

**MEMORANDUM  
PLACER COUNTY HEALTH AND HUMAN SERVICES  
Administration**

**TO:** Honorable Board of Supervisors  
**FROM:** Jeffrey S. Brown, M.P.H., M.S.W., Director of Health and Human Services  
**DATE:** April 7, 2015  
**SUBJECT:** Homeless Needs Assessment and Action Plan

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**ACTION REQUESTED:**

1. Receive the final homeless needs assessment and action plan and provide staff direction as may be appropriate.

**BACKGROUND:**

On September 23, 2014, the Board approved a contract with Marbut Consulting for a comprehensive homeless needs assessment and action plan. The study was intended to provide a detailed assessment of existing and projected needs and capacity of services provided through the County, cities, and community providers. Following the assessment, Marbut Consulting was charged with developing recommendations for the community, the County, cities, providers, the faith-based and business community, to consider. The effort was overseen by a Homeless Advisory Group of interested stakeholders.

The final report culminates a 6-month effort including the following:

- Analyzed all available data related to homelessness including:
  - Homeless Management Information System data
  - Historical and current Point-in-Time homeless count
  - County, non-profit, law enforcement, and faith-based community information
- Developed and administered street level homeless survey to better understand the needs of chronically homeless individuals and identify gaps in services and housing in different areas of Placer County.
- Met with more than 70 key stakeholders including the Board of Supervisors, city officials, housing/service providers, law enforcement, the business and faith-based communities, and interested residents.
- Study covered all areas of the counties from Roseville to Tahoe and communities in between, and all large and many smaller providers.
- Presented needs assessment at a Public Forum on Homelessness and began community dialogue.
- Received input from Homeless Advisory Group and all interested stakeholders throughout the study.
- Applied national best practices to inform the assessment and development of recommendations.

The findings highlighted areas of success such as a much lower incidence of homelessness compared to other communities, a relatively small challenge with homeless families and children, and less than one-third of the national average of homeless veterans. The findings also identified critical needs such as having three times the national average of chronically homeless, those homeless for more than one year, and the significant lack of mobility of homeless individuals particularly between the greater Auburn and Roseville areas.

Dr. Marbut will present the final report and recommendations to the Board at today's meeting. The full report including the needs assessment and action plan are attached.

**FISCAL IMPACT:**

There is no fiscal impact as a result of this item. Depending upon the direction of the Board as well as the response from cities, providers, and the faith-based and business communities, there may be a future fiscal impact to the County.

Marbut Consultant Presentation is on file with Clerk of the Board.

Attachment: Marbut Consultant, Homeless Needs Assessment and Action Plan

**Homeless Needs Assessment and Action Plan**

**for**

**Placer County**



**Presentation of Findings  
and  
Strategic Action Plan Recommendations**

**to**

**the Placer County Community**

**by**

**Marbut Consulting:  
Robert G. Marbut Jr., Ph.D.  
Shaun Lee, MSW & MBA**



**Written Report - March 30, 2015  
Presentation - April 7, 2015**

Prepared by Robert G. Marbut Jr., Ph.D.  
[www.marbutconsulting.com](http://www.marbutconsulting.com)

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## Executive Summary

Placer County tasked Marbut Consulting with conducting a Homeless Needs Assessment and then developing an Action Plan to evaluate and improve the efficiency and organization of homeless services providers.

In order to develop practical recommendations, Marbut Consulting:

- studied and inventoried homeless services throughout Placer County,
- examined Point-in-Time-Count (PITC) reports,
- analyzed statistics and reports from local agencies,
- conducted a Survey of individuals experiencing “street-level” homelessness,
- interviewed individuals experiencing homelessness,
- conducted meetings with stakeholders,
- made street-level observations,
- posed as a homeless person in several of the cities within Placer County in order to understand what its like to be homeless in Placer and to better understand the movement and circulation of the homeless community.

Marbut Consulting evaluated the current homeless operations within the County using national best practices and the *Seven Guiding Principles of Homeless Transformation* as the key measuring tools. Marbut Consulting then conducted a needs assessment and gaps analysis between existing inventory and identified needs, including the types of services (qualitative) and capacity of services (quantitative) needed within Placer County. Robert Marbut and Shaun Lee started formally on October 27, 2014. It should be noted that Dr. Marbut made an informal visit to Placer County on May 28, 2014 which was hosted by David Loya of the Lazarus Project. Marbut Consulting finished the written report on March 30, 2015 and Dr. Marbut made a formal presentation to the Board of Supervisors on April 7, 2015.

The following are Marbut Consulting’s big-picture observations and findings:

- There is not a connected “system” of care. Service providers are largely working in their own isolated silos.
- There is not a coordinated intake system that assesses and triages everyone’s service needs. There needs to be a way to triage and connect individuals to customized and appropriate levels of care based on presenting issues.
- There is a very low participation rate in Homeless Management Information System (HMIS). This poor participation rate is a significantly lower HMIS participation rate compared to other communities. Data collection is not universal and the data that is inputted is not in real-time thus exacerbating the challenges of good decision making.

- The existing HMIS and PITC data is “thin” and does not allow policy makers to make meaningful strategic decisions. The lack of data fuels myths and allows for personal/agency agendas to be promoted without challenge, while allowing un-validated “myths” to become operational “facts.” Unfortunately, most decisions have been made on anecdotes and myths, rather than within an overarching strategic policy.
- Other usable/actionable data within the Placer community is very sparse.
- The few “policies” that have been created are tactical in nature, and are not part of a larger strategic plan. There is no integrated-strategic level decision making process.
- During the day, individuals who are experiencing homelessness pursue food services, not holistic programing which could be addressing the root causes of their homelessness. For the most part, supportive services are not connected to, nor co-located with the distribution of meals and food. There is a big opportunity to connect to holistic services with meals and food.
- Self-initiated mobility within the homeless community between Auburn and Roseville is very limited. Furthermore, transportation options are limited and/or underutilized.
- There are three discrete geographical based homeless sub-populations (eg Roseville, Auburn and Northeast County). These three discrete geographical areas have unique homeless populations with very unique operational challenges.
- Roseville, Auburn and Northeast County have very different issues and will need different solutions. Roseville has an operational model that needs critical updating. Auburn needs a 24/7 holistic center. While Northeast County (which includes Tahoe) needs a system that connects individuals to services.
- There is some good news regarding homelessness within Placer County:
  - + The overall homeless rate is dropping,
  - + The situation with veterans is improving,
  - + Families with children is low on a per capita basis compared to the rest of the USA.
- While the overall homeless PITC is decreasing, the level of chronic is increasing. This suggests that the current system works well for people that need a light touch, but those needing more significant levels of care are falling between the cracks. There are also indications that work with veterans has been very productive.

*NOTE: HUD defines “chronic homelessness” as a person who has been homeless more than one year straight, have had 4 homeless episodes in 3 years or a homeless person with a disabling condition.*

- Relative to the rest of the USA, the overall number of people experiencing homelessness per capita is low. However, the number of people experiencing chronic and “street-level” homelessness is nearly triple the national average, and this situation is getting worse.

*NOTE: For the purpose of this report, “street-level homelessness” is a sub-set of the overall homeless population and consists of individuals sleeping and living on the street, under bridges, near golf courses and encampments.*

- The National 2014 PITC percent chronic homelessness was 14.5% and California’s 2014 PITC percent chronic homeless was 24.7%, however for the same period, Placer County’s PITC percent chronic homeless was 41.6%. This is nearly triple the national average and double the state average for chronic homelessness.
- When we conducted our Survey of individuals experiencing “street-level homelessness” we found 66.7% were considered chronic.
- It is alarming that the number of individuals experiencing chronic homelessness (raw number) and the percent of homeless who are chronic (percentage) have both been increasing steadily for at least 4 years within Placer County.
- The chronic and street-level adult homeless situation in Placer County is “homegrown.”
- There is a critical gap in emergency and transitional housing/services for single adults throughout the County.

Based on the research, interviews, observations, survey, data analysis and national best practices, Marbut Consulting recommends the follow Strategic Action Steps:

### **1 - Transform HMIS from a “Score Keeper” to a “Proactive Case Management Tool”**

HMIS needs to be transformed from a "Score Keeping Model" to a "Proactive Case Management Tool." To accomplish this, the software program needs a couple component upgrades. Additionally, to reduce impediments to universal use, a system-wide-all-agency information release form should be utilized by all agencies. Furthermore, in order to promote universal agency participation, funding to service agencies by foundations, government agencies and the Continuum of Care should become contingent on being proactive participants in HMIS.

## **2 - Roseville's "Operational Model" Needs Updating in Order to Increase Gradation Rates**

The Roseville "operational model" for single adults experiencing homelessness is no longer a national best practice and needs major operational changes as soon as possible. There are three major concerns. First, moving individuals on a daily basis produces instability at a time when stability is needed in order to foster recovery. Second, individuals waste 4-5 hours during the prime of everyday being processed (eg traveling to the intake point, standing in line, processing, waiting, being transported at night and then being transported again the next morning), rather than being in programs. Third, the program is not a true 24/7 program.

