

Placer Consortium on Homelessness and Affordable Housing

WORKING TOGETHER FOR COMPASSIONATE SOLUTIONS

Ten-Year Plan To End Homelessness In Placer County

Each of us has a role to play in ending the indignity, inhumanity and waste of homelessness. When homelessness no longer exists, our community will be enriched with the human and economic resources that develop when all of us can work at what we do best and are supported by adequate and accessible housing, education, and health care systems. This Plan is a realistic examination of our obligations, our opportunities and our options.

2004 - 2014

The Path Home



Placer's Coalition on Ending Homelessness

I am pleased to share with you the *Ten-Year Plan to End Homelessness in Placer County*. This document is the culmination of a community-based effort that began in June 2003 under the auspices of the Placer Consortium on Homelessness and Affordable Housing (PCOH).

The *Ten-Year Plan* merges the experiences and expertise within the Placer community with those of the region and nation. This process has generated a series of interlinking and complementary strategies to tackle a variety of homeless issues and causes. These are categorized into four general areas: **Prevention**, **Access**, **Teamwork** and **Housing** (PATH).

Prevention: To prevent homelessness through a variety of means including, but not limited to, housing and appropriate services.

Access: To facilitate access to housing and supportive services by actively engaging our homeless population and removing barriers.

Teamwork: To facilitate ongoing communication and coordination among community partners, rallying community resources to address the issues of homelessness.

Housing: To provide housing for the homeless.

The *Plan* exceeds the federal challenge to end chronic homelessness for single adults by encompassing families, youth and others who may be transitionally or chronically homeless.

The development of our *Ten-Year Plan to End Homelessness* truly has been a community effort with input from hundreds of Placer residents from all walks of life. Therefore, the *Plan* recognizes that its success is predicated on community cooperation, responsibility and strength.

The Placer community looks forward to seeking the opportunities and meeting the challenges presented in The *Ten-Year Plan to End Homelessness in Placer County*. If you would like to share your comments and ideas with us, please contact the PATH Board at thepathhome@sbcglobal.net.

Sincerely,

Richard J. Burton, M.D., M.P.H., Director/Health Officer Placer County Department of Health and Human Services

Chair, The Path Home: Placer's Coalition on Ending Homelessness



Introduction

Over many years, we, the Placer County community (nonprofit agencies, faith-based groups, local government, and dedicated individuals) have developed a continuum of care for homeless people, offering:

- emergency shelter through motel vouchers
- transitional housing with supportive services
- permanent housing with or without subsidized rent
- shelter for those fleeing domestic violence, and
- additional supportive services designed to meet
 - **basic needs:** food, clothing, hygiene and transportation
 - therapeutic needs: health, mental health and substance abuse treatment, and
 - income needs: education, life skills training, money management, job training, counseling and placement, public benefit access assistance and child care

These efforts have been subsidized by federal, state and local public funding, contributions from philanthropic foundations and organizations, and donations of time and money from local groups, churches, and individuals. The results have been considerable,

helping hundreds of people transition to stable housing and self-sufficiency. However, we are far from meeting the needs of homeless persons in our community. We realized the need to develop a plan to eliminate homelessness—rather than just manage it.

The Placer Consortium on Homelessness and Affordable Housing (PCOH),* created through the Placer Collaborative Network (PCN),* began meeting in March 2001. In June, a smaller focus group of PCOH met and established the Placer County Shelter Committee. Various approaches to meeting the needs of the local homeless population were explored. Consultants conducted an official homeless census in March 2002, giving the community a clearer picture of the situation and a basis for planning.

In June 2003, the Shelter Committee organized a luncheon for local pastors to present the results of the homeless census and ideas for meeting the needs of the homeless. The result was a recommendation to hire a consultant and formulate a plan to end homelessness in Placer County. The idea was taken back to PCOH. The County of Placer, the City of Roseville, The Salvation Army, Roseville Joint Union High School District, and more than a dozen congregations chose to fund the development of the Plan. The consultants selected led four strategic planning meetings in 2003 and 2004. The entire community was invited. In attendance were 104 people from 62 different agencies/organizations. Sessions were held in Auburn, Roseville, and Kings Beach in North Lake Tahoe.

Regional and national best practice strategies for ending homelessness were identified by the consultants, HomeBase/the Center for Common Concerns, a nationally-recognized public policy firm specializing in homelessness. Finally, a public, countywide summit was held in July 2004, attended by 150 people. Those present examined the ingredients essential to ending homelessness. Follow-up community meetings were held in August and October.

We listened carefully to news of homeless policies and strategies across

the country, to studies made by governmental agencies and researchers, to the words of wisdom from our service providers and community—and we listened to the people who suffer the most, Placer's homeless population. It came across clearly that very dedicated people are working diligently to meet the needs of the homeless and find solutions that will end homelessness and that there is active local government participation in addressing the issues. We realized that Placer County is unique and, therefore, must custom design its Plan to address all factors contributing to homelessness.

This plan is about the dignity of human beings and the duty of a community. By setting a goal to end homelessness in Placer County in ten years, we defined the gap between where we are and where we want to be as a compassionate community. This goal is well within our capabilities.

