streams or through the development of new federal, state, local and private sector funding. [See "The Map: Implementation Timeline" for description of the phases of implementation and the Phase 1 Implementation Chart, identifying lead agencies and benchmarks for all action steps.]

To secure the funding needed to implement the Plan, **Path to a Home** recommends:

- "Spending smarter" by ensuring that existing funding sources are used as effectively and efficiently as possible, thereby serving clients better and maximizing positive impacts. Adjust these existing funds to carry out the Plan. In 2007, San Luis Obispo county spent at least $1,513,471 on homeless shelter, housing and services. In addition, another $848,222 was awarded from HUD Homeless Assistance Grant Programs. (See Appendix C)

- Aggressively pursuing additional federal, state, local and private funding opportunities. (See Appendix C for source locations)

- Increasing local public and private investment in Plan implementation and addressing homelessness.

- Exploring the development of Social Enterprises and revenue-generating activity within non-profit organizations.

- Documenting and capturing cost-savings in mainstream programs, as is feasible, due to reduced use of services by homeless people after implementation of Plan strategies.

In addition, in order to facilitate the ongoing effectiveness of the new system of care created through the Ten Year Plan, **Path to a Home** recommends:

- Collecting data on homelessness and program performance to guide planning, program development and funding decisions. This requires the development of a Homeless Management Information System and the establishment of countywide performance standards to track progress in preventing and ending homelessness.

- Promoting continuous quality improvement through ongoing incorporation of lessons and best practices and through quarterly staff trainings.

The strategies and action steps outlined in the following pages are suggestions for how County, City and Community partners can improve the effectiveness of the county's approach to homelessness. They were developed through a countywide planning process and represent the strong consensus of the Leadership Council and the Finance and Administration Committee on how San Luis Obispo county can best achieve its goal of ending homelessness in ten years.

Strategy 4.1: ESTABLISH A COUNTYWIDE COLLABORATIVE HOMELESSNESS GOVERNING BODY TO COORDINATE EFFORTS TO PREVENT AND END HOMELESSNESS AND OVERSEE PLAN IMPLEMENTATION.

Action Step 4.1.1: Create a centralized county Homelessness Governing Body. It is suggested that it be based in an existing, appropriate non-profit entity. As such, a non-profit agency sponsor should be identified to act as host and fiscal agent for the Governing Body.

- Draft MOUs to define collaborative relationships between the Homelessness Governing Body and public and non-profit agencies serving people who are homeless or at-risk.

- The Homelessness Governing Body should provide oversight for two interconnected sub-regional homeless services systems: 1) San Luis Obispo/South County and 2) North County/North Coast. Each sub-regional homeless system should operate the services and housing within its area and engage in fundraising efforts for its programs. However, all data, outcomes and fundraising information should be reported to the countywide Governing Body.

Action Step 4.1.2: Delineate the responsibilities of the Homelessness Governing Body and its members. These should include:

- Providing overall leadership of the effort to prevent and end homelessness.
- Development of Annual Work Plan to guide Plan implementation.
- Initiation of new projects.
- Establishment of priorities for funding and allocation of resources in line with the priorities.

- Facilitating communication, coordination and collaboration between jurisdictions, governmental departments, providers, homeless people and advocates.
- Promoting integration of systems to more effectively and efficiently address homelessness.
- Implementing and maintaining Housing First model and philosophy.
- Approving contracts for services, treatment, housing as called for in the Plan.
- Securing grants, contracts and other resources to assure stability of funding to core agencies carrying out the new Plan.
- Promoting the development of affordable housing for people who are homeless and at-risk and identifying funding for both the housing and services to be linked to it. [See Action Steps 1.3.2 & 4.1.5.]
- Developing a Public Communication effort, working with the media, businesses, social and civic organizations, to provide information about the causes of and solutions to homelessness and encourage volunteerism and donations to support efforts on homelessness. . [See Action Steps 1.3.1, 1.4.4 & 4.2.3]
- Advocacy for federal, state and local policy and funding changes to support efforts to effectively address homelessness.
- Overseeing all components of the system of care, including systemwide program evaluation and quality improvement

Action Step 4.1.3: Involve representatives from all sectors so the Homelessness Governing Body is broad-based and inclusive. Members should be in positions of responsibility and able to make policy decisions and allocate resources.

- Membership could include representatives from:

  - County Board of Supervisors, 2 rotating members
  - Cities, 3 members rotating among 7 cities
  - County Services, 3 members representing the seven cities rotate among Public Health, Behavioral Health, Planning, Social Services and Veterans Services
  - Non-Profit Service Providers, 3 regional members chosen by the Homeless Services Coordinating Council
  - Affordable Housing Developers, 3 members
  - Business, 3 members
  - Schools, 1 member
  - Law Enforcement, 1 member
  - Academic, 1 member

Action 4.1.4: Adequately staff the Homelessness Governing Body so that it can fulfill its leadership functions. Consider 3 full-time staff – 1 Homelessness System Director, 1 Fund/Resource Developer and 1 person overseeing data collection and performance evaluation. Staffing may be contracted out to existing non-profit sector staff or to consultants. The Homeless System Director should have standing to interact with all County and City Department heads.

Action 4.1.5: Form Standing, Ad Hoc and Working Committees as needed to carry out the work of the Homelessness Governing Body and implement the Plan. Committee membership can be broader than that of the Governing Body and should involve key leaders and stakeholders, including County agency staff, business leaders, philanthropists, law enforcement, housing and service providers, faith based organizations, community based organizations, formerly homeless persons, and consumers.

- HOUSING PRIORITY: The Short Term and Permanent Housing Committee should continue with an active role in implementing the Housing Priority of the Plan and in promoting the development of affordable housing for people who are homeless and at-risk.