## **3 - Open a Come-As-You-Are Services Center in Auburn**

Open a 24/7/168/365 Come-As-You-Are (CAYA) Services Center in Auburn for single homeless men and women called Auburn Safe Harbor in order to dramatically improve the effectiveness and efficiency of service delivery by co-locating and integrating adult homeless services at one location. The "Barracks" site currently being developed is a very good interim location for a variety of reasons (eg close proximity to the jail, close proximity to other social services, provides buffering between the center and neighborhoods/merchants). The "Barracks" site also has its challenges. Specifically we have concerns about the age of the building. Older buildings tend to wear faster and cost more to operate. Additionally, over the long run, it will be important to site a facility with a commercial kitchen, additional meeting rooms and possibly more sleeping capacity. Our recommendation would be to start with the "Barracks" location. Because of NIMBY'ism and other factors, siting a location can take a long time, therefore open the "Barracks" as soon as possible, then research other options.

*NOTE: Auburn Safe Harbor is used as a moniker in this report and could be changed for branding reasons.*

## **4 - Within the Continuum of Care, Create a Work Group to Focus on Chronic Adults**

Because the chronic adult homelessness challenge is so great in Placer County, a work group that proactively focuses ONLY on chronic adults should be formed. This work group should fall within the existing Continuum of Care governance structure and include high level representatives from the Auburn Safe Harbor, Roseville's Gathering Inn, other agencies working with adult homelessness, law enforcement, cities, the County as well as stakeholders from the business and merchant communities. The mission of this group should be to reduce the number and percentage of chronic adults by developing and implementing initiatives to reduce chronic homelessness.

## **5 - Align “Street Feeding” Efforts with Holistic Service Programs**

Redirect “Street Feeding and Street Services” to be aligned with holistic service programs. Street feeding and street services, although well-intentioned and good-hearted, actually “enables” individuals experiencing homelessness rather than “engages” homeless individuals into 24/7 holistic recovery program services. Providing camping supplies and/or feeding in the parks, at street corners, at beaches and behind restaurants exacerbates and promotes homelessness, thus increasing the number of homeless individuals. Organizations providing street services should be encouraged to relocate all of their adult homeless services to Auburn Safe Harbor and/or to The Gathering Inn.

## **6 - Increase “Longer Term” Housing Placements**

Increase the number of “longer term” housing placements across the spectrum for men, women, families with children and unaccompanied minors. To be successful, there needs to be an increase in inventory capacity as well as improvements in service programs to better prepare individuals and families for the challenges they will face.

## **7- The Culture of How the Community Addresses Homelessness Needs to Change**

The entire Placer Community needs to change how it addresses the issue of homelessness. This includes service agencies, faith-based organizations, volunteers, staffs, donors, funders, government agencies, programs, residents, tourists and the homeless community. The mission should no longer be to “serve” the homeless community, instead the mission should be to dramatically and consequentially increase “street graduation” rates. Specifically, the Placer Community needs to:

- a - Move from a “*Culture of Enablement*” to a “*Culture of Engagement*,”
- b - Move from “*Agency-centric*” to “*System-centric*” funding and processes,
- c - Move from “*Out-put Measurements*” to “*Out-come Measurements.*”

## **8 - Develop a Coordinated Case Management System**

A coordinated case management model needs to be developed. The coordinated case management model starts at the point of initial intake and is sometimes referred to as Master Case Management. Once a coordinated triage and intake assessment system has been created, individuals experiencing homelessness should be connected to case managers based on the level of support needed. Currently each service provider has their own internal case managers, and each service provider assigns individuals internally as new homeless individuals present to their respective agencies. Coordinated case management is entirely different from agency level case management because it connects homeless individuals to treatment programs based on an individual’s level of need rather than defacto with the agency of first-contact with the individual during the intake process. In a coordinated approach there would be case managers that work together to staff cases across agencies, share resources and

proactively work together for what is in the best interest of the individuals that are being helped, rather than for the self-interest of their organization.

It is critical to understand that the number of people experiencing homelessness in Placer County will likely increase dramatically if the service delivery model continues unchanged. To keep this from happening the stakeholders in the community need to adopt a strategic holistic action plan of changes, and then proactively implement this plan. To prevent increases, there needs to be an across-the-board change in “thinking” and a change in “doing.”

## Study Scope

*From the signed contract:*

Project Phases: The Project will be divided into five phases, as described below:

1. Phase 1 – Inventory and Needs Assessment.

Consultant shall utilize an inventory of all homeless services in Placer County based on available point-in-time sheltered and unsheltered count and HMIS data. Consultant shall conduct visits to key homeless services providers and stakeholders to include the following:

- a. Placer County Board of Supervisors
- b. Mayor and City Manager for Auburn and Roseville
- c. Acres of Hope
- d. Advocates for Mentally Ill Housing
- e. Auburn Interfaith Food Closet
- f. Health and Human Services Department staff: Adult System of Care, Children's System of Care, Human Services Division
- g. Mercy Center Auburn
- h. Placer County Food Bank
- i. Project GO, Incorporated
- j. Project MANA
- k. Roseville Home Start
- l. Saint Teresa of Avila Church
- m. Saint Vincent de Paul
- n. Salvation Army
- o. 7th Day Adventist Church
- p. Sierra Foothills AIDS Foundation
- q. Stand Up Placer
- r. Tahoe SAFE Alliance
- s. The Gathering Inn
- t. The Lazarus Project
- u. Volunteers of America
- v. What Would Jesus Do?

Work shall be directed by the County and the Homeless Advisory Group. It will be important for Consultant to have a good and accurate product result from this exercise. The time that will be needed is approximately two hours for the smaller (grass roots) agencies and medium-sized agencies. Three to four hours will be necessary for the large providers. Consultant shall utilize existing inventory information provided by County, including the 2013 unsheltered count, 2014 sheltered count, and 2015 unsheltered count when available, and incorporate new providers or update existing provider services as needed. When site

visits are warranted, many of these visits shall be conducted during normal work hours, but Consultant may also visit sites during the off hours, on the weekends, in the evenings and on holidays, when the front line homeless agencies' staff continue to provide services.

Consultant shall conduct a needs assessment of types of services, shelter, and housing (qualitative) and capacity of services, shelter, and housing (quantitative) needed in Placer County now, five years from now, and ten years from now including regional homeless population and service needs (North Lake Tahoe, Auburn, South/Western Placer County areas), breakdown by families, single men and women, veterans, and other relevant sub-populations. This will require some street-level observation, plus analysis of as much data as Consultant can gather from the point-in-time homeless counts, HMIS (Homeless Management Information System), agency reports, etc., to be provided to Consultant by County and regional consortia.

2. Phase 2 - Gap Analysis.

Consultant shall conduct a gap analysis of services between inventory and needs.

3. Phase 3 – Development and Framing of a Draft Action Plan.

Consultant shall prepare a draft Action Plan to include identified gaps in service needs in each area of the County based on critical homeless sub-populations, recommended reprioritization and potential service augmentations for the community to reduce gaps in homeless services, potential funding recommendations and resources for development of an improved homeless services continuum in the community. Consultant shall perform strategic framing of the Action Plan, including in-person or teleconference meetings with government staff members, elected officials, businesses, faith-based entities, civic groups, educational groups and other agencies.

4. Phase 4 - Findings and Recommendations.

Consultant shall present the draft Action Plan to the County and the Homeless Advisory Group for comment and discussion. This phase will require Consultant to conduct numerous briefings and forums to government staff members, elected officials, businesses, faith-based entities, civic groups, educational groups and other agencies including convening a community homeless summit. Consultant will also share his vast knowledge base of the “best practices” sites across the United States.

5. Phase 5 - Complete and Present Draft Action Plan.

Consultant shall complete the Draft Action Plan and submit the Draft Action Plan to the County. Consultant may be requested to present the Draft Action Plan to the Homeless Advisory Group or other community members. County will review the Draft Action Plan

prior to finalization, and will advise Consultant of any additional changes required before the Plan is considered final. Once finalized, Consultant may be requested to conduct in person presentations of the Final Action Plan with entities involved in the above-referenced phases, including government staff members, elected officials, businesses, faith based entities, civic groups, educational groups and other agencies.

**Notes About Scope of Work:**

- Many improvements “organically” materialized during the gap analysis and national best practice review phases of this study. Marbut Consulting shared these improvements as they arose with government officials, agencies and stakeholders.
- The scope of work was limited to “study and development of recommendations” only.

## Observations and Findings

- There is not a connected “system” of care. Service providers are largely working in their own isolated silos. Some service providers are beginning to work together, but the fruit of their labor is still to be seen.
- There is not a coordinated intake system that assesses and triages everyone’s service needs. There needs to be a way to triage and connect individuals to customized and appropriate levels of care based on presenting issues.
- The existing HMIS and PITC (Homeless Management Information System and Point-in-Time-Count) data is “thin” and does not allow policy makers to make meaningful strategic decisions. The lack of data fuels myths and allows for personal/agency agendas to be promoted without challenge, while allowing un-validated “myths” to become operational “facts.” Unfortunately, most decisions have been made on anecdotes and myths, rather than within an overarching strategic policy.
- There is a very low participation rate in HMIS. This poor participation rate is a significantly lower HMIS participation rate compared to other communities. Data collection is not universal and the data that is inputted is not in real-time thus exacerbating the challenges of good decision making.
- Usable/actionable data in Placer County is very sparse.
- The few “policies” that have been created are tactical in nature, and are not part of a larger strategic plan. There is no integrated-strategic level decision making process. An example of this would be allowing people to sleep on the Placer County Government grounds, and then deciding two months later that its not working. The initial decision did not consider the larger strategic implications of how to address the problem.
- Because of a lack of a strategically-integrated master community-wide action plan, most policy level decisions by default are now functionally being made by individuals in isolation rather than within a “system.”
- At the beginning of our research, we heard from a wide variety of stakeholders that the main cause of street-level homelessness was the rail yard. When we surveyed individuals, less than 5% of individuals came in through the rail yard, furthermore, most of the individuals surveyed had close and long ties to the Placer community (see Exhibit 1). This is clearly a myth that needs to be dispelled.

