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# BRINGING

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# OUR

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# COMMUNITY

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# HOME

*Overview of the 10-Year Plan  
To End Chronic Homelessness  
Throughout Santa Barbara  
County*

Participating jurisdictions:

*County of Santa Barbara*

*City of Carpinteria*

*City of Goleta*

*City of Lompoc*

*City of Santa Barbara*

*City of Santa Maria*

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## Who are the chronically homeless?

Santa Barbara County's chronically homeless population is composed of single adults and families with children who have

*a disabling condition<sup>a</sup>*

*been continuously homeless for a year or more or have had at least four episodes of homelessness in the past three years*

*been sleeping in a place not meant for human habitation (e.g. living on the streets) or in an emergency shelter during that time.<sup>b</sup>*

A trademark characteristic of chronically homeless people is the repeated failure of the traditional system of care to assist them through their need to a more stable place. Most of these individuals have serious mental illnesses; two-thirds of all people with serious mental illness have been homeless or have been at risk of being homeless at some point in their lives.<sup>c</sup> People with untreated mental illness often lose their housing due to problems with neighbors; because they present a threat to themselves or others; miss rent, utility, or mortgage payments; or neglect their house keeping.<sup>d</sup> Additionally, many have severe substance addiction issues which can mask symptoms of mental illness further complicating appropriate treatment and compounding the difficulties of maintaining a stable home.

It is with great pleasure that we present to you the 10-Year Plan to End Chronic Homelessness throughout Santa Barbara County, *Bringing Our Community Home*. This Plan represents an unprecedented collaboration of over one-hundred community leaders throughout Santa Barbara County who focused on one of the most troubling, expensive and difficult societal challenges faced in this country: preventing and ending homelessness in our communities. *Bringing Our Community Home* is one more Plan to add to the more than 220 10-Year Plans to End Chronic Homelessness throughout the United States.

This 10-Year Plan focuses on one segment of the homeless population, known as the chronically homeless. National studies show that while this population makes up only 10% to 15% of the total homeless population, it consumes 50% or more of local resources spent on homeless services. These resources include emergency room care, shelter services, detoxification services, and psychiatric care. It also includes millions of dollars in our police and fire department budgets and the jail system: dollars spent that do not eradicate the root causes of homelessness, do not provide adequate housing and needed social services to the individuals involved, and dollars that could be better spent on other forms of public safety.

A major goal of *Bringing Our Community Home* is that by focusing on ending chronic homelessness, its results will have a positive ripple effect in regards to better coordinated services and additional funding towards ending all forms of homelessness.

We can not continue along the same path of managing chronic homelessness; instead, we must change course and eradicate chronic homelessness by implementing *Bringing Our Community Home*, which will move people away from the revolving doors of jail time, emergency room care, temporary shelters and crisis centers into permanent supportive housing and self sufficiency.

Our success requires moving beyond our jurisdictional and political boundaries and instead, working collaboratively and cooperatively. It is our combined political will and ongoing commitment to ensure that homelessness becomes a rare and preventable situation for the people in our community. It will be our combined political will and ongoing commitment that will take the *Bringing Our Community Home* Plan from the written document to effective implementation.

It is incumbent upon us to work smarter, not harder. We cannot afford to do otherwise, not in our budgets, not for the wellbeing of those affected by homelessness, and not in our overall community role as providers of the public's health and safety.

We invite you to read this summary booklet, the entire *Bringing Our Community Home* Plan, and become engaged in the implementation process. To view the entire plan, visit [www.bringsbhome.org](http://www.bringsbhome.org).

Helene Schneider  
Leadership Council Co-Chair

Sylvia Barnard  
Leadership Council Co-Chair



## Stories from Our Community

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Joe (fictitious name) had no income, no family contact, and no home, and lived in a cardboard box for 12 years. As a mentally ill homeless man, he had no possessions, no medication, and, in an effort to self-medicate, drank beer daily. Possessed by fear, he lived in back alleys and declined assistance from a multitude of human service agencies. He suffered from poor nutrition. Due to his mental illness, his food would transform before his eyes into grotesque plates of insects or inedible piles of nuts and bolts. These hallucinations would prevent him from eating. Over a period of five years, Joe had 570 incidents involving police contact and numerous arrests.

Since July of 2004 members of the Restorative Policing team in Santa Barbara have been working to get people like Joe off the streets and out of custody. Since this program has been in place, Joe's dealings with the police have become more helpful than harmful. The officer was able to get Joe into Willbridge, a safe haven for mentally ill homeless adults, medication and good food. Although Joe is not yet fully stable he has made substantial progress. He is much healthier, has a safe place to stay, and has reconnected with his family. His negative contacts with law enforcement and interaction with the criminal justice system has decreased, and the negative impact of his behavior on the quality of life for the larger community has significantly diminished.

### ***On the Covers:***

Front: "Longing for Home," back: "Homeless Woman," By Lesley Grogan.  
*Original client artwork courtesy of the Santa Barbara Mental Health Association.*

### ***Inside:***

Photos on pages 4, 6, 8, 9, 14-16 by Kevin McKiernan. Photos on pages 9 and 19 courtesy of Transition House. Photos on page 17 courtesy of Good Samaritan.