We are not alone in our efforts, but we are one of the trailblazers.

This Plan is a public declaration of the innovation and compassion of the people of Placer County. We have exceeded the national challenge to end the chronic homelessness of single adults by expanding our vision to address the suffering of families and others who are transitionally or chronically homeless. It is our hope that this Plan will assist our community in drawing down additional federal, state and other types of funding to support our efforts.

^{*}PCOH is a collaborative of skilled people who are interested and experienced in solutions to homelessness. Representatives from nonprofit and faith-based organizations, governmental agencies, business, education, health care, advocacy, as well as homeless persons, constitute the membership. The PCN is a wider collaborative of governmental, profit and non-profit agencies and companies that provide social services to people in Placer County.

Employment and Assistance

Homelessness in Placer County

During the last week of March 2002, under the direction of PCOH, a count and survey of the homeless in Placer County was conducted using the federal Department of Housing and Urban Development's (HUD's) definition of homelessness. HUD's definition includes those living on the streets, in their cars, in emergency shelters, and transitional housing. It does not include those living

in overcrowded conditions or *couch surfing*—temporarily staying with relatives or friends. Those living on the rivers or in the Tahoe area were not included because of the season. The figures below give a statistically accurate snapshot of Placer County's non-seasonal homeless population in 2002.

Work at a regular job11%

The census identified 405 homeless people:

(54% were sheltered at the time of the count)	
208 men	. 51%
109 women	27%
88 children	. 22%
40 chronically homeless	. 10%
Of these, 277 were interviewed in depth.	
·	

Age 18-25 15% 26-35 18% 36-45 36% 46-55 21% 56-65 4% 66-73 2%

Have a graduate degree.....1%

Receive government assistance	3/%
Receive no assistance/no work	38%
Median highest hourly wage ever earned	
Military Service	
Veterans	15%
Health	
Past or current substance abuse	89%
Mentally ill	45%
Other health problems	46%
Past experiences	
Abused as children	37%
Abused as adults	41%
Of those 18-21 years old:	
Had lived in foster care	71%
Mental illness	
Victim of domestic violence	
Abused as a child	
Anustu as a ciliu	50%

Placer County, less than 1 year41%

Placer County, 1-10 years31%

Placer County, over 10 years......28%

What We Know About North Lake Tahoe

Mobility

(Strategic Planning Session at Lake Tahoe in March 2004)

- The lack of affordable housing available to year-round residents is perceived as a much larger problem than homelessness.
- Visible homelessness is a larger problem in the summer than in winter. The severity of the mountain weather forces homeless people to migrate to warmer areas or couch surf (temporarily stay with contacts) in the winter.
- Chronically homeless people live in North Tahoe even in the winter months.
- Most homeless families and individuals are long-term residents of the area
- * Some people become homeless when stranded after entering the State.

Why We Need a Plan to End Homelessness

According to our most current data (March 2002), there are more than 400 homeless persons in Placer County.

Almost 25 percent are children and 15 percent of those are young adults, 18-25 years old. This data does not include the North Lake Tahoe area, where we are told that many homeless persons are not on the streets, but *couch surfing*—temporarily staying with contacts or illegally sleeping in vacation homes.

Homeless persons in our community suffer from the experience.

Homelessness is a devastating experience for families. It disrupts virtually every aspect of family life, damaging the physical and emotional health of family members, interfering with children's education and development, and frequently resulting in the separation of family members. Homeless people often are lonely and disconnected.

Homelessness creates the indignities of inadequate or difficult access to basic necessities—food, hygiene, appropriate and clean clothing, telephone and mail access—as well as a place to be safe, warm and dry. Homeless people are disproportionately victims of crime. II

Homelessness has a negative impact on the health and well-being of children and adults.ⁱⁱⁱ

Homelessness severely impacts health and well-being. The rates of acute health problems are extremely high among people experiencing homelessness. Homeless persons are far more likely to suffer from every category of severe health problem, except obesity, strokes, and cancer.

Conditions that require regular, uninterrupted treatment, such as tuberculosis, HIV/AIDS, diabetes, hypertension, substance abuse, and mental illness are extremely difficult to treat or control among those without stable housing.

Children without a home suffer with fair to poor health twice as often as other children and have higher rates of asthma, ear infections, stomach problems, and speech problems. They also experience more mental health problems, such as anxiety, depression, and withdrawal. They are twice as likely to experience hunger and four times as likely to have delayed development.

Moving in and out of schools and inadequate study facilities keep homeless children behind their classmates in learning and result in a lack of confidence and self-esteem.

The cost of doing nothing, or too little, to end homelessness is far too high.

Beyond the toll that homelessness exacts in terms of human misery and lost potential, the cost of homelessness expends a disproportionate amount of limited community resources. Homelessness not only deprives us of the full engagement of people in our community, but it is cost-*ineffective* to maintain.

