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Ending Homelessness: Progress in Santa Cruz County

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Ending Homelessness: Progress in Santa Cruz County

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December 1, 2017

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ABSTRACT

The homeless rates in Santa Cruz County are too high, with 2,249 homeless individuals reported in 2017, from the Point-In-Time count (Applied Survey Research, 2017, p. 11). The Homeless Services Coordinator, placed in Santa Cruz County's Administrative Office, facilitated the implementation of this project. This project is purposed to be an evaluation tool to assist in tracking annual progress made throughout the county on homelessness and is expected to assist in assessing further need, program planning, and funding proposals. In order to begin implementing this project, collection and deciphering data that was readily available was critical in establishing a plan, while collaboration with numerous other homeless service providers assisted in the collection of more data and a wealth of information. Not every measurable indicator can be quantified to assess progress yet this project is able to depict visual strides made and deliver information to a vast array of populaces. The Homeless Service Coordinator is recommended to continue implementation of the Progress Report along with further collaboration with other homeless service providers to establish set baselines for the outlined measurable indicators within the All In - Towards a Home for Every County Residents.

Keywords: *Santa Cruz County, Homelessness, Progress Report, Performance Measures, System Mapping, Strategic Priorities*

INTRODUCTION

In 2003, Santa Cruz County became a leader in the fight to end homelessness in adopting a ten-year plan, one of the first communities in America to do so. The original strategic plan was called the Ten Year Plan to End Homelessness, which was expanded in 2013 and became the All In - Towards a Home for Every County Resident, that's driving force is "to establish a single countywide blueprint for action to prevent, reduce, and eventually end homelessness in Santa Cruz County" (p. 2). The revised All In plan embodies the original goals of the first plan but was built upon to meet the objectives to aid the most vulnerable residents across the county and to ensure that both north and south county, rural and urban areas, all receive the same attention (Smart Solutions to Homelessness, 2013, p. 2).

Throughout the development of the All In plan, the creators had a common vision of a thriving County where all resident's basic needs would be met and lead dignified lives with access to housing, an income, and culturally competent services (p. 2). Through the collaboration of community members, organizations, and the implementation of effective programs, the plan's mission is to end homelessness within Santa Cruz County and to effectively meet the needs of the homeless sub-populations (p. 3).

The Homeless Services Coordinator (HSC), Rayne Marr, works to execute the strategic plan outlined in the All In plan. Through collaboration with various homeless service providers across the county, together they strive to address the goal of reducing and eventually ending homelessness. The Homeless Services Coordinator position heads the Homeless Services Division, and is placed in the County Administrative Office.

COMMUNITY SERVED

The community problem that is being addressed by the HSC is the issue of homelessness. Homelessness spans across local communities, states, and the nation. Although sometimes considered an invisible population, there are many reasons why homelessness should not be ignored. The eight Strategic Priorities, outlined in the All In plan, target a specific population: Adults, Families, Youth and Young Adults, Veterans, along with prioritizing access through Coordinated Entry and addressing geographic disparities by recognizing the equal needs in Pajaro Valley (see Appendix A for a link to Santa Cruz County's All In-Toward a Home for Every County Resident).

The homeless population consists of a wide span of individuals and is not limited to age, gender, family structure, or culture. Due to the diversity, the services and systems put in place need to be just as diverse, requiring a community wide effort comprised of, "…housing and service providers, health providers and educators, City and County governments, people with experience of homelessness, business leaders, philanthropic partners, faith communities, and many other committed Santa Cruz County residents" (Smart Solutions to Homelessness, 2013, p. 2). Due to the diverse characteristics of this specific population, the HSC brings multiple stakeholders together in order to reach the broad needs of the entire homeless population.

ISSUE ADDRESSED

The homeless population in Santa Cruz County is too high, ranking 8th among small regions for largest number of homeless individuals across the United States (United States Housing and Urban Development, 2016, p. 29), with a Point-In-Time count of 2,249 individuals (Applied Survey Statistics, 2017, p. 1). Homelessness occurs when an individual or a family are unable to find or maintain housing. This issue is widespread and not discriminatory of race or

gender. Families, single adults, youth and young adults, and older individuals, all struggle with the devastating effects of homelessness. The National Alliance to End Homelessness (NAEH), in the snapshot overview of the issue, divides the homeless population into four specific groups: families, youth, veterans, and chronically homeless (2017, para. 7). Each of these subpopulations experience similar and unique causes and effects of homelessness making this a complicated social issue to address.

Lack of affordable housing is one of the leading causes of this issue. This is especially true in the Santa Cruz Watsonville Metropolitan Area, which remains the 10th least affordable rental market in the nation, requiring a fulltime hourly wage of $30.85 to afford a two-bedroom apartment at the fair market rate (National Low Income Housing Coalition [NLIHC], 2016, p. 10). To add to the problem, growth in the amount of low cost rental units has not kept up with the growing need for affordable housing. The NLIHC (2016) reported, "between 2003 and 2013, the number of low cost units renting for less than $400, increased by 10%, but the number of renter households in need of these units increased by 40%" (p. 4). This statistic alone, demonstrates that the need is much higher than the available resources.