A mother with mental health issues has three children, one autistic. They were living in a car and taking showers on the beach. An outreach team got them into a teen shelter. The mother slept in her car. Child Welfare Services placed the autistic child in a residential facility. Two of the teen children were eventually placed with relatives. One of them recently graduated from high school.

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A male is mentally ill with alcohol problems. He was placed in a detox center and then the Hotel de Riviera with an SSI retro payment and then was able to move close to his sister. He lives alone in a trailer outside of Santa Barbara.

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In November, a mentally ill senior veteran suffering from a chronic illness was sent to the Veteran's Administration Hospital in Los Angeles. The veteran walked out of the hospital and was lost in LA for weeks. The restorative police using their network found him and he is now in a board and care home in LA.



*Bringing Our Community Home: The Ten Year Plan to End Chronic Homelessness Throughout Santa Barbara County* is part of a national initiative led by the United States Interagency Council on Homelessness under President George Bush to end chronic homelessness in the United States. At all levels of leadership, an unprecedented partnership extending from the White House to the streets, including federal, state, and local government, advocates, providers, consumers and faith-based organizations, has been forged to solve this crisis for some of the country's most vulnerable residents. Based on proven models and strengthened by a united resolve, over 200 communities across the nation have completed plans and enacted reforms to end chronic homelessness with many more such plans currently in development.

The human services departments of Santa Barbara County recognized the need for a more coordinated effort to address homelessness. To evaluate the current state of homeless services within the County and its cities, these departments commissioned, "A Report of Homelessness Services in the County of Santa Barbara." <sup>a</sup> The study described the causes of homelessness in the Santa Barbara County Region (SBCR), examined the coordination between housing and service providers, and calculated the costs of homelessness to the cities and County. The report is based on thorough interviews of local homeless individuals and service providers, and well-documented data collection. The report gave a conservative estimate of \$36 million in resources spent annually to serve the homeless. Ultimately, the report recommended greater coordination in the provision of services and collaboration among community stakeholders. It also recommended creating a 10 Year Plan to End Chronic Homelessness.

Moved by local need, and inspired by local efforts and those of other communities across the nation, in mid-2005 a group of concerned residents across Santa Barbara County joined together to initiate a plan to end our community's chronic homelessness. The Santa Barbara County Board of Supervisors, along with the Mayors and City Councils of five cities in the county, unanimously supported the drafting of *Bringing Our Community Home*. As a result, stakeholders from all sectors of the community came together to create a plan to both house chronically homeless individuals and families throughout the SBCR in a coordinated, humane,

## Introduction

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and relationship-centered manner, and to coordinate services to prevent homelessness from occurring in the first place.

More than 100 community members including business persons, government officials, nonprofit social services staff, funders, and interested citizens joined together to write this document. Over the course of several months, these individuals met repeatedly to devise solutions that build on the strengths of Santa Barbara County's community, and that incorporate well-researched, innovative best practices and models. However, designing *Bringing Our Community Home* was only the first step. The continued participation and leadership of these individuals and organizations are essential to ensure that our Plan is successful.

*Bringing Our Community Home* is a realistic yet ambitious approach to accomplish the community's most important goal: ensuring that every chronically homeless individual in Santa Barbara County has a place to call home. Together with communities across the country, it is our intention to move those who are chronic residents of the streets into housing with supportive services, once and for all.

## Defining Statements

The Leadership Council of *Bringing Our Community Home* defined several statements to focus community effort and define our approach to solving chronic homelessness:

### **Mission Statement**

We will enhance the quality of life for all county residents as chronic homelessness is eradicated through a focus on services, treatment, supportive housing, and healthy relationships for all chronically homeless people.

### **Vision Statement**

The communities of Santa Barbara County join together to creatively build on “what works” to end chronic homelessness by 2017.

## A Synthesis of Our Guiding Principles

**Working to end chronic homelessness is a community responsibility.** As moral human beings living in a civil society, we have the obligation to assist those in dire need.

**Housing is a basic necessity, a place to be safe, stable, and from which to grow into one’s fullest potential.** We must generate the political will to produce a full spectrum of housing opportunity available to chronically homeless individuals and families.

**Ending chronic homelessness makes sense.** Significant analysis of resource expenditure has shown that the negative impact on our public and private institutions to *manage* chronic homelessness is more expensive, both



in terms of human and fiscal loss, than the costs to truly *solve* the problem.

**Ending chronic homelessness is now possible.** Presently the nation is undergoing a paradigm shift regarding the assistance to and treatment of people who are chronically homeless. Building upon successful local assets and learning from proven models found around the nation, we have the will and the motivation to see this Plan implemented.

**The best way to end chronic homelessness is to prevent it.** By prioritizing homelessness prevention strategies as the most humane and cost effective approach to service delivery, mainstream housing, services, health care, and employment programs can avert chronic homelessness by intervening before it occurs.

**Services and treatment to the chronically homeless should be focused on meeting people “where they are.”** Service delivery to the chronically homeless should be mobile and able to engage people wherever they are found in a low/no demand, culturally sensitive and appropriate way.