One example of a cost-effective approach is Placer County's HEARTS (Housing, Employment, Assistance, Recovery, Treatment, Success) program that provides services for mentally ill persons who are homeless. In FY 2003/04, the jail days for this population were reduced by 56 percent, the days homeless were reduced by 65 percent and the days of treatment in psychiatric hospitals were reduced by 89 percent. iv



The Realities of Homelessness—Myths and Causes

Dispelling common myths regarding homelessness and discovering the actual causes were important parts of our planning process.

Common Myths

Myth: People want to be homeless.

Fact: Only ten percent of the people experiencing homelessness

in Placer County prefer to remain homeless. v

Myth: All homelessness is caused by poor personal choices.

Fact: People who work below a living wage are frequently unable to pay for housing, food, childcare, medical care, and other basic needs. Difficult choices must be made when insufficient resources do not cover all basic necessities. Persons living in poverty know that an illness, an accident or a missed paycheck can result in living on the streets.

Myth: Providing services for homeless people will result in a migration to the area.

Fact: The 2002 Placer County Homeless Census indicates not only that homeless people do not migrate for services, but that

- 28 percent of our homeless population has lived in our community for over ten years
- 31 percent of our homeless have lived in our community between one and ten years
- Those who most recently relocated here had lived in their previous community for an average of 12 years.



Causes of Homelessness

A shortage of affordable rental housing

The *Housing Element (2000-2007)* for Placer County documents that there exists a shortage of housing that is affordable to many residents and that this shortage is detrimental to the public health, safety, and welfare. This shortage is exacerbated as the demand for affordable housing swells and housing costs increase.

Poverty and low-income jobs

In 2002, almost half a million of California's working families were "officially" poor—they had incomes below the federal poverty level (FPL). Almost 1.4 million had incomes between the FPL and twice the FPL, a level of income that falls short of providing an adequate standard of living. *vi* The 2005 Federal Poverty Level for a single person is \$9,570; for a family of four is \$19,350. According to 2002 U.S. Census Bureau Data, almost 6% of Placer County's residents live in poverty.

Mental illness, substance abuse and disabilities

Mental illness, substance abuse and disabilities increase the risk of displacement for the precariously housed, only to be compounded by the difficulty of finding and keeping housing on a limited income. In the absence of appropriate treatment, securing housing is problematic.

Lack of health care coverage

According to 2003 data, California has over 6.5 million uninsured persons, just over 20 percent of the nonelderly population. Almost 25 percent of California's uninsured population have family incomes below the federal poverty level. Many of these are childless adults who are ineligible for publicly-funded health insurance, such as Medi-Cal. VII

Lack of training and education

There is an evident relationship between education and the likelihood that an individual will become homeless. The Placer County 2002 Homeless Census indicates that jobs, training and housing are the greatest barriers to self-sufficiency. Lack of knowledge about the job market, educational opportunities and training programs also were cited. Of the homeless surveyed, 32 percent left school prior to the 12th grade, 36 percent completed high school and 25 percent completed at least two years of college, five percent completed four years of college, one percent completed graduate school and one percent attended vocational training.

Domestic violence toward women and youth

Women and youth are susceptible to homelessness resulting from their flight from physical, sexual and psychological abuse.

Lack of discharge planning

Some institutions and systems (such as foster care, jails/prisons, hospitals mental health facilities) may discharge their wards without adequate supports in place to ensure housing stability and/or continuity of care.



Our Strategies

Merging the experiences and expertise within our community with what we learned from our region and across the nation, we determined that the homeless are not a homogenous population. Their needs vary, and there is no one-size-fits-all solution to their plight. To end to homelessness we must select the most effective strategies to tackle each issue. The strategies below interlink and complement each other.

We also recognize that Placer County is one of the fastest growing areas in California, having increased in population by almost 44,000 people between April 2000 and January 2004. Will We anticipate new partners in the quest to end homelessness, creative approaches, fresh ideas, and, of course, change.

revention: To prevent homelessness through a variety of means including, but not limited to, housing and appropriate services



CCESS: To facilitate access to housing and supportive services by actively engaging our homeless population and removing barriers

eamwork: To facilitate ongoing communication and coordination among community partners, rallying community resources to address the issues of homelessness



Prevention is the most humane and practical approach to ending homelessness, both in terms of cost avoidance and in terms of human suffering. Whether it takes the form of stable, affordable housing, services and programs that sustain low-income individuals and families, or education and job training—prevention is critical. Prevention takes many forms—for example, a month's rent assistance can keep a family from becoming homeless.

If we build a sufficient number of units to house every homeless person—but do not offer barrier-free, appropriate supportive services—we will never end homelessness. These services include, but are not limited to, treatment for the mentally ill, recovery programs for addictions, food banks, the healthcare safety net and income assistance programs. Even with the very best support system for the homeless, many will not access what they need

because of their illnesses or other life experiences. Outreach and engagement are critical for **access**.

We cannot be successful without the critical component of **teamwork**. We know that when homelessness becomes a thing of the past, all parts of the community will benefit. Placer County is fortunate to have the commitment of caring compassionate citizens, an aware and involved local government, experienced nonprofit providers, a strong faith-based community, educational and health care systems that provide caring skills and knowledge, and a business presence that is willing to be mobilized behind the right idea.