- PREVENTION PRIORITY: The Prevention and Discharge Planning Committee should coordinate with the Medically Fragile work group to implement the Prevention Priority of the Plan.

- SERVICES PRIORITY: The Homeless Services Coordinating Council (HSCC) should play an active role in implementing the Services Priority of the Plan. A Workforce and Business Development Committee should be created to assist the HSCC with the employment and revenue generating strategies.

- ADMINISTRATION & COORDINATION PRIORITY: The Plan Finance and Administration Committee should work as an Executive Committee with a Finance Sub-Committee to implement the new infrastructure needed to fully implement the Plan.

Co Chairs of each of these Committees should join the Executive Committee of the Governing Body, along with co-chairs of that body.

Expected Outcomes

- Countywide Homelessness Governing Body established and providing leadership in addressing homelessness
- Improved cross-jurisdictional and cross-agency coordination
- Enhanced effectiveness and efficiency in provision of housing and services

Strategy 4.2: SUPPORT PLAN IMPLEMENTATION WITH DEDICATED REVENUE FROM MULTIPLE SOURCES.

Action Step 4.2.1: Ensure that existing funding sources are used as effectively and efficiently as possible, in accordance with the plan. This includes the use of "best practices" and action to integrate systems, coordinate housing and service delivery, streamline service delivery, and reduce unnecessary use of emergency and crisis services. The goal is to "spend smarter" so that the considerable housing and service resources being invested in preventing and ending homelessness in the county have the maximum positive impact possible.

- Conduct annual presentations to City and County decision-makers on how existing funding streams are being utilized to respond to homelessness. Review funds available to the County and to local jurisdictions, such as Department of Social Services, Health Department, and other relevant sources. Include Redevelopment Agency funds, Inclusionary Zoning fees, Prop 63, Housing Trust Fund, CDBG, FESG, ESG, Continuum of Care grants and other funding, followed by discussion of how to best use funding to support local priorities and Plan implementation. (See Appendix C for initial list).

- Create a "Pipeline Committee" to meet bi-annually in order to promote and facilitate affordable housing development, including dedicated units for homeless people. The Pipeline Committee should be composed of affordable housing developers, the housing and community development staff of each City and the County, and other potential funders. It should project City and County housing needs over ten years, assist potential projects get off the ground by identifying sponsors, funding, land, and obstacles which should be addressed, and develop an annual matrix to monitor the housing production pipeline. [See Action Step 1.1.5.].

- Review funding proposals and project synopses from agencies proposing homeless projects to any funding source within the county to

ensure that they are aligned with Ten Year Plan priorities. Issue statement of "consistency with 10 Year Plan to appropriate projects and advocate on their behalf.

Action Step 4.2.2: Aggressively pursue additional federal, state, local and private funding opportunities to support efforts to address homelessness and quickly secure local funds whenever needed to leverage state and federal resources.

Action Step 4.2.3: Increase local public and private investment to support Plan implementation and efforts to prevent and end homelessness.

- Consider implementation of annual proportionate share contributions by jurisdictions to support both operation and administrative costs of Plan implementation.

- Create a dedicated source of revenue for the County Housing Trust Fund and expand its mandate to include long term, below market rate financing for dedicated units of housing for homeless people, as well as affiliated operations and services. [See Action Step 1.1.6.}

- Systematically review feasibility of securing ongoing resources from a combination of sources, including: [See Action Step 1.1.6.]

    - Taxes
    - Non-Tax Dedicated Revenue (E.g.: Assessments, Developer's Fees, Recording Fees)
    - Government Debt Mechanism (E.g.: Municipal Bonds, State Bonds)
    - Existing Federal-State-Local Financing Streams (E.g.: Locally Controlled Federal Dollars, Local General Funds)
    - Voluntary Sources (E.g.: Voluntary Business Improvement District Agreement, Membership Dues)
    - Redevelopment housing set aside funds
    - Inclusionary zoning in lieu fees
    - Increase in real estate transfer tax
    - Increase in hotel occupancy/transient tax

- Implement strategies to collect private contributions, such as: [See Action Step 1.1.6]

    - Installing old parking meters with the homeless outreach number on city streets to collect donations.

- Selling plastic cards at grocery stores with proceeds going to the effort to address homelessness
- Putting a surcharge on phone bills
- Soliciting support from business and civic organizations.

- Develop a Public Communication effort, working with the media, businesses, social and civic organizations, to provide information about the causes of and solutions to homelessness and encourage volunteerism and donations to support efforts on homelessness. [See Action Steps 1.3.1, 1.4.4 & 4.1.2]

Action Step 4.2.4: Aggressively pursue the development of Social Enterprises and Revenue Generating activity within non-profit organizations, with profits dedicated to Plan Implementation.

Action Step 4.2.5: Implement mechanisms to document and capture cost-savings in mainstream systems and programs due to reduced use of services by homeless people after implementation of Plan "best practices". Reinvest cost savings in affordable housing. [See Action Steps 1.1.6, 2.2.4 & 2.4.2]

- Create a baseline of the costs of homelessness by tracking service utilization by homeless people for first three years of Plan implementation. This should encompass costs incurred by police, hospitals, mental health and substance abuse crisis centers, social service programs, and the corrections system/jail and prison.

- Once best practices are implemented, track service utilization, document cost-savings, and reinvest savings in affordable housing.

Expected Outcomes

- Plan implementation fully funded, through reallocation of existing resources and securing of new funding sources
- Existing funding allocated congruent with Plan priorities and in a manner which maximizes efficiency and effectiveness of outcomes
- Development of county capacity to effectively pursue funding opportunities as they arise
- Innovative social enterprises generating funding for efforts to address homelessness
- Mechanisms to collect local and public and private investment in place
- Mainstream cost savings documented and applied to affordable housing

Strategy 4.3: COLLECT DATA ON HOMELESSNESS AND PROGRAM PERFORMANCE TO GUIDE PLANNING, PROGRAM DEVELOPMENT AND FUNDING DECISIONS.