Tied closely to the issue of affordable housing and another contributing factor to homelessness, are economic issues. According to the United States Census Bureau (2015), 15.4% of county residents are living in poverty (para. 50). Reported in the All-In plan (2013), the unemployment rate in the county is high at 10.9% in January 2014 (p. 23). When we examine the situation in Watsonville, which comprises predominantly of seasonal agricultural workers, "the unemployment rate is higher and fluctuates between 16.6% in September 2013 to 23.8% in January 2014" (Smart Solutions to Homelessness, 2013, p. 23). The combination of these two
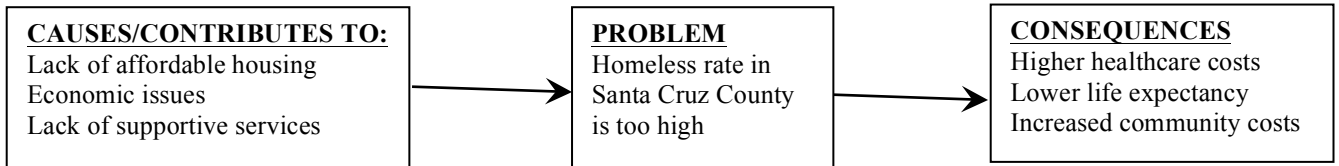
factors burdens many individuals and families, placing them at higher risk for housing instability and homelessness.

One of the main consequences of homelessness is the effect this issue has on an individual's health that can result in a significantly lower life expectancy. In 2015 there were 37-recorded deaths in Santa Cruz County of homeless people, with an average age of 51.5 (Homeless Persons' Health Project, 2015, p. 3). Those that are homeless have less access to adequate food, maintenance of personal hygiene, or basic first aid, and can result in more complex health complications. Additionally, conditions that require steady treatment become difficult for individuals to manage and can exacerbate pre-existing conditions. Poor living conditions, such as sleeping on the street, in a car, or in an encampment, impacts health by exposing individuals to, "communicable diseases, violence, malnutrition, and harmful weather" (National Health Care for the Homeless Council [NHCHC], 2011, p. 1). Living on the streets places individuals at higher risk of injury as a result of violence or accidents and the burden of caring for those injuries is a lot harder without proper material, which can result in the possibility of developing a serious infection (NHCHC, 2011, p. 1). All of these factors place the homeless population at higher risk for injury and a much higher likelihood of a less serious condition developing into a life threatening condition, which over time results in a lower life expectancy.

The impact of homelessness on health is accompanied by the high costs that this issue accrues. The costs that add up are the hospitalizations, medical treatments, medications, police interventions, and incarcerations. In a report by the National Alliance to End Homelessness (NAEH), "A chronically homeless person costs the tax payer an average of $35,578 per year" (2017, p. 1). When looking purely at hospital utilization, in the Snapshot of Homelessness, the NAEH reported, "homeless people spent an average of four days longer per hospital visit than

comparable non-homeless people" (2017, para. 6). The extra cost of hospitalization was approximately $2,414 per person. Due to the outlined impacts of homelessness above along with the many more, this is an issue that impacts whole communities making it an important issue to address.

Below is a visual representation of the issue discussed, outlined in a problem model:

CAUSES/CONTRIBUTES TO: Lack of affordable housing Economic issues Lack of supportive services	→	**PROBLEM** Homeless rate in Santa Cruz County is too high	→	**CONSEQUENCES** Higher healthcare costs Lower life expectancy Increased community costs

Ending Homelessness: Progress in Santa Cruz County

The project implemented over the course of the student's internship is an informative guide to bring to light the work being done throughout the county in connection to the All In - Towards a Home for Every County Resident. This project is an evaluation tool to help distribute information on the work being implemented across the county. The end result was the development of a progress report for Strategic Priority 1: Transforming the Crisis Response System. The purpose of this project is to be able to track progress, bring to light areas that need adjustment to improve effectiveness, and better visualization of data that can be utilized to more competitively apply for funding. The goal of this project was to develop a template where presenting, updating, and tracking progress for the separate priorities within the plan would be easily achievable and sustainable. This project provides a simple yet comprehensive visual of the progress the County of Santa Cruz is making in addressing the issue of homelessness that is available to the public, other organizations, and the Board of Supervisors. By visualizing data, the information is more easily decipherable for the majority of the population. Work that has been ongoing can be recognized, while areas that still need focus can be identified. Although

indirectly, the resulting impact on the homeless population will be immense. It will be easy to identify where additional support is needed and help direct where resources are utilized resulting in a more efficient and effective delivery of services.

IMPLEMENTATION

In order to begin the process of implementation, an Excel spreadsheet was created that broke down all eight of the Strategic Priorities and the Measurable Indicators outlined in the plan. Data was primarily gathered from the Homeless Management Information System (HMIS), which contains the most comprehensive data available. HMIS is a data management system that requires any communities or agencies that are currently receiving or vying to receive federal assistance for homelessness, to report their client utilization statistics (Santa Cruz County Homeless Action Partnership, Community Technology Alliance, County of Santa Cruz Planning Department & Santa Cruz County Human Services Department, 2009, p. 1). Once this source was exhausted, the next step was to reach out to homeless service providers within the county in order to gather more comprehensive information. It is important to note that not all agencies or organizations that work with the homeless population report in HMIS. Therefore, contacting as many providers as possible can ensure a broader collection of data (see Appendix B for the final Scope of work).