While our community has achieved promising results, we recognize that too many homeless people who seek housing are still turned away. Without additional permanent, affordable housing for homeless persons, as well as sufficient transitional and other short-term housing, we cannot end homelessness. Stable, affordable **housinq** is critical.

revention: To prevent homelessness through a variety of means including, but not limited to, housing and appropriate services.

While society may recognize that prevention is humane and costeffective, it is often difficult to garner support for prevention activities. Prevention is not easy to quantify—as often it cannot be justified by hard numbers that verify exactly what problem was avoided or how much money was saved. Prevention also can be

difficult to define, as it is often one aspect of an overarching service or program.

However, the indignity and marginalization that comes with the fall into homelessness is deeply and personally damaging, and it exacerbates other presenting problems. As a result, the service

costs necessary to help people back into housing and to address the damage caused by homelessness are much higher than the cost of preventing its occurrence. We in Placer County, in an effort to end homelessness, strongly support preventive efforts.

We realize that the following strategies will require...

- * widespread cooperation between all sectors of the community
 - * acceptance of community responsibility and realization of community strength
 - * the effective use of human and financial resources and
 - a positive, proactive attitude and belief that the people of Placer County can eliminate homeless in ten years!

Issue 1: Prevention Through Housing

It is far less expensive to prevent homelessness initially than to find housing once a person or family is homeless. Reaching our goals requires concerted action to address a chief root cause of homelessness—the lack of affordable housing opportunities for the lowest income households. Our housing-based approach will

Strategy 1: Expand financial assistance that stabilizes households at risk of homelessness through help with back rent, move-in costs, security deposits and utility payments.

Strategy 2: Prevent people from being evicted from their current housing by increasing the availability of public interest *pro bono* legal assistance that enforces the law and educates landlords and tenants about their respective rights and responsibilities.

Strategy 3: Sustain and fully fund the existing supply of housing affordable to the lowest income households.

Strategy 4: Use a master leasing approach to secure and make affordable additional housing for chronically homeless individuals and homeless families.

Strategy 5: Increase the availability of housing subsidies by applying to HUD for new Section 8 and new Shelter Plus Care rental subsidies each year.

prevent short-term and chronic homelessness. Affordable housing is critically needed not only for those who are now homeless, but also for households that are at immediate risk of homelessness due to eviction or the inability to pay market rate rent.

Strategy 6: Establish a Placer County Land Trust to ensure existing affordable units remain affordable and do not revert to market rate rentals.

Strategy 7: Identify and apply for all available state, federal, and private funding for permanent housing acquisition, construction, or rehabilitation.

Strategy 8: Target county- and city-controlled funding, including general, redevelopment and Community Development Block Grant (CDBG) funds, that can be used as a match for permanent housing acquisition, construction, or rehabilitation.

Strategy 9: Increase nonprofit capacity to develop affordable permanent and supportive housing through technical assistance, trainings, and targeted capacity building grants.

Strategy 10: In partnership with developers, redevelopment agencies, and housing authorities, establish a committee to focus on the identification of creative housing concepts, the creation of collaborative projects, and the development of new housing.

It Doesn't Add Up: housing is not affordable to low-income wage earners...

California's Minimum Wage is \$6.75 an hour. The Housing Wage in Placer County is \$18.67. A full-time worker (head of household) with one or two children would need to earn \$18.67 an hour, 40 hours per week, to afford a two-bedroom unit at the area's published Fair Market Rents. The Fair Market Rent (FMR) is determined annually by the Department of Housing and Urban Development (HUD). A unit is considered affordable if it costs no more than 30% of the renter's income.

The Placer County Housing Wage is 276 percent of the minimum wage. Between 2003 and 2004 Placer County's two-bedroom housing wage increased by 27.18 percent.

\$351: the amount a minimum wage earner can afford for monthly rent.

\$260: the amount an SSI recipient, receiving \$782 monthly, can afford for monthly rent.

\$707: the 2004 Fair Market Rent for a studio in Placer County.

\$812: the 2004 Fair Market Rent for a one-bedroom apartment in Placer County.

\$971: the 2004 Fair Market Rent for a two-bedroom apartment in Placer County.

Issue 2: Prevention Through Services

Strategy 1: Support programs and services that directly or indirectly help low-income populations avoid homelessness; e.g., TANF, General Assistance, Medi-Cal, Food Stamps, food banks, temporary shelters, job training, housing vouchers.

Strategy 2: Strengthen the access to and availability of mainstream health, income-assistance, housing, and social service programs to ensure that they provide eligible homeless people with the maximum assistance possible.

Strategy 3: Support community efforts that encourage our young people to be successful in school and engage in healthy lifestyles.

Strategy 4: Work with correctional, mental health, health, and foster care authorities and institutions to ensure that they have discharge protocols and that those protocols are utilized and effective.

Strategy 5: Increase the number of services offered to youth who are at risk of homelessness. These would focus on success in education, including employment and life skills programs. Employment programs specifically designed for youth can assist them in finding and preparing for work and becoming financially independent.

