



Ventura County Homelessness Plan

December 2023



VENTURA COUNTY
**CONTINUUM OF
CARE ALLIANCE**

ENDING HOMELESSNESS
IN VENTURA COUNTY



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Executive Summary

Ventura County recognizes that addressing homelessness requires a systems-level approach, one that addresses many of the root factors that contribute to homelessness. Ventura County has worked to identify and address system needs and gaps by engaging LeSar Development Consultants (LDC) to develop a Five-Year Homelessness Plan. The Cities of Oxnard, San Buenaventura, and Thousand Oaks partnered with Ventura County throughout the process and obtained jurisdiction specific goals and next steps that are aligned with the County framework to meet local needs.

The first stage of this process included an analysis of strengths and gaps within the system. LDC utilized a mixed methods approach to identify several system-level strengths and challenges. The strengths of the homelessness response system include:

- Strong commitment from service providers
- The adoption of effective and innovative approaches like Housing First and Trauma-Informed Care
- Prioritization of the most vulnerable individuals by way of the Coordinated Entry System
- Multi-agency collaboration among partners
- Demonstrated ability to quickly scale up homelessness resources when increased funding is available

The homelessness response system faces several key challenges:

- A system flow imbalance, with entries into homelessness outpacing exits, requiring increased prevention services and permanent housing options
- The lack of affordable housing for low and extremely low-income households
- A fragmented regional approach that necessitates dedicated staff for coordination
- Geographic disparities in service availability, calling for a unified and person-centered approach
- Substandard data collection and utilization, requiring improvements and expanded features of the Homeless Management Information System
- Insufficient inclusion of people with lived experience, requiring trust to be rebuilt to improve the system performance

LDC, with assistance from the County, CoC, partnering jurisdictions, regional stakeholders, and people with lived experience, created goals that enumerate actionable steps to address homelessness in Ventura County. The Plan focuses on the following five action areas.

Action Area 1: Housing Prioritization & Funding

Action Area 2: Regional Coordination & Leadership

Action Area 3: Outreach & Service Delivery

Action Area 4: Data-Driven Decision Making

Action Area 5: Representation & Inclusivity

Each action area includes next steps that, when implemented, will help to achieve the goals of the action area. Goals of the Homelessness Plan include the following:

1. Utilize a 1:4:10 ratio framework to prioritize investments in permanent housing and homelessness prevention.
2. Establish a permanent funding source for housing, services support, and homelessness prevention.
3. Create and hire a Homelessness Solutions Director.
4. Create and hire a Housing Solutions Director.
5. Establish a “Command Center” for coordinated multi-disciplinary team (MDT) outreach.
6. Expand and standardize engagement approaches and supportive service delivery.
7. Establish a comprehensive real-time and interactive database.
8. Prioritize lived experience in planning and decision-making.

This Homelessness Plan will help facilitate the strategic pursuit of funding and investment to improve system performance and can inform and educate elected officials, community members, and other regional stakeholders on the public benefits of addressing homelessness. It has the components needed to shape the homelessness response system in Ventura County over the next five years, moving toward a system where homelessness is rare, brief, non-recurring.

Acknowledgements

This Homelessness Plan provides the steps forward for the County and its partners to address homelessness in Ventura County. We could not have created such a robust and tailored Homelessness Plan without the knowledge, expertise, and commitment of stakeholders who met with the consulting team to help inform and champion the proposed action areas. We thank all the people, organizations, and agencies that have helped to create this Homelessness Plan, including:

Ventura County

- Board of Supervisors
- County Executive Office
- Continuum of Care (CoC) Alliance
- Human Services Agency
- Area Agency on Aging
- Child Support Services
- Health Care Agency
- Probation Agency
- Sheriff's Office

Partnering Cities

- City of Oxnard
- City of San Buenaventura (Ventura)
- City of Thousand Oaks

All Cities and Local Governments in Ventura County

Homeless Service Providers & Nonprofit Partners

Key Community Stakeholders in the Healthcare, Behavioral Health, Criminal Justice, Workforce Development, Transition Age Youth, and Veteran fields

People with Lived Experience in Homelessness

Residents and Community Members

Interlaced throughout the Homelessness Plan's actions areas, goals, and next steps is the idea that ending homelessness can only be achieved when all levels of government, non-profit organizations, private sector partners, faith-based communities, and the community at large unite behind a shared vision—a vision where homelessness in Ventura County is rare, brief, and nonrecurring through scaled interventions, pathways to housing, and person-centered solutions. As we set forth to meet the goals laid out in this Homelessness Plan, we are driven to renew our commitment, moving with a level of urgency and resolve to quickly support our neighbors in need, prevent new households from experiencing the crisis of homelessness, and create vibrant communities with abundant housing for all.



Priority Values

Lived Expertise: The feedback of people currently or formerly experiencing homelessness is a legitimate and important primary data source and is invaluable to the decision-making process and system design.

Equity Centered: Centering the homelessness response system on the needs of those most vulnerable and overrepresented within the homeless population builds the capacity of the system to better respond to the needs of all people experiencing homelessness.

Systems-Level Collaboration: An effective system needs to prioritize multi-system, cross-sector collaboration and coordination to address the inflows, service delivery, and outflows relevant to ending homelessness.

Housing First: Housing ends homelessness. People experiencing homelessness require very affordable, permanent housing solutions as quickly as possible, providing services without preconditions or barriers to entry to ensure housing stability and prevent returns to homelessness.

Person-Centered: All people deserve to be treated with respect, regardless of their housed status. We strive to position people experiencing homelessness as individuals with agency, decision-making, and dignity within a system that provides services to them. We believe in the strengths of people experiencing homelessness and will adopt person-centered approaches that account for past trauma, harm reduction, personal strengths, client confidentiality, and individual choice.

Engagement: We prioritize an engagement approach, one that focuses on an individual's dignity, choice, and wellbeing. To do this, services, shelter/housing, and additional resources must be offered that result in permanent solutions, rather than quick fixes, to ending homelessness.



Homelessness and Affordable Housing in Ventura County

Homelessness¹

According to the [County of Ventura 2023 Point in Time Count](#), there were 2,441 individuals experiencing homelessness in Ventura County. This is an **86% increase in the number of people experiencing homelessness over the last six years** (2018-2023). Additional data below describes the demographic make-up of those experiencing homelessness compared to the overall population of Ventura County.²

- Of the 2,441 individuals experiencing homelessness in Ventura County in 2023, **1,633 (67%) experienced unsheltered homelessness**, defined as sleeping in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned buildings. Over the last five years, the percentage of people experiencing unsheltered homelessness has remained consistent, making up 63% of the County's homeless population in 2018.
- **Black/African American individuals were significantly overrepresented** in the County's unsheltered homeless population, making up 6.0% of the total homeless population but only 1.8% of the County's general population. White individuals made up 68.5% of the unsheltered homeless population and 70.1% of the general population. People who identified as **Hispanic/Latino were overrepresented in the unsheltered homeless population** with 47.9%, while only 43.3% of the general population identified as such.
- When considering gender, those who identified as **male made up 75.3% of the unsheltered homeless population** and only 49.8% of the general population, while those who identified as female made up 24.5% of those experiencing unsheltered homelessness and 50.2% of the general population.



- When considering age, people under 18 made up 6.9% of the unsheltered homeless population and 22.9% of the general population, while people 18-24 made up 3.2% of the unsheltered homeless population and 9% of the general population. **Individuals 25 years and older were significantly overrepresented, making up 89.9% of the unsheltered homeless population** and only 68.1% of the general population. **149 individuals were 65 or older, making up 9% of the total unsheltered population** compared to 17.7% of the general population.
- While a common concern is that many individuals experiencing homelessness are migrating from outside Ventura County, the data does not back up this claim. According to Ventura County's HMIS data, 175 individuals reported having originated from outside of Ventura County— only 1.55% of the homeless population in the County.³

Affordable Housing⁴

The following are key findings and additional significant data from the 2023 Affordable Housing Needs Report published by California Housing Partnership (CHPC).

- "In Ventura County, 23,425 low-income renter households **do not have access to an affordable home.**"

¹ Ventura County Continuum of Care Alliance. (2023). 2023 Ventura County Homeless Count Executive Summary. <https://s33020.pcdn.co/wp-content/uploads/2021/03/2023-VC-Homeless-Count-Executive-Summary-and-Draft-Recommendations-4.8.23-.pdf>

² United States Census Bureau. (2021). ACS Demographic and Housing Estimates: Ventura County. https://data.census.gov/table/ACSDP5Y2021.DP05?g=040XX00US06_050XX00US06111

³ HMIS data provided by Ventura County.

⁴ California Housing Partnerships. (2023). Ventura County 2022 Affordable Housing Needs Report. https://chpc.wpenginepowered.com/wp-content/uploads/2023/05/Ventura-County_Housing-Report_2023.pdf

- Renters in Ventura County must earn \$47.23 per hour – **3 times the state minimum wage**—to afford the average monthly listed price for rent of \$2,456.
- **63% of extremely low income (ELI) Older Adult households and 59% of ELI households with young children** are paying more than half of their income on housing costs (2021).
- There are discrepancies in cost burdened percentages when considering **race and ethnicity** (2021).
 - 64% of **Black** households are cost burdened or severely cost burdened.
 - 58% of **Native American** households are cost burdened or severely cost burdened.
 - 53% of **Hispanic/Latino** households are cost burdened or severely cost burdened.
 - 52% of **White** households are cost burdened or severely cost burdened.
 - 32% of **Asian** households are cost burdened or severely cost burdened.

Homelessness Gaps Analysis

LDC identified the following strengths and gaps through quantitative and qualitative data collection. These strengths will continue to serve as the building blocks for the action areas and goals outlined in the Homelessness Plan. The qualitative data was informed by service providers, community leaders and elected officials, people with lived experience, and members of the general public. The gaps listed below guided the Action Areas, Goals, and Next Steps found throughout the Homelessness Plan. *For the full list of stakeholders engaged, see Acknowledgements.*

Strengths

1. Commitment of Service Providers to Address the Homelessness Crisis

The Ventura County Continuum of Care Alliance has 215 member organizations that provide services to over 5,000 people experiencing homelessness annually. Stakeholders, such as community leaders, elected officials, and members of the general public, consistently highlighted the commitment, dedication, and empathy of homeless service providers as a key strength in the County's response to addressing homelessness.

2. Advancement of Effective and Innovative Approaches

The County and its partners have advanced evidenced-based best practice frameworks like Housing First, Strength-Based Case Management, Trauma-Informed Care, and Harm Reduction. These frameworks are now integrated throughout the County's approach, Request For Proposals (RFPs), strategic planning, and other critical functions. Ventura County has also supported new, innovative programs that fit within these frameworks (e.g., Whole Person Care, OneStop, and Non-Congregate Interim Housing), which stakeholders have lauded for their effectiveness in meeting the needs of the unsheltered homeless population. As indicated later in this report, however, these resources still need to be scaled to meet the need.

3. Community Prioritization of Those Most Vulnerable Within the System

Stakeholders noted that the prioritization processes in place are overall effective in identifying the vulnerabilities of people experiencing homelessness and matching them to the appropriate resources. The County has successfully updated its Coordinated Entry System (CES) assessment tool by moving away from using the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), which has received criticism at the national and local levels for its propensity to perpetuate race and gender biases. The newly developed tool, the Vulnerability Assessment Tool (VAT), continues to be reviewed annually by the CES service providers to ensure improvements are made as needed to appropriately prioritize the most vulnerable people for housing and services.

4. Multi-Agency Collaboration Among Partners

Stakeholders highlighted improvement in multi-agency coordination among homeless service providers, County entities, cities, and other partners. Stakeholders also noted the positive shift that the COVID-19 pandemic created around the culture of multi-agency coordination. Coordination has improved and is now more collaborative with a sense of urgency to meet the needs of people experiencing homelessness.

5. Utilizing New Funding to Increase the Scale of Services

With increases in homelessness funding allocated by state and federal partners, Ventura County has used those investments to scale Interim Housing by 153% and Permanent Supportive Housing by 39% from 2018 to 2022.5 Stakeholders noted successes in increased services such as Street Outreach (SO), landlord engagement, Interim Housing (IH), and Permanent Supportive Housing (PSH). It should be noted, however, that much of this funding is short-term in nature, such as FEMA's Non-Congregate Shelter funding provided during COVID-19 or Homeless Housing

Assistance and Prevention (HHAP) funding provided by the state which are temporary grant funds. Because of this, the procurement of additional, sustainable funding is still a priority. Nevertheless, Ventura County has proven its ability to take new investments and rapidly turn them into successful programs and services.

Gaps

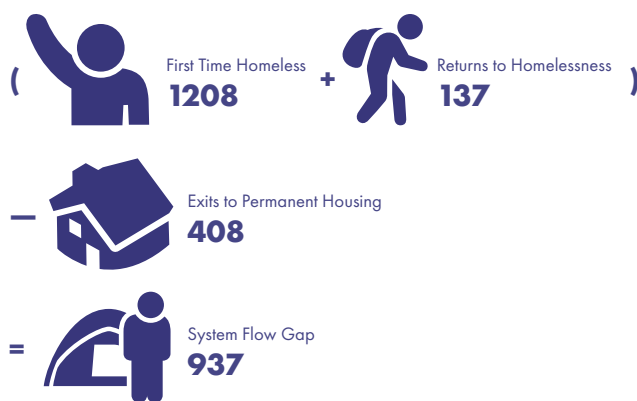
1. System Flow Imbalance—Entries Into Homelessness Outpace Exits

The System Flow Gap can be calculated with the following equation:

$$\begin{aligned} & \text{(First Time Homeless + Returns to Homelessness)} \\ & - \text{Exits to Permanent Housing} \\ & = \text{SYSTEM FLOW GAP} \end{aligned}$$

In a balanced system, inflows into homelessness (indicated by first time homeless and returns to homelessness) should not outpace outflows from homelessness (indicated by exits to permanent housing). A system in which outflows outpace inflows, paired with sufficient housing resources, is known as one that has achieved “functional zero”. This means that the system has sufficient resources to ensure that a person’s experience of homelessness is rare, brief, and nonrecurring.

Ventura County 2022:



As shown above, Ventura County’s inflows outpace its outflows, indicating an unbalanced system. To address this, Ventura needs to increase throughputs in the homelessness response system by—

- Increasing permanent housing options (e.g., PSH, affordable housing, etc.) for people to exit to once in the homelessness system
- Bolstering prevention services to prevent people from entering homelessness in the first place

The shortage in permanent housing options creates a blockage in the system, preventing people from quickly transitioning from interim housing into permanent housing. When this occurs, interim housing options (e.g., shelter beds or interim housing) cannot be turned over fast enough. This creates another point of congestion in the system, as households in need of interim housing beds are forced to turn to unsheltered locations as a last resort, increasing the total number of households experiencing unsheltered homelessness. To sufficiently right size the system, continuous funding should be funneled to the development of long-term housing solutions.

This gap is addressed in Action Area 1: Housing Prioritization & Funding.

2. Fragmented Regional Approach to Homelessness and Housing

As indicated by the imbalanced system flow, there is a need for more coordination around the services and interventions provided for people experiencing homelessness as well as the preservation and creation of affordable housing. There were also misconceptions expressed by the community around the use of evidenced-based models, such as Housing First, a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness.⁵ While there are staff at the County and City levels who work on homelessness issues, many are juggling several tasks and responsibilities that make it challenging to specifically focus on cohesion throughout the region. Dedicated staff are required for this purpose, focusing on both sides – homelessness and housing - of the response system.

This gap is addressed in Action Area 2: Regional Coordination and Leadership.

3. Geographic Deficiencies in Service Availability to People Experiencing Homelessness

Consistent and immediate access to the homelessness system services does not always exist due to the County’s vast and diverse landscape. Many people with lived experience who were interviewed in this process expressed a lack of trust in the homelessness response system and service providers, often due to the inconsistencies of the outreach and services available to them. When access to services is limited, it is challenging to meet the needs of people experiencing homelessness. Equitable

5 National Alliance to End Homelessness. (2022). Alliance Pressure Points Resource Series: Housing First Fact Sheet. https://endhomelessness.org/wp-content/uploads/2022/08/Housing-First-Fact-Sheet_Aug-2022.pdf

service provision is not achievable without a unified approach that balances engagement and enforcement, prioritizes Housing First protocols, and uses person-centered models.

This gap is addressed in Action Area 3: Outreach & Service Delivery.

4. Substandard Data Collection & Availability

While Ventura County has continuously increased the usage and capacity of their Homeless Management Information System (HMIS), it is still underutilized by service providers and lacks certain capabilities that facilitate an accurate depiction of the homelessness service system. To function at an optimal level, detailed information must be collected to provide transparency to the community, jurisdictions, and service providers about the need, resource availability, and system utilization. Responding to real-time data, adjustments can be made to enhance system function, improve efficiency, and facilitate mid-course corrections to save time, save money, and improve system performance. Increasing the capacity of HMIS will provide data to inform policy and resource allocation, ensuring the equitable distribution of resources and facilitating the evaluation of program effectiveness and outcomes, creating a feedback loop between the community, jurisdictions, service providers, and decision-makers.