To address gaps in the available data from HMIS, a set of questions specific to each Priority were developed and sent out to select agency heads as another means of data collection. The questions were approved by the Homeless Service Coordinator (HSC) and sent out strategically to various providers. Responses were tabulated while pertinent information was added to the Progress Report by each Priority they related to. This technique was used to gain

participation from outside sources along with assess what kind of efforts are being made throughout the county in relation to specific homelessness sub populations.

To develop a better understanding behind prevention and diversion services offered throughout the county to those who are homeless or at risk of becoming homeless, a survey was created and administered. Twenty one of the providers that had be emailed responded and their responses were documented to asses for overlap or gaps in services. This project helped to gather a better understanding and draw ties between currently available services and where resources are lacking. The results made it evident that there is a lack of preventative services for seniors and an area that could use more attention.

To assist in visualization of services, resources, and agencies throughout the county that address homelessness, drafting of system maps was initiated as another way of interpreting information. System mapping is a very useful tool in identifying independent pieces yet deciphering how they connect to each other. This can lead to finding ways to create systemic change. This project resulted in a number of maps depicting separate categories such as, jurisdictions, agencies, services, and collaborations, laying out the independent components while also visualizing how they relate to each other (see Appendix C, to view a system map of services and housing programs). This is another tool that helps identify possible gaps in available resources or services available to the homeless and can lead decision makers to initiate change.

From the data and information gathered from various sources, implementation of the Progress Report began. Graphs, charts, and info-graphs were created to visually represent data in order to concisely depict the work being done and the impact. By visualizing the data into graphs and info-grams, the information can be more easily deciphered by a larger audience, while also allowing for more information to be put on a page. In order to organize the Report, each Priority

has its own page while the data shown is relevant to each specific Priority (see Appendix D, to

view the Progress Report for Strategic Priority 1: Transforming the Crisis Response System and

the drafted Reports for Strategic Priority 2: Increasing Access to Permanent Housing and

Strategic Priority 4: Ending Chronic and Other Adult Homelessness).

Like all projects, there were a few obstacles that arose when implementing this project.

The measurable indicators utilized as a starting point to gather information and track progress are

all outlined and pulled directly from the All In plan. Not all of the measureable indicators are

quantitative however, meaning assessing or establishing progress is not as simple as giving a

numeric count. This means that determining progress had to be more objective and would require

a larger collaboration with multiple contributors to develop a qualitative measurement that is

realistic and relevant. Due to this obstacle, measurable indicators that were quantitative were

predominantly used for this project, while data from HMIS was the primary source of data

collection.

RESULTS

The achieved outcome for this project did fall within the expected outcome. Progress

from across the county was depicted becoming visually represented in an attractive display of

data while collaborative explanatory information was concisely composed and representative of

the work being done. Through collaboration with various homeless service providers, this project

did achieve the desired result of providing more transparency of the homeless situation in Santa

Cruz County.

The desired expected result of this project was a predominantly finished progress report

with all eight of the strategic priorities completed yet it quickly became evident that this outcome

was not realistic. Five of the eight priorities were drafted out within the report but only one was

finalized in the end. Although the Report did meet the expected outcome of visualizing progress being made throughout the county on homelessness for the one priority, the full project of having each of the eight priorities completed did not come to fruition.

Findings depicted across a number of measurable indicators show that the work being done has made a difference. From 2013 to 2017, gathered from the Point-In-Time count and depicted in the Progress Report (2017), the homeless population has decreased across the county from 3,536 to 2,249 (Marin-Stein, Priority1). The number of first time homeless has decreased from 2015 to 2016, while the average length of stay of individuals in both Transitional Housing and Emergency Shelter has varied throughout the years, decreasing some years, and increasing in others from 2013 to 2017 (see Appendix E, for the definitions of types of housing). Depicted on the drafted Progress Report for Priority 4: Ending Chronic and Other Adult Homelessness, the number of those defined as Chronically Homeless has decreased from 957 in 2013 to 600 in 2017 (Marin-Stein, 2017, Priority 4). This is a result of the collaboration between the Homeless Services Center, Santa Cruz County's Homeless Persons Health Project, Encompass Community Services, Santa Cruz AIDS project, the behavior health agency, and Front St. Inc., who built upon the initial 180/180 Initiative established in 2012, and expanded it to the new 180/2020 Initiative. The focus of this initiative is to house the most medically vulnerable and chronically homeless and established the Disabled and Medically Vulnerable program, which as of August 15, 2017, has housed 627 people. A contributing factor to the success of reducing the Chronically homeless population is the market increase in Rapid Rehousing (RRH) and Permanent Supportive Housing Beds (PSH). Depicted in the drafted Progress Report for Strategic Priority 2: Increasing Access to Permanent Housing, RRH bed available has increased from 99 in 2013 to 195 in 2017, while PSH bed availability has increased from 307 in 2013 to

638 in 2017 (Marin-Stein, 2017, Priority 2). These are just a few findings depicted in the Progress Report and mark the efforts across the county to address this issue. Important is that each of these priorities however separate by population or focus, are also very much affected by each other and why through collaboration has progress been made.