Strategy 6: Increase employment services for low-income persons. These could include a broad range of programs that help to remove barriers to employment and/or job advancement including adult education, employment and training programs and temporary work.



CCESS: To facilitate access to housing and supportive services by actively engaging our homeless population and removing barriers.

Issue 1: Building A Strong, Comprehensive Support System

Strategy 1: Increase the scope and timely availability of substance abuse services affordable to people who are homeless or at-risk of homelessness, including a continuum of dependency interventions and after-rehabilitation support and family counseling programs.

Strategy 2: Increase the scope and timely availability of mental health services to people who are homeless or at-risk of homelessness. Services should include a range of treatment and include those who are not diagnosed as seriously mentally ill.

Strategy 3: Establish a *safe haven*, providing a low-demand, less structured environment in which to provide mentally ill homeless people immediate access to safety, stability, permanent housing referral, and treatment.

Strategy 4: Increase the scope and timely availability of health care treatment for people who are homeless or at-risk of homelessness including primary health care, treatment of acute/chronic illnesses and communicable diseases (such as TB and HIV/AIDS), dental services, health education, screenings, casemanagement, medications, foot clinics, and vision services.

Strategy 5: Work with local hospitals to ensure that they have appropriate discharge policies for homeless persons. Develop a system of respite care for homeless people discharged from hospitals so that they may fully recover off the streets.

Strategy 6: Enhance health and decrease hunger among homeless people by increasing access to nutritional food and providing educational information about nutrition.

Strategy 7: Ensure that federal rights in education granted to homeless children, as defined in the *No Child Left Behind* Act, are provided by each school and school district in Placer County. (For more information, refer to www.ed.gov/programs/homeless/legislation.html?exp=0)

Strategy 8: Provide support to schools, districts and other youth services agencies in addressing the needs of homeless youth and their families. This could include academic support, nutrition, transportation assistance, health care access, and connections to community support services and housing agencies.

Strategy 9: Increase the employment services available for homeless adults and those at risk of homelessness. These employment services could include temporary employment for immediate needs and preparation for long-term employment, as well as job training, literacy/ English language, job placement, internships, post-placement support, and life skills training/mentoring.

Issue 2: Removing Barriers To Supportive Services

Strategy 1: Develop a multi-service center (MSC) that would offer and coordinate the delivery of basic need and therapeutic services. Comprehensive services would be available at this "onestop" site. Coordinating services in this way will often lead to a more effective and accelerated path toward housing and stability, as outreach, shelter, support services and permanent housing all can be provided to clients in a coordinated manner that makes success more likely.

Strategy 2: Develop a voicemail system that would be made available to homeless and low-income persons without telephone services to facilitate communication with potential employers, landlords, caseworkers, social service agencies and their families.

Strategy 3: Work with the County and cities to coordinate county-wide program, policy and fiscal issues related to homelessness and the prevention of homelessness. This should include the facilitation of joint planning, grant-writing and program development.

Strategy 4: Work with the County and individual cities to ensure that departmental policies, programs and budgeting are

consistent with ending homelessness and that an inter-departmental perspective is provided to the Board of Supervisors/City Councils on proposed policy changes affecting the jurisdiction's response to homelessness. Support strategies and programs that are that are known to be effective.

Strategy 5: Work with the County and cities to simplify the administration of safety-net programs.

Strategy 6: Increase access to the public benefits for which homeless people are eligible by providing them support in applying for, obtaining and retaining benefits.

Strategy 7: Develop and increase services that are designed for individuals with long-standing psychiatric illnesses, substance use disorders or dual diagnoses. Direct service provision would include assistance in meeting basic needs (food, showers, clothing, and shelter), as well as clinical services.

Strategy 8: Increase access to services through affordable, available transportation. Provide transportation for homeless people who wish to utilize services, search for housing, or travel to work.

Issue 3: Engaging Our Chronic Homeless Population

Chronically homeless people need specialized, intensive assistance in order to get back into housing and be linked with the services and treatment they need for ongoing stability. They suffer from any combination of serious mental illness, drug/alcohol addiction and/or chronic physical illnesses, making them difficult to serve. By definition, they have been homeless for extended periods of time and/or have had repeated episodes of homelessness. Being unable to obtain the help they need—for whatever reason—many have grown increasingly discouraged.

According to the Placer County Homeless Census in 2002, almost 35% of the homeless people have refused services at some point. In order to effectively make contact with members of the service-

resistant homeless population, many of whom are extremely suspicious of the service system, outreach is absolutely essential.

Many homeless people do not receive the mainstream benefits for which they are eligible due to ignorance, fear, inability to negotiate complex systems, functional limitations, and other circumstances inherent to homelessness such as lost or inaccessible paperwork and lack of consistent addresses to receive mail. In Placer County, 38% of people experiencing homelessness receive no government assistance benefit and do not work.

Strategy 1: Create mobile multidisciplinary outreach teams to support those homeless persons who have not independently accessed and sustained involvement with needed services and housing.

eamwork: To facilitate ongoing communication and coordination among community partners, rallying community resources to address the issues of homelessness.

