CITY OF RANCHO CORDOVA

CONCURRENT MEETING
CITY COUNCIL/SUCCESSOR AGENCY TO THE COMMUNITY REDEVELOPMENT AGENCY (CRA)/RANCHO CORDOVA FINANCING CORPORATION (RCFC)

City Hall
2729 Prospect Park Drive, Rancho Cordova

Tuesday, January 26, 2016

5:30 PM – Special Meeting
American River Community Room North

AGENDA

1. WORK SESSION - CALL TO ORDER/ROLL CALL

Council Members Budge, McGarvey, Skoglund, Terry and Mayor Sander.

2. PUBLIC COMMENT

At a special meeting, citizens wishing to address the Council for any matter on the agenda may do so at the time the matter is discussed. Under the provisions of the California Government Code, the City Council is prohibited from discussing or taking action on any item not on the agenda.

3. SPECIAL MEETING ITEM

3.1 **Subject:** Homelessness Workshop.
Recommendation: Examine and discuss information presented by staff on homelessness in the City of Rancho Cordova.
Result of Recommended Action: The Homelessness Workshop will provide Council with information about homelessness in the City of Rancho Cordova, inform Council on current policing activities, limits and prospects, apprise Council on County of Sacramento efforts regarding homelessness particularly relating to programs funded via the County's Continuum of Care funds, and request Council discussion on next steps regarding homelessness in the City of Rancho Cordova.
Staff Report: Curt Haven, Director of Economic Development and Neighborhood Services and Stefan Heisler, Reinvestment and Housing Opportunities Analyst.
Advances Goals: 1, 2, 3.

4. ADJOURNMENT

ADDITIONAL INFORMATION

In compliance with the Americans with Disabilities Act, if you need a disability-related modification or accommodation, including auxiliary aids or services, to participate in this meeting, please contact the City Clerk's Office at (916) 851-8720 at least 48 hours prior to the meeting.

CERTIFICATION OF POSTING OF AGENDA

I, Mindy Cuppy, MMC, City Clerk for the City of Rancho Cordova, declare that the foregoing agenda for the Tuesday, January 26, 2016 Special Meeting of the Rancho Cordova City Council/Successor Agency to the CRA/RCFC was posted and available for review on Friday, January 22, 2016 at City Hall of the City of Rancho Cordova, 2729 Prospect Park Drive, Rancho Cordova, California, 95670. The agenda is also available on the city website at www.cityofranchocordova.org.

Signed Friday, January 22, 2016 at Rancho Cordova, California.

Mindy Cuppy, MMC, City Clerk

MEMORANDUM

DATE: January 26, 2016

TO: Honorable Mayor and Council Members

FROM: Curt Haven, Director of Economic Development and Neighborhood Services and Stefan Heisler, Reinvestment and Housing Opportunities Analyst

SUBJECT: **HOMELESSNESS WORKSHOP**

RECOMMENDATION

1. Examine and discuss information presented by staff on homelessness in the City of Rancho Cordova.

2. Provide staff with Council direction

RESULT OF RECOMMENDED ACTION

Examining and discussing information presented by staff and others will inform the Council on the issue of homelessness in the City of Rancho Cordova and the Sacramento region.

This Homelessness Workshop will provide Council with more information about homelessness in the City of Rancho Cordova, inform Council on current policing activities, legal constraints, and prospects, apprise Council on County of Sacramento efforts particularly relating to programs funded via the County's Continuum of Care funds, and request Council discussion on next steps toward solutions for reducing homelessness in the City of Rancho Cordova.

Following the Workshop, staff will implement Council's direction from the Workshop.

BACKGROUND

In late 2015 staff was directed to begin researching strategies to help reduce homelessness in the City of Rancho Cordova. Emphasis was placed on looking for ways to partner or integrate with regional efforts.

Through researching readily available information, interviewing key informants, and meeting with regional homelessness coordinators from Sacramento County and other programs, staff produced the report "Homelessness in Rancho Cordova, a local primer." This report looked at trends across our county and state, researched current conditions of homelessness in Rancho Cordova, inventoried homelessness programs and resources at work in Rancho Cordova already, and documented successful efforts implemented by other organizations and cities in the United States., such as the National Alliance to End Homelessness and the city of Salt Lake City, Utah.

While this report is intended to be informational and not prescriptive, several key themes did emerge. Among these are:

- Homelessness appears to be concentrated in several areas of Rancho Cordova.
- There are numerous services operating in Rancho Cordova, but they may benefit from better integration with each other.
- The regional response to homelessness is trending toward a data centered model that will better triage, track and treat homeless individuals and fill service gaps.
- The housing first model has shown to be very successful at reducing chronic homelessness and recidivism.
- A continuum of services is necessary to cover the range of homeless situations, preventing loss of housing, reducing time on the streets, treating illness and substance abuse, operating transitional or permanent supportive housing, etc.
- Policing and code enforcement strategies can be effective tools to reduce the health and safety and sanitation concerns related to encampments and connect homeless individuals with services and regional coordinators.
- Partnerships with businesses and residents to work together on shared strategic targets can improve the City's response to homelessness.

Following the submittal of this report to council, staff is now looking to council for their takeaways on this information and their recommendations for next steps in developing a strategy to help reduce homelessness in Rancho Cordova.

FISCAL IMPACT

There is no fiscal impact at this time, however staff anticipates that financial commitments may be made later in 2016 as council directs staff to implement a homelessness strategy.

HOMELESSNESS

IN RANCHO CORDOVA

A LOCAL PRIMER

January, 2016

CONTENTS:

DEFINITION OF HOMELESSNESS

What is the official [Federal] definition of homelessness?[1]

There is more than one "official" definition of homelessness. Health centers funded by the U.S. Department of Health and Human Services (HHS) use the following:

A homeless individual is defined as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. [Section 330 of the Public Health Service Act (42 U.S.C., 254b)]

An individual may be considered to be homeless if that person is "doubled up," a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. Recognition of the instability of an individual's living arrangements is critical to the definition of homelessness. (HRSA/Bureau of Primary Health Care, Program Assistance Letter 99-12, Health Care for the Homeless Principles of Practice)

Programs funded by the U.S. Department of Housing and Urban Development (HUD) use a different, more limited definition of homelessness [found in the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (P.L. 111-22, Section 1003)].

- An individual who lacks a fixed, regular, and adequate nighttime residence;
- An individual who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

[1] National Healthcare for the Homeless Council https://www.nhchc.org/faq/official-definition-homelessness/

- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
- An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
- An individual or family who will imminently lose their housing [as evidenced by a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days, having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days, or credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause]; has no subsequent residence identified; and lacks the resources or support networks needed to obtain other permanent housing; and
- Unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who have experienced a long-term period without living independently in permanent housing, have experienced persistent instability as measured by frequent moves over such period, and can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

Hence different agencies use different definitions of homelessness, which affects how various programs determine eligibility for individuals and families at the state and local level. Health centers use the HHS definition in providing services.

A STATE DEFINITION (CalWORKS)[2]

GENERAL

Homeless Assistance (HA) is granted for a continuous period of homelessness that is caused by the same specific circumstance to a CalWORKs eligible Assistance Unit (AU) or eligible CalWORKs applicant. The period of homelessness is limited to one period of up to a maximum of 16 consecutive calendar days of temporary shelter (TS) and one payment of permanent housing (PH). Temporary HA is available once-in-a-lifetime to prevent eviction, to meet the costs of temporary shelter while the AU is seeking permanent housing and to meet the reasonable cost of securing permanent housing. There are exceptions to the once-in-a-lifetime rule.

DEFINITION

An AU is considered homeless when the AU:

- Lacks a fixed and regular nighttime residence; or,
- Has a primary nighttime residence that is a supervised, publicly or privately operated shelter designed to provide temporary living accommodations; or,
- Is residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, such as a hallway, bus station or car; or,
- Receives a notice to pay rent or quit.

In addition, the AU must have a need for housing:

- In a commercial establishment;
- In a shelter;
- In publicly-funded transitional housing; or,
- From a person in the business of renting properties who has a history of renting properties.

Note: The cause of the AU's homelessness is irrelevant to HA eligibility unless the homelessness is due to one of the once-in-a-lifetime exceptions.

[2] http://www.alamedasocialservices.org/public/services/county_policies_and_regulations/44_2_7.cfm#Definition

CONDITIONS AND TRENDS

PLIGHT OF OTHER JURISDICTIONS

Exploding Homelessness Stymies HUD[3]

An unanticipated surge in homelessness has HUD officials scrambling to find solutions to the problem exacerbated by the 2008 housing market crash and a wave of unexpected immigrants. Hawaii becomes the first state to declare a homeless emergency, following similar declarations by the cities of Los Angeles and Portland, OR. Officials conceded the emergency days after clearing one of the nation's largest homeless encampments of hundreds of families -- some had been living in tents for years. Despite efforts to house the homeless, the increasing numbers have outpaced all attempts to get homeless persons off the streets. Hawaii homelessness experts point to a 23% increase in the unsheltered homeless population between 2014 and 2015 with 46% of the increase consisting of families. The most recent homeless count shows 7,260 people living on the streets, meaning Hawaii has the highest rate of homelessness per capita of any state.

Warmer Climes

Despite the federal effort to combat homelessness, spending has escalated to more than $2 billion a year, not including initiatives to address homelessness among military veterans. The dilemma has reached such proportions, particularly in warmer climes, that HUD Secretary, Julian Castro, flew to Los Angeles for a meeting with city and county officials to coordinate a strategy. Los Angeles officials began scrambling for a solution when new data showed a 12% increase in homelessness over 24 months in both Los Angeles City and Los Angeles County. The latest tally shows more than 44,000 homeless people, up from 39,000 in 2013. More than half of the homeless live on the city's streets. Hawaii is resorting to conversion of shipping containers to provide temporary housing. Rooms in the initial units contain 73 square feet, enough to house a couple. Each has a window and screen door for ventilation and the units are insulated with roofs having a white reflective coating to help cool the containers. An onsite trailer holds five bathrooms with each having a toilet and shower. A separate portable toilet and shower is accessible to the disabled. Portland, OR officials saw the city's homeless population spinning out of control in mid-summer when new statistics showed a 24% increase in homeless families with children from 2013. The latest count shows 4,000 men, women and children living on the city's streets. Portland officials are eyeing waivers of zoning codes and land-use restrictions to provide new shelter space and affordable housing. But homelessness experts contend such solutions are unlikely to keep pace with the growing number of homeless put on the streets by lack of housing and escalating rental costs across the country as a result of the lack of affordable housing and influx of new residents. In Portland alone, the addition of new immigrants coupled with the fallout from the housing market collapse, has created a vacancy rate of only 3%, resulting in rents escalating at a 20% rate over the last five years--the sixth-highest rate in the country. The homeless issue has taken a back seat to other issues pressing

[3] Article retrieved from the Housing Affairs Letter at www.cdpublications.com/HAL

Congress, even as the growing eyesore in the Washington, DC metro area is obvious to lawmakers, the region has more than 11,000 homeless individuals with a majority lacking any shelter (see related story in National Digest).

Seattle Declares Homeless Emergency[4]

Seattle and King County, WA leaders declare a homeless emergency; joining Oregon and California cities and the state of Hawaii trying to pry more federal money to fight the problem (*see **HAL** issues 10-23-15 #41 and 10-30-15 #42*). Seattle Mayor Ed Murray says 47 homeless deaths on the streets this year and nearly 3,000 homeless children in Seattle public schools prompt him to seek emergency assistance from the state and federal government. HUD's one-night homeless count earlier this year showed 3,772 people homeless in King County including more than 2,800 in Seattle, a 21% increase over last year. The count showed 2,993 people in transitional housing and 3,282 in shelters, totaling more than 10,000 homeless. The mayor places the blame for the increase on persistent unemployment, inadequate funding to assist the mentally ill, and a raging national heroin epidemic.

NYC Faces Runaway Homelessness[5]

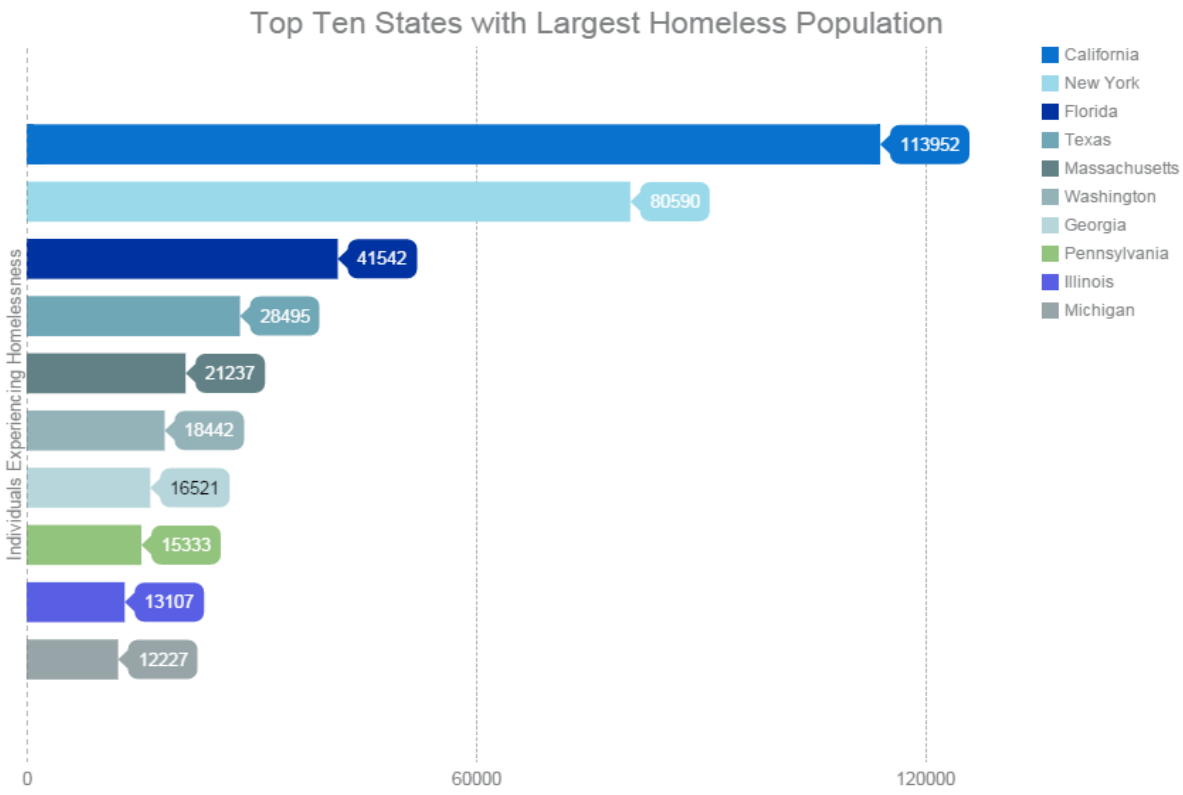
Latest figures from the New York City Department of Homeless Services show the city's homeless population nearing 60,000 with more than 40% of that population being children. The count only tallies people using the city's shelter network on a given night -- 57,448 people of which more than 23,000 are children. The agency says concerns are increasing as winter sets in, fearing the homeless numbers will return to the record high of 59,068 reached in December 2014. The DHS says homeless people (there are 12,000 families) are staying in shelters longer and returning to them more frequently in a given year. Mayor Bill de Blasio (D) lays much of the blame for the numbers on predecessor Mayor Michael Bloomberg (I) who left office with more than 53,000 homeless people after his administration cut three shelter systems. Compounding the problem is a labyrinth of soaring rents, stagnant wages, evictions and a lack of low-income housing. Between 2002 and 2011, the city lost 39% of its low-income housing -- 385,300 apartments.

[4] Article retrieved from the Housing Affairs Letter at www.cdpublications.com/HAL

[5] Article retrieved from the Housing Affairs Letter at www.cdpublications.com/HAL

National[6]

Nationally, the number of individuals experiencing homelessness is estimated at around 578,000, according to the US Department of Housing and Urban Development. California is home to over 113,000 individuals experiencing homelessness, by far the most of any state in the United States, followed by New York and Florida.



In comparison to other communities in California, Sacramento has fewer individuals and families experiencing homelessness (with the exception of the Fresno-Madera Continuum of Care) and a lower unsheltered rate than other major cities, besides Los Angeles. Incidentally, the percentage of the homeless population throughout Sacramento County is equivalent to the national average, despite California's higher overall number of individuals experiencing homeless.

[6] Information drawn from Sacramento Steps Forward Report, "Homelessness in Sacramento 2015", which can be found at: http://sacramentostepsforward.org/understanding-homelessness/point-in-time-pit-scope-size-populations/.

State[7]

Sacramento County is equivalent to the national average, despite California's higher overall number of individuals experiencing homeless.

County/Continuum of Care	Total Homeless	Homeless as % of County Population	Sheltered Homeless	Unsheltered Homeless	Unsheltered Rate
Los Angeles	44,359	0.44%	31,018	13,341	30%
San Diego	8,742	0.27%	4,586	4,156	48%
San Francisco	7,539	0.88%	3,181	4,358	58%
Santa Clara	6,556	0.35%	1,929	4,627	71%
Sacramento	2,659	0.18%	1,711	948	36%
Fresno - Madera	1772	0.16%	589	1183	67%

Sources: 2015 Homeless Counts for the counties of Los Angeles, San Diego, San Francisco, Santa Clara, Sacramento, and the Fresno-Madera Continuum of Care; 2014 Estimated Population, United States Census Bureau.

As the table and bar graph make clear, relative to other cities and states, Sacramento County's homelessness figures are generally lower than other counties in California. This does not excuse Sacramento from its mandate to work aggressively to end street homelessness and reach functional zero by 2020, however, it does provide some context relative to other efforts around the state and country.

[7] Information drawn from Sacramento Steps Forward Report, "Homelessness in Sacramento 2015", which can be found at: http://sacramentostepsforward.org/understanding-homelessness/point-in-time-pit-scope-size-populations/.

Sacramento County[8]

Homelessness in Sacramento

On any given night, approximately **2,659** individuals experience homelessness in Sacramento County, and an estimated **5,200** will become homeless over the course of a year.

