Sacramento City and County

Ten-Year Plan to End Chronic Homelessness

2006 - 2016

Downtown Co-Operative Housing. Photo Courtesy of Transitional Living and Community Support Services

"When we hear the word 'chronic,' we assume nothing can be done; it can't be fixed. But homelessness can be cured."

Ten-Year Plan to End Chronic Homelessness

Leadership Committee

Chair

Jeanne Reaves
President-CEO, River City Bank

Committee Members

Steve Ayers	Business Owner and Developer
Tim Brown	Co-Chair, Sacramento Cities and County Board on Homelessness
Penelope Clarke	Administrator, Countywide Services Agency
Bob Crouch	Vice President, Wells Fargo Bank
Roger Dickinson	Supervisor, County of Sacramento
Heather Fargo	Mayor, City of Sacramento
Jim Hunt	Deputy Administrator, Countywide Services Agency
Gary Little	Director, Area 4, City of Sacramento
Ryan Loofbourrow	Co-Chair, Sacramento Cities and County Board on Homelessness
Betty Masuoka	Sacramento Municipal Utility District
Bill Meehan	Retired Labor Leader
Len McCandliss	President, Sierra Health Foundation
Anne Moore	Executive Director, Sacramento Housing and Redevelopment Agency
Marilyn Slipe	Westfield, Downtown Plaza
David Taylor	David S. Taylor Interests
Glennah Trochet, MD	Sacramento County Health Officer
Bruce Wagstaff	Director, Department of Human Assistance, County of Sacramento

Thank you

to the many people and organizations
who have participated in preparing this report
and who have provided comments on the draft.

◆

Comments and feedback are welcome at
homelessplan@communitycouncil.org

http://www.communitycouncil.org/level-3/homeless-plan.html

Table of Contents

Vision 4

Executive Summary 5

Introduction 13
- National Efforts 14
- State Efforts 14
- Local Effort 15
- Development of the Plan 17
- Who is Homeless 18
- Barriers to Eliminating Homelessness 21
- The Current System 24

Why Change is Needed 26

The Case for Housing First 29
- National Results 30
- State Results 32
- Local Results 33

Strategies:
- 1. Housing First 33
- 2. Outreach and Central Intake 45
- 3. Prevention 50
- 4. Leadership 61
- 5. Evaluation and Reporting to the Community 69

Appendices 73
- Glossary 74
- Homeless Estimate Methodology 76
- Focus Groups Summary Report 82

Vision

Vision

Sacramento County residents will have permanent housing and access to resources or support services necessary to prevent or break the cycle of chronic homelessness.

Mission

Prevent, and eventually eliminate, chronic homelessness by providing permanent housing and coordinated services to help individuals achieve maximum self-sufficiency.

Guiding Principle

Solving the community-wide challenges associated with homelessness requires visionary leadership; commitment to the goal of ending, not just managing homelessness; and partnership among all jurisdictions, as well as among faith-based, private and civic organizations.

Essential Components

The essential components to solving the problems of homelessness are:

1. Housing First
2. Outreach and Central Intake
3. Prevention
4. Leadership
5. Evaluation and Reporting to the Community

Executive Summary

Vision: *Sacramento County residents will have permanent housing and access to resources or support services necessary to prevent or break the cycle of chronic homelessness.*

Homelessness may be one of the few issues on which everyone can agree. Nobody likes it. There's nothing beneficial about it, and it's very expensive. Homelessness evokes the same sense of frustration and cynicism among homeless people, business people, residents, faith-based groups, community-based organizations, and governments.

While everyone agrees that it is a problem, community members have widely different perspectives on why it's a problem and how to solve it. Resolving homelessness requires community-wide commitment.

During the last year, Sacramento City Mayor Heather Fargo, and County Supervisor Roger Dickinson stepped forward to lead the effort to develop a Ten-Year Plan to End Chronic Homelessness. And they have brought new leaders to the table. There is now a commitment to the future of how homelessness is addressed in our county, and more municipalities and local communities need to be engaged.