- During the day, individuals who are experiencing homelessness pursue food services, not holistic programming which could be addressing the root causes of their homelessness. For the most part, supportive services are not connected to, nor co-located with the distribution of meals and food. There is a big opportunity to connect to holistic services with meals and food.
- In Roseville during the early afternoons, most street-level homeless individuals start migrating to The Gathering Inn in order to get a place in line for a sleeping spot. In Auburn, many street-level homeless individuals migrate to “Henry’s Lawn at the DeWitt Center or to hidden encampments.
- Mobility between Auburn and Roseville is very limited. There appears to be two contributing factors to this issue. First, the transportation system between the two cities is poor. Second, many individuals have tight and important ties to their respective communities. This means each city needs its own coordinated solution.
- There are three discrete geographical based homeless sub-populations (eg Roseville, Auburn and Northeast County). These three discrete geographical areas have unique homeless populations with very unique operational challenges. For the most parts, these three sub-groups do not co-mingle. This posits for a three part geographical solution.
- Roseville, Auburn and Northeast County have very different issues and will need different solutions. Roseville has an operational model that needs critical updating. Auburn needs a 24/7 holistic center. While Northeast County (which includes Tahoe) needs a system that connects individuals to services.
- The Gathering Inn which is the main service provider in Roseville is not using a national best practice. It is very detrimental that the sleeping location changes everyday and that so much “prime-time” during everyday is used to move individuals to the next location. To get recovery, individuals need stability, yet this model is very disruptive on a daily basis and encourages instability, thus making it difficult for people to find stable footing to begin to make positive change in their lives. Some of the data indicates that this model may actually be increasing the length of time a person is homeless in Placer County. The operational processes of The Gathering Inn need to be re-tooled from scratch.
- We firmly believe based on empirical evidence and observations, that the destabilizing and time wasting characteristics of the existing program in Roseville actually instills chronic homelessness (in terms of length of time homeless, the individuals residing at The Gathering Inn averaged 3.6875 years homeless whereas the rest of the County averaged 3.1489 years homeless, this means The Gathering Inn guests are 17.1% more homeless in terms of time being homeless).

- It is dangerous and very bad practice to co-mingle children with chronic level adults at The Gathering Inn.
- There is a critical need for 24/7 emergency services and sheltering/housing in Auburn. The encampment at “Henry’s Lawn” as well as the other encampments that have been rotating throughout the Auburn area are indications of this need.
- Northeast County lacks an integrated service plan. The need for sheltering in Northeast County is not indicated.
- For a variety of reasons, the Federal Department of Education homeless definition overstates the real gap in services for families with children.
- There is some good news regarding homelessness within Placer County:
  - + The overall homeless rate is dropping,
  - + The situation with veterans is improving,
  - + Families with children is low on a per capita basis compared to the rest of the USA.
- While the overall homeless PITC (Point-In-Time-Count) is decreasing, the level of chronic is increasing. This suggests that the current system works well for people that need a light touch, but those needing more significant levels of care are falling between the cracks. There are also indications that work with veterans has been very productive.
- Relative to the rest of the USA, the overall number of people experiencing homelessness per capita is low. However, the number of people experiencing chronic and street-level homelessness is nearly triple the national average, and this situation is getting worse.
- The National 2014 PITC percent chronic homelessness was 14.5% and California’s 2014 PITC percent chronic homeless was 24.7%, however for the same period, Placer County’s PITC percent chronic homeless was 41.6%. This is nearly triple the national average and double the state average for chronic homelessness.
- When we conducted our Survey of individuals experiencing “street-level homelessness” we found 66.7% were considered chronic. Our survey also found 26.0% have been homeless for five or more years (which we call “super-chronic”).
- The high percent chronic homelessness indicates that helping this group transition to permanent sustainable housing will require services that truly get to the root-cause of their homelessness.
- It is alarming that the number of individuals experiencing chronic homelessness (raw number) and the percent of homeless who are chronic (percentage) have both been increasing steadily for at least 4 years within Placer County.

- The street-level adult homeless situation in Placer County is “homegrown” (from Survey):
  - + 34% of the individuals went to High School in Placer County
  - + 50% of the individuals have/had family members in Placer County
  - + 55% had Job in Placer County prior to becoming homeless
  - + 82% became homeless while living in Placer County
  
- There is a critical gap in emergency and transitional housing/services for single adults throughout the County.
  
- For a more detail report of the data see Exhibit 1, which was a slide show presentation of the the data analysis presented by Dr. Robert Marbut on February 19, 2015 to community forum at the DeWitt Center.

## Strategic Action Plan Recommendations

### 1 - Transform HMIS from a “Score Keeper” to a “Proactive Case Management Tool”

HMIS needs to be transformed from a "Score Keeping Model" to a "Proactive Case Management Tool." To accomplish this, the software program needs a couple component upgrades. Additionally, to reduce impediments to universal use, a system-wide-all-agency information release form should be utilized by all agencies. Furthermore, in order to promote universal agency participation, funding to service agencies by foundations, government agencies and the Continuum of Care should become contingent on being proactive participants in HMIS.

- HMIS provides a helpful “score-keeper” function, however, HMIS needs to move from being a passive score-keeper to being a proactive case management tool within a truly integrated Master Case Management System.
- Using HMIS as a proactive case management tool includes using it for the following activities: tracking recovery action plans, making referrals to providers, tracking bed availability in real-time and using dashboard data to make tactical and strategic decisions about operations.
- Since the existing HMIS is not universal and not real-time, quality data is sparse thus allowing un-validated myths to become operational “facts.”
- Additionally, the lack of good real-time data prevents the “system” from being integrated and coordinated.
- Participation in HMIS is VERY low. Perhaps the lowest we have seen. Funders must incentivize participation in HMIS. Funding should directly tied to and contingent upon timely and accurate data entry. Carrots need to be created for agencies to use HMIS, likewise, there needs to be financial consequences for not using it.
- Because of the low participation, most of the existing HMIS data has not been useful for data analysis for this report. Furthermore, the lack of good data inhibits good strategic level policy making.
- Data entry needs to be “real-time” and “universal” across all agencies in order to facilitate coordination of care across the Continuum of Care.

- An “universal release” should be developed and utilized by ALL homeless agencies participating in the Placer County Continuum of Care. Before implementing the universal release, each provider will need HIPAA and data security training to ensure they protect the privacy and best interest of the individuals experiencing homelessness. There are templates that exist that can help facilitate real-time data sharing and improved out-comes reporting, which could position the Continuum of Care for new funding opportunities.
- The software currently being used (Bowman) has limitations when it comes to customizing the HMIS data system to local needs. We recommend doing a more detailed evaluation of your current HMIS software platform then take the needed action to improve your operating platform. One option, would be to price-out with Bowman needed modifications. A second option would be to contact other qualified national HMIS vendors to see if their systems would be a better fit for Placer’s HMIS (there are several good HMIS vendors in the USA).
- The community needs to create an inclusive HMIS data monitoring team within the Continuum of Care governance structure. This team should look at agreed upon out-comes every month. The key is to use the data as a flashlight instead of a hammer. This team should seek to learn and improve from the data they are evaluating. The goal is to create an environment of continuous quality improvement.
- A Master Case Management “system” needs to be developed for homeless individuals and families (see Recommendation 8). “Master Case Management” and “agency level case management” are often wrongly presented as the same functionality. There is a major difference between master case management and agency level case management - the first is holistic case management across the entire system of all agencies while the second is only within an individual agency.
- This Master Case Management system needs to utilize HMIS as its primary coordinating and case management tool.

## **2 - Roseville’s “Operational Model” Needs Updating in Order to Increase Gradation Rates**

The Roseville “operational model” for single adults experiencing homelessness is no longer a national best practice and needs major operational changes as soon as possible. There are three major concerns. First, moving individuals on a daily basis produces instability at a time when stability is needed in order to foster recovery. Second, individuals waste 4-5 hours during the prime of everyday being processed (eg traveling to the intake point, standing in line, processing, waiting, being transported at night and then being transported again the next morning), rather than being in programs. Third, the program is not a true 24/7 program.

- The chronic homelessness rate in Placer is nearly 300% higher than the national average. It is important to remember that while overall homelessness in Placer has actually decreased, the

overall chronic numbers have increased in real terms, in percentages and in relativity. The Placer homeless community is becoming dramatically more chronic. We firmly believe based on empirical evidence and observations, that the destabilizing and time wasting characteristics of the existing program in Roseville actually instills chronic homelessness (in terms of length of time homeless, the individuals residing at The Gathering Inn averaged 3.6875 years homeless whereas the rest of the County averaged 3.1489 years homeless, this means The Gathering Inn guests are 17.1% more homeless in terms of time being homeless).