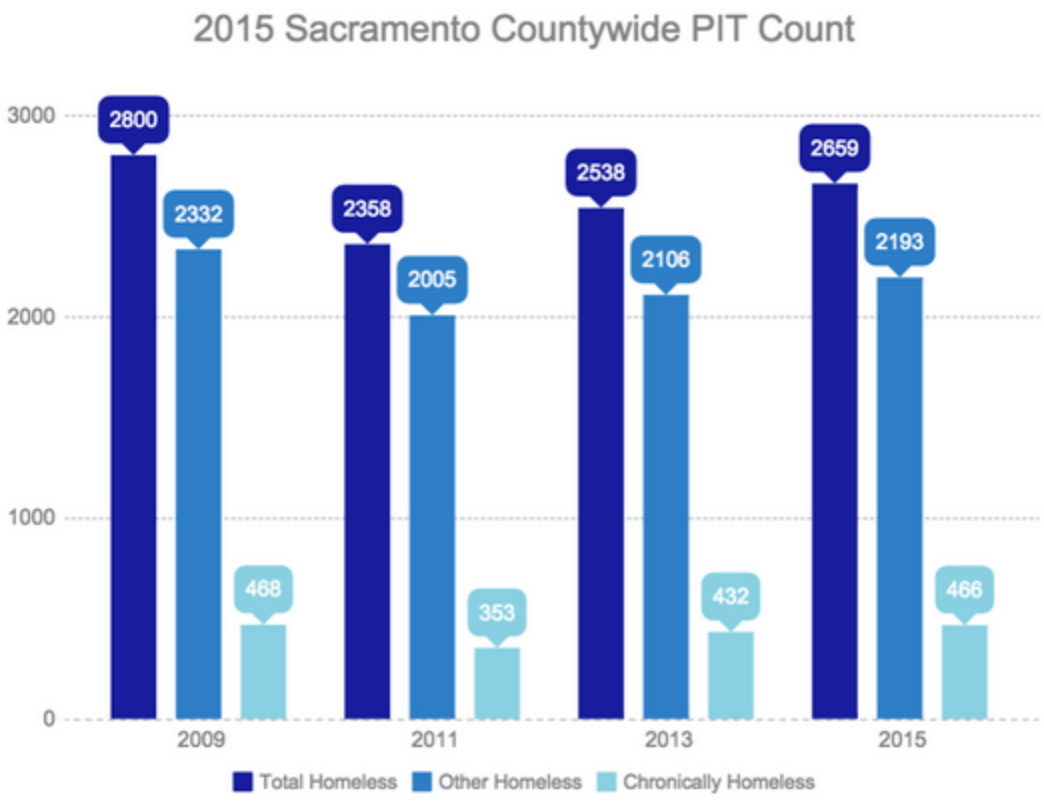
According to the 2015 Sacramento County & Incorporated Cities Homeless Count, roughly one third **(948)** of Sacramento County's homeless population is unsheltered.

About the 2015 Sacramento County & Incorporated Cities Homeless Count

At the direction of the Department of Housing and Urban Development, Sacramento conducts its biennial point-in-time homeless count every other year in late January. The point-in-time count consists of a street count (volunteers fan out across the county in teams to count and survey individuals sleeping outside) and a shelter count, which includes all individuals currently living in Sacramento's shelters and transitional housing programs. In addition, this year's count includes expanded efforts to enumerate youth experiencing homelessness as well as families; populations that have been difficult to track in previous years.

The raw numbers from this count are used to estimate the total number of individuals experiencing homelessness in Sacramento County on any given? night. The data from this report is used to understand the nature and needs of the people experiencing homelessness in Sacramento County, gauge system effectiveness, inform program changes, and to plan additional efforts. Since 2009, the total number of individuals experiencing homelessness in Sacramento County has remained relatively constant.

[8] Information drawn from Sacramento Steps Forward Report, "Homelessness in Sacramento 2015", which can be found at: http://sacramentostepsforward.org/understanding-homelessness/point-in-time-pit-scope-size-populations/.



Subpopulation Changes

Individuals and families experience homelessness for a variety of reasons – job loss, leaving housing to escape abuse, mental health challenges, and so on. Some, called chronically homeless, have a disabling condition and have been homeless for one year or longer, or have experienced four or more episodes of homelessness within the past three years.

We capture this information during the point-in-time count and track it to the best of our ability, over the course of multiple point-in-time counts, to get a sense of whether different approaches are working to bring down the numbers of individuals within these subpopulations. We make changes according to need discovered. For instance, Sacramento currently uses data from the 2015 Homeless Count to inform its participation in the national initiative, Zero:2016, which is focused on ending veteran and chronic homelessness by the end of 2016.

The table below presents Point-In-Time Count subpopulation characteristics from 2009 to 2015 and calculates the percentage change between the two most recent Counts (2013 and 2015). Particularly noteworthy differences between 2013 and 2015 include a 7.9% increase in chronically homeless individuals, a 20.6% increase in unsheltered single adults, a 4.4% decrease in homeless families, and decreases of 14.2% and 44.3% in severe mental illness and chronic substance abuse respectively for homeless persons.

Characteristic	2009	2011	2013	2015	% change 2013 - 2015
Sheltered	1606	1421	1752	1711	-2.3%
Unsheltered	1194	955	786	948	20.6%
Chronically Homeless Individuals	468	353	432	466	7.9%
Chronically Homeless Families*	-	-	3	13	333.3%
Persons in Chronically Homeless Families*	-	-	8	36	350.0%
Homeless Families	185	203	249	238	-4.4%
Persons in Homeless Families	543	604	801	697	-13.0%
Veterans	426	297	302	313	3.6%
Adults with Serious Mental Illness	753	619	677	581	-14.2%
Chronic Substance Abuse	1345	967	993	553	-44.3%
Persons with HIV/AIDS	60	50	39	37	-5.1%
Victims of Domestic Violence	699	516	504	335	-33.5%
Transition Age Youth (18-24) in Households**	-	-	85	51	-40.0%
Unaccompanied Transition Age Youth (18-24) **	-	-	41	240	485.4%

** Prior to January 2011, the definition of chronic homelessness applied only to single adults. CH families were not counted in the 2009 or 2011 PIT.*

*** Prior to the 2013 PIT, CoCs did not report data based on age.*

The 20.6% increase in unsheltered adults (an increase of 138 persons) is affected in part by the enhanced efforts of Sacramento Steps Forward and its partners to better count transition-age youth living on the streets. Specifically, a count night strategy that employed youth themselves (along with youth services providers) in areas identified as having the highest concentrations of unsheltered young adults, resulted in the counting of nearly 150 additional transition age youth than identified in the 2013 unsheltered count. Continuum of Care partner agency, Wind Youth Services, reports that this figure is consistent with its monthly count of 150 unique individuals who visit its drop-in center.

The 44.3% decrease in chronic substance abuse can be attributed to HUD-required changes to how the questions related to this subpopulation characteristic were asked in the survey. While in previous counts, respondents were only asked to report on alcohol and drug use. In 2015, they were also asked if these behaviors interfered with the ability to maintain work or housing. A similar number of people reported alcohol and drug use in 2015 compared to 2013, but much fewer felt this behavior impacted employment or housing stability.

City of Rancho Cordova

Estimates of Homeless Population

Estimates of homelessness in Rancho Cordova vary. Local sources surveyed to produce a general estimate of homeless persons within the City can be seen in the table below. Generally, the number of people living on the streets at any given time was found to be around 100 persons. The numbers varied based on the source of data used and the organization's definition of homelessness.

Source	Estimated Number of Homeless
Sacramento Steps Forward	Approximately 125*
Folsom Cordova School District (number of homeless children in grades K-12 receiving homeless services)	3 unsheltered, 29 hotel/motel/transitional, 465 sharing housing
RCPD POP	100+ seen (on the streets), more unseen
Veteran's Administration	65 – 97 seen, more unseen

*Sacramento Steps Forward number estimated based on total Point in Time Count Results for Sacramento County and Rancho Cordova's ratio of the total County population.

Characteristics of Rancho Cordova Homeless

Local law enforcement and other local government bodies reported that homeless persons within Rancho Cordova are generally people who have roots in the community, or have spent a significant time residing here. These people have existing connections for food and know the streets well. They know where the best stores, dumpsters, and camping locations are. Similarly, they know the dangerous areas to avoid.

There was also a common perception amongst local law enforcement that many of the long-time homeless do not want help or services. They reported that many homeless believe that homeless shelters are unsafe places where they are likely to be robbed or beat up. However, for those who want services, they are likely able to find them.

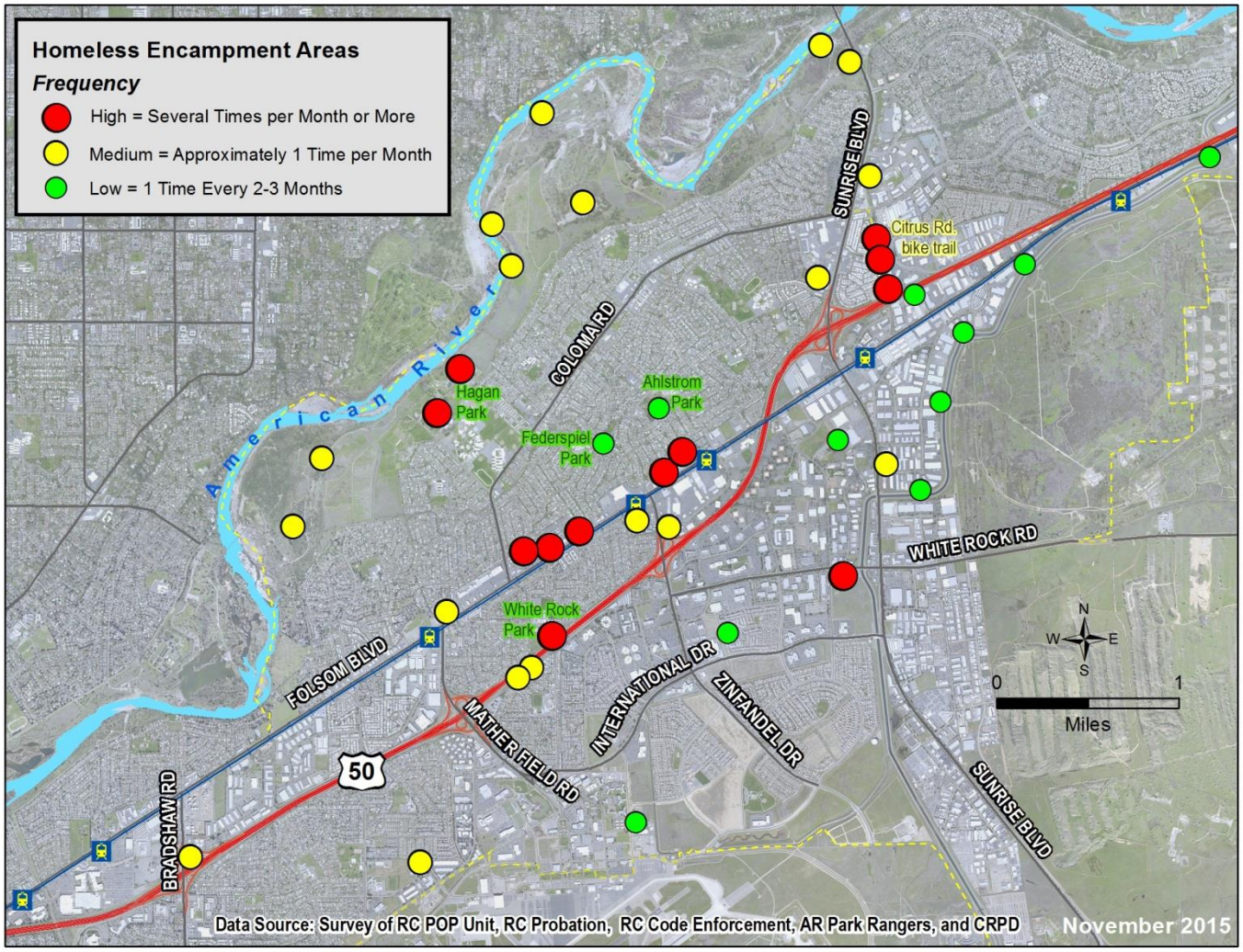
These sources also noted the trend that homeless people do not get along well with others; partly because of this, they tend to travel in groups no larger than 3-5 persons. They reported

that long-termers and new-comers were equally as likely to be hostile or aggressive panhandlers. Distrust of government and people is observed to run high amongst the homeless.

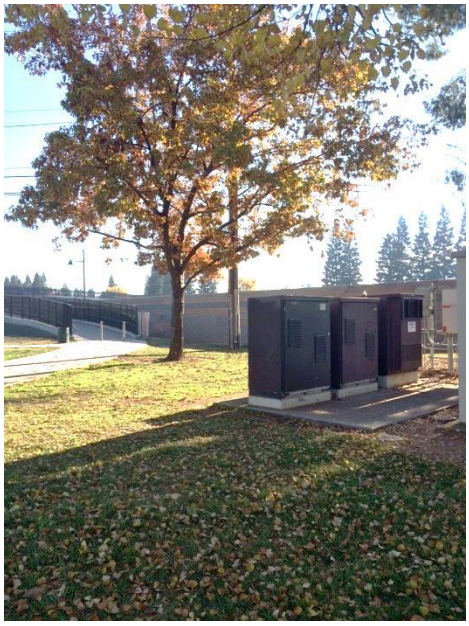
The range of diagnosed or untreated illnesses was found to be very high. The lowest estimate for Sacramento County, according to one local nonprofit, was 33%, though their more recent surveys suggest upwards of 50%. Local law enforcement observes that they have found that almost all of the homeless on the streets suffer from a mental illness and/or substance abuse.

Locations Of Encampments

The following map represents the general locations of homeless camps frequently found by various enforcement bodies within the City of Rancho Cordova. However, due to the transient nature of homeless persons, camp locations vary widely and are never fixed for very long.



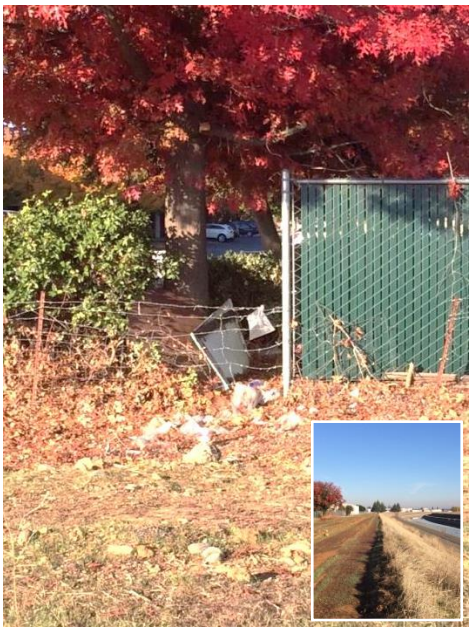
The most heavily camped areas were White Rock Park, certain locations along Folsom Blvd., the Citrus Road bike trail North of Highway 50, and Hagan Park. Outside of parks, camp locations tended to be close to food and liquor stores. While these spots are more visible, many homeless tend to camp in more tucked-away areas where fewer people pass by, such as along the canal or American River Parkway bike trails.



Frequent Encampment Area in White Rock Park next to the Pedestrian Bridge

One of several Encampment Areas along Folsom Blvd

Encampment Area along the Citrus Rd. Bike Trail



Encampment Area along the Folsom Canal Bike Trail

Services and Gaps

The tables on the following pages list active homeless service providers that are either located or operating in Rancho Cordova as of 2015. While not a complete list of providers, or services provided, these tables provide a general picture of the homeless services provided within the City. The tables are broken down into Housing Services, General Homeless Services, and Medical Services. Descriptions of each service provider are located in the next section of this handbook.

From these tables, it becomes clear that there are several organizations providing education, counseling, provisioning, and mental health services. Organizations providing housing are fewer. While emergency services and inpatient care are provided by the fewest organizations, those offering these services are large enough to meet demand, and thus emergency services should not be considered a gap in services. Navigator services are few in number, but Navigator and Case Management functions are related and some providers use the terms interchangeably. While a number of organizations appear to provide some form of one or both of these services, increasingly, these two functions seem to be discrete. Furthermore, there seems to be a need to integrate typical case management work with a regional Navigator program to connect homeless persons with the full range of County services available.

Housing Services Provided by Organizations Operating in Rancho Cordova, 2015

	Emergency Shelter	Transitional Housing	Permanent Supportive Housing	Single Males	Women	Children	Housing Resources
Sacramento Steps Forward	-	-	-	-	-	-	Yes
Sac County Human Assistance	-	Yes*	-	Yes	Yes	Yes	-
Volunteers of America	Yes	Yes	-	Yes	Yes	Yes	-
Sac Self-Help Housing	-	-	Yes	Yes	Yes	-	Yes
FC Unified School District	-	-	-	-	-	-	-
VA Northern California	-	-	-	-	-	-	-
Dignity Health Community Benefit	-	-	-	-	-	-	-
WellSpace Health	-	-	-	-	-	-	-
Rancho Cordova HART	Yes	-	-	Yes	Yes	Yes	Yes
United Way California Capital Area	-	-	-	-	-	-	-
FC Community Partnership	-	-	-	-	-	-	Yes
National Alliance on Mental Illness Sacramento	-	-	-	-	-	-	-
Relationship Skills Center	-	-	-	-	-	-	-
Mercy Housing**	-	-	Yes	Yes	-	-	Yes
Veterans Resource Centers of America**	-	Yes	-	-	-	-	Yes
Total	**2**	**3**	**2**	**5**	**4**	**3**	**6**

*Sacramento County funds area shelters and provides short and longer-term (up to 8 months) rental assistance**.**

****Mercy Housing will be providing permanent supportive housing beginning with Phase 1 in 2016 with the Mather Veterans Village project. Mercy Housing will also operate Phase 3 permanent supportive housing when that portion is constructed. Veterans Resource Centers of America will provide supportive services for all three phases and will operate the Phase 2 transitional housing.

General Homeless Services Provided by Organizations Operating in Rancho Cordova, 2015

	Counseling	Provisioning	Education	Case Management	Navigator	Employment Assistance
Sacramento Steps Forward	-	-	Yes	Yes	Yes	-
Sac County Human Assistance	Yes	Yes	Yes	Yes	-	Yes
Volunteers of America	Yes	Yes	Yes	Yes	-	-
Sac Self-Help Housing	-	-	Yes	Yes	-	Yes
FC Unified School District	-	Yes	Yes	-	-	-
VA Northern California	-	-	-	-	-	Yes
Dignity Health Community Benefit	-	-	-	-	Yes	-
WellSpace Health	Yes	-	-	-	-	-
Rancho Cordova HART	-	Yes	-	-	-	-
United Way California Capital Area	Yes	Yes	Yes	-	-	-
FC Community Partnership	Yes	Yes	Yes	Yes	-	-
National Alliance on Mental Illness Sacramento	Yes	-	Yes	-	-	-
Relationship Skills Center	Yes	-	Yes	-	-	-
Mercy Housing**	-	-	-	-	-	-
Veterans Resource Centers of America**	Yes	Yes	Yes	Yes	-	Yes
Total	**8**	**7**	**10**	**6**	**2**	**4**

****Mercy Housing will be providing permanent supportive housing beginning with Phase 1 in 2016 with the Mather Veterans Village project. Mercy Housing will also operate Phase 3 permanent supportive housing when that portion is constructed. Veterans Resource Centers of America will provide supportive services for all three phases and will operate the Phase 2 transitional housing.

