



**HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)
Services Coordinating Committee Meeting Agenda**

October 3, 2022, 1pm

Members and the public may participate by Zoom video call:

[https://us06web.zoom.us/j/82581931887?
pwd=NHhUZUlabmlZcFozWkhrQ3JSQmRCUT09](https://us06web.zoom.us/j/82581931887?pwd=NHhUZUlabmlZcFozWkhrQ3JSQmRCUT09)

Or dial in:

+1 346 248 7799

Meeting ID: 825 8193 1887

Passcode: 786885

1. Call to Order and Introductions
2. Public Comment
3. Consent: Approval of Minutes
4. Action/Information/Discussion
 - 4.1. Discussion Item: Racial Equity Analysis
 - 4.2. Discussion Item: Homeless Services Agencies Training Curriculum
 - 4.3. Discussion Item: COVID-19 Contingency Planning Update
 - 4.4. Discussion Item: End of Life Protocol Task Force Update
5. Future Discussion/Report Items
6. Next Regular Meeting: December 5 at 1pm
7. Adjournment

The full agenda packet for this meeting is available on the SLO County HSOC web page:

[https://www.slocounty.ca.gov/Departments/Social-Services/Homeless-Services/Homeless-Services-Oversight-Council-\(HSOC\).aspx](https://www.slocounty.ca.gov/Departments/Social-Services/Homeless-Services/Homeless-Services-Oversight-Council-(HSOC).aspx)

**HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)
SERVICES COORDINATING COMMITTEE MEETING MINUTES**

Date

June 13, 2022

Time

1pm-2:30pm

Location

Zoom

Members Present

Brandy Graham

Devin Drake

Jack Lahey

Janna Nichols

Nicole Bennett

Members Absent

John Klevins

Staff and Guests

Abby Lassen

Carrie Collins

Elaine Archer

Elizabeth Pauschek

Jeff Al-Mashat

Jessica Lorance

Joe Dzvonic

Kelsey Nocket

Laurel Weir

Lawren Ramos

Leon Shordon

Michael Azevedo

Molly Kern
Nita Kenyon
Russ Francis
Steve Martin
Wendy Lewis

1. Call to Order and Introductions

Devin called the meeting to order at 1:05pm.

2. Public Comment

Jack shared that 40 Prado is currently on quarantine due to a COVID outbreak. Michael shared that the 5Cities Homeless Coalition office has also experienced exposure to COVID recently, and so is temporarily closed to walk-in traffic. Wendy reported that ECHO's (El Camino Homeless Organization's) shelter in Paso Robles has also seen a few COVID cases, but due to the non-congregate nature of the facility, they are still open to new people. However, the shelter has a waitlist and is having to turn people away.

Nicole commented that HHIP (Housing and Homelessness Incentive Program) is a new initiative at CenCal Health. CenCal Health are working with SLO County CoC (Continuum of Care) to bring additional funding in from the state. Creating a Local Homelessness Plan is the first step of a collaborative application.

Laurel commented that the draft Strategic Plan is now public on the HSOC web page. Public comments can also be submitted via the same page. The draft Plan will be reviewed by the full HSOC at its July meeting.

Brandy shared that the VA (US Department of Veterans Affairs) are releasing several NOFAs (Notices of Funding Availability) for activities including landlord incentives, tenant incentives, and housing navigation support.

Devin commented that the County had its budget meeting today. The Homeless Services Division was not included as the idea is still being worked on, so it is not yet ready for a budget.

Devin also reported that Jessica Lorange was recognized by the Board of Supervisors for receiving the "Women's Wall of Fame" Award by the Commission on the Status of Women and Girls.

3. Consent: Approval of Minutes

Jack made a motion to approve the minutes, seconded by Janna. The motion passed with all in favor, none opposed and no abstentions.

4. Action/Information/Discussion

4.1 Discussion Item: Tiny House Villages

Devin reported that there had been discussions about the empty parking lot at the Department of Social Services (DSS) building on South Higuera Street, SLO City, being used as a site for a Tiny House Village. However, the plan that came through was not feasible at that location. Other sites are being considered, and the DSS site may be considered in future.

Janna provided an update on 5CHC's Cabins for Change project in Grover Beach. The electrical service conduit has been laid, and they expect to begin assembling cabins from mid-July.

4.2 Discussion Item: COVID-19 Contingency Planning

Laurel reported that there have been prior discussions due to breakouts at several shelters and the phase out of the County's Care and Shelter Unit. The county is continuing to see some people who are experiencing homelessness testing positive for COVID. The situation is more challenging in a congregate environment, or other environment where they could spread COVID to other homeless people.

Joe reported that the County is working with CAPSLO (Community Action Partnership of San Luis Obispo) on a plan, which would include the 5CHC and ECHO shelters. Joe and Jack will coordinate with the other agencies to ensure the plan will work for everyone, then look into sourcing funding. Jack added that the plan involves using space differently than in the past, based on advice from the Public Health Department.

4.3 Discussion Item: Point in Time Count Update

Laurel reported that the vendor expects to have the draft report to the County by the end of the month.

4.4 Discussion Item: End of Life Protocol Task Force - Update

The Task Force had not met since the last Services Coordinating Committee meeting.

Janna, Wendy and Jack all commented on an increase in client fentanyl overdoses over the last few months.

5. Future Discussion/Report Items

- Contingency Planning follow up
- Increase in fentanyl availability and overdoses
- Strategic Plan
- Community Based Adult Services presentation

6. Next Regular Meeting: August 1 at 1pm

The Committee approved holding a Special meeting before the end of June to allow for feedback on the services element of the draft Strategic Plan.

7. Adjournment

Devin adjourned the meeting at 1:45pm.

**HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)
SERVICES COORDINATING COMMITTEE
SPECIAL MEETING MINUTES**

Date

June 29, 2022

Time

3pm-4pm

Location

Zoom

Members Present

Brandy Graham

Devin Drake

Jack Lahey

Janna Nichols

Members Absent

John Klevins

Nicole Bennett

Staff and Guests

Abby Lassen

Anne Robin

Elaine Archer

George Solis

Jeff Al-Mashat

Jessica Lorance

Joe Dzvonic

Jorge Gonzales

Julien Powell

Laurel Weir

Lawren Ramos

Leon Shordon
Michael Azevedo
Russ Francis
Wendy Lewis
Yesenia Alonso

1. Call to Order and Introductions

Devin called the meeting to order at 3:02pm.

2. Public Comment

None.

3. Action/Information/Discussion

3.1 Discussion Item: Strategic Plan – Services Line of Effort

The Services Coordinating Committee discussed the Draft Strategic Plan and provided the following feedback:

- It is very positive that tailoring services to specific cultural and linguistic groups is included in the plan. There was a suggestion that LGBTQ+ people be included in this, particularly LGBTQ+ youth, who are at higher risk of homelessness
- Transition Age Youth are mentioned which is very positive, but other subpopulations identified in the PIT (Point in Time) Count should also be included in the same way, such as veterans
- Emergency youth shelters for minors would be a good addition to the plan – addressing the population of people under 18 who are experiencing homelessness and do not have parents. Currently the only resources available are filing a Child Welfare Services report and family reunification – people under 18 experiencing homelessness cannot be placed in current emergency shelters or hotels
- A designated benefits advocate placed at the Navigation Center would be very helpful
- There were some concerns about a lack of implementation coordination in the plan
- The new oversight body which is being considered should be comprised of people who are informed on the issues, and not just residents with grievances

- Homeless service agencies experience a high level of turnover, and no standardization of training. Ensuring everyone has a comprehensive knowledge base would be very useful
- Access to hygiene services is a basic need for people experiencing homelessness, and the plan should reflect this
- Planning for how to respond when infectious diseases affect congregate and non-congregate facilities could be included in the plan
- Including a process for unifying criteria for admissions and exits for all programs would be helpful

3.2 Discussion Item: COVID-19 Contingency Planning

Tabled.

4. Next Regular Meeting: August 1 at 1pm

5. Adjournment

Devin adjourned the meeting at 4:10pm.

**HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)
SERVICES COORDINATING COMMITTEE MEETING MINUTES**

Date

August 1, 2022

Time

1pm-2:30pm

Location

Zoom

Members Present

Brandy Graham

Devin Drake

Nicole Bennett

Members Absent

Jack Lahey

Janna Nichols

John Klevins

Staff and Guests

Abby Lassen

Amanda Sillars

Carmen Sampson

Carrie Collins

Elaine Archer

George Solis

Jeff Al-Mashat

Jessica Lorance

Joe Dzvonic

Laurel Weir

Lawren Ramos

Leon Shordon

Michael Azevedo
Rick Gulino
Russ Francis

1. Call to Order and Introductions

Devin called the meeting to order at 1:05pm. Amanda introduced herself as the Administrator for the Santa Maria Wisdom Center.

2. Public Comment

None.

3. Consent: Approval of Minutes

Minutes could not be approved due to lack of quorum.

4. Action/Information/Discussion

4.1 Discussion Item: Wisdom Center (Community Based Adult Services)

Amanda presented on the Wisdom Center (Community Based Adult Services) in Santa Maria, which is an additional resource in the community for people experiencing homelessness. The Wisdom Center are currently working with CenCal Health and CAPSLO (Community Action Partnership of San Luis Obispo). In particular, the Wisdom Center can support senior people experiencing homelessness who are also medically fragile. The program includes transportation, nutrition and education. The program does not involve discharging unless cases become too acute; instead, the aim is to help people reach their highest level of ability and function, then maintain this as long as possible.

Amanda took questions and confirmed that the program is currently working on how to transport people from SLO County; that the program has Spanish speaking staff; and that the total capacity for the program is 180, and they are currently serving around 40-50 people per day.

4.2 Discussion Item: Community Supports and Enhanced Care Management

Nicole reported that CenCal Health are moving forward with their housing services, with the overall goal of getting clients housed and keeping them housed. To this end, they are focusing on three community supports:

1. Housing Transition Navigation Service – this service will help get individuals into housing, via tenant screening, housing assessments, and individualized

housing support plans which will address barriers, include goals and an approach to meeting those goals, and identifying where other services may be needed. This service is specific to people experiencing homelessness who also have a chronic condition, are at risk of institutionalization, or are Transitional Age Youth

2. Housing Deposits – between \$3-5k available for coordination, securing one time services and modifications such as security deposits for leases, setup fees for utilities or services, the first month's utility bills, and first and last month's rent
3. Housing Tenancy and Sustaining Services – maintaining a safe and stable tenancy once a client has secured housing, including early identification and intervention for behaviors that may jeopardize housing, and education and training on the responsibilities of tenants and landlords

From January 2023, CenCal Health's focus will also include sobering centers. CenCal Health are working with the SLO County Behavioral Health Department to support a grant application to bring in funding for infrastructure for this. CenCal Health will also be coordinating a roundtable for all providers in SLO and Santa Barbara Counties who are interested in being providers for housing services and sobering centers.

Nicole also gave an update on HHIP (Housing and Homelessness Incentive Program), a new initiative from DHCS (California Department of Health Care Services). CenCal Health is partnering with SLO County CoC (Continuum of Care) and Santa Barbara County's CoC and will be reaching out about priorities regarding the investment plan for HHIP.

4.3 Discussion Item: COVID-19 Contingency Planning

Lawren reported that CAPSLO are working with SLO County Public Health Department and the City of SLO to figure out short term and long term contingency plans for future outbreaks. This may involve new construction (adding doors and walls).

4.4 Discussion Item: Increase in Fentanyl Availability and Overdoses

Jeff reported that the topic of fentanyl availability comes up at the Oklahoma Avenue Parking Village almost daily. Availability is very high. Michael confirmed that fentanyl is also highly available in the camps in South County, including a new and more dangerous strain. Lawren also reported that CAPSLO has seen a drastic

increase. Testing strips are available on site, and CAPSLO are looking into whether the 40 Prado site can become a Narcan distribution site.

4.5 Discussion Item: Point in Time Count Update

Laurel reported on the 2022 Point in Time (PIT) Count report, highlighting some figures of interest to the Committee, including the following:

- Slightly fewer people were counted compared to the 2019 count, though this is likely due to special COVID protocols that were put in place
- 80% of people experiencing homelessness were unsheltered, which represents a slight increase from 2019
- More people were counted in the unincorporated areas of the county than in the incorporated cities
- The veterans count was very low, but this is likely due in part to a sampling error
- There has been an increase in homeless families
- There has been a significant increase in the length of time that people remain homeless
- 92% of people who are homeless in SLO County already lived in SLO County when they became homeless

4.6 Discussion Item: End of Life Protocol Task Force – Update

Devin reported that the End of Life Protocol Task Force met and members have taken assignments to see if any agencies currently have a policy in place that could help to speed up the creation of a general policy.