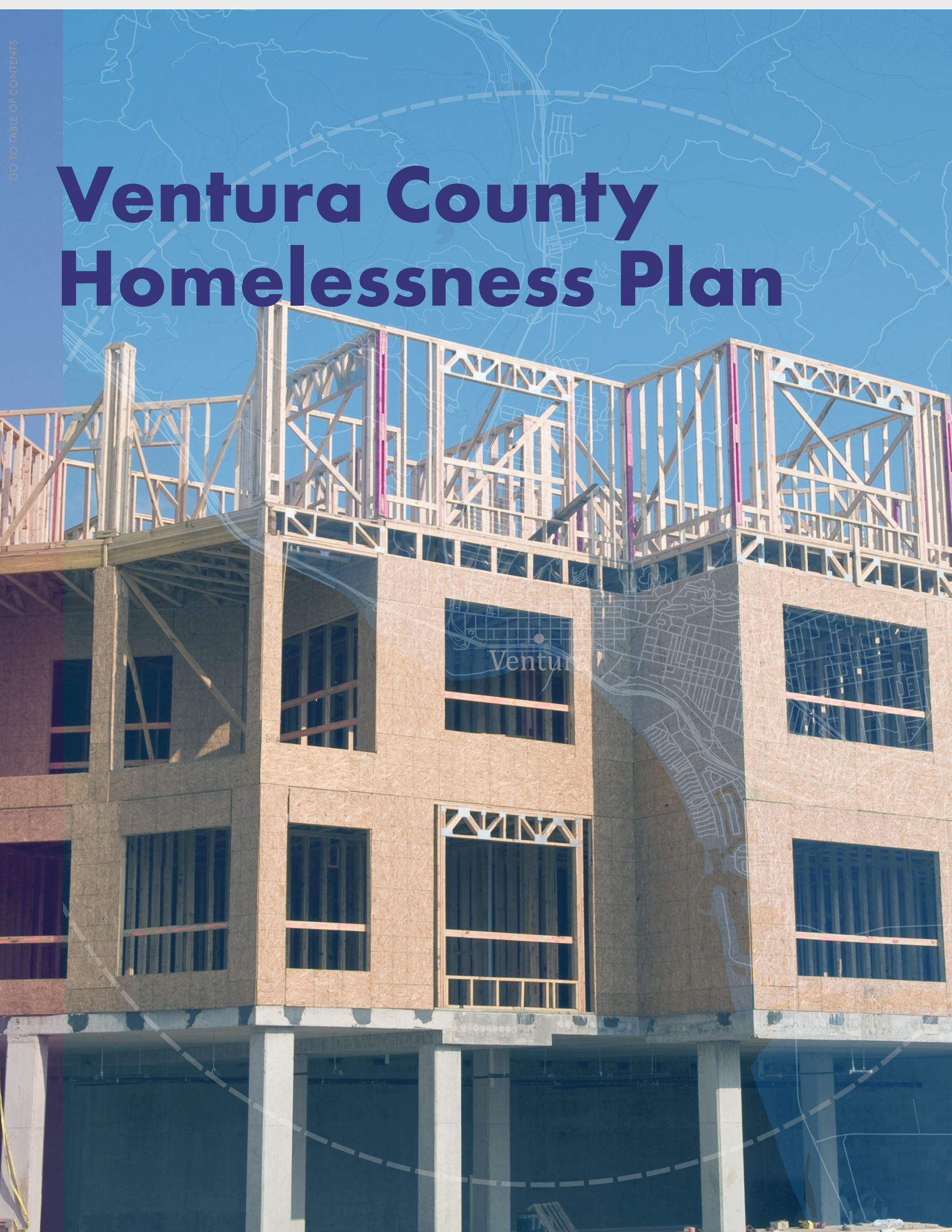
This gap is addressed in Action Area 4: Data-Driven Decision Making.

5. Insufficient Inclusion of People with Lived Experience

Through the outreach and engagement process, people with lived experience were interviewed to collect their input about the homelessness response system. While many cited specific case managers that worked diligently to assist them, most of the feedback focused on the broken system and their ideas for change. For example, one individual mentioned their reliance on other people experiencing homelessness to “teach them,” describing a robust and developed [informal] networking and knowledge sharing system for how to survive. Through this system, they learned about resources, services, and strategies that their case workers were unaware of or were unable to share with clients due to their limited time and heavy caseloads. A resounding lack of faith in the homelessness system served as the undertone for much of the conversations with a heavy reliance on supports outside of the system just to survive. The incorporation of people with lived experience can rebuild trust with the community by relying on their critical insight and making adjustments that will have the biggest impact on the ground. While the Ventura County CoC recently formed a workgroup to incorporate people with lived experience, there is a lack of resources dedicated to support these efforts, and the CoC will need to provide better engagement countywide.

This gap is addressed in Action Area 5: Representation & Inclusivity.





Ventura County Homelessness Plan

Ventura County Homelessness Plan

Overview of Plan

The Ventura County Homelessness Plan is divided into five action areas that can be applied to incorporated cities and unincorporated areas across Ventura County.

Each Action Area consists of proposed goals and next steps that, when completed, will address homelessness across the region. The five numbered action areas were also applied to the individual plans developed for the Cities of Oxnard, San Buenaventura, and Thousand Oaks.

Action Area 1:

Housing Prioritization & Funding

Action Area 2:

Regional Coordination & Leadership

Action Area 3:

Outreach & Service Delivery

Action Area 4:

Data-Driven Decision Making

Action Area 5:

Representation & Inclusivity

Action Areas and their related goals and next steps were developed under the guidance of- and in alignment with- national, state-level, and county-level frameworks (See Appendix).



Action Area 1: Housing Prioritization & Funding

To address homelessness effectively and efficiently, Ventura County will need to focus on increasing permanent housing options. As detailed in previous sections, there are more people cycling into homelessness than there are exiting homelessness, indicating an underinvestment in more permanent solutions such as permanent housing and prevention strategies. To right-size this imbalance, sustainable funding is required to consistently invest in long-term solutions to functionally end homelessness.

Goal	Utilize a 1:4:10 ratio framework to prioritize investments in permanent housing and homelessness prevention <i>For every 1 unit of interim housing developed, aim to develop 4 units of permanent housing, and serve 10 households through homelessness prevention.</i>
How will this address homelessness?	A rightsized homelessness response system will address historical under investments in permanent housing and homelessness prevention solutions and the overreliance on shelter beds, resulting in shorter costly shelter stays and improved outcomes.
Next Steps	<ul style="list-style-type: none"> • Apply 1:4:10 ratio framework when allocating grant funds as appropriate. • Monitor resource availability and adjust ratios accordingly to pursue systemwide balance in prevention, interim housing, and permanent housing resources. • County cost-share policy for shelters to be tied to investments in permanent housing.

Goal	Establish a permanent funding source for housing, services support, and homelessness prevention
How will this address homelessness?	A permanent funding source will create consistency in funding for housing, programming, and sustainable solutions to homelessness.
Next Steps	<ul style="list-style-type: none"> • Research and pursue dedicated revenue streams adopted by other communities and determine feasibility for Ventura County (e.g., Bond Measure). • Provide input and help influence the structure, utilization, and maintenance of permanent funding.

1:4:10 Ratio Framework

A ratio framework refers to a specific ratio to inform investments in homelessness interventions based on the extent of need. Historically, Ventura County has underinvested in permanent housing and prevention and diversion solutions. For Ventura County, a ratio of 1:4:10 was calculated to not only increase exits from homelessness, but to also reduce entries into homelessness, balancing the inflows and outflows. This ratio provides guidance for how investments in the system should be prioritized to achieve functional zero.

For every **1 unit of interim housing**, **4 permanent housing destinations** are needed to move people out of the homelessness system, and **10 households** should be served through **prevention and diversion** funding to reduce the number of new people experiencing homelessness and entering the system.

1 Interim unit - moving individuals from unsheltered dwellings into temporary shelter.

4 Permanent Housing Destinations - providing housing solutions, such as RRH, PSH, etc. for those currently experiencing homelessness to move them out of the system.

10 Prevention & Diversion households - preventing households from experiencing homelessness in the first place with targeted funding and interventions from upstream services, such as hospital or medical systems, school districts, carceral systems, CES Access Points, etc.

(See Appendix for complete methodology)

Action Area 2: Regional Coordination & Leadership

The lack of consistency across jurisdictions, the public, and service providers in addressing homelessness inhibits uniform progress. This is exacerbated by a fragmented approach in housing development which is critical to making homelessness rare, brief, and non-recurring. The combined specialized expertise of the Homelessness Solutions Director and the Housing Solutions Director will help inform the development of a cohesive approach to address individuals who are at-risk of or currently experiencing homelessness. Additionally, these positions will help meet the diverse needs of populations such as farmworker housing, workforce housing, and the “missing middle” housing.

Goal	Create and hire a Homelessness Solutions Director
How will this address homelessness?	<p>The creation of a specific leadership position will operationalize Countywide coordination to address homelessness. This position will:</p> <ul style="list-style-type: none"> • Assist jurisdictions in identifying system gaps and best uses of funding. • Encourage partners to pursue funding opportunities and programs in communities with identified gaps. • Ensure coordination, collaboration, and partnerships among service providers with emerging healthcare resources through CalAIM (California Advancing and Innovating Medi-Cal) to maximize access to services and housing. • Promote joint advocacy for increased funding, streamline regulatory requirements, promote consistency across state/federal programs, and reduce barriers. • Encourage jurisdictions to continue/enhance participation in Continuum of Care (CoC).
Next Steps	<ul style="list-style-type: none"> • Identify resources to create Homelessness Solutions Director position. • Seek candidates with specialized expertise in homelessness coupled with extensive knowledge of local communities, policies, and funding. Position will have advanced knowledge in healthcare resources and regional coordination. • Create a County Coordinating Committee chaired by the Homelessness Solutions Director and comprised of all departments working to address homelessness.

Goal	Create and hire a Housing Solutions Director
How will this address homelessness?	<p>The creation of a specific leadership position will operationalize Countywide coordination to address the housing crisis. This position will:</p> <ul style="list-style-type: none"> • Pursue existing and new financial resources to develop housing. • Evaluate and make policy recommendations related to housing at the local, state, and federal levels. • Identify and evaluate underutilized publicly owned land (state, County, City) for affordable housing development. • Support local efforts to seek ProHousing Designations from the California Department of Housing and Community Development (HCD) to facilitate prioritization of local projects for state funding. • Pursue lower-cost housing typologies like tiny homes, accessory dwelling units, hotel/motel conversions, prefabricated modular homes, shipping containers, etc. to meet affordable housing needs. • Facilitate equitable distribution of housing in communities with greatest unmet need, pursue access to resources, and facilitate relationships with housing developers while maintaining sensitivity to the unique conditions of each community. • Work closely with the Homelessness Solutions Director to ensure that housing solutions and configurations align with the needs of residents experiencing homelessness. • Focus on housing gaps for other populations, including but not limited to farmworker housing, workforce housing, and “missing middle” housing.
Next Steps	<ul style="list-style-type: none"> • Identify resources to create Housing Solutions Director position. • Seek candidates with specialized expertise in housing development coupled with extensive knowledge about local communities, policies, and financing. Position will facilitate and expedite creation and preservation of housing critical to making homelessness rare, brief, and non-recurring.

Action Area 3: Outreach & Service Delivery

Through the qualitative and quantitative analysis process, service providers and community members identified inconsistencies in the way outreach was conducted and services were provided. For example, in parts of the County, outreach to people experiencing unsheltered homelessness is more focused on relocating/moving individuals rather than connecting them to services and housing. These inconsistencies fostered distrust from those experiencing homelessness, which furthered the belief that the homelessness response system could not effectively meet their needs in an equitable manner. The Command Center would focus on resource provision and outreach, standardizing engagement and service delivery to ensure a coordinated approach and rebuild trust with the homeless community.

Goal	Establish a “Command Center” for coordinated multi-disciplinary team (MDT) outreach
How will this address homelessness?	<ul style="list-style-type: none"> Establishment of a “Command Center” will create dedicated resources and consistency in addressing encampments. Multi-disciplinary street outreach will improve the quality of care for a person experiencing homelessness, ensuring a more holistic, whole-person approach and improved outcomes.
Next Steps	<ul style="list-style-type: none"> Ensure MDTs are cross-sector and that people with lived experience (PLE) are participants in the overall unsheltered response. Use GIS and geocoding to record information about encampments to inform prioritization consistent with protocols for response. Lead regularly scheduled coordination meetings with full stakeholder participation. Expand funding and staff of Whole Person Care’s encampment outreach programs including Backpack Medicine, increasing the geographical reach and service availability. Promote and encourage regular access to hygiene services (e.g., Care Pods with public restrooms, showers, sanitary supplies), harm reduction services (e.g., sharps containers), laundry, water, and food services through Whole Person Care. Provide Naloxone and other overdose training for all client-facing staff, including law enforcement, homeless service providers, peer support specialists, etc., and residents of encampments and/or those experiencing homelessness. Establish, adopt, and implement encampment decommissioning protocol, requiring at least 2 weeks’ advance notice (or more, depending on size and need of encampment) and offers of services and shelter/housing options on at least 5 occasions.

Goal	Expand and standardize engagement approaches and supportive service delivery
How will this address homelessness?	Consistency among service providers in the delivery of supportive services will result in more uniform outcomes for people experiencing homelessness.
Next Steps	<ul style="list-style-type: none"> Implement forthcoming case management standards being developed by the Continuum of Care (CoC) to ensure consistency across the homelessness response system. Require training of all client-facing staff for trauma-informed care, the Housing First model, cultural competency, person-first approaches, and other necessary topics. Create and maintain service provider-led multidisciplinary teams for crisis response, including social workers or other homeless services staff, peer support specialists, and law enforcement. Provide trainings to community-based organizations, homeless service providers, etc. to ensure access to the information across the system. Research and select trainings for client-facing staff for trauma-informed crisis responses. Consider creating a dedicated hotline for crisis response teams as an alternative to 9-1-1. This hotline will quickly connect crisis response teams to first responders trained to interface with people experiencing homelessness. Educate the public on alternatives to calling 9-1-1 when confronted with an individual experiencing homelessness in crisis.

Action Area 4: Data-Driven Decision Making

Enhancing the abilities of the HMIS database serves both the community and the homelessness response system. By capturing real-time data, the CoC can evaluate the effectiveness of homelessness programs and services and share outcomes with the community. This transparency allows the community to remain informed of the issues within the homelessness system and hold their elected officials accountable, thus creating a responsive and data-driven system.

Goal	Establish a comprehensive real-time and interactive database
How will this address homelessness?	<ul style="list-style-type: none"> A comprehensive database will address a critical system gap in the lack of real-time data to inform decision-making. The new data system will include the following components: <ul style="list-style-type: none"> HIPPA – individuals opt-out, not in (by-name-list) Sufficient information to facilitate referrals and track outcomes Real-time services roster Document causes of homelessness in the database so that prevention efforts can be more accurately targeted Track outcomes associated with services and programs to increase efforts that demonstrate the greatest success Housing and services data to inform individual case management, to monitor outcomes, and to adjust policies A comprehensive database will enhance transparency through real-time data about issues in local communities and gives residents information necessary to hold their elected officials accountable. A comprehensive database will promote the development, implementation, and coordination of local homeless services and resources to address unmet needs in their community.
Next Steps	<ul style="list-style-type: none"> Enhance Continuum of Care (CoC) dashboard to include jurisdictional level information about homelessness. Research and select Homeless Management Information System (HMIS) vendor with the best fit for these objectives. Ensure full utilization by all providers addressing homelessness.

Action Area 5: Representation & Inclusivity

When surveyed and consulted in focus groups, individuals experiencing homelessness within Ventura County reported a lack of inclusion in determining and implementing solutions to end homelessness in the region, citing feelings of disenfranchisement and a lack of understanding from homelessness staff (e.g., case managers). The inclusion of people with lived experience leads to more effective and sustainable solutions based on the valuable insights they provide. By including individuals with lived experience in decision-making processes, service planning, and policy development, the County can ensure that their voices are heard and that their needs are properly understood and met.¹

Goal	Prioritize lived experience in planning and decision-making
How will this address homelessness?	<ul style="list-style-type: none"> People experiencing homelessness will feel more empowered in the system to influence planning and decision-making. Through the implementation of more person-centered policies, people experiencing homelessness will feel more understood by case managers in identifying solutions to ending their homelessness. Solutions will be more targeted to the needs of people experiencing homelessness.
Next Steps	<ul style="list-style-type: none"> Establish a Lived Experience Advisory Committee through Continuum of Care (CoC) to advise and counsel on homelessness response, ensuring appropriate compensation for their contributions. Ensure composition of Lived Experience Advisory Committee reflects diversity of local homeless population. Identify additional funding sources for lived experience (PLE) peer support and engagement. Prioritize and incentivize hiring people with lived experience (PLE) for peer support/engagement.

¹ Office of the Assistant Secretary of Planning and Evaluation. (Accessed 2023, October). Engaging People with Lived Experience to Improve Federal Research, Policy, and Practice. <https://aspe.hhs.gov/lived-experience>



Partnering City Homelessness Plans

WARNING
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NO ENTRY - NO TRESPASSING
VIOLATION WILL BE PROSECUTED
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Applying the 5-Year Plan to the City of Oxnard

Homelessness and Housing in Oxnard

The City of Oxnard has seen an **uptick in homelessness over the last six years**, with a **150% increase from 2018**. In 2023, approximately 75% (625) of the population experiencing homelessness was unsheltered.