Sacramento's Ten-Year Plan to End Chronic Homelessness is the result of a significant collaborative effort of the appointed Leadership Committee and an open-member Technical Working Group. Over the course of six months, the Leadership Committee, with the assistance of the Technical Working Group, met and developed the Ten-Year Plan with five essential/broad strategies:

1. Housing First
2. Outreach and Central Intake
3. Prevention
4. Leadership
5. Evaluation and Reporting to the Community

Sacramento's Plan incorporates a **Housing First** model as the central strategy. This model draws upon the successful experiences of our own community with service-enriched housing programs such as the River City Community Homeless Program, and the Homeless Intervention Program — two efforts funded by AB34/AB2034, as well as the best practice models from New York, Philadelphia, San Francisco, Portland, and other cities that have successfully implemented Housing First strategies for reducing chronic homelessness. More than 200 communities across the United States have developed, or are developing, Ten-Year Plans, and the Housing First approach, a proven model, is being adopted by many of the communities.

Housing First will offer people who are chronically homeless the opportunity to move directly from shelters, the streets and river camps into permanent housing. Once housed, individuals would be offered the supportive services they need to stay housed and not return to homelessness. The intention is to break the costly cycle of lengthy and repeated bouts of homelessness.

Housing First reduces the number of visible homeless persons on the streets and promotes integration into communities. It provides a stable location for linking people with support services they want or need.

Community input

At a joint press conference on December 5, 2005, Mayor Fargo and Supervisor Dickinson announced the Draft Ten-Year Plan and invited public review and input. On December 6, 2005, a workshop on the concepts of the plan was presented to both the Sacramento City Council and Sacramento County Board of Supervisors. The feedback on the concepts was positive.

Since December, the Plan has been presented to numerous community, church, and advisory groups, including the Sacramento Cities and County Board on Homelessness, the Sacramento County Mental Health Board, and the Human Services Coordinating Council. On August 10, 2006, the Sacramento County Criminal Justice Cabinet voted to support the efforts to develop a Ten-Year Plan to End Chronic Homelessness and endorsed the centerpiece Housing First strategy as an effective approach to stabilization of this population.

Who is Chronically Homeless?

The definition of chronic homlessness has been established by the Department of Housing and Urban Development (HUD). A person who is chronically homeless is an unaccompanied individual with a disabling condition who has been homeless for a year or more, or those who have experienced at least four episodes of homelessness within three years. By definition, chronically homeless persons are disabled. According to HUD, a disabling condition is defined as a diagnosable, serious mental illness, developmental disability, chronic physical illness, substance use disorder, or disability including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living.

Individuals who are chronically homeless are very diverse. The only characteristic they all share is that they are homeless and disabled. The nature and severity of the disability, or combination of disabilities, varies. The type of support needed, and the depth of that support, also will vary. According to the U.S. Department of Veterans Affairs, a significant number (one-third) are veterans.

Based upon a variety of data sources, the best estimate for the number of disabled chronically homeless persons in Sacramento County is 1,600.

In January, 2005, a point-in-time count of homeless persons was conducted in Sacramento County, followed by a sample survey. Of the 123 homeless persons who responded to the survey, 74 (60%) met the criteria for being considered "chronically homeless." Self-described characteristics included:

- Median Age: 44
- 97 percent have lived in Sacramento County more than 5 years
- 50 percent have lived in Sacramento County more than 15 years
- 89 percent were male, 11 percent were female
- 51 percent were Caucasian; 28 percent were Black/African American
- Self-reported disabilities included (may be more than one type)
    - Substance use (49 percent)
    - Mental illness (22 percent)
    - Physical disability (23 percent)
    - Developmental disability (1 percent)
    - Combination of disabilities (4 percent)

For those without a home, the single most important key to resolving their homelessness is to provide them with a key to a home. For chronically homeless persons whose disabilities are compounded by life on the streets, providing needed housing and supportive services makes sense – both economically and in terms of humanity. Housing will reduce the number of homeless persons on the street and provide them with a safe environment where their individual needs can be met and they can achieve greater stability.

Housing First

Housing First moves chronically homeless individuals as quickly as possible into permanent housing, enhancing housing stability and long-term independence through individualized, wrap- around services. Individuals are housed through leased units (Units Through Leasing) or within new permanent supportive housing developments (Units Through Development). The Sacramento Housing and Redevelopment Agency will coordinate the Housing First strategies.