Action Step 4.3.1: Develop and implement a MIS that includes meeting the requirements of a Homeless Management Information System (HMIS) to allow countywide data collection, analysis and evaluation. [See Action Steps 2.1.2, 2.6.2 & 3.1.2]

Action Step 4.3.2: Establish new system-wide performance standards to track progress towards preventing and ending homelessness and link program outcomes with local government department budgets and with community-based organization contracts funding allocation and contracting decisions. Standards should be developed for both homeless programs and mainstream programs serving people who are homeless or at-risk, and should consider what data is already being collected. [See Action Steps 1.2.1, 2.6.1 & 3.1.1]

Action Step 4.3.3: Annually evaluate success in addressing homelessness and progress in Plan implementation.

- Publish outcomes as part of communitywide indicators report or in a "report card" format.
- Convene an annual "state of homelessness" conference, including housing, treatment and service agencies working with homeless people, to discuss outcomes and progress.
- Develop each year's Annual Work Plan based on data and performance evaluation and incorporating any necessary course corrections. Consider whether agencies are effectively adapting to the new priorities and ways of doing business called for in the Plan and identify how to support them in making necessary changes, including assistance with strategic planning, development of new systems, and staff training and cross-training.

Expected Outcomes

- Enhanced understanding of homelessness, numbers, characteristics and needs
- Accurate information about system and program level effectiveness in addressing homelessness
- Planning and resource allocation carried out based on data

Strategy 4.4: ANNUALLY REVIEW NEW FINDINGS AND RESEARCH AND READILY INCORPORATE BEST PRACTICES TO PREVENT AND END HOMELESSNESS

Action Step 4.4.1: Stay abreast of emerging information from academics and practitioners around the country and improve existing efforts based on emerging findings. [See Action Step 1.1.4]

Action Step 4.4.2: Sponsor quarterly staff training on best practice strategies and methodologies. [See Action Step 1.4.3, 2.1.5, 2.2.2, & 3.1.7]

Expected Outcomes

- County's response to homelessness incorporates "best practice" approaches and is informed by emerging findings

Path to a Home
The San Luis Obispo Countywide
10 Year Plan to End Homelessness

The Map: Implementation Timeline – Phases of System Change

Implementation of **Path to a Home** will be a process of system change to create one comprehensive and integrated system of care aimed at both preventing homelessness for those at-risk and ending it for those who have already lost their housing. The Plan's strategies and action steps are designed to create this new integrated system by transforming existing homeless and mainstream systems and programs into a new configuration that enhances access to services by those in need, improves the comprehensiveness and effectiveness of the assistance provided, and utilizes resources in a more efficient manner.

Achieving such system change will be a piecemeal process involving new ideas, goals, resources and ways of doing things, each of which builds on and reinforces each other until full system change is achieved. Full system change involves both integration at the staff level in how services are provided and coordinated and at the organizational level through joint inter-agency policies, planning, staffing, funding, training, procedures and data collection. The goal is to achieve one countywide system of care, incorporating all key homeless and mainstream agencies.

Implementation of the Plan and the system changes it entails should be carried out in three phases. While the specific strategies and action steps in each of the four priority areas vary, in general their implementation should follow the following pattern.

Phase I / Years 1-3 – Laying The Foundation

Implementation activities focus on:

- Education & Advocacy – to build support for the changes, among the general public, line staff and decision-makers
- Data Collection – to make the case for the changes and gather a base line for future evaluation efforts
- Building A Leadership Team – to be the champions and advocates for change

- Building Staff Capacity – by empowering positions with new roles and responsibilities and through training to teach new skills and methods
- Developing Infrastructure – drafting memoranda of understanding, designing program models, policies and procedures, and drafting standards
- Identifying Barriers To Change & Developing Solutions
- Launching Key Initiatives – through a pilot project or through a subset of agencies which upgrade and reconfigure existing programs
- Raising Revenue, both new sources and reallocating existing funds

Phase 2 / Years 4-6 – Systematizing The Changes

Implementation activities focus on:

- Expanding Changes Systemwide -- involving more agencies
- Continuing Key Initiatives Implementation
- Promoting Policy & Regulatory Changes To Remove Barriers
- Data Collection And Evaluation – to document outcomes and direct adjustments
- Continued Training And Education
- Expanding Available Funding & Streamlining Access – investing system cost-savings in effective programs, facilitating renewals, targeting resources from categorical programs to Plan priorities, pooling funding streams and/or creating a coordinated application
- Instituting Performance-Based Funding – linking resource allocation with program outcomes and alignment with Plan priorities

Phase 3 / Years 7-10 – System Maintenance

Implementation activities focus on:

- Finishing Implementation of Key Initiatives
- Achieving Needed Policy & Regulatory Changes
- Evaluation and Continuous Quality Improvement
- Developing Sustainable, Reliable Funding – dedicated funding sources, such as permanent line items, trust funds, etc.

The strategies and action steps listed in the following table are suggestions for how County, City and Community partners can improve the effectiveness of the county's approach to homelessness. They were developed through a countywide planning process and represent the strong consensus of the Leadership Council and its four Committees on how San Luis Obispo county can best achieve its goal of ending homelessness in ten years. In addition, the agencies listed as the lead and partners in carrying out the action steps are suggestions based on consideration of who would be best placed to perform and support the work.

Implementation -- Priority 1: Facilitating Access to Affordable Housing to Put an End to Homelessness

Strategy 1.1: CREATE MORE AFFORDABLE PERMANENT HOUSING AND PERMANENT SUPPORTIVE HOUSING TO HELP PEOPLE WHO ARE HOMELESS ACHIEVE LONG-TERM RESIDENTIAL STABILITY.