Medical Care Provided by Organizations Operating in Rancho Cordova, 2015

	Emergency Care	Urgent Care	Outpatient Care	Inpatient Care	Mental Healthcare	Public Health	Health Clinic
Sacramento Steps Forward	-	-	-	-	-	-	-
Sac County Human Assistance* **	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Volunteers of America	-	-	-	-	-	-	-
Sac Self-Help Housing	-	-	-	-	Yes	-	-
FC Unified School District	-	-	-	-	-	-	-
VA Northern California	Yes	Yes	Yes	Yes	Yes	-	-
Dignity Health Community Benefit** **	-	-	Yes	-	Yes	Yes	Yes
WellSpace Health	-	Yes	Yes	-	Yes	-	Yes
Rancho Cordova HART	-	-	-	-	-	-	-
United Way California Capital Area	-	-	-	-	-	-	-
FC Community Partnership	-	-	-	-	-	-	-
National Alliance on Mental Illness Sacramento	-	-	-	-	Yes	Yes	-
Relationship Skills Center	-	-	-	-	-	-	-
Mercy Housing	-	-	-	-	-	-	-
Veterans Resource Centers of America	-	-	-	-	-	-	-
Total	**2**	**3**	**4**	**2**	**6**	**3**	**3**

***Sacramento County connects people with health benefit options, which can be used on the above health services.
****Dignity Health Community Benefit funds programs in Rancho Cordova that provide the above health services.

LOCAL RESOURCES

Organizations:

1. Sacramento Steps Forward
2. Sacramento County Department of Human Assistance
3. Volunteers of America – Northern California and Northern Nevada
4. Sacramento Self-Help Housing
5. Folsom Cordova Unified School District
6. Veteran's Administration Northern California Health Care System
7. Dignity Health Community Benefit[9]
8. WellSpace Health
9. Rancho Cordova HART
10. United Way California Capital Area
11. Folsom Cordova Community Partnership
12. NAMI – National Alliance on Mental Illness
13. Relationship Skills Center
14. Mercy Housing
15. Veterans Resource Centers of America

[9] Other hospital systems likely support Rancho Cordova organizations through their community benefit programs, but these were not researched in depth by this report.

1. SACRAMENTO STEPS FORWARD[10]

1331 Garden Highway, Suite 100
Sacramento, CA 95833
Phone: (916) 577-9770
Ryan Loofbourrow, Executive Director
http://sacramentostepsforward.org/who-we-are/about-us/

Our Mission

- Sacramento Steps Forward is the lead agency to end homelessness in the Sacramento region. By using a collaborative, data-driven, outcomes-based approach, we help ensure that individuals and families experiencing homelessness have access to housing, employment, health, education, and other resources necessary for economic stability and an improved quality of life.

Our Vision

- To end homelessness by providing people experiencing homelessness with a permanent, safe home, and access to education, employment and other services as needed. Our innovative, collaborative and data-driven approach will end homelessness in our region.

Our Work to End Homelessness Includes:

- Continuously evaluating the impact of our work through data collection and performance management using the VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool - http://100khomes.org/blog/introducing-the-vi-spdat-pre-screen-survey)
- Providing permanent housing for homeless veterans, chronically homeless adults, and families as rapidly as they are ready,
- Providing effective and solution-focused programs such as Common Cents, Winter Sanctuary, and Capital Region Connect, as well as helping to build long-lasting relationships with employers and landlords,
- Collaborating with service providers to create solution-focused services for all families and individuals experiencing homelessness.

Continuum of Care

- As the lead agency addressing homelessness in Sacramento County, SSF is responsible for distributing and managing federal funds granted by the federal department of Housing and Urban Development for its Continuum of Care Program. SSF, with its partner providers, leads the effort to apply collectively for these funds in order to provide housing and services for homeless individuals and families.

[10] Information retrieved from http://sacramentostepsforward.org/who-we-are/about-us/, and http://sacramentostepsforward.org/who-we-are/continuum-of-care/

2. SACRAMENTO COUNTY DEPARTMENT OF HUMAN ASSISTANCE[11]

Department of Human Assistance Major Programs

- CalWorks for Families
  - Program eligible only for families with children under age 18.
  - Provides 16 days of motel vouchers for families as they look for housing, once per lifetime.
  - Pays 100 percent of entry fees for housing once it is found, once per lifetime.
  - Can provide up to 8 months of rent payments or subsidies
  - Provides social worker assessments who have the ability to issue motel vouchers for up to 1-3 nights.

- Funding for Homeless Shelters
  - The Department of Human Assistance funds Sacramento County nonprofit homeless shelters.

- Return to Residence
  - Program pays for eligible persons to return to their hometown or area with significant family/friend support network.
  - Requires contacting friends or family to insure existing support network before funding bus tickets.

- Homeless Assistance
  - Provides case management for homeless individuals
  - Works with Sacramento Self-Help Navigators to link homeless persons into the program.
  - Provides employment services for homeless individuals.
  - Provides housing subsidies similar to CalWorks program for individuals.
  - Case workers help homeless individuals into healthcare by making referrals to various health benefits programs and mental health programs.

[11] Information retrieved from personal communication with Dept. of Human Assistance Chief of Homeless Management and Administrative Planning, 11/18/2015

3. VOLUNTEERS OF AMERICA - NORTHERN CALIFORNIA AND NORTHERN NEVADA[12]

3434 Marconi Avenue
Sacramento, CA 95821
Phone: (916) 265-3400
Leo McFarland, Chief Executive Officer/President
http://www.voa-ncnn.org/housing-services-greater-sacramento

Founded locally in 1911, the Northern California and Northern Nevada affiliate of Volunteers of America is one of the largest providers of social services in the region, operating more than 40 programs including housing, employment services, substance abuse and recovery services to families, individuals, veterans, seniors, and youth. In fact, Volunteers of America provides shelter or housing to nearly 1,800 men, women and children every night in the Greater Sacramento area. Nationally, Volunteers of America helps more than 2.5 million people annually in more than 400 communities.

Volunteers of America operates the Mather Community Campus, which provides housing and employment services to homeless individuals and families working toward self-sufficiency. This one-year program is a collaborative effort with public and private agencies to help students through individualized services at an affordable cost.

VOA Mission

- Volunteers of America is a movement organized to reach and uplift all people and bring them to the knowledge and active service of God.
- Volunteers of America, illustrating the presence of God through all that we do, serves people and communities in need and creates opportunities for people to experience the joy of serving others.
- Volunteers of America measures its success in positive change in the lives of individuals and communities we serve.

Impact Statement

- Volunteers of America help the most vulnerable and under-served people achieve their full potential.
- We provide services that are designed locally to address specific community needs.
- Our common areas of focus include: promoting self-sufficiency for the homeless and for others overcoming personal crises, caring for the elderly and disabled and fostering their independence, and supporting positive development for troubled and at-risk children and youth.
- We look at the whole person and address both urgent and on-going needs, with the goal of helping people become as self-reliant as possible.

[12] Information retrieved from http://www.voa-ncnn.org/mather-community-campus and http://www.voa-ncnn.org/housing-services-greater-sacramento

4. SACRAMENTO SELF-HELP HOUSING[13]

PO Box 188445
Sacramento, CA 95818
Phone: (916) 341-0593
John Foley, Executive Director
http://www.sacselfhelp.org/index.php/about-us

SSHH Mission

- Sacramento Self Help Housing assists persons who are homeless or at risk of becoming homeless to find and retain stable and affordable housing.

SSHH Programs

- Housing Resources: gathering housing data and addressing needs.
- Outreach to Homeless: making referrals to programs and services.
- Friendship Housing: providing permanent supportive housing to 64 chronically homeless.
- Serial Inebriate Program: providing permanent supportive housing for graduates of Volunteers of America's detox programs.
- Homeless Prevention: providing assistance to residents with issues involving their landlords.
- SSHH also utilizes CDBG funds from the City of Rancho Cordova for Housing Counseling Services, Tenant/Landlord Services, and Fair Housing Referrals.

[13] Information retrieved from http://www.sacselfhelp.org/index.php/about-us

5. FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT[14]

Cordova Lane Center
2460 Cordova Lane, Room 11
Rancho Cordova, CA 95670
Phone: (916) 294-9090
Reveca Owens, Education Services Liaison for Homeless Students
http://www.fcusd.org/page/2189

Homeless Student Services Purpose

- To ensure that (homeless) children have a fair, equal, and significant opportunity to obtain a high quality education and reach proficiency on challenging State academic standards and State academic assessments (DS Sec. 1001).

The Homeless Student Services implements the federal McKinney-Vento Act and California state law guaranteeing enrollment in school for children living:

- In a shelter (family, domestic violence, or youth shelter or transitional living program)
- In a motel, hotel, or weekly rate housing
- In a house or apartment with more than one family because of economic hardship or loss
- In an abandoned building, in a car, at a campground, or on the street
- In temporary foster car or with an adult who is not your parent or guardian
- In substandard housing (without electricity, water, or heat)
- With friends or family because they are a runaway or an unaccompanied youth

Homeless Student Services Help Children:

- Participate fully in all school activities and programs for which they are eligible.
- Continue to attend the school in which they were last enrolled even if they have moved away from that school's attendance zone or district.
- Receive transportation from their current residence back to your school of origin.
- Qualify automatically for child nutrition programs (free and reduced-price lunch and other district food programs).
- Contact the district liaison to resolve any disputes that arise during the enrollment process.

[14] Information retrieved from http://www.fcusd.org/page/2189

6. VETERAN'S ADMINSTRATION NORTHERN CALIFORNIA HEALTH CARE SYSTEM[15]

10535 Hospital Way
Mather, CA 95655
Phone: (707) 437-1866
Laura Kelly, Chief of Planning
http://www.northerncalifornia.va.gov/about/index.asp

About Us

- VA Northern California Health Care System (VANCHCS) is an integrated health care delivery system, offering a comprehensive array of medical, surgical, rehabilitative, mental health and extended care to veterans in Northern California. The health system is comprised of a medical center in Sacramento (Rancho Cordova); a rehabilitation and extended care facility in Martinez, and seven outpatient clinics.
- VANCHCS serves an area covering 17 counties, more than 40,000 square miles, and over 377,000 veterans.

Homeless Veterans' Services

- Opportunities to return to employment: Compensated Work Therapy program and Homeless Veteran Supported Employment Program
- Safe Housing: Homeless Providers Grant and Per Diem Program, HUD-VA Supportive Housing (VASH) Program, Acquired Property Sales for Homeless Providers Program, and Supportive Services for Veteran Families (SSVF) Program.
- Health Care: VA's Health Care for Homeless Veterans (HCHV) Program, Homeless Patient Aligned Care Teams (H-PACTs) Program, Homeless Veterans Dental Program, and Project CHALENG (Community Homelessness Assessment, Local Education and Networking Groups).
- Mental Health Services: Veteran Justice Outreach, Substance Use Disorder Treatment Enhancement Initiative, Health Care for Re-Entry Veterans Program, and Readjustment Counseling Service

[15] Information retrieved from http://www.northerncalifornia.va.gov/about/index.asp, and http://www.northerncalifornia.va.gov/services/homeless/index.asp

7. DIGNITY HEALTH COMMUNITY BENEFIT[16]

Mercy Hospital of Folsom
1700 Prairie City Rd.
Folsom, CA 95630
Sister Brenda O'Keeffe, Chair, Dignity Health Sacramento Service Area
http://www.dignityhealth.org/cm/content/pages/community-benefit.asp

About Us

- Through its mission, Mercy Hospital of Folsom is committed to furthering the healing ministry of Jesus, dedicating resources to: delivering compassionate, high-quality, affordable health services; serving and advocating for our sisters and brothers who are poor and disenfranchised; and partnering with others in the community to improve the quality of life…
- [The following initiatives] summarize the plans for Mercy Hospital of Folsom to sustain and build upon community benefit programs that address priority health needs identified in the 2013 Community Health Needs Assessment (CHNA), and to engage with the community in developing new offerings that respond to needed care and services.

Community Benefit Initiatives for 2015

- Increase Primary Care Capacity – Grant to Wellspace Health Clinic in Rancho Cordova
- Patient Navigator Program – Connect patients with PCPs (Primary Care Providers), and other health care services
- Community Grants Program – Grants for community based nonprofit provider orgs
- Establish Programs to Increase Access to Care – Enrollment Assistance for uninsured patients, and funding Sacramento Region Health Care Partnership to increase capacity building efforts
- Increase access to Preventative Services
    - Target Healthier Living, and other Health Education Programs, to those living within Communities of Concern (zip code 95670 being one of them)
    - Address access to specialty care using the SPIRIT volunteer physician and health provider programs to provide specialty care for the underserved
    - Improve transportation services – Use Navigators to assist patients with bus routes
    - Advocate for the reinstatement of Sacramento County mental health services
    - Work with other providers for better access to mental health and substance abuse treatment/counseling options – partnering with El Hogar through ReferNet and involvement in the region's Interim Care Program

[16] Information retrieved from http://www.dignityhealth.org/cm/content/pages/community-benefit.asp, and http://www.dignityhealth.org/cm/media/documents/Mercy-Hospital-of-Folsom-IS.pdf

Health Assets Table for Mercy Hospital of Folsom Service Area, 2013[17]**

Name	Zip Code	Asthma/ Lung Disease	Diabetes	Hypertension	Mental Health	Nutrition	Substance Abuse	Tobacco	Medical Services	Specialty	Other	Dental
Birth & Beyond: RC	95670				R	E	P	I		FRC		Referrals
Cordova Lane Center: Folsom Cordova USD	95670								E,I,R	Medi-Cal outreach	Culturally Competent	
Kaiser Permanente	95670		P			P			P	Medical offices	Urgent Care	
Mercy Clinic White Rock	95670	I	S, M	S,M		I	I,R	I	P			
Women's Health Specialists	95670								S,E,I, P			
Capital Christian Center Food Closet	95827					P						
Capital Counseling Center	95827				C,P							
Cordova Senior Center	95827									Senior recreation center		
Life Practice Counseling Group, Inc.	95827				C							
SCDHHS Nurse-Family Partnership	95827								P			

S=screening services; M=disease management services; E=education services; I=information available; CM=Case management; C=counseling services offered; R=referral services offered; A=advocacy services; P=programs offered

****Not a complete list of services within Rancho Cordova**

[17] Taken from http://www.dignityhealth.org/cm/media/documents/Mercy-Hospital-of-Folsom-IS.pdf.

8. WELLSPACE HEALTH[18]

10423 Old Placerville Rd
Sacramento, CA 95827
Phone: (916) 737-5555
http://www.wellspacehealth.org/index.htm

History

- WellSpace health is the result of a merger between two Sacramento social service agencies. Family Service Agency historically provided child and family therapy, crisis intervention, and violence prevention. WellSpace Health provided primary health services and treatment of substance abuse. On October 1, 2005 these two agencies merged to create Sacramento's single largest provider offering a full continuum of care for health, mental health, and addictions treatment.

Mission Statement

- Achieving regional health through high quality comprehensive care.

Programs/Services

- Medical Care
  - Adult & Geriatric, Pediatrics, Dental Care, Women's Health, Birth and Family Health/Prenatal Care, Pregnancy Testing, Immunizations
- Mental Health & Counseling
  - Suicide Prevention, Child Abuse Prevention, Psychiatry
- Addictions Counseling
- Hospital Partner Programs
  - Interim Care Program (ICP), T3 (Triage, Transport, Treat)
- Prevention
  - Birth & Beyond and the Family Resource Center, Family and Adolescent Skills Training (FAST), Sacramento Violence Intervention Program (SVIP)
- Appointments/Eligibility

[18] Information retrieved from http://www.wellspacehealth.org/history.htm

9. RANCHO CORDOVA HART[19]

Karen Edwards
Karen@sunriverchurch.com
Phone: (916) 201-4633
http://www.ranchocordovahart.org/#!about-us/csgz

Who We Are

- A group of community members who care about the future of homelessness.
- A resource to those in Rancho Cordova who are currently without a home.
- Rancho Cordova congregations, businesses, and individuals working together to end homelessness in Rancho Cordova.
- We rely completely on donations to support our work. We have no paid staff. All work is done by volunteers.
- We are a non-profit under the umbrella of Sac Self Help Housing, so donations are tax deductible.

What We Do

- Winter Shelter – A rotating shelter program operated by the local faith community during the cold winter months.

[19] Information retrieved from http://www.ranchocordovahart.org/#!about-us/csgz

10. UNITED WAY CALIFORNIA CAPITAL AREA[20]

10389 Old Placerville Rd
Sacramento, CA 95827
Phone: (916) 856-3939
Stephanie Mclemore Bray, President and CEO
http://www.yourlocalunitedway.org/contact-us

Our Mission

- To improve people's lives in our region by mobilizing and integrating resources.

Who is United Way California Capital Region?

- Your local United Way is an independent local affiliate of United Way Worldwide, and we serve five counties: Amador, El Dorado, Placer, Sacramento, and Yolo counties.

What Do You Do?

- We are tackling the biggest issues facing our community: Education, Financial Stability and Health. By focusing on the big picture and bringing together companies, nonprofits, schools, government and individuals across the region, state and country, we can help thousands in our community.

United Way's Impact

- Education: We're helping kids read at grade level and running the local Campaign for Grade level reading. 41% of 739 kids are now reading at grade level.
- Financial Stability: We're connecting households and foster youth with financial knowledge and resources, and leading the local Assets & Opportunity Network. 86% of 413 adults are demonstrating better financial skills and 90% of 336 foster youth are earning in matched savings accounts.
- Health: We're helping kids and teens eat better and exercise more and heading up the local Healthy Meals program that provides kids healthy after-school meals and snacks. 96% of 4,190 kids have improved on the school Fitnessgram Test and more than 130,000 healthy meals have been served.

[20] Information retrieved from http://www.yourlocalunitedway.org/faq

11. FOLSOM CORDOVA COMMUNITY PARTNERSHIP[21]

10665 Coloma Road Suite 200
Rancho Cordova, CA 95670
Phone: (916) 361-8684 ext. 290
Robert Sanger, Executive Director
http://www.thefccp.org/our-programs/our-programs.html

Mission

- The mission of the Folsom Cordova Community Partnership is to enhance the education, health, and well-being of the children, youth, and adults in our community.

Vision

- We envision a unified, self-sufficient community in which children, youth, and adults are achieving their greatest potential.