Units through Leasing

The Plan builds upon existing local capacity serving chronically homeless individuals with serious mental illness (AB 2034 programs) and develops similar capacities and funding streams to house chronically homeless individuals with other kinds of disabilities.

While the new leadership is expected to refine implementation strategies, the Plan aligns existing funding and efforts, and identifies resource gaps, to house 218 individuals from mid-2006 to mid-2008. Highlights include:

- Aligning Mental Health Services Act (MHSA) funding with local leasing funding to house about 48 chronically homeless individuals with serious mental illness;
- Prioritizing 2006 and 2007 McKinney-Vento Samaritan Initiative funding ("bonus project" from the Continuum of Care) targeting assistance to about 80 chronically homeless individuals with disabilities other than those qualifying under MHSA);
- Assuming that $450,000 for annual service funding can be secured, using additional local leasing funding to house an additional 90 chronically homeless individuals.

Units through Development

In addition to leased housing, the Plan proposes the development of new permanent supportive housing that is appropriate, available, and affordable to chronically homeless individuals. Similar to the leasing approach, services will be flexible and target housing stability. While local capacity and experience exist to deliver this housing, meeting the goal of 280 units within the first five years will present challenges, including:

- Aligning funding for construction (capital), operations (rental subsidies) and services. Again, service resources are the most limited, and may require new local sources;
- Identifying sites that not only meet client needs and can be financed, but also achieve community acceptance. Strategic siting, size and design, community outreach, and broad political support can help mitigate neighborhood opposition and siting difficulties.

Outreach and Central Intake

To successfully house chronically homeless individuals will require effective, culturally-competent, and user-friendly outreach and central intake. Initial engagement will occur through an outreach service provider or existing community partner, such as law enforcement or a downtown guide. Once identified and engaged, central intake will assess the individual's needs, document the disability and quickly refer to an appropriate Housing First provider.

The County Department of Human Assistance will house the Central Intake office and lead assessment and referral efforts with Loaves and Fishes/Genesis and the County Department of Health and Human Services, Mental Health Division. Although a funding gap is identified for a Central Intake coordinator, the Plan anticipates Central Intake operations to begin by the end of the year.

Prevention

Prevention of homelessness covers a broad range of activities. Significant efforts that have been recently initiated or are already underway include:

- Preventing homelessness by rehabilitating existing Single Room Occupancy (SRO) hotels in downtown Sacramento and by developing affordable efficiency apartment housing for extremely low-income individuals throughout the City.
- Implementation of the Serial Inebriate Program through a partnership that includes the District Attorney, the Downtown Sacramento Partnership, Sacramento Police Department, and the Volunteers of America. This new program offers 90-day treatment followed by ongoing services and housing as an alternative to incarceration for individuals who have cycled through short-term detoxification multiple times within a twelve-month period.
- Prisoner re-entry strategies to prevent recidivism, including two new re-entry programs: the New Choice Collaborative led by MAAP, Inc., and a program through PRIDE Industries.

Additional work is still needed to develop strategies for discharge planning and to reduce episodes of homelessness by at-risk groups, such as youth and veterans.

Leadership

Successful implementation of the Ten-Year Plan depends on strong leadership from both public and private sectors in Sacramento County. While the immediate focus is on ending chronic homelessness, the Policy Board and Interagency Council are also charged with oversight of the entire homeless services Continuum of Care and will replace the current City-County Board on Homelessness set to expire December 31, 2006.

The Leadership structure includes :

- An 18-member **Policy Board** consisting of high-level public and private sector community leaders to provide strategic direction, oversight, and advocacy for the Plan and the Continuum as a whole.
- An **Interagency Council** of services providers and community stakeholders to plan and coordinate service delivery and recommend policies and strategies to the Policy Board.
- To enhance coordination, a point person (one with decision-making authority or with direct access to decision-makers) from each participating jurisdiction.

Leadership staffing will be funded with City and County Community Development Block Grant funds beginning in January 2007. The Community Services Planning Council will provide dedicated staffing services for the Policy Board and Interagency Council for two years.