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
1.1.1: Increase the supply of affordable housing for homeless people, including through new construction, acquisition and rehab, master leasing, set asides in existing buildings/developments and dedicated units in new developments.	- Housing Authorities of City of San Luis Obispo and Paso Robles - County Housing Trust Fund (HTF)	- Non-profit housing developers - Housing & Economic Development Section of San Luis Obispo County Planning Department	• Sites acquired, land use approvals obtained and financing secured for 132 units • 132 units completed
1.1.2: Identify properties in the county that can be acquired and converted into affordable permanent housing and permanent supportive housing for homeless people.	– Housing & Economic Development Section of San Luis Obispo County Planning Department – City Planning and Community Development Departments	- Non-profit housing developers - HASLO	• List of properties completed

Strategy 1.1: CREATE MORE AFFORDABLE PERMANENT HOUSING AND PERMANENT SUPPORTIVE HOUSING TO HELP PEOPLE WHO ARE HOMELESS ACHIEVE LONG-TERM RESIDENTIAL STABILITY.

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
1.1.3: Develop strategies for linking permanent housing with supportive services to meet the specific needs of the target subpopulation being served. [See Action Step 2.5.3]	– Homelessness Governing Body		• Targeted strategies developed for each of the following populations: ⎫ Chronically homeless individuals ⎫ Chronically homeless families ⎫ Transition-aged youth ⎫ Ex-offenders at-risk of homelessness
1.1.4: Explore creative new housing models for homeless people. [See Action Step 4.4.1]	– Housing & Economic Development Section of San Luis Obispo County Planning Department – City Planning and Community Development Departments – County Housing Trust Fund (HTF)	– Cal Poly – Non-profit housing developers – HSCC	• Annual best practice reviews and discussions held • Variety of new housing designs adopted and accepted by Planning Commission and funding sources
1.1.5: Appoint a countywide "Point Person" for affordable housing production and funding to lead an Affordable Housing Production Pipeline Committee that will meet bi-annually in order to promote and facilitate development of affordable housing. . [See Action Step 4.2.1.]	– County Board of Supervisors – City Councils – Housing & Economic Development Section of San Luis Obispo County Planning Department – City Planning and Community Development Departments		• Point person appointed • Pipeline Committee created and meetings happening • City and County housing need projections developed • First matrix of projects in development created, and revised annually • New funding sources generated

Strategy 1.1: CREATE MORE AFFORDABLE PERMANENT HOUSING AND PERMANENT SUPPORTIVE HOUSING TO HELP PEOPLE WHO ARE HOMELESS ACHIEVE LONG-TERM RESIDENTIAL STABILITY.

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
1.1.6: Identify secure, sustainable funding sources to create affordable permanent housing and permanent supportive housing for homeless people, including funding for predevelopment, development, operations, administration n, and tenant support services. [See Action Steps 2.2.4, 2.4.2, 4.2.3 & 4.2.5]	– County Board of Supervisors – Cities – Homelessness Governing Body	– Philanthropic and faith-based organizations	• Dedicated source of revenue created for homeless housing • New sources of funding reviewed for possible implementation • State level advocacy conducted to support housing funding • Private funding sources identified and created
1.1.7: Enact local government policies, and create administrative procedures, that ease the process of developing permanent housing and permanent supportive housing for homeless people.	– County Board of Supervisors – County Housing and Economic Development Department – Cities		• Reviews of existing zoning, permit and housing development policies conducted, and appropriate changes implemented

Strategy 1.2: INCREASE THE SUPPLY OF SHORT-TERM "INTERIM" AND TRANSITIONAL HOUSING AS A SUPPLEMENT, AND NOT AN ALTERNATIVE, TO PERMANENT SUPPORTIVE HOUSING.

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
1.2.1: Create sufficient emergency housing capacity throughout the county using the enriched "interim housing" model.	- Homelessness Governing Body		• Performance standards for interim housing developed, adopted and implemented
1.2.2: Create transitional housing targeted to specific life experiences and offering appropriate services.	– Homelessness Governing Body		• Phase II & Phase III activities

Strategy 1.3: CULTIVATE AND FOSTER INCLUSIVE HOUSING OPPORTUNITIES THROUGHOUT THE COUNTY FOR HOMELESS INDIVIDUALS AND FAMILIES.

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
1.3.1: Create and fund a group to promote affordable housing for people who are homeless and at-risk people as part of the 10 Year Plan Homelessness Governing Body activity. [See Action Steps 4.1.2 & 4.1.5]	- Homelessness Governing Body		• Group created • Educational campaign designed, carried out annually
1.3.2: Organize a peer support network of housing providers to facility siting of housing for people who are homeless or at risk.	- Homelessness Governing Body		• Group created

Strategy 1.4: IMPLEMENT A HOUSING FIRST MODEL OF SUPPORTIVE HOUSING.

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
1.4.1: In concert with approval of this Plan, adopt "Housing First" as a countywide policy for ending homelessness. Encourage the use of mainstream discretionary funds to implement this policy.	- County Board of Supervisors - City Councils		• Target units for homeless people linked to services • Mainstream funding allocated for services linked to housing
1.4.2: Provide housing units linked with intensive case management and services (without conditioning access to meeting threshold behavioral criteria) to those with alcohol, substance abuse, mental health, or personality disorders.	- Homelessness Governing Body		• Strategies for supportive service delivery linked with the housing developed

Strategy 1.4: IMPLEMENT A HOUSING FIRST MODEL OF SUPPORTIVE HOUSING.