The most notable strength behind the project is the HSC position. Due to the fact that this position is in the County Administrative Office, the available resources mean that getting into contact with and collaborating with other homeless service providers is relatively easy. The span of contacts available, contributed to collaboration with a large variety of homeless service providers. Another strength is that this project is something that many stakeholders themselves want and would benefit from, therefore are more readily willing to respond to questions, complete surveys, and provide their feedback. The available resources combined with the nature of the project were both notable benefits to implementation.

One of the notable limitations that posed a challenge for the design of this project was the lack of availability of other county's or cities published progress reports in specific to homelessness. This topic was researched in order to assist in drafting the project and to gather ideas of how best to depict information and data. Due to the lack of available resources, progress reports on any human services plan were researched. This did provide more information and ideas but did pose as a challenge to then apply to the specific topic of homelessness.

<div align="center">REFLECTION</div>

This project will benefit in distributing information to a broader audience on the work being done to address homelessness through a vast array of capacities. Therefore it is being recommend that the HSC continue with this project and build on the work that has been completed. What could bring more resources to this project would be greater collaboration

between the HSC and the variety of homeless service providers across the county to establish set baselines and projected targets. In order to improve the quality of metrics and build a more thorough report, these measurements need to be set. The All In plan does contain targets for specific measures, but a larger number of measurable indicators do not. Picking key measurable indicators and collaborating with the various providers will offer new ways to assess progress and will also ensure that what is set is realistic and relevant. Getting the perspective of experts working directly with the particular populations will lead to more relevant measurements. If baselines and targets can be set, then progress can be measured but can also identify measurements that could be added to the data collection software system, HMIS. If these measurements can be established the development of this project will flow more readily.

Homelessness is such a broad issue with many contributing factors and many separate facets. The nature of the issue makes it difficult to assess all of the various needs. Through collaboration of resources, services, agencies, and information, positive impact can occur, like Santa Cruz County has shown. Since this is such a broad social issue on many levels, measuring progress is just has multi faceted and difficult as addressing the issue is. There is no one solution, or one answer to solve homelessness just like there is no one way to establish if there has been an improvement or not in the issue. Both quantitative and qualitative data is needed in order to fully grasp the range of the issue along with the work being done to address the issue. This project demonstrates the tip of the iceberg when assessing progress in meeting the needs of the homeless population within Santa Cruz County. The HSC will utilized this project as a starting point to continue building and demonstrate that as a county, things are moving in the right direction.

The general social problem that this project addresses is homelessness. This project is distributing information to a broad audience on the work being done that addresses this specific

social issue, through a vast array of capacities. Although this may not directly effect the homeless population, this is a tool to be used to continue to improve, build, and maintain a level of transparency and help in decision-making that in turn will more directly influence the homeless.

It is recommended to reach out to other providers and stakeholders throughout the community, describe the project, and ask for input on what they would like to see in the report and any suggestions. Was there any new funding that they were awarded? Did they reach/hit an agency objective or goal? Have there been any new accomplishments they want acknowledged? Have there been new initiatives? This feedback helps fill out what work is being done in the community and paint a more comprehensive picture of the issue itself. Since the All In – Toward a Home for Every County Resident was a collective collaboration, and the work throughout the county to address the various needs of each sub-population of homeless, it is crucial to include this same aspect to the creation and implementation of this project as well.

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FINAL-Small.pdf

APPENDIX A

To view Santa Cruz County's, All In - Towards a Home for Every County Resident, view the

link below.

http://smartsolutionstohomelessness.org/wp-content/uploads/2012/08/HSP-FullReport-FINAL-
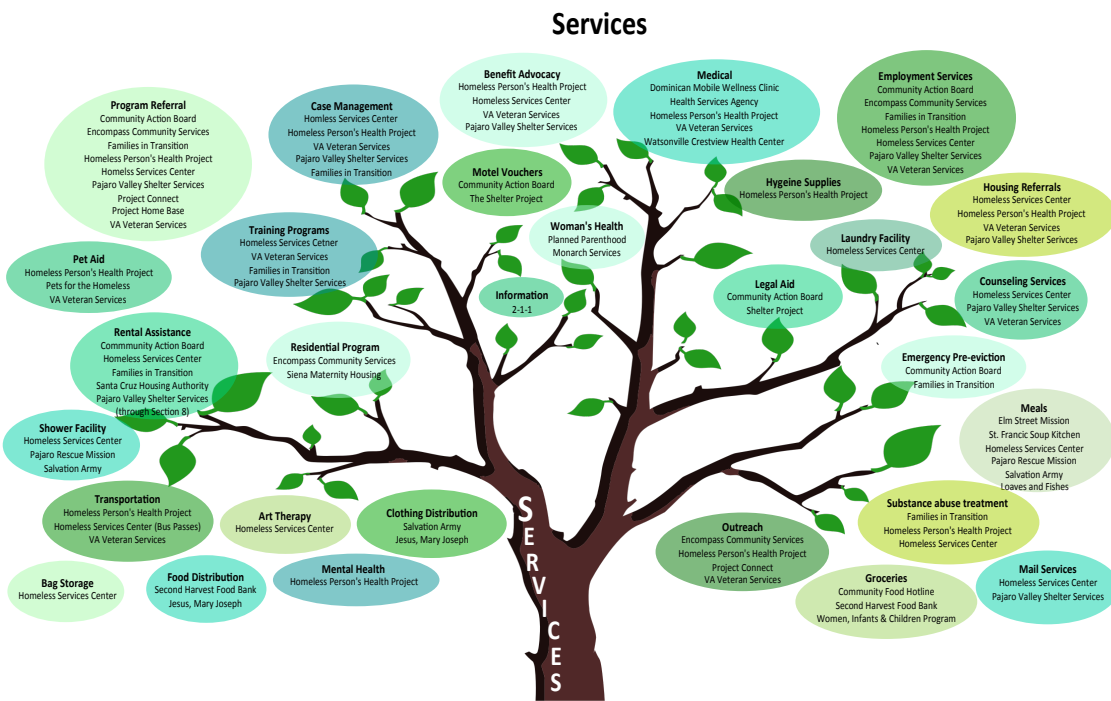
Small.pdf