Reaching our goals requires a unity of purpose, and the expertise, cooperation, innovation and resources of all segments of our community. We must build a strong foundation that supports ongoing collaboration as our County continues to grow and evolve as a community—and we must foster an atmosphere of creativity and open communication.

We are deeply committed to the range of efforts that create and sustain a vibrant, prosperous and safe community. Our work needs to move from aspirations to end homelessness and toward a tactical, results-oriented plan that will achieve goals. This includes a comprehensive approach that will assess the growing problem of homelessness and its impact on neighborhoods, business corridors, and the community at large.

Strategy 1: Continue to develop The Path Home: Placer's Coalition on Ending Homelessness. This new organizational structure is the primary vehicle to prioritize the strategies and implement this 10-Year Plan. The Coalition includes the PATH Executive Board, and Advisory Council and issues-related work groups. See Appendix B.

Strategy 2: Develop accountability measures that enable us to manage our efforts and track our outcomes and progress.

Strategy 3: Develop regional, collaborative approaches to end homelessness and participate in sharing experiences, knowledge and expertise with other jurisdictions.

Strategy 4: Secure additional resources for inadequately funded homeless services, or new creative initiatives, through advocacy at the State and Federal level. Also develop new, locally-dedicated sources of funding, seeking the participation of business and philanthropy.

Strategy 5: Create a continuously updated Internet website that provides centralized information on housing availability and service/program information.

Strategy 6: Facilitate computerized data collection by creating a Homeless Management Information System (HMIS) to streamline assessment, service provision and access to public benefits.

ousing: To provide housing for the homeless.

Homelessness is a very damaging experience, both physically and emotionally, and one that exacerbates any other problems that people may have. An extreme form of poverty, it involves not only a lack of financial resources, but also the loss of basic dignity. People lose their privacy, security and control over their lives. Experience shows that the longer people are homeless, the more difficult it is for them to recover.

Recognizing this reality, housing providers need to partner with local service providers to implement a *Housing First* approach to ending homelessness. The *Housing First* approach identifies housing as the basis, the foundation, for the other issues homeless people must tackle to regain stability and enhance self-sufficiency. Accordingly, the *Housing First* approach seeks to assist the homeless in accessing stable housing as soon as possible. Once they are housed, they are linked with services and a support system to address other needs.

Experience and national data indicate that the *Housing First* model is a very effective housing strategy, whether for individuals or family

groups. This approach places people immediately into housing, where it is easier resolve the personal issues that contributed to homelessness with an integrated service approach. The availability of housing alternatives to carry out the *Housing First* model will be critical to success in ending homelessness in ten years.

We recognize that some homeless sub-populations, such as those with severe mental illness or the chronically homeless who have discontinued services, may need special forms of emergency housing. This approach provides a roof, builds trust, and makes a permanent housing placement as soon as the client indicates readiness. For some, time-limited transitional services are needed.

Emergency capacity should not serve as human warehouses. There will still be a need to address immediate crises, such as flight from domestic violence, but emergency capacity should be a very short-term intermediate station en route to more appropriate community housing.



Issue 1: Responding Quickly When People Become Homeless

Strategy 1: Create a multi-service center to solve immediate housing crises and quickly transition homeless persons into appropriate permanent housing. (See *Access* strategies)

Strategy 2: Maintain and expand transitional housing programs that provide temporary housing for homeless persons up to two years with intensive supportive services.



Issue 2: Strategies for Housing

Strategy 1: Implement a *Housing First* model for all homeless individuals with permanent housing and wraparound services as needed.

Strategy 2: Implement a *Housing First* model for homeless families with permanent housing and transitional family-focused services.

Strategy 3: Implement a *Housing First* model for youth with permanent housing and transitional youth-focused services.

Endnotes

- i. Placer County 2002 Homeless Census, Data for Services Planning, August 1, 2002 ("the 2002 Homeless Census"). During March, 2002, a census of individuals and families experiencing homelessness was taken in Placer County utilizing an 89-item questionnaire to provide an accurate picture of the homeless population.
- ii. National Coalition for the Homeless, 2003. Hate, Violence, and Death on Main Street USA: A Report on Hate Crimes and Violence Against People Experiencing Homelessness 2002.
- National Coalition on Homelessness Better Homes Fund, 1999. Homeless Children: America's New Outcasts. O'Connell, J., Lozier, J., and Gingles, K., 1997.

- iv. Increased Demand and Decreased Capacity: Challenges to the McKinney Act's Health Care for the Homeless Program; Redlener, Irwin, MD and Johnson, Dennis, 1999. Still in Crisis: The Health Status of New York's Homeless Children.
- v. Program Performance Data report, September 2004.
- vi. Placer County 2002 Homeless Census
- California Budget Project, 2005. Working Hard, Falling Short: Investing in California's Working Families (Executive Summary).
- viii. California HealthCare Foundation, 2004. Snapshot of California's Uninsured.
- ix. California Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2004.