5. Future Discussion/Report Items

- COVID-19 Contingency Planning update

6. Next Regular Meeting: October 3 at 1pm

7. Adjournment

Devin adjourned the meeting at 2:35pm.

**HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)
SERVICES COORDINATING COMMITTEE SPECIAL MEETING MINUTES**

Date

September 19, 2022

Time

10am-11:30am

Location

Room 356, Department of Social Services, 3433 S Higuera Street, San Luis Obispo, CA

Members Present

Devin Drake

Jack Lahey

Janna Nichols

Members Absent

Brandy Graham

John Klevins

Nicole Bennett

Staff and Guests

Aurora William

Becca Carsel

Bettina Swigger

Elizabeth Pauschek

George Solis

Kelsey Nocket

Laurel Weir

Leon Shordon

Merlie Livermore

Russ Francis

Steve Martin

Susan Lamont
Wendy Lewis

1. Call to Order and Introductions

Devin called the meeting to order at 10:10am.

2. Public Comment

Devin reported that Joe Dzvonic has been hired as the Division Manager for the new Homeless Services Division within DSS (County of San Luis Obispo Department of Social Services). The Homeless Services Division will pool people from the DSS Homeless Services Unit, the Housing Unit from the Planning and Building Department, and then will be hiring to fill positions in a new third unit focused on Data and Communications. DSS is currently looking for a new place for the Division to reside.

Janna reported that 5CHC (5Cities Homeless Coalition) are hoping to open their Cabins for Change program in the first week of October, and are currently hiring staff for the program.

Bettina reported that Downtown SLO are hiring two additional sidewalk ambassadors, bringing the total to three.

Kelsey reported that the City of SLO is in the process of hiring an Admin Specialist for Homelessness Response and will be presenting on its progress towards approval of the City's strategic plan which will support the County's 5 Year Plan.

Jack reported that CAPSLO's (Community Action Partnership of San Luis Obispo) warming center is now open. The center is now weather dependent (the center opens if there is 50% or greater chance of rain, or if the temperature drops to 38 degrees or below) rather than seasonal. Referrals must arrive by 6pm.

3. Action/Information/Discussion

3.1. Discussion Item: HUD (US Department of Housing and Urban Development) Continuum of Care Fiscal Year 2022 Collaborative Application

3.1.1. Discussion Item: Street Outreach

George reported that the County is currently working on two HUD (US Department of Housing and Urban Development) CoC (Continuum of Care) grant funding applications – the annual CoC grant program competition and a special unsheltered program. Both applications include questions on the CoC's approach to street outreach and racial equity, so the County is soliciting input from the Services

Coordinating Committee on these items. The Committee provided the following input:

- Outreach coordination: outreach providers are meeting monthly. A jail to community meeting is taking place monthly. 5CHC are in contact with Santa Barbara County regarding the riverbed encampment. Agencies are making progress with a 'by name' list that will make outreach more integrated. Street outreach takes place daily.
- Helping people to exit from homelessness: agencies continue to support people as clients once they have obtained housing. The biggest challenge on this was the impact on beds caused by COVID. More generally, interim housing is not stable, and there is not enough housing for everyone who needs it. Agencies pursue a strategy to engage individuals and families of the highest vulnerability.
- Immediate access to low barrier shelter and temporary housing: agencies have added bilingual staff, including Mixteco speakers and people with lived experience to their staff. Agencies have adopted culturally appropriate programming and encourage a sense of community via congregate setting. The City of SLO hired a female case manager after recognizing the need for more female outreach workers.
- Immediate access to low barrier Permanent Housing: agencies use a Housing First approach and have seen success through Landlord Incentives.
- Using data for Street Outreach: agencies maintain logs independent of HMIS (Homeless Management Information System). The City of SLO is piloting its own data collection system, including by the use of an app that tracks interactions. The Committee noted that significant work may be missed as volunteer individuals and organizations are not accounted for.

3.1.2. Discussion Item: Racial Equity

George reported that the consulting firm Homebase has worked on a Racial and Ethnic Equity Analysis for SLO County, which was included in the agenda packet. The analysis was based on data from HMIS, the county's Coordinated Entry system, stakeholder interviews, and program participants. The Committee provided the following input on this item:

- It would be helpful if the County included agencies in contracts for language and translation services, so the agencies do not have to fund this themselves. At present, there is a heavy burden on bilingual workers, and the long wait

times to meet with bilingual workers has been a barrier to clients accessing services.

- The CoC would benefit from guidance on how to approach situations involving people seeking asylum, including legal expertise.
- Interpretation services for people with disabilities, including translation into ASL (American Sign Language) and braille would also be useful.

3.2. Discussion Item: Allocation of HHAP 3 (Homeless Housing, Assistance and Prevention Program Round 3) Funds for Trauma-Informed Care Training for Homeless Services Agency Staff

Becca reported on the First 5 Health Access project, which provides best practice training to agency staff on a wide range of topics, including trauma-informed care. Homeless services agencies have said they would find this training helpful. The cost of training would be around \$1k per session which would train around 20 people. Laurel shared that the Strategic Plan includes a component to carry out coordinated training of staff, and trauma-informed care is one type of training specifically referenced. HHAP 3 (Homeless Housing, Assistance and Prevention Program Round 3) funding includes money set aside for systems improvement which could be used for this. The Committee discussed and supported a recommendation of up to \$5k to be set aside from the HHAP 3 budget for this purpose.

4. Next Regular Meeting: October 3 at 1pm

5. Adjournment

The meeting ended at 12 noon.

County of San Luis Obispo

Racial and Ethnic Equity

Analysis

2022

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Summary

This Racial and Ethnic Equity Analysis (REEA) analyzes disparities in access to and performance in homeless housing services in San Luis Obispo County. It includes both quantitative and qualitative analyses.

A. Key Findings

While some stakeholders denied that racial and ethnic inequities are an issue for the community's efforts to solve homelessness, most survey respondents, focus group participants, and stakeholder interviewees assert that inequities, stereotypes, and discrimination are challenges in this community. The primary barriers they identified for Hispanic / Latino/ Latinx and Mixteco populations were the undocumented status of some individuals and families and language and cultural barriers.

Quantitative data analysis found that:

- People who are Black and/or Hispanic / Latino/ Latinx are more likely to experience homelessness than the general population and the impoverished population. However, when compared to the Point in Time (PIT) count, people identifying as white race or Hispanic / Latino/ Latinx ethnicity are accessing the homeless response system (HMIS) at higher rates than others.
- Families with children and Transition Age Youth (youth ages 18-24 who are unaccompanied, "TAY") in the system of care are Black, Indigenous and People of Color (BIPOC) at higher rates than adult-only households served by the system of care.
- Both Hispanic / Latino/ Latinx families with children and Hispanic / Latino/ Latinx adult-only households are

In this report, the term **BIPOC** includes people who identify as **Black, Native American/Alaskan Native, Latino/Latinx, Asian/Pacific Islander and multi-racial.**

accessing permanent supportive housing at lower-than-expected considering their proportion of representation in HMIS and Coordinated Entry (CE).

- It is 35% less likely that a Hispanic / Latino/ Latinx family will successfully complete a rapid rehousing project than a non-Hispanic / Latino/ Latinx family.
- After being enrolled in a homeless program, families identifying as BIPOC move into housing at lower rates than people in white/non-Hispanic /Latino / Latinx families.
- BIPOC households are more likely to exit to a self-housed permanent destination than white/non-Hispanic /Latino / Latinx households.
- Homelessness prevention appears to an equitably responsive project that is supporting populations that experience homelessness at higher rates (e.g., Hispanic / Latino/ Latinx and BIPOC households) while continuing to support white populations.

This study was limited by (i) quantitative data quality (large percentages of unknown race and missing data regarding destination at program exit), (ii) the fact that the data systems for homeless programs (HMIS) and coordinated entry systems do not share data, (iii) quantitative data cannot be analyzed by San Luis Obispo distinct geographical regions (North, Coast, Central, South, etc.), and (iv) by qualitative data access, as it was difficult to schedule and hold focus groups with people with lived experience of homelessness and BIPOC people with lived experience of homelessness.

B. Recommendations

Recommendations based on the analysis and findings are grouped into five categories related to:

1. Staffing, including hiring staff that are bilingual and familiar with Hispanic / Latino/ Latinx and Mixteco cultures
2. Improving accessibility through language interpretation, improving services for Hispanic / Latino / Latinx and Mixteco populations, and reducing technology barriers
3. Program design improvements, including suggested strategies to address transportation gaps and improve navigation support and landlord engagement needs
4. System design improvements, including improving data sharing and quality, increasing data analysis, and involving people with lived experience and people who are BIPOC in system design and priority development
5. Improving community perspectives through an education campaign

Introduction

Parallel to developing San Luis Obispo County's Strategic Plan to Address Homelessness, this Racial and Ethnic Equity Analysis (REEA) was conducted, focused on the homelessness system of care.

The REEA focused analysis of disparities in access to homelessness services, including:

1. Rates of participation in homelessness serving programs such as emergency shelter and supportive housing.
2. Barriers to service access and utilization that exacerbate inequities.
3. Analysis of disparities in system performance outcomes, including length of time homeless, exits to permanent housing, and returns to homelessness.

The goal of these analyses is to provide San Luis Obispo County with actionable recommendations to promote racial and ethnic equity in access and outcomes for the San Luis Obispo homeless system of care.

A. Methodology

This report reviewed data analyses from the following sources:

- Homelessness Management Information System (HMIS) data for the period from January 2018 to November 15, 2021.
 - Overall, 6,900 people were served in total with 5,131 people had new project enrollments starting after January 1, 2018.
- Provider and Stakeholder surveys
- Stakeholder interviews
- Provider focus groups
- Lived experience focus groups

In addition to quantitative analyses completed with dataset such as HMIS, the PIT and Housing Inventory Count (HIC) counts, qualitative and mixed-methods data collection and analysis included:

- A stakeholder survey with ~170 participants
- A provider survey with ~55 participants
- Eight stakeholder interviews
- One provider focus group
- One lived experience focus group

While researchers had planned additional input through lived experience focus groups, difficulties in scheduling due to provider time limitations and COVID impact, and lack of willingness to engage by people with lived experience resulted in limited input from this population. Additionally, focus group members at the one lived experience focus group held did not want to share their names or demographic information and stated that they feared retribution from service and housing providers.

Surveys, interviews, and focus groups aimed to collect information for both the Strategic Plan and the REEA. For the REEA portions, the data collection and analysis focused on whether certain racial and ethnic groups in the community experience disproportional rates of homelessness, greater

barriers in accessing the homeless system of care, inequities in program access, and other potential race- or ethnicity-based inequities related to homelessness.

Survey data was mixed methods and included both quantitative and qualitative results. Quantitative results were analyzed with a primarily descriptive approach (e.g., x% of respondents indicated that this racial/ethnic group is at greater risk of homelessness). Qualitative responses from the surveys, interviews, and focus groups were analyzed with a thematic approach: common ideas and themes across the data were pulled together and emphasized, while outliers and potential dissenting ideas were also noted.

B. Context

San Luis Obispo County, located in California's Central Coast region, includes a total population of 282,424.

- While only 2% of the total population identifies as Black, 6% of the homeless population and 7% of homeless families with children are Black.
- While only 1% of the total population identifies as Native American or Alaskan Native, 3% of people experiencing homelessness and 4% of families experiencing homelessness are Native American.
- While 23% of the general population are Hispanic / Latino / Latinx, 29% of people experiencing homelessness and 41% of families with children experiencing homelessness are Hispanic /Latino / Latinx.

These differences in overrepresentation in the homeless system of care compared to the general population are echoed in many communities across the United States and represent the results of systemic racism. Systemic racism, defined by the Cambridge Dictionary, is "policies and practices that exist throughout a whole society or organization, and that result in and support a continued unfair advantage to some people and unfair or harmful treatment of others based on race." National data reflects that there are strong disparities in the race of people who experience homelessness and how people are served within homeless systems of care. This may be because people who are Black, Indigenous or other People of Color (BIPOC) are more likely to experience poverty, incarceration, housing discrimination, and lack of access to health care—all of which contribute to homelessness. In addition, data demonstrates that in some cases, people who are BIPOC may be less successful in accessing homeless programs and maintaining housing than their white counterparts. This may be driven by housing prioritization priorities¹ or program policies or practices.

Locally, the County of San Luis Obispo Sheriff's Office published a report entitled, *Systemic Racism and Microaggressions in San Luis Obispo*, prepared by the UNITY Committee of the Sheriff's Department in September 2021 that describes the local experience of systemic racism and

¹ See, e.g., C4 Innovations, *Coordinated Entry Systems Racial Equity Analysis of Assessment Data*, October 2019, found at: https://c4innovates.com/wp-content/uploads/2019/10/CES_Racial_Equity_Analysis_2019-.pdf

provides data about racial and ethnic diversity in the county. Contributors to this analysis recommended a county-wide study by the County Administration to better understand systemic racism.