Services

- Family Resource Center
- Birth and Beyond
- Roots and Horizons
- Cordova Activities for Kids
- REACH Youth
- Safety Net Services

Homeless Help through Safety Net Services

- Our Safety-Net Services program focuses on meeting the basic needs of our clients while acting as the gateway to our other programs and services. This is a very powerful way to reach populations who would normally "fall through the cracks" of a traditional insular social services delivery system. It also allows us to engage the family or individual on multiple levels.
- Currently our Safety-Net Services program provides one-to-one assessment, community-based advocacy and referrals resources as well as providing short-term, solution focused, case management services. Safety-Net can also educate community members about Covered California and link them to enrollment specialists for more information.
- Other Safety-Net Services offered include a walk-in program to receive immediate, tangible resources to assist in times of hardship. Referrals made to local partners empower participants with knowledge and the ability to access services themselves in future times of need. Safety-Net's mission is to reduce chronic crisis by developing participants' "tools" and resources to better handle stressors.

[21] Information retrieved from http://www.thefccp.org/our-programs/our-programs.html and http://www.thefccp.org/our-programs/intervention-services/about-safety-net-services.html

12. NAMI – NATIONAL ALLIANCE ON MENTAL ILLNESS[22]

3440 Viking Dr. #125
Sacramento, CA 95827
Phone: (916) 364-1642
David Bain, Executive Director
http://www.namisacramento.org/about/mission.html

About NAMI

- NAMI Sacramento is a self-supporting 501(c)(3) nonprofit organization and the Sacramento Affiliate of the National Alliance on Mental Illness. It is a grassroots, self-help, volunteer support and advocacy organization of consumers, family members and friends of persons afflicted with serious brain disorders (mental illnesses), such as schizophrenia, major depression, bipolar disorder, borderline personality disorder, obsessive-compulsive disorder and other anxiety disorders.

Mission

- NAMI Sacramento provides mutual support, resources, advocacy, and education to the families, friends, and persons with mental illness to improve their general welfare and treatment.

NAMI Sacramento Aims To:

- Provide through regularly scheduled meetings a means for the family and friends of mentally ill persons to share experiences, explore solutions, obtain mutual support, and become better informed.
- Educate NAMI-Sacramento members and the community about mental illness to eliminate the stigma associated with mental illness.
- Encourage the establishment and improvement of treatment facilities and services for persons with mental illness.
- Maintain a well-informed membership, particularly concerning the treatment of, research on, and legislation involving mental illness.
- Encourage the inclusion and active involvement of family members in the operation of the mental health system at all levels, particularly as it pertains to the treatment and care of family members.
- Support continuing research on mental illness and promising alternative treatments for mentally ill persons.
- Solicit and collect funds to support the objectives stated above.
- Participate as an affiliate in NAMI-California, our state organization and NAMI, our national organization.

[22] Information retrieved from http://www.namisacramento.org/about/mission.html

13. RELATIONSHIP SKILLS CENTER[23]

9719 Lincoln Village Dr. #503
Sacramento, CA 95827
Phone: (916) 364-1642
Erin Stone, Executive Director
http://skillscenter.org/

Scope of Work

The Relationship Skills Center works to build a better community by strengthening peoples' relationship skills. The Relationship Skills Center works to build a better community by strengthening peoples' relationship skills. Relationship skills are the building blocks needed for strong families, the backbone of strong communities.

We work in partnership with dozens of community agencies, nonprofit groups, schools, colleges and faith-based organizations. They refer parents and couples to us and incorporate our youth program into their own activities because they recognize the benefit of building strong families and healthy relationships.

Programs

Through classroom training and community outreach, we teach communication skills, conflict management, problem-solving, and more to parents and youth. Couples and single parents learn the skills necessary to make healthy choices for themselves and their children, couples gain the tools to build a strong and lasting foundation, and teens learn the skills needed for healthy relationship behaviors like managing uncomfortable emotions and treating others with respect.

Results

Since opening its doors in 2005, we've helped more than 5,000 families enjoy happier, more rewarding lives. Our goal is to see that every child is nurtured by adults who are equipped with the skills necessary to cope with life's challenges, and who love their children unconditionally. For teens, we support learning relationship skills early so they develop a realistic understanding of relationships beginning with their own self-awareness.

[23] Information retrieved from http://skillscenter.org/

14. MERCY HOUSING[24]

2512 River Plaza Drive, Suite 200
Sacramento, CA 95833
Phone: (916) 414-4400
Stephen Daues, Director of Real Estate Development, Sacramento Region
https://www.mercyhousing.org/california

Vision

Mercy Housing is working to create a more humane world where poverty is alleviated, communities are healthy and all people can develop their full potential. We believe that affordable housing and supportive programs improve the economic status of residents, transform neighborhoods and stabilize lives.

Mission

To create stable, vibrant and healthy communities by developing, financing and operating affordable, program-enriched housing for families, seniors and people with special needs who lack the economic resources to access quality, safe housing opportunities.

Mather Veterans Village

Mather Veterans Village is the fruition of a partnership between Mercy Housing California and the City of Rancho Cordova in an effort to construct permanent supportive housing for homeless veterans in the greater Sacramento area. These service-enriched units will mitigate multiple factors that contribute to the growing homeless veteran population including the extreme shortage of affordable housing and lack of support networks and access to necessary health care services. Separated into three phases, Mercy Housing will ultimately own and manage 100+ apartments for disabled, homeless, or very low-income veterans in phases one and three. Phase one is scheduled to open its doors in spring 2016.

[24] Information retrieved from https://www.mercyhousing.org/california-contact, https://www.mercyhousing.org/vision-mission-values and https://www.mercyhousing.org/affordable-housing-for-veterans

15. VETERANS RESOURCE CENTERS OF AMERICA[25]

P.O. Box 378
Santa Rosa, CA 95402
Phone: (707) 578-2785
Email: vrc@vetsresource.org/
Peter Cameron, President/CEO
http://skillscenter.org/

Services

Veterans Resource Centers of America (VRCA) provides numerous services to homeless veterans in Northern California and Arizona. Among these are:

- Homeless Prevention & Rapid Re-Housing
- Employment & Training
- Transitional Housing
- Behavioral Health Treatment
- Permanent Supportive Housing
- Nutrition Services
- Case Management
- Resource Centers
- Humanitarian Efforts

Mather Veterans Village

VRCA will be the primary services operator for all three phases of the Mather Veterans Village development. Additionally, VRCA will be the owner and operator of Phase 2, which will be approximately 40 beds of transitional housing for homeless and disabled veterans.

These will be in addition to the 104 beds VRCA currently operates of housing where homeless veterans may stay for up to two years serving both male and female veterans in Northern California. As part of our goal to carry on the legacy of support and hope for those less fortunate, these transitional projects offer a safe environment where veterans are supported in their efforts to overcome a variety of obstacles. By providing an effective network of services, veterans are connected to employment and training programs, counseling and legal services. These programs were developed by veterans to help veterans build better lives for themselves, their families and our communities.

[25] Information retrieved from http://www.vetsresource.org/who-we-are.html and http://www.vetsresource.org/services.html

STRATEGIES FROM OTHER JURISDICTIONS

Sources/Other Jurisdictions

The next section details homelessness programs adopted by national organizations and local municipalities.

Additionally, the U.S. Interagency Council on Homelessness report "USICH Opening Doors 2015" is a comprehensive Federal discussion of issues and approaches. The report's length precludes its inclusion here, but can be found at: **https://www.usich.gov/opening-doors**

1. Summary of Best Practices from Other Jurisdictions
2. National Alliance to End Homelessness – Ten Essentials
3. Center for Problem-Oriented Policing – Responses to the Problem of Homeless Encampments
4. City of Virginia Beach Department of Housing and Neighborhood Preservation – Comparative Analysis of Homeless Facilities and Programs in Selected U.S. Cities and Counties
5. Permanent Supportive Housing in Utah – The Shockingly Simple, Surprisingly Cost-Effective Way to End Homelessness
6. Solving Homelessness in Sacramento: A Systems Approach

SUMMARY OF BEST PRACTICES FROM OTHER ORGANIZATIONS AND JURISDICTIONS

While the following pages go into detail about the above programs, a brief summary of the major guiding principles and recommendations found include:

Data: Accurate data is imperative for making decisions.

Case Management/Navigators/Outreach: Dedicated personnel who link people with services and provide intense hand-holding through required processes significantly improve outcomes.

Housing First: Reducing the amount of time homeless people live on the streets by providing housing without preconditions, or one-time cash assistance, saves the most dollars for communities as a whole.

Permanent Supportive Housing: Providing long-term, stable housing with services is more effective than other shelter models.

Policing/Code Enforcement: Officer attitude and culture adjustments (through education, policy, special units, or other means) reduce negative interactions with homeless people.

Business Involvement: Cultivate advocacy leaders to champion homeless efforts and maintain open and frequent lines of communication to stay on top of issues.

Landscaping: Reduce ideal encampment areas by clearing tall brush, placing rocks, randomizing sprinkler systems, and altering street furniture.

Centralized "one-stop shop": Providing services in a central location reduces calls for service and saves time for the homeless as they connect with various services. [However, this may concentrate the homeless into one location and make that place potentially less desirable for other land uses.]

Income: Connecting homeless people with a source of income, whether SSI or employment, is crucial to end their chronic homelessness.

Organized Service Provider Community: An "every door is the right door" approach, where each service provider links homeless to all services in the area, improves the chances that people will get the help they need.

NATIONAL ALLIANCE TO END HOMELESSNESS

The Ten Essentials[26]

[26] Information retrieved from http://www.endhomelessness.org/pages/ten-essentials

The 10 Essentials

In order to effectively approach homelessness, a community needs a clear, deliberate, and comprehensive strategy. In **The Ten Essentials**, the Alliance outlines the ten components necessary in a successful plan to end homelessness. The Ten Essentials covers the most important strategies for success: prevention, re-housing options, access to housing and services, and efficient use of data, among others.

1. **Plan**
   Devise a plan of action. The Alliance's Ten Year Plan to End Homelessness is a good place to start. It is a comprehensive, systematic approach to addressing the different facets of homelessness. While planning, it is important to have representatives and input from all the groups affected by this social issue: government officials, business leaders, community activists, and the like. Every solution starts with a plan.

2. **Data**
   Before moving forward, it's imperative to fully understand the problem. With homelessness, that can be a tall order, as the social problem is influenced by the economy, geography, transportation, and a host of other elements. Luckily, most communities conduct a biannual point in time census and have a Homelessness Management Information System (HMIS), required by the Department of Housing and Urban Development (HUD). HMIS collects data about those who interact with the homeless assistance system, and this information can be helpful in understanding the homeless population better in addressing their specific needs.

3. **Emergency Prevention**
   As with most things, the most economical and efficient way to end homelessness is to prevent it from happening in the first place. Consider enacting programs and policies that will do just that. Many existing social programs connect vulnerable populations with emergency services, temporary cash assistance, and case management. Consider ways to integrate with these existing systems or adopt your own.

4. **Systems Prevention**
   Many people who fall into homelessness do so after release from state-run institutions, including jail and the foster care system. Still others come to homelessness from mental health programs and other medical care facilities. By creating a clear path to housing from those institutions, in the form of case management, access to services, or housing assistance programs, we can reduce the role that state-run institutions play in creating homelessness.

5. **Outreach**
   An important role in ending homelessness is outreach to people experiencing it.. A key ingredient to this outreach is the ability to connect the homeless population to housing and services. When considering outreach efforts, it's important to understand that many people living on the streets exhibit mental illness, substance addiction, and other negative behavior patterns. As such, it's important to consider low-demand housing that does not mandate sobriety or treatment.

6. **Shorten Homelessness**
   A successful homeless assistance program not only works to end homelessness, but minimizes the length of stay in a shelter and reduces repeat homeless episodes. In order to do this, assistance programs must align resources to ensure that families and individuals have access to the services necessary to achieve independence as quickly as possible. This often requires immediate access to housing, home-based case management, and incentives embedded into the homeless assistance system to promote these outcomes.

7. **Rapid Re-Housing**
   Navigating the housing market, especially on behalf of clients with lower incomes and higher needs, is a difficult task. A successful homeless assistance program has housing staff that help with just that. Housing locators search local housing markets and build relationships with landlords. Successful program components include incentives to landlords to rent to homeless households, creative uses of housing vouchers and subsidies to help homeless individuals and families afford their rental unit, and links to resources to help clients maintain their housing.

8. **Services**
   Services are actually more accessible than they sound; many of them already exist in the community. By and large, homeless individuals can access mainstream programs, including Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI), Medicaid, and other existing federal assistance programs. Connecting families and individuals exiting homelessness to these programs is imperative to ensuring their continued independence.

9. **Permanent Housing**
   At its root, homelessness is the result of the inability to afford and maintain housing. Remember that any plan to end homelessness must incorporate an investment in creating affordable housing. This includes supportive housing, which is permanent housing coupled with supportive services. This is often used for the chronically homeless population - that is, people experiencing long-term or repeated homelessness who also have mental or physical disabilities.

10. **Income**
    In order to maintain housing, people exiting homelessness must have income. Cash assistance programs are available through federal and state government, and career-based employment services can help formerly homeless people build the skills necessary to increase their income. Mainstream services, including the Workforce Investment Act, should be used for this purpose.

CENTER FOR PROBLEM-ORIENTED POLICING

Responses to the Problem of Homeless Encampments[27]

[27] Information retrieved from http://www.popcenter.org/problems/homeless_encampments/3

Responses to the Problem of Homeless Encampments

Analyzing the local problem should give one a better understanding of the factors contributing to it. Once a person has analyzed the local problem and established a baseline for measuring effectiveness, they should consider possible responses to address the problem.

The following responses, drawn from a variety of research studies and police reports, provide a foundation of ideas for addressing the problem. Several of these strategies may apply to the community's problem. It is critical that responses be tailored to local circumstances and that each can be justified based on reliable analysis. In most cases, an effective strategy involves implementing several different responses. Law enforcement responses alone are seldom effective in reducing or solving the problem. Do not limit the situation to consider only what the police can do; give careful thought to others in the community who share responsibility for the problem and can help police better respond to it. The responsibility of responding, in some cases, may need to shift toward those who can implement more effective responses. (For more detailed information on shifting and sharing responsibility, see Response Guide No. 3, *Shifting and Sharing Responsibility for Public Safety Problems*).

General Principles for an Effective Strategy

1. Enlisting community support to address the problem. Because of the intense public debate in many cities about how to deal with homelessness, it is a very good idea to involve homeless advocacy groups early in your planning process. Otherwise, a program may be derailed later by legal challenges. Other stakeholders, particularly those who may be making demands for police action, such as residents, business owners, politicians, and city officials should be involved in negotiating what is acceptable in public spaces.† Dismantling homeless encampments or altering their environmental features to discourage living there can easily be perceived as cruel by some if they don't understand how the overall effort will improve the lives of both transients and the larger community. Notwithstanding your efforts, it is unlikely that all will agree with the goal of eradicating homeless encampments.

> † In Clearwater, a Neighborhood Advisory Committee was set up to monitor, advise, and provide volunteer services at a shelter established by the police department. Eventually the community dropped its resistance to the new shelter and became actively involved with it (Clearwater (Florida) Police Department, 2001).

2. Educating the community about homelessness. Community members often don't understand the factors that give rise to homelessness and the constitutional limits on police trying to manage problems associated with chronically homeless people on the streets. Better-informed citizens may be more receptive to fundraising efforts for programs and services for the homeless and may be less resistant to the placement of facilities for homeless people in their neighborhoods.

3. Educating police officers about homelessness. Negative interactions between police officers and homeless people can be avoided through educational efforts to change police culture and attitudes

toward homelessness. Inviting homeless advocacy groups to help design and offer the curriculum can be very useful in building positive inter-agency relationships.††

> †† The Fort Lauderdale Police Department's two-hour department-wide course "Homelessness 101" was developed by the Broward Coalition for Homeless (Fort Lauderdale (Florida) Police Department, 2002).

4. Helping with your community's long-range homelessness plan. Police involvement in planning community-wide strategies to end homelessness is beneficial. Other people involved in planning need to hear what resources City departments can bring to the table as well as any limits on staff involvement.

Specific Responses to Homeless Encampments

Providing alternatives to homeless encampments

5. Promoting the "Housing First" model. This strategy for housing chronically homeless puts them into their own permanent housing unit first instead of first treating the underlying problem(s) to make them "housing-ready." The housing is seen mainly as a place to live. Treatment comes later.

An evaluation of this strategy in San Francisco found that the number of people living on the streets dropped by 41 percent in three years. More than 1,000 units of "permanent supportive housing" were established, and of those who moved into such units, 95 percent remained housed. In New York City, placing chronically homeless people with severe mental illnesses into supportive housing led to significantly fewer visits to emergency rooms, psychiatric wards, shelters, and jail. About 95 percent of the cost of providing supportive housing was off-set by reductions in public service expenditures. Other studies found that this approach resulted in more stable housing outcomes for participants (in terms of the percentage of participants still in housing after certain time frames) compared with standard care that begins with encouraging abstinence from alcohol and then leads to long-term housing - treatment first, then housing.

This strategy seems promising for those living in homeless encampments. Surveys of these populations find that a large majority (about 75 percent) list their most preferred shelter option as a place of their own, followed by encampments. Very few prefer government-run camps, and hardly any of the people surveyed wanted to live in a mission or shelter.

6. Lobbying for more resources for mental health and substance abuse. Given the strong relationship between residency in homeless encampments and dual diagnoses of addiction and mental illness, effective strategies to get people out of encampment life include long-term integrated treatment (i.e., treatment for both substance abuse and mental illness in the same program) and comprehensive case management. Many communities have groups actively working to increase state and local government funding of these services.

7. Regulating structured camping facilities. This involves setting up an area where transients can encamp in relative safety, without the fear of violating laws and ordinances, and receive services as long as they follow facility rules. In Phoenix, authorities established a campus for the unsheltered homeless that centralized their social services demands, including food, shelter, medical care, and employment services. Such facilities are likely to garner negative reactions from nearby residents and business owners who fear an influx of petty criminals and a drop in property values and quality of life. Involving them early in the planning process, as Clearwater, FL police did when they built a homeless shelter, can help reduce these NIMBY ("not in my backyard") responses.

Tent cities, if not properly run, can be problematic.††† Typical restrictions specified in municipal codes for jurisdictions that permit tent cities include:

- requiring a meeting with the community before establishing the encampment
- limiting the encampment's existence to a few months
- limiting the number of encampments that can operate in the jurisdiction at any one time
- limiting the number of times a location can be used for an encampment in a particular time period
- requiring a certain number of toilet and shower facilities
- restricting the use of heating and cooking devices
- specifying a minimum distance for the encampment from sensitive areas, such as schools, churches, playgrounds, and day care centers
- specifying a minimum distance from public transportation
- specifying the provision of social services to help homeless people out of their situations
- setting codes of conduct for residents

††† See www.mrsc.org/Subjects/Housing/TentCity/TentCity.aspx for a comprehensive list of ordinances governing tent cities.