10-Year Plan Advisory Group

Bev Anderson

Placer Caring Connection, Auburn Presbyterian Church

l eslie Brewer

System Advocacy Coordinator, PIRS

Richard Burton, MD, MPH

Director, Placer County Health and Human Services (HHS)

Reverend John Broad

Pastor, Pioneer United Methodist Church, Auburn

Janice Critchlow

Homeless Continuum of Care Coordinator Coordinator, Placer Collaborative Network

Kathie Denton

Program Supervisor, Adult System of Care, Placer County HHS

Dayna Donahue

Senior Client Services Counselor, Placer County HHS

Georgia Emslie

Senior Management Analyst, Placer County Executive Office

Bev Gable, MFT

Youth and Family Services Manager, Roseville Police Department

Karen Gruneisen

Managing Director, HomeBase/The Center for Common Concerns

David Loya

Executive Director, The Lazarus Project, Inc., Roseville

Christina Nicholson

Whole Person Learning

Paul Ogden

Retired Auburn City Manager

Mickey Richie

Senior Staff Services Analyst, Placer County HHS

Bekki Riggan

Principal Management Analyst, Placer County Executive Office

Karen Shores

Education Programs Consultant, California Department of Education

Jan Shonkwiler

Housing Programs Manager, City of Roseville Deputy Director, Roseville Housing Authority

Michelle Talbott

Social Services Director, The Salvation Army Auburn

Cindy Woodyard

Human Services Director, Placer County HHS

Appendix A

Definitions of Homeless Populations

Homeless person (HUD Definition)	A person is considered homeless only when he/she resides in one of the places described below: in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;
	❖ in an emergency shelter;
	in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelter;
	in any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution;
	is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; or
	is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence.
Chronically homeless adult	A shronically hampless parson is an unassembled hampless individual with a disability
(HUD Definition)	A chronically homeless person is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four (4) episodes of homelessness in the past three (3) years.
	Disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions."
Chronically homeless families	A homeless family with one or more members who are chronically homeless.
chronically homeless families	A nonleless family with one of more members who are chronically nonleless.
Transitionally homeless people	Homeless individuals and families who secure a place to live within a year. Some will cycle into and out of additional short periods of homelessness as their continued access to housing fluctuates. iv
Hamalaca yautha	Veryor people who live on the street or who mays from friend to friend or relative to relative
Homeless youths	Young people who live on the street, or who move from friend to friend or relative to relative, and have no stable housing. They may not be well-served by current housing options for adult homeless people.
	HUD defines youth as 18 years and under; most providers extend the age group to 25 years of age.
Individuals leaving	People who are discharged into homelessness or will likely become homeless soon after leaving
institutional settings	institutional care (hospital, correctional facility, foster care) if suitable housing is not readily accessible.

Couch surfers and those living in overcrowded conditions without tenancy rights	People who have no home of their own and stay with others, subject to eviction at any time. These individuals are not within HUD's definition of homeless, but are extremely vulnerable.
At-risk households	Households paying a high percentage of their income for housing or experiencing other stresses such as illness, substance abuse, or domestic violence.
Homeless children (No Child Left Behind Act definition)	The term "homeless children and youths"— (A) individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and
	 (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
	(ii) children and youth who have 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 (within the meaning of section 103(a)(2)(C));
	(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
	(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secon- dary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Appendix B

The Path Home: Placer's Coalition on Ending Homelessness

Development Goals

The Executive Board

The nine-member Path Executive Board is composed of representatives from local government (county and city), the faith community, community-based nonprofit entities, businesses, health delivery systems and education. These members must have the authority to commit time, staff and resources on behalf of the organizations they represent—and must communicate with and seek consensus from the type of entity they represent.

Advisory Council

A 20-member Advisory Council provides the knowledge, expertise and community influence necessary to support the implementation of the Ten-Year Plan. The Council will include representatives from organizations such as nonprofit service providers, the faith community, local government, law enforcement, businesses, public housing officials, health care officials, educators, employment services, social services, veterans, the formerly homeless and others.

Work Groups

The Executive Board will establish work groups to research and develop recommendations that support the implementation of the Ten-Year Plan. Work Groups will be convened in strategic and timely issue areas such as the HMIS or Continuum of Care.

Community

The entire community—is vital to the success of ending homelessness. The resources of business, media, faith-based organizations, neighborhood groups, education, parent associations, chambers of commerce, professional associations, advocacy groups and individual citizens are invited to participate in a project or task.

Primary functions of The Path Home:

1. Plan Implementation, Assessment and Amendment

- Determine the specific actions that will be taken to implement the strategies presented in this Plan and determine the components of these actions. This includes the prioritization of the strategies.
- . Monitor the implementation of the Plan.
- ❖ Build a strong advisory council and effective work groups.
- Convene annual community forums to discuss progress in implementing the Plan.
- Track homeless needs and trends, and recommend any Plan modifications needed due to changed homeless circumstances.