**Meaningful activity and participating in community will support re-integration and lasting recovery.** The Plan will have a focus on education, training, and work for those who are able in order to improve lives and afford the means to sustain independent living.

**Chronic homelessness will be ended through concerted cooperation.** All businesses, programs and agencies affecting the lives of chronically homeless people must coordinate and collaborate in their efforts in order to end chronic homelessness. Working together, a significant difference will be made.

**We must measure and achieve results.** Implementing *Bringing Our Community Home* will include collecting the information we need to drive, evaluate, and improve its strategies to end chronic homelessness in ten years.

**Implementation will remain focused on solving chronic homelessness.** The Plan’s set of strategies is narrowly designed to solve chronic homelessness, provide leadership to galvanize related efforts into unified action to achieve this goal, and direct resource investment towards the achievement of its success.

### ***The Problem***

Each year more than 6,300 people within the SBCR experience homelessness. On any given night, over 4,000 people are homeless. Within the SBCR, spending on homelessness now surpasses \$36 million per year<sup>b</sup>. The cost of doing nothing—letting our response to homelessness continue as it has—will result in continued ineffective spending compounded by an increasing number of inadequately served people who have no place to call home. The sizable and increasing social and economic costs of homelessness require a change in policy. Regionally, we must redirect our resources away from responses that merely manage this crisis, to those with the explicit goal of ending homelessness.

Our efforts of system transformation are directed where the most significant and cost effective impacts will result: *chronically homeless* individuals and families. Most homeless people, a very large majority, are homeless for only a short period of time. They are then able to utilize the various services and assistance available to them to secure housing and remain off the streets. However, for a smaller and very specific portion of the homeless population the process of regaining stable housing is not as direct.

Based on nationwide research, it is estimated that 10% to 15% of the homeless population is chronically homeless, and that they consume 50% to 65% of the resources directed towards aiding homeless people. As a conservative estimate for the SBCR, that is 945 people consuming over \$18 million in services and other assistance annually—and still remaining unstable, un-housed, and without any hope of real change. The category of “chronic homelessness” is significant because of the substantial amount of resources and tax-payer dollars this population consumes and specific, but known, service needs that are required to end their homelessness and reduce their system dependency.

### ***The Solution***

Supportive housing, a proven model developed over the past twenty years, is the most sensible, cost effective alternative to shelters and other institutional care for people with special needs. Studies have demonstrated that providing people with permanent supportive housing is the most humane and cost-effective way to end chronic homelessness. A key element of *Bringing Our*

## Plan Overview

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*Community Home* is the expanded development of “supportive housing” which is affordable, permanent housing linked to on-site social services. Supportive housing keeps chronically homeless people out of hospitals, jails and other high cost facilities by enabling them to live stably in the community. One study documented a savings of \$16,281 per year for individuals placed in permanent supportive housing.<sup>c</sup> Another documented a reduction of crisis costs of \$6,200 per family for one supportive housing complex.<sup>d</sup>

Local programs have demonstrated the same type of savings through the SHIA and HOMHES programs. These supportive housing programs supply housing and services through intensive, multi-disciplinary case management teams to people with serious mental illness and housing instability. Many members of these programs had co-occurring drug addiction and long-term housing instability or homelessness; many were chronically homeless. The total cost of higher care services to those served by these programs dropped 76%.<sup>e</sup> These people experienced an increase in their housing stability and employment, and spent significantly fewer days in high service facilities such as the County Jail or hospital. Through the creation of supportive housing beds, the costs of chronic homelessness can not only be reduced, but chronic homelessness can be eradicated.

### ***How We Will Succeed***

As a community, we can harness the resources to properly house 945 chronically homeless individuals or families. The Plan does not advocate building a new

system of care where none existed before. Rather, it is through the intelligent redirection of existing resources, collaboration and coordination to minimize inefficiencies, and development of new partnerships that success will be achieved. The hallmark of this Plan is the unprecedented coordinated approach to planning, funding, and delivering housing and services to people who experience homelessness throughout the SBCR.

### ***The Short Term***

While initial efforts have begun, upon approval and release of *Bringing Our Community Home*, work will continue to develop a detailed plan that outlines specific activities, timelines, areas of focus, responsible entities, and initial measures of success. Yearly action plans will be developed and progress updates issued regularly. To assure that this is accomplished, a number of members of the Leadership Council and the six committees that worked to design this Plan have committed to continue meeting for at least the next six months, or until specific designees of these responsibilities are identified, to shepherd the Plan through the transitional phase from concept to implementation. The committees that will participate in this process are:

**Leadership Council/Governing Board:** provide leadership, coordination and oversight of the transition process and the Campaign Coordinator. Build political will throughout the county to approve the Plan.