The San Luis Obispo County homeless system of care is coordinated by the Homeless Services Oversight Council (HSOC). The purpose of the HSOC is to:

- Provide a planning and policy development forum, with local jurisdiction and public and private service providers actively participating.
- Compile and monitor data and information regarding the number of homeless persons and service utilization, working with service providers and local jurisdictions
- Advise service providers of opportunities and best practices to improve access to and strengthen homeless services
- Advocate for and provide local jurisdictions with recommendations on public funding allocations, based upon local needs and prioritized objectives within the “10-Year Plan to End Homelessness”
- Work with public and private partners, donors and grant makers to establish financial resources for service implementation, coordination and sustainability.

HSOC consists of 30 members, including eight elected officials (each representing a local jurisdiction), services and housing providers from a variety of systems of care including healthcare (approximately ten members), community members (including representatives of businesses, schools, faith-based organizations, and public safety), at least two currently or formerly homeless persons and at least two advocates. This membership aligns with Federal guidance about homeless system of care representation.

HSOC membership aligns with the composition of the general population in San Luis Obispo County for some racial and ethnic categories, but does not align with the composition of the local homeless population. Specifically, when compared to the general population, 92% of HSOC members are white compared to 85%, 4% of HSOC members are Asian American compared to 4%, and 4% of HSOC members are Black or African American compared to 2%. However, homeless leadership bodies should strive to reflect the composition of the local homeless population. Only 12% of HSOC member identify as Hispanic / Latino/ Latinx compared to 28% of the homeless population and 4% as Black or African American compared to 6% of the homeless population. People who are Native American and mixed race are not represented in the HSOC membership.² Comparing HSOC members to the homeless population highlights an overrepresentation of white members and an underrepresentation of members who are BIPOC.

The understandings of how systemic racism impacts the community – and how inequities impact access to homelessness services and housing – were somewhat varied among community

² Homebase surveyed current HSOC members regarding their racial and ethnic identity. 25 of 30 HSOC member participated in the survey.

members. Some denied systemic racism in the community, while others very clearly outlined how inequities are creating barriers to services for certain populations. For example, when asked about racial and ethnic equity, one stakeholder said, “We’re a pretty white community here, so I don’t think we have the deeply systemic issues that maybe some of the other urban areas would have.” On the other hand, the majority of the survey respondents, focus group participants, and interviewees asserted that systemic inequities are an issue in the community and provided in-depth insights on how that impacts homelessness.

Overall, the Racial and Ethnic Equity Analysis findings, including both quantitative and qualitative analysis, suggest that certain groups are experiencing inequities in access to and success in homelessness services and housing. Hispanic / Latino / Latinx and Mixteco groups in the community are on the extreme end of these inequities.

“When you add other barriers on top of the income equity issue (e.g., monolingual Spanish, single parent households with multiple children, disability, dependent on public benefits that aren’t sufficient or sustainable), finding affordable housing is really difficult.”
(Provider focus group participant)

Analysis and Findings

This section of the report includes analysis about disparities in access to resources and outcomes.

A. Access to Resources

The following section is an analysis of disparities in access to resources, including rates of participation in homelessness serving programs such as emergency shelter and supportive housing. First, overall access to the homeless system of care is examined, followed by access to project types (homelessness serving programs) separated by family type. Then, we will review qualitative input about what drives barriers to access and utilization that exacerbate inequities.

1. Overall Access to the Homeless System of Care

Across the various community measures that might indicate access to the homeless system of care, proportions of access across racial and ethnic groups initially look similar – with a few exceptions.

- When compared to the Point in Time (PIT) count, people identifying as white race or Hispanic / Latino / Latinx ethnicity access the homeless response system (HMIS) at higher rates than others.
- The PIT count estimate has a larger proportion of multi-racial households than the American Community Survey through the Census Bureau (ACS) or the Homeless Management Information System (HMIS). This could mean that multi-racial households are underrepresented in the homeless system of care (demonstrated through HMIS access) as

compared to the overall homeless population (demonstrated by the PIT count). Or this could indicate a difference in methodology.

- Families with children and Transition Age Youth (youth ages 18-24 who are unaccompanied, "TAY") in the system of care are BIPOC at higher rates than adult-only households served by the system of care** (e.g., families in HMIS are 75% white whereas adult-only households are 81% white). For families, this is confounded by a high percentage (13%) of unreported racial data.

Note to Reader:

Tables contain * and ^ to indicate statistically significant findings

* means a statistically significant finding compared to the white population

^ means a statistically significant finding compared to ingroup / outgroup (e.g., white vs. non-white; Hispanic / Latinx vs. non-Hispanic / Latinx)

Table 1. Data Sources by Race and Ethnicity

	ACS 2019	ACS poverty 2019	PIT 2019	HDIS 2019	HMIS 2018-2019	HMIS 2018 - 2019 with Unknown
White*	85%	83%	72%	84%	85%	78% (5395)
Black	2%	3%	6%	5%	5%	5% (338)
Asian/Pacific Islander	4%	4%	2%	4%	2%	2% (110)
American Indian or Alaskan Native	1%	0%	4%	1%	3%	3% (195)
Multi-racial	8%	10%	16%	6%	5%	4% (307)
Unknown Race					-	8% (555)
Hispanic / Latino / Latinx	23%	25%	28%	31%	33%	32% (2194)
Unknown Ethnicity					-	2% (163)

* In this table "White" indicates race only, and the percentages may include people who are Latinx.

Note: Percentages of race and ethnicity will not total 100% since both race and ethnicity is collected for each person / household

Table 2. Family-Type Enrolled in the System of Care by Race and Ethnicity (HMIS)

	Family with Children 39% (2,668)	Individual 61% (4,232)	TAY Individual 4% (290)	Currently Enrolled (2613)
White	75% (1979)	81% (3416)	76% (221)	75%
Black	4% (132)	5% (206)	6% (18)	5%
Asian	1% (16)	1% (36)	1% (4)	1%
American Indian or Alaskan Native	2% (50)	3% (145)	2% (6)	3%
Native Hawaiian or Pacific Islander	<1% (16)	1% (47)	<1% (1)	1%
Multi-racial	5% (125)	4% (182)	7% (21)	5%
Unknown Race	13% (350)	5% (205)	7% (19)	11%
Hispanic / Latino / Latinx	48% (1320)	21% (874)	28% (82)	36%
Unknown Ethnicity	2% (63)	2% (100)	3% (10)	3%

Note: Percentages of race and ethnicity will not total 100% since both race and ethnicity is collected for each person / household

2. Access to Project Type by Family Type

The following section looks at access to different homelessness project types (i.e., housing programs) by family type (including families with children, adult-only, and transition age youth) and specifically examines if there are racial and ethnic inequities in project type access.

a. Project Type Access by Demographics: Families with Children

Data limitations:

Interpreting racial and ethnic disparities in access for families is complicated by two factors:

Family Type Definitions

- **Families with children or Families:** adults (or older youth) that are living with dependent children under 18
- **Adult-only:** households over the age of 25 without children under 18
- **Transition Age Youth or Youth:** unaccompanied single adults aged 18-24

- (1) There is a great deal of missing racial data for families (13%), especially for Rapid Rehousing (RRH) projects.
- (2) There are very small sample sizes for families accessing projects other than Emergency Shelter (ES) and RRH.

This means that we cannot rely on or interpret any statistically significant differences between races or ethnicities for Coordinated Entry, Street Outreach, Permanent Supportive Housing, and Homelessness Prevention, because there is not enough data to confidently say there is a racial or ethnic inequity present.

Findings:

- There are **too few PSH units for families with children**.
- Further, **Hispanic / Latino / Latinx households are accessing PSH at lower-than-expected proportions** (35% rather than 49%) when compared to their representation in HMIS and Coordinated Entry (CE). While this is a statistically significant finding, it does not tell us much because the sample size is too small. More time and data are needed.
 - Given the small sample size and poor data quality for PSH, it is unclear whether the disparities exist in family type, ethnicity, or both. With more PSH units for families, the Hispanic / Latino / Latinx disparity could disappear – but we cannot currently determine that from the data.
- The CE data system is separated from HMIS, and CE data and analysis is inconsistently shared with HMIS. This may explain why access to CE appears to be poor. As a result, Coordinated Entry access is not included in this analysis.

Table 3. Proportions of Families with Children to Ever Access Homeless Service Types Compared to their PIT and HMIS Proportions

	PIT 2019	HMIS	CE	SO	ES	RRH	PSH	HP
All Families with Children	15% (222)	39% (2,668)	17% (103)	12% (63)	30% (736)	78% (1,998)	8% (51)	59% (210)
White	83% (185)	74% (1,979)	78% (80)	78% (49)	77% (570)	73% (1,458)	78% (40)	83% (210)
Asian	0% (0)	1% (16)	0% (0)	0% (0)	1% (5)	<1% (8)	0% (0)	2% (6)
Black	<1% (1)	5% (132)	1%^ (1)	14%* (9)	4% (30)	4% (89)	2% (1)	9% (24)
Multi-Racial	14% (32)	5% (125)	11%* (11)	3% (3)	4% (33)	5% (99)	12%^ (6)	4% (10)
Native Hawaiian or Other Pacific Islander	0% (0)	1% (16)	0% (0)	0% (0)	1%^ (9)	1%^ (8)	0% (0)	1% (3)

America Indian or Alaskan Native	2% (4)	2% (50)	5% (5)	3% (2)	9% (21)	2% (34)	8% (4)	<1% (1)
Unknown Race	-	13% (350)	6% (6)	0% (0)	9% (68)	15% (302)	0% (0)	0% (0)
Hispanic/ Latino / Latinx	39% (86)	49% (1,320)	55% (57)	35%^ (22)	51% (379)	48% (954)	35%^ (18)	64% (162)
Unknown Ethnicity	-	1% (1)	1% (1)	0% (0)	<1% (1)	3% (63)	0% (0)	0% (0)

b. Project Type Access by Demographics: Adult-Only Households

Data limitations:

Across all project types, the data for adult-only households is much higher quality than data for families with children. As a result, more conclusions can be drawn from statistically significant findings. TAY are included in this assessment of adult-only households because the TAY sample size was too small to be analyzed separately.

Findings:

- With one exception, the apparent poor access to coordinated entry across the board is likely due, at least in part, to the separation between the data system that includes coordinated entry data from HMIS and thus that is not a primary focus in this analysis. However, to ensure the equitability of CE and system access, it is **important to open a pathway from emergency shelter and street outreach projects to CE.**
- BIPOC adults access emergency shelter at slightly higher rates than white adults.
- Hispanic / Latino / Latinx adults access street outreach at slightly higher rates than non-Hispanic / Latino / Latinx adults.
- **Hispanic / Latino / Latinx adults access permanent supportive housing at statistically significant lower rates** than non-Hispanic / Latino / Latinx adults, 10% versus 17%.

Table 4. Proportions of Adult-Only Households to Ever Access Homeless Service Types Compared to their PIT and HMIS Proportions

Adult-Only Households	PIT 2019 85% (1,261)	HMIS 61% (4,232)	CE 83% (515)	SO 88% (465)	ES 70% (2,524)	RRH 22% (562)	PSH 92% (600)	HP 41% (102)
White	70% (885)	81% (3,416)	81% (417)	76% (353)	79%^ (2,002)	84% (473)	85% (510)	91% (93)
Asian	1% (12)	1% (36)	<1% (2)	1% (4)	1% (19)	1% (3)	1% (4)	1% (1)
Black	8% (95)	5% (206)	4% (22)	4% (19)	6%*^ (145)	6% (33)	5% (28)	3% (3)
Multi-Racial	16% (202)	4% (182)	8%*^ (42)	4% (20)	5% (114)	3% (19)	4% (24)	4% (4)
Native Hawaiian or Other Pacific Islander	1% (18)	1% (42)	1% (5)	<1% (2)	1% (28)	1% (5)	1% (6)	0% (0)
American Indian or Alaskan Native	4% (49)	4% (145)	4% (19)	3% (16)	4%*^ (101)	3% (19)	3% (19)	0% (0)
Unknown Race	-	5% (205)	2% (8)	11% (51)	5% (115)	2% (10)	2% (9)	1% (1)
Hispanic / Latino / Latinx	26% (334)	21% (874)	19% (96)	25%^ (114)	21% (538)	22% (122)	15%^ (86)	25% (26)
Unknown Ethnicity	-	2% (100)	1% (7)	3% (13)	3% (64)	1% (5)	1% (5)	0% (0)

3. VI-SPDAT Assessment Analysis by Family Type

Sample sizes for VI-SPDAT scores for Transition Age Youth (1 score) and family households (31 scores) in the data analyzed were too small to analyze.