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
1.4.3: Educate service providers and agencies on the importance of using a Housing First model and provide training and technical assistance. [See Action Steps 2.1.5, 2.2.2, 3.1.7 & 4.4.2]	– Homeless Services Coordinating Council	– Cal Poly Continuing Education Center	• Staff training designed and initiated • Peer support network developed Internal agency policy, procedures and funding adapted to support Housing First approach
1.4.4: Educate the general public about the effectiveness of, cost benefits of, and need for a Housing First approach. [See Action Step 4.2.3]	– Homelessness Governing Body		• Schedule of activities developed, annually beginning in Year 1

Strategy 1.5: GENERATE MORE SHORT-TERM AND SHALLOW SUBSIDIES THAT HELP PEOPLE REGAIN AND MAINTAIN HOUSING.

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
1.5.1: Implement a system of housing vouchers, both tenant-based rental subsidies and project-based subsidies to support development.	- Homelessness Governing Body		• Resources identified through outreach to private sector, faith-based groups and employers
1.5.2: Create a substantial, new funding pool from which service providers can provide rental and very low income household mortgage assistance to people at immediate risk of homelessness and deposit guarantees and initial move-in costs to homeless clients reentering housing. . [See Action Steps 1.6.1 & 2.5.1]	– Homelessness Governing Body		• Resources identified through outreach to private sector, faith-based groups and employers

Strategy 1.6: FACILITATE AND STREAMLINE ACCESS TO HOUSING AND HOUSING SUPPORTS BY PEOPLE WHO ARE HOMELESS OR AT-RISK.

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
1.6.1: Create regional Basic Housing Assistance Centers to help people access housing and housing-related services.	- Homelessness Governing Body		• 4 regional centers created

Implementation -- Priority 2: Stopping Homelessness Before it Starts through Prevention and Effective Intervention

Strategy 2.1: CONDUCT HOUSING FOCUSED DISCHARGE PLANNING FOR PEOPLE EXITING JAILS AND PRISONS IN ORDER TO PREVENT HOMELESSNESS AND REDUCE RECIDIVISM

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
2.1.1: Develop and implement a comprehensive assessment tool.	- DSS Homeless Coordinator	- Court Administrator - County Administrator - County Sheriff - Parole - Probation - Griffin Society & other programs serving prisoners	• Assessment tool and protocols for using it developed • Staff to conduct assessments designated • Staff training design and schedule established and trainings initiated • Prisoner assessments begin
2.1.2: Develop necessary systems to store assessment data and provide access to information as discharge planning is initiated. [See Action Steps 2.6.2, 3.1.2 & 4.3.1]	– Homelessness Governing Body Data Staff		• Data storage system designed • Data collection, storage and access protocols developed
2.1.3: Conduct discharge planning focused on housing for all discharging prisoners identified in the assessment as homeless or at-risk	– SLO Sheriff – Parole – Probation – DSS Homeless Coordinator	– PACT – Forensics Coordinating Team – ReEntry Teams – Primary Responders – Basic Housing Assistance Centers	• Discharge planning policies and protocols for jail releases developed and discharge planning initiated • Discharge planning policies and protocols for prison releases developed and discharge planning initiated

Strategy 2.1: CONDUCT HOUSING FOCUSED DISCHARGE PLANNING FOR PEOPLE EXITING JAILS AND PRISONS IN ORDER TO PREVENT HOMELESSNESS AND REDUCE RECIDIVISM			
Action Step	**Lead**	**Partners**	**Phase I / Years 1-3 Benchmarks**
2.1.4: Initiate services to prepare for and facilitate discharge while inmates are still serving their sentence.	– DSS Homeless Coordinator – County Sheriff	– Programs such as Friends Outside, Captive Hears and Match 2	• Memoranda of Agreements in place for "in-reach" service provision • Volunteer recruitment, training and placement effort in place • Strategies in place to assist inmates in obtaining identification prior to release • Benefits suspension system in place and assistance in reactivation provided • Benefits assistance provided to initiate first time applications
2.1.5: Educate prison/jail staff, especially parole and probation officers, on the importance of housing focused re-entry support services. [See Action Steps 1.4.3, 2.2.2, 3.1.7 & 4.4.2]	– DSS Homeless Coordinator – County Sheriff, – Probation – Parole		• Training design and schedule developed, and training initiated
2.1.6: Divert homeless people arrested for "quality of life crimes" from the criminal justice system to case managed programs and housing.	– Superior Court – DSS Homeless Coordinator		• Intervention such as Homeless Court planned and initiated • Agency coordination strategies in place

Strategy 2.2: CONDUCT COMPREHENSIVE, HOUSING FOCUSED DISCHARGE PLANNING FOR PEOPLE EXITING HOSPITALS, MENTAL HEALTH FACILITIES, AND ALCOHOL AND OTHER DRUG TREATMENT CENTERS IN ORDER TO PREVENT HOMELESSNESS.

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
2.2.1: Designate staff at all health-related facilities, to execute routine client discharge plans with a housing focus.	- Public Health Officer - Community-based organizations	- Primary Responders - Basic Housing Assistance Centers	• Discharge planning staff designated at all facilities • Discharge planning policies and protocols developed and discharge planning initiated • Formal referral agreements in place
2.2.2: Support coordination of all the health facility discharge planners through regular staff orientations, trainings, and care management meetings. [See Action Steps 1.4.3, 2.1.5, 3.1.7 & 4.4.2]	– Public Health Officer – Community-based organizations		• Strategies for staff orientation and training developed and initiated • Schedule for care management meetings in place, and meetings initiated
2.2.3: Create more comprehensive medical respite beds for those being discharged from hospitals and mental health facilities who are not returning to permanent housing.	– Housing Authority – Community-based organizations		• Number of medical respite beds needed identified along with types of services needed • 60 medical respite beds created with supportive medical services provided
2.2.4: Identify and secure the funding to support the discharge planning and related services and housing. [See Actions Steps 1.1.6, 2.4.2 & 4.2.5.]	– Health Department – Private hospitals – Medical community – Private industry – Community Health Centers		• Meetings with State legislators carried out • Financial study completed and recommendations developed • MHSA resources allocated for transition planning and related housing and services