APPENDIX B

Complete Scope of work for implementation of the Capstone Project

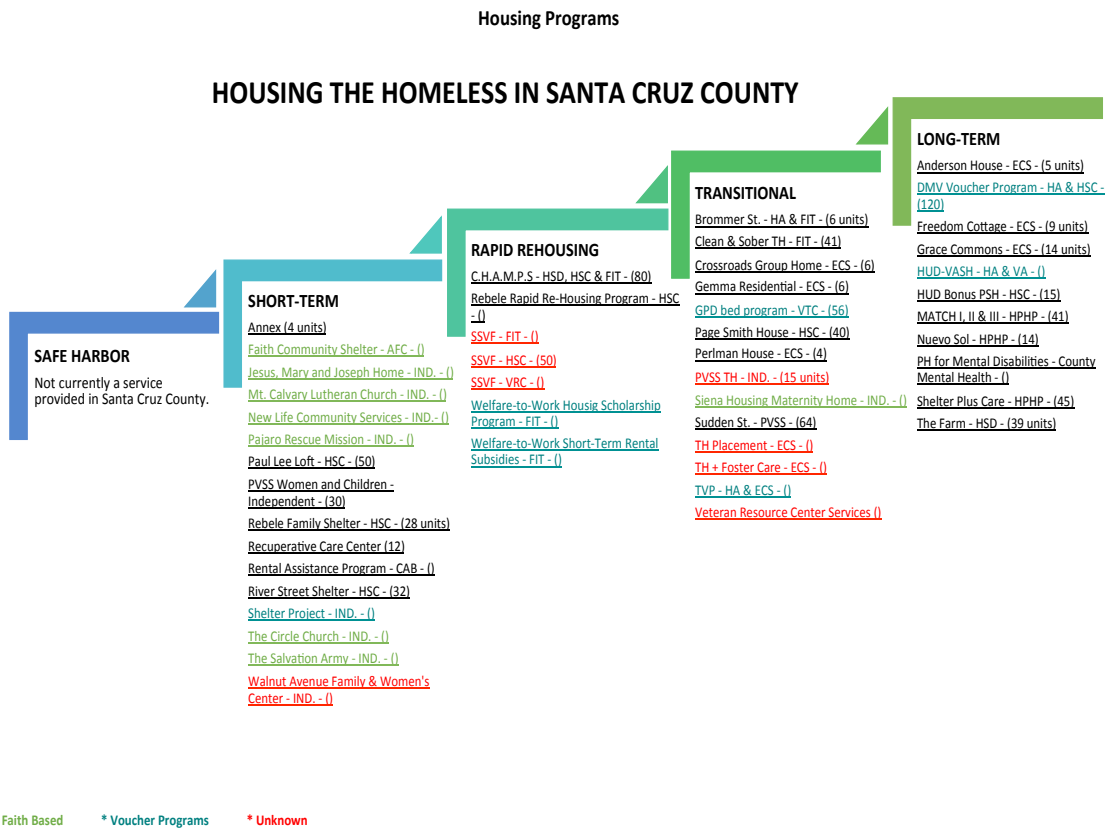| Activities	Deliverables	Timeline	Completion Date
Create a spreadsheet of Measurable Indicators	• Tool to track data gathered	November 2016	November 2016
Navigate data collection systems	• Gained knowledge in gathering data	November 2016	February 2017
Research other communities Annual Reports for ideas	• Gather ideas and start outlining Capstone Project	January 2017	May 2017
Gather and record data on spreadsheet	• Beginning to visually see where progress has been made or where more resources are needed	November 2016	October 2017
Collaborating with other Homeless Service Providers	• Increased resources, knowledge, and understanding of work being done	November 2016	November 2017
Draft each priority page picked	• Outlined progress for each Priority per page	May 2017-September 2017	September 29, 2017
Contact specific individuals for needed information	• Reliable and up to date data retrieval	August 2017-September 2017	September 29, 2017
Review and editing	• Comprehensive report void of errors	October 2017	November, 2017
Incorporating feedback	• Comprehensive and accurate report	October 2017	November, 2017
Final draft	• An annual report void of errors with accurate information on specified priorities	October 2017	November, 2017

APPENDIX C

System maps depicting services offered and housing programs within Santa Cruz County.