Among the individual VI-SPDAT assessments (211 scores), no statistical differences were found with regards to race or ethnicity. Distributions of VI-SPDAT scores were compared across variables such as race, ethnicity, family type and others.

Therefore, **VI-SPDAT score disparities cannot explain disparities in access to permanent supportive housing.** These disparities may be better explained by barriers to access for certain groups identified through qualitative and mixed-methods data.

4. Barriers to Access and Utilization that Exacerbate Inequities

Barriers to access and utilization that exacerbate racial and ethnic inequities were identified through surveys, focus groups, and interviews.

a. Community Perspectives

While some stakeholders denied that racial and ethnic inequities are an issue for the community's efforts to solve homelessness, most survey respondents, focus group participants, and stakeholder interviewees assert that inequities, stereotypes, and discrimination are challenges in this community. They discussed how and why these issues arise and offered numerous strategies and solutions to help overcome these inequities.

First, participants discussed that there is a **lack of community awareness around:**

1. **The causes of and evidence-based solutions for homelessness.**
2. **Systemic inequities that contribute to homelessness.**

Further, they felt that community members often dehumanize and have stereotypes toward people who are experiencing homelessness, which hinders efforts to help underserved groups access homelessness and housing services.

“There is a lot of stigma. People don't know how to react when they find out [you're homeless].”

(Lived experience focus group participant)

b. Risk of Homelessness for Hispanic / Latino / Latinx and Mixteco Groups

Focus group participants and stakeholders explained that the risk of homelessness is greater for Hispanic / Latino / Latinx population and Mixteco communities.

They described how the **percentage of income that goes toward rent** is much higher for these groups than rest of county. With rents increasing and “pricing out” people, the number of **doubled- and tripled-up families** is much higher for the Hispanic / Latino / Latinx community than other racial or ethnic groups.

Further, there are many **language barriers** for mono-lingual Spanish speakers and Mixteco speakers, and not enough services offer information and staff who speak Spanish or Mixteco dialects. With these language barriers, it can be hard for these groups to reach out for assistance to prevent or address their homelessness.

Finally, **seasonal workers** are typically from the Hispanic / Latino / Latinx and Mixteco communities. This seasonal employment creates financial – and thus housing – instability for these families. While these families may have applied for rent relief proportional to other at-risk ethnicities, “proportional access isn't enough because they are higher risk, and thus they should have higher rates of applying for assistance” (stakeholder interviewee).

c. Underserved Hispanic / Latino / Latinx and Mixteco Groups

The majority of survey respondents, focus group participants, and stakeholder interviewees provided abundant information on how and why the Hispanic / Latino / Latinx and Mixteco populations are underserved in homelessness services and housing.

Table 5. Survey Responses: Which Racial and/or Ethnic Groups in the Community have Greater Barriers to Accessing Homeless Services and Supports

Please indicate which racial and/or ethnic groups in your community have greater barriers (than other racial/ethnic groups) to accessing homeless services and supports:

Hispanic / Latino / Latinx	48.89%
Black or African American	44.44%
Native American or Alaska Native	22.22%
Other (Please Specify)	22.22%
Multi-Racial	20.00%
None	17.78%
White, Non-Hispanic	13.33%
Asian	8.89%
Native Hawaiian or Other Pacific Islander	6.67%

“We may not consider it homelessness, but sometimes when Latinx families or individuals can’t find adequate housing, they live with each other in overcrowded circumstances. This should factor into how we define homelessness in order to serve groups equitably. This might be a way we aren’t understanding the barriers they are facing.”

(Provider focus group participant)

The **primary barriers** to serving these populations were:

- **The undocumented status of some individuals and families (or relatedly, for immigrants with legal status, concerns about interacting with government agencies and/or understanding of public charge interpretation)**
- **Language and cultural barriers.**

“If we can't get past the whole documentation issue and ID requirements from the majority of the services available for individuals experiencing homelessness, anything else we put in place won't do any good.”

(Provider focus group participant)

Table 6. Survey Responses: Why do you perceive this group (or these groups) as having greater barriers to accessing services and supports?

<p>Why do you perceive this group (or these groups) as having greater barriers to accessing services and supports?</p>
<ul style="list-style-type: none"> • Hispanic / Latino / Latinx population; undocumented: <ul style="list-style-type: none"> ○ Language ○ Cultural barriers ○ Stigma ○ Lack of bilingual staff at agencies ○ Undocumented status ○ Lack of trust of the system (due to undocumented status).
<ul style="list-style-type: none"> • Lack of knowledge about services.
<ul style="list-style-type: none"> • Racism in the community.

“Many services take a long time to actually get, such as Section 8. Families that have language, cultural, transportation, and technology barriers need an advocate to help them apply for these services. However, because they take so long and require consistent checking, calling, etc., many families get overwhelmed and give up, or the advocate stops working with them when they’re initially denied instead of helping them to reapply and stay engaged in the process.”
(Stakeholder interviewee)

B. Outcomes

In this section, the data analysis and findings focus on the impact of race and ethnicity on program outcomes for different household types, including:

- Exits (from the homeless system) to permanent destinations and move-in rates
- Returns to homelessness (after a person has secured housing), and
- Length of time homeless.

These System Performance Measures (SPMs) are used by HUD to measure the efficacy of the homeless system.

1. Data Quality

In this analysis, outcomes of project types are evaluated by (1) the ability to exit clients to permanent destinations, (2) the ability of housing projects to move clients into housing units, and (3) the rate of which clients return to the system after a permanent exit.

Unfortunately, exit date data quality is poor, and exit outcomes for people leaving street outreach, coordinated entry, emergency shelter, permanent supportive housing, supportive service only projects, and day shelter (DS) projects all exceeded the 10% missing data threshold for analysis.

Table 7. Unknown destination across all program types.

	2018	2019	2020	2021	Total
Unknown Destination	64.97%	58.2%	38.16%	35.51%	51.90%

Only rapid rehousing and homelessness prevention project exit destinations had data with sufficient quality to analyze with confidence. However, when we include those who stay in permanent supportive housing as an outcome, we can also use the permanent supportive housing sample to evaluate outcomes.

2. Exits to Permanent Destinations and Move-in Rates

This analysis reviews if people exited from homelessness to permanent housing and if they found permanent housing after being enrolled in a homeless program.

Data Explanation

These key concepts will help explain the analysis below:

1. For purposes of this analysis, households that “exit to permanent destinations” move to rented or owned permanent housing (either subsidized or unsubsidized) or move in with family or friends permanently.
2. After someone is enrolled into a housing project, that project is tasked with providing services and subsidies that end in a person moving into a house or apartment. The date a person moves into housing is recorded as their “**move in date**”. If a person does not move into housing, no “move in date” is recorded. Whether or not someone moves into a permanent housing unit is recorded by the date that the move-in occurred.

“**Move in rates**” are calculated as follows:

- Numerator: all clients with move-in date recorded.
- Denominator: all enrolled clients, including currently enrolled clients who have yet to move-in.

Findings

Rapid Rehousing

Rapid rehousing is a housing and services intervention that rapidly connects households experiencing homelessness to permanent housing through a tailored package of assistance that

may include the use of time-limited rental and/or financial assistance and targeted supportive services, with the hope that each household will transition in place after exiting the rapid rehousing program. For rapid rehousing, the analysis focuses on families with children and adult-only households. For transition age youth, the sample size is too small to analyze (n = 14).

Families with Children

For families with children that are enrolling in rapid rehousing projects:

- Families identifying as Hispanic / Latino / Latinx are moving in at lower rates (19%) than non-Hispanic / Latino / Latinx families (27%) (p<.05).
 - **The odds of a Hispanic / Latino / Latinx family moving in through a rapid rehousing project is 35% less likely than non-Hispanic / Latino / Latinx family**
- Families identifying as BIPOC are also **moving in at lower rates** (20%; 123) when compared to people in white-only-non-Hispanic / Latino / Latinx families (28%; 150).

Adult-Only

For adult-only households, while there are no statistically significant differences between rates of exit to permanent housing or move-in with regards to race and ethnicity, differences emerge when looking at whether a client is self-housed or connected to a different housing project (e.g., another permanent supportive housing project, subsidized housing) at permanent exit.

- **25% (46) of those households identifying as white/non-Hispanic / Latino / Latinx are exiting to a self-housed destination while 45% (39) of the BIPOC households are exiting to a self-housed permanent destination.**
- 54% (100) of those households identifying as white/non-Hispanic / Latino / Latinx are exiting with connections to housing projects at permanent exit while 37% (32) of the BIPOC households are exiting to connections to housing projects.

Permanent Supportive Housing / Permanent Housing

Permanent housing is units that are dedicated for formerly homeless persons, with no time limit. Permanent supportive housing is specifically for persons with disabilities and includes supportive services to support housing stability. For the permanent housing portion of the analysis, families with children and transition age youth both had populations that were too small to analyze (e.g., families n = 51).

Adult-Only

To improve data quality for adult-only households, the Housing Disability and Advocacy Program (HDAP) was cut from the sample as it was pushing the exit destination data quality over the 10%

data quality threshold. While HUD-VASH also had significant data challenges, it was kept for the first step of the analysis.

- With the caveat that 7% of data is missing, people identifying as BIPOC are retaining and or exiting to positive outcomes at higher rates (92%; 106) than people identifying as white-non-Hispanic / Latino / Latinx (83%; 280). Please note that most of the missing data is HUD-VASH and HUD-VASH makes up the bulk of the enrollments (55.83%).
- Conversely, people identifying as BIPOC move into permanent supportive housing at lower rates (90%; 114) than white-non-Hispanic / Latino / Latinx Identifying people (95%)
 - HUD-VASH accounts for 56% of enrollments and 54% of move-ins and is responsible for the disparity overall. When looking at HUD-VASH only, people identifying as BIPOC are moving in at lower rates (84%; 69) than those identifying as white-non-Hispanic / Latino / Latinx (93%; 173).

3. Returns to Homelessness: Returns to the Homeless System of Care

This analysis of returns to homelessness shows the number of people that fall out of housing and return to the homeless system of care in the years following placement in permanent housing.

Data Explanation

The sample for analysis of returns to the homeless system of care included an exit date range of January 1, 2018 – June 15, 2021, and a return date of January 1, 2018 – November 15, 2021 (giving at least 6 months for RRH and HP exits to return).

The data for returns to homelessness for people who exited from permanent supportive housing had 25% missing data, and thus reliable analyses could not be conducted. The following sections assess rates of returns after exits from Homeless Prevention (HP) and Rapid Rehousing (RRH) programs.

Findings

a. Returns to Homelessness after Accessing Homelessness Prevention

While sample sizes are small, there are statistically significant differences based on race and ethnicity regarding rate of return after an exit to a permanent destination through homelessness prevention.

- People identifying as white-non-Hispanic / Latino / Latinx return to the system at higher rates than BIPOC households.

- Homelessness prevention appears to be an equitably responsive project that is supporting populations that experience homelessness at higher rates (e.g., Hispanic / Latino / Latinx and BIPOC households) while continuing to support white populations.
 - 18.29% white / non-Hispanic / Latino / Latinx (15 of 82) returned to homelessness
 - 5.88% BIPOC (6 of 102) returned to homelessness
- The positive correlation between BIPOC status and “returns to system” held when controlling for household type, exit date, disability status, and project type.
 - BIPOC 78% less likely to return than non-BIPOC ($p < .05$, $r^2 = .3893$)

Table 8. Overall Returns to Homelessness after a Permanent Exit through Homelessness Prevention

Year	Deduplicated Returns	Time Period
2018 (58)	5.17% (3)	2 years, 11 Months – 3 years, 10 months
2019 (54)	14.81% (8)	1 year, 11 months – 2 years, 10 months
2020 (68)	14.71% (10)	11 months – 1 year, 10 months
2021 (4)	0% (0)	6 – 10 months
Total (184)	11.41% (21)	6 months – 3 years, 10 months

b. Returns to Homelessness after Accessing Rapid Rehousing

Table 9. Overall Returns to Homelessness after a Permanent Exit through Rapid Rehousing

Year	Deduplicated Returns	Time Period
2018 (274)	17.52% (48)	2 years, 11 Months – 3 years, 10 months
2019 (380)	8.42% (32)	1 year, 11 months – 2 years, 10 months
2020 (357)	6.44% (23)	11 months – 1 year, 10 months
2021 (115)	2.61% (3)	6 – 10 months
Total (1,126)	9.41% (106)	6 months – 3 years, 10 months

Overall rates of returns after exiting from RRH have decreased since 2021. No statistical differences were found between races or ethnicities with regards to the rate of returns to homelessness.