Changing the physical environment

8. Clear-cutting overgrown brush.† Transients like encampments to be surrounded by overgrown vegetation, but this can make the camps difficult for police to enter safely, especially at night. Before clearing brush, first determine who owns the land. Multi-agency cooperation may be necessary on land owned by the park service, municipal parks and recreation departments, or transportation and highway departments. You may also need to consult a landscape architect about the types of plants that should replace what is removed. If a lot of brush needs to be cleared, consider asking neighborhood residents to assist.

† In San Diego, clearing brush along the side of an interstate resulted in a 100 percent reduction in calls-forservice, crime, out-of-service time for law enforcement, citations, arrests, and community complaints (San Diego (California) Police Department, 2003). In Anchorage, Alaska, a few homeless people lived in a small wooded strip between a residential area and a high traffic roadway. After the low-lying brush was mysteriously cut back one weekend, the encampments disappeared.

Clearing brush can be effective short-term. However, unless there are other changes to the area that makes it unattractive to transients, the encampment is likely to reappear when the brush grows back. It is

also possible the encampment will move to another location. If the encampment is close to neighboring jurisdictions, it can be worthwhile to work with agencies in these jurisdictions to anticipate and prevent this displacement.

9. Deploying water sprinklers. If the chronically homeless have set up camps in relatively small urban parks, setting water sprinklers to go off at various times can make sitting or lying on the grass less comfortable. Sprinklers on buildings can also be used to prevent people from sleeping on sidewalks.

10. Encouraging private property owners to secure vacant lots and buildings. Fencing and other barriers can make spaces less desirable for encampments because of the increased effort needed to reach the camp. On the other hand, making it harder to get to the encampment means it is less likely to be detected by police on routine patrol, which may actually serve to make the site more attractive.

11. Removing or altering street furniture. Dismantling park benches and the like, or installing spikes and other devices to discourage sitting or lying on flat, raised surfaces, can make places less attractive for idle transients. But this will affect the street homeless and the legitimate users of public space, as each will be denied a place to sit and rest. Better approaches involve encouraging property owners to modify surfaces in fairly benign ways or construct them so they do not promote long-term sitting. Examples include central armrests on benches, slanted surfaces at the bases of walls, prickly vegetation in planter boxes, and narrow or pointed treatments on tops of fences and ledges. However, some observers of public spaces argue that the way to lessen the impact of loitering homeless people is to construct even more desirable sitting environments to attract more legitimate users, thus decreasing the ratio of homeless to legitimate users.

Restricting access to goods and services that promote encampments

12. Restricting public feeding of transients. Health codes in many communities prohibit feeding people in public without appropriate permits and measures to ensure food safety. Zoning codes often specify what activities are allowable when providing services to homeless people. Religious groups have argued these prohibitions violate the freedom of religious expression under the First Amendment, the Equal Protection clause of the Fourteenth Amendment, and the Religious Freedom Restoration Act of 1993.

13. Diverting donations from the public. Well-intentioned people who leave donations of food and clothing at encampment sites may not realize that their actions may do more to enable transients than help them out of their chronically homeless lifestyle. Public education can encourage citizens to direct their charitable energies toward programs and services that reduce the need for homeless encampments rather than supporting them.

Reducing negative impacts of "routine activities" of the chronically homeless

14. Installing more public toilets. If the community has a problem with homeless people excreting and urinating in public, it may be because there is no place else for them to go. Seattle put in more public toilets, automated stand-alone units with doors that open after 10 minutes, seats that retract for cleaning, and a system to hose down the floors. However, some community members thought the toilets were havens for drug dealers and prostitutes. There were also some mechanical failures. Because some members of the public might object to the high price of automated toilets, it may be better to start with portable toilets.†† In Fresno, and Grand Rapids, Michigan, several portable toilets were recently installed next to homeless encampments, although not without opposition from those who argued that this would legitimize the encampments. Health and sanitation concerns were deemed more important. Another approach to dealing with citizens' concerns about the cost of public toilets is to contract with companies that can provide public toilets in addition to other street "furniture" (such as litter receptacles, bus shelters, newsstands, and benches). Revenue is generated by placing advertising on the street furniture and charging people a small fee to use the toilets (which have cleaning systems and automatic doors to prevent long stays). These arrangements can make money for local government—New York City expects to bring in $1 billion over 20 years.

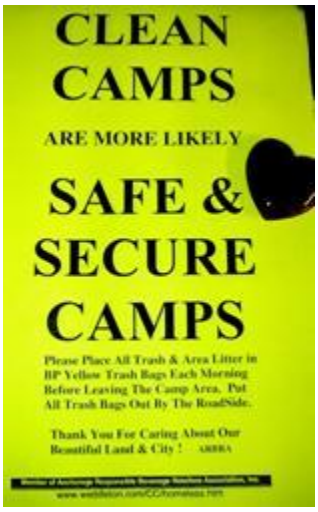
> †† An architect in Winnipeg, Manitoba, troubled by the strong smell of urine in doorways by his business, teamed up with the local Business Improvement Zone (BIZ) to install two portable toilets. Police and BIZ employees checked the toilets regularly to ensure they were not being used for criminal activity. Despite a reported reduction in urine odors, the city ordered their removal and declined to issue a permit (CBC News, 2008).

15. Opening a day resource center. These are "one-stop shops" where the chronically homeless can access services, use bathing facilities, and receive health care, food, etc. People who reside in urban encampments are likely to benefit, and at the very least, will be off the streets and out of public view for much of the day. Encampment-dwellers who work during the day do not need the "drop-in" component of a day resource center, but could more efficiently access services if it were available. Opponents think this will bring in more people, so providers of these facilities should strongly consider connecting the receipt of services to some sort of programming to transition people from homelessness.

In Fontana, CA, the police worked with local churches and other service providers to create TEN-4 (Transient Enrichment Network for Fontana), a processing center that provides a hot shower, clean clothes, food, and assistance in finding housing, employment, or placement in a long-term substance abuse treatment program. The facility is in a strip mall in an area of the city with a long-standing homelessness problem. If someone who was brought to the TEN-4 facility did not enter the program, he or she was given a ride away from the area. This helped alleviate business owners' concerns that the area around the center would be overrun by homeless people who were "dropped off" there. Also, homeless people who did not enter the program were not given any food or clothing, and were not allowed to use any restroom or shower facilities. These measures satisfied the business owners, who soon became strong supporters of TEN-4.

16. Working with land use enforcement officers. Most jurisdictions have land use codes that can prohibit homeless encampments on private property. They include restrictions or specifications on the type of ancillary dwelling units permitted on property and regulations against camping. Squatting in buildings is generally prohibited through codes setting safety standards for occupancy of structures.

17. Cleaning up camp sites. Removal of trash and debris from homeless encampments can improve the unsanitary conditions there. However, without taking steps to permanently remove the inhabitants, this response is unlikely to result in long-term change to the encampment.



This notice is placed at encampments after they have been cleaned by volunteers.
(Photo credit: Anchorage Responsible Beverage Retailers Association (ARBRA))

18. Shutting down homeless encampments. This response takes cleaning up camp sites much further and includes strategies to permanently remove the transients and discourage their return. The procedure for shutting down homeless encampments is multi-staged. Most successful plans include these elements, generally in this order:

- Visit the encampment to determine 1) how many people live there and if they have any special needs; 2) if there are any environmental hazards that need to be handled by trained personnel; and 3) the proper deployment of police officers and others to adequately carry out the plan.
- Determine which law enforcement agencies have jurisdiction in the encampment area. If there is more than one, as is often the case in wilderness areas where state or federal agencies may have jurisdiction, establish a Memorandum-of-Understanding (MOU) that specifies which agency will be responsible for law enforcement, safety, and environmental protection, and who will do what while the response is being implemented.
- Find out who owns the property in question. The laws pertaining to legality of encampments vary depending on whether the land is privately or publicly owned.
- Become familiar with your jurisdiction's laws regarding removal of personal property and people from transient encampments.
- Meet with representatives from homeless advocacy groups to advise them of your plan and why you are doing it. Data collected during the scanning phase of your project will be useful

here. Consider inviting these groups to come along on your subsequent contacts with transients at the encampment.

- Arrange alternate shelter for all the transients *before* you begin to remove them from the encampment. This is an important step to avoid legal challenges on the basis of the unconstitutionality of punishing someone for carrying out a "physiological need"—sleeping.
- Provide all transients with a written notice advising them 1) they are violating the law by camping in the park, under the freeway overpass, etc; 2) they are subject to further law enforcement if they remain in the area; 3) of the location of the alternate shelter arranged specifically for them; and 4) by which date they must vacate the area.
- After the date of vacation passes, return to the encampment and issue citations to those still there. Tell them the date by which they must vacate and that they will be subject to arrest and seizure of property if they do not leave by then.
- After the second notice passes, arrest any remaining transients and store their belongings. Ask other agencies or government departments to assist you in removing this property. Be careful about potential constitutional violations regarding searches of property.
- Establish another MOU detailing who will be responsible for ensuring the encampment is not rebuilt. Consider having each agency contribute some resources for regular patrols of the affected areas, and ensure you have the capacity to immediately clean up an area if it begins to reestablish itself.
- Cut back any excessive foliage that hides the encampment area.
- Post signage in the former encampment indicating that camping is not permitted in the area.

Example of signage posted in a former encampment.
(Photo credit: Anchorage Responsible Beverage Retailers Association (ARBRA))

19. Retrieving shopping carts. Some transients store their personal belongings in shopping carts, making it relatively easy for them to move from place to place. Often what is transported in the carts is not food or other grocery items, but debris, soiled clothing, and/or animals. If a cart is returned to the store, its use by shoppers may constitute a health hazard.

Stores in areas populated by transients may be especially vulnerable to cart theft because many of their customers are pedestrians and cannot transport their goods home without a shopping cart. Further, these stores may lack the resources to install security devices on the carts or to allocate staff and a vehicle to patrol the neighborhood to pick up stray carts. Some cities, such as Phoenix, allocate government funding to hire shopping cart pickup vendors to work in areas particularly afflicted by discarded carts. Other cities

have ordinances that require stores to contract with vendors whose business is retrieving abandoned shopping carts, or to develop a plan to contain their carts on their property. This ordinance is widespread in California, where state law places numerous restrictions on the capacity of local governments to quickly retrieve abandoned shopping carts.†††

> ††† See http://file.burbankca.gov/cityclerk/agendas/ag_council/2007/ag032007_Minutes.html for a good discussion about the legal implications of different methods of controlling abandoned shopping carts.

Improving police interactions with transients

20. Developing a departmental policy. About a quarter of sheriffs' offices and local police departments have written policies for contacts with homeless people. A policy should include procedures for casual contacts and arrests, as well as details about how to give notice to illegal campers and deal with the property of homeless people.† The use of appropriate record-keeping tools (to support efforts to assess the effectiveness of your intervention) could also be mandated by policy.

> † For examples of policies, see the Fort Lauderdale (Florida) Police Department and the Cincinnati (Ohio) Police Department (www.cincinnati-oh.gov/police/downloads/police_pdf7158.pdf).

21. Creating a specialized unit. Police departments in many cities, such as Santa Monica and San Diego, California, Pinellas Park and Fort Lauderdale, Florida, New York City, and Albuquerque, New Mexico, have established units to deal specifically with homeless people. There are different types of these units. In one variation, police accompany outreach workers on patrols through areas frequented by homeless people. Contacted homeless people are referred or transported to services. In Fort Lauderdale, police officers on the Homeless Outreach Team learned that wearing a uniform and driving a marked patrol car actually made it easier to contact homeless people. Being approached by someone in plain clothes and an unmarked car made the homeless fearful. Another variation is based less on patrol and more on crisis intervention. An example is the Homeless Outreach Team in San Diego, where in addition to homeless outreach efforts, police officers partner with mental health clinicians in a Psychiatric Emergency Response Team. A third variation is exemplified by the Homeless Liaison Program (HLP) in Santa Monica. There, a specially trained unit of about six police officers reaches out to transients and refers them to services. The HLP Team established contacts with short-term and long-term housing providers, job placement services, and treatment programs for mental illness and substance abuse disorders.

Responses with Limited Effectiveness

22. Enforcing "sidewalk behavior" ordinances. "Sidewalk behavior" ordinances prohibit behaviors on public sidewalks. Examples of these prohibited behaviors include lying or sitting on the sidewalk, or on any object placed on the sidewalk; impeding or obstructing the passage of pedestrians by getting in their way or putting obstacles on the sidewalk; leaving belongings unattended on sidewalks; and soliciting. There have been successful class-action legal challenges†† to arrests of homeless people for sleeping in

public places and carrying out other "life-sustaining functions." The courts' decision rules have generally been:

†† See, for example, *Pottinger v. City of Miami, Johnson v. City of Dallas, and Jones v. City of Los Angeles*.

1) Are the plaintiffs involuntarily homeless? If the community does not have enough shelter beds to house all the homeless people, a court is likely to rule, based on precedent, that homelessness is not a choice and thus involuntary.

2) Do the plaintiffs have access to non-public spaces to carry out the punished activities? If the community lacks bathing and toilet facilities for the homeless, enforcement of laws prohibiting these activities could run into legal challenges.

3) Are the activities for which the plaintiff is being punished involuntary? Courts have tended to rule that sleeping and excretion are involuntary.

Beyond the legal impediments to enforcing these ordinances, it is likely that some offenders might welcome being arrested for these sorts of activities. It gives them a chance to be off the street for a short period of time in a place where they can eat, get warm, and clean up. Before long, they will back in the same area doing the very things for which they were arrested.

23. Enforcing ordinances against panhandling. Only a small percentage of chronically homeless people are panhandlers.† Therefore, cracking down on panhandlers is not likely to have a significant impact on transient encampments. Furthermore, the legal impediments to successful enforcement of anti-begging laws are great.††

† American ethnographic studies and small-scale surveys of people living on the street or in transient encampments show that about 20–30 percent engage in panhandling. This percentage was considerably higher in a Scottish study however (Fitzpatrick and Kennedy, 2000).

†† See Problem-Specific Guide No. 13, Panhandling for more information.

24. Doing "bum" sweeps. One common strategy is the "bum sweep," where police temporarily concentrate resources in a troubled area and arrest a lot of homeless people for minor offenses or on outstanding warrants. Sweeps can clean up an area very quickly, but they are not generally effective for a number of reasons. First, they can create an adversarial relationship between this group and the police, and, second, they can encourage unproductive interaction with homeless advocates.[68] Finally, there is no evidence that sweeps have any long-term effect. As an isolated response, crackdowns against the street homeless are not advised. However, there is evidence from studies of crackdowns on serious crime (mostly drug markets) that they can be effective if done in conjunction with other strategies.†††

††† See Response Guide No. 1, The Benefits and Consequences of Police Crackdowns for more information.

25. Creating safe zones. These areas, wherein homeless people can live without fear of arrest for carrying out the routine behaviors of daily life, typically combine temporary shelter with services such as medical care, meals, and employment assistance. Homeless encampment residents prefer these to shelters. In practice, safe zones are not effective. Their location in industrial parts of cities makes community opposition unlikely, but also isolates inhabitants from the services and employment opportunities that might help them transition out of chronic homelessness. It is also possible that this isolation might actually increase the divide between safe zone residents and "housed" people. The city of Fort Lauderdale, was compelled by court order to establish a safe zone, i.e., four tents in a downtown parking lot. It had feedings, showers, and restrooms, and ended up attracting new homeless people to the city. The safe zone became rife with crime. Overall, the effort proved not to be cost-effective.

26. Increasing the capacity of local shelters. It is not always true that people reside in transient encampments due to lack of shelter space. Campers resist going to shelters for a variety of reasons. Some shelters cost too much, prohibit alcohol use, couple shelter with religious outreach, or refuse admittance to those with certain types of criminal histories (sex offenders in particular). Those who are denied entry once are not likely to try again. Relaxing these rules might make shelters more palatable to this group of chronically homeless people. On the other hand, allowing anyone into shelters would lead others to avoid them for personal safety reasons. Finding a balance can be difficult.

In two studies of homeless encampment residents, only 25-41 percent said they would go willingly to shelters. If forced to leave their encampment, a larger percentage said they would just find a more secluded place to live, and others said they would continue to stay at their encampment, even if it meant risking arrest.

CITY OF VIRGINIA BEACH
DEPARTMENT OF HOUSING AND NEIGHBORHOOD PRESERVATION

Comparative Analysis of Homeless Facilities and Programs in Selected U.S. Cities and Counties[28]

[28] Information retrieved from http://www.vbgov.com/government/departments/housing-neighborhood-preservation/homeless-families-individuals/Documents/Homeless%20Shelters%20Comparison%20Report%209.19.11.pdf

Scope

This report focuses primarily on emergency shelter and “day service” facilities in coast United States cities.

Summary of Findings

1. There is a trend toward consolidating a full spectrum of services (meals, case management, counseling, healthcare, training, etc.) and overnight shelter for the homeless into one location. This improves opportunities for the homeless to make connections to critical services and to make more effective use of their time to improve their situation. In addition, consolidating services geographically reduces the call volumes that participating agencies must field form persons seeking assistance.

2. Homeless-serving facilities located in coastal cities can successfully be located away from the beach/resort area; but this may require transportation services as well as an overnight shelter component to insure that the facility is utilized. Of the East Coast resort cities profiled in this report, the average distance from a shelter to the nearest point on the oceanfront is 1.43 miles.

3. Operational standards and requirements placed on those receiving services can be key components of a successful shelter facility or homeless assistance system. Both shelter-level and “system-wide” standards are important in governing accountability among city administration, providers, and homeless clients.

4. Homeless-serving facilities are located in a wide variety of land-use settings. The acceptance of the facility by neighboring residents and businesses is related to both who came first and to the operational policies and standards that are employed at the facility…

Summary of Best Practices

Below is a compilation of best practices related to homeless shelter operations as well as area-wide approaches to planning for homeless services. The list is based on strategies that have been implemented by the various shelters profiled in the report, as well as ancillary research that was conducted for the report.

1. Implementation of a centralized, city-wide or cooperative region-wide homeless intake and assessment process in an accessible location that is served by public transit. The intake process serves both individuals and families.

2. Development of a sophisticated, region-wide homeless services organizing agency that fulfills the following functions:

    - Builds relationships and coordinates communications among existing and potential main-stream service providers, non-profits, faith-based communities, private business partners, homeless clients and the public.

    - Is a repository for information regarding system-wide homeless services.

    - Maintains an easily navigable public website where comprehensive descriptions of existing services, data on local homeless demographics, service evaluation reports, and evolving best practices are available for the public at large.

    - Conducts periodic assessments to identify gaps or duplications in system0wide service provision and evaluates program effectiveness.

    - Facilitates ongoing community participation and input into the long-range planning process for programs related to homelessness.