Point in Time Count Trend					
2018	2019	2020	2021	2022	2023
335	548	567	**	793	838

***Due to the COVID-9 pandemic, there was no unsheltered count conducted in 2021. Because of this, it is important to look at trends over time, rather than just compared to the previous year.*

Several system gaps impact the City of Oxnard's response to addressing homelessness. Historically across the Countywide homelessness response system, there has been an insufficient allocation of resources toward permanent housing and homelessness prevention which has resulted in a disproportionate emphasis on shelter solutions. This overreliance on shelter beds has led to extended and expensive shelter stays that cause backups in the system since households are unable to move quickly into permanent housing. Inconsistencies and shortages in funding for housing, services support, and homelessness prevention pose significant barriers to address this challenge. Furthermore, the absence of interjurisdictional alignment and collaboration in the region's approach to addressing homelessness introduces difficulty and fragmentation within the system. The lack of a uniform approach exacerbates these issues, making the system less accessible and harder to navigate for those seeking assistance.

The City of Oxnard has begun to take steps to address many of the local system gaps. In its previous plan, the City aimed to enhance community partnerships and coordinate street outreach to address the needs of those experiencing unsheltered homelessness. The recent award of State Encampment Resolution Funds (2023) will continue to support these initiatives. The City has also established a year-round emergency shelter and navigation center that has made the system more accessible. The current shelter is operating in a temporary location. The permanent 110-bed emergency shelter/ navigation center is expected to open in 2024. Additionally, the City has moved forward with the development of permanent supportive housing and affordable housing to begin to meet the throughput gap.

The City of Oxnard's Homelessness Plan aligns directly with the County's Five-Year Homelessness Plan. Each action area consists of proposed goals and next steps that, when completed, will address homelessness locally and strengthen the region's overall approach.

Action Area 1: Housing Prioritization & Funding

Goal	<p>Utilize a 1:4:10 ratio framework to prioritize investments in permanent housing and homelessness prevention</p> <p><i>For every 1 unit of interim housing developed, aim to develop 4 units of permanent housing, and serve 10 households through homelessness prevention. See definition on page 10.</i></p>
How will this address homelessness?	A rightsized homelessness response system will address historical under investments in permanent housing and homelessness prevention solutions and the overreliance on shelter beds, resulting in shorter costly shelter stays and improved outcomes.
Next Steps	<ul style="list-style-type: none"> • Apply a 1:4:10 ratio framework when allocating funding as appropriate, ensuring the system rebalances to prioritize permanent housing and homelessness prevention. • Convene local partners to explore ways to streamline development and set realistic annual development targets. Engage non-traditional partners like Managed Care Providers, higher education institutions, school districts, churches, etc. • Convene local partners to explore ways to establish realistic annual homelessness prevention targets. Engage non-traditional partners like Managed Care Providers, higher education institutions, school districts, churches, etc. • Identify the costs associated and leverage an array of private, healthcare, faith-based, local, state, and federal funding streams to support the expansion of permanent housing (PSH and affordable) and homelessness prevention services. <ul style="list-style-type: none"> - Continue collaboration with the County's CalAIM team and identify strategies to integrate CalAIM's Enhanced Care Management (ECM) and Community Supports (CS) to reduce service delivery costs. • Identify and evaluate underutilized publicly owned land (state, County, City) for housing development.

Action Area 1: Housing Prioritization & Funding (Continued)

Goal	Establish a local permanent funding source and other funding options
How will this address homelessness?	<ul style="list-style-type: none"> • A permanent funding source will create consistency in funding for housing, programming, and sustainable solutions to homelessness. • Locally generated funding streams will address the shortage of funding necessary for expanded housing development.
Next Steps	<ul style="list-style-type: none"> • Research and pursue dedicated revenue streams adopted by other communities and determine feasibility for the City (e.g., Bond Measure). • Provide input and help influence the structure, utilization, and maintenance of permanent funding. • Pursue all federal, state, regional, philanthropic, and private funding available to the City. • Ensure funding is directed toward housing, services support, and homelessness prevention.

Action Area 2: Regional Coordination & Leadership

Goal	Address gaps in the homelessness response through coordination with regional stakeholders
How will this address homelessness?	<ul style="list-style-type: none"> • Coordination will ensure interjurisdictional alignment and collaboration in the approach to addressing homelessness. Coordination will: <ul style="list-style-type: none"> - Enhance participation in Continuum of Care (CoC). - Establish partnerships with regional stakeholders, including County departments, other jurisdictions, homeless service providers, healthcare entities, housing developers, etc. - Facilitate joint-applications for funding opportunities. - Promote joint-advocacy for increased funding, streamlined regulatory requirements, consistency across state/federal programs, and reduction of barriers. • People experiencing homelessness will encounter a more uniform approach to homelessness, making the system easier to navigate and more accessible. • People at-risk of homelessness in jails, correctional facilities, foster care, hospitals, and behavioral health institutions will experience more upstream supports.
Next Steps	<ul style="list-style-type: none"> • Collaborate with the County's Homelessness Solutions Director to increase the City's participation with the Continuum of Care (CoC) and upstream prevention measures. • Coordinate with the County's Housing Solutions Director to advance pro-housing initiatives and permanent housing development, maintaining sensitivity to the unique local conditions. • Identify opportunities to pursue joint-applications for funding and joint-advocacy.

Goal	Integrate homelessness response priorities with Housing Authority activities
How will this address homelessness?	Strengthened integration with Housing Authority activities will reduce barriers to entry and will improve the prioritization of resources available to people experiencing homelessness.
Next Steps	<ul style="list-style-type: none"> • Establish regular convenings with the other Housing Authorities to better align Housing Choice Voucher processes for accessibility, ease of use, and easy transfer. • Work with Gold Coast Health Plan, the County's CalAIM coordinating hub, and contracted ECM and CS Providers to identify ways to effectively pair ECM and CS services with Housing Choice Vouchers.

Action Area 3: Outreach & Service Delivery

Goal	Expand contracts/funding awarded to multi-disciplinary homelessness street outreach teams (MDTs)
How will this address homelessness?	<ul style="list-style-type: none"> • Multi-disciplinary homelessness street outreach teams (MDTs) will improve the quality of care for a person experiencing homelessness, ensuring a more holistic, whole-person approach and improved outcomes. • MDTs are better suited to address the mental health, substance use, and physical health needs of people experiencing homelessness.
Next Steps	<ul style="list-style-type: none"> • Ensure a portion of Encampment Resolution Funds are dedicated to strengthening outreach efforts, including addressing sites on McWane Boulevard and Fifth Street. • Identify successful outreach programs like the Whole Person Care program to expand funding, increasing the geographical reach and service availability. • Ensure MDTs are cross-sector and that people with lived experience (PLE) are participants in the overall unsheltered response.

Action Area 3: Outreach & Service Delivery (Continued)

Goal	Sync encampment resolution and outreach policies with County's "Command Center"
How will this address homelessness?	Alignment will ensure consistency in addressing encampments across jurisdictions.
Next Steps	<ul style="list-style-type: none"> Engage the new County funded Homelessness Solutions Director to ensure that encampment resolutions are in alignment with County's new "Command Center". Use GIS and geocoding to record information on encampments to inform prioritization consistent with protocols for response. Establish, adopt, and implement encampment resolution protocol, requiring at least 2 weeks' advance notice (or more, depending on size and need of encampment) and offers of services and shelter/housing options on at least 5 occasions. Ensure contracted providers supply regular access to hygiene services (e.g., showers, sanitary supplies), harm reduction services (e.g., sharps containers), laundry, water, and food services. Provide Naloxone and other overdose training for all client-facing staff, including law enforcement, homeless service providers, peer support specialists, etc., and residents of encampments and/or those experiencing homelessness.

Goal	Integrate CalAIM's Enhanced Care Management (ECM) and Community Supports (CS)
How will this address homelessness?	<ul style="list-style-type: none"> Leveraged healthcare resources through CalAIM will help support costs associated with the operations of homeless service delivery. Integration of healthcare and homelessness will improve outcomes for people experiencing homelessness.
Next Steps	<ul style="list-style-type: none"> Work with Gold Coast Health Plan, the County's CalAIM coordinating hub, and contracted ECM and CS Providers to expand the following CalAIM services provided to people experiencing homelessness in the City of Oxnard. <ul style="list-style-type: none"> Community Supports - Housing Transition and Navigation Services Community Supports - Housing Deposits Community Supports - Housing Tenancy and Sustaining Services Community Supports - Short-Term Post-Hospitalization Housing Community Supports - Recuperative Care (Medical Respite) Enhanced Care Management - Homeless Population of Focus Integrate CalAIM services with the program model for Navigation Centers and Interim Housing, including the Oxnard Navigation Center. This integration could allow the City to fund ongoing services through Medi-Cal, as opposed to city, state, or federal funds. Connect contracted providers with the County CalAIM coordinating hub to ensure they have the administrative capacity for Medi-Cal billing.

Action Area 4: Data-Driven Decision Making

Goal	Track and display outcomes for City funded programs
How will this address homelessness?	<ul style="list-style-type: none"> Improving data capacities will address the lack of real-time data to inform decision-making. Real-time data will enhance transparency about issues impacting local communities and efforts being made to support unhoused neighbors, giving residents information necessary to hold their elected officials accountable. Data-driven decision making will seek to address unmet needs in the community through the development, implementation, and coordination of local homeless services and resources.
Next Steps	<ul style="list-style-type: none"> Require that all City-funded homeless services programs enter key information into HMIS and report on key measures to the City. Ensure that the Continuum of Care (CoC)'s new dashboard includes jurisdictional level information about homelessness, including key System Performance Measures (SPMs). Utilize data to inform future investments, scaling successful programs and reprioritizing short-term interventions toward more permanent solutions like Permanent Supportive Housing (PSH) and homelessness prevention.

The City of Oxnard does not have a specific goal for the County's Action Area 5: Representation & Inclusivity, as coordination efforts will be best directed at the County-level. However, the City will fully support the County's efforts to incorporate lived experience in planning and decision-making, ensuring the needs of key subpopulations are being uplifted.

Applying the 5-Year Plan to the City of San Buenaventura

Homelessness and Housing in San Buenaventura

The City of San Buenaventura (Ventura) has seen an **uptick in homelessness over the last six years**, with a **nearly 25% increase** from 2018. In 2023, approximately 70% (452) of the population experiencing homelessness was unsheltered.

Point in Time Count Trend					
2018	2019	2020	2021	2022	2023
516	555	531	**	713	644

****Due to the COVID-9 pandemic, there was no unsheltered count conducted in 2021. Because of this, it is important to look at trends over time, rather than just compared to the previous year.**

Several system challenges impact the City of San Buenaventura's response to addressing homelessness. Across the County, there has been a historical underinvestment in permanent housing and homelessness prevention, leading to an overemphasis on shelter beds. This emphasis on shelter beds has resulted in prolonged costly shelter stays, accompanied by less favorable outcomes for people experiencing homelessness. Additionally, the inconsistency and shortage in funding for housing, services support, and homelessness prevention has impacted the overall effectiveness of the response. The deficiency of interjurisdictional alignment and collaboration to addressing homelessness further exacerbates these challenges. This lack of a uniform approach makes the system more challenging and inaccessible to navigate for households experiencing homelessness.

The City of San Buenaventura has begun to take steps to address many of the local system gaps. The City has successfully tapped into the state's Homekey grant to meet the shortage of permanent housing in the community. Additionally, the City has focused on establishing a Homeless Prevention and Diversion Program to curb entries into homelessness.

The City of San Buenaventura's Homelessness Plan aligns directly with the County's Five-Year Homelessness Plan. Each action area consists of proposed goals and next steps that, when completed, will address homelessness locally and strengthen the region's overall approach.

Action Area 1: Housing Prioritization & Funding

Goal	<p>Utilize a 1:4:10 ratio framework to prioritize investments in permanent housing and homelessness prevention</p> <p><i>For every 1 unit of interim housing developed, aim to develop 4 units of permanent housing, and serve 10 households through homelessness prevention. See definition on page 10.</i></p>
How will this address homelessness?	A rightsized homelessness response system will address historical under investments in permanent housing and homelessness prevention solutions and the overreliance on shelter beds, resulting in shorter costly shelter stays and improved outcomes.
Next Steps	<ul style="list-style-type: none"> • Apply 1:4:10 ratio framework when allocating funding as appropriate, ensuring the system rebalances to prioritize permanent housing and homelessness prevention. • Convene local partners to explore ways to streamline development and set realistic annual development targets. Engage non-traditional partners like Managed Care Providers, higher education institutions, school districts, churches, etc. • Convene local partners to explore ways to establish realistic annual homelessness prevention targets. Engage non-traditional partners like Managed Care Providers, higher education institutions, school districts, churches, etc. • Identify the costs associated and leverage an array of private, healthcare, faith-based, local, state, and federal funding streams to support the expansion of permanent housing (PSH and affordable) and homelessness prevention services. <ul style="list-style-type: none"> - Identify strategies to integrate CalAIM's Enhanced Care Management (ECM) and Community Supports (CS) to reduce service delivery costs. • Identify and evaluate underutilized publicly owned land (state, County, City) for housing development.

Action Area 1: Housing Prioritization & Funding (Continued)

Goal	Launch Homeless Prevention and Diversion Program
How will this address homelessness?	<ul style="list-style-type: none"> • A Prevention and Diversion Program will establish an accessible way that households at-risk of homelessness can access services. • This program will reduce in inflows into homelessness, thus increasing the capacity of the system. <ul style="list-style-type: none"> - This program will serve a minimum of 50 households annually.
Next Steps	<ul style="list-style-type: none"> • Align policies and procedures for program to California Department of Housing and Community Development (HCD) approved Homelessness Prevention Policies & Procedures. • Connect homeless service providers, cross-sector, and nontraditional partners to integrate homelessness prevention screening into their operating procedures. • Ensure that the following best practices are incorporated into the pilot program: <ul style="list-style-type: none"> - Standards: Flexible short-term rental assistance, housing-focused case management, strengths-based service planning, and effective strategies for reducing barriers to housing retention. - Data: All entries tracked in Homeless Management Information System (HMIS), tracked at ZIP Code/City level, disaggregated demographically, consistently evaluated for effectiveness. - Geographic Access: Targeted services to highest-risk populations and geographies to ensure people and communities at highest risk are engaged. • Evaluate the effectiveness of Homeless Prevention and Diversion Program, ensuring successful models are scaled.

Goal	Establish a local permanent funding source and other funding options
How will this address homelessness?	<ul style="list-style-type: none"> • A permanent funding source will create consistency in funding for housing, programming, and sustainable solutions to homelessness. • Locally generated funding streams will address the shortage of funding necessary for expanded housing development.
Next Steps	<ul style="list-style-type: none"> • Research and pursue dedicated revenue streams adopted by other communities and determine feasibility for the City (e.g., Bond Measure). • Provide input and help influence the structure, utilization, and maintenance of permanent funding. • Pursue all federal, state, regional, philanthropic, and private funding available to the City. • Ensure funding is directed toward housing, services support, and homelessness prevention.

Action Area 2: Regional Coordination & Leadership

Goal	Address gaps in the homelessness response through coordination with regional stakeholders
How will this address homelessness?	<ul style="list-style-type: none"> • Coordination will ensure interjurisdictional alignment and collaboration in the approach to addressing homelessness. Coordination will: <ul style="list-style-type: none"> - Enhance participation in Continuum of Care (CoC). - Establish partnerships with regional stakeholders, including County departments, other jurisdictions, homeless service providers, healthcare entities, housing developers, etc. - Facilitate joint-applications for funding opportunities. - Promote joint-advocacy for increased funding, streamlined regulatory requirements, consistency across state/federal programs, and reduction of barriers. • People experiencing homelessness will encounter a more uniform approach to homelessness, making the system easier to navigate and more accessible. • People at-risk of homelessness in jails, correctional facilities, foster care, hospitals, and behavioral health institutions will experience more upstream supports.
Next Steps	<ul style="list-style-type: none"> • Collaborate with the County's Homelessness Solutions Director to increase the City's participation with the Continuum of Care (CoC) and upstream prevention measures. • Coordinate with the County's Housing Solutions Director to advance pro-housing initiatives and permanent housing development, maintaining sensitivity to the unique local conditions. • Identify opportunities to pursue joint-applications for funding and joint-advocacy.

Action Area 2: Regional Coordination & Leadership (Continued)

Goal	Integrate homelessness response priorities with Housing Authority activities
How will this address homelessness?	Strengthened integration with Housing Authority activities will reduce barriers to entry and will improve the prioritization of resources available to people experiencing homelessness.
Next Steps	<ul style="list-style-type: none"> • Ensure regular convenings with Housing Authority staff to establish ways to prioritize Housing Choice Vouchers and other resources for people experiencing homelessness. • Establish regular convenings with the other Housing Authorities to better align Housing Choice Voucher processes for accessibility, ease of use, and easy transfer. • Work with Gold Coast Health Plan, the County's CalAIM coordinating hub, and contracted ECM and CS Providers to identify ways to effectively pair ECM and CS services with Housing Choice Vouchers.