4. Length of Time Homeless

This length of time homeless analysis measures how long elapsed from when people accessed the homeless system of care until they exited to permanent housing, how long they waited for housing project enrollment, and how long people who are still homeless had been in the system of care.

There were no significant differences by race or ethnicity with regards to length of time homeless or length of time one waits for a housing project enrollment.

Significant differences were found in the length of time people stay in the system without accessing housing project.

Hispanic / Latino / Latinx populations spend fewer days in the system before leaving without housing enrollments. However, the size of the effect (a measure of the meaningfulness of the significant difference) is small. While this may be a possible sign of inequity, it is difficult to draw conclusions from such as small effect, especially as there is limited information about where these people went, they left the system of care.

a. For Those Connecting to Housing projects

Table 10. Average Number of Days to Housing Project Enrollment (by Family Type)

No significant differences were found with regards to race or ethnicity.

Number of Days for Each Family Type (>0 Days)	First came to the system for the first time on or after 1/1/2018.	Active in the system on or after 1/1/2018
Family (167/ 224)	247 (98)	345 (163.5)
Adult Only (200/307)	207(159)	545 (299)
TAY (8/8)	367 (219.5)	367 (219.5)
Total	229 (134)	461 (228)
(n for column 1 / n for column 2)	The first set of numbers is the mean, the second set (in parentheses) are the median.	

b. For Those NOT Connecting to Housing Projects

Table 11. Average Number of Days in the System without a Housing Project Enrollment (by Family Type)

Number of Days for Each Family Type (>0 Days)	First came to the system for the first time on or after 1/1/2018.	Active in the system on or after 1/1/2018
Family (393 / 452)	125 (68)	219 (77)
Adult only (2446 / 3179)	230 (95)	467 (188)
TAY (210 / 251)	213 (82.5)	353 (128)
Total (2839 / 3631)	215 (88)	436 (161)
(n for column 1 / n for column 2)	The first set of numbers is the mean, the second set (in parentheses) are the median.	

Family Households

For families with children that enrolled in the homeless system of care for the first time on or after 1/1/2018, Hispanic / Latino / Latinx families average 36 fewer days in the system (108) without housing than non-Hispanic / Latino / Latinx families (144) ($p < .05$).

For families active in the system on or after 1/1/2018, Hispanic / Latino / Latinx families average 110 fewer days in the system (165) without housing than non-Hispanic / Latino / Latinx families (275) ($p < .05$; Cohen's $d = .31^3$).

BIPOC families average 103 fewer days in the system (178) without housing than non-BIPOC families (281) ($p < .05$; Cohen's $d = .29$).

Adult-Only Households

For adult-only households that enrolled in the homeless system of care for the first time on or after 1/1/2018, there were no significant differences found for ethnicity or race regarding how long they were in the system without a housing enrollment.

For those active in the system on or after 1/1/2018, Hispanic / Latino / Latinx households average 121 fewer days in the system (380) without housing compared to non-Hispanic / Latino / Latinx households (501) ($p < .05$; Cohen's $d = .19$).

Transition Age Youth

For TAY who enrolled in the homeless system of care for the first time on or after 1/1/2018, no significant differences were found for ethnicity and race.

³ Cohen's d measures the size of the effect of the difference. A d of .25 indicates that the means differ by .25 standard deviations, a higher number indicates a greater degree of difference."

For TAY active in the system on or after 1/1/2018, Hispanic / Latino / Latinx TAY average 154 fewer days in the system (248) in the system without housing compared to non-Hispanic / Latino / Latinx TAY (403) ($p < .05$; Cohen's $d = .30$).

BIPOC TAY average 138 fewer days in the system (283) without housing compared to non-BIPOC TAY (421) ($p < .05$; Cohen's $d = .27$)

c. Total Time in Emergency Shelter

HUD's System Performance Measures (SPMs) look at the average number of nights a person spends in emergency shelter in a given year to identify the approximate length of time one is homeless. Unfortunately, people are often homeless for multiple years. Therefore, while a year-on-year assessment might be important metric for charting system improvement, it is less useful for describing the experience of people across the total time in the system. To improve on HUD's SPMs, we observed the total nights a household spends in emergency shelter across their entire enrollment history.

Table 12. Total Nights Spent in Shelter Across Entire Enrollment History

First system start year	First came to the system for the first time on or after 1/1/2018 Total time in shelter across all years	HUD system performance measures (year on year)
2018 (678)	128 (47)	46 (19)
2019 (648)	143 (41)	49 (25)
2020 (428)	156 (81)	67 (21)
2021 (591)	111 (81)	-
Total (2345)	133 (65)	-

The first set of numbers is the mean, the second set (in parentheses) are the median.

No significant differences were found with regards to race or ethnicity.

Table 13. Total Nights Spent in Shelter Across Enrollment History by Family Type

First system start year	Family	Adult only	TAY	All household types	HUD system performance measures (year on year)
2018 (678)	97 (56)	142 (47)	126 (51)	128 (47)	46 (19)
2019 (648)	84 (37)	158 (45)	112 (33.5)	143 (41)	49 (25)
2020 (428)	124 (81)	165 (114)	152 (121)	156 (81)	67 (21)
2021 (591)	102 (83)	113 (80)	108 (61)	111 (81)	Not yet available

Total (2345)	100 (67)	143 (64)	121 (55)	133 (65)	-
The first set of numbers is the mean, the second set (in parentheses) are the median.					

No significant differences were found with regards to race or ethnicity within each household type.

Actionable Recommendations to Overcome Barriers to Access & Service Utilization

Following are recommendations to promote racial and ethnic equity in access and outcomes for the San Luis Obispo homeless system of care. While these recommendations are focused on the barriers for Hispanic / Latino / Latinx and Mixteco communities, improvements across the system of care such as those proposed in the strategic plan, including increase housing opportunities, landlord engagement, and improved access to behavioral health resources, will also improve the experience of BIPOC populations.

To overcome the language, cultural, and documentation barriers to access and service utilization for Hispanic / Latino / Latinx and Mixteco communities, as well as their increased risk of homelessness and lack of access to permanent housing programs, the following responses are recommended:

Staffing

1. Hire more staff that are bilingual, in Spanish and Mixteco, and familiar with Hispanic / Latino / Latinx and Mixteco cultures. Peer staff and family advocates at organizations providing homeless services *and* city and county government staff should reflect the diverse, multicultural composition of the San Luis Obispo region.
2. Provide training and support to leaders throughout the homeless system of care, including city and county government, to increase their understanding of the ramifications of historical racism, trauma, and inequities in policies and procedures and support their staff and implement changes in service delivery.

“Even with the familiar face of a staff member that allows the client to say, ‘Oh, this person looks like me and that makes me feel safer,’ walking into an office is overwhelming for some families. Building positive relationships and trust are the best ways to get families to be open to services.”
(Provider focus group participant)

Improve Accessibility

1. Provide additional language interpretation across the County.
2. Provide trainings to agency and county staff to support better housing access and maintenance for these populations and increase understanding of cultural differences.

3. Provide services to support access for people with technology barriers (e.g., in person services at community sites like schools, grocery stores, and faith-based organizations and advertising in culturally- and language-appropriate ways on Spanish language TV or radio or via social media or print advertisements).
4. Ensure that all eligible clients have access to Coordinated Entry, including by targeting outreach to Hispanic / Latino / Latinx and Mixteco populations and supporting street outreach staff in accessing Coordinated Entry.
5. Develop practices and strategies to communicate clearly whether there is an immigration status requirement for accessing a specific service or resource.

Program Design

1. Develop additional strategies to ensure equity in the availability and access to transportation throughout the San Luis Obispo region (e.g., social service bus routes, mobile service, services provided at community sites like school and churches, improve public transportation). Provide funding to increase services to areas without public transportation (e.g., Nipomo and Mesa areas)
2. Design programs to be available beyond business hours.
3. Design culturally, linguistically, and identity-based outreach and service programs based on a diversity, equity, and inclusion lens to allow for consistent trust and rapport building, including providing follow-up and support across housing situations.
4. Provide additional housing navigation support for Hispanic / Latino / Latinx and Mixteco populations, which may include tenant education, landlord mediation, and/or legal support.
5. Implement landlord engagement strategies that focus on dispelling stereotypes and noting legal requirements.
6. Design and implement training for the homeless system of care on the definition and understanding of “family” that is inclusive of cultural, linguistic and identity-based differences.

System Design

1. Integrate HMIS data with coordinated entry data to improve information-sharing, provide more effective services and allow for deeper analysis.
2. Improve comprehensive demographic HMIS data collection and quality to increase understanding of the entire San Luis Obispo region and support future data analysis efforts. Specific targets include reducing the number of people marked as having “unknown” race or ethnicity and increasing the number of people with known destinations.

3. Continue to monitor racial and ethnic equity, including areas with demonstrated inequities, such as access to and success in permanent housing programs and length of time in the system of care.
4. Ensure undocumented persons have access to housing and services by increasing community knowledge, creating resources, and implementing trainings to ensure equitable access of undocumented neighbors to community resources.
5. Create a standing HSOC committee on racial and ethnic equity to review data, program activities, and guide training and technical assistance related to equity. Committee members should reflect local BIPOC community, especially the Hispanic / Latino / Latinx and Mixteco communities. Ensure interpretation is provided.
6. Create an HSOC committee of people with lived experience to review and inform system priorities to support equity goals. Committee members should include members of the local BIPOC community, especially the Hispanic / Latino / Latinx and Mixteco communities. Ensure interpretation is provided.
7. Expand HSOC membership to ensure agencies primarily serving BIPOC, immigrant and undocumented populations have consistent representation.

“Consider ourselves a group of individuals. We want equal share in voices in decision making or delivery of a plan.”

(Lived experience focus group participant)

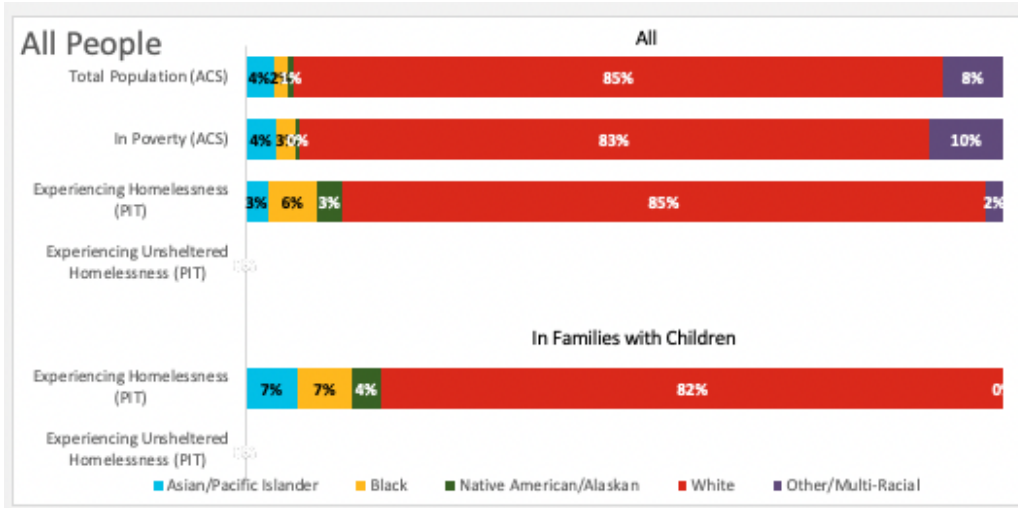
Community Perspectives

1. Develop and implement a community-wide education campaign to provide the community with accurate information on homelessness (including causes and solutions) and systemic racism / discrimination, and to help community members humanize their houseless neighbors. Ensure campaign materials are available in Spanish and in Mixteco dialects.
2. Engage employers of BIPOC, immigrant and undocumented populations, such as restaurants and agriculture, to provide information on services and housing to their workers.