System Map of Services offered across the county for the homeless.

System Map of the Housing Programs available throughout the County of Santa Cruz

Housing Programs

HOUSING THE HOMELESS IN SANTA CRUZ COUNTY

SAFE HARBOR

Not currently a service provided in Santa Cruz County.

SHORT-TERM

Annex (4 units)
Faith Community Shelter - AFC - ()
Jesus, Mary and Joseph Home - IND. - ()
Mt. Calvary Lutheran Church - IND.- ()
New Life Community Services - IND.- ()
Pajaro Rescue Mission - IND. - ()
Paul Lee Loft - HSC - (50)
PVSS Women and Children - Independent - (30)
Rebele Family Shelter - HSC - (28 units)
Recuperative Care Center (12)
Rental Assistance Program - CAB - ()
River Street Shelter - HSC - (32)
Shelter Project - IND. - ()
The Circle Church - IND. - ()
The Salvation Army - IND. - ()
Walnut Avenue Family & Women's Center - IND. - ()

RAPID REHOUSING

C.H.A.M.P.S - HSD, HSC & FIT - (80)
Rebele Rapid Re-Housing Program - HSC - ()
SSVF - FIT - ()
SSVF - HSC - (50)
SSVF - VRC - ()
Welfare-to-Work Housig Scholarship Program - FIT - ()
Welfare-to-Work Short-Term Rental Subsidies - FIT - ()

TRANSITIONAL

Brommer St. - HA & FIT - (6 units)
Clean & Sober TH - FIT - (41)
Crossroads Group Home - ECS - (6)
Gemma Residential - ECS - (6)
GPD bed program - VTC - (56)
Page Smith House - HSC - (40)
Perlman House - ECS - (4)
PVSS TH - IND. - (15 units)
Siena Housing Maternity Home - IND. - ()
Sudden St. - PVSS - (64)
TH Placement - ECS - ()
TH + Foster Care - ECS - ()
TVP - HA & ECS - ()
Veteran Resource Center Services ()

LONG-TERM

Anderson House - ECS - (5 units)
DMV Voucher Program - HA & HSC - (120)
Freedom Cottage - ECS - (9 units)
Grace Commons - ECS - (14 units)
HUD-VASH - HA & VA - ()
HUD Bonus PSH - HSC - (15)
MATCH I, II & III - HPHP - (41)
Nuevo Sol - HPHP - (14)
PH for Mental Disabilities - County Mental Health - ()
Shelter Plus Care - HPHP - (45)
The Farm - HSD - (39 units)

* **Faith Based**   * **Voucher Programs**   * **Unknown**

APPENDIX D

Finalized Progress Report for the All In plan, Strategic Priority 1: Transforming the Crisis

Response System.

Progress Report

STRATEGIC PRIORITY 1: TRANSFORMING THE CRISIS RESPONSE SYSTEM

Implement Coordinated Entry System to improve access to all housing and service types, and increased prevention and diversion resources.
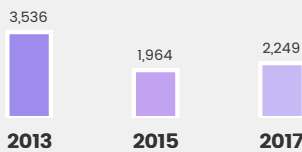
RESULTS
- Coordinated Entry System implemented
- Increased prevention and diversion resources.

MEASURABLE INDICATORS
1. Goal: reduced rates of first time homelessness
2. Goal: reduced length of stay in shelter and transitional housing.
3. Goal: Increased rate of permanent housing placement

2015 976
2016 969
First Time Homeless [3]

Average Length of Stay by Night

Legend:
- 2017 (green)
- 2016 (light green)
- 2015 (light blue)
- 2014 (blue)
- 2013 (purple)

	Emergency Shelter Individual	Emergency Shelter Family	Transitional Housing Individual	Transitional Housing Family
2017	69	139	198	238
2016	76	157	181	253
2015	76	132	276	263
2014	70	109	238	217
2013	53	134	203	210

Santa Cruz County Homeless Population [2]

2013	2015	2017
3,536	1,964	2,249

System Mapping

Santa Cruz County has a wide variety of services that are offered through various agencies and organizations that either directly or indirectly address homelessness and the resulting affects.

- To view system maps of various categories (services, agencies, jurisdictions, populations, and housing) view Appendix A.

Coordinated Entry and Data Management

The Smart Path to Housing and Health Program of the United Way is leading the development and implementation of the County's new Coordinated Entry System in order to streamline access to housing and services, improve efficiently and capacity of existing programs, create better linkage among programs, and better target existing resources.