3. Collection long-term program outcomes as part of a standard data management process. In this way future resources can be dedicated to programs and service methods that have proven to be effective. Providing robust data on outcomes also improves competitiveness in applications for private-sector grants.

4. Provision of a shelter dedicated to full-time, comprehensive substance abuse rehabilitation (available to those who are currently homeless and may have little to no income).

5. Intensive programming support for individuals transitioning from the mental health, corrections, and foster care systems, as well as the military, into main-stream society and conventional housing.

6. For those exiting the corrections system, immediate training opportunities to build job skills and develop healthy relationships.

7. A shelter model where clients are not allowed to walk up to the shelter. Outreach teams pick up homeless clients and drop them off at the shelter during designated hours. This eliminates loitering around the facility.
8. Expand and increase support for affordable housing opportunities (rent/mortgage payments no higher than 30% of household income).
9. Ongoing advocacy at the state and national level in order to support opportunities at the local level.
10. Flexible public funding streams with reward funding based on performance/outcomes rather than service methods.

"Proven Strategies" from Hennepin County, Minnesota

It was beyond the scope of this report to complete an exhaustive investigation into the most current policy literature, related to best practices for homeless assistance models. The Hennepin County, Minnesota 10-year plan to end homelessness includes a well-researched compendium of "proven strategies" to reduce the incidence of homelessness. The best practices from an appendix to the Hennepin County 10-year plan to end homelessness are summarized below.

1. **One-time cash assistance** for rent or utilities, to keep a household from falling into homelessness in the first place.
2. **"One-stop shop" prevention services**. Consolidating a comprehensive set of services into one location/facility so that clients do not have to waste time or meager resources traveling from place to place, simply to fulfill their daily needs.
3. **Adequate transition planning** for individuals re-entering society from the corrections system or mental health institutions, as well as for those existing the foster care system.
4. Ensuring **a viable spectrum of affordable housing options** are available to the public at large.

5. Providing a **permanent supportive housing** option for those who experience multiple barriers to housing stability, such as those with permanent mental and/or physical disabilities.

6. **Rapid-exit from shelter** and **rapid re-housing**. Well-trained case managers use a standardized assessment tool to accurately identify the barriers that keep a family from permanent housing. Case managers link the family with the appropriate set of social services that will help the family overcome their housing barriers.

7. Taking a **Housing first** approach. This approach assumes that finding stable housing for a household should be the first priority in the series of social services that will set a family back on the path toward self-sufficiency.

8. **"Every door is the right door" approach**, meaning that no matter which service facility a person approaches, s/he will experience the same intake process and can be referred to the same set of appropriate system-wide services.

9. **Promoting family preservation and reunification.** The priority should be to keep families together. As a practice, children should not be placed in foster care solely based on the fact that their family is homeless.

10. **Wrap-around case management teams** for individuals or families who experience multiple barriers to housing.

11. **Develop a household's capacity to increase income and assets,** including education, financial literacy, and job training and placement services.

12. Creating **innovative partnerships**, which entail both recruiting new partners and improving coordination and communication among existing partners.

13. Identifying at-risk groups and **developing programs specific to the unique needs of those at-risk groups.**

14. **Effective data management** allows localities to accurately diagnose system design or implementation problems and also to measure progress against the goals of the long-range plan for homeless prevention.

15. **Advocacy and leadership**. A successful homeless prevention and rehabilitation system requires the consistent support of champions in city government, and in the local residential and business communities.

16. Ongoing **community planning and response.** In order to make a positive impact on the incidence of homelessness in the city, community members must:

    - Be in open communication with service providers and the homeless,
    - Capitalize on existing community resources and spend time volunteering in order to increase service capacity, and
    - Be willing to engage in fund-raising efforts to fill programming gaps.

PERMANENT SUPPORTIVE HOUSING IN UTAH

The Shockingly Simple, Surprisingly Cost-Effective Way to End Homelessness[29]

[29] Information retrieved from http://www.motherjones.com/politics/2015/02/housing-first-solution-to-homelessness-utah

Homeless Street Outreach Program

By Scott Carrier [1] | Tuesday Feb. 17, 2015 06:00 AM | Photos by Jim McAuley

It's early December, 10:30 in the morning, and Rene Zepeda is driving a Volunteers of America minivan around Salt Lake City, looking for reclusive homeless people, those camping out next to the railroad tracks or down by the river or up in the foothills. The winter has been unseasonably warm so far—it's 60 degrees today—but the cold weather is coming and the van is stacked with sleeping bags, warm coats, thermal underwear, socks, boots, hats, hand warmers, protein bars, nutrition drinks, canned goods. By the end of the day, Rene says, it will all be gone.

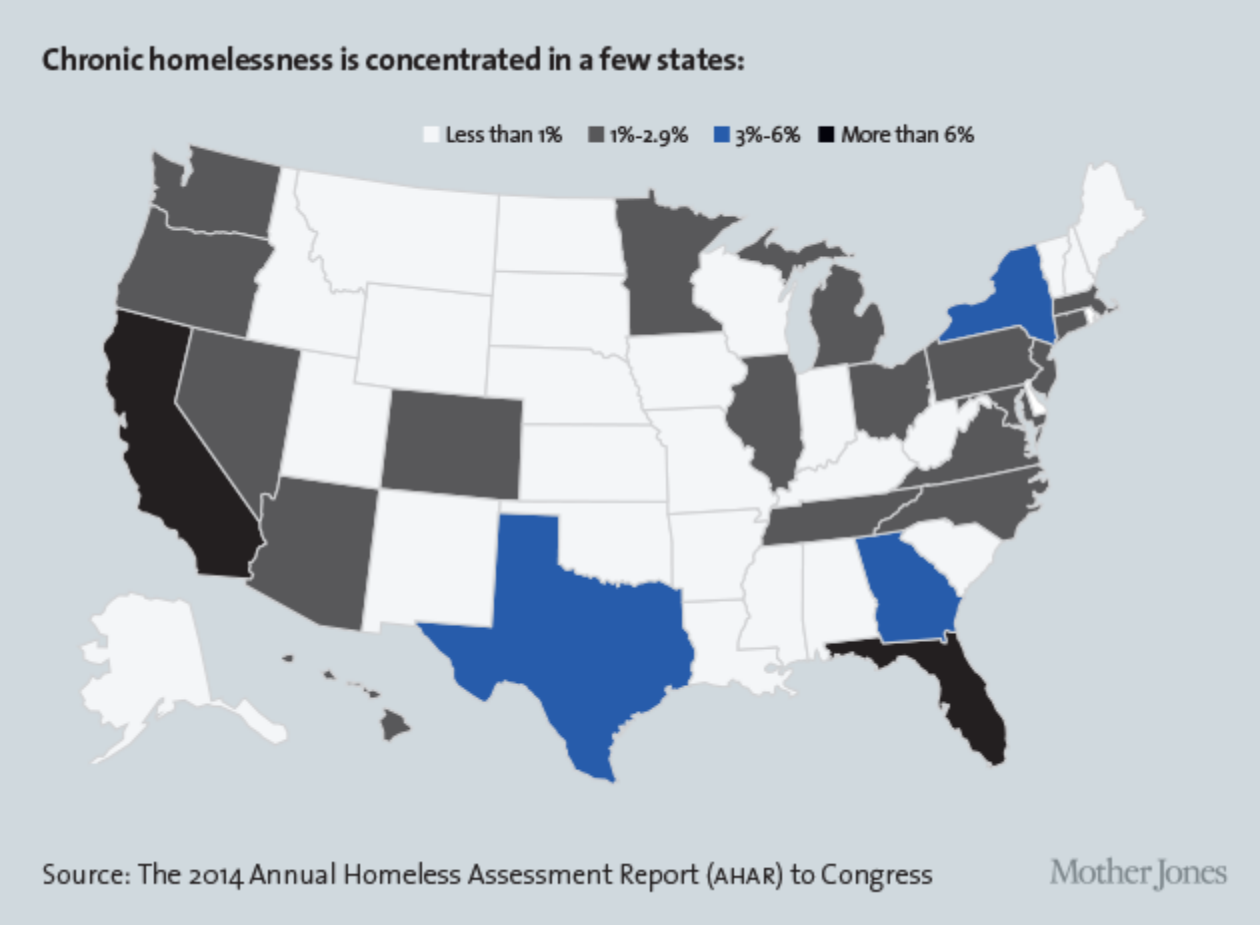
These supplies make life a little easier for people who live outside, but Rene's main goal is to develop a relationship of trust with them, and act as a bridge to get them off the street. "I want to get them into homes," Rene says. "I tell them, 'I'm working for you. I want to get you out of the homeless situation.'"

And he does. He and all the other people who work with the homeless here have perhaps the best track record in the country. In the past nine years, Utah has decreased [2] the number of homeless by 72 percent—largely by finding and building apartments where they can live, permanently, with no strings attached. It's a program, or more accurately a philosophy, called Housing First.

One of the two phones on the dash starts ringing. "Outreach, this is Rene." He's upbeat, the voice you want to hear if you're in trouble. "Do you want to meet at the motel? Or the 7-Eleven?" he asks. "Okay, we'll be there in five minutes."

Five days ago, William Miller, 63, was diagnosed with liver cancer at St. Mary's Hospital in Reno, Nevada. The next day a friend put him on the train to Salt Lake City, hoping the Latter Day Saints Hospital might help. For the past two nights he's been sleeping under a freeway viaduct. He vomits when he wakes up in the morning and has gone through two sets of clothes due to diarrhea. Yesterday he went to the LDS Hospital for a checkup and slept for five and a half hours in a bathroom. Now he's sitting on the back of the van in a motel parking lot. A friend staying at the motel let him take a shower in his room, but then William started feeling weak, so he called Rene.

"I'm one that rarely gets sick," he says. "It takes a lot to get me down, but I'm all out of everything."



He has bushy sideburns and a lot of hair sticking out from a beanie and looks as if he was once much bigger than he is now, like he's shrinking inside oversized clothes.

"I had two cups of Jell-O yesterday. My buddy got me a cup of coffee and a couple of doughnuts, but I'm gagging and throwing up everything. I'm nodding out talking to people, and that's not good."

Rene helps William get in the passenger seat and drives him to the Fourth Street Clinic, which provides free care for the homeless and is where Rene used to work as an AmeriCorps volunteer. He knows the system and trusts the doctors and nurses. William gets out of the van and walks inside very slowly and sits down in the waiting room. Rene checks him in. "I'm a tough old bird," William says to me. "I ain't never had something like this. I'm just weak as all get out, and in a lot of pain."

Watch: Hanging Out With the Tech Have-Nots at a Silicon Valley Shantytown

Then he nods off.

The next stop is at a camp next to the railroad tracks. A 57-year-old man and a 41-year-old woman are living in a three-man dome tent covered with plastic tarps. Patrick says he's doing okay, even though he's had two strokes this year and has two tumors on his left lung and walks with a cane.

"My legs are going out. I'm sure it's from camping out. We were living in the hills for two years," he says. "My girlfriend, Charmaine, is talking about killing herself she's in so much pain." Charmaine is a heroin addict who suffers from diabetes, grand mal seizures, cirrhosis, and heart attacks. "When we lived in the foothills we both got bit by poisonous spiders," she says, showing me a three-inch scar above her swollen right ankle. "The doctor tried to cut out the infection, but he accidently cut my calf muscle."

She walks slowly, with a limp. As Rene is getting Charmaine in the van, Patrick takes him aside and asks if maybe Rene could get her into one of the subsidized apartments for chronically homeless people.

"If she comes back here she'll die," he says, "Especially with the cold weather coming."

Rene tells him he'll look into it.

On the way to the Fourth Street Clinic [3], I ask Charmaine how many times she's been to an emergency room or clinic this year.

"More times than I can count," she says.

By the end of the day, Rene has met with 12 homeless people, all with drug and alcohol problems, many requiring medical help, all needing the sleeping bags, warm clothes, food, and supplies that he hands out. As the sun sets we head back to the office with an empty van.

"I do it for the money and glamour," he says, laughing. "No, I mean you cross a line and you really can't go back, 'cause you just know this is out here."

We could, as a country, look at the root causes of homelessness and try to fix them. One of the main causes is that a lot of people can't afford a place to live. They don't have enough money to pay rent, even for the cheapest dives available. Prices are rising, inventory is extremely tight, and the upshot is, as a new report [4] by the Urban Institute finds, that there are only 29 affordable units available for every 100 extremely low-income households. So we could create more jobs, redistribute the wealth, improve education, and socialize health care basically redesign our political and economic systems to make sure everybody can afford a roof over their heads.

Instead of this, we do one of two things: We stick our heads in the sand or try to find bandages for the symptoms. This story is about how Utah has found a third way.

To understand how the state did that it helps to know that homeless-service advocates roughly divide their clients into two groups: those who will be homeless for only a few weeks or a couple of months, and those who are "chronically homeless," meaning they have been without a place to live for more than a year, and have other problems—mental illness or substance abuse or other debilitating damage. The vast majority, 85 percent, of the nation's estimated 580,000 [5] homeless are of the temporary variety, mainly men but also women and whole families who spend relatively short periods of time sleeping in shelters or cars, then get their lives together and, despite an economy increasingly stacked against them, find a place to live, somehow. However, the remaining 15 percent, the chronically homeless, fill up the shelters night after night and spend a lot of time in emergency rooms and jails. This is expensive—costing between $30,000 and $50,000 per person per year according to the Interagency Council on Homelessness [6]. And there are a few people in every city, like Reno's infamous "Million-Dollar Murray," [7] who really bust the bank. So in recent years, both local and federal efforts to solve the homelessness epidemic have concentrated on the chronic population, currently about 84,000 nationwide.

In 2005, [2] approximately 2,000 of these chronically homeless people lived in the state of Utah, mainly in and around Salt Lake City. Many different agencies and groups—governmental and nonprofit, charitable and religious—worked to get them back on their feet and off the streets. But the numbers and costs just kept going up.

Nearly 1/3 of all homeless live in just 10 cities:

New York City	**67,810**
Los Angeles (city and county)	**34,393**
Las Vegas/Clark County	**9,417**
Seattle/King County	**8,949**
San Diego (city and county)	**8,506**
Washington, DC	**7,748**
San Jose/Santa Clara (city and county)	**7,567**
Denver	**6,621**
San Francisco	**6,408**
Chicago	**6,287**

Source: The 2014 Annual Homeless Assessment Report (AHAR) to Congress

Mother Jones

The model for dealing with the chronically homeless at that time, both here and in most places across the nation, was to get them "ready" for housing by guiding them through drug rehabilitation programs or mental-health counseling, or both. If and when they stopped drinking or doing drugs or acting crazy, they were given heavily subsidized housing on the condition that they stay clean and relatively sane. This model, sometimes called "linear residential treatment" or "continuum of care," seemed to be a good idea, but it didn't work very well because relatively few chronically homeless people ever completed the work required to become "ready," and those who did often could not stay clean or stop having mental episodes, so they lost their apartments and became homeless again.

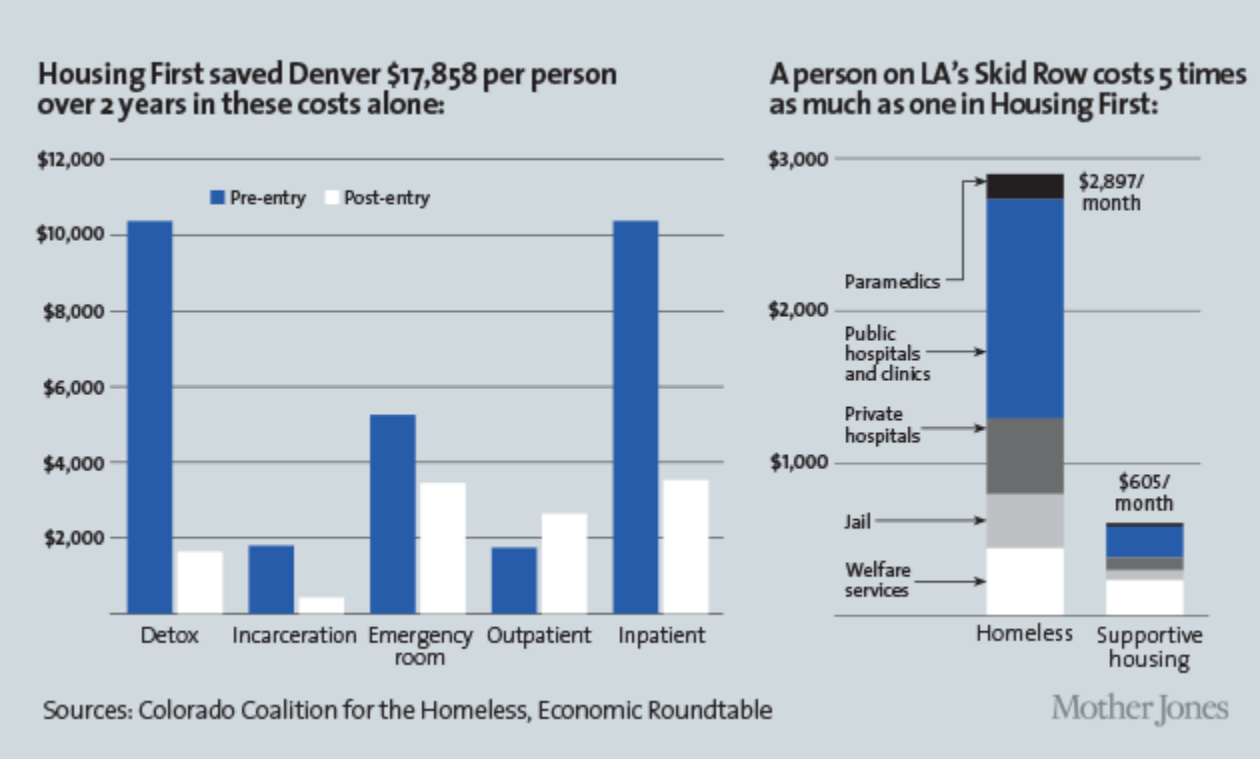
In 1992, a psychologist at New York University named Sam Tsemberis decided to test a new model. His idea was to just give the chronically homeless a place to live, on a permanent basis, without making them pass any tests or attend any programs or fill out any forms.

"Okay," Tsemberis recalls thinking, "they're schizophrenic, alcoholic, traumatized, brain damaged. What if we don't make them pass any tests or fill out any forms? They aren't any good at that stuff. Inability to pass tests and fill out forms was a large part of how they ended up homeless in the first place. Why not just give them a place to live and offer them free counseling and therapy, health care, and let them decide if they want to participate? Why not treat chronically homeless people as human beings and members of our community who have a basic right to housing and health care?"