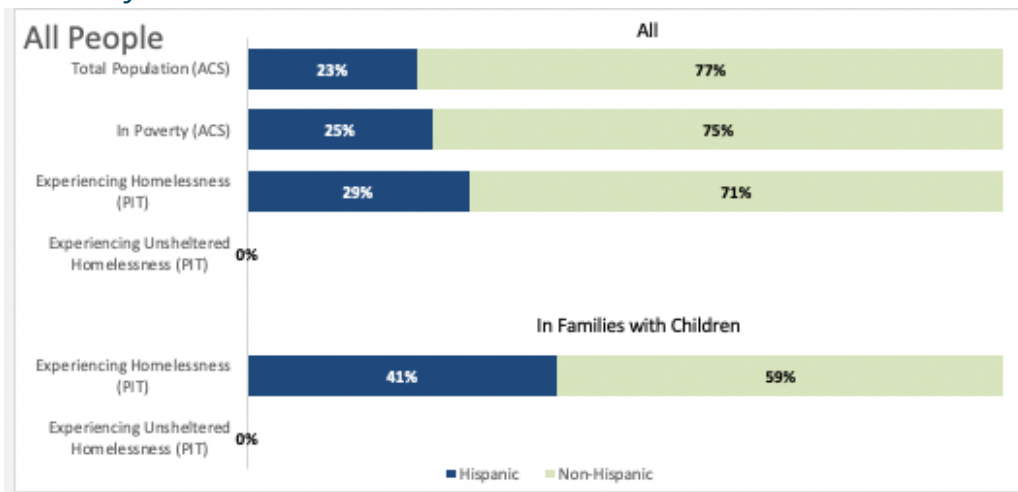
Data Appendices

CoC Racial Equity Tool Charts⁴

Race



Ethnicity



⁴ Found at: <https://www.hudexchange.info/resource/5787/coc-analysis-tool-race-and-ethnicity/>

Stakeholder Survey

Survey Participants

Total participants: ~170

Table: Age (Stakeholder Survey Respondents)

Age	% of Respondents
Under 24	4.62%
24-34	7.51%
35-44	10.40%
45-54	20.81%
55-64	26.01%
65+	28.48%
Prefer not to say	1.16%

Table: Gender (Stakeholder Survey Respondents)

Gender	% of Respondents
Female (inc. transgender women)	61.27%
Male (including transgender men)	32.95%
Non-binary / gender fluid / agender	1.73%
Prefer not to say	2.31%
Other	1.73%

Table: Racial Background (Stakeholder Survey Respondents)

Racial Background	% of Respondents
White	89.02%
Black / AA	1.16%
Asian	2.31%
Native American / Alaskan Native	0.00%
N HI/ P. Islander	0.58%
Prefer not to say	5.78%
Not listed	1.16%

Table: Ethnic Background (Stakeholder Survey Respondents)

Ethnicity	% of Respondents
Latinx	7.60%
Non-Hispanic	80.70%
Prefer not to say	10.53%
Other	1.17%

Table: Monthly Household Income (Stakeholder Survey Respondents)

Monthly household income	% of Respondents
no income	2.31%
\$1-999	2.89%

\$1k-2,999	5.20%
\$3k-5,999	24.86%
\$6k-7,999	10.40%
\$8k-9,999	8.09%
\$10k+	32.37%
Prefer not to say	13.87%

Table: Current Living Situation (Stakeholder Survey Respondents)

Current Living Situation	% of Respondents
Renter (market rate)	24.29%
Renter (subsidized)	1.73%
Homeowner	66.47%
Shelter/TH	0.00%
Unhoused	1.73%
Staying with friends / family	3.47%
prefer not to say	1.16%
Other	1.16%

Table: City or Township Worked in (Stakeholder Survey Respondents)

In what city or township do you work?	% of Respondents
San Luis Obispo	40.36%
Atascadero	13.25%
Grover Beach	9.04%
Arroyo Grande	8.43%
Retired	6.62%
Los Osos	4.82%
Paso Robles	4.22%
Pismo Beach	2.41%
Santa Maria	1.81%

Table: Community-Based Identity (Stakeholder Survey Respondents)

Identification with:	% of Respondents
SLO resident / community member	89.53%
Employee / elected official within SLO Co.	34.30%
Service provider / CBO	34.30%
Community organizer / advocate	25.58%
Faith-based community group	19.77%
Business owner	12.79%
Education section	12.21%
Currently / formerly housing insecure / homeless	10.47%
Neighborhood group / coalition	9.30%

Table: Percentage Who Work or Volunteer in Homelessness (Stakeholder Survey Respondents)

Do you work / volunteer in homeless services?	% of Respondents
Yes	50.00%
No	42.44%
I'm not sure	7.56%

Table: Experiences of Homelessness (Stakeholder Survey Respondents)

I or someone I know has experienced homelessness in the community	% of Respondents
Yes	73.37%
No	23.08%
I'm not sure	3.55%

Table: Experiences of Housing Affordability (Stakeholder Survey Respondents)

I or someone I know has been concerned about finding an affordable place to live in the community	% of Respondents
Yes	87.79%
No	10.47%
I'm not sure	1.74%

Housing and Homelessness Beliefs

Table: Housing and Homelessness Beliefs (Stakeholder Survey Respondents)

Housing / homelessness beliefs	Strongly disagree	Disagree	Neither	Agree	Strongly agree	Average	I'm not sure
	1	2	3	4	5		
We have enough housing for everyone in need in our community.	71.10%	16.80%	3.50%	3.50%	2.90%	1.47	2.30%
I think homelessness in the community is a serious and urgent concern.	5.20%	0.60%	1.20%	16.20%	75.70%	4.58	1.20%
I think that homelessness is a county-wide issue.	4.60%	1.20%	0.60%	19.10%	72.80%	4.57	1.70%
I think many people in my community could be just one or two	3.50%	4.00%	4.60%	31.20%	53.20%	4.31	3.50%

unforeseen circumstances away from becoming homeless.							
I think that many people who are homeless in the community come from somewhere else.	13.90%	34.70%	22.00%	12.70%	7.50%	2.62	9.20%
I think offering additional homeless services would attract more people experiencing homelessness to the community.	18.60%	27.90%	22.10%	18.00%	7.60%	2.66	5.80%
I think that many people who are living on the streets in the community are there by choice.	27.70%	31.80%	11.00%	17.30%	7.50%	2.42	4.60%
In our community's homeless system of care, everyone is treated fairly and has equal access to homeless services and housing in the community, regardless of who they are.	19.19%	22.67%	19.19%	12.79%	11.05%	2.69	15.12%
The homeless system of care takes into consideration culture and life experiences of clients when providing services.	13.61%	16.57%	24.26%	18.34%	8.28%	2.89	18.93%
The homeless system of care and homeless services available in the community are effectively serving people who are non-English speaking or who have limited-English proficiency.	11.70%	17.54%	25.15%	14.04%	3.51%	2.72	28.07%

I believe it is possible to significantly reduce homelessness in the community.	4.12%	6.47%	5.29%	40.00%	38.82%	4.09	5.29%
I believe all communities in San Luis Obispo County should assume responsibility for addressing homelessness.	4.09%	2.34%	2.34%	23.98%	60.82%	4.44	6.43%

Barriers to Housing

Table: Beliefs around Barriers to Housing (Stakeholder Survey Respondents)

What do you think are the greatest barriers to finding permanent and affordable housing for people experiencing homelessness in our community?	% of Respondents
Lack of affordable units	87.79%
Neighborhoods resistant to affordable housing in their communities	50.00%
Policies that don't support affordable housing development (e.g., zoning ordinances)	42.44%
Landlords unwilling to accept tenants with specific issues/histories (criminal history, poor credit, current or past substance use)	41.28%
Lack of supportive services necessary for clients to sustain housing	41.28%
Landlords unwilling to accept subsidies/rental assistance	40.12%
Discrimination toward people experiencing homelessness	27.91%
Landlords unwilling to accept tenants out of homelessness	25.58%
Lack of knowledge of where to find affordable units	15.70%
Other <ul style="list-style-type: none"> • Income requirements • Lack of living wage jobs • Lack of governmental support • Pets (and lack of housing that accepts pets) • Discrimination • Paperwork 	23.84%

Ending Homelessness and Priorities

Table: Perspectives of Barriers to Ending Homelessness (Stakeholder Survey Respondents)

What do you think are the biggest roadblocks to keeping our community from ending homelessness?	
Insufficient permanent and affordable housing	68.79%
The cost of housing	67.63%
Insufficient mental health support	64.16%
Insufficient substance use support	46.24%
Insufficient homeless assistance funding	34.10%
Lack of income/employment	28.90%
Insufficient support for criminal justice-involved individuals & re-entry services, post-incarceration	28.32%
Insufficient shelter capacity	27.17%
Insufficient homeless prevention and diversion programs (e.g., eviction defense and tenant rights programs, one-time rental assistance)	23.70%
Insufficient coordination among homeless providers	22.54%
Insufficient access to affordable medical care	20.23%
Insufficient job training and development	17.92%
Insufficient law enforcement/criminal justice system interventions	12.72%
Lack of access to mainstream benefits (food stamps, SSI/SSDI, TANF, etc.)	10.40%
Other <ul style="list-style-type: none"> • Lack of community support (e.g., compassion, willingness to have services near neighborhoods) • Capacity / funding • Need for additional case workers • Identification / documentation 	17.92%

Table: Perspectives of Priorities for Funding (Stakeholder Survey Respondents)

What do you think are the highest priorities for community funding or resources to address homelessness?	% of Respondents
Behavioral health services (e.g., mental health and/or substance use)	64.74%
Housing for low- and moderate- income people	45.66%
Housing designated for people experiencing homelessness	43.93%
Permanent supportive housing (e.g., long-term housing with intensive case management)	42.20%
Case management services	34.10%
Safe sanctioned places for people experiencing homelessness to camp temporarily (e.g., safe parking or pop-up shelters).	32.95%
Housing counseling/planning for people experiencing homelessness (e.g., housing navigator)	32.95%
Financial assistance with security deposits, first and/or last month's rent)	32.37%
Coordinated Entry System/Centralized connections to housing and services	29.48%
Substance use treatment centers	26.59%
Low-barrier, housing-focused shelter	24.86%

Affordable childcare	21.39%
Street outreach	20.81%
Hygiene services (e.g., access to bathrooms, showers, and laundry)	20.23%
Job/vocational training and development	19.08%
Day shelter or resource center	18.50%
Eviction prevention	18.50%
Landlord incentives and/or risk mitigation funds	16.76%
Re-entry programs	15.03%
Medical care	14.45%
Prevention assistance (e.g., back rent, mortgage, etc.)	13.87%
Senior services	12.14%
Transportation assistance	11.56%
Short-term subsidies/rental assistance	11.56%
Landlord engagement staff (e.g., to identify new units in the community)	11.56%
Food pantry/food bank	9.83%
Motel or hotel vouchers	9.25%
Dental care	5.78%
Education support	8.67%
Identification & documentation assistance	8.67%
Utility assistance	6.36%
Navigation center	5.20%
Technology assistance (e.g., access to computers and/or the internet)	5.20%
Legal services	3.47%
COVID-19 testing and/or vaccinations	2.89%
Other (please specify)	8.67%

Table: Support of Housing Solutions (Stakeholder Survey Respondents)

What are the most important housing solutions that you would support to address homelessness in our community?

Funding for new housing developments for people experiencing or at-risk of homelessness.	1	4.77
Housing with integrated supportive services.	2	4.61
Converting motels to housing for people experiencing homelessness.	3	4.59
Permanent emergency shelters (all hours, all year)	4	4.1
Funding for new rental assistance (e.g., vouchers, housing subsidies, other assistance).	5	3.93
Construction of infill housing (additional housing units in an existing zoning area or neighborhood if it will assist those experiencing homelessness) in our community.	6	3.44
Tiny homes / community cabins.	7	3.25

Table: Perspectives of Populations Needing Support (Stakeholder Survey Respondents)

Aside from unsheltered people and chronically homeless, what populations need immediate attention in the response to homelessness?

People with addiction/mental health challenges	75.44%
Children and families	67.25%
Seniors	59.65%
Veterans	56.14%
Domestic violence survivors	54.97%
People with Disabilities	51.46%
Youth/Youth Parents (under age 25)	43.27%
Undocumented households	38.01%
LGBTQIA+	36.26%
Ex-offenders	34.50%
People of Color	33.33%
Non-English speakers	29.24%
None of the above	0.58%
Other (please specify)	7.02%

Table: Perspectives of Stakeholder Roles (Stakeholder Survey Respondents)

What stakeholders would you like to see play a bigger role in addressing homelessness?	
San Luis Obispo County	70.52%
Mental health organizations	65.90%
Landlords/Housing Developers	60.69%
State agencies	48.55%
Social service providers (not homeless focused)	47.98%
Hospitals/Healthcare	43.35%
Businesses	42.20%
Residents	42.20%
Foundations	36.42%
Police Department and Sheriff	36.42%
Faith-based organizations	32.37%
Neighborhood associations	27.75%
Schools and Universities	27.17%
Other (please specify)	8.67%

Table: Perspectives of Cultural Competency Needs (Stakeholder Survey Respondents)

What is most critical for improving cultural competency in our community and among service providers?	
Community/resident education	55.21%
More bilingual service providers	47.24%
Accessible services in non-English languages	46.63%
Cultural competency trainings	41.72%
Private - public partnerships	36.20%
None of the above	5.52%
Other (please specify)	11.04%

Open-Ended Responses

What is going well with the current responses to homelessness?