Strategy 2.3: CONDUCT COMPREHENSIVE, HOUSING FOCUSED DISCHARGE PLANNING FOR YOUNG PEOPLE EXITING THE FOSTER CARE SYSTEM IN ORDER TO PREVENT HOMELESSNESS.			
Action Step	**Lead**	**Partners**	**Phase I / Years 1-3 Benchmarks**
2.3.1: For youth about to emancipate, age out, or otherwise exit the foster care system, create and implement discharge planning that focuses on housing and life skills training.	- Director of Social Services - Probation Department - Family Care Network - County Office of Education	- Primary Responders - Basic Housing Assistance Centers - Local colleges - Workforce investment programs	• Memorandum of Understanding in place with workforce investment programs • Specialized case management underway
2.3.2: Secure state and other funds to develop housing for this population. Continue participation in California's THP-PLUS program in an effort to increase the number of young adults served. .	– Director of Social Services – Probation Department – Family Care Network – County Office of Education		• Sites for housing identified and funding secured
2.3.3: Develop housing assessments and interventions as needed for young people at the continuation high school.	-County Office of Education		

Strategy 2.4: CREATE AN OVERALL DISCHARGE/ TRANSITION COORDINATOR TO SUPPORT AND COORDINATE THE DISCHARGE EFFORTS OF EACH SYSTEM (CORRECTIONS, HEALTH-RELATED PROGRAMS AND FOSTER CARE).

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
2.4.1: Create a central discharge or transition coordinator to facilitate monthly case conferencing meetings involving discharge planning staff of each system and Primary Responders providing community-based care to people who have been or are being discharged.	- Homelessness Governing Body - DSS Homeless Coordinator		• Discharge / transition coordinator hired • Case conferencing meetings initiated • Coordination strategies and agreements in place
2.4.2: Collect data on "frequent users" of these systems to demonstrate cost-savings from provision of supportive housing to these clients. [See Action Steps 1.1.6, 2.2.4 & 4.2.5]	- Homelessness Governing Body - DSS Homeless Coordinator - Forensic Coordinating Team		• Data collection initiated • Cost savings data analyzed

Strategy 2.5: CREATE EVICTION INTERVENTION STRATEGIES TO STOP HOMELESSNESS.

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
2.5.1: Develop a pool of eviction intervention resources that can be used to meet rent or extremely low income household mortgage payments for individuals and families who are at risk of being evicted from their homes into homelessness. [See Action Steps 1.5.2 & 1.6.1]	- Housing Authority - Superior Court - Sheriff - Health Department		• Housing assistance funding pool created • Needs assessment tool created for identifying service needs • Information sheet advertising this resource developed and distributed

Strategy 2.5: CREATE EVICTION INTERVENTION STRATEGIES TO STOP HOMELESSNESS.			
Action Step	**Lead**	**Partners**	**Phase I / Years 1-3 Benchmarks**
2.5.2: Hire and train crisis workers to work with extremely low income individuals and families who are at risk of becoming homeless owing to eviction. [See Action Step 1.6.1]	- Department of Social Services		• Crisis workers hired and trained
2.5.3: Create Support Services Coordinator positions to ensure that housing units for people who are homeless or at-risk are linked with the services the tenants need to achieve stability and maintain their housing. [See Action Step 1.1.3]	- Department of Social Services	- Affordable Housing Developers - Community Service Agencies	• Position created and filled
Strategy 2.6: Create performance mandates to support new countywide policy focus of keeping people housed and/or getting them quickly re-housed.			
Action Step	**Lead**	**Partners**	**Phase I / Years 1-3 Benchmarks**
2.6.1: Create performance mandates on preventing and ending homelessness that are linked with local government department budgets and with community-based organization contracts. [See Action Steps 1.2.1, 3.1.1 & 4.3.2]	- County Administrators Office - City Managers - Homelessness Governing Body - County Planning Department		• Performance mandates developed and linked with funding
2.6.2: Put in a data system to track results in preventing and ending homelessness. [See Action Steps 2.1.2, 3.1.2 & 4.3.1]	- County Administrators Office		• Phase II activity

Implementation -- Priority 3: Ending and Preventing Homelessness through Integrated, Comprehensive, Responsive Supportive Services

Strategy 3.1: CREATE A COMPREHENSIVE, INTEGRATED, FLEXIBLE SYSTEM OF CARE WHICH OFFERS EFFECTIVE AND COORDINATED CARE TO THOSE IN NEED.

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
3.1.1: For each County Department in contact with people who are homeless or at-risk, establish standards of care to use in carrying out work under this Plan and participating in the overall system of care. [See Action Steps 1.2.1, 2.6.1 & 4.3.2]	- Board of Supervisors - County Department Heads of Social Services and Health Department - Homelessness Governing Body - Homeless Services Coordinating Council	- Cal Poly continuing education center	• Common standards developed for each Department regarding caring for chronically homeless people
3.1.2: Create a single data system to support the new coordinated system of care. . [See Action Steps 2.1.2, 2.6.2 & 4.3.1]	- Homelessness Governing Body		• HMIS developed, tested and implemented
3.1.3 Create an interactive system of communication that can be used by shelters, multi-service centers and other programs to communicate regarding clients appointments, schedules, and transportation needs, in an effort to ensure that clients attend their appointments.	- Homelessness Governing Body - Homeless Services Coordinating Council		• Communication system and procedures developed for chronically homeless clients
3.1.4: Create a "Homeless Case Management Brain Trust" to develop a triage mechanism to ensure that those with the greatest or most severe needs get immediate assistance.	- Homelessness Governing Body - Homeless Services Coordinating Council		• Triage mechanism and protocols developed for chronically homeless clients