- Very similar to an medical emergency department, homeless individuals need to be Stabilized, Assessed and Treated (SAT). All three of these steps are critical to improve and increase street graduation rates.
- Unfortunately, the Roseville model actually de-stabilizes individuals by moving them every 24 hours to a different overnight housing location. Other than a few small programs mostly in rural Northern California, these researchers know of no such programs that rotate on a daily basis. The shortest rotation that we know of that has high success rates is the Family Promise network which supports more than 53,000 homeless family members annually across the USA. Family Promise uses virtually the same model as The Gathering Inn (eg uses churches to house people experiencing homelessness), but Family Promise rotates on weekly basis, not daily, thus increasing stability 700%.
- The key to recovery is to be in full-time treatment programs and/or to be working. But, based on the daily system of needing to queue up and wait in line, then waiting on the grounds, then being bussed and finally being bussed back the next morning, individuals waste 4-5 hours everyday just to be relocated to the next night's shelter. Because of the operation system, individuals start this daily routine by making their way back to The Gathering Inn about 2:00-2:30pm. If you take away 2 hours for breakfast and lunch, homeless individuals only have between 3-5 hours available to be in productive programs or working (this includes the time to bus/walk/bike to another site for services).
- The drop-in center at The Gathering Inn provides some rudimentary services (eg referral agency touch-points, computers, etc.), but for the most part these services do not proactively treat the real root causes of homelessness (eg mental health, substance abuse, job retention, domestic violence, etc.).
- On numerous occasions, children were seen co-mingling with the chronic homeless population at The Gathering Inn. This is very bad on several levels. We know of no one in the USA that posits for the mixing delicate and vulnerable children with chronic men and women.
- Because of its long history, outstanding network support and good brand, The Gathering Inn needs to be an integral part of the long term strategic solution in Roseville.

- The short-term solution - - The Gathering Inn needs to change to a no less than a weekly rotation and then create real 24/7 programming for adults only (See Recommendation 3 for suggested 24/7 functionalities).
- Longer term, more suitable sites and options should be researched, such as a mini-campus model that has been promoted at times by the Lazarus Project. Beyond affordability, availability and good community buffers, a new location should allow for a true 24/7/168/365 come-as-you-are center to be created with holistic and comprehensive services (see Recommendation 3 for a listing of ideal campus services).

### **3 - Open a Come-As-You-Are Services Center in Auburn**

Open a 24/7/168/365 Come-As-You-Are (CAYA) Services Center in Auburn for single homeless men and women called Auburn Safe Harbor in order to dramatically improve the effectiveness and efficiency of service delivery by co-locating and integrating adult homeless services at one location. The “Barracks” site currently being developed is a very good interim location for a variety of reasons (eg close proximity to the jail, close proximity to other social services, provides buffering between the center and neighborhoods/merchants). The “Barracks” site also has its challenges. Specifically we have concerns about the age of the building. Older buildings tend to wear faster and cost more to operate. Additionally, over the long run, it will be important to site a facility with a commercial kitchen, additional meeting rooms and possibly more sleeping capacity. Our recommendation would be to start with the “Barracks” location. Because of NIMBY’ism and other factors, siting a location can take a long time, therefore open the “Barracks” as soon as possible, then research other options.

- Based on the massive size of the county, actual living locations, street-level observations, interviews, survey data and point-in-time-counts and the lack of mobility, we believe two smaller come-as-you-are facilities are needed in the County for single adult men and women - one in Roseville and one in Auburn.
- Because of the size of the county, geographical home affinities and mobility issues, a single regional facility would likely not work.
- The geographic service area for Auburn Safe Harbor should include East County.
- Auburn Safe Harbor should become the main intake portal for adult homeless men and women in the Auburn and East County. All adult services can then be coordinated from this main service center, using a “hub and spoke model.”

- As many Auburn service partner organizations/agencies/programs as possible should be recruited to co-locate their specific services for adult men and women experiencing homelessness to Auburn Safe Harbor. This includes moving the sleeping area at “Henry’s Lawn,” the activities currently provided at local churches to Auburn Safe Harbor and some of the Welcome Center activities. Non-homeless services provided to other groups would not move to Auburn Safe Harbor.
- Once operational, all street feeding programs, food pantry programs and day-time service centers for adult homeless men and women experiencing homelessness should be encouraged to relocate to (or at least coordinated with) Auburn Safe Harbor and The Gathering Inn. Auburn Safe Harbor and The Gathering Inn should also be the location of the Master Case Managers for adult homeless men and women (see Recommendation 8). This in turn would significantly increase the functional capacity to engage the chronically homeless community.
- Once operational, individuals living on Henry’s Lawn and within area encampments should be proactively engaged to relocate to Auburn Safe Harbor.
- It is very important to understand that individuals experiencing homelessness do not “graduate” from street-life back into general society if they are enabled to stay on the streets, in parks or in encampments. Likewise, individuals experiencing homelessness do not graduate from street-life by being incarcerated in a jail. A person will never experience recovery if they are sleeping under a bridge or sleeping on a jail cell floor since they are not in a formal 24/7 recovery program.
- The most successful and proven way to increase the rate of street graduations is for individuals to be in formal programs that provide holistic, transformational services 24 hours a day, seven days a week. Holistic and transformational means comprehensive services including master case management, mental/behavioral health, substance abuse treatment, life skills training, job training, job placement, etc.
- National best practices indicate that communities need to have at least one 24/7/168/365 “Come-As-You-Are” services center (sometimes referred to as a low-demand-shelter). Placer County does not have a true come-as-you-are 24/7/168/365 facility any where. Furthermore, there is a significant gap in bed/mat capacity compared to the street population.
- Auburn Safe Harbor should be modeled after Pinellas Safe Harbor (Pinellas County Florida) and Prospects Courtyard (San Antonio Texas), and to a lesser extent CASS (Phoenix Arizona), Star of Hope (Houston Texas), The Bridge (Dallas Texas) and Father’s Joe Village (San Diego California).
- Street outreach efforts by social service and law enforcement agencies should be focused on bringing people to Auburn Safe Harbor in order to engage into 24/7 transformational services.

- Creation of a public safety intake portal/unit for assessment, triage and referral will dramatically streamline operations and significantly improve services to the individuals being helped. Additionally, this will create critically needed diversion efforts which will help provide relief to emergency rooms, courts and the jail.
- The Auburn Safe Harbor site should be well known by all law enforcement agencies and most law enforcement officers within Placer County and would provide a centralized assessment and intake center. This will also function as a pre-trial diversion program thus saving money across the entire judicial and criminal justice systems.
- Relative to other possible sites, if properly managed this location would likely reduce pedestrian and bicycle traffic passing through neighborhoods and commercial districts.
- An added benefit to this location is it would likely have a lower public NIMBY'ism push back compared to other possible sites that might have been considered.
- As much as possible, "specialty service providers" and "referral service providers" should also be located at Auburn Safe Harbor on a part-time basis.

*NOTE: Under current State Laws, sexual offenders cannot be accommodated at Auburn Safe harbor.*

- All agencies, programs and service providers within Auburn Safe Harbor should adopt the "culture of transformation" in all aspects of their operations. The focus needs to be on the overall mission of reducing street-level homelessness and graduating people from the streets to becoming productive community members.
- The following services should be included within the Auburn Safe Harbor (full-time and/or part-time and/or as a referral service):
  - + Engagement Into Auburn Safe Harbor:
    - \* Outreach - interface with Homeless Outreach Teams (HOTs)
    - \* Intake, registration and assessment
    - \* Master Case Management
  - + Medical:
    - \* Medical (on-campus and off-campus referrals)
    - \* Dental (off-campus referrals)
    - \* Vision (mostly off-campus referrals)
    - \* Pharmacy services (on-campus)
    - \* Mental health (on-campus and off-campus referrals)
    - \* Addictive disorders and substance abuse services (on-campus and off-campus referrals)

- + Job Placement Services:
  - \* Legal services and ID recovery
  - \* Life skills training
  - \* Job skills training (includes interview and resume training)
  - \* Job placement, coaching and enlisting business community support for jobs
  
- + Hygiene Services:
  - \* 24/7 bathrooms
  - \* Showers
  - \* Hygiene skills training and services
  - \* Hair cut services (to be presentable for job interviews)
  
- + Overnight Sleeping:
  - \* Low demand sheltering
  - \* Transitional living
  
- + Feeding:
  - \* Establishment of a commercial kitchen
  - \* Food and meals
  - \* Coordination of meals (delivery and prep from non-profits and churches)
  
- + Other Support Services:
  - \* Clothing closet
  - \* Housing out-placement
  - \* Veteran services
  - \* Daytime activities
  - \* Property storage
  - \* Donation center
  
- + Administration:
  - \* Administrative services for the Auburn Safe Harbor
  - \* Security
  - \* Storage
  - \* Volunteer coordination
  - \* Community service work crews and Auburn Safe Harbor work crews
  
- Auburn Safe Harbor must be a "Good Neighbor."
  
- For safety reasons, the queuing for intake must occur inside of Auburn Safe Harbor and not on the street.