Evaluation and Reporting to the Community

A key role of the Policy Board and the Interagency Council will be guiding implementation efforts and reporting on achievements of the Plan. Evaluating the effectiveness of programs and strategies will help guide program improvement. The Interagency Council will have principal responsibility for reviewing program data and evaluation findings and recommending changes. The Policy Board will use annual evaluation reports to monitor achievements and outcomes, make funding decisions, report to the community, and guide future planning and implementation activities.

Quality data is essential for community efforts to end homelessness, providing the foundation for program evaluation and effective allocation of resources. Local homeless data collection systems must be strengthened to ensure an accurate picture of the extent of homelessness in our community, and the characteristics and needs of homeless individuals. Central to Sacramento's evaluation effort will be the continued development of the Homeless Management Information System (HMIS). Better data will improve our understanding of how people who are homeless use available services, and the impact of those services in promoting housing stability and self-sufficiency.

Introduction

Homelessness may be one of the few issues everyone can agree on. Nobody likes it. There's nothing beneficial about it, and it's very expensive. Homelessness evokes the same sense of frustration and cynicism among homeless people, business people, residents, faith-based groups, community-based organizations, and governments.

While everyone agrees that it is a problem, community members have widely different perspectives on why it's a problem and how to solve it. Resolving homelessness requires community-wide commitment.

During the last year, Sacramento City Mayor Heather Fargo and County Supervisor Roger Dickinson stepped forward to lead the effort to develop a Ten-Year Plan to End Chronic Homelessness. They drew upon the leadership and expertise of community and business leaders, local departments and agencies, local and national agencies working with families and individuals who are homeless, as well as homeless and formerly homeless individuals. There is now a commitment to the future of how homelessness is addressed in our county, and more municipalities and local communities need to be engaged.

Sacramento's Ten-Year Plan to End Chronic Homelessness reflects the best practice models from New York, Philadelphia, San Francisco, Portland, and other cities that have successfully implemented Housing First strategies for reducing chronic homelessness.

The Plan is the result of a significant collaborative effort of the appointed Leadership Committee, an open-member technical working group, and the Community Services Planning Council providing research and project management. Research methodology was extensive using such techniques as the point-in-time count and survey to understand the population; review of existing continuum of care programs and funding; review of nationwide best practices through invited speakers, attendance at conferences, and site visits to other cities; focus group input from homeless individuals, the faith community, law enforcement, business and neighborhood associations.

National Efforts

Addressing the issue of chronic homelessness is a national effort. It was first articulated in July 2000, when the National Alliance to End Homelessness included it as part of its ten-year plan to end homelessness altogether. Secretary of Housing and Urban Development Mel Martinez announced his agency's acceptance of this goal in his keynote speech at the National Alliance's 2001 conference one year later. President Bush made "ending chronic homelessness in the next decade a top objective" in his 2003 Budget. Also by 2003, the Interagency Council on Homelessness had been reinvigorated to guide and coordinate the efforts of Federal agencies, two *New York Times* lead editorials argued forcefully for that goal, and the U. S. Conference of Mayors adopted it. Today, more than 200 cities and some states have committed themselves to developing a plan to end chronic homelessness in the next 10 years.

In 2002, the "Samaritan Initiative Act of 2004" (H.R. 4057) was introduced in the U.S. Congress to support local community efforts to end chronic homelessness. All communities seeking funds from the U.S. Department of Housing and Urban Development (HUD) through the McKinney-Vento Continuum of Care grant application process were strongly encouraged to develop a Ten-Year Plan to End Chronic Homelessness in their community.

A report published in 2004, "*Strategies for Reducing Chronic Street Homelessness,"* prepared for HUD by the research firms Walter R. McDonald & Associates of Sacramento, California, and the Urban Institute of Washington, DC studied the efforts of seven communities: Birmingham, Boston, Columbia, Los Angeles, Philadelphia, San Diego and Seattle. The study finds five common elements as having contributed to the success of the cities in mitigating chronic homelessness. They include:

- Shifting approach of homeless assistance toward a new paradigm
- Establishing a clear goal of reducing chronic street homelessness
- Committing to a community-wide level of collaboration
- Having leadership and an effective organizational structure
- Committing significant resources from mainstream housing and social service programs that go well beyond homeless-specific funding sources.