Strategy 3.1: CREATE A COMPREHENSIVE, INTEGRATED, FLEXIBLE SYSTEM OF CARE WHICH OFFERS EFFECTIVE AND COORDINATED CARE TO THOSE IN NEED.			
Action Step	**Lead**	**Partners**	**Phase I / Years 1-3 Benchmarks**
3.1.5: Create case management case conferencing teams in each of the 4 primary geographic areas of the county, with the Primary Responder agencies. (above).	- Homelessness Governing Body - Homeless Services Coordinating Council		• 4 regional case management conferencing teams developed focusing on chronically homeless clients
3.1.6: Develop a single case plan for each client, addressing the full range of housing and service needs. Case plans should seek to maintain the involvement of all those already engaged with the client, in particular friends and family.	- Regional case management conferencing teams - Case managers working with primary responder and community safety net agencies		
3.1.7: Offer an annualized staff training series, covering evidence- based practices, best practices, and emerging and promising practices. [See Action Steps 1.4.3, 2.1.5, 2.2.2 & 4.4.2]	- Homelessness Governing Body - Homeless Services Coordinating Council		• Annual training schedule developed and trainings initiated focusing on serving people who are chronically homeless
3.1.8: Re-fund the Adult System of Care Homeless Outreach Project workers.			• Funding identified for outreach workers to serve people who are chronically homeless

Strategy 3.2: CENTRALIZE AND STREAMLINE ACCESS TO COMPREHENSIVE, COORDINATED SUPPORT SERVICES.			
3.2.1: Create four centralized Community Services Centers, one in each region of the county, at which people can access a comprehensive range of support services in one location. [See Action Step 1.6.1, 3.4.1, 3.5.1 and 3.6.2]	- Homelessness Governing Body - Homeless Services Coordinating Council - SLO Council of Government		• First center created as pilot for people who are chronically homeless • Systems change infrastructure built
3.2.2: Design a transportation system that will bring county residents in need of services to one of the Centers.	- Homelessness Governing Body - Homeless Services Coordinating Council - County Transportation Agencies		• Meetings with County Transportation Agencies initiated
Strategy 3.3: GENERATE GREATER COMMUNITY PARTICIPATION IN THE PROVISION OF COMPREHENSIVE SUPPORT SERVICES.			
3.3.1: Host community meetings at which the general community, service providers, homeless people, and those at risk of homelessness can communicate and forge partnerships.	- Homelessness Governing Body	– Cal Poly Community Center	• First community meeting held
3.3.2: Establish a way of linking the many county residents who want to volunteer into a homeless-response system and mobilizing them to work at all agencies.	- Homelessness Governing Body		• Volunteer coordination system developed
3.3.3: Utilize all media including 211, web, radio, print, and public broadcasting stations as a way to recruit volunteers and educate the community as to homeless interventions happening in their neighborhood.	- Homelessness Governing Body	– Cal Poly Community Center	• Announcements happening on public broadcasting stations

STRATEGY 3.4: FOSTER EMPLOYMENT, VOLUNTEERISM, AND A SENSE OF PURPOSE AMONG HOMELESS PEOPLE, AS A CORE INTERVENTION TO PREVENT AND END HOMELESSNESS.			
3.4.1: Expand or incorporate a comprehensive work-training program for homeless individuals at the Community Services Centers to build confidence and skills [See Action Step 3.2.1] .	- Homelessness Governing Body or Workforce Committee	– Department of Rehabilitation – Vocational Rehabilitation – One-Stop Centers – Other employment services providers	• Homeless work training program created at first Center
3.4.2: Establish a "temp" employment agency and target employment sectors with potential for growth, such as agriculture.	- Homelessness Governing Body or Workforce Committee		• Temp agency created
3.4.3: Create a database of all day labor job sites and job placement agencies, volunteer work, and community participation activity, and devise a way to provide this information to clients.	- Homelessness Governing Body or Workforce Committee		• Database created
3.4.4: Utilize volunteers to create a job mentoring and/or job shadowing program for homeless people, to help coach people to next step employment opportunity.	- Homelessness Governing Body or Workforce Committee		• Volunteer program developed at first Community Services Center

Strategy 3.5: SUPPORT CREATION OF PROFIT-GENERATING BUSINESSES TO PROVIDE RESOURCES TO HOMELESSNESS "PRIMARY RESPONDER" AGENCIES.			
3.5.1: Partner retired Business Executive or University Professors with Homeless Service Agencies to explore fields of interest and develop business plans.	– Workforce Committee of Homelessness Governing Body		• Business plan developed for one agency to launch a pilot project
STRATEGY 3.6: USE MAINSTREAM BENEFITS AND RESOURCES MORE EFFECTIVELY IN SUPPORT OF COUNTY GOAL TO END HOMELESSNESS			
3.6.1: Develop partnerships between homeless Primary Responder providers and mainstream benefits provider organizations. [See Strategy 3.2]	- Homeless Services Coordinating Council - Homelessness Governing Body - Department of Social Services - EOC		• Partnerships developed with Food Stamps and Veterans Administration (VA)
3.6.2: Outstation intake eligibility staff from mainstream benefits programs at homelessness programs and at the Community Services Centers. [See Action Step 3.2.1]	- Homeless Services Coordinating Council - Homelessness Governing Body - Department of Social Services - EOC		• Eligibility staff outstationed for General Assistance and MediCal
3.6.3: Facilitate access to SSI/SSDI by providing application assistance and advocacy to help eligible individuals obtain this benefit.	- Homeless Services Coordinating Council - Homelessness Governing Body - Department of Social Services - EOC		• SSI and SSDI application fast-tracking piloted for chronically homeless people

Implementation -- Priority 4: Coordinating A Solid Administrative & Financial Structure To Support Effective Plan Implementation

Strategy 4.1: ESTABLISH A COUNTYWIDE INTER-JURISDICTIONAL COLLABORATIVE HOMELESSNESS GOVERNING BODY TO COORDINATE EFFORTS TO PREVENT AND END HOMELESSNESS AND OVERSEE PLAN IMPLEMENTATION.