Tsemberis and his associates, a group called Pathways to Housing, ran a large test [8] in which they provided apartments to 242 chronically homeless individuals, no questions asked. In their apartments they could drink, take drugs, and suffer mental breakdowns, as long as they didn't hurt anyone or bother their neighbors. If they needed and wanted to go to rehab or detox, these services were provided. If they needed and wanted medical care, it was also provided. But it was up to the client to decide what services and care to participate in.

The results were remarkable. After five years, 88 percent of the clients were still in their apartments, and the cost of caring for them in their own homes was a little less than what it would have cost to take care of them on the street. A subsequent study [9] of 4,679 New York

City homeless with severe mental illness found that each cost an average of $40,449 a year in emergency room, shelter, and other expenses to the system, and that getting those individuals in supportive housing saved an average of $16,282. Soon other cities such as Seattle [10]and Portland, Maine [11], as well as states like Rhode Island [12] and Illinois [13], ran their own tests with similar results. Denver found [14] that emergency-service costs alone went down 73 percent for people put in Housing First, for a savings of $31,545 per person; detox visits went down 82 percent, for an additional savings of $8,732. By 2003, Housing First had been embraced by the Bush administration.



Still, the new paradigm was slow to catch on. Old practices are sometimes hard to give up, even when they don't work. When Housing First was initially proposed in Salt Lake City, some homeless advocates thought the new model would be a disaster. Also, it would be hard to sell the ultra-conservative Utah Legislature on giving free homes to drug addicts and alcoholics. And the Legislature would have to back the idea because even though most of the funding for new construction would come from the federal government, the state would have to pick up the balance and find ways to plan, build, and manage the new units. And where are you going to put them? Not in my backyard.

This is when two men who'd worked with the homeless in Utah for many years—Matt Minkevitch, executive director of the largest shelter in Salt Lake City [15], and Kerry Bate, executive director of the Housing Authority of the County of Salt Lake—started scheming.

"We got together and decided we needed Lloyd Pendleton," Minkevitch said.

Pendleton was then an executive manager for the LDS Church Welfare Department, and he had a reputation for solving difficult managerial problems both in the United States and overseas. He'd also been involved in helping out with homeless projects in Salt Lake City, organizing

volunteers, and donating food from the Bishop's Storehouse. Dedicated to providing emergency and disaster assistance around the world as well as supplying basic material necessities to church members in need of assistance, the Church Welfare Department is like a large corporation in itself. It has 52 farms, 13 food-processing plants, and 135 storehouses. It also makes furniture like mattresses, tables, and dressers. If you're a member of the church and you lose your job, your house, and all your money, you can go to your bishop and he'll give you a place to live, some food, some money, and set you up with a job…no questions asked. All you have to do in return is some community service and try to follow the teachings of the Prophet Joseph Smith: a system very much like Housing First—give them what they need, then work on their problems.

Minkevitch and Bate believed if they could get Pendleton to come on as the director of Utah's Task Force on Homelessness he could mobilize the LDS, unite the different homeless-service providers, and sell the Housing First paradigm to the Legislature. Minkevitch's agency had a close relationship with LDS leaders; the church had been a big donor for his shelter, The Road Home. Bate had worked with Lt. Gov. Olene Walker, who had just ascended to the governorship when Mike Leavitt was appointed to lead the Environmental Protection Agency. He asked her to write a letter to LDS elders, requesting that they "loan" Pendleton to the state. She did, and the church leaders said yes. It was a perfect marriage between church and state.

"The old model was well intentioned but misinformed. You actually need housing to achieve sobriety and stability, not the other way around."

Once Pendleton took over the task force, he traveled to other cities to study their homeless programs. But he didn't see anything he thought would work, at least in Utah. "I wasn't willing to go to the Legislature until we could tell them we had a new goal and a new vision," he said.

Then, in 2005, after a conference in Las Vegas, Pendleton shared an airport shuttle ride with Tsemberis and got a firsthand account of the Housing First trial. Tsemberis bore his testimony, as the Mormons would say, about the transformative power of giving someone a home.

"Going from homelessness into a home changes a person's psychological identity from outcast to member of the community," Tsemberis says, the old model "was well intentioned but misinformed." It is a long stairway that required sobriety and required stability in order to get into housing. So many people could never achieve that while on the street. You actually need housing to achieve sobriety and stability, not the other way around. But that was the system that was there. Some people called it a housing readiness industry, because all these programs were in business to improve people to get them ready for housing. Improve their character, improve their behavior, and improve their moral standing. There is also this attitude about poor people, like somehow they brought this upon themselves by not behaving right." By contrast, he adds, "Housing First provides a new sense of belonging that is reinforced in every interaction with new neighbors and other community members. We operate with the belief that housing is a basic right. Everyone on the streets deserves a home. He or she should not have to earn it, or prove they are ready or worthy."

When I asked Pendleton if that struck a chord because Housing First seemed akin to the LDS Church Welfare Department, he was careful to insist that "the Mormon church is no different than other Christian churches in this way." Whatever, he was sold.

Lloyd Pendleton is 74 years old, fit and spry with silver hair and pale-blue eyes that have the penetrating and somewhat mesmerizing stare of a border collie. He grew up relatively poor on a dairy farm and cattle ranch in a remote desert of western Utah and maybe has some cow dog in him.

"As a kid," he says, "I was expected to do everything on the farm, from building fences to chopping wood to milking the cows. Every year I was given a new pair of work boots and a new pair of Levi's. That was all my family could afford."

He earned an MBA from Brigham Young University and was hired straight out of school by the Ford Motor Company in Dearborn, Michigan. "I remember my first day on the job, sitting at a table in the corporate headquarters, looking around and realizing everyone else had gone to Harvard or Yale, and I was just a country hick from Utah. It was intimidating, for sure, but I thought, 'No one here can outwork me.'"

At Ford, Pendleton began to hone what he calls the "champion method" for getting results. Champions, according to Pendleton, have stamina, enthusiasm, a sense of humor, and they focus on solutions rather than process. Getting stuff done is more important than having meetings. A perfect meeting for Pendleton amounts to him clasping his hands and saying, "Let's get going and not waste any more time."

Pendleton asked Tsemberis to come speak to the state task force, which he did, twice. Then Pendleton called a meeting of "all the dogs in the fight" and announced that they were going to run a Housing First trial in Salt Lake City. He told them to come up with the names of 25 chronically homeless people, "the worst of the worst," and they were going to give them apartments scattered around the city, no questions asked. If it worked for them, it would work for everybody.

"I didn't want any 'creaming,'" Pendleton said. "We needed to be able to trust the results."

Many of the people in the room were uncomfortable with Pendleton's idea. They were case managers and shelter directors and city housing officials who worked with "the worst of the worst" every day and knew they had serious personal problems—terrible alcoholism, dementia, paranoid schizophrenia. Something bad was sure to happen. There could be lawsuits. And who would be responsible? No, they thought, it will not work.

Pendleton, however, did not want to hear complaints. This was a small-scale trial, and he only wanted them to answer one question: "What do you need to get this done?"

So they did it. They ended up with 17 people and gave them apartments, health care, and services. They took people without a home and made them part of a neighborhood. And it worked, surprisingly well. After nearly two years, 14 were still in their apartments (the other three died), and they are still there today. They haven't caused problems for themselves or their neighbors, Pendleton says.

Utah found that giving people supportive housing cost the system about half as much as leaving the homeless to live on the street.

The cost of housing and caring for the 17 people, over the first two years, was more than expected because many needed serious medical care and spent some time in hospitals. They were, however, the worst of the worst. Pendleton felt confident that, averaged out over the whole homeless population and over a period of years, they were looking at a break-even proposition or better—it would cost no more to house the homeless and treat them in their homes than it would to cover the cost of shelter stays, jail time, and emergency room visits if they were left on the street. And those "cashable" savings wouldn't even include less quantifiable benefits for the rest of the state's residents: reduced wait times at ERs, faster police response times, cleaner streets.

This is when Pendleton announced a 10-year plan to end chronic homelessness in Utah by 2015. But finding scattered-site housing wasn't going to cut it. To house 2,000 chronically homeless people, they would build five new apartment complexes. Around 90 percent of the construction money would come from the Federal Low Income Housing Tax Credit program, which gives tax credits to large financial corporations that provide financing for housing authorities or nonprofits to build low-income housing—an average 6 percent profit on their investment. It's a rather complicated and circuitous route, but it's politically easier than getting lawmakers to allocate billions for poor people. The remaining 10 percent of construction costs would come from state taxes and charitable organizations. Most of the rent and maintenance on the units would come from federal Section 8 housing subsidies—and, at the time, Utah was fortunate enough not to have a long waiting list. On-site services, such as counseling, would largely be paid for by state and county general-fund dollars.

It took the task force only four years to build five new apartment buildings with units for 1,000 individuals and families. That, and an additional 500 scattered-site units, reduced the number of chronically homeless by almost three-quarters. And nine years into the 10-year plan to end chronic homelessness, Pendleton estimates that Utah's Housing First program cost between $10,000 and $12,000 per person, about half of the $20,000 it cost to treat and care for homeless people on the street.

As anyone who's followed social services can tell you, however, cheery annual reports can hide a world of dysfunction. So I go to see for myself.

Sunrise Metro was the first apartment complex built following the 2005 pilot study. It has 100 one-bedroom units for single residents, many of whom are veterans. Mark Eugene Hudgins is 58 years old and has brain damage. When I first start talking to him, I wonder if he's been drinking.

"I always get hassled because I sound a little drunk," he says. "My brain works a little slow. They drilled a hole in it."

He had a motorcycle accident in Santa Ana, California, the year after graduating from high school. After that he spent 22 months in the Navy, then worked as a groundskeeper for the aerial field photography office of the Department of Agriculture for 13 or 14 years. He says he was homeless for five years before he came here, but he's not sure: "My memory is a little fuzzy."

"This is a nice place to live," he says. "I put up with them and they put up with me, and it's a good deal. I like it here."

While we talk, two other residents come up to listen. One is in a wheelchair. His name is John Dahlsrud, 63, and he says he's had MS for 45 years. The other guy looks like a weary Santa Claus—Paul Stephenson, 62, a Navy vet who lived for three years in the bushes behind a car dealership.

"The caseworkers are good," Paul says. "They take us bowling on Saturdays. The apartment pays for one game, we pay for the second game."

"They let you do what you want," John adds, "as long as you keep things down to a minimum and don't run up and down the halls naked."

"Utilities are included, except for cable," Paul says. "They gave everybody a free cellphone with 250 minutes a month. We get a pool table, a Ping-Pong table, 60-inch television, eight recliner rockers. They give us food boxes once a month. I got 22 cans of tuna fish last month. There's nothing to complain about."

They each receive about $800 a month in Supplemental Security Income, and pay a third of that toward their rent. (The balance is paid via federal vouchers, along with some Utah funds.)

Over at Grace Mary Manor, I am given a tour by the county housing authority's Kerry Bate—one of the men who helped persuade the LDS church to loan Pendleton to the task force. Grace Mary Manor is home to 84 formerly homeless individuals with disabling conditions such as brain damage, cancer, and dementia. You have to have a swipe card or get buzzed in at the front door, and there's a front desk manager during the day and an off-duty sheriff at night. Bate explains that one of the biggest problems in giving homeless people a place to live is that they often want to bring their friends in off the street—they feel guilty. So there are rules to limit such visitations.

"It gives the people who live here a way out," Bate says. "They can blame it on us."

Tom Pinkerton, 67, from Red River, South Dakota, has cancer of the esophagus. He needs to have surgery, but first has to gain 10 to 20 pounds to make it through the anesthesia. (He has since passed away.) Howard Kelly, 44, from Denton, Texas, has brain damage from falling out of a car when he was a kid. David Simmons, 39, from Texas, was living under a bridge before coming here. I'm no doctor, but I'd guess he has some mental-health problems. Lorraine Levi says she's "over 50." Her boyfriend beat her up and broke her back. She needs surgery and is on strong doses of pain meds.

"The average person at Grace Mary was homeless for eight years before coming here, so their health condition is really poor," Bate says.

On the third floor there's a library with big leather chairs, nice wooden tables, and a portrait of Grace Mary Gallivan [19] hanging above the fireplace. She died in 2000. Her father was a manager of a silver mine in Park City, and her husband was publisher of the *Salt Lake Tribune*. Her family foundation put up $600,000 for the construction of the apartment complex, matched by the foundation of the heirs to Utah's first multimillionaire, David Eccles, who built one of the biggest banks in the West. From a window in the library you can look outside and see a gazebo for picnics and a volleyball court with evenly raked sand.

Bate introduces me to Steven Roach and Kay Luther, young caseworkers who check in on their clients every day to see what they need. They take them to the Fourth Street Clinic and Valley Mental Health, bring food from the food banks—pretty much anything they can do to help.

"The point is to have a service person on-site," Bate says. "So if Sally Jo is having a crisis, we got somebody here who can help. Their goal isn't to take everybody off the street and repair them and turn them into middle-class America. Their goal is to make sure they stay housed."

"We have a guy who goes out to sleep in the park every month, and we have to go get him, talk him into coming back," Roach says.

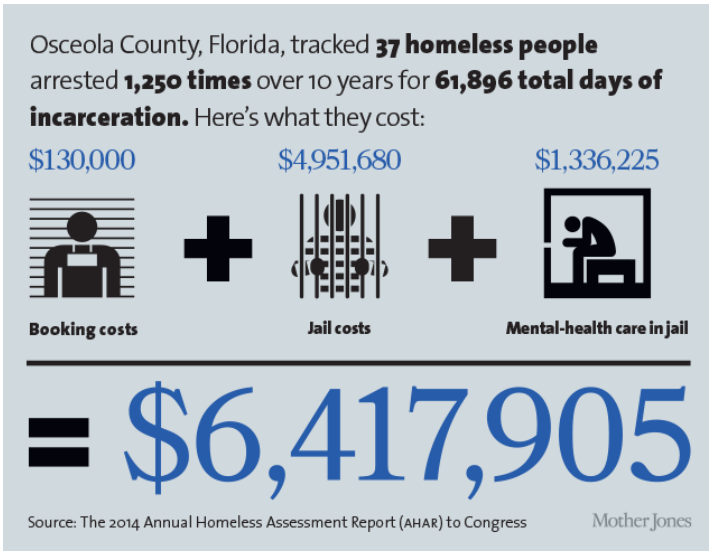
"There's no mandate for participation in substance abuse or mental-health care, but we can certainly encourage it," Luther says. "We had one guy who got completely clean from heroin and is off working in a furniture store."

Bate shows me an empty apartment, a fairly spartan studio with linoleum floors, new sheets on the bed, the kitchen stocked with canned food, silverware, plates, etc.

"The church donated all of this," Bate says. "Before we opened up, volunteers from the local Mormon ward came over and assembled all the furniture. It was overwhelming. For the first several years we were open, the LDS church made weekly food deliveries—everything from meat to butter and cheese. It wasn't just dried beans—it was good stuff." (The Utah Food Bank now makes weekly deliveries.)

I ask him if this is why the programs work so well in Utah—because of church donations.

"If the LDS church was not into it, the money would be missed, for sure," he says, "but it's church *leadership* that's immensely important. If the word gets out that the church is behind something, it removes a lot of barriers."



"Why do you think they do it?" I ask.

"Oh," he says, "I think they believe all that stuff in the New Testament about helping the poor. That's kind of crazy for a religion, I know, but I think they take it quite seriously."

"Do you think you can meet the goal of eliminating chronic homelessness in Utah by 2015?" I ask.

"Yes," Bate says, "we have a little less than 272 remaining unhoused, and that's a number you can wrap your head around. Not like California and other places."

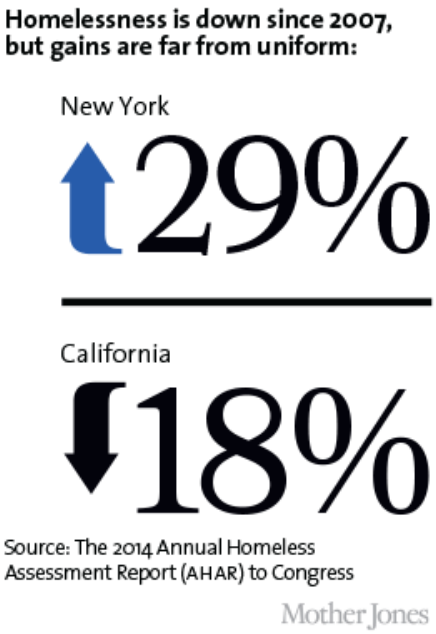
"So do you think your success can be duplicated in other places?"

"I think it can be duplicated," he replies. "San Francisco has Silicon Valley. Seattle has Bill Gates. Almost all of our larger cities have local philanthropic organizations that can help a lot with funding *and* building community support."

And that's the question, isn't it? Can Housing First scale to areas where land and services are expensive, where NIMBYs are accordingly more powerful, places where the full organizational zeal and experience of the LDS church aren't in evidence, and where data about the benefits of offering the homeless a permanent residence might not withstand the whims of politicians? In New York City, former Mayor Michael Bloomberg rolled out a well-regarded Housing First program focusing on mentally ill individuals. But he then gutted housing subsidies for the general homeless population, including families, after saying he thought they promoted passivity instead of "client responsibility." Today, homelessness is the highest [21]since the Great Depression, with 60,000 New Yorkers—including 26,000 children—on the streets, in the subway tunnels, and in the city's sprawling network of 255 shelters, conveniently located far from the playgrounds of the 1 percent. "Every month I get a paper from Welfare saying how much they just paid for me and my two kids to stay in our one room in this shelter. $3,444! Every month!" one exasperated mom told *The New Yorker* [22]. "Give me $900 and I'll find me and my kids an apartment, I promise you." The new mayor, Bill de Blasio, has pledged [23] to reinvest in supportive and affordable housing, but 1 in 5 residents [24]now live below the poverty line, and demand is high.

Former Mayor Michael Bloomberg slashed housing subsidies after saying he thought they promoted passivity instead of "client responsibility." Today, 60,000 New Yorkers are homeless.

But the real test case might be California, where 20 percent of the nation's homeless live. Los Angeles has 34,393 homeless people, more than a quarter of whom are chronically so. San Francisco has 6,408 homeless, Santa Clara County—home to San Jose and the greater Silicon Valley—has 7,567, and housing costs are among the highest in the nation. It takes three minimum-wage jobs to pay for an average one-bedroom apartment there. Tax credits for construction and Section 8 vouchers for rent don't come close to the actual costs.



That's the dilemma facing Jennifer Loving, the executive director of Destination: Home, a public-private partnership spearheading Santa Clara's Housing First program. As in Utah, the leaders of Santa Clara's initiative were able to marshal different agencies, nonprofits, and private groups, unifying their vision and goals to house the chronically homeless. "At first, it was tough to move out of the shelter way of doing things. It was new to all sit around the same table and change the way the system responds to homelessness," Loving says.