State Efforts

In August of 2005, Governor Schwarzenegger announced his Initiative to End Long-Term Homelessness and created an opportunity for the state to work with local governments, nonprofit organizations and other private entities to fund and implement innovative solutions to the state's long-term homeless problem. The funds will help develop and implement new and

innovative programs to address the needs of some of the most vulnerable Californians – homeless individuals suffering from serious mental health illness and related disabilities. The funding focuses on creation of permanent housing that includes support services for residents. The Initiative creates a multi-agency committee to provide a simple, one-stop approval process for funding requests.

The Governor's Initiative to End Long-Term Homelessness includes three goals:

- Leverage Proposition 46 funds, in conjunction with tax credits and local funds, to build approximately 400 to 500 new units of permanent housing.
- Support the cost of ongoing services through the Mental Health Services Act to ensure these tenants receive the services they require to keep them off the street.
- Coordinate federal, state, local, non-profit and private sector efforts to combat homelessness.

In June 2006, HomeBase, The Center for Common Concerns, facilitated a two-day Policy Academy to begin development of California's Ten-Year Chronic Homelessness Action Plan. More than 100 people from all over the state participated in the Academy to begin the process for creating a statewide plan.

Local Efforts

On June 29, 2004, the Sacramento City Council adopted Resolution #2004-537 in support of developing a Ten-Year Plan to End Chronic Homelessness in Sacramento. On November 9, 2004, the Sacramento County Board of Supervisors adopted Resolution #2004-1370 indicating support for development of a countywide Ten-Year Plan to End Chronic Homelessness.

Supervisor Dickinson and Mayor Fargo convened a group of community leaders comprised of local officials and representatives of the private, philanthropic, faith-based and business sectors, and requested their participation in the Leadership Committee that would oversee development of the Ten-Year Plan. They held their first meeting in March of 2005 and presented the concepts of the Draft Ten-Year Plan to the Sacramento City Council and the Sacramento County Board of Supervisors on December 6, 2005. The overall response from both the Board and Council was positive.

Over the eight months that they met, the participants in the Leaderhship Committee became knowledgeable about the local population of chronically homeless persons. Speakers from other communities as well as local providers attended the meetings and presented information about effective programs. Participants reviewed the whole continuum of care and drafted specific strategies for serving disabled chronically homeless individuals.

Participants agreed that the focus of the Ten-Year Plan would be to invest local resources in a manner that better serves people who are homeless and, in so doing, use resources more

effectively by implementing a range of prevention and service-delivery strategies that have been demonstrated to be effective both locally and in other communities.

The approach of this Ten-Year Plan is to:

- Extend the vision of the Sacramento Cities and County Board on Homelessness Five-Year Strategic Plan.
- Build upon the current Continuum of Care, not dismantle the existing system.
- Position the community for eligibility to receive federal funds through HUD targeting chronic homelessness
- Most important, strive to better serve those in our community who have the greatest need and the least capacity to serve themselves.

Development of the Plan

Technical Expertise

As a lead agency, the Sacramento Housing and Redevelopment Agency committed financial resources to contract with the Community Services Planning Council (CSPC) to provide research and project management for the planning process.

CSPC convened a meeting of stakeholders and invited them to participate in a Technical Working Group. Participation in the Technical Working Group was open to anyone with an interest in addressing the challenges faced by chronically homeless persons.

The Technical Working Group met for their first meeting on February 28, 2005. The met more than 20 times over a period of 14 months. More than 40 individuals from 27 different organizations participated.

Among the stakeholders identified were formerly homeless persons; representatives from homeless services providers; local governments; county health, social services, alcohol/drug, and mental health programs; park rangers; law enforcement; probation; business improvement districts; homeless advocates; faith-based service providers; housing authority; neighborhood associations; veterans' services; emergency shelters; and the Sacramento Cities and County Board on Homelessness. The Working Group provided broad input and technical assistance to the development of the Plan.