**Transitional Committee:** provide leadership and strategy for Plan acceptance by multiple jurisdictions, business organizations, non-profit agencies and government agencies as well as develop the capacity to solicit broader public support after the initial review and approval process. Will also provide leadership for securing startup funds for the Plan

**Finance & Implementation Committee:** advise and assist in the process of identifying and producing sustainable funding for *Bringing Our Community Home*. Will also perform initial oversight and implementation duties including determining necessary data acquisition and research, outcome measures, and vest responsible agencies

**Housing Committee:** determine type, amount, cost and appropriate geographic allocation of beds for the chronically homeless. Identify and establish new partnerships and funding structures to facilitate the increase and retention of housing for the chronically homeless

**Program Committee:** refine systems of outreach, prevention and supportive services to the chronically

homeless in keeping with the Plan's model of service delivery as more information becomes available through first year research and communication with the Housing and Finance & Implementation Committees

### ***The Long Term***

By building upon valuable assets already present within the community, and drawing from the experience of government agencies and the collective expertise of nonprofit providers of housing, shelter and services for homeless people, *Bringing Our Community Home* echoes other like-minded efforts occurring in localities across the country. This document offers the framework for a credible, affordable plan to achieve this ambitious but attainable goal: to end chronic homelessness in the Santa Barbara County Region within ten years.

*Bringing Our Community Home* will end chronic homelessness based upon four principal strategies:

**Prevention and Intervention:** Catch people at risk and stop the pattern of chronic homelessness before it begins

**Supportive Services:** Provide diverse and appropriate care that meets the chronically homeless "where they are" and nurtures lasting, stable relationships

**Permanent Affordable Housing:** Increase, build and preserve affordable permanent housing through recruitment, rehabilitation, new development and rental subsidies

**Economic Self-sufficiency:** Provide for long-term housing stability by increasing incomes through vocational opportunity and financial benefit access

Along with additional data collection, system evaluation and cost/benefit analysis of our proposed measures, methods of plan development and implementation will be defined in the first years of the Plan. Two cross-cutting strategies addressing the application and maintenance of its proposals were outlined in the community planning process and provide a framework:

**Financial Sustainability:** Create stable funding streams through leveraging assets, appropriately redirecting current assets, and developing new resources from the public, non-profit and private sectors

**Implementation and Coordination:** Develop leadership and collaboration to see the Plan through



A Santa Maria man continues with his alcoholism and is chronically homeless on the streets, living in & out of motels and the shelter and ends up for the third time in detox. He had lost his job, house, his marriage & his kids. Now he is living in Good Samaritan's clean & sober living program and is looking for a job.

A young female is a runaway at age 15. She has lived on the streets for 9 years. She has been in jail for drugs. She has a newborn and is living in a shelter.

A young woman on drugs since she was a teenager, in and out of jail, agreed to enter a 1 year detox program. She has been clean for 2 years and has been reunited with her family and her baby.

A chronically homeless couple have been living out of their car & the shelter for the past three years and recently had their children taken away from them by CWS. Now they are both independently residing in residential treatment programs in Good Samaritan's TC House and Central Coast Rescue Mission and are receiving both mental health services & drug and alcohol treatment. They are working towards family reunification after being homeless for the past five years.

By implementing the detailed proposals within *Bringing Our Community Home* based on these strategies, the SBCR can reduce chronic homelessness by half in five years, and end it in ten. Below is an overview of each strategy's purpose, approach, and proposed initial actions.

## Strategies

### ***Stop the Pattern of Chronic Homelessness Through Prevention and Intervention***

*Bringing Our Community Home* prevention efforts will focus on providing the services and treatment chronically homeless people need in order to be successful in their housing, and intervening early if they are at risk of losing housing.

A first step will be to define and fully describe the characteristics that make individuals and families "at-risk" of homelessness and to consult with nonprofit and for-profit housing developers and property managers in the county to better understand and quantify the level of interventions and support services that would help their tenants avoid eviction and remain stably housed (e.g.; one-time and short-term rent, mortgage, utility, and legal assistance; case management; childcare; and in-home supports).

It will also be necessary to assess the resources and capacity of current programs and systems to identify households at risk of homelessness, engage them, and

provide them with the information and supports that they need to maintain housing stability and determine the level of resources needed by at-risk households. By identifying our assets and understanding the at risk population and their needs we can coordinate efforts to increase access to the available services and information needed to maintain their housing stability and reduce barriers to access experienced by households in need.

Additionally, prevention efforts will focus on ensuring that no chronically homeless people are discharged from public institutions without the housing, services, and treatment they need. This will prevent an increase in the number of people becoming chronically homeless. *Transition Teams* will do outreach with institutions of custodial care and will interface with discharge planners to accomplish this goal. The Transition Teams will be composed of a social worker and a benefits specialist and will rely upon institutional staff for diagnosis, medication lists, medical treatment, and assessments. These Teams will work out of Transition Centers, places for people exiting hospitals, jails, residential treatments, foster care, and detox, to access basic housing assistance until they can obtain permanent supportive housing. Basic housing assistance is short-term housing supported by services and treatment that is provided in the interim while permanent supportive housing is being secured.