- Safety, health and hygiene are all negatively impacted by dirty, soiled and cluttered environments. Therefore, Auburn Safe Harbor needs to embrace national best practices of “*Look, Feel and Smell*” standards:
  - + all areas need to be organized neatly and uncluttered (look)
  - + all areas need to be warm and nurturing (feel)
  - + all areas need to smell like a nice home - should not smell dirty and soiled, nor should it smell like cleaning solutions (smell)
- Having high standards dignifies the folks being helped while fostering higher standards for staff and volunteers. Individuals respond to their surroundings. Neat, clean and warm feeling environments lead to more positive out-comes than dirty, soiled and cluttered environments. Embracing a high environmental quality also helps in being a good neighbor.
- How a facility is operated is as equally important to where a facility is sited. The goal is to reduce the hanging-out and minimize the “crumb-trail” between service agencies by encouraging individuals to come into programming.
- High quality environments also increase resources to agencies in the following four ways:
  - + increases volunteers
  - + increases funding
  - + increases staff member and volunteer productivity
  - + extends the useful life of the physical plant and infrastructure
- Ideally, funding and support of Auburn Safe Harbor would be joint effort of the County, the City of Auburn, other cities, the faith-based community, non-profits, local foundations, businesses and merchants.
- A starting point of financial support could be 1/4 County, 1/4 cities, 1/4 non-profit and 1/4 business-merchant. In order to have a sustainable operating model, funding for operating expenses should be committed on a long term basis.
- It is very important that the broader Placer Community needs to realize this as a problem of the “whole” and that this affects the entire Placer Community. It is therefore critical to have a county-wide “system” that is holistic and integrated.

#### **4 - Within the Continuum of Care, Create a Work Group to Focus on Chronic Adults**

Because the chronic adult homelessness challenge is so great in Placer County, a work group that proactively focuses ONLY on chronic adults should be formed. This work group should fall within the existing Continuum of Care governance structure and include high level representatives from the Auburn Safe Harbor, Roseville’s Gathering Inn, other agencies working with adult homelessness, law enforcement, cities, the County as well as stakeholders from the

business and merchant communities. The mission of this group should be to reduce the number and percentage of chronic adults by developing and implementing initiatives to reduce chronic homelessness.

- Even though overall homelessness has dropped within Placer County, chronic adult homelessness has been increasing dramatically and has a percentage rate almost 300% higher than the national average.
- In order to streamline activities, this work group should fall within the existing authority of the Continuum of Care (eg do not create an additional bureaucratic group).
- Strategic initiatives should be planned and vetted within the existing Continuum of Care. This work group should become very proactive, not reactive. Additionally, this work group should become the clearing house and vetting center for all initiatives relating to adult chronic homelessness.
- Once the strategic initiatives are developed, the tactical implementation should occur within the appropriate agencies.

#### **5 - Align "Street Feeding" Efforts with Holistic Service Programs**

Redirect "Street Feeding and Street Services" to be aligned with holistic service programs. Street feeding and street services, although well-intentioned and good-hearted, actually "enables" individuals experiencing homelessness rather than "engages" homeless individuals into 24/7 holistic recovery program services. Providing camping supplies and/or feeding in the parks, at street corners, at beaches and behind restaurants exacerbates and promotes homelessness, thus increasing the number of homeless individuals. Organizations providing street services should be encouraged to relocate all of their adult homeless services to Auburn Safe Harbor and/or to The Gathering Inn.

- Feeding programs alone do not address the root causes/triggers of homelessness. In order to facilitate graduating from the street, programs must deal with mental/behavioral health, substance abuse, job training/placement/retention and life skills.
- Individuals and groups feeding homeless individuals need to move from enabling behaviors to engaging efforts by holistically aligning feeding efforts with engaging services that lead to street graduation. Street feeding organizations need to be encouraged to relocate and redirect their services to Auburn Safe Harbor (if it is created) in order to align with holistic service programs. It is very important to understand the working poor and individuals experiencing homelessness have very different needs in terms of prevention and recovery, therefore formal assessment and case management using HMIS is critical. Feeding efforts that work with the working poor should continue.

- The overall community needs to move from a *Culture of Enablement* to a *Culture of Engagement* in all aspects. This includes service agencies, faith-based organizations, volunteers, staffs, donors, funders, government agencies, programs, residents, tourists and the homeless community. Free food handouts and cash from panhandling - although well intended by nice folks - actually perpetuates and increases homelessness through enablement. Street handouts of food and cash should be redirected to Placer Safe Harbor. The mission should no longer be to “serve” the homeless community, instead, the mission should be to dramatically and consequentially increase “street graduation” rates.
- Food provides an opportunity to positively incentivize engagement into the transformational process. If one really wants to reduce homelessness, then feeding programs need to be coordinated in a manner that encourages change.
- Wholesale food suppliers, caterers, grocery stores, restaurants and hotels need to be encouraged to assist strategic initiatives rather than efforts that enable homelessness.
- A media and public awareness campaign needs to be developed to encourage the community to move from a culture of enablement to a culture of engagement.
- The negative repercussions of street feeding are also true for cash handouts and panhandling.
- The best way to increase street graduation rates is to engage each individual and family in a customized plan for recovery that provides a roadmap out of homelessness and to sustained income and housing.

### **6 - Increase “Longer Term” Housing Placements**

Increase the number of “longer term” housing placements across the spectrum for men, women, families with children and unaccompanied minors. To be successful, there needs to be an increase in inventory capacity as well as improvements in service programs to better prepare individuals and families for the challenges they will face.

- Placer County’s long term affordable housing inventory needs to be increased.
- The Chronic Adults Work Group should proactively pursue multiple initiatives to increase the affordable housing stock (see Recommendation 4):
  - + try to obtain more Federal vouchers,
  - + partner with developers to use of low-income-housing-tax-credits,
  - + pursue housing first initiatives,
  - + tap into the state housing trust fund,
  - + encourage faith-based organizations to adopt, mentor and fund a person for a year,
  - + develop and place “tiny-houses.”

- All of the possible initiatives listed above have pros and cons. Vouchers are very useful and effective, but Federal budget cuts will likely reduce the number of vouchers available. Low income tax credit housing is one of the best Federal programs in existence, however, this program is very competitive and in order to be competitive it is best to proceed with a developer partner. Many of the housing first type programs are very expensive since it would likely entail developing/constructing new inventory. Tiny-houses have been proven to be useful for short periods of stay, but the evidence is inconclusive for longer term habitation. Finally, most if not all of these solutions will have NIMBY'ism siting and zoning issues.
- The data indicates an initial need of about 105 long term supportive units for adults and about 10-15 emergency and transitional units for families with children (this includes unaccompanied minors/youth).

### **7- The Culture of How the Community Addresses Homelessness Needs to Change**

The entire Placer Community needs to change how it addresses the issue of homelessness. This includes service agencies, faith-based organizations, volunteers, staffs, donors, funders, government agencies, programs, residents, tourists and the homeless community. The mission should no longer be to "serve" the homeless community, instead the mission should be to dramatically and consequentially increase "street graduation" rates. Specifically, the Placer Community needs to:

- a - Move from a "*Culture of Enablement*" to a "*Culture of Engagement*,"
- b - Move from "*Agency-centric*" to "*System-centric*" funding and processes,
- c - Move from "*Out-put Measurements*" to "*Out-come Measurements*."
- If the greater Placer community keeps doing the same activities in the same ways, the number of street-level chronic homeless individuals will dramatically increase and likely become more aggressive. There needs to be an across-the-board "*Change in Thinking and a Change in Doing*."
- The leadership within the civic, local government, faith-based, funder, advocate, service provider, law enforcement and homeless communities need to embrace transformational best practices that have worked throughout the USA.
- The mission should no longer be to "serve" the homeless community, instead the mission should be to dramatically and consequentially increase "street graduation" rates. A street graduation occurs when an individual moves from living on the street (or in an encampment) into a sustainable quality of life that allows the individual to be a productive citizen of the community.
- The entire community needs to move from a culture of enablement to a culture that engages individuals experiencing homelessness in all aspects of daily life. Free food, handouts of

camping equipment and cash from panhandling - although well intended by nice folks - actually perpetuates and increases homelessness through enablement. Rather than street handouts of food and cash, donations should instead be redirected to high performing agencies. A media and public awareness campaign needs to be developed to educate and encourage the community to move from a culture of enablement to a culture of engagement.

- The current approach is very “agency-centric” and not “system-centric.” A coordinated strategic “systems-approach” throughout Placer County (including all the cities within Placer County) should be implemented. This effort should not be agency-centric nor a series of isolated “one-off” arrangements, instead, it should be integrated. This can be accomplished quickly and effectively through changes in funding requirements/standards by the County, the cities and other major funding organizations. Decisions should be made based on performance and not be based on historic funding levels. Service providers need to work together as partners within a single coordinated holistic system in order to better help people experiencing homelessness move from the streets and encampments into formal service programs.
- The culture needs to move from measuring “out-puts” of service to one that measures “out-comes” of systematic change. Success should be measured using substantive “out-come” metrics (are street graduation rates increasing or is the percent of homeless individuals in jail decreasing, rather than how many meals are served, or how many showers taken or how many people slept in building overnight).
- Homeless individuals who want help, should be provided engaging help. Individuals who turn down help, should not be enabled.
- “Hanging-out” should be replaced by “program participation.” Every effort possible must be made to engage individuals into programming.
- Engagement should never be mean - instead engagement should always be kind, caring and compassionate.