Action Area 3: Outreach & Service Delivery

Goal	Expand contracts/funding awarded to multi-disciplinary homelessness street outreach teams (MDTs)
How will this address homelessness?	<ul style="list-style-type: none"> • Multi-disciplinary homelessness street outreach teams (MDTs) will improve the quality of care for a person experiencing homelessness, ensuring a more holistic, whole-person approach and improved outcomes. • MDTs are better suited to address the mental health, substance use, and physical health needs of people experiencing homelessness.
Next Steps	<ul style="list-style-type: none"> • Identify successful outreach programs like the Whole Person Care program to expand funding, increasing the geographical reach and service availability. • Ensure MDTs are cross-sector and that people with lived experience (PLE) are participants in the overall unsheltered response.

Goal	Sync encampment resolution and outreach policies with County's "Command Center"
How will this address homelessness?	Alignment will ensure consistency in addressing encampments across jurisdictions.
Next Steps	<ul style="list-style-type: none"> • Use GIS and geocoding to record information on encampments to inform prioritization consistent with protocols for response. • Establish, adopt, and implement encampment resolution protocol, requiring at least 2 weeks' advance notice (or more, depending on size and need of encampment) and offers of services and shelter/housing options on at least 5 occasions. • Ensure contracted providers supply regular access to hygiene services (e.g., showers, sanitary supplies), harm reduction services (e.g., sharps containers), laundry, water, and food services. • Provide Naloxone and other overdose training for all client-facing staff, including law enforcement, homeless service providers, peer support specialists, etc., and residents of encampments and/or those experiencing homelessness.

Goal	Integrate CalAIM's Enhanced Care Management (ECM) and Community Supports (CS)
How will this address homelessness?	<ul style="list-style-type: none"> • Leveraged healthcare resources through CalAIM will help support costs associated with the operations of homeless service delivery. • Integration of healthcare and homelessness will improve outcomes for people experiencing homelessness.
Next Steps	<ul style="list-style-type: none"> • Work with Gold Coast Health Plan, the County's CalAIM coordinating hub, and contracted ECM and CS Providers to expand the following CalAIM services provided to people experiencing homelessness in the City of San Buenaventura. <ul style="list-style-type: none"> - Community Supports - Housing Transition and Navigation Services - Community Supports - Housing Deposits - Community Supports - Housing Tenancy and Sustaining Services - Community Supports - Short-Term Post-Hospitalization Housing - Community Supports - Recuperative Care (Medical Respite) - Enhanced Care Management - Homeless Population of Focus • Integrate CalAIM services with the program model for Navigation Centers and Interim Housing. This integration could allow the City to fund ongoing services through Medi-Cal, as opposed to city, state, or federal funds. • Connect contracted providers with the County CalAIM coordinating hub to ensure they have the administrative capacity for Medi-Cal billing.

Action Area 4: Data-Driven Decision Making

Goal	Track and display outcomes for City funded programs
How will this address homelessness?	<ul style="list-style-type: none"> Improving data capacities will address the lack of real-time data to inform decision-making. Real-time data will enhance transparency about issues impacting local communities and efforts being made to support unhoused neighbors, giving residents information necessary to hold their elected officials accountable. Data-driven decision making will seek to address unmet needs in the community through the development, implementation, and coordination of local homeless services and resources.
Next Steps	<ul style="list-style-type: none"> Require that all City-funded homeless services programs enter key information into HMIS and report on key measures to the City. Ensure that the Continuum of Care (CoC)'s new dashboard includes jurisdictional level information about homelessness, including key System Performance Measures (SPMs). Utilize data to inform future investments, scaling successful programs and reprioritizing short-term interventions toward more permanent solutions like Permanent Supportive Housing (PSH) and homelessness prevention.

The City of San Buenaventura does not have a specific goal for the County's Action Area 5: Representation & Inclusivity, as coordination efforts will be best directed at the County-level. However, the City will fully support the County's efforts to incorporate lived experience in planning and decision-making, ensuring the needs of key subpopulations are being uplifted.

Applying the 5-Year Plan to the City of Thousand Oaks

Homelessness and Housing in Thousand Oaks

The City of Thousand Oaks has seen an **uptick in homelessness over the last six years**, with a **60% increase** from 2018. In 2023, approximately 100% (128) of the population experiencing homelessness was unsheltered.

Point in Time Count Trend					
2018	2019	2020	2021	2022	2023
80	103	152	**	210	128

**Due to the COVID-9 pandemic, there was no unsheltered count conducted in 2021. Because of this, it is important to look at trends over time, rather than just compared to the previous year.

Several system challenges impact the City of Thousand Oaks' response to addressing homelessness in the community. Across the County, there has been a historical lack of investment in permanent housing and homelessness prevention that has resulted in an overreliance on emergency shelter, street outreach, and day services. Moreover, inconsistencies in availability of and shortages in funding for housing, services support, and homelessness prevention present notable barriers to the overall effectiveness of the countywide homelessness response system. The lack of participation and collaboration among all jurisdictions throughout the County, including cities in the eastern portion, adds complexity to the system, making it more challenging to navigate for those in need.

The City of Thousand Oaks has begun to take steps to address many of the local system gaps. The City plans to develop the first Navigation Center, including up to 50 Interim Housing units, with the recent approval of State Encampment Resolution Funding. Additionally, the City has moved forward to support quick exits into permanent housing through homeless service providers operating in the City and the development of Permanent Supportive Housing Units through State Homekey funding.

The City of Thousand Oaks' Homelessness Plan is designed to directly align with the County's Five-Year Homelessness Plan. Each action area consists of proposed goals and next steps that, when completed, will address homelessness locally and strengthen the region's overall approach.

Action Area 1: Housing Prioritization & Funding

Goal	<p>Utilize a 1:4:10 ratio framework to prioritize investments in permanent housing and homelessness prevention</p> <p><i>For every 1 unit of interim housing developed, aim to develop 4 units of permanent housing, and serve 10 households through homelessness prevention. See definition on page 10.</i></p>
How will this address homelessness?	A rightsized homelessness response system will address historical under investments in permanent housing and homelessness prevention solutions and the overreliance on street outreach, day services, and emergency shelter beds, resulting in improved outcomes.
Next Steps	<ul style="list-style-type: none"> Encourage a 1:4:10 ratio framework when advocating for funding as appropriate, to help ensure the system rebalances to prioritize permanent housing and homelessness prevention. Convene local partners to explore ways to streamline development and set realistic annual development targets. Engage non-traditional partners like Managed Care Providers, higher education institutions, school districts, churches, etc. Convene local partners to explore ways to establish realistic annual homelessness prevention targets. Engage non-traditional partners like Managed Care Providers, higher education institutions, school districts, churches, etc. Identify the costs associated and leverage an array of private, healthcare, faith-based, local, state, and federal funding streams to support the expansion of permanent housing (PSH and affordable) and homelessness prevention services. <ul style="list-style-type: none"> Identify strategies to integrate CalAIM's Enhanced Care Management (ECM) and Community Supports (CS) to reduce service delivery costs. Identify and evaluate underutilized publicly owned land (state, County, City) for housing development.

Action Area 1: Housing Prioritization & Funding (Continued)

Goal	Explore a local permanent funding source and other funding options
How will this address homelessness?	<ul style="list-style-type: none"> • A permanent funding source will create consistency in funding for housing, programming, and sustainable solutions to homelessness. • Locally generated funding streams will address the shortage of funding necessary for expanded housing development.
Next Steps	<ul style="list-style-type: none"> • Research and consider pursuing dedicated revenue streams adopted by other communities and determine feasibility for the City (e.g., Bond Measure). • Provide input and help influence the structure, utilization, and maintenance of permanent funding. • Pursue all federal, state, regional, philanthropic, and private funding available to the City. • Ensure funding is directed toward housing, services support, and homelessness prevention.

Action Area 2: Regional Coordination & Leadership

Goal	Address gaps in the homelessness response through coordination with regional stakeholders
How will this address homelessness?	<ul style="list-style-type: none"> • Coordination will ensure interjurisdictional alignment and collaboration in the approach to addressing homelessness. Coordination will: <ul style="list-style-type: none"> - Enhance participation in Continuum of Care (CoC). - Establish or enhance partnerships with regional stakeholders, including County departments, other jurisdictions, homeless service providers, healthcare entities, housing developers, etc. - Facilitate joint-applications for funding opportunities. - Promote joint-advocacy for increased funding, streamlined regulatory requirements, consistency across state/federal programs, and reduction of barriers. • People experiencing homelessness will encounter a more uniform approach to homelessness, making the system easier to navigate and more accessible. • People at-risk of homelessness in jails, correctional facilities, foster care, hospitals, and behavioral health institutions will experience more upstream supports.
Next Steps	<ul style="list-style-type: none"> • Collaborate with the County's Homelessness Solutions Director to increase the City's participation with the Continuum of Care (CoC) and upstream prevention measures. • Coordinate with the County's Housing Solutions Director to advance pro-housing initiatives and permanent housing development, maintaining sensitivity to the unique local conditions. • Identify opportunities to pursue joint-applications for funding and joint-advocacy. • Consider adding or assigning a position specifically dedicated to homelessness to oversee current and future strategies and programs, and to support regional outcomes.

Action Area 3: Outreach & Service Delivery

Goal	Coordinate with County to expand contracts/funding awarded to multi-disciplinary homelessness street outreach teams (MDTs)
How will this address homelessness?	<ul style="list-style-type: none"> • Multi-disciplinary homelessness street outreach teams (MDTs) will improve the quality of care for a person experiencing homelessness, ensuring a more holistic, whole-person approach and improved outcomes. • MDTs are better suited to address the mental health, substance use, and physical health needs of people experiencing homelessness.
Next Steps	<ul style="list-style-type: none"> • Identify successful outreach programs like the Whole Person Care program and support expanded funding, increasing the geographical reach and service availability. • Coordinate with County to ensure MDTs are cross-sector and that people with lived experience (PLE) are participants in the overall unsheltered response.

Action Area 3: Outreach & Service Delivery (Continued)

Goal	Sync encampment resolution and outreach policies with County's "Command Center"
How will this address homelessness?	Alignment will ensure consistency in addressing encampments across jurisdictions
Next Steps	<ul style="list-style-type: none"> • Use GIS and geocoding to record information on encampments to inform prioritization consistent with protocols for response. • Establish, adopt, and implement encampment resolution protocol, requiring sufficient notice (e.g., at least 2 weeks' advance notice or more, depending on size and need of encampment) and offers of services and shelter/housing options on at least 5 occasions. • Encourage contracted providers to supply regular access to hygiene services (e.g., showers, sanitary supplies), harm reduction services (e.g., sharps containers), laundry, water, and food services. • Encourage providers to supply Naloxone and other overdose training for all client-facing staff, including law enforcement, homeless service providers, peer support specialists, etc., and residents of encampments and/or those experiencing homelessness.

Goal	Integrate CalAIM's Enhanced Care Management (ECM) and Community Supports (CS)
How will this address homelessness?	<ul style="list-style-type: none"> • Leveraged healthcare resources through CalAIM will help support costs associated with the operations of homeless service delivery. • Integration of healthcare and homelessness will improve outcomes for people experiencing homelessness.
Next Steps	<ul style="list-style-type: none"> • Encourage providers who work with Gold Coast Health Plan, the County's CalAIM coordinating hub, and contracted ECM and CS Providers to expand the following CalAIM services provided to people experiencing homelessness in the City of Thousand Oaks. <ul style="list-style-type: none"> - Community Supports - Housing Transition and Navigation Services - Community Supports - Housing Deposits - Community Supports - Housing Tenancy and Sustaining Services - Community Supports - Short-Term Post-Hospitalization Housing - Community Supports - Recuperative Care (Medical Respite) - Enhanced Care Management - Homeless Population of Focus • Integrate CalAIM services with the program model for Navigation Centers and Interim Housing, including the Thousand Oaks Navigation Center. This integration could allow the City to fund ongoing services through Medi-Cal, as opposed to city, state, or federal funds. • Encourage contracted providers to connect with the County CalAIM coordinating hub to ensure they have the administrative capacity for Medi-Cal billing.

Action Area 4: Data-Driven Decision Making

Goal	Track and display outcomes for City funded programs
How will this address homelessness?	<ul style="list-style-type: none"> • Improving data capacities will address the lack of real-time data to inform decision-making. • Real-time data will enhance transparency about issues impacting local communities and efforts being made to support unhoused neighbors, giving residents information necessary to hold their elected officials accountable. • Data-driven decision making will seek to address unmet needs in the community through the development, implementation, and coordination of local homeless services and resources.
Next Steps	<ul style="list-style-type: none"> • Require that City funded homeless services programs enter key information into HMIS and report on key measures to the City. • Ensure that the Continuum of Care (CoC)'s new dashboard includes jurisdictional level information about homelessness, including key System Performance Measures (SPMs). • Utilize data to inform future investments, scaling successful programs and reprioritizing short-term interventions toward more permanent solutions like Permanent Supportive Housing (PSH) and homelessness prevention.

The City of Thousand Oaks does not have a specific goal for the County's Action Area 5: Representation & Inclusivity, as coordination efforts will be best directed at the County-level. However, the City will fully support the County's efforts to incorporate lived experience in planning and decision-making, ensuring the needs of key subpopulations are being uplifted.

Glossary

At-Risk of Homelessness: Individual or family who will imminently lose their primary nighttime residence.

Case Management: Case management is defined by the Case Management Society of America as “a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services” to meet individual needs. Case Management through CES should be voluntary and client-centered, with the goal of identifying strengths and client directed goals, while promoting “health, recognition, and well-being” (USIC, 2016). Case Managers in CES should ultimately focus on safety first, linking the client to a permanent housing resource and providing the necessary services needed to promote housing stability.

Continuum of Care (CoC) Program: The Continuum of Care (CoC) program is designed to promote communitywide commitment to the goal of ending homelessness; providing funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

Coordinated Entry System (CES): The Coordinated Entry System (CES) is a HUD mandated activity for all communities across the country that seeks to ensure that any individual or family who is at-risk of homelessness or is currently experiencing homelessness has efficient access to the homelessness crisis response system. CES also ensures that the community has an agreed upon assessment process to determine the needs of each household, that there is an approved prioritization process for resource allocation based on need, and that there is a streamlined process and method for referring people to those resources.

Cost Burdened: Cost burdened refers to households that spend more than 30% of their household income on housing costs.

Emergency Shelter: Emergency Shelter (ES) programs generally provide a low-barrier safe place for people to stay while awaiting housing placement.

Family: Households consisting of one more minor children (17 or under) in the legal custody of one or two adults who are living together and working collaboratively to care for the children. This includes 2-parent and 1-parent families, including those with same sex partners, families with intergenerational or extended family members, unmarried couples with children, families that contain adults who are not minor children, in which mother is in her second trimester of pregnancy, or mothers who have been medically diagnosed as having a “high risk” pregnancy shall qualify as a family.



Functional Zero: Functional Zero refers to a milestone that, once achieved, indicates that a community has measurable solved homelessness. When achieved, homelessness is rare and brief. Functional Zero is achieved when the inflows into homelessness do not outpace the outflows—essentially, more people are leaving the homelessness system than are entering it. This shows that the homelessness system is capable of housing the number of individuals experiencing homelessness quickly and efficiently.

Harm Reduction: Harm Reduction is an evidence-based approach that incorporates community-driven public health strategies—including prevention, risk reduction, and health promotion—to empower people who use drugs (and their families) with the choice to live healthy, self-directed, and purpose-filled lives. Harm Reduction emphasizes preventing overdoses and infectious disease transmission.

Homeless Management Information System (HMIS): Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

Homeless: Individual or family who lacks a fixed, regular, and adequate nighttime residence.

Homeless Prevention: Homelessness Prevention programs are targeted to individuals and families who are in their own home but who are at-risk of losing that home and who have no other housing options and are facing homelessness. The goal of homelessness prevention is to help the individual or family remain in their current housing or move to another permanent housing setting while avoiding homelessness.

Household: A household includes all the people who occupy a housing unit. The household includes the related family members as well as the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partner or roomers, is also counted as a household.

Housing Authority: Housing authorities are public corporations with boards appointed by the local government. Their mission is to provide affordable housing to low- and moderate-income individuals. In addition to public housing, housing authorities also provide other types of subsidized housing.

Housing Choice Vouchers: Housing Choice Vouchers (HCVs) are tenant-based rental assistance that allow the participants to find their own housing, including single-family homes, townhouses, and apartments. These are administered locally by public housing agencies/authorities but are funded through the U.S. Department of Housing and Urban Development (HUD).

Housing First: Housing First is an approach to serving people experiencing homelessness that recognizes a homeless person must first be able to access a decent, safe place to live that does not limit length of stay (permanent housing) before stabilizing, improving health, reducing harmful behaviors, or increasing income.

Interim Housing: Interim housing is an umbrella term and is not defined by HUD. Interim housing is generally described as a type of housing used to facilitate the movement of people experiencing homelessness into permanent housing and independent living. Interim Housing is most often interchanged with Transitional Housing or Bridge Housing.

Landlord Engagement: Landlord engagement is the act of finding, recruiting, working with, and retaining landlords to increase permanent housing options and make use of the existing housing stock.