Through enacting these measures, *Bringing Our Community Home* will have created, nurtured, and fully implemented an intervention system focused on preventing homelessness and rapidly housing those who

### **What are the economic costs of homelessness?**

Due to their continued movement through the service system without obtaining the help they need chronically homeless people consume more than 50% of all the services provided to homeless people. Chronically homeless individuals are also frequent users of other costly public services, such as hospital emergency rooms, psych emergency wards and the criminal justice system. Every year it costs Cottage Health Systems an estimated \$7,212,400 to provide services to homeless individuals, \$350,400 for Marian Medical Center to provide services to homeless individuals, and \$154,643 for Lompoc Hospital to provide services to homeless individuals.<sup>e</sup> The Sheriff's Department estimated it costs \$4,708,500 to house homeless individuals who have violated some law or ordinance (but most likely would not have with appropriate intervention).<sup>f</sup> Similarly, it cost Santa Maria Park Service \$20,040 to issue 334 citations to 76 homeless people from May 2004-July 2005; 10 individuals received 50% of the citations.



do experience homelessness. System wide there will be a bolstered the capacity of, and shared the responsibility among, mainstream service systems, including health, mental health, alcohol & drug treatment, foster care, and criminal justice, to have in place prior to reentry a long term housing plan for every client and to have secured an appropriate housing destination for them.

### ***Reaching Out, Engaging, Serving, and Treating Chronically Homeless People***

We will implement multi-disciplinary approaches to moving people quickly from shelters and the streets into permanent housing with on-site or linked services. Linkages to coordinate with local faith communities to train volunteers to mentor homeless persons who desire faith-based support in their recovery plans will be developed. Initiation and relationship-building *Street Outreach Teams* will focus upon homeless people living in the open (streets, parks, beaches, and in vehicles), and foster youth without next-step housing arrangements. The Street Outreach Teams will have an Outreach Worker who will assist in access to income subsidies, benefits programs, and entitlements and a Field Worker who will respond to medication, mental health, and substance abuse issues.

Street Outreach Teams will be mobile, going where chronically homeless people are, and have a client-centered approach. They will operate out of Community Centers, similar to the Transition Centers, which will provide basic housing assistance. This will reduce the number of people who remain homeless for lengthy periods of time. Through cross-training and a multi-disciplinary approach we will provide coordinated, holistic care to persons with co-occurring disorders to ensure they do not fall through the cracks of our traditional service systems.

The Outreach Teams will coordinate with the *Integrated Services Teams* as chronically homeless individuals are placed in permanent supportive housing. The Integrated Services Teams will ensure that services and treatment are provided as needed to chronically homeless individuals in permanent supportive housing. The Integrated Services Teams will provide person-centered case management, relationship building, life skills counseling, money management, access to benefits and employment, and peer support. Treatment shall include mental health services, substance use management counseling based on a harm reduction philosophy, medication management, and assistance with getting

### **The Magnet Effect: Will Developing Housing Bring More Homeless to Our Community?**

Although communities are often concerned about developing services and housing because they fear that their community will become a “magnet” for homeless individuals from other areas, pervasive research has shown that homeless people do not move to communities for services and housing. Homeless people move to areas for the same reasons as non-homeless people: to be closer to family, for new jobs, the mild climate, etc. They do not come to an area because of the quality or availability of assistance. Studies have shown that 75% of people remain in the city where they become homeless.<sup>g</sup> Santa Cruz, Santa Barbara County’s coastal neighbor to the north, which shares Santa Barbara County’s combination of high-priced housing and significant number of low-wage jobs, found that more than two-thirds of its homeless population’s last permanent home was in Santa Cruz and that more than half of its homeless population had lived in Santa Cruz for over ten years.<sup>h</sup> Service providers in Santa Barbara can attest to similar statistics for the homeless population they serve. Further, chronically homeless individuals, who by definition have additional disabilities and fewer resources, are even less likely to follow the magnet theory pattern because of the difficulties involved with relocation.



physical health and primary care needs met. It will also be important to identify and make available incentives such that long-term homeless individuals are motivated to move off the streets and share responsibility for progress towards goals that they set for themselves.

### ***Ending Chronic Homelessness Through Permanent Supportive Housing***

The availability of housing to be secured for our chronically homeless population will drive the success of this entire effort, and dictate the number of people who can be assisted to end their homelessness. Our solutions must be creative and focus on leveraging what assets are available to us. Together, the community will develop 500 beds in permanent housing in the first 5 years and 750-1200 beds in permanent housing over the next 10 years. It is not necessary, indeed very unlikely, that each bed represents an individual housing unit, such as a studio. What is important is that there is a variety of housing types with a sufficient number of beds to stably house the target population.

We acknowledge that the creation of a sufficient number of beds to house this population is no easy task. A first step of *Bringing Our Community Home* will be to further develop a detailed assessment by housing type and homeless subpopulation of the number of housing units and the matrix of services that are needed, with projections for the costs to develop and implement these housing and service models. The Supportive Housing Subcommittee of this Plan (representatives of housing authorities, nonprofit housing providers, housing developers, and government housing) has committed to continue meeting in order to further refine how these units will be secured. As first steps, this group will convene to determine the availability of existing subsidized housing units for immediate tenancy by homeless individuals and families and create a plan to move people who are currently homeless into permanent housing over time.

Existing successful models of supportive housing will be replicated and expanded in order to increase our capacity to move homeless families and individuals off the streets and out of shelters. Many methods of securing the required beds will be pursued, including master leasing, rental subsidy, building rehabilitation, and new construction. In an effort to maintain community ties, beds will be developed to house the local population of chronically homeless in the South County, Santa Maria, and Lompoc as appropriate. Housing will be provided based on a Housing First approach; chronically home-

less people will not be required to utilize services or treatment before housing is provided.