### **8 - Develop a Coordinated Case Management System**

A coordinated case management model needs to be developed. The coordinated case management model starts at the point of initial intake and is sometimes referred to as Master Case Management. Once a coordinated triage and intake assessment system has been created, individuals experiencing homelessness should be connected to case managers based on the level of support needed. Currently each service provider has their own internal case managers, and each service provider assigns individuals internally as new homeless individuals present to their respective agencies. Coordinated case management is entirely different from agency level case management because it connects homeless individuals to treatment programs based on an individual’s level of need rather than defacto with the agency of first-contact with the individual.

during the intake process. In a coordinated approach there would be case managers that work together to staff cases across agencies, share resources and proactively work together for what is in the best interest of the individuals that are being helped, rather than for the self-interest of their organization.

- Even though Recommendations 1 and 8 would work hand-and-hand, Recommendation 8 is distinctly different from Recommendation 1. Recommendation 1 is about the software systems whereas Recommendation 8 is about master case manager staffing. Recommendation 1 is a HMIS software tool that Recommendation 8's master case managers would utilize.
- Each homeless individual and family needs his/her/their own Master Case Manager who creates a customized action plan to recovery. Master Case Managers then need to proactively monitor and manage each recovery-action-plan across service providers. These Master Case Managers need to have the full authority to place and move individuals and families throughout the integrated-system, and to adjust recovery-action-plans as needed.
- "Coordinated case management" (a.k.a. master case management) and "agency level case management" are often wrongly presented as the same functionality. There is a major difference between master case management and agency level case management - the first is holistic case management across the entire system of all agencies while the second is mostly within an individual agency.
- Although there are distinctly different challenges facing Auburn, Roseville and East County, it is important to have ONE coordinated system that works throughout the County.
- There should be separate intake portals in Auburn and Roseville, but they should funnel into one coordinated case management team.

### **Immediate Next Steps**

- Get started and do not get bogged down in politics. Simply just start!!
- Placer County and the cities within Placer County could consider voting to “accept in-concept” or amend the 8 Strategic Recommendations contained in this report.
- Start implementing the 8 Strategic Action Recommendations as approved or amended.
- It is critical to start on Recommendations 1-4 and 8 as soon as possible.
- Establish an accountability system’s loop to monitor and proactively promote the progress on Recommendations.

**Exhibit 1 - Data, Survey and Observations Presentation on February 19, 2015**

# Homelessness in Placer County

Survey Data and Observations

By Dr. Robert G. Marbut Jr. and Shaun Lee MSW, MBA

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## Activity to Date – We Have:

- Visited direct service agencies.
- Reviewed agency web sites.
- Conducted “street level” observations throughout Placer County (PC).
- Toured 4 regions within PC with LEOs.
- Experienced homelessness.
- Visited with dozens of individuals experiencing homelessness.
- Analyzed all known recent data sets.
- Conducted a survey of individuals experiencing homelessness.

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## Triggers of Homelessness:

### Males-

- 50-60% of individuals have a major mental health issue.
- 70-80% of individuals have a substance abuse issue.
- Over 90% of individuals have at least one or both of these issues.
- Job retention.

### Females-

- Add domestic violence.
- Add financial hardship caused by divorce/breakup.

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## Placer County at First Glance:

- Lacks strategic interaction and connectivity (there is no "Placer System").
- Usable/Actionable data in Placer County is very sparse.
- Decisions are based on anecdotes, not strategies.
- "Policy" is tactical, not strategic.
- Roseville, Auburn and Tahoe have very different issues.
- Relative to the USA, homelessness is low per capita.
- Relative to the USA, families with children that are in crisis is low.
- Adult chronic street homelessness is a major problem and is getting worse.
- There are major gaps in services for adults.

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## Placer County Homeless Count 2015 (PITC): Preliminary Count

- **540 Individuals**
- **Chronically homeless 40%**
- **Severely mentally ill 30%**
- **Chronic substance abuse 32%**
- **Domestic violence victims 28%**
- **Veterans 8%**
- **Prior foster care 7%**
- **Males 61% : Females 39%**
- **Single Adults 86% : Children 14%**

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## Critical Research Questions that Need to be Answered:

- “Homegrown” vs. “Imported”?
- Is the rail yard to blame?
- How chronic is the homelessness population?
- How mobile is the population intra-county?
- One-site vs. Multi-site Solution?

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## Survey:

- We should never make policy decisions based on anecdotes.
- Anecdotes can be used to develop research questions.
- Hard data should drive strategic decision making.
- Yet, the data in Placer County is very sparse.
- Analysis should be conducted using national best practices.

- Survey conducted at key gathering points.
- December 2014 to January 2015.
- Survey sampling.

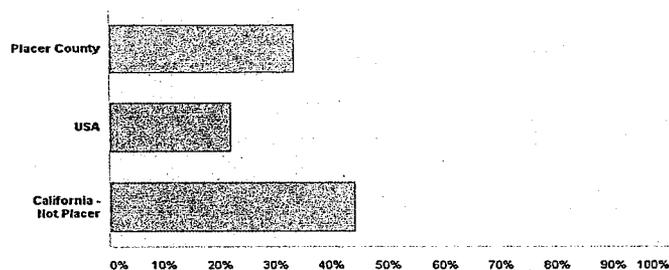
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## Homegrown vs. Imported?

### Q5 Where did you go to High school?

Answered: 95 Skipped: 2



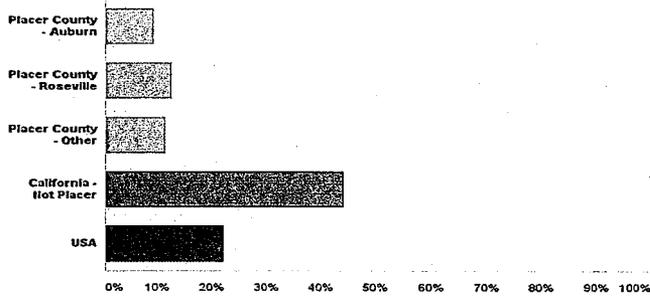
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## Homegrown vs. Imported?

### Q5 Where did you go to High school?

Answered: 95 Skipped: 2



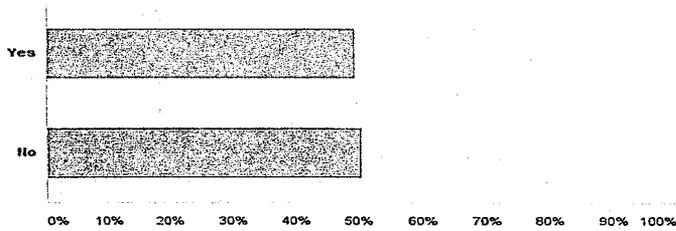
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## Homegrown vs. Imported?

### Q8 Is your family from Placer County?

Answered: 97 Skipped: 0



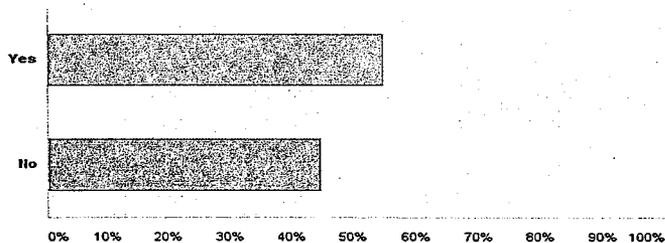
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## Homegrown vs. Imported?

### Q10 Before You Became Homeless, Did You Have a Job in Placer County?

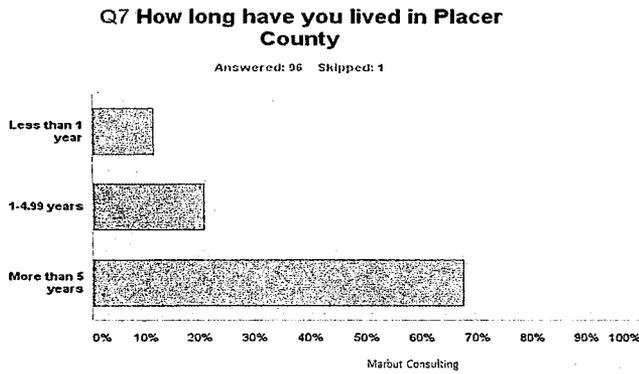
Answered: 96 Skipped: 1



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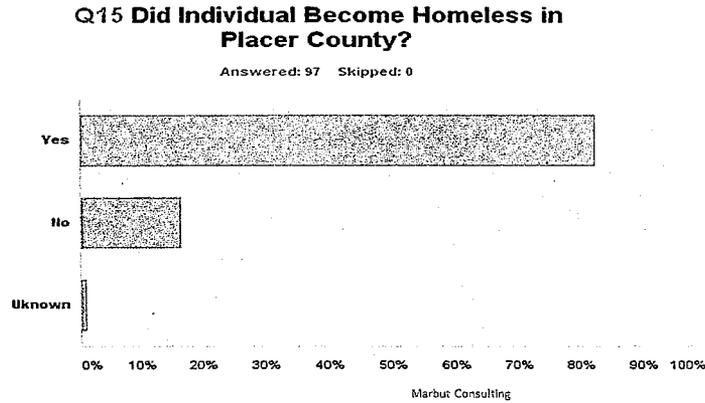
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## Homegrown vs. Imported?