Non-Congregate Settings: Non-congregate settings refer to those in which each individual or household has living space that offers some level of privacy (e.g. hotel, motel, personal unit, etc.) as opposed to facilities with large, open spaces, such as a typical emergency shelter.

People with Lived Experience (PLE): People with lived experience are those that have personal knowledge about homelessness gained through direct, first-hand involvement. This involvement gives them insights that can inform and improve systems, research, policies, practices, and programs.

Permanent Housing: Permanent housing (PH) is defined as community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible.

Permanent Supportive Housing: Permanent Supportive Housing (PSH) is a permanent housing program that provides subsidized housing either in a designated PSH unit within a single location or in a scattered site model within the existing rental market. In addition to the housing, PSH provides voluntary intensive wrap-around supportive services including case management, mental health, and substance use disorder services.

Point In Time (PIT) Count: A Point-in-Time Count is a HUD required unduplicated count on a single night of the people in a community who are experiencing homelessness that includes both sheltered and unsheltered populations.

Rapid Rehousing: Rapid Rehousing (RRH) programs are permanent housing programs that provide housing search assistance, time-limited rental assistance for units in the private rental market, and wraparound case management to promote housing stability and increases in income for taking over of the rent.

Severely Cost Burdened: Severely cost burdened refers to households that spend more than 50% of their household income on housing costs.

Sheltered: Individuals who spend the night in emergency shelters or interim/transitional housing are defined as experiencing sheltered homelessness.

Street Outreach: Street outreach is a homeless services intervention that focuses primarily on supporting individuals experiencing unsheltered homelessness with accessing permanent or temporary housing by building trusting relationships and ongoing rapport. The primary and ultimate goal of street outreach is to find affordable housing for each individual, with access to voluntary wraparound services needed to stay healthy, including employment, substance use treatment, and mental health care.

Strength-Based Case Management: Strength-based case management is a specific model that identifies the clients' strengths and goals and works to achieve them in a collaborative manner. Strength-based approaches value the capacity, knowledge, connections, and potential in individuals.

Subsidized Housing: Subsidized housing is a generic term that covers all federal, state, or local government programs that reduce the cost of housing for low- and moderate-income individuals. Housing can be subsidized in many ways—giving tenants a voucher, providing downpayment assistance, giving tax credits to encourage investment in low- and moderate-income housing, providing ongoing assistance to reduce operating costs, etc.

Transition Age Youth (TAY): An individual between the ages of 18 and 24 years. Please note that while the Youth Coordinated Entry System serves youth and young adults ages 16-24, for the purposes for Rapid Rehousing, youth must be at least 18 years old to sign a lease. Therefore, for the program area of Rapid Rehousing, TAY are defined as youth ages 18-24.

Trauma-Informed Care: Trauma-Informed Care requires that every part of the program's design and operation be approached with an understanding of trauma and the impact it has on those receiving services. Traumatic experiences can impact how clients receive services provided and the environment in which those services are delivered.

Transitional Housing: Transitional Housing programs provide temporary shelter with more support services and a longer length of stay that may be up to two years. Programs are focused on addressing barriers that individuals and families may have that could include employment, mental health, substance use, and other barriers prior to accessing permanent housing.

Unsheltered: Individuals or families sleeping in a place not designed for or ordinarily used as regular sleeping accommodation (e.g., abandoned buildings, train stations, or camping grounds) are defined as experiencing unsheltered homelessness.



Appendix

Ventura

Tabulated 5-Year Homelessness Plan

County of Ventura

Ventura County 5-Year Homelessness Plan		
Goal	Next Steps	How will this address homelessness?
Action Area 1: Housing Prioritization & Funding		
Utilize a 1:4:10 ratio framework to prioritize investments in permanent housing and homelessness prevention <i>For every 1 unit of interim housing developed, aim to develop 4 units of permanent housing, and serve 10 households through homelessness prevention. See definition on page 10.</i>	<ul style="list-style-type: none"> • Apply 1:4:10 ratio framework when allocating grant funds as appropriate. • Monitor resource availability and adjust ratios accordingly to pursue systemwide balance in prevention, interim housing, and permanent housing resources. • County cost-share policy for shelters to be tied to investments in permanent housing. 	<p>A rightsized homelessness response system will address historical under investments in permanent housing and homelessness prevention solutions and the overreliance on shelter beds, resulting in shorter costly shelter stays and improved outcomes.</p>
Establish a permanent funding source for housing, services support, and homelessness prevention	<ul style="list-style-type: none"> • Research and pursue dedicated revenue streams adopted by other communities and determine feasibility for Ventura County (e.g., Bond Measure). • Provide input and help influence the structure, utilization, and maintenance of permanent funding. 	<p>A permanent funding source will create consistency in funding for housing, programming, and sustainable solutions to homelessness.</p>
Action Area 2: Regional Coordination & Leadership		
Create and hire a Homelessness Solutions Director	<ul style="list-style-type: none"> • Identify resources to create Homelessness Solutions Director position. • Seek candidates with specialized expertise in homelessness coupled with extensive knowledge of local communities, policies, and funding. Position will have advanced knowledge in healthcare resources and regional coordination. • Create a County Coordinating Committee chaired by the Homelessness Solutions Director and comprised of all departments working to address homelessness. 	<p>The creation of a specific leadership position will operationalize Countywide coordination to address homelessness. This position will:</p> <ul style="list-style-type: none"> • Assist jurisdictions in identifying system gaps and best uses of funding. • Encourage partners to pursue funding opportunities and programs in communities with identified gaps. • Ensure coordination, collaboration, and partnerships among service providers with emerging healthcare resources through CalAIM (California Advancing and Innovating Medi-Cal) to maximize access to services and housing. • Promote joint advocacy for increased funding, streamline regulatory requirements, promote consistency across state/federal programs, and reduce barriers. • Encourage jurisdictions to continue/enhance participation in Continuum of Care (CoC).

Ventura County 5-Year Homelessness Plan

Goal	Next Steps	How will this address homelessness?
Action Area 2: Regional Coordination & Leadership (Continued)		
Create and hire a Housing Solutions Director	<ul style="list-style-type: none"> Identify resources to create Housing Solutions Director position. Seek candidates with specialized expertise in housing development coupled with extensive knowledge about local communities, policies, and financing. Position will facilitate and expedite creation and preservation of housing critical to making homelessness rare, brief, and non-recurring. 	<p>The creation of a specific leadership position will operationalize Countywide coordination to address the housing crisis. This position will:</p> <ul style="list-style-type: none"> Pursue existing and new financial resources to develop housing. Evaluate and make policy recommendations related to housing at the local, state, and federal levels. Identify and evaluate underutilized publicly owned land (state, County, City) for affordable housing development. Support local efforts to seek ProHousing Designations from the California Department of Housing and Community Development (HCD) to facilitate prioritization of local projects for state funding. Pursue lower-cost housing typologies like tiny homes, accessory dwelling units, hotel/motel conversions, prefabricated modular homes, shipping containers, etc. to meet affordable housing needs. Facilitate equitable distribution of housing in communities with greatest unmet need, pursue access to resources, and facilitate relationships with housing developers while maintaining sensitivity to the unique conditions of each community. Work closely with the Homelessness Solutions Director to ensure that housing solutions and configurations align with the needs of residents experiencing homelessness. Focus on housing gaps for other populations, including but not limited to farmworker housing, workforce housing, and “missing middle” housing.

Ventura County 5-Year Homelessness Plan		
Goal	Next Steps	How will this address homelessness?
Action Area 3: Outreach & Service Delivery		
Establish a “Command Center” for coordinated multi-disciplinary team (MDT) outreach	<ul style="list-style-type: none"> • Ensure MDTs are cross-sector and that people with lived experience (PLE) are participants in the overall unsheltered response. • Use GIS and geocoding to record information about encampments to inform prioritization consistent with protocols for response. • Lead regularly scheduled coordination meetings with full stakeholder participation. • Expand funding and staff of Whole Person Care’s encampment outreach programs including Backpack Medicine, increasing the geographical reach and service availability. • Promote and encourage regular access to hygiene services (e.g., Care Pods with public restrooms, showers, sanitary supplies), harm reduction services (e.g., sharps containers), laundry, water, and food services through Whole Person Care. • Provide Naloxone and other overdose training for all client-facing staff, including law enforcement, homeless service providers, peer support specialists, etc., and residents of encampments and/or those experiencing homelessness. • Establish, adopt, and implement encampment decommissioning protocol, requiring at least 2 weeks’ advance notice (or more, depending on size and need of encampment) and offers of services and shelter/housing options on at least 5 occasions. 	<ul style="list-style-type: none"> • Establishment of a “Command Center” will create dedicated resources and consistency in addressing encampments. • Multi-disciplinary street outreach will improve the quality of care for a person experiencing homelessness, ensuring a more holistic, whole-person approach and improved outcomes.
Expand and standardize engagement approaches and supportive services delivery	<ul style="list-style-type: none"> • Implement forthcoming case management standards being developed by the Continuum of Care (CoC) to ensure consistency across the homelessness response system. • Require training of all client-facing staff for trauma-informed care, the Housing First model, cultural competency, person-first approaches, and other necessary topics. • Create and maintain service provider-led multidisciplinary teams for crisis response, including social workers or other homeless services staff, peer support specialists, and law enforcement. • Provide trainings to community-based organizations, homeless service providers, etc. to ensure access to the information across the system. • Research and select trainings for client-facing staff for trauma-informed crisis responses. • Consider creating a dedicated hotline for crisis response teams as an alternative to 9-1-1. This hotline will quickly connect crisis response teams to first responders trained to interface with people experiencing homelessness. • Educate the public on alternatives to calling 9-1-1 when confronted with an individual experiencing homelessness in crisis. 	Consistency among service providers in the delivery of supportive services will result in more uniform outcomes for people experiencing homelessness.

Ventura County 5-Year Homelessness Plan		
Goal	Next Steps	How will this address homelessness?
Action Area 4: Data-Driven Decision Making		
Establish a comprehensive real-time and interactive database	<ul style="list-style-type: none"> Enhance Continuum of Care (CoC) dashboard to include jurisdictional level information about homelessness. Research and select Homeless Management Information System (HMIS) vendor with the best fit for these objectives. Ensure full utilization by all providers addressing homelessness. 	<ul style="list-style-type: none"> A comprehensive database will address a critical system gap in the lack of real-time data to inform decision-making. The new data system will include the following components: <ul style="list-style-type: none"> HIPPA – individuals opt-out, not in (by-name-list) Sufficient information to facilitate referrals and track outcomes Real-time services roster Document causes of homelessness in the database so that prevention efforts can be more accurately targeted Track outcomes associated with services and programs to increase efforts that demonstrate the greatest success Housing and services data to inform individual case management, to monitor outcomes, and to adjust policies A comprehensive database will enhance transparency through real-time data about issues in local communities and gives residents information necessary to hold their elected officials accountable. A comprehensive database will promote the development, implementation, and coordination of local homeless services and resources to address unmet needs in their community.
Action Area 5: Representation & Inclusivity		
Prioritize lived experience in planning and decision-making	<ul style="list-style-type: none"> Establish a Lived Experience Advisory Committee through Continuum of Care (CoC) to advise and counsel on homelessness response, ensuring appropriate compensation for their contributions. Ensure composition of Lived Experience Advisory Committee reflects diversity of local homeless population. Identify additional funding sources for lived experience (PLE) peer support and engagement. Prioritize and incentivize hiring people with lived experience (PLE) for peer support/engagement. 	<ul style="list-style-type: none"> People experiencing homelessness will feel more empowered in the system to influence planning and decision-making. Through the implementation of more person-centered policies, people experiencing homelessness will feel more understood by case managers in identifying solutions to ending their homelessness. Solutions will be more targeted to the needs of people experiencing homelessness.

City of Oxnard

Oxnard 5-Year Homelessness Plan		
Goal	Next Steps	How will this address homelessness?
Action Area 1: Housing Prioritization & Funding		
<p>Utilize a 1:4:10 ratio framework to prioritize investments in permanent housing and homelessness prevention</p> <p><i>For every 1 unit of interim housing developed, aim to develop 4 units of permanent housing, and serve 10 households through homelessness prevention. See definition on page 10.</i></p>	<ul style="list-style-type: none"> • Apply a 1:4:10 ratio framework when allocating funding as appropriate, ensuring the system rebalances to prioritize permanent housing and homelessness prevention. • Convene local partners to explore ways to streamline development and set realistic annual development targets. Engage non-traditional partners like Managed Care Providers, higher education institutions, school districts, churches, etc. • Convene local partners to explore ways to establish realistic annual homelessness prevention targets. Engage non-traditional partners like Managed Care Providers, higher education institutions, school districts, churches, etc. • Identify the costs associated and leverage an array of private, healthcare, faith-based, local, state, and federal funding streams to support the expansion of permanent housing (PSH and affordable) and homelessness prevention services. <ul style="list-style-type: none"> - Continue collaboration with the County's CalAIM team and identify strategies to integrate CalAIM's Enhanced Care Management (ECM) and Community Supports (CS) to reduce service delivery costs. • Identify and evaluate underutilized publicly owned land (state, County, City) for housing development. 	<p>A rightsized homelessness response system will address historical under investments in permanent housing and homelessness prevention solutions and the overreliance on shelter beds, resulting in shorter costly shelter stays and improved outcomes.</p>
<p>Establish a local permanent funding source and other funding options</p>	<ul style="list-style-type: none"> • Research and pursue dedicated revenue streams adopted by other communities and determine feasibility for the City (e.g., Bond Measure). • Provide input and help influence the structure, utilization, and maintenance of permanent funding. • Pursue all federal, state, regional, philanthropic, and private funding available to the City. • Ensure funding is directed toward housing, services support, and homelessness prevention. 	<ul style="list-style-type: none"> • A permanent funding source will create consistency in funding for housing, programming, and sustainable solutions to homelessness. • Locally generated funding streams will address the shortage of funding necessary for expanded housing development.

Oxnard 5-Year Homelessness Plan

Goal	Next Steps	How will this address homelessness?
Action Area 2: Regional Coordination & Leadership		
Address gaps in the homelessness response through coordination with regional stakeholders	<ul style="list-style-type: none"> Collaborate with the County's Homelessness Solutions Director to increase the City's participation with the Continuum of Care (CoC) and upstream prevention measures. Coordinate with the County's Housing Solutions Director to advance pro-housing initiatives and permanent housing development, maintaining sensitivity to the unique local conditions. Identify opportunities to pursue joint-applications for funding and joint-advocacy. 	<ul style="list-style-type: none"> Coordination will ensure interjurisdictional alignment and collaboration in the approach to addressing homelessness. Coordination will: <ul style="list-style-type: none"> Enhance participation in Continuum of Care (CoC). Establish partnerships with regional stakeholders, including County departments, other jurisdictions, homeless service providers, healthcare entities, housing developers, etc. Facilitate joint-applications for funding opportunities. Promote joint-advocacy for increased funding, streamlined regulatory requirements, consistency across state/federal programs, and reduction of barriers. People experiencing homelessness will encounter a more uniform approach to homelessness, making the system easier to navigate and more accessible. People at-risk of homelessness in jails, correctional facilities, foster care, hospitals, and behavioral health institutions will experience more upstream supports.
Integrate homelessness response priorities with Housing Authority activities	<ul style="list-style-type: none"> Establish regular convenings with the other Housing Authorities to better align Housing Choice Voucher processes for accessibility, ease of use, and easy transfer. Work with Gold Coast Health Plan, the County's CalAIM coordinating hub, and contracted ECM and CS Providers to identify ways to effectively pair ECM and CS services with Housing Choice Vouchers. 	Strengthened integration with Housing Authority activities will reduce barriers to entry and will improve the prioritization of resources available to people experiencing homelessness.
Action Area 3: Outreach & Service Delivery		
Expand contracts/funding awarded to multi-disciplinary homelessness street outreach teams (MDTs)	<ul style="list-style-type: none"> Ensure a portion of Encampment Resolution Funds are dedicated to strengthening outreach efforts, including addressing sites on McWane Boulevard and Fifth Street. Identify successful outreach programs like the Whole Person Care program to expand funding, increasing the geographical reach and service availability. Ensure MDTs are cross-sector and that people with lived experience (PLE) are participants in the overall unsheltered response. 	<ul style="list-style-type: none"> Multi-disciplinary homelessness street outreach teams (MDTs) will improve the quality of care for a person experiencing homelessness, ensuring a more holistic, whole-person approach and improved outcomes. MDTs are better suited to address the mental health, substance use, and physical health needs of people experiencing homelessness.