- The Metrics and Improvement Committee created and administered a Pre-Implementation (of Coordinated Entry System) Survey in collaboration with HMIS participating organizations, in order to assess current accessibility of services and barriers in order to establish baselines and metrics that will be utilized as a tool to assess impact of the new Coordinated Entry System (CES).
- With the HUD mandated deadline of January 1, 2018, Smart Path is committed to community-wide participation in the new CES. Twelve agencies, encompassing 40 individual programs, have committed to participate at various levels. More agencies are anticipated to commit by implementation, and additional agencies will be included on an ongoing basis post-implementation.
- To view the Santa Cruz County Coordinated Assessment and Referral System see Appendix B
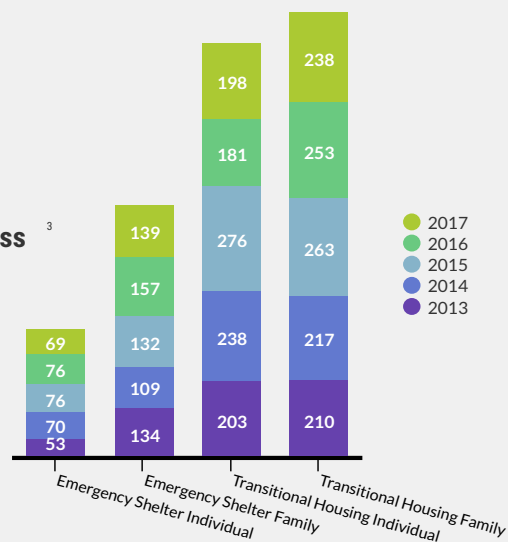
1 Average Length of Stay calculated from data gathered from the Annual Homeless Assessment Report to Congress
2 Homeless Population reported by the Point in Time County recorded by Applied Survey Research
3 Data gathered from the HMIS Performance Measurements System reported to Housing and Urban Development
*Emergency Shelter (ES), Transitional Housing (TH)

Drafted Progress Report for the All In plan, Strategic Priority 2: Increasing Access to Permanent

Housing.

Progress Report

Strategic Priority 2: Increasing Access to Permanent Housing

Sufficient permanent affordable housing developed and maintained for all households who are homeless or at risk.

Results
- Sufficient permanent affordable housing developed and maintained for all households who are homeless or at risk
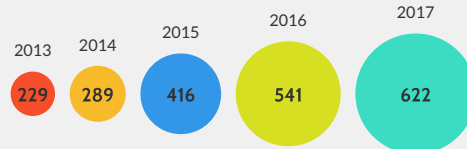
Measurable Indicators

1. Rapid Rehousing beds increased to 600 in 2020.
2. Permanent Supportive Housing beds increased to 2,000 in 2020.
3. Increased permanent beds targeted to persons experiencing chronic homelessness.
4. Increased affordable housing for all low-income and special needs populations in Santa Cruz County.

Program Bed Availability [1]

RRH — 600 | 195 | 99
PSH — 2,000 | 638 | 307

- 2013
- 2017
- 2020 Target

2015 88%   **2016** 92%
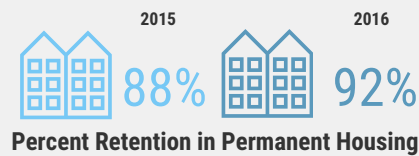
Percent Retention in Permanent Housing [2]

PSH Beds for Chronically Homeless [3]

2013 — 229
2014 — 289
2015 — 416
2016 — 541
2017 — 622

Transitional Housing (TH) provides time-limited housing, up to 24 months, to prepare homeless individuals to move into permanent housing.

Rapid Rehousing (RRH) provides short-term housing subsidy and case management, to reduce length of time households remain homeless, and increase the rate at which households are placed into permanent housing.

Permanent Supportive Housing (PSH) provides housing with no time limits accompanied with services that assist people who are not only homeless or frequently chronically homeless, but are also disabled.

The Systems Performance Measurements (Sys PM) provides retention in PSH programs through data registered in the current HMIS (Homeless Management Information System) data collection system utilized by some of the homeless service agencies working throughout the county.

- Comparing between 2015 and 2016 FYs, there was an increase in the percent returning in less than 6 months, from 2.6% to 5.7%, but a decrease in the percent returning within 6-12 months from 5.6% to 3% demonstrating higher rates of retention after 6 months.

- Also reported between 2015 and 2016, there was a 5% increase in permanent housing placement from other programs, ES, TH, and RRH. This is a positive statistic that is in line with the County's efforts behind The Housing First Model.

The Landlord Outreach Working Group is an critical piece in establishing more available permanent supportive housing throughout our community. The goal has been to increase the number of landlords that accept HUD-VASH and Section 8 Housing Vouchers. A collaboration of agencies and individuals have convened through the leadership efforts of the County Planning Department and the Housing Authority of Santa Cruz County.

More data on the voucher programs and Chronically Homeless statistics can be viewed on the Strategic Priority 4: Ending Chronic and Other Adult Homelessness

1 Housing Inventory Count, 2013, 2017.
2 System Performance Measurements, Measure 7b.2 (2015-2016
3 Housing Inventory Count, 2013, 2014, 2015, 2016, 2017.

Drafted Progress Report for the All In plan, Strategic Priority 4: Ending Chronic and Other Adult Homelessness.