At the end of ten years, through having in place effective policies and procedures, incentives, and sufficient dedicated resources to keep subsidized units available to chronically homeless people and those at risk of becoming homeless, we will ensure no net loss of units of subsidized housing for this population due to market conversion or owner opt-out. Also, through outcome measures, we will assure the reuse of shelter and transitional housing resources, as they have become available, are maximized to help move people rapidly into permanent housing.

### ***Ending Chronic Homelessness by Increasing Incomes to Sustain Housing and Reach Self-Sufficiency***

Another important component of *Bringing Our Community Home* is increasing the incomes of chronically homeless people so that each person has a stable, adequate source of income. We will adopt an “employment first” approach and will assist every individual who can work obtain and maintain a job that fits that person’s skills and abilities. All employment opportunity will be cultivated and pursued through job programs and developers, and will be supported by the Teams. The Teams will interface with the Job Developer who will help locate and create job opportunity, the Employment Specialist who will help match clients to a job and prepare them for securing a job, Industrial Relations Staff who will support employers who hire chronically homeless people, and a Job Coach who will support employment after it is obtained.

We will also assist everyone who qualifies for benefits to receive them. We will cross-train and cross-locate staff from community-based organizations and public agencies to increase the number of successful applications. Additionally, the Teams will start seeking benefits/entitlements within institutions before individuals are discharged to ensure that people exiting institutions have a stable source of income.

### ***Financing a Comprehensive System of Housing, Services, and Treatment***

*Bringing Our Community Home* will be financed by a variety of mechanisms. As a model for the term of the Plan, our goal will be to have half of the necessary expenses to end chronic homelessness come through government agencies as new or redirected resources. The

remaining half will be split evenly between philanthropic donations and business and corporate donations. To utilize the work already being performed to solve homelessness we will nurture relationships and collaborations with agencies to link chronic homeless planning and resource-allocation decisions with those efforts underway in our communities that are addressing predatory lending, domestic violence, youth aging out of foster care, AIDS housing, prison release, and others.

The financing needed to launch *Bringing Our Community Home* will be immediately solicited and secured from private resources. In the first year a feasibility study of the ability of mainstream and homeless service systems to redirect existing resources and housing units to help newly housed households maintain their stability and continuity of care will be conducted. As a result, existing support service capacity will be combined with existing housing stock to establish evidence-based supportive housing models that maximize public and private investments and cost-effectively assure long-term housing options for formerly homeless persons.

Chronically homeless people utilize many publicly supported systems. To optimally focus our scarce resources to solve, rather than manage, their need it is critical to gain a comprehensive understanding of our current system of care. The person or team tasked with developing the funding for *Bringing Our Community Home* will map the chief mainstream service systems in the first year. As a result we will be able to identify where and how funds flow, review current eligibility and entry points, discover what works and does not work for homeless people in each system, get to know the key policymakers and administrators, and begin negotiations with at least two systems to better serve homeless people. Some key mainstream systems with which we will work are:

- Income support programs such as Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and other supplements, such as Food Stamps
- Medicaid—and other health services—including federally supported community health centers and health assistance through the Veteran's Health Administration
- Mental health and substance abuse services funded through various federal block grant programs to the State
- Workforce Investment Act (WIA) programs designed to provide training and secure employment for low-income, homeless, and disabled

workers

- Housing subsidy programs, such as the federally funded Housing Choice Voucher (Section 8), HOME Investment Partnership, McKinney-Vento Homeless Assistance, Housing Opportunities for Persons with AIDS (HOPWA), and public housing authority programs
- Other public systems, including public schools, child protective services, foster care, county jails, and state prisons

We intend to secure commitments from the leaders of mainstream service systems — including public health, mental health, alcohol & drug addiction treatment, foster care, and criminal justice — to do the following:

- Conduct an analysis of current investments in services for people who experience homelessness in SBCR and create a plan for shifting resources, over time, from costly institutional supports to prevention services
- Partner with community-based providers to plan for and offer by 2011 the housing and service options needed to end the practice of discharging clients into homelessness

### ***Plan Administration, Coordination, and Implementation***

Currently, the administrative structure of *Bringing Our Community Home* is informal in nature, but bound by a commitment and vision to significantly aid some of our community's most vulnerable people in a meaningful way. Various scenarios, from forming a new nonprofit entity to a less formal collaboration bound by agreements, are being studied for effectiveness and feasibility. It is not uncommon for the organization of a community-based plan of this kind to take several years to develop, and, while it is thought that a more sustainable strategy will be agreed upon in the next one to two years, the Finance and Implementation Committee has committed to continue meeting to provide the guidance and leadership necessary to shepherd the Plan through this phase.

The daily implementation activities of *Bringing Our Community Home* have been distilled into five primary functions. These functions can be performed most effectively if vested into designated positions held by dynamic and well connected coordinators. The feasibility of creating these positions is dependent upon the ability to generate new supportive funding streams and/or to responsibly reallocate existing resources to support

them. Identifying funding for the Campaign Coordinator and Fund Development Coordinator functions has been given a top priority and, through the Transition Committee, private resources are currently being solicited to secure these positions. The resources and activities for the remaining functions will be assigned within the first three years of the Plan.