Oxnard 5-Year Homelessness Plan		
Goal	Next Steps	How will this address homelessness?
Action Area 3: Outreach & Service Delivery (Continued)		
Sync encampment resolution and outreach policies with County's "Command Center"	<ul style="list-style-type: none"> Engage the new County funded Homelessness Solutions Director to ensure that encampment resolutions are in alignment with County's new "Command Center". Use GIS and geocoding to record information on encampments to inform prioritization consistent with protocols for response. Establish, adopt, and implement encampment resolution protocol, requiring at least 2 weeks' advance notice (or more, depending on size and need of encampment) and offers of services and shelter/housing options on at least 5 occasions. Ensure contracted providers supply regular access to hygiene services (e.g., showers, sanitary supplies), harm reduction services (e.g., sharps containers), laundry, water, and food services. Provide Naloxone and other overdose training for all client-facing staff, including law enforcement, homeless service providers, peer support specialists, etc., and residents of encampments and/or those experiencing homelessness. 	Alignment will ensure consistency in addressing encampments across jurisdictions.
Integrate CalAIM's Enhanced Care Management (ECM) and Community Supports (CS)	<ul style="list-style-type: none"> Work with Gold Coast Health Plan, the County's CalAIM coordinating hub, and contracted ECM and CS Providers to expand the following CalAIM services provided to people experiencing homelessness in the City of Oxnard. <ul style="list-style-type: none"> Community Supports - Housing Transition and Navigation Services Community Supports - Housing Deposits Community Supports - Housing Tenancy and Sustaining Services Community Supports - Short-Term Post-Hospitalization Housing Community Supports - Recuperative Care (Medical Respite) Enhanced Care Management - Homeless Population of Focus Integrate CalAIM services with the program model for Navigation Centers and Interim Housing, including the Oxnard Navigation Center. This integration could allow the City to fund ongoing services through Medi-Cal, as opposed to city, state, or federal funds. Connect contracted providers with the County CalAIM coordinating hub to ensure they have the administrative capacity for Medi-Cal billing. 	<ul style="list-style-type: none"> Leveraged healthcare resources through CalAIM will help support costs associated with the operations of homeless service delivery. Integration of healthcare and homelessness will improve outcomes for people experiencing homelessness.

Oxnard 5-Year Homelessness Plan		
Goal	Next Steps	How will this address homelessness?
Action Area 4: Data-Driven Decision Making		
Track and display outcomes for City funded programs	<ul style="list-style-type: none"> Require that all City-funded homeless services programs enter key information into HMIS and report on key measures to the City. Ensure that the Continuum of Care (CoC)'s new dashboard includes jurisdictional level information about homelessness, including key System Performance Measures (SPMs). Utilize data to inform future investments, scaling successful programs and reprioritizing short-term interventions toward more permanent solutions like Permanent Supportive Housing (PSH) and homelessness prevention. 	<ul style="list-style-type: none"> Improving data capacities will address the lack of real-time data to inform decision-making. Real-time data will enhance transparency about issues impacting local communities and efforts being made to support unhoused neighbors, giving residents information necessary to hold their elected officials accountable. Data-driven decision making will seek to address unmet needs in the community through the development, implementation, and coordination of local homeless services and resources.

City of San Buenaventura

San Buenaventura 5-Year Homelessness Plan		
Goal	Next Steps	How will this address homelessness?
Action Area 1: Housing Prioritization & Funding		
<p>Utilize a 1:4:10 ratio framework to prioritize investments in permanent housing and homelessness prevention</p> <p><i>For every 1 unit of interim housing developed, aim to develop 4 units of permanent housing, and serve 10 households through homelessness prevention. See definition on page 10.</i></p>	<ul style="list-style-type: none"> • Apply 1:4:10 ratio framework when allocating funding as appropriate, ensuring the system rebalances to prioritize permanent housing and homelessness prevention. • Convene local partners to explore ways to streamline development and set realistic annual development targets. Engage non-traditional partners like Managed Care Providers, higher education institutions, school districts, churches, etc. • Convene local partners to explore ways to establish realistic annual homelessness prevention targets. Engage non-traditional partners like Managed Care Providers, higher education institutions, school districts, churches, etc. • Identify the costs associated and leverage an array of private, healthcare, faith-based, local, state, and federal funding streams to support the expansion of permanent housing (PSH and affordable) and homelessness prevention services. <ul style="list-style-type: none"> - Identify strategies to integrate CalAIM's Enhanced Care Management (ECM) and Community Supports (CS) to reduce service delivery costs. • Identify and evaluate underutilized publicly owned land (state, County, City) for housing development. 	<p>A rightsized homelessness response system will address historical under investments in permanent housing and homelessness prevention solutions and the overreliance on shelter beds, resulting in shorter costly shelter stays and improved outcomes.</p>
<p>Launch Homeless Prevention and Diversion Program</p>	<ul style="list-style-type: none"> • Align policies and procedures for program to California Department of Housing and Community Development (HCD) approved Homelessness Prevention Policies & Procedures. • Connect homeless service providers, cross-sector, and nontraditional partners to integrate homelessness prevention screening into their operating procedures. • Ensure that the following best practices are incorporated into the pilot program: <ul style="list-style-type: none"> - Standards: Flexible short-term rental assistance, housing-focused case management, strengths-based service planning, and effective strategies for reducing barriers to housing retention. - Data: All entries tracked in Homeless Management Information System (HMIS), tracked at ZIP Code/City level, disaggregated demographically, consistently evaluated for effectiveness. - Geographic Access: Targeted services to highest-risk populations and geographies to ensure people and communities at highest risk are engaged. • Evaluate the effectiveness of Homeless Prevention and Diversion Program, ensuring successful models are scaled. 	<ul style="list-style-type: none"> • A Prevention and Diversion Program will establish an accessible way that households at-risk of homelessness can access services. • This program will reduce in inflows into homelessness, thus increasing the capacity of the system. <ul style="list-style-type: none"> - This program will serve a minimum of 50 households annually.

San Buenaventura 5-Year Homelessness Plan		
Goal	Next Steps	How will this address homelessness?
Action Area 1: Housing Prioritization & Funding (Continued)		
Establish a local permanent funding source and other funding options	<ul style="list-style-type: none"> • Research and pursue dedicated revenue streams adopted by other communities and determine feasibility for the City (e.g., Bond Measure). • Provide input and help influence the structure, utilization, and maintenance of permanent funding. • Pursue all federal, state, regional, philanthropic, and private funding available to the City. • Ensure funding is directed toward housing, services support, and homelessness prevention. 	<ul style="list-style-type: none"> • A permanent funding source will create consistency in funding for housing, programming, and sustainable solutions to homelessness. • Locally generated funding streams will address the shortage of funding necessary for expanded housing development.
Action Area 2: Regional Coordination & Leadership		
Address gaps in the homelessness response through coordination with regional stakeholders	<ul style="list-style-type: none"> • Collaborate with the County's Homelessness Solutions Director to increase the City's participation with the Continuum of Care (CoC) and upstream prevention measures. • Coordinate with the County's Housing Solutions Director to advance pro-housing initiatives and permanent housing development, maintaining sensitivity to the unique local conditions. • Identify opportunities to pursue joint-applications for funding and joint-advocacy. 	<ul style="list-style-type: none"> • Coordination will ensure interjurisdictional alignment and collaboration in the approach to addressing homelessness. Coordination will: <ul style="list-style-type: none"> - Enhance participation in Continuum of Care (CoC). - Establish partnerships with regional stakeholders, including County departments, other jurisdictions, homeless service providers, healthcare entities, housing developers, etc. - Facilitate joint-applications for funding opportunities. - Promote joint-advocacy for increased funding, streamlined regulatory requirements, consistency across state/federal programs, and reduction of barriers. • People experiencing homelessness will encounter a more uniform approach to homelessness, making the system easier to navigate and more accessible. • People at-risk of homelessness in jails, correctional facilities, foster care, hospitals, and behavioral health institutions will experience more upstream supports.
Integrate homelessness response priorities with Housing Authority activities	<ul style="list-style-type: none"> • Ensure regular convenings with Housing Authority staff to establish ways to prioritize Housing Choice Vouchers and other resources for people experiencing homelessness. • Establish regular convenings with the other Housing Authorities to better align Housing Choice Voucher processes for accessibility, ease of use, and easy transfer. • Work with Gold Coast Health Plan, the County's CalAIM coordinating hub, and contracted ECM and CS Providers to identify ways to effectively pair ECM and CS services with Housing Choice Vouchers. 	Strengthened integration with Housing Authority activities will reduce barriers to entry and will improve the prioritization of resources available to people experiencing homelessness.

San Buenaventura 5-Year Homelessness Plan		
Goal	Next Steps	How will this address homelessness?
Action Area 3: Outreach & Service Delivery		
Expand contracts/funding awarded to multi-disciplinary homelessness street outreach teams (MDTs)	<ul style="list-style-type: none"> Identify successful outreach programs like the Whole Person Care program to expand funding, increasing the geographical reach and service availability. Ensure MDTs are cross-sector and that people with lived experience (PLE) are participants in the overall unsheltered response. 	<ul style="list-style-type: none"> Multi-disciplinary homelessness street outreach teams (MDTs) will improve the quality of care for a person experiencing homelessness, ensuring a more holistic, whole-person approach and improved outcomes. MDTs are better suited to address the mental health, substance use, and physical health needs of people experiencing homelessness.
Sync encampment resolution and outreach policies with County's "Command Center"	<ul style="list-style-type: none"> Use GIS and geocoding to record information on encampments to inform prioritization consistent with protocols for response. Establish, adopt, and implement encampment resolution protocol, requiring at least 2 weeks' advance notice (or more, depending on size and need of encampment) and offers of services and shelter/housing options on at least 5 occasions. Ensure contracted providers supply regular access to hygiene services (e.g., showers, sanitary supplies), harm reduction services (e.g., sharps containers), laundry, water, and food services. Provide Naloxone and other overdose training for all client-facing staff, including law enforcement, homeless service providers, peer support specialists, etc., and residents of encampments and/or those experiencing homelessness. 	Alignment will ensure consistency in addressing encampments across jurisdictions.
Integrate CalAIM's Enhanced Care Management (ECM) and Community Supports (CS)	<ul style="list-style-type: none"> Work with Gold Coast Health Plan, the County's CalAIM coordinating hub, and contracted ECM and CS Providers to expand the following CalAIM services provided to people experiencing homelessness in the City of San Buenaventura. <ul style="list-style-type: none"> Community Supports - Housing Transition and Navigation Services Community Supports - Housing Deposits Community Supports - Housing Tenancy and Sustaining Services Community Supports - Short-Term Post-Hospitalization Housing Community Supports - Recuperative Care (Medical Respite) Enhanced Care Management - Homeless Population of Focus Integrate CalAIM services with the program model for Navigation Centers and Interim Housing. This integration could allow the City to fund ongoing services through Medi-Cal, as opposed to city, state, or federal funds. Connect contracted providers with the County CalAIM coordinating hub to ensure they have the administrative capacity for Medi-Cal billing. 	<ul style="list-style-type: none"> Leveraged healthcare resources through CalAIM will help support costs associated with the operations of homeless service delivery. Integration of healthcare and homelessness will improve outcomes for people experiencing homelessness.

San Buenaventura 5-Year Homelessness Plan		
Goal	Next Steps	How will this address homelessness?
Action Area 4: Data-Driven Decision Making		
Track and display outcomes for City funded programs	<ul style="list-style-type: none"> Require that all City-funded homeless services programs enter key information into HMIS and report on key measures to the City. Ensure that the Continuum of Care (CoC)'s new dashboard includes jurisdictional level information about homelessness, including key System Performance Measures (SPMs). Utilize data to inform future investments, scaling successful programs and reprioritizing short-term interventions toward more permanent solutions like Permanent Supportive Housing (PSH) and homelessness prevention. 	<ul style="list-style-type: none"> Improving data capacities will address the lack of real-time data to inform decision-making. Real-time data will enhance transparency about issues impacting local communities and efforts being made to support unhoused neighbors, giving residents information necessary to hold their elected officials accountable. Data-driven decision making will seek to address unmet needs in the community through the development, implementation, and coordination of local homeless services and resources.

City of Thousand Oaks

Thousand Oaks 5-Year Homelessness Plan		
Goal	Next Steps	How will this address homelessness?
Action Area 1: Housing Prioritization & Funding		
<p>Utilize a 1:4:10 ratio framework to prioritize investments in permanent housing and homelessness prevention</p> <p><i>For every 1 unit of interim housing developed, aim to develop 4 units of permanent housing, and serve 10 households through homelessness prevention. See definition on page 10.</i></p>	<ul style="list-style-type: none"> • Encourage a 1:4:10 ratio framework when advocating for funding as appropriate, to help ensure the system rebalances to prioritize permanent housing and homelessness prevention. • Convene local partners to explore ways to streamline development and set realistic annual development targets. Engage non-traditional partners like Managed Care Providers, higher education institutions, school districts, churches, etc. • Convene local partners to explore ways to establish realistic annual homelessness prevention targets. Engage non-traditional partners like Managed Care Providers, higher education institutions, school districts, churches, etc. • Identify the costs associated and leverage an array of private, healthcare, faith-based, local, state, and federal funding streams to support the expansion of permanent housing (PSH and affordable) and homelessness prevention services. <ul style="list-style-type: none"> ◦ Identify strategies to integrate CalAIM's Enhanced Care Management (ECM) and Community Supports (CS) to reduce service delivery costs. • Identify and evaluate underutilized publicly owned land (state, County, City) for housing development. 	<p>A rightsized homelessness response system will address historical under investments in permanent housing and homelessness prevention solutions and the overreliance on street outreach, day services, and emergency shelter beds, resulting in improved outcomes.</p>
<p>Explore a local permanent funding source and other funding options</p>	<ul style="list-style-type: none"> • Research and consider pursuing dedicated revenue streams adopted by other communities and determine feasibility for the City (e.g., Bond Measure). • Provide input and help influence the structure, utilization, and maintenance of permanent funding. • Pursue all federal, state, regional, philanthropic, and private funding available to the City. • Ensure funding is directed toward housing, services support, and homelessness prevention. 	<ul style="list-style-type: none"> • A permanent funding source will create consistency in funding for housing, programming, and sustainable solutions to homelessness. • Locally generated funding streams will address the shortage of funding necessary for expanded housing development.

Thousand Oaks 5-Year Homelessness Plan		
Goal	Next Steps	How will this address homelessness?
Action Area 2: Regional Coordination & Leadership		
Address gaps in the homelessness response through coordination with regional stakeholders	<ul style="list-style-type: none"> Collaborate with the County's Homelessness Solutions Director to increase the City's participation with the Continuum of Care (CoC) and upstream prevention measures. Coordinate with the County's Housing Solutions Director to advance pro-housing initiatives and permanent housing development, maintaining sensitivity to the unique local conditions. Identify opportunities to pursue joint-applications for funding and joint-advocacy. Consider adding or assigning a position specifically dedicated to homelessness to oversee current and future strategies and programs, and to support regional outcomes. 	<ul style="list-style-type: none"> Coordination will ensure interjurisdictional alignment and collaboration in the approach to addressing homelessness. Coordination will: <ul style="list-style-type: none"> Enhance participation in Continuum of Care (CoC). Establish or enhance partnerships with regional stakeholders, including County departments, other jurisdictions, homeless service providers, healthcare entities, housing developers, etc. Facilitate joint-applications for funding opportunities. Promote joint-advocacy for increased funding, streamlined regulatory requirements, consistency across state/federal programs, and reduction of barriers. People experiencing homelessness will encounter a more uniform approach to homelessness, making the system easier to navigate and more accessible. People at-risk of homelessness in jails, correctional facilities, foster care, hospitals, and behavioral health institutions will experience more upstream supports.
Action Area 3: Outreach & Service Delivery		
Coordinate with County to expand contracts/funding awarded to multi-disciplinary homelessness street outreach teams (MDTs)	<ul style="list-style-type: none"> Identify successful outreach programs like the Whole Person Care program and support expanded funding, increasing the geographical reach and service availability. Coordinate with County to ensure MDTs are cross-sector and that people with lived experience (PLE) are participants in the overall unsheltered response. 	<ul style="list-style-type: none"> Multi-disciplinary homelessness street outreach teams (MDTs) will improve the quality of care for a person experiencing homelessness, ensuring a more holistic, whole-person approach and improved outcomes. MDTs are better suited to address the mental health, substance use, and physical health needs of people experiencing homelessness.
Sync encampment resolution and outreach policies with County's "Command Center"	<ul style="list-style-type: none"> Use GIS and geocoding to record information on encampments to inform prioritization consistent with protocols for response. Establish, adopt, and implement encampment resolution protocol, requiring sufficient notice (e.g., at least 2 weeks' advance notice or more, depending on size and need of encampment) and offers of services and shelter/housing options on at least 5 occasions. Encourage contracted providers to supply regular access to hygiene services (e.g., showers, sanitary supplies), harm reduction services (e.g., sharps containers), laundry, water, and food services. Encourage providers to supply Naloxone and other overdose training for all client-facing staff, including law enforcement, homeless service providers, peer support specialists, etc., and residents of encampments and/or those experiencing homelessness. 	Alignment will ensure consistency in addressing encampments across jurisdictions.