Like Pendleton, they addressed the chronically homeless cases first. In 2011, in conjunction with a national effort called 100,000 Homes, they began a trial to house 1,000 people who'd been homeless for an average of 18 years and estimated to cost the system upward of $60,000 a year. "Our motto was, 'Whatever it takes,'" Loving says. "We built the plane as we were flying it." That meant lots of innovation along the way, such as creating a $100,000 flex fund to do things like pay off small dings on people's credit, so they could qualify for vouchers and establish rental history: "So if Bob has an eight-year-old violation on his credit history, we'd just pay that off," Loving says.

By the end of 2014, they had housed 840 people in apartments scattered around the county. The remaining 100 or so have rental subsidies but can't find a place to live due to exceptionally high occupancy rates. Still, the trial was considered a big success—in part because supported housing only cost an estimated $25,000 per person—and Santa Clara County has now officially adopted the Housing First model. "We made a system out of nothing, and we used it like an assembly line to house people," Loving says. "And the only thing in our way is the high cost of housing stock."

So now they're embarking on a five-year plan to house the county's remaining 6,000 homeless. First, they've launched an extensive study on exactly how much homelessness actually costs taxpayers. Those costs are very hard to determine: There are so many agencies involved—hospitals, jails, police, detox centers, mental-health clinics, shelters, service providers—and they all keep separate records, separate sets of data used for separate purposes, all run on separate pieces of software. "Each department has an information system and a team that looks

at the data," says Ky Le, director of the Office of Supportive Housing for Santa Clara. "They have small teams who know their data best, how it's configured and why, what's accurate and what's not." Ky says that merging datasets has been "a tremendous effort," but by integrating and analyzing it, Santa Clara hopes to better understand who's already a "frequent flier" of clinics and jails, and, more tantalizingly, to develop an early warning system for who is likely to become one, and how they can be housed and cared for in the most cost-effective manner.

New housing needs to be found, or built, but with the market so tight, finding housing—any housing—is a huge challenge, one made worse when Gov. Jerry Brown slashed [26] all $1.7 billion of the state's redevelopment funds during the 2011 budget crisis. (Those funds have not rematerialized now that California has a huge budget surplus. [27]) So they're getting creative—"tiny homes, pod housing, stackable—we're looking at it all," Loving says. And they're employing creative financing efforts, like "pay-for-success" bonds, in which investors (mostly foundations) would stake the construction funds and get a small return if the savings materialize for the county.

Advocates estimate it could take up to a billion dollars, half from grants and philanthropy, the other half in the form of county land and services. "The work we're going to be doing in the next year," Loving says, "is determining where and how to create new units and how much they are going to cost and where we can get the resources from—whether it's private or public money. The money is all here. We have eBay, Adobe, Applied Materials, Google." The hope is that the emphasis on quantified efficiency will persuade tech firms and billionaires obsessed with metrics that Housing First is a solid civic investment. "It's fascinating because we have this problem we could totally solve if we wanted to," Loving says. "We solve complicated problems all the time, right? Silicon Valley is an example of solving complicated problems all the time."

If places as different—economically, demographically, politically—as Salt Lake City and Santa Clara County can make Housing First work, is there any place that can't? To be sure, the return on investment will vary, depending on how you count the various benefits of fewer people living in the streets, clogging emergency rooms, and crowding jails. But the overall equation is clear: "Ironically, ending homelessness is actually cheaper than continuing to treat the problem. This would not only benefit the people who are homeless; it would be healing for the rest of us to live in a more compassionate and just nation," Tsemberis says. "It's not a matter of whether we know how to fix the problem. Homelessness is not a disease like cancer or Alzheimer's where we don't yet have a cure. We have the cure for homelessness—it's housing. What we lack is political will."

Source URL: http://www.motherjones.com/politics/2015/02/housing-first-solution-to-homelessness-utah

Links:

[1] http://www.motherjones.com/authors/scott-carrier

[2] http://jobs.utah.gov/housing/scso/documents/homelessness2014.pdf

[3] http://www.fourthstreetclinic.org/about-us

[4] http://www.urban.org/housingaffordability/

[5] https://www.hudexchange.info/resources/documents/2014-AHAR-Part1.pdf
[6] http://usich.gov/blog/101628-people-are-now-in-safe-and-stable-homes
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[26] http://www.dof.ca.gov/redevelopment/
[27] http://www.lao.ca.gov/reports/2013/bud/fiscal-outlook/fiscal-outlook-112013.pdf

Solving Homelessness in Sacramento: A Systems Approach

Sacramento Steps Forward
November 9, 2015
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Ending Homelessness, Starting Fresh

Success

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HUD Goals
"Opening Doors"

Reaching Functional Zero:

- The supply of housing and services is equal to or greater than the demand of individuals experiencing homelessness.

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HUD Goals
"Opening Doors"

2015 – Veterans

2016 – Chronically Homeless

2020 – Families and Transition Age Youth

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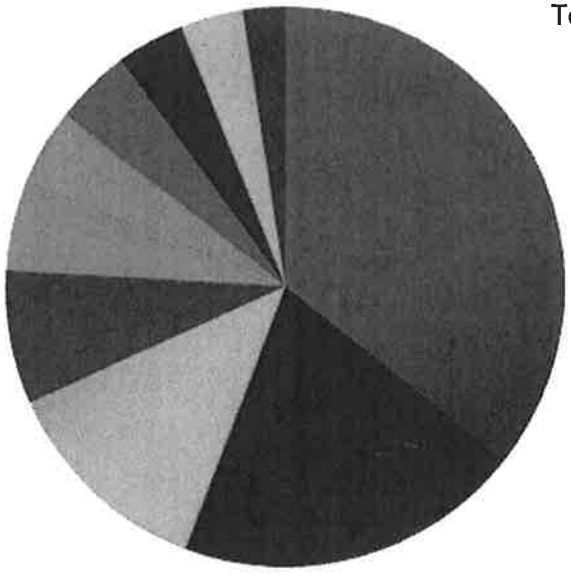
Homelessness in the United States



Top 10 Most Homeless Populated States

California	136,826	22.4%
New York	77,430	12.7%
Florida	47,862	8.4%
Texas	29,615	4.9%
Massachusetts	19,029	3.1%
Washington	17,760	2.9%
Georgia	16,971	2.8%
Pennsylvania	15,086	2.5%
Oregon	13,822	2.3%
Colorado	9,754	1.6%

*Data is derived from the 2013 State of Homeless report published by the National Alliance to End Homeless

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Homelessness Statistics

	Total Homeless Population
United States	610,000
California	136,826
Los Angeles	53,798
San Diego	8,879
San Francisco	7,008
Sacramento	2,538

Source: 2013 Annual Homeless Assessment Report to Congress

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Sacramento

2009 - 2015 Point In Time Count

Characteristic	2009	2011	2013	2015
Chronically Homeless	468	353	432	466
Other Homeless	2,332	2,005	2,106	2,193
Total Homeless	2,800	2,358	2,538	2,659

Characteristic	Total Population	Homeless Population	Percent Total
2013	1,463,149	2,538	0.17%
2015	1,482,026	2,659	0.18%

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Homelessness Subpopulations

Subpopulations (may duplicate)	2013	2015	% Change
Chronically Homeless	432	466	7.9%
Veterans	302	313	3.6%
Severely Mentally Ill	677	581	-14.2%
Chronic Substance Abuse	993	553	-44.3%
HIV/AIDS	39	37	-5.1%
Domestic Violence Victims	504	335	-33.5%
Transition Age Youth	41	240	485%

Source: 2015 Sacramento Countywide Homeless Count Report

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Housing First

HF =  + 

Housing First | Permanent Housing | Support

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Where We Are Headed

- Housing First
- Crisis-oriented solutions focused on permanent housing
- Consumer-centered
- Homelessness should be a brief, one-time occurrence
- Same-day access to emergency shelter

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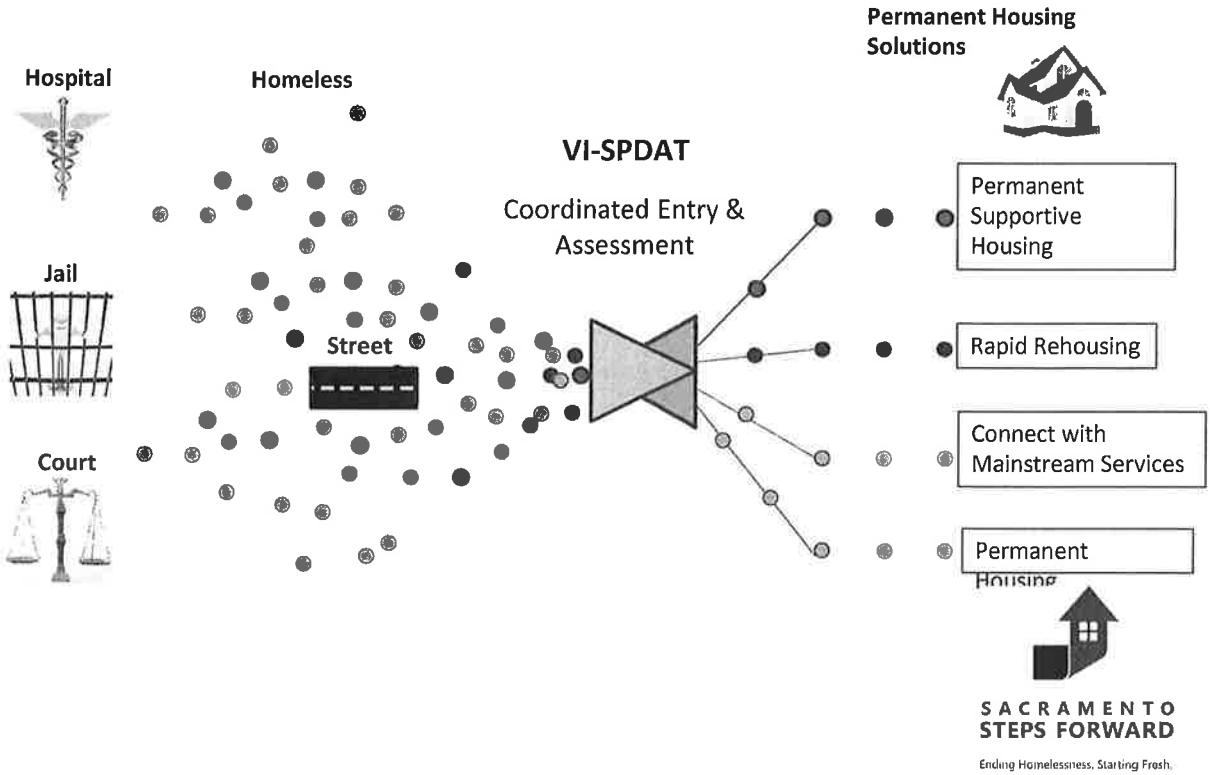
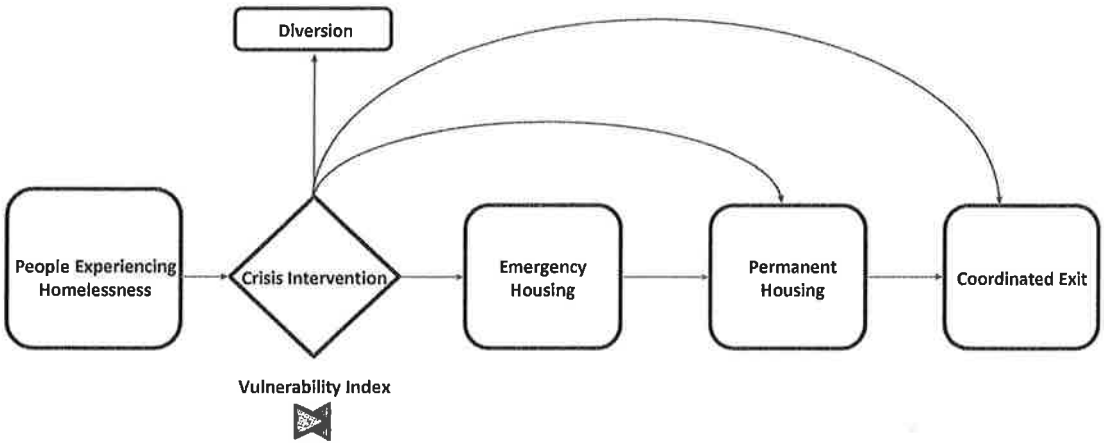
Coordinated Entry



Housing Crisis Intervention System



Outreach & Intake

Integrated Outreach Team

PBID Outreach = 4.5 FTE
- Downtown Sacramento Partnership
- The River District
- Midtown Business Association
- Mack Road Partnership
- Florin Road Partnership

Local Government = 8 FTE
- City of Sacramento
- County of Sacrament

Hospitals = 3 FTE
- Sutter Hospital
- Dignity (Mental Health Outreach)

Central Library = 1 FTE

Sac Regional Transit = 1 FTE

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Outreach & Intake

Integrated Outreach Team (Collaborative Partners)

Mental Health
- Genesis
- TLCS

Street Medicine
- Elica

Law Enforcement
- SPD Impact Team
- SSD Transient Enforcement Detail

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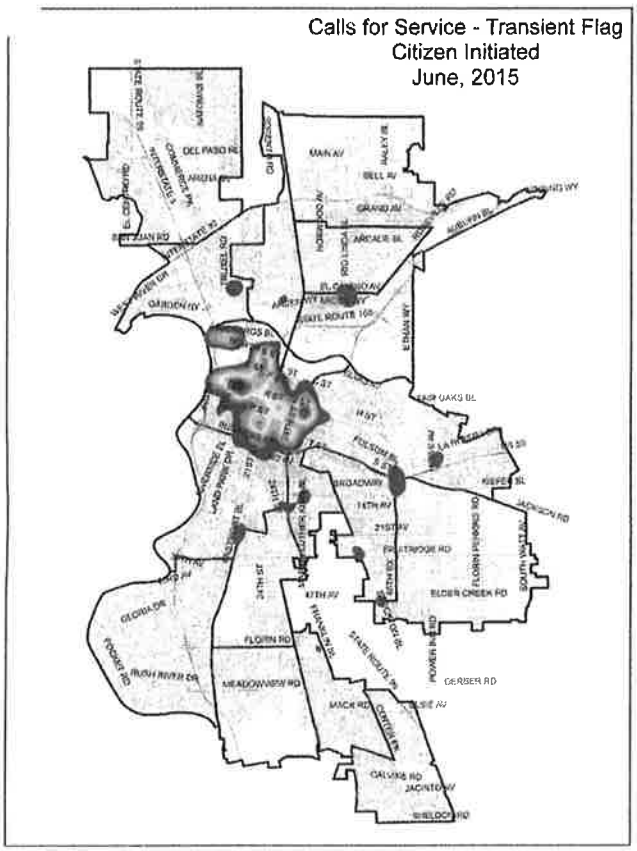
Ending Homelessness, Starting Fresh



Neighborhood Connect

Neighborhood-Oriented Response

- Homeless Connect → targeted neighborhood outreach
  - Time and need-sensitive
  - Location specific
  - Engages neighbors

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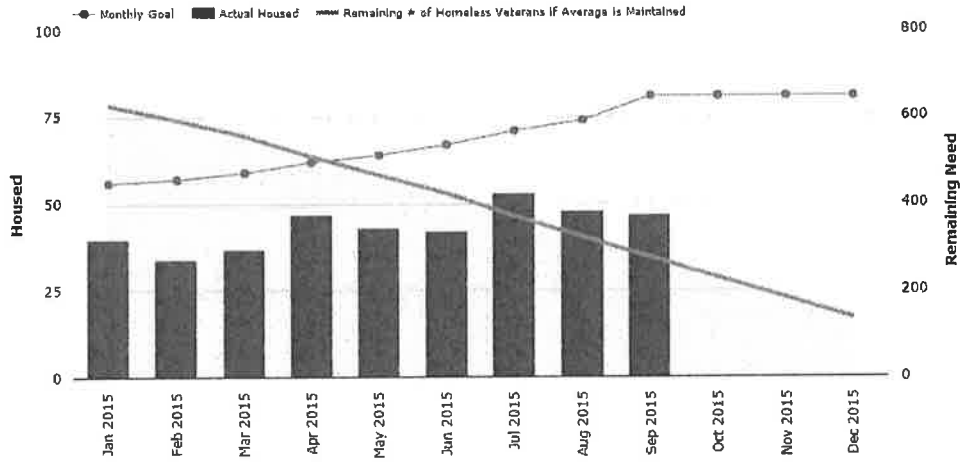
Veterans

Zero: 2016 Dashboard

NATIONAL NORTHEAST SOUTHEAST MIDWEST WEST 25 CITIES

Sacramento City & County CoC

VETERAN DASHBOARD



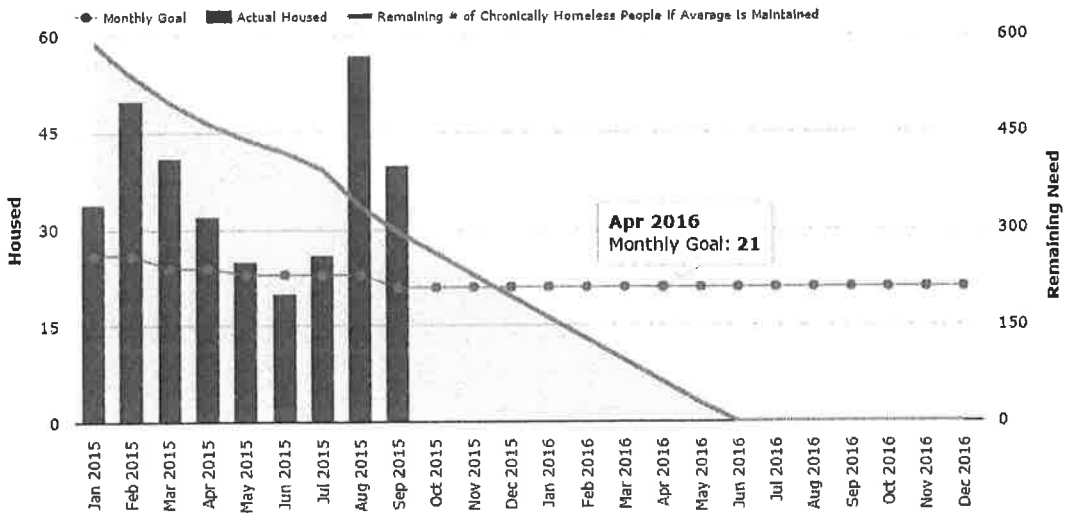
Chronically Homeless

Zero: 2016 Dashboard

NATIONAL NORTHEAST SOUTHEAST MIDWEST WEST 25 CITIES

Sacramento City & County CoC

CHRONIC DASHBOARD



Employment secures long term stability

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Success

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