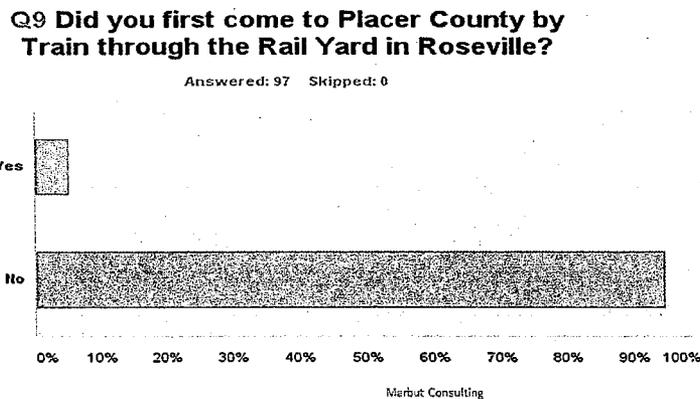
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## Homegrown vs. Imported?



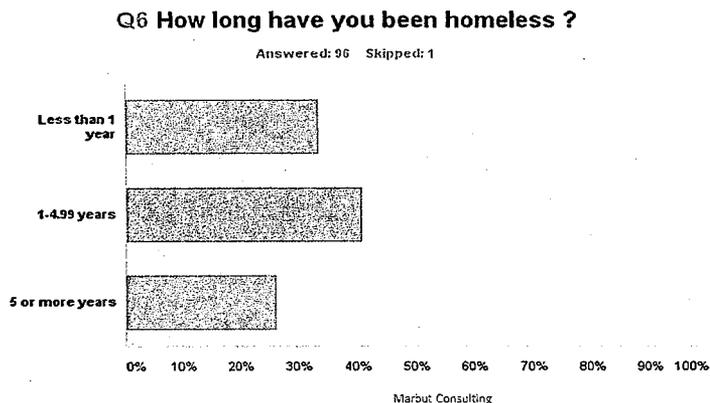
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## Is the Rail Yard to Blame?



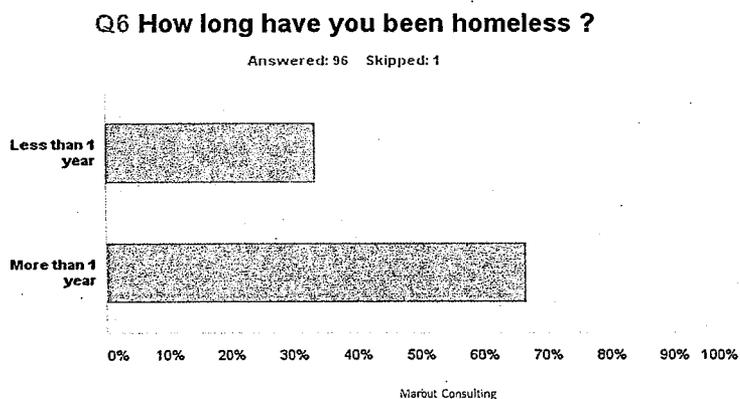
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# How Chronic is the Population in Placer? Marbut Matrix



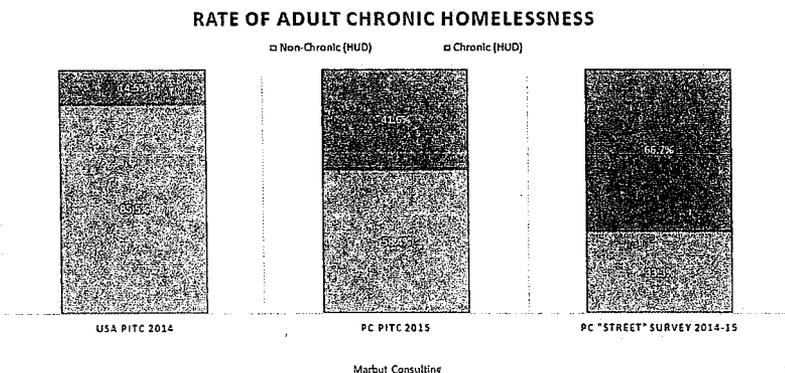
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# How Chronic is the Population in Placer? HUD Matrix



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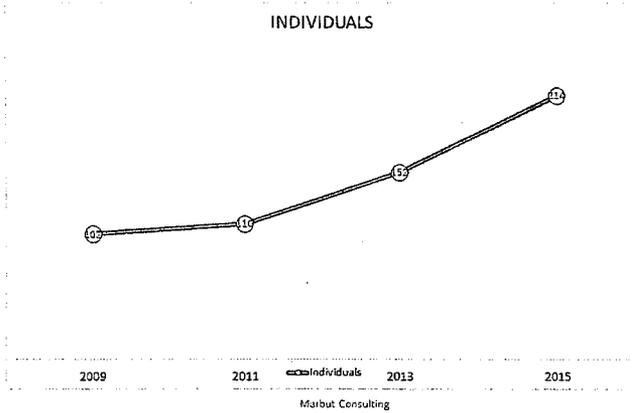
# Chronic Adult Homelessness: USA vs. Placer HUD Definition



17

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## PITC 2009-2015 Change in Chronic Homelessness:

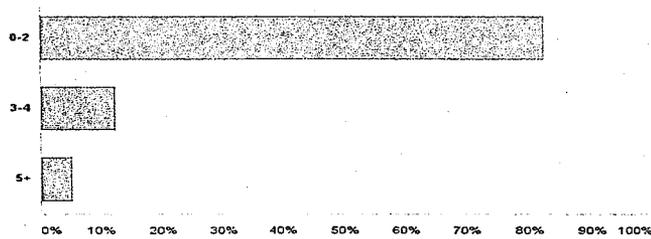


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## How Mobile is the Population Intra-county?

**Q12 In an average week, how many times do you move between Roseville and Auburn?**

Answered: 97 Skipped: 0

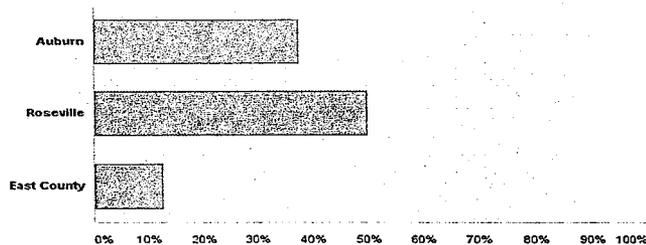


19

## Overnight Sleeping Location:

**Q11 Where do you primarily sleep at night?**

Answered: 97 Skipped: 0



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## Big Takeaways from the Survey and PITC:

- Homelessness in PC is not imported . . .  
(34% HS .. 50% family .. 55% had Job in PC .. 82% became homeless in PC)
- The rail yard is not to blame.
- Mobility is limited.
- Need operations in Roseville and in Auburn.
- Homelessness in PC is significantly more chronic than the nation.
- Overall homeless population has decreased . . .  
However the homeless population is becoming significantly more chronic.

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## Macro Observations (beyond the survey):

1. There is no strategic level policy making . . .  
Instead, "policy" is a net of independent tactical activities.
2. Services are not integrated and seldom coordinated.
3. Quality data is sparse and HMIS is not universal/real-time.
4. Un-validated myths have become fact.
5. Placer County lacks a 24/7 emergency center.
6. Auburn lacks emergency and portal services.
7. The Roseville "operational model" is not a national best practice.
8. There is a lack of transitional services and affordable housing.
9. Challenge of homeless families with children is minor relative to adults.

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## What's Next:

- Get input tonight.
- Continue to analyze data.
- Draft the Action Plan.
- Present the Action Plan.

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**Exhibit 2 -**  
**Program/Agency Site Visits, Tours, Meetings and Conference Calls (partial listing)**

Dirk Amara  
Attorney at Law  
Auburn

Sandra Amara  
Amara & Keller  
Attorney at Law

Pastor Dan M. Appel  
Auburn Seventh-day Adventist Church  
Senior Pastor

Paul Bancroft, MA  
Tahoe Safe Alliance  
Director of Social Services

Brigit S. Barnes  
Brigit S. Barnes & Associates, Inc.  
Attorney at Law

Sandy Bassett  
Auburn Inter Faith Food Closet  
President

Todd Blevins  
The Salvation Army (Roseville)  
Building Maintenance / Kitchen Supervisor

Jeffrey Brown, M.P.H., M.S.W.  
Placer County - Health and Human Services Department  
Director

Linda Brown  
Board of Supervisors  
District Director, District 5

Fr. Michael Carroll  
Saint Teresa of Avila Catholic Church  
Priest

Dom Casey  
City of Roseville  
Parks, Recreations and Libraries Director

Suzi deFosset, MA CADCI  
The Gathering Inn  
Executive Director

Lt. Justin Docherty  
Salvation Army - Auburn  
Auburn Commander

Hon. Jack Duran  
County of Placer  
Supervisor District 1

Ann Engelbrecht  
Home Start Roseville  
Executive Director

Antoinette Fabela, MA  
Auburn Resident  
Life Purpose Coach

Susan Farrington  
Sierra Foothills AIDS Foundation / Continuum of Care (dba Homeless Resources Council of the Sierras)  
Executive Director / President

Michelle Fish  
Salvation Army - Auburn  
Social Services Director

Officer David Flood  
City of Roseville  
Transient / Homeless Enforcement Officer

Deputy Stephanie Frykberg  
Placer County Sheriff-Coroner-Marshall  
Deputy Sheriff

Thomas Gallahue  
The Salvation Army (Roseville)  
Social Services Coordinator

Jainell Gaitan, MA  
Placer County Department of Health and Human Services  
Program Supervisor Homeless Outreach Program