- Early prevention
- Good intentions, compassion, people who care
- Specific services / agencies (e.g., 5CHC, Prada, housing programs, ECHO, Shower the People, churches, Outreach)
- New funding streams
- Collaboration between agencies
- “We have many services available throughout the county to assist, however ideally there needs to be one building where folks can go for assistance to eliminate the need for multiple intakes with counselors at different agencies. In other words, a unified service provider where all needs are met under one roof. This of course does not include housing but includes counselors to assist with financial and health matters. Access to meals and food, clothing and job placement. I have seen this work very successfully at The OUR (outreach united resource) Center in Longmont, CO.”
- “Our homeless services providers do great work, but lack funding commitments to operate sustainably long term, and are not well supported by jurisdictions' elected officials.”
- “Our county's homeless services providers are collaborative, engaged, and compassionate.”
- “Organizations dedicated to the integration of diversity training and intersectional education in their practices/staff.”
- “Cities are being mindful of the approach to cleaning up encampments, making sure extensive outreach is attempted first and storing items for pick up later.”

What is the most important thing that needs to change to be on the path to ending homelessness?

- Faster, more drastic action:
 - “Shorten it to a 5-Year Plan. Streamline the construction of housing and enact eminent domain to acquire vacant and abandoned properties for the explicit purpose of housing the unhoused.”
 - “10 years is too long, and you can’t keep passing the torch to the next elected official. This should be the number one priority. Build no income housing that’s it. And do it soon because a lot more people are going to be facing homelessness in this next ten years and a lot more people are going to die in the next ten years because of it. They don’t have 10 years.”
 - “We need radical/transitional ideas. This is a nationwide issue, where the cost of housing is so far out of reach of what someone can earn. This is both an income issue and a cost of housing challenge. There is such a tremendous shortage of housing - and building 20 units at a time (for example) puts barely a dent in the issue.”

- “Please be realistic and focused, don't try to do everything. Actual housing units probably the most effective, since housing is the number 1 issue for everyone, including workers and employers etc.”
- Housing Options
 - There needs to be housing first, with no restrictions on substance use. Once housed, it will be easier to engage folks in programs.
 - Creating public housing with housing-first policies
 - Supportive housing with mental health and addiction treatment
 - Transitional options between congregate shelter and one's own home (e.g., SRO's, cabins, safe camping)
 - There needs to be a lot more housing dedicated to low and very low-income folks.
 - Building more affordable housing / increase affordable housing availability
 - We need more first-line options for non-congregate (but not necessarily isolated) shelter in EVERY city, town and section of the county -- clusters of tiny homes or cabins, places for RVs as living quarters, and places where people can park or camp safely with access to bathrooms, trash pickup, and meals or a communal kitchen.
 - “Stop waiting for the private sector and NIMBYs to do something about it. Zoning laws must also be changed to allow for extensive low-income housing and multiple residences on the same property. Dense housing is key. Continued construction of single-family units in a city as small as SLO must be abolished, instead construct duplexes, triplexes, cottage clusters, etc. using state funds specifically for the purpose of housing the unhoused.”
- Public Attitudes
 - Educating and involving the public about the needs of those less fortunate.
 - Residents need to allow solutions to exist, and politicians need to support these solutions even if loud constituents are unhappy
 - “We must start recognizing the homeless in our community as our neighbors. Part of our community. Not “the other.”
 - “There needs to be more education for understanding, empathy, and compassion for the unhoused for those residents who have no first-hand knowledge of the situation.”
- Mental health / substance abuse treatment
- Coordination
 - Improved coordination of homeless service organizations.
- Stop Sweeps
 - “SLO county needs to stop all sweeps. All of the moving people and throwing away their stuff is such a strain on mental well-being. No more police intervention, most things I have seen with law enforcement has escalated situations. And for the community, the newspapers, elected officials, and city staff to treat homeless people like humans because they are.”

In what ways could our community better ensure everyone receives equal and equitable access to homeless services and housing?

- Better transportation for people who can't afford bus passes.
- Better centralized locations for agencies and offices in north and south county.
- Truly understanding what low barrier is and providing intensive support and services before and after individuals are housed.
- Put money into services, not sweeps.
- enforce fair housing laws, support rent control, keep eviction moratorium
- We need a street medicine team to be active in the areas of the county. So many people are not being reached by traditional healthcare.
- The most cost-effective way to end homelessness is to provide housing for people experiencing homelessness. Stop the continued intimidation tactics the police utilize towards people experiencing homelessness. Most of the people who are dealing with homelessness have grown up here. It's their home too.

Provider Survey

Survey Participants

Total participants: ~55

Table: Type of Organization Worked for (Provider Survey Respondents)

What type of organization do you work for?	
Homeless Services/Housing Provider	58.18%
Supportive services provider	12.73%
Public Benefits	12.73%
Law Enforcement / Probation / Criminal Justice	7.27%
Coordinated entry	5.45%
Behavioral Healthcare Provider	5.45%
Government/Public Official	5.45%
Faith-Based Organization	1.82%
Food bank or similar food access organization	1.82%
Healthcare Provider	0.00%
Police Department	0.00%
School district	0.00%
Direct staff of the Continuum of Care	0.00%
Other (please specify) <ul style="list-style-type: none"> • Shower the People • DVSA • Social Services • Community Volunteer • Sober Living 	12.73%

Table: City or Township Worked in (Provider Survey Respondents)

What city or township in San Luis Obispo County do you work in?	
San Luis Obispo	52.73%
County / County Wide	18.18%
Grover Beach	10.91%
Arroyo Grande	9.09%
Atascadero	7.27%

Table: Length of Time Working in Field of Homelessness (Provider Survey Respondents)

What is the length of time you have been working within the field of homelessness?	
less than 6 months	10.91%
6-12 months	3.64%
1-2 years	20.00%
3-5 years	32.73%
5-10 years	12.73%
10+ years	18.18%
Other (please specify)	1.82%

Table: Lived Experiences of Homelessness (Provider Survey Respondents)

Do you have lived experience of homelessness?	
Yes	22.22%
No	75.93%
Prefer not to state	1.85%

Table: Contact with Homelessness (Provider Survey Respondents)

As part of your work, do you regularly come in contact with people experiencing homelessness?	
Yes	98.18%
No	0%
I'm not sure	1.82%

Table: Type of Contact with Homelessness (Provider Survey Respondents)

If your answer to the above question is yes, please indicate in what capacity. If your answer above is no, please select "other" and enter n/a.	
Homeless services provider	69.09%
Public benefits	14.55%
Mental health / behavioral health	12.73%
Other nonprofit	10.91%
Law enforcement / Probation / Criminal Legal System	9.09%
Government / public official	9.09%
Food bank or similar food access organization	7.27%
Transportation	5.45%

Faith-based organization	3.64%
Healthcare provider	1.82%
Education	1.82%
Legal aid	1.82%
Business owner	0.00%
Other (please specify)	7.27%

Housing

Table: Housing and Homelessness Perspectives (Provider Survey Respondents)

Housing / homelessness perspectives	Strongly disagree	Disagree	Neither	Agree	Strongly agree	Average	I'm not sure
	1	2	3	4	5		
We have an adequate number of permanent supportive housing units available	74.55%	23.64%	1.82%	0.00%	0.00%	1.27	0.00%
We have an adequate number of rapid re-housing units available.	65.45%	45.45%	5.45%	0.00%	0.00%	1.38	3.64%
We have an adequate number of transitional housing units available.	67.27%	25.45%	7.27%	0.00%	0.00%	1.4	0.00%
We have an adequate number of emergency shelter beds available.	38.18%	40.00%	10.91%	7.27%	1.82%	1.93	1.82%
We have enough homeless housing units for single adults.	62.96%	14.81%	16.67%	1.85%	0.00%	1.56	3.70%
We have enough homeless housing units for families.	60.00%	30.91%	3.64%	1.82%	0.00%	1.45	3.64%
We have enough homeless housing units for youth.	51.85%	27.72%	9.26%	3.70%	0.00%	1.62	7.41%
The Coordinated Entry System is working as it should.	14.55%	29.09%	38.18%	9.09%	1.82%	2.51	7.27%
The homeless system of care consistently refers clients to permanent housing based on stated and federal guidelines.	7.27%	21.82%	32.73%	21.82%	0.00%	2.83	16.36%

We have an adequate amount of housing in the community.	60.00%	40.00%	0.00%	0.00%	0.00%	1.4	0.00%
Housing in the community is affordable for everyone.	90.91%	9.09%	0.00%	0.00%	0.00%	1.09	0.00%
We have an adequate amount of housing subsidies in the community.	43.64%	30.91%	20.00%	3.64%	0.00%	1.83	1.82%
We have enough landlord participation for housing vouchers / subsidies in the community.	56.36%	27.27%	10.91%	0.00%	0.00%	1.52	5.45%

Services

Table: Services Perspectives (Provider Survey Respondents)

Services Perspectives	Strongly disagree	Disagree	Neither	Agree	Strongly agree	Average	I'm not sure
	1	2	3	4	5		
We have an adequate amount of supportive services in the community.	24.07%	35.19%	11.11%	24.07%	5.56%	2.52	0.00%
The supportive services in the community have enough capacity to serve everyone in need.	40.74%	40.74%	9.26%	3.70%	1.85%	1.81	3.70%
We have all of the types of supportive services we need in the community.	38.89%	37.04%	12.96%	7.41%	1.85%	1.94	1.85%
We have an adequate amount of outreach services in the community.	25.93%	22.22%	27.78%	11.11%	3.70%	2.39	9.26%
In this community's homeless system of care, everyone is treated fairly and has equal access to homeless services and housing in	24.07%	24.07%	16.67%	18.52%	9.26%	2.62	7.41%

the community, regardless of who they are.							
The homeless system of care takes into consideration cultural and life experiences of clients when providing services	13.21%	11.32%	37.74%	24.53%	7.55%	3.02	5.66%
The homeless system of care and homeless services available in the community are effectively serving people who are non-English speaking or who have limited-English proficiency	11.11%	29.63%	25.93%	20.37%	3.70%	2.73	9.26%
I believe it is possible to significantly reduce homelessness in the community.	3.70%	11.11%	16.67%	42.59%	20.37%	3.69	5.56%

Table: Perspectives of Supportive Services Most Needed (Provider Survey Respondents)

What kinds of supportive services are most needed for people experiencing homelessness in the community?	
Mental health support	78.18%
Case management	67.27%
Substance use treatment	61.82%
Life skills training	49.09%
Housing counseling	43.64%
Transportation assistance	43.64%
Job development	43.64%
Rent payment assistance	43.64%
Rental deposit assistance	34.55%
Childcare	34.55%
Legal services	32.73%
Reentry programs	30.91%
Medical care	27.27%
Vocational education	23.64%
Educational opportunities	21.82%
Motel vouchers	21.82%
Utility assistance	21.82%
Dental care	20.00%
Utility deposit assistance	20.00%

Food pantry	16.36%
ID assistance	14.55%
Public computers	14.55%
Clothing	12.73%
Work related fee assistance	12.73%
Gift card distribution program	10.91%
COVID-19 testing	7.27%
COVID-19 vaccination	7.27%
Other (please specify)	10.91%

Barriers

Table: Perspectives of Biggest Roadblocks to Solving Homelessness (Provider Survey Respondents)

What do you think are the biggest roadblocks to keeping the community from ending homelessness?	
Insufficient permanent and affordable housing	72.73%
High cost of housing	69.09%
Insufficient mental health support	54.55%
Negative perception or stereotypes about people experiencing homelessness	41.82%
Insufficient shelter capacity	30.91%
Insufficient safe housing	25.45%
Poverty	25.45%
An insufficient number of staff employed at service centers (e.g., under-staffed)	21.82%
Insufficient funding for programs	21.82%
Insufficient homeless assistance funding	20.00%
Unemployment	18.18%
Inequities in the systems and programs trying to solve homelessness	16.36%
Insufficient homeless prevention and diversion programs	14.55%
An insufficient amount of supportive services	14.55%
Insufficient support for criminal justice-involved individuals	12.73%
Insufficient coordination among homeless providers	10.91%
Insufficient access to affordable medical care	5.45%
Other (please specify)	16.36%

Table: Perspectives of Racial and Ethnic Groups with Greatest Barriers (Provider Survey Respondents)

Please indicate which racial and/or ethnic groups in your community have greater barriers (than other racial/ethnic groups) to accessing homeless services and supports:	
Hispanic / Latinx	48.89%
Black or African American	44.44%
Native American or Alaska Native	22.22%
Other (please specify)	22.22%

Multi-Racial	20.00%
None	17.78%
White, non-Hispanic	13.33%
Asian	8.89%
Native Hawaiian or Other Pacific Islander	6.67%

Why do you perceive this group (or these groups) as having greater barriers to accessing services and supports?