Participants in the Technical Working Group

Mike Andreozzi	Sacramento County Department of Human Assistance
Steve Ballanti	Sacramento County Alcohol & Drug Programs
Christine Bennett	Sacramento County Disability Advisory Committee
Alexis Bernard	Turning Point Community Programs
Tim Brown	Sacramento Cities and County Board on Homelessness
Joan Burke	Loaves & Fishes
Terry Carter	Sacramento County Probation Department
Cindy Cavanaugh	Sacramento Housing and Redevelopment Agency
Larry Dayton	Salvation Army
Rick Dibble	Sacramento Veterans Resource Center
Ann Edwards-Buckley	Sacramento Co. Dept. of Health & Human Services/Mental Health
Joe Farrelly	Sacramento County Department of Human Assistance
Peter Feeley	AIDS Housing Alliance
John Foley	Sacramento Self-Help Housing
Frances Freitas	Sacramento Co. Dept. of Health & Human Services/Mental Health
Susan Fuhr-Dunn	Sacramento County Probation
Jan Gallaway	Sacramento Co. Dept. of Human Assistance/Homeless Programs
Jane Ginsberg	Transitional Living and Community Support Services
Karen Gruneisen	HomeBase, Center for Common Concerns
Cruz Guzman	Salvation Army
Suzanne Hammer	Sacramento County Dept. of Human Assistance/Homeless Programs
Bonnie Hyer	Sacramento Area Emergency Housing Center
Cindy Jorgensen	Sacramento County Dept. of Human Assistance/Homeless Programs
Amy Lawrence	Lutheran Social Services
Debra Lawyer	Sacramento County Dept. of Human Assistance/Homeless Programs
Gary Little	City of Sacramento Neighborhood Services, Area 4
Paula Lomazzi	Sacramento Cities and County Board on Homelessness
Ryan Loofbourrow	Sacramento Cities and County Board on Homelessness
Dave Lydick	Sacramento County Parks Department
Sarah McCallister	Family Promise
Lisa Nelson	Alkali Flat Neighborhood Association
Cortez Quinn	Sacramento County, Office of Supervisor Dickinson
Yvonne Riedlinger	City of Sacramento Neighborhood Services, Area 4
Amber Twitchell	California Department of Community Services
Anne Marie Vincent	American River Parkway Foundation
Mark Zoulas	Sacramento Police Department

Methodology

Over the course of six months, both the Leadership Committee and the Technical Working Group met to review and discuss:

Unattached adults are not eligible for most safety net programs, so they are more likely to be homeless and to experience long or repeated spells of homelessness.

- An analysis of Sacramento County's current homeless population
- The impacts of chronic homelessness and factors contributing to homelessness
- Local housing, financial and service capacity resources, including the Continuum of Care
- Existing studies, literature and data including local, state, and national comparative research
- Ten-year plans created by other communities
- Best practices and innovative strategies potentially replicable in Sacramento County
- Input from five focus groups (homeless, faith community, law enforcement, business, neighborhood associations)
- Key informant interviews

Community Input

At a joint press conference on December 5, 2005, Mayor Fargo of the City of Sacramento and Supervisor Dickinson of the Sacramento County Board of Supervisors announced the Draft Ten-Year Plan and invited public review and input.

The Draft Plan was posted on the internet together with an on-line survey to provide feedback for six months.

Since December, the Plan has been presented to numerous community, church, and advisory groups, including the Sacramento Cities and County Board on Homelessness, the Sacramento County Mental Health Board and the Human Services Coordinating Council. Of particular note, the Sacramento County Criminal Justice Cabinet voted on August 10, 2006 to support the efforts to develop a Ten-Year Plan to End Chronic Homelessness and endorsed the centerpiece Housing First strategy as an effective approach to stabilization of this population.

Who is Homeless?

Nationally, according to *What Will it Take to End Homelessness* (Urban Institute, 2004), on any given day, the adult population using homeless assistance programs consists mostly of men by themselves (61%). Another 15 percent are women by themselves, 15 percent are households with children, and 9 percent are people with another adult but not with children.

Because families are mostly likely to qualify for public assistance programs, they are less likely than individuals to be homeless for a long period of time. Unattached adults are not eligible for most safety net programs, so they are more likely to be homeless and to experience long or repeated spells of homelessness.

Research across the nation has shown that most people who become homeless reintegrate into the community with relatively little assistance once they obtain affordable housing. For 10 to 20 percent of the homeless population, however, additional support is necessary to help them gain and maintain their highest level of independence. (Bridgeport, Connecticut Ten-Year Plan to End Chronic Homelessness).