2. Information, Education, Community Engagement

- Establish a position to centralize public information and media relations, to act as the official spokesperson for this work, to coordinate information dissemination, to communicate public messages focused on ending homelessness, to publicize the successful work of The Path Home.
- Serve as a resource for the Board of Supervisors and City/Town Councils on existing and proposed policies that affect people who are homeless or at-risk.
- Speak out in public forums on issues of affordable housing, supportive services and general homelessness.
- Develop materials and conduct trainings regarding effective media strategies that support and enhance the public's willingness to invest in an end to homelessness.

- Develop and implement a community education campaign on homelessness.
- Create a forum for communicating "local best practices" on how to garner community acceptance of housing/service projects.
- Create materials that can be used in community presentations to raise a *common voice* on issues of affordable housing, supportive services and homelessness.

3. Coordination and Collaboration

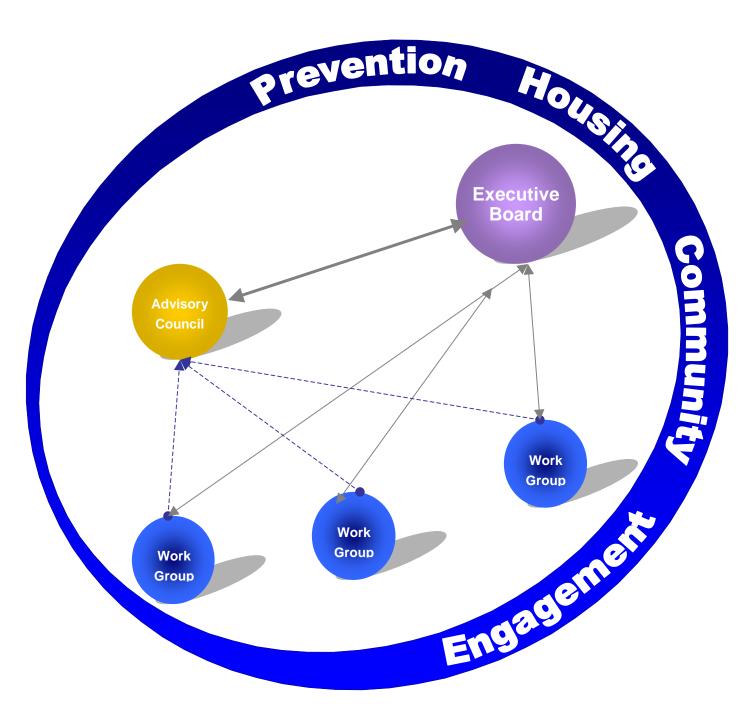
- Provide a forum for communication and coordination about overall operation of the homeless services system and of agency specific program operation, funding-raising and program development efforts.
- Actively collaborate with regional efforts to end homelessness.
- Provide a forum for addressing complaints and grievances regarding homeless programs or policies.
- Recommend minimum quality assurance standards or guideline for the operation of all homeless programs.

4. Advocacy

Advocate on federal, state, county and city policy and funding issues that affect people who are homeless or at-risk of homelessness.

5. Fiscal and Staff Resources

- Hire and supervise personnel to staff the Board, the Advisory Council and the Work Groups; coordinate the Continuum of Care application and requirements; participate in regional, state and national events relating to homelessness; assist with presentations, forums and other community meetings.
- Identify resources for implementing and sustaining the work of the Plan and facilitate access to those resources.
- Facilitate coordination among funding applicants, and among funders, to eliminate duplication and to target Plan strategies. This includes coordinated grant-making process and fundraising.
- Advise public funders on the allocation of federal, state and local funds (HUD, McKinney, CSBG and CDBG monies) for homeless-related projects in order to ensure coordination with Plan priorities.





The nine-member Executive Board has the overarching responsibility for implementing Placer County's Ten-Year Plan to End Homelessness. The Board is comprised of senior representatives from organizations that have a role to play in ending homelessness such as non-profit service providers, the faith community, local government, businesses, health care officials, educators, and social services. Primary functions of the Board include developing implementation priorities and strategies, promoting awareness in the community, building a strong Advisory Council and effective working groups, convening community forums, tracking desired outcomes and overall implementation effectiveness. Individuals serving on the Board have the authority to commit time, staff and resources on behalf of the organization they represent.



twenty-member Advisory Council provides the knowledge, expertise and community influence necessary to support the Executive Board in implementing the Ten-Year Plan. The Council includes representatives from organizations such as non-profit service providers, the faith-community, local government, law enforcement, businesses, public housing officials, health care officials, educators, employment services, social services, veterans, the formerly homeless and others. The Advisory Council will meet quarterly, or as needed.



The Executive Board will establish Work Groups to research and develop recommendations that support the Board in implementing the Ten-Year Plan. Work Groups will be convened in the strategic areas of housing, prevention, engagement and community to address specific issues such as housing development, education, fund-raising, public awareness and nutrition. Members of the Work Groups will be recruited based on their experience and knowledge within the field



The resources of business, the media, faith-based organizations, neighborhood groups, education, parent associations, chambers of commerce, professional associations, advocacy groups, individual citizens and others—all of the community—are vital to the success of ending homelessness.