Thousand Oaks 5-Year Homelessness Plan		
Goal	Next Steps	How will this address homelessness?
Action Area 3: Outreach & Service Delivery (Continued)		
Integrate CalAIM's Enhanced Care Management (ECM) and Community Supports (CS)	<ul style="list-style-type: none"> Encourage providers who work with Gold Coast Health Plan, the County's CalAIM coordinating hub, and contracted ECM and CS Providers to expand the following CalAIM services provided to people experiencing homelessness in the City of Thousand Oaks. <ul style="list-style-type: none"> Community Supports - Housing Transition and Navigation Services Community Supports - Housing Deposits Community Supports - Housing Tenancy and Sustaining Services Community Supports - Short-Term Post-Hospitalization Housing Community Supports - Recuperative Care (Medical Respite) Enhanced Care Management - Homeless Population of Focus Integrate CalAIM services with the program model for Navigation Centers and Interim Housing, including the Thousand Oaks Navigation Center. This integration could allow the City to fund ongoing services through Medi-Cal, as opposed to city, state, or federal funds. Encourage contracted providers to connect with the County CalAIM coordinating hub to ensure they have the administrative capacity for Medi-Cal billing. 	<ul style="list-style-type: none"> Leveraged healthcare resources through CalAIM will help support costs associated with the operations of homeless service delivery. Integration of healthcare and homelessness will improve outcomes for people experiencing homelessness.
Action Area 4: Data-Driven Decision Making		
Track and display outcomes for City funded programs	<ul style="list-style-type: none"> Require that City funded homeless services programs enter key information into HMIS and report on key measures to the City. Ensure that the Continuum of Care (CoC)'s new dashboard includes jurisdictional level information about homelessness, including key System Performance Measures (SPMs). Utilize data to inform future investments, scaling successful programs and reprioritizing short-term interventions toward more permanent solutions like Permanent Supportive Housing (PSH) and homelessness prevention. 	<ul style="list-style-type: none"> Improving data capacities will address the lack of real-time data to inform decision-making. Real-time data will enhance transparency about issues impacting local communities and efforts being made to support unhoused neighbors, giving residents information necessary to hold their elected officials accountable. Data-driven decision making will seek to address unmet needs in the community through the development, implementation, and coordination of local homeless services and resources.

Methodology

To inform the Homelessness Plan, the contracted consultants used both quantitative and qualitative measures to assess system performance, trends, strengths, and gaps within the system. The data and feedback received were integrated throughout the Homelessness Plan, ensuring that the plan was community-generated and grounded in data and best practices.

Quantitative

Through quantitative methods, the contracted consultants analyzed data from the Point in Time Count (PIT Count), Housing Inventory Count (HIC), Homeless Management Information System (HMIS), Homelessness Data Exchange (HDX), System Performance Measures (SPMs), United Way Ventura County Landlord Engagement Program, Public Housing Authorities, City-Specific Encampment Tracking, County and City Budget Information, California Housing Partnership (CHPC), and National Low Income Housing Coalition (NLIHC), among other data sources. Due to the functionality of the current HMIS system, the consultants found difficulty in obtaining specific information, like unduplicated reporting.

The consultants assessed key trends in sheltered and unsheltered homelessness, service utilization patterns outlined in system performance measures, and funding patterns. This data was used in predictive models to identify future resource needs in Interim Housing, Rapid Rehousing, Permanent Supportive Housing, Affordable Housing, and Homelessness Prevention. See Appendix for a detailed methodology. Quantitative data was used in tandem with qualitative feedback to understand service and resource gaps in the system.

Qualitative

As part of a robust outreach process, the contracted consultants used multiple methods of engagement across numerous stakeholder groups. The consultants worked with Continuum of Care staff to create the stakeholder list of key partners to ensure a comprehensive understanding and approach. The stakeholders engaged represented a wide range of sectors, industries, and backgrounds.

The following qualitative engagements were conducted as part of the development of the Homelessness Plan.

- 2 Online Surveys (Public-Facing Community Survey, Homelessness Service Provider Survey)
- 4 Focus Groups with People with Lived Experience of Homelessness



- 9 Individual/Group Interviews with Key Stakeholders
- 5 Individual Interviews with the County of Ventura Board of Supervisors
- 2 Focus Groups with Homeless Service Providers, 2 Focus Groups with Human Services Agency/County providers
- 7 Site Visits at Homeless Service Provider Locations

The qualitative feedback included but was not limited to the following groups.

- County Departmental Staff and Elected Officials
- City Departmental Staff and Elected Officials – Oxnard, Thousand Oaks, Ventura
- Homelessness Service Providers/Nonprofit Organizations
- Cross-Sector Partners – Healthcare, Behavioral Health, Criminal Justice, Child Welfare, Education, Employment, Benefits, etc.
- People with Lived Experience (PLE)
- Residents/General Public
- Private Sector/Business Community

Stakeholders were asked a set of baseline questions, with additional tailored questions based on their area of focus/expertise. Qualitative feedback highlighted roles within the system, strengths, gaps and challenges, solutions, and goals.

Both the quantitative data and qualitative feedback informed the development of the Action Areas and Strategies outlined in the Homelessness Plan.

Lived Experience Feedback

LeSar Development Consultants (LDC) facilitated three in-person focus groups consisting of 18 people with lived experience (PWLE). Focus groups were held at two different locations: (1) Turning Point Foundation and (2) Many Mansion (Hillcrest PSH). While one in-person focus group was held at the Many Mansions site in the city of Thousand Oaks, two in-person groups were held at Turning Point Foundation (Safe Haven) in the city of Ventura. One virtual focus group was held through Mercy House in the city of Oxnard consisting of 6 participants. Altogether, 24 PWLE participated in focus groups.

Each group consisted of 6 randomly selected individuals with lived experience, both currently homeless and previously homeless, as defined by U.S. Housing and Urban Development (HUD). The following is a more detailed description of group characteristics and demographics of the participants.

1. **TP1:** A total of 6 participants (3 male, 3 female). The group represented mixed housing status including emergency shelter, transitional housing, and drop-in center clients. The ages of the participants ranged between 40-60 years.
2. **MM2:** A total of 6 participants (1 male, 5 female). The group represented permanent supportive housing status. The ages of the participants ranged between 40-65 years. The group consisted of individuals currently living at the site for at least 2+ years.
3. **TP2:** A total of 6 participants (2 male, 4 female). The group represented a mixed housing status including emergency shelter, transitional housing, and drop-in center clients. The ages of the participants ranged between 40-60 years.
4. **MH1:** A total of 6 participants (3 male, 3 female). The group represented those staying in emergency shelter and interim non-congregate shelter. The ages of the participants ranged between 30-50 years.

Participants were briefed on the group objectives, consent, protocols, and privacy and confidentiality. Two staff members from LDC were present for each group. Groups lasted an estimated one hour each. Participants were compensated \$100/hour for their time via Visa and Walmart gift cards. Participants were asked a total of 10 questions regarding their experiences navigating the homeless service system and accessing resources (e.g., successes, disappointments), challenges and barriers to services, strengths and weaknesses of the homeless response system, non-traditional and additional resources, and questions that prompted them to envision their ideal world/community.

Key Findings

When asked about experiences navigating the homeless response system participants spoke about the availability, accessibility, and awareness of resources. Several reported negative experiences with long waitlists, program criteria, and requirements such as background checks. While most agreed that resources are available, they did report that access to those services is impacted by the lack of transportation Countywide among other things. Regarding awareness of services, many reported that providers, themselves, are unaware of a particular resource or misinformed about its availability. While the information on resources is out there, it is often broad and requires additional effort on the client's part to identify the appropriate resource to meet their needs.

Reported strengths included communities with existing transportation services, community-based organizations (e.g., LSS, Turning Point Foundation, Many Mansions), provision of hotel/motel vouchers, and adjacent agencies such as the County Area Agency on Aging. Participants identified miscommunication/lack of communication of resources as a weakness across the County. Additionally, program policies (e.g., eligibility, rules) and lack of- and inaccessibility services addressing basic needs were identified as system weaknesses. Regarding gaps, participants reported a lack of education on homelessness among the community, lack of housing and affordable housing, and lack of transportation. Ideal outcomes included education and messaging around homelessness for the community, more services related to transportation, pet/animals, food/meals, referral programs, and mobile health care.

When asked about ideal changes they would like to see across the community, participants responded with more emergency/seasonal shelters, warm/cooling centers, and seasonal equipment across the County to combat extreme weather condition; and, of course, housing that is safe and affordable. Lastly, participants reported on the need to educate and train the public sector staff and overall, the community, on homelessness to dispel myths, breakdown stereotypes, and foster empathy.

1:4:10 Ratio Framework

A ratio framework refers to a specific ratio to inform investments in homelessness based on the extent of need.

To develop the 1:4:10 Ratio Framework for Ventura County, a predictive analysis was utilized to identify the number of units needed for Interim Housing, Permanent Housing (PSH + RRH), and Affordable Housing. Additionally, the projected number of households in need of Prevention and Diversion Services was analyzed. This predictive analysis was modeled through 2028, identifying the number of units necessary to achieve functional zero.

Unit Needs	Ratio Framework	
Number of Interim Housing Units: 1,014	1 Interim Housing Unit	Moving individuals from unsheltered dwellings into temporary shelter.
Number of Permanent Housing Units: 3,436 (PSH) + 200 (RRH) = 3,636	4 Permanent Housing Units	Providing housing solutions, such as RRH, PSH, etc. for those currently experiencing homelessness to move them out of the system.
Number of Households in Need of Prevention and Diversion Services: 10,500	10 Households Served Through Prevention and Diversion Services	Preventing households from experiencing homelessness in the first place with targeted funding and interventions from upstream services, such as hospital or medical systems, school districts, carceral systems, CES Access Points, etc.

Historically, Ventura County has underinvested in permanent housing and prevention and diversion solutions. For Ventura County, a ratio of 1:4:10 was calculated to not only increase exits from homelessness, but to also reduce entries into homelessness, balancing the inflows and outflows. This ratio provides guidance for how investments in the system should be prioritized to achieve functional zero.

For every 1 unit of interim housing, 4 permanent housing destinations are needed to move people out of the homelessness system, and 10 households should be served through prevention and diversion funding to reduce the number of new people experiencing homelessness and entering the system, ensuring residents are able to live and stay in Ventura County long-term.

Predictive Methodology

A predictive methodology was utilized to develop the Ratio Framework described in the plan. This predictive methodology accounts for the following items.

- Number of Person Experiencing Homelessness
- Projected New Persons Experiencing Homelessness in a Given Year/ Projected Needs for Homelessness Prevention & Diversion
- Projected Need for Interim Housing (IH)
- Projected Needs for Permanent Supportive Housing (PSH)
- Projected Needs for Rapid Rehousing (RRH)
- Projected Needs for Affordable Housing

This predictive methodology was modeled after the methodology drafted by the Washington State Department of Commerce.¹ Due to the availability of data and the desire for replicability, certain steps were altered slightly. As with all predictive models, this model is subject to a degree of error and confounding factors, such as natural disaster and economic recessions, that may impact overall reliability of projections. Additionally, rapid investments that improve system performance measures have the potential to drastically reduce figures.

Figures utilize data provided by the County of Ventura, including HMIS data, SPMs, and HIC. Figures in the table are rounded for clarity, but the calculations for the final values utilize more accurate decimal values. For example, in the table the "Bed Coverage Adjustment Factor to HMIS Count" states 1.46, but in the actual calculations, 1.45878920 was utilized.

1 Washington State Department of Commerce. (2022). Projection Methodology. <https://deptofcommerce.app.box.com/s/jwubfg1633jeg5rec8jx4i-78j7hjscp1>

HMIS Model for Number of Persons Experiencing Homelessness

1. Create a base count of every person experiencing homelessness in HMIS for Ventura County. The model accounts for the number of Interim Housing units for every individual/household who experiences homelessness and assumes that those eligible for RRH, PSH, etc. will stay in Interim Housing before moving to a unit.
2. Adjust for potential undercounts by using the Continuum of Care bed coverage rate for Emergency Shelter (ES), Transitional Housing (TH), and Safe Havens (SH).
 - a. Bed coverage rate is the percentage of ES, TH, and SH units that participate in HMIS.
 - b. The bed coverage not included in HMIS was assumed to be the adjustment factor needed to obtain an accurate count of homelessness.
 - c. The adjustment factor was calculated by dividing 1 by the bed coverage rate. ($1/.69$)

Unduplicated HMIS Count 2022	Bed Coverage Rate for ES, TH, SH (2022 HIC Count)	Bed Coverage Adjustment Factor to HMIS Count	Total Persons After Adjustment
5,275	69%	1.46	7,695

Projected New Persons Experiencing Homelessness in a Given Year/ Projected Needs for Homelessness Prevention & Diversion

1. Calculate the historical average of First Time Homeless and Returns to Homelessness for ES, SH, TH, and PH. Add First Time Homeless and Returns to Homelessness to identify Total New Person Experiencing Homelessness in a Given Year (1,141)

	2018	2019	2020	2021	2022	Average
First Time Homelessness (SPMs)	855	1,217	1,240	862	1,208	1,076.4
Returns to Homelessness (SPMs)	24	38	38	86	137	64.6
Total New Persons Experiencing Homelessness in a Given Year (SPMs)	879	1,255	1,278	948	1,345	1,141

2. Multiply the Total New Persons Experiencing Homelessness in a Given Year (1,141) by the Bed Coverage Adjustment Factor (1.46) to adjust for potential undercounts with underutilization of HMIS.
 - a. Total New Persons Experiencing Homelessness in a Given Year: 1,664
 - b. This model uses historical averages for New Persons Experiencing Homelessness to map out the next five years.
 - c. The model attributes a modest +2% increase from the previous year on to the new homelessness rate, multiplying the previous year by 1.02.
 - d. This model assumes current system performance trends will not change significantly over the next five years, due to system performance lags in homelessness prevention and affordable housing production.

New Persons Experiencing Homelessness in a Given Year (Average)	Bed Coverage Adjustment Factor to HMIS Count	Total New Persons Experiencing Homelessness with Adjustment Factor
1,141	1.46	1,664

3. To project new homelessness, add a modest +2% increase from the previous year's count of the Total New Persons Experiencing Homelessness, multiplying by 1.02.

2023	2024	2025	2026	2027	2028
1,664	1,698	1,732	1,766	1,802	1,838

4. To identify the total number of households in need of homelessness prevention services, add values for 2023-2028.

Total Number of Households in Need of Homelessness Prevention Services (2023-2028)
10,500

Projected Needs for Interim Housing (IH)

The final calculation for total units is:

$[(\text{Prior Year Homeless Persons Count} - \text{Positive Exits}) + (\text{New Homelessness}) * \text{Length of Stay}]$

1. Begin with the base count of homelessness from HMIS with bed coverage adjustment factor. (7,695)
2. Deduct the number [percentage] of positive exits from number of total persons [after adjustment] in the previous year.
 - a. Base Rate of Positive Exits was calculated by utilizing System Performance Measures from 2022 for Exits to PH from ES, SH, TH, and PH-RRH.

- i. 2022 Percentage of Successful Exits = 47% (2022)
- ii. The model attributes a +1% increase from the previous year on positive exits rate, accounting for modest system performance improvements.

Total Persons After Adjustment	Base Rate of Positive Exits (2022)	Number of Persons Exited	Number of Persons Carried to the Next Year
7,695	47%	3,617	4,078

3. Add new homelessness from projections.

Number of Persons Carried to Next Year	2023 Projection: New Homelessness	Total Persons Experiencing Homelessness in 2023
4,078	1,664	5,743

The process repeats until the final year of the projection. The model attributes a +2% increase from the previous year on to the new homelessness rate. The model attributes a +1% increase from the previous year on to the positive exits rate.

a.

Total Persons After Adjustment	Base Rate of Positive Exits (2022 Value +1%)	Number of Persons Exited	Number of Persons Carried to the Next Year
5,743	48%	2,757	2,986

Number of Persons Carried to Next Year	2024 Projection: New Homelessness	Total Persons Experiencing Homelessness in 2024
2,986	1,698	4,684

b.

Total Persons After Adjustment	Base Rate of Positive Exits (Previous Year +1%)	Number of Persons Exited	Number of Persons Carried to the Next Year
4,684	49%	2,295	2,389

Number of Persons Carried to Next Year	2025 Projection: New Homelessness	Total Persons Experiencing Homelessness in 2025
2,389	1,732	4,121

c.

Total Persons After Adjustment	Base Rate of Positive Exits (Previous Year +1%)	Number of Persons Exited	Number of Persons Carried to the Next Year
4,121	50%	2,060	2,060

Number of Persons Carried to Next Year	2026 Projection: New Homelessness	Total Persons Experiencing Homelessness in 2026
2,060	1,766	3,827

d.

Total Persons After Adjustment	Base Rate of Positive Exits (Previous Year +1%)	Number of Persons Exited	Number of Persons Carried to the Next Year
3,827	51%	1,952	1,875

Number of Persons Carried to Next Year	2027 Projection: New Homelessness	Total Persons Experiencing Homelessness in 2027
1,875	1,802	3,677

e.

Total Persons After Adjustment	Base Rate of Positive Exits (Previous Year +1%)	Number of Persons Exited	Number of Persons Carried to the Next Year
3,677	52%	1,912	1,765

Number of Persons Carried to Next Year	2028 Projection: New Homelessness	Total Persons Experiencing Homelessness in 2028
1,765	1,838	3,603

4. Adjust for system flow by using the average length of stay. To identify the length of stay and attempt to control for COVID-19 irregularities, the model used the average length of stay from 2020-2022.

Average Length of Stay (ES, SH, & TH)			
2020	2021	2022	Average (2020-2022)
136	225	285	215

5. Since not all persons in need of interim housing will remain homeless over the course of the year, the number of people experiencing homelessness was adjusted by the average length of stay to determine the number of interim beds needed to fully meet interim housing needs at a point in time. The System Flow Adjustment is calculated by dividing the projected average length of stay by the number of days in a year (365).