- Latinx population: language, cultural barriers; stigma; lack of bilingual staff at agencies; undocumented status; lack of trust of the system (due to undocumented status).
- Lack of knowledge about services.
- Racism in the community.

Table: Perspectives of At-Risk Groups (Provider Survey Respondents)

Please indicate the extent to which you believe each group below is at-risk of homelessness in the community.

Risk Level:	Low	Medium	High	Average	I am not sure
	1	2	3		
People with mental health challenges	1.85%	3.70%	94.44%	2.93	0.00%
People living in poverty	1.89%	5.66%	90.57%	2.9	1.89%
People with addiction challenges	1.85%	7.41%	88.89%	2.89	1.85%
People with a criminal record / ex-offenders	1.92%	21.15%	76.92%	2.75	0.00%
Single parents	0.00%	23.53%	68.63%	2.74	7.84%
Domestic violence survivors	1.85%	22.22%	74.07%	2.74	1.85%
People with disabilities	1.89%	32.08%	64.15%	2.63	1.89%
Veterans	3.77%	37.74%	52.83%	2.52	5.66%
Children and families	3.92%	43.14%	47.06%	2.46	5.88%
LGBTQIA+ persons	7.84%	27.45%	41.18%	2.44	23.53%
People of color	5.66%	32.08%	37.74%	2.42	24.53%
People who live in certain areas of the county	5.77%	36.54%	32.69%	2.36	25.00%
Single adults	11.54%	42.31%	36.54%	2.28	9.62%
Youth (under age 24)	13.21%	50.94%	24.53%	2.13	11.32%
People with no college education	16.98%	49.06%	28.30%	2.12	5.66%
Couples	18.87%	62.26%	9.43%	1.9	9.43%

Please provide an explanation of why you believe certain groups have a "High Risk of Homelessness."

- Cost of living (especially for those with dependents and other needs / barriers to sustaining income or housing).
- Discrimination (criminal records, sex offenders).

- Racism.
- Domestic violence survivors without needed resources.
- Undocumented.

What do you believe are the top 2 challenges that your organization faces in providing services and/or support to individuals experiencing homelessness?

- Staffing, funding.
- Mental health resources.
- Housing resources (specifically: PSH; affordable housing).
- Lack of communication / cooperation between agencies.
- Complication of system for smaller non-profits.
- Need life skills training services / ongoing case management once placed in housing.
- Support for undocumented clients.
- Fractured Service system.

In what ways could your community better ensure everyone receives equal and equitable access to homeless services and housing?

- Affordable housing (with supportive services).
- Better coordination / less overlap of services.
- Education of community (address NIMBY issues), of landlords (on working with homeless system, fair housing rules).
- More outreach / decreased wait times for services / better advertising.
- Better access in Spanish, bilingual staff.
- Access to free / affordable health care, behavioral health care, etc.
- More services that accept undocumented status.

Is there anything else you would like to share with us for the purpose of the 10-Year Plan to Address Homelessness?

- Lots of people want the "10 year" plan to be much shorter through more actionable strategies / goals, responsibility-taking, and "radical" ideas to solve homelessness. More adaptable system (e.g., homeless population will continue to change).

Stakeholder Interviews and Provider Focus Groups

"If we can't get past the whole documentation issue and ID requirements from the majority of the services available for individuals experiencing homelessness, anything else we put in place won't do any good."

Barriers to Serving Hispanic / Latinx and Mixteco Groups:

- **Undocumented status**

- Can't access services if they don't have documentation. Documentation determines which services you are eligible for.
- Once you remove the undocumented barrier out of the way, they can access the basic things they need to move forward.
- No mental health / SUD treatment available to those who are undocumented. And they can't afford to pay on their own.
- **Cultural lifestyle**
 - Lots of families living together. That's just what they're used to. They may not know there is another way to live for greater space and privacy.
 - When they're provided with food, they sometimes don't know what foods are or don't know how to cook them. Usually, providers give recipes or ideas on how to cook it. Something to be sensitive about > providing food that they are familiar with so that they can actually use it. (e.g., canned food is something they just don't use).
 - We need a better understanding of their culture, how things work in their culture, first/second generation.
 - A lot of immigrants come over to work, it doesn't work out, and then they become homeless. Then they turn to things like alcohol to cope but can't access healthcare.
- **Knowledge / Outreach methods:**
 - Families don't even realize that many resources are available in the community.
 - Word of mouth is how they find out.
- **Language**
 - If the organization does not have bilingual staff, communication, connection, and follow-through may be difficult (e.g., a family may be afraid they won't be able to communicate what they need, and thus may not even try).
 - All information needs to be translated into Spanish as a given, not an afterthought.
 - What about those who can't read?
 - Commercials, word of mouth, etc.

How do we overcome these barriers?

How do we overcome these barriers?

- **Risk of homelessness is greater for Hispanic / Latino/ Latinx population and Mixteco communities**
 - The percentage of income that goes toward rent is much higher for these groups than rest of county
 - Rents have gone up and are pricing people out
 - Doubled- and tripled-up families is much higher for Hispanic / Latino / Latinx community
 - Many more language barriers for mono-lingual Spanish speakers and Mixteco speakers.

- Jobs – seasonal workers (not necessarily migrant, are established, but work is less regular given the seasonal employment)
 - Have applied for rent relief proportionately. However, could argue that proportional access isn't enough because they are higher risk, so it isn't equitable.
- **Find ways to serve those who are undocumented** and provide services without requiring identification.
 - Clinics that are free.
 - Exceptions to the rules to allow folks into Shelters and receive case management.
 - Find other funding sources.
- **Culturally appropriate outreach and services**
 - Need to find ways to determine which kinds of housing programs are *culturally* appropriate, not just vulnerability appropriate.
 - Need to also consider how homelessness is defined and if those definitions are equitable. If not, systems need to change to include other definitions.
 - “We may not consider it homelessness, but sometimes when Hispanic / Latino / Latinx families or individuals can't find adequate housing, they live with each other in overcrowded circumstances. This should factor into how we define homelessness in order to serve groups equitably. This might be a way we aren't understanding the barriers they are facing.”
 - **Bilingual staff, translation / translation services**
 - Bilingual staff (who also do outreach and can help to build trust / rapport).
 - Translation services, programs on computers/phones
 - Translated flyers, advertisements, info packets, etc.
 - Translation into *many* languages, not just Spanish (e.g., Mixteco language).
 - **Transportation and hours of operation:**
 - Nipomo and the mesa area has minimal to no public transportation, and there are no services in the area.
 - For families who work, even if they have a car, they can't get to services during normal hours of operation.
 - Either transportation and hours of contact need to change, or agencies need to send representatives out to those areas (and advertise is well and in culturally- and language-appropriate ways).
 - **Technology**
 - Many Hispanic / Latino / Latinx and Mixteco families don't have access to the technology – nor the means to use it – to apply for services or learn about them
 - Need services to be available through other methods

- But then there are the language, transportation, trust, etc., issues.
- **Peer staff and family advocates:**
 - Are there Hispanic and Mixteco individuals who have overcome homelessness, and can they be partners or mentors and do outreach?
 - Cultural competency trainings only go so far. If you don't work regularly with the population, you're not going to understand the nuances.
 - But when you have those advocated or mentors with experience in that culture, that can help to overcome that barrier.
- **Build positive relationships and trust**
 - "Even having the familiar face of 'oh this person looks like me,' having them walk into an *office* was overwhelming for some families. **Building positive relationships and trust** are the best way to get families to open up to services."
 - Fear of services (and deportation):
 - Building positive relationships and trust are the best way to get families to open up to services.
 - Even having the familiar face of "oh this person looks like me," having them walk into an office was overwhelming for some families.
 - Some families check in with the person they trust before accessing a service to make sure they won't get in trouble and will actually get help.
 - Need staff who are: bilingual, understand the culture, know how to communicate
 - Need intensive case management that caters to the culture and values (e.g., constant and regular communication that helps to build rapport and trust)
 - High-touch, high-consistency communication
 - "Many services take a long time to actually get, such as Section 8. Families that have language, cultural, transportation, and technology barriers need an advocate to help them apply for these services. However, because they take so long and require consistent checking, calling, etc., many families get overwhelmed and give up, or the advocate stops working with them when they're initially denied or don't get it initially instead of helping them to reapply and stay engaged in the process."
- **Robust, consistent outreach:**
 - Go to people where they are comfortable to offer services.
 - Translate EVERYTHING into Spanish.
 - Work with Mixteco community to translate materials into their language.

- Flyers:
 - At schools, libraries, laundry mats, bus stops, encampments, food pantries
- Workforce:
 - Letting employers know about resources available just in case they see someone struggling (hotels, restaurants, agriculture).
- Information sessions offered to parents:
 - Someone comes and presents (e.g., an attorney, sheriff) to answer their questions. Not very many may show up, but they spread the info via word of mouth.
 - Needs to be somewhere centrally located, able to get there with no transportation barriers.
- Service reps working in different offices:
 - Having representatives from other offices / services come to places where the families are to get paperwork, etc., so that they can get benefits.
 - Home visits to get paperwork, etc.
 - Need more flexibility to remove barriers.
- Commercials in Spanish (on Spanish Language TV / radio channels, social media)
 - Start with “the help is here, and you won’t get in trouble for using it.”
- Encampment outreach:
 - Don’t go out with agency logos and fancy clothes.
 - Just offer help, and they will be more open (e.g., it’s not the government coming out, it’s actual help).
 - “We took out folks from community health centers to give them healthcare resources.”
- **Long-term follow-up and support:**
 - Need long-term follow-up/support: Families who get housed don’t get follow-up or check-ins after they get settled.
 - Need to have the follow-up so that we ensure they stay housed and don’t end up back at the services or at square one.
 - Need to ensure family gains self-sufficiency in all aspects, not just housing (e.g., employment, food).
 - Follow-up and continuity of care is missing across systems (e.g., healthcare, behavioral health, housing).
- **Funding and staffing:**
 - To achieve successful outreach and uptake of services, agencies need staff that are bilingual and well-qualified.

- We cannot currently hire those staff with the salaries that are offered given the cost of living in the county.
- **Agency training**
 - Monthly HSOC meeting:
 - Updates there are helpful > invite community agencies to that so that they can also spread the word with clients that they are serving.
 - Making sure all community agencies understand what resources are available, who qualifies for them, etc.
 - Cultural-sensitivity training for agencies, providers, county departments, etc.
- **Landlord engagement / incentives; cost of housing**
 - Getting landlords to take vouchers is tough.
 - Families have vouchers but can't get housing.
 - Landlords have misperceptions of what that means.
 - Have an office of attorneys to help with any unlawful situations with landlords.
 - Would be helpful to have long-term advocates, especially for families that don't speak English. (e.g., a family has a letter come in from a landlord and need it translated)
 - Do have family resource centers, but if the family isn't accessing the resource center that doesn't help.
 - Need to teach landlords the advantages of working with these populations:
 - Landlords and affordability go hand in hand: some landlords are willing to work with HA payment standards / market value. Landlords price units out of reach for section 8 clients.
 - More incentives might entice more landlords to participate.
 - Some landlords can't support supportive housing programs:
 - Biggest problem: Paying for the supportive housing program.
 - "We add all these units, work with more difficult populations that need more services. Finding the funding for prevention (prevention of recidivism?) is hard. Main focus of Supportive Housing program is to keep them from losing housing."
 - Have MA-level staff to do clinical-level case management, crisis intervention, counseling, etc.
 - Just trying to prevent homelessness among those who are low-income is hard.
 - "When someone loses their housing, it is very hard to find them housing again, especially if they have an eviction on their record."
 - "We manage some of the supportive housing programs. Have had good success identifying cooperative landlords for section 8 and affordable units. The community is very expensive; most units are in outlying areas. It is hard to find landlords within

the city willing to cooperate. Our most vulnerable clients have zero to very low income: even with section 8, can't afford housing and the support that they need."

- **Community education and buy-in**

- Some in the community (even those in homeless services) don't understand what systemic racism is, how it affects the community etc.
 - Also don't understand how to create equitable systems
- Need community educational campaigns to combat this and get the community all on the same page about it.
 - A group to champion it
 - Is there a group with a budget, media, etc. to increase awareness of importance of diversity, value of it, etc.?
 - Understanding what it all really means and how it applies to them and how they can impact it
 - Help them open to the idea that these are issues that affect even "good people"
 - Understanding relative privilege and benefits of that privilege
 - Understanding what creates inequities
 - Specific / concrete examples of systemic issues
 - e.g., lack of bilingual capable people in services, in rental market, etc.
 - What in the system is racist / an issue
 - How they are responsible / affect the system
 - People who have experienced discrimination to talk about their experiences
 - Maybe have outside folks like Homebase show a comparison of a white client vs. another client
 - Make sure it's not "just all theory" because people will shut that down