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
4.1.1: Create a centralized county Homelessness Governing Body.	- County Board of Supervisors - Mayors - City Councils - Community Leaders		• Governing Body created
4.1.2: Delineate the responsibilities of the Homelessness Governing Body and its members.	- County Board of Supervisors - Mayors - City Councils - Community Leaders		• Responsibilities delineated
4.1.3: Involve representatives from all sectors so the Homelessness Governing Body is broad-based and inclusive.	- County Board of Supervisors - Mayors - City Councils - Community Leaders		• Members nominated
4.1.4: Adequately staff the Homelessness Governing Body so that it can fulfill its leadership functions, including 3 full-time staff.	- County Board of Supervisors - Mayors - City Councils - Community Leaders		• Staff hired
4.1.5; Form Standing, Ad Hoc and Working Committees as needed to carry out the work of the Homelessness Governing Body and implement the Plan. [See Action Step 1.3.2]	- Homelessness Governing Body		• Committee structure created

Strategy 4.2: SUPPORT PLAN IMPLEMENTATION WITH DEDICATED REVENUE FROM MULTIPLE SOURCES.

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
4.2.1: Ensure that existing funding sources are used as effectively and efficiently as possible. [See Action Step 1.1.5]	- Homelessness Governing Body Staff		• Annual presentation & discussion of funding stream utilization initiated • Pipeline Committee created • Proposal review process implemented
4.2.2: Aggressively pursue additional federal, state, local and private funding opportunities to support efforts to address homelessness and quickly secure local funds whenever needed to leverage state and federal resources.	- Homelessness Governing Body Staff		• Development of protocols fro pursuing funding and securing local leverage funds • First new funding source secured
4.2.3: Increase local public and private investment to support Plan implementation and efforts to prevent and end homelessness. [See Action Steps 1.1.6, 1.3.1 & 1.4.4]	- Homelessness Governing Body & staff - County Board of Supervisors - Cities		• Proportionate share formula developed and adopted by jurisdictions • Dedicated sources of revenue identified and funding vehicle selected • Feasibility review of local funding sources conducted • First new strategy to secure private contributions implemented • Public communication strategy developed
4.2.4: Aggressively pursue the development of Social Enterprises and Revenue Generating activity within non-profit organizations, with profits dedicated to Plan Implementation.	- Homelessness Governing Body Staff - Workforce and Business Development Committee of Homelessness Governing Body		• Feasibility study conducted • Pilot project initiated

Strategy 4.2: SUPPORT PLAN IMPLEMENTATION WITH DEDICATED REVENUE FROM MULTIPLE SOURCES.

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
4.2.5; Implement mechanisms to document and capture cost-savings in mainstream systems and programs due to reduced use of services by homeless people after implementation of Plan "best practices". [See Action Steps 1.1.6, 2.2.4 & 2.4.2]	– Homelessness Governing Body staff	– Cal Poly Public Policy Program faculty and students	• Baseline created • Service utilization tracked and cost-savings documented and reinvested

Strategy 4.3: COLLECT DATA ON HOMELESSNESS AND PROGRAM PERFORMANCE TO GUIDE PLANNING, PROGRAM DEVELOPMENT AND FUNDING DECISIONS.

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
4.3.1: Develop and implement a MIS that includes meeting the requirements of a Homeless Management Information System (HMIS) to allow countywide data collection, analysis and evaluation. [See Action Steps 2.1.2, 2.6.2 & 3.1.2]	- Homelessness Governing Body & Staff	o Cal Poly	• HMIS developed • HMIS tested • HMIS implemented
4.3.2: Establish new system-wide performance standards to track progress towards preventing and ending homelessness and link program outcomes with funding allocation and contracting decisions. [See Action Steps 1.2.1, 2.6.1 & 3.1.1]	- Homelessness Governing Body & Staff		• Performance standards developed • Funding and contracting decisions linked with performance outcomes

Strategy 4.3: COLLECT DATA ON HOMELESSNESS AND PROGRAM PERFORMANCE TO GUIDE PLANNING, PROGRAM DEVELOPMENT AND FUNDING DECISIONS.

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
4.3.3: Annually evaluate success in addressing homelessness and progress in Plan implementation.	- Homelessness Governing Body & Staff		• Annual outcomes report published • Annual "State of Homelessness" conference held • Annual Work Plans developed

Strategy 4.4: CONTINUALLY IMPROVE THE QUALITY OF EFFORTS TO ADDRESS HOMELESSNESS BY INTEGRATING RESEARCH AND EXPERIENTIAL FINDINGS AND PROMISING AND EVIDENCE BASED PRACTICES INTO THE RESPONSE TO HOMELESSNESS

Action Step	Lead	Partners	Phase I / Years 1-3 Benchmarks
4.4.1: Stay abreast of emerging information from academics and practitioners around the country and improve existing efforts based on emerging findings. [See Action Step 1.1.4]	- Homelessness Governing Body Staff	○ Cal Poly Continuing Education Center, Psychology and Human Development Department, and Housing / Architecture Department	• Minimum of two conferences / workshops attended by Governing body members and staff each year
4.4.2: Sponsor quarterly staff training on best practice strategies and methodologies. [See Action Step 1.4.3, 2.1.5, 2.2.2, & 3.1.7]	- Homelessness Governing Body Staff -	– Cal Poly Continuing Education Center, Psychology and Human Development Department, and Housing / Architecture Department	• Staff trainings designed, schedule developed, and trainings begun