Thomas Goetz  
Pacific Erectors, Inc.  
President

Jan T. Haldeman  
Haldeman Homes  
President

Lisa Hammons  
Abundant Life Church  
Volunteer Coordinator

Hon. Jim Holmes  
County of Placer  
Supervisor District 3

Officer Tucker Huey  
Auburn Police Department  
Police Officer

Ray Kerridge  
City of Roseville  
City Manager

Graham Knaus, M.P.A.  
Placer County - Health and Human Services Department  
Former Assistant Director

David Loya  
Lazarus Project  
Executive Director

Jocelyn Maddox  
County of Placer  
Field Representative District 5

Dave Martinez  
Placer Food Bank  
Executive Director

Leo McFarland  
Volunteers of America - Northern California & Northern Nevada  
President/CEO

Hon. Jennifer Montgomery  
County of Placer  
Supervisor District 5

Christina Nicholson  
Whole Person Learning  
Executive Director

Robert L. Oldham, M.D., M.S.H.A.  
Placer County - Health and Human Services Department  
Public Health Officer / Medical Director

Shannon Pennington  
Placer County Department of Health and Human Services  
Client Services Assistant II

Jennifer Price  
Advocates for Mentally Ill Housing, Inc. / Continuum of Care (dba Homeless Resources Council of the Sierras)  
Executive Director / Treasurer

Esmerita Rivera  
City of Roseville  
Housing Analyst II

Tim Rundel  
City of Auburn  
City Manager

Marcelle Schaefer  
Acres of Hope  
Executive Director

Hon. Kirk Uhler  
County of Placer  
Supervisor District 4 and Chair

Brittany L. Weygandt  
Board of Supervisors  
Aide to Supervisor District 2

Hon. Robert M. Weygandt  
County of Placer  
Supervisor District 2 and Vice Chair

Ruth Wisber  
Whole Person Learning  
THP-Plus Worker

Deputy Ryan Zender  
Placer County Sheriff-Coroner-Marshall  
Deputy Sheriff

Numerous Placer County citizens at the February 19<sup>th</sup> Community Forum

Numerous individuals experiencing homelessness

Placer County Homeless Advisory Group

Several individuals at different faith-based meetings

Various tours of encampment and camping sites

Volunteers at the St. Vincent de Paul - Our Dining Room Program in Roseville

Volunteers at the St. Vincent de Paul - Food Locker Program in Roseville

Many others, some of whom requested anonymity

**Exhibit 3 -**  
**The Seven Guiding Principles of Homeless Transformation**

***The Measuring Stick***  
***Moving from Enablement to Engagement***

After visiting 237 homeless service providers in 12 states and Washington, DC, Dr. Robert Marbut established the following the *Seven Guiding Principles of Homeless Transformation* which he commonly found to be the best practices within communities across the USA. These *Seven Guiding Principles of Homeless Transformation* were used as key measuring sticks when reviewing homeless service providers in Placer as well as the overall service network within Placer County.

**1. Move to a Culture of Transformation (versus the Old Culture of Warehousing):**

Homeless individuals must be engaged and no longer enabled. Everybody within the service delivery system (eg general public, media, elected politicians, appointed officials, boards, staffs and volunteers of service agencies and most importantly the homeless themselves) must embrace a culture of transformation. A culture, that through the help of others, homeless individuals can transform and integrate themselves back into society. For moral and fiscal reasons, homelessness must become an unacceptable condition that is not tolerated in the USA.

**2. Co-location and Virtual E-integration of as Many Services as Possible:**

In order to increase success, all services within a service area must be e-integrated. Virtual e-integration improves coordination of services, enhances performance, reduces “gaming” of the system, engages individuals on the margin of society and increases cost efficiencies within and between agencies. Furthermore, whenever financially possible, services should be co-located. Co-location goes beyond virtual e-integration by increasing access and availability into a shorter period of time through the reduction of wasted time in transit and minimization of mishandled referrals. Co-location also increases the supportive “human touch.”

**3. Must Have a Master Case Management System That is Customized:**

Because there are so many different service agencies helping homeless individuals (eg government at multi-levels, non-profits and faith-based), it is critical that ONE person coordinates the services an individual receives and to do so in a customized fashion. The types of service provided is critical, but what is more important is the sequencing and frequency of customized person-centered services.

**4. Reward Positive Behavior:**

Positive behavior of individuals should be rewarded with increased responsibilities and additional privileges. Privileges such as higher quality sleeping arrangements, more privacy and elective learning opportunities should be used as rewards. It is important that these rewards be used as “tools” to approximate the “real world” in order to increase sustainable reintegration into society. Every aspect of service delivery should be rooted in preparing the individual or family to have sustained success in permanent housing.

**5. Consequences for Negative Behavior:**

Too often there are no consequences for negative behavior of individuals. Unfortunately, this sends a message that bad behavior is acceptable. Within the transformational process, it is critical to have swift and proportionate consequences.

**6. External Activities Must be Redirected or Stopped:**

External activities such as “street feeding” must be redirected to support the transformation process. In most cases, these activities are well-intended efforts by good folks; however, these activities are very enabling and often do little to engage homeless individuals.

**7. Panhandling Enables the Homeless and Must Be Stopped:**

Unearned cash is very enabling and does not engage homeless individuals in job and skills training which is needed to end homelessness. Additionally, more often than not, cash is not used for food and housing but is instead used to buy drugs and alcohol which further perpetuates the homeless cycle. Homeless individuals who are panhandling should be engaged into the transformational process. Furthermore, most panhandlers are not truly homeless but are preying on the good nature of citizens to get tax-free dollars.

**Exhibit 4 -**  
**Robert G. Marbut Jr., Ph.D. Biography**

First as a volunteer, then later as a San Antonio City Councilperson and a homeless service agency President/CEO, Dr. Robert Marbut has worked on homeless issues for over three decades.

In 2007, frustrated by the lack of real improvement, and as part of the concept development for the Haven for Hope Campus, Dr. Marbut conducted a nationwide best practices study of homeless services. After personally visiting 237 homeless service facilities, in 12 states and the District of Columbia, he developed *The Seven Guiding Principles of Homeless Transformation*. Since then, Dr. Marbut has visited a total of 694 operations in 21 states plus Washington, DC and Mexico City, DF.

These Seven Guiding Principles of Transformation are used in all aspects of his work to create holistic, transformative environments in order to reduce homelessness.

Dr. Marbut was a White House Fellow to President George H.W. Bush and a former Chief of Staff to San Antonio Mayor Henry Cisneros.

He earned a Ph. D. from The University of Texas at Austin, Austin, Texas in International Relations (with an emphasis in international terrorism and Wahhabism), Political Behavior and American Political Institutions/Processes from the Department of Government.

He also has two Master of Arts degrees, one in Government from The University of Texas at Austin and one in Criminal Justice from the Claremont Graduate School. His Bachelor of Arts is a Full Triple Major in Economics, Political Science and Psychology (Honors Graduate) from Claremont McKenna (Men's) College.

Dr. Marbut also has completed three post-graduate fellowships, one as a White House Fellow (USA's most prestigious program for leadership and public service), one as a CORO Fellow of Public and Urban Affairs and one as a TEACH Fellow in the Kingdom of Bahrain and the State of Qatar (1 of 13 USA educators selected).

**Contact Information:**

Robert G. Marbut Jr., Ph.D.  
6726 Wagner Way  
San Antonio, TX 78256

www.MarbutConsulting.com  
MarbutR@aol.com  
210-260-9696

**Exhibit 5 -  
Shaun Lee, MSW & MBA Biography**

Shaun Lee currently serves as Vice President at Mission Matters Group (MMG). The mission of MMG is to align people, process and technology to advance mission. Mr. Lee believes strongly in the importance of creating clear organizational values and operating anchors in order to bring clarity and alignment to strategy. He also believes that it's important to create organizational slack, because that is where the real innovation happens.

Before joining MMG, Mr. Lee served as EVP of Operations at Haven for Hope, the largest homeless services campus in the USA. He was responsible for all the infrastructure support and direct services, including creating the annual budget.

Additionally, he led the effort to build a Homeless Management Information System (HMIS) in San Antonio that went well beyond data compliance and government reporting. Instead they build a system that facilitated real-time coordination across an entire community, and built an out-come model that allowed for key stakeholders to measure and learn from their collective impact.

Before joining Haven for Hope, Mr. Lee served for 5 years at the largest homeless service center in Missouri, St. Patrick Center (SPC). While at SPC, Mr. Lee led a team that relocated over 300 families from New Orleans after Katrina. He also managed a home-grown information system used to connect several organizations and over 200 users. This client tracking system allowed SPC visibility into their process and out-comes. With access to their most important data and the tools to evaluate it, they embraced the culture of a learning organization.

He is the founder and owner of Truckin' Tomato, a social enterprise that is a combination of a food truck and a farmer's market that creates job training for the homeless and revenue for non-profits working on food insecurity issues.

He has also served on several short-term mission trips to Rwanda and Peru focusing on building local church leaders. He loves music, and has played in several bands since he was 16. He believes a good soundtrack can make any moment in life that much sweeter. He has been married to his wife DeeDee for 8 years. They have two children, Elisha and Georgia.

He graduated with my MSW focusing on Community Organization and Non-Profit Management and Leadership in 2003 and just finished a two year executive MBA program at UTSA in May of 2013.