Who is Chronically Homeless?

The definition of chronic homlessness has been established by the Department of Housing and Urban Development (HUD). A person who is chronically homeless is an unaccompanied individual with a disabling condition who has been homeless for a year or more, or those who have experienced at least four episodes of homelessness within three years. By definition, chronically homeless persons are disabled. According to HUD, a disabling condition is defined as a diagnosable, serious mental illness, developmental disability, chronic physical illness, substance use disorder, or disability including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living.

Individuals who are chronically homeless are very diverse. The only characteristic they all share is that they are homeless and disabled. The nature and severity of the disability, or combination of disabilities, varies. The type of support needed, and the depth of that support, will also vary.

This group represents about 10 percent of the total homeless population and consumes about 50 percent of the resources supporting homeless persons.

According to the U.S. Department of Veterans Affairs, a significant number (one-third) are veterans.

In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation and/or in an emergency homeless shelter.

By definition, chronically homeless persons are disabled. According to HUD, a disabling condition is defined as a diagnosable, serious mental illness, developmental disability, chronic physical illness, substance use disorder, or disability including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living.

HOW MANY CHRONICALLY HOMELESS PERSONS ARE IN SACRAMENTO COUNTY?

Several methods were used to try to approximate the number of chronically homeless individuals in Sacramento County for 2004. All methods consistently returned an estimate in the range of 1,140 chronically homeless persons based on "point-in-time" survey data. This emphasizes the importance of good sampling in obtaining the basic field data.

It is widely agreed within the homeless service provider community that the point-in-time surveys consistently underestimate the number of chronically homeless individuals and that a more realistic figure is probably twice the 1,140 estimate. Some of the reasons for underestimation are: 1) people don't want to be found; 2) staffing constraints limit the geographic areas that can be surveyed; 3) hospital and institutional populations are not assessed; and the criteria used to describe someone as homeless is not always consistent.

The 2005 point-in-time survey was conducted by a small number of City and County staff, Sacramento Police Officers and community volunteers. These limited resources necessarily constrained the geographic area surveyed and enumerators targeted areas that homeless persons were most known to frequent.

Counting teams focused on Downtown Sacramento, parts of the American River Parkway, north Sacramento City, Northgate overpass area, and City Parks. Seven of the County's 25 planning areas were not covered at all. Areas not adequately surveyed or not surveyed at all included portions of the Highway 50 and I-80 corridors, South Sacramento City, Meadowview, South Sacramento County (including Isleton and the Delta area), Southeast Sacramento County (including Galt), Freeport, parts of Elk Grove, and rural unincorporated County areas.

The 2005 point-in-time survey enumerated persons staying in "Detox" and emergency and winter shelters, but did not count people at the County Jail, in local hospitals, at mental health facilities, or in short-term residential treatment facilities.

Using information from the January 2005 point-in-time survey, the 2005 Continuum of Care application stated there were an estimated 1,747 homeless individuals unsheltered, or temporarily housed in emergency or transitional shelters. At least 626 of these people were determined to be chronically homeless through a survey that was conducted at two shelters. It is generally agreed that the number of chronically homeless persons exceeds this estimate.

If estimates of the number of chronically homeless individuals not counted during the point-in-time survey of 2005 are added to existing estimates of those who were counted, the total number of individuals in Sacramento County who can be considered chronically homeless and in need of permanent housing may range between 1,200 to 2,200 persons.

Research shows that homeless individuals do not "shop" for the best place to be homeless, and that in Sacramento County 97 percent of the people who are chronically homeless have lived in Sacramento County more than 5 years.

Chronically Homeless, Disabled In Sacramento County

Based upon a variety of data sources, the best estimate for the number of disabled homeless persons in Sacramento County is 1,600.