Length of Stay (Average 2020-2022) (Days)	Projected Length of Stay with Modest System Improvement (Days)	Final System Flow Adjustment (Divide Projected Average Length of Stay by 365)
215	205	0.56

6. Using the final count of homelessness from the projection, multiply that number by the Final System Flow Adjustment to create the estimate number of beds needed to meet the projected need.

Final Year County of People Experiencing Homelessness	Final System Flow Adjustment	Total Beds Needed
3,603	0.56	2,027

7. To determine the level of need that is unmet by current resources, deduct the final bed estimate from the number of current shelter beds from the Housing Inventory Count.

Final Estimate of Interim Housing Beds Needed	Existing Interim Housing Units (2022)/Interim Housing Units in Development Pipeline (2023)	Number of New Interim Housing Units Needed
2,027	1013	1,014

Projected Needs for Permanent Supportive Housing (PSH)

Since PSH is permanent housing, these projections are considered a subset of the total 0-30% AMI housing needs and assume all PSH needs are among households with incomes 0-30% of AMI.

- Create a base count of every person likely eligible for PSH in HMIS for Ventura County using VI-SPDAT scoring breakdowns as indicators.
 - According to VI-SPDAT scores (2018-2022), approximately 60% of individuals are eligible for PSH.

No Intervention (0-3)	RRH/Time Limited Subsidy (4-7 Individuals/4-8 Families)	PSH/Long-Term Subsidy (8+ Individuals, 9+ Families)
0.048554	0.353306	0.59814

- Adjust for potential undercounts by using the CoC bed coverage rate for all programs. The bed coverage not included in HMIS was assumed to be the adjustment factor needed to obtain an accurate count of need, meaning 100% bed coverage. The coverage rate for PSH was not used since it applies to people who have already obtained housing rather than those in need of housing. The adjustment factor was calculated by dividing 1 by the bed coverage rate. This is the same calculation described in the Interim Housing section. This model assumes that 70% of persons eligible for PSH will need PSH, as some will likely identify housing through other means like RRH, HCV, etc.

HMIS Count	Bed Coverage Rate	Bed Coverage Adjustment Factor to HMIS Count	Total Persons After Adjustment	Total Persons After Adjustment Eligible for PSH (Multiply by 0.59814)	Assuming 70% of Persons Eligible for PSH Will Need PSH
5,275	0.69	1.46	7,695	4,604	3,222

The final calculation for the total units is:

$$[(\text{Base Count} - \text{move outs}) + \text{new need for PSH}] / \text{household size} = \text{total need for PSH}$$

- Deduct the number of people for move-outs. PSH is intended to be permanent housing; many people will remain in this housing for the duration of their lives. The model deducts 1.5% for mortality every year, based on CDC mortality rates. The model assumes that 2% of PSH residents move out every year to more intensive solutions, like skilled nursing facilities or in-patient hospital programs. "Moving On" programs are intended to encourage people living in PSH who have stabilized to move into non-supportive housing or other less intensive options. The model assumes that 3% of PSH residents "move on".

Total Persons After Adjustment Eligible for PSH, with 70% of People Eligible for PSH Will Need PSH	Move Outs 6.5% (1.5% Mortality, 2% Intensive Solutions, 3% Moving On)	2023 Carry Over PSH Need
3,222	209	3,013

- As described above, to calculate New PSH Need, the model takes new homeless projections (1,664) and multiplies by the percentage likely eligible for PSH (60%). This model assumes that 70% of people eligible for PSH will need PSH. Lastly, the model attributes a +2% increase from the previous year on to the new homelessness rate.

Repeat for the duration of the projection.

a.

2023 Carryover PSH Need	New PSH Need (1,664 x .60 x .70 x 1.02)	Carryover + New PSH Need	Move Outs (1.5% Mortality, 2% Intensive Solutions, 3% Moving On)	Year 2024 Carry Over PSH Need (Minus Exits)
3,013	711	3,723	242	3,481

b.

Carryover PSH Need	New PSH Need	Carryover + New PSH Need	Move Outs (1.5% Mortality, 2% Intensive Solutions, 3% Moving On)	Year 2025 Carryover PSH Need
3,481	725	4,206	273	3,933

c.

Carryover PSH Need	New PSH Need	Carryover + New PSH Need	Move Outs (1.5% Mortality, 2% Intensive Solutions, 3% Moving On)	Year 2026 Carryover PSH Need
3,933	739	4,672	304	4,368

d.

Carryover PSH Need	New PSH Need	Carryover + PSH New Need	Move Outs (1.5% Mortality, 2% Intensive Solutions, 3% Moving On)	Year 2027 Carryover PSH Need
4,368	754	5,122	333	4,789

e.

Carryover PSH Need	New PSH Need	Carryover + PSH New Need	Move Outs (1.5% Mortality, 2% Intensive Solutions, 3% Moving On)	Year 2028 Carryover PSH Need
4,789	769	5,559	361	5,197

3. Determine the number of additional PSH units to meet the need.

- a. First, to determine the level of need that is met by current resources, apply assumptions regarding vacancy rates to total number of PSH beds in the Housing Inventory Count. It is assumed that the majority of PSH beds are filled and only 3% of beds are vacant.

Total PSH Beds	Estimated Available PSH Beds (Assumed 3% Vacancy Rate)
791	23.73

- b. Deduct the estimated number of PSH beds available from the total number of persons likely to be eligible for PSH. This is the number of additional PSH beds to meet the need. Household size assumptions are not applied to PSH because only one household member needs to have a qualifying need. Applying a household size to reduce the number of units assumes that all members of the household have a qualifying condition. Therefore, the number of PSH beds needed is estimated to be the unit count.

Likely Eligible for PSH	Estimated Available PSH Beds	Unmet PSH Bed Needs
5,197	23.73	5,174

- c. To convert the total number of beds needed into units needed, divide them by household size. The average household size was calculated by dividing the total number of people in the Point in Time Count, by the total number of households in the Point in Time Count.

Average Household Size (2,248/2,081)	Total Number of PSH Units Needed in the System	Number of New PSH Units Needed
1.08024988	4,789	3,436

Projected Needs for Rapid Rehousing (RRH)

Since PSH is permanent housing, these projections are considered a subset of the total 0-30% AMI housing needs and assume all PSH needs are among households with incomes 0-30% of AMI.

1. Utilize the Final Year Count of Persons Experiencing Homelessness and multiply by the Final System Flow Adjustment to identify the Total Beds Needed.

Final Year Count of Persons Experiencing Homelessness	Final System Flow Adjustment	Total Beds Needed
3,603	0.56	2,027

2. Pull the RRH/Time Limited Subsidies VI-SPDAT ratio.

No Intervention (0-3)	RRH/Time Limited Subsidies (4-7 Individuals/4-8 Families)	PSH (8+ Individuals, 9+ Families)
0.048554	0.353306	0.59814

3. Multiply the Total Beds Needed by the Rapid Rehousing ratio established for VI-SPDAT scores.

Total Interim Beds	RRH/Time Limited Subsidies Ratio	Number of RRH Program Slots
2,027	.353306	716

4. To identify the gap, subtract the Number of projected RRH Program Slots by current RRH program slots.

Projected Number of RRH Program Slots	Current Number of RRH Program Slots	Number of New RRH Program Slots
716	516	200

Alignment with Existing Frameworks

United States Interagency Council on Homelessness (USICH)- ALL IN: The Federal Strategic Plan to Prevent and End Homelessness

The USICH Federal Strategic Plan to Prevent and End Homelessness¹ is for a broad range of stakeholders who are involved in the effort to prevent and end homelessness in the United States. This includes federal agencies, state and local governments, philanthropic organizations, non-profit organizations, service providers, and advocates for people experiencing homelessness. The plan provides a framework for these stakeholders to work together in a coordinated and collaborative manner to achieve the common goal of ending homelessness and is aligned with the County of Ventura's 5-Year Homelessness Plan on the following goals.

Federal and County Plan Alignment	
USICH Federal Plan	Ventura County Plan
EQUITY Strategy 2: Promote inclusive decision-making and authentic collaboration	Action Area 5: Representation & Inclusivity
DATA Strategy 2: Strengthen the capacity of state and local governments, territories, tribes, Native-serving organizations operating off tribal land, and nonprofits to collect, report, and use data.	Action Area 4: Data-Driven Decision Making
COLLABORATE Strategy 1: Promote collaborative leadership at all levels of government and across sectors.	Action Area 2: Regional Coordination & Leadership
HOUSING Strategy 1: Maximize the use of existing federal housing assistance. Strategy 2: Expand engagement, resources, and incentives for the creation of new safe, affordable, and accessible housing. Strategy 3: Increase the supply and impact of permanent supportive housing for individuals and families with complex service needs—including unaccompanied, pregnant, and parenting youth and young adults.	Action Area 1: Housing Prioritization & Funding
EFFECTIVENESS Strategy 1: Spearhead an all-of-government effort to end unsheltered homelessness. Strategy 2: Evaluate coordinated entry and provide tools and guidance on effective assessment processes that center equity, remove barriers, streamline access, and divert people from homelessness.	Action Area 3: Outreach & Service Delivery

¹ United States Interagency Council on Homelessness. (2022, December). ALL IN: The Federal Strategic Plan to Prevent and End Homelessness. [All_In_The_Federal_Strategic_Plan_to_Prevent_and_End_Homelessness.pdf](https://www.usich.gov/all-in-the-federal-strategic-plan-to-prevent-and-end-homelessness.pdf) (usich.gov)

California Interagency Council on Homelessness Action Plan for Preventing and Ending Homelessness

The development of the County of Ventura Homelessness Action Plan was guided by the California Interagency Council on Homelessness (Cal ICH) Action Plan for Preventing and Ending Homelessness. Cal ICH outlines five main action areas, including the full range of actions necessary to prevent and end homelessness.² The table below illustrates the alignment between the County of Ventura Homelessness Action Plan and the Cal ICH Action Plan.

CAL ICH Action Plan For Preventing & Ending Homelessness					
County of Ventura Homelessness Action Plan	Strengthening Our Systems to Better Prevent and End Homelessness in California	Equitably Addressing the Health, Safety, and Services Needs of Californians Experiencing Unsheltered Homelessness	Expanding Communities' Capacity to Provide Safe and Effective Shelter and Interim Housing	Expanding and Ensuring Equitable Access to Permanent Housing in Our Communities	Preventing Californians from Experiencing the Crisis of Homelessness
Action Area 1: Housing Prioritization & Funding			•	•	•
Action Area 2: Regional Coordination & Leadership	•				
Action Area 3: Outreach & Service Delivery		•			
Action Area 4: Data-Driven Decision Making	•				
Action Area 5: Representation & Inclusivity	•				

² California Interagency Council on Homelessness. (2023, September). Action Plan for Preventing and Ending Homelessness in California. [Action Plan Executive Summary - FY 22-23 Update \(ca.gov\)](#)

Ventura County Plan to End and Prevent Homelessness (2019)

Additionally, the County of Ventura Homelessness Action Plan is aligned with a pre-existing strategic plan developed and adopted by the Ventura County Continuum of Care (VC CoC) in 2019.³ The table below illustrates the alignment between the County of Ventura Homelessness Action Plan and seven strategic priorities set forth by the VC CoC.

Ventura County Strategic Priorities							
County of Ventura Homelessness Action Plan	Develop a comprehensive crisis response system	Increase Affordable Housing Opportunities For Households Who Are Homeless Or At-Risk Of Homelessness	Create And Provide Wrap-Around Services To Keep Households Housed	Create Opportunities For Homeless Persons/ Families To Obtain Sustainable Income	Community Outreach and Education	Cross-Systems Integration	Capacity Building
Action Area 1: Housing Prioritization & Funding	●	●	●				
Action Area 2: Regional Coordination & Leadership						●	●
Action Area 3: Outreach & Service Delivery	●						●
Action Area 4: Data-Driven Decision Making					●	●	●
Action Area 5: Representation & Inclusivity							

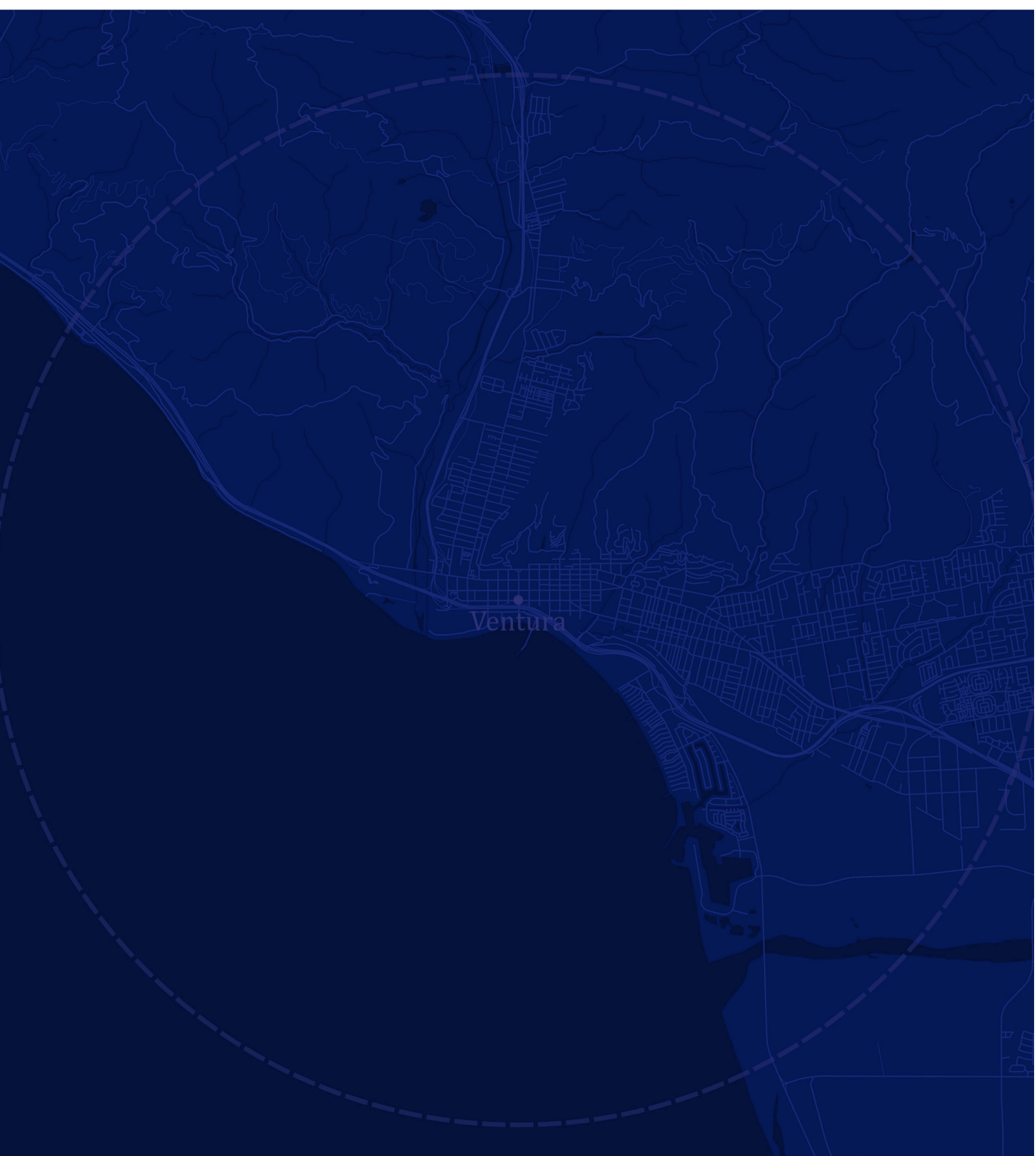
³ Ventura County Continuum of Care. (2019, January). Ventura County Plan to Prevent and End Homelessness. https://s33020.pcdn.co/wp-content/uploads/2020/02/Final_VC_Homelessness_Plan_1.9.19-1.pdf

AT HOME: A Comprehensive Plan To Address Homelessness

In June 2023, the County of Ventura Board of Supervisors adopted a resolution to join California State Association of Counties (CSAC) Coalition in support of *AT HOME: A Comprehensive Plan To Address Homelessness*.⁴ The County’s adoption of the plan reaffirms its commitment to coordinate efforts that align with the six proposed pillars. This demonstrates our County’s dedication to coordinating efforts and alignment with the six pillars.

AT HOME: A Comprehensive Plan to Address Homelessness						
County of Ventura Homelessness Action Plan	Accountability	Transparency	Housing	Outreach	Mitigation	Economic Opportunity
Action Area 1: Housing Prioritization & Funding	●		●			
Action Area 2: Regional Coordination & Leadership	●					
Action Area 3: Outreach & Service Delivery				●		
Action Area 4: Data-Driven Decision Making		●				
Action Area 5: Representation & Inclusivity						

4 California State Association of Counties (CSAC). (2022, September). AT HOME: A Comprehensive Plan to Address Homelessness. [AT HOME Plan](#).



VENTURA COUNTY
**CONTINUUM OF
CARE ALLIANCE**

ENDING HOMELESSNESS
IN VENTURA COUNTY