Progress Report

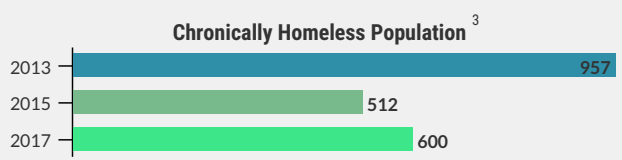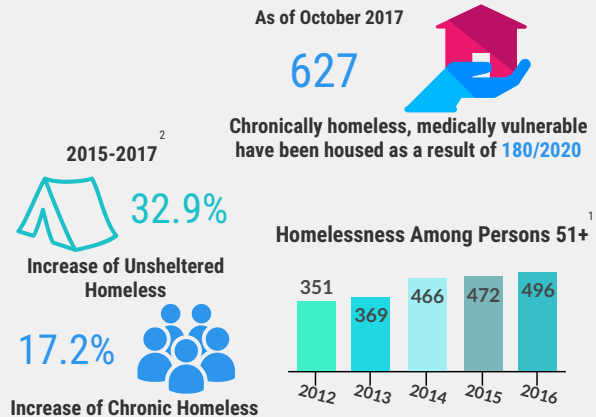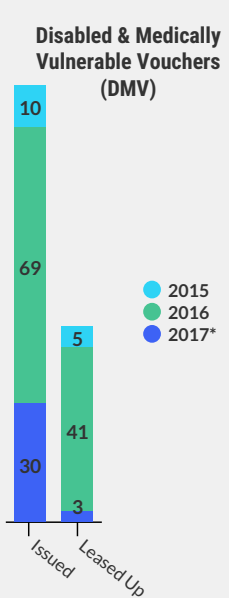# Strategic Priority 4: Ending Chronic & Other Adult Homelessness

By 2020, end chronic homelessness and have 50% of unsheltered homeless in interim or permanent housing.

Results
- Chronic homelessness is ended by 2020
- Senior homelessness is reduced by %0% by 2018
- 50% of currently unsheltered in interim or permanent housing by end of 2020.

Measurable Indicator
- Reduced rates of unsheltered homelessness, chronic homelessness, and homelessness among persons 55 or older.
- Increased number of permanent housing beds set aside or targetd for persons experiencing chronic homelessness.

Disabled & Medically Vulnerable Vouchers (DMV)

10
69
30

5
41
3

Issued   Leased Up

- 2015
- 2016
- 2017*

As of October 2017

627

Chronically homeless, medically vulnerable have been housed as a result of **180/2020**

2015-2017 [2]

32.9%
Increase of Unsheltered Homeless

17.2%
Increase of Chronic Homeless

Homelessness Among Persons 51+ [1]

351   369   466   472   496
2012   2013   2014   2015   2016

Chronically Homeless Population [3]

2013 — 957
2015 — 512
2017 — 600

Transitionally Homeless are those who are temporarily homeless due to either a housing, economic, or life crisis.

Chronically homeless refers to those who have disabilities, including serious mental health illness, chronic substance use disorders, or chronic medical issues and are homeless repeatedly or for a long period of time.

Impact of Homelessness on the Community is costly. Contributes to increased burden of use on public spaces, increased community costs, emergency health services and hazardous waste and environment cleanup.

The Homeless Services Center in collaboration with the Santa Cruz County's Homeless Persons Health Project, Encompass Community Services, Santa Cruz AIDS project, the behavioral health agency, and Front St. Inc., has built of the initial 180/180 Initiative established in 2012, and expanded the scope that has now become the 180/2020 Initiative.

Housing Authority of the County of Santa Cruz in collaboration with the 180/2020 Initiative, established the Disabled and Medically Vulnerable program (DMV) to help end chronic homelessness.

- The collaboration has grown to include local community members and both city and county organizations.
- This initiative focuses on housing the most medically vulnerable, chronically homeless.
- Depicted above, as of August 15, 2017, 627 people have been housed as a result of this work starting in 2012.

* 2017 counts are not finalized.
1 Annual Homeless Assessment Report [CA] Watsonville/Santa Cruz City & County (2012, 2013, 2014, 2015, 2016).
2 Applied Research Statistics, Point-In-Time Counts (2015, 2017).
3 Applied Research Statistics, Point-In-Time Counts (2013, 2015, 2017).

APPENDIX E

Definitions of the different types of housing programs, within Santa Cruz County, pulled directly

from the All In plan (Smart Solutions to Homelessness, 2017).

Emergency Shelter (ES): Refers to a facility or program for providing temporary shelter for

addressing an immediate housing crisis. Sometimes provides additional services and housing

assistance (p.48).

Interim Housing: Short-term housing program that provides housing-focused services aimed at

quickly rehousing persons who are homeless into appropriate permanent housing (p. 49).

Permanent Supportive Housing (PSH): Refers to programs that provide housing with services

with no time limits and with tenant rights to homeless people with disabling conditions (p. 49).

Rapid Rehousing (RRH): Short-term housing subsidy and strategic case management provided

to persons who are homeless in order to reduce the length of time households spend homeless

and increase the rate at which households are placed into permanent housing (p. 49).

Transitional Housing (TH): Refers to time-limited housing with services where people can stay

up to 24 months as they prepare to move into permanent housing (p. 50).