The primary implementation functions are described below as single job descriptions, but some could conceivably be divided and allocated into existing positions:

**Campaign Coordinator:** oversee all aspects of *Bringing Our Community Home* implementation and the coordination and supervision of staff. He or she will communicate closely with and convene the Plan Committees and Leadership Council as appropriate, and will work with the Leadership Council in support of proposals and funding requests. This position will function much like a Chief Administrator/ Executive Director.

**Housing Project Manager:** secure access to all housing necessary, including basic housing assistance and permanent supportive housing, work to secure housing capacity, arrange for property management, and act as a liaison to services and treatment.

**Outreach and Integrated Service Teams Manager:** working closely with the Fund Development Coordinator and Finance & Implementation Committee identify personnel from other agencies who serve the chronically homeless and coordinate into functional teams; retain Outreach, Transition and Integrated Services Team Leader services; create the model of care, protocols, and procedures for Teams; manage the schedules and resources Teams require; and convene case conferencing and Team coordinating sessions.

**Income and Employment Manager:** identify appropriate entities to carry out strategies and action steps; link the benefits access and employment activity to Teams and to housing; and monitor progress and outcomes in this area.

**Fund Development Coordinator:** identify and cultivate resource opportunities; draft the Annual Finance Plan; convene agencies to develop programs that fit funding possibilities and optimize mainstream resources; coordinate public relations and the media effort.

We have the vision, resources, and ability to eradicate chronic homelessness in the next ten years. Under the guidance of this *Bringing Our Community Home*, we will end chronic homelessness, both by preventing peo-

ple from becoming chronically homeless, and by ensuring that people who are currently experiencing chronic homelessness are able to achieve supportive housing. Within ten years, every chronically homeless individual in our community will have a place to call home.

### Endnotes

- a Heroux, Roger. "A Report on Homelessness Services in the County of Santa Barbara." 2006.
- b Heroux, Roger. "A Report on Homelessness Services in the County of Santa Barbara." 2006.
- c Culhane, Dennis P., Metraux, Stephen and Hadley, Trevor. 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. 2002.
- d "Ending Long-Term Homelessness in Minnesota: Report and Business Plan of the Working Group on Long-Term Homelessness." Minnesota Department of Human Service, Department of Corrections Housing Financing Agency. 2004.
- e See Prevention Appendix A.
- f Heroux, Roger. "A Report on Homelessness Services in the County of Santa Barbara." 2006.

### Sidebar Endnotes

- a Santa Barbara defines a disabling condition the same way HUD defines it: a "diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions"
- b The HUD definition of chronically homeless is identical to the definition Santa Barbara has adopted except HUD's definition is limited to unaccompanied homeless individuals and does not include families.
- c Tessler, R.C. & Dennis, D.L. *A synthesis of NIMH funded research concerning persons who are homeless and mentally ill*. Rockville, MD: National Institute of Mental Health. 1989.
- d SAMHSA. *Blueprint for Change: Ending Chronic Homelessness for Persons With Mental Illnesses and/or Co-Occurring Substance Use Disorders*. 2003.
- e Heroux, Roger. "A Report on Homelessness Services in the County of Santa Barbara." 2006.
- f Id.
- g Martha Burt, "What We Know About Helping the Homeless and What it Means For HUD's Homeless Programs" Testimony presented to the Housing and Community Development Subcommittee of the Banking and Financial Institutions Committee of the U.S. House of Representatives 1. March 5, 1997.
- h Community Action Board of Santa Cruz, Inc. "Housing and Homelessness in Santa Cruz County – 2005." *available* at <http://www.cabinc.org/Research/housing-and-homelessness-2005-report.htm>

## ***What Are the Priorities of the Ten-Year Plan?***

### ***1. Prevent chronic homelessness***

Work together to make sure an adequate supply of appropriate housing and supportive services are available to help people at risk of chronic homelessness to stay in their homes. These services include rent and utility assistance, job training, employment and education assistance, health care, mental health counseling, foster care and alcohol & drug treatment.

### ***2. Move people rapidly from homelessness to housing***

Place chronically homeless people as quickly as possible in permanent housing and then help them to stabilize and function independently by providing them with the supportive services they need to be successful in their homes.

### ***3. Build the public and political will to end homelessness***

Expand our community's commitment to ending chronic homelessness by educating the public, tracking our successes and building on them, and establishing steady funding

## ***What is permanent supportive housing?***

Supportive housing is a successful, cost-effective combination of affordable housing with on-site services that help people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who are not only homeless, but who also have very low incomes and serious, persistent issues that may include substance abuse, physical disability, mental illness, and HIV/AIDS.

## ***Why is supportive housing so important?***

Supportive housing is important because it works, and it is a key factor in SBCR's ability to end chronic homelessness. Studies show the following effects of supportive housing programs across the country:

- Decreases of more than 50% in tenants' emergency room visits and inpatient days
- Decreases in tenants' use of emergency detoxification services by more than 80%
- Increases of 50% in earned income and 40% in the rate of participant employment when employment services are provided in supportive housing
- Decreases in dependence on entitlements—a \$1,448 decrease per tenant each year

## **FAQs**

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- Increase in successful housing for mentally ill people (83.5% remained housed a year later)
- Increase in tenants' ability to remain sober (90% compared to roughly 55% of residents in half way houses).

## ***How can developing supportive housing save money?***

Without appropriate support, chronically homeless people, on the streets and vulnerable to many risks, often experience crisis situations that require costly high supervision treatment:

Type of "Housing"	Cost per Day
Santa Barbara County Jail	\$86
Private Health Care Facility	\$800
Hospital Bed	\$1600
Permanent Supportive Housing	\$28

Individuals in much less costly supportive housing experience greater stability and a radical decrease in their use of institutional care. Funding that pays for people to be "housed" in high service facilities can be redirected to develop and sustain supportive housing beds. Through supportive housing the costs of chronic homelessness can not only be reduced, but chronic homelessness can be eradicated.

## ***How do you expect to develop that much housing?***

It is important to remember that by "units" we don't necessarily mean individual housing units, such as a stu-

dio apartment. Rather we are referring to appropriate housing for a person, which could also mean a single bed in a shared living situation. By partnering with public and private developers, rental assistance programs, and property management agencies, we will pursue many avenues to increase the amount of permanent housing available to the chronically homeless, including master leasing, rehabilitation of existing housing, recruitment of existing rental units and development of new housing.

***Why are we developing housing for the chronically homeless? I can't afford to live here.***

Through research and local experience, *Bringing Our Community Home* maintains the critical nature of stable, affordable housing as a solution to chronic homelessness. We also recognize that the lack of affordable housing is not just an issue for the severely disadvantaged, but is a reality for many people in our community. What is significant about the chronically homeless population is the amount of resources (tax dollars, emergency room visits, volunteer efforts, etc.) that are required simply to keep them alive on the streets. For many, their exit from homelessness is death. In both humane and fiscal terms investment in permanent supportive housing for this population is a cost saving measure that, over time, will pay for itself.



***How Much Will It Cost?***

We are beginning the process of identifying what it will cost to fund the housing and supportive services needed to implement *Bringing Our Community Home*. It is important to remember, however, that much of the funds we need are ones that we already commit to housing and homelessness programs, and that will continue to be devoted to these programs. Some of the money can be found in the savings we will accrue by redirecting existing funding from expensive emergency measures (incarceration, emergency room utilization, emergency shelter) into non-time limited, support-enriched housing. We know we will also need to develop new local, state and federal funding streams, public and private.

***Do we really have the resources to do this?***

We have a lot of the resources, but we will need more. Part of *Bringing Our Community Home* is identifying new sources and developing the public will to generate the needed resources.

***Is It Possible?***

Yes, if we can develop and sustain the funding and public and political will to make it happen. The Plan estimates that over ten years we will need to secure from 900 to 1200 permanent affordable units to succeed. Promising Best Practices, such as the “Housing First” model, are demonstrating success. We need to expand such programs in the SBCR. Also, a strong spirit of partnership now exists. We need to sustain and build upon this.

***Aren't there some people you just can't help?***

Actually, it turns out that when you combine intensive services with housing even those who might be viewed as the very most difficult to house respond and are able to stabilize their lives.

***Does “ending chronic homelessness” mean that there are never any persons without a home?***

Ending chronic homelessness does not mean that there will *never* be a chronically homeless person in the SBCR. It does mean that we identify persons at risk of losing their home and prevent them from becoming homeless. It means that we identify people without housing and quickly provide them safe and appropriate short-term and long-term housing options and that people are given the services necessary to move from short-term solutions to stable long-term housing as quickly as possible.

## Leadership Council

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 Vytautas Adomaitis, *City of Goleta*  
 Sylvia Barnard, *Good Samaritan Shelter Services, Inc.*  
 Kathleen Baushke, *Transition House*  
 Marty Blum, *Mayor of Santa Barbara*  
 Dr. Jim Broderick, *Director of County Alcohol, Drug and  
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 Cindy Burton, *Work Training Program*  
 John Buttny, *Ten Year Plan Staff*  
 Rebecca Carey, *Santa Maria Community*  
 Joe Centeno, *5th District Supervisor*  
 Ronald S. Cortez, *County HCD*  
 Dick DeWees, *Mayor of Lompoc*  
 Paul Didier, *United Way of Santa Barbara*  
 Fran Forman, *Community Action Commission*  
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Early in 2005, concerned residents across Santa Barbara County joined together to form a plan to end our community's chronic homelessness. While the chronically homeless represent only 10 percent of the homeless population, over 50 percent of the dollars spent in our area fighting homelessness are used on this high-needs group. Our county's Board of Supervisors, along with the Mayors and City Councils of five cities in the county, have unanimously supported the drafting of this plan. Over 100 community members including business persons, government officials, nonprofit social services staff, funders, and interested citizens have been involved in the writing this document. It is our intention to move those who are chronic residents of the streets into housing with supportive services, once and for all.

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