On January 27, 2005, a point-in-time count of homeless persons was conducted in Sacramento County. This was followed by a sample survey. Of the 123 homeless persons who responded to the survey, 74 (60%) met the criteria for being considered "chronically homeless." Self-described characteristics included:

- Median Age: 44
- 97 percent have lived in Sacramento County more than 5 years
- 50 percent have lived in Sacramento County more than 15 years
- 89 percent were male, 11 percent were female
- 51 percent were Caucasian; 28 percent were Black/African American
- Self-reported disabilities included (may be more than one type)*
  - Substance use (49 percent)
  - Mental illness (22 percent)
  - Physical disability (23 percent)
  - Developmental disability (1 percent)
  - Combination of disabilities (4 percent)

*(enumerator observance was that mental illness rate likely was much higher than self-reported)

Barriers to Eliminating Homelessness

Major impediments to abolishing homelessness in Sacramento County include:

- System and Funding Fragmentation
- Restrictive Eligibility for Program Participation
- Scarcity of Affordable Housing
- Insufficient Prevention Measures
- Need for Better Discharge Planning
- Inadequate Information
- Public Awareness
- Need for Consolidated Leadership and System Coordination

Fragmentation

The evolution of homeless programs and services that rely on federal funding streams with continuously shifting priorities has led to system fragmentation. Municipal and County discretionary funds are limited, and homeless programs often are severely cut back during times of fiscal "belt-tightening."

Shifting priorities and changes to funding guidelines can pit service providers against each other in competition for the money, and often result in gaps in services that presently cannot be filled with local revenues.

System fragmentation is overcome somewhat by numerous partnerships and collaboratives that meet to share information and resources to try to fill in existing gaps. The flip side however, is that the same people often come to the multitude of tables with different "hats." A more systematic approach would reduce conflicts of interest and free up service providers to utilize their time and resources more effectively.

Restrictive Eligibility

Existing public funding streams often define their programs in ways that restrict participant eligibility, leaving those least capable of addressing their own needs to fall through the cracks. Individuals who are homeless and have certain diagnoses may not be eligible for services, as well as persons who are ex-offenders or who don't meet sobriety requirements.

Affordable Housing

The regional housing boom of the early 2000s led to an even greater increase in the number of homeless individuals and families. The lack of affordable housing throughout the area places tremendous pressure on the entire housing market, especially for low and extremely low-income people.

On October 20, 2005, the *Sacramento Bee* reported that the average apartment in Sacramento County was renting for $876 per month. In 2004, a California resident subsisting on Social Security disability income received a check for $779 per month.

The community does not have an adequate supply of Housing Choice Vouchers to meet the needs of extremely low-income individuals and families.

The loss of SRO units is a familiar story throughout the country, and has been linked to the nationwide rise in homelessness. In 1960, 78 hotels provided 3,558 housing units in downtown Sacramento. In 2006,14 single room occupancy and "efficiency" properties with 922 units remain.

Prevention

Presently, there are limited resources and no coordinated effort to provide supports such as rent and utility assistance for individuals and families who are at risk for homelessness, except through county-operated programs that support Welfare-to-Work participants. By definition, the Welfare-to-Work programs are only open to families with children, not to individuals.

Discharge Planning

While Sacramento County has established a policy to deter or prevent discharge into homelessness from local facilities, the policy generally is not enforceable because there is not an adequate supply of facilities into which persons can be discharged. The majority of releases back onto the streets are from emergency shelters.

Inadequate Information

A consistent and comprehensive system is needed to quantify the homeless population and various sub-populations within the homeless community. Data is needed to track outcomes as individuals receive assistance.

Public Awareness

Inadequate information and efforts to increase public awareness of the negative financial and social impacts of homelessness often result in perpetuation of myths about homelessness and homeless persons and lead to intolerance and NIMBY-ism ("Not In My Backyard") where neighborhoods vigorously oppose siting projects within their geography.

The public needs to have the opportunity to learn about the issues of homelessness and how public resources are being utilized to address and solve the problems related to homelessness. Public awareness and understanding of homelessness and the solutions would be enhanced by regular reports on the progress made.

Leadership

Homelessness may be one of the few issues everyone can agree on: Nobody likes it; there's nothing beneficial about it, and it's very expensive. Homelessness evokes the same sense of frustration and cynicism among homeless people, business people, residents, faith-based groups, community-based organizations, and governments.

While everyone agrees that it is a problem, community members have widely different perspectives on why it's a problem and how to solve it. Resolving homelessness requires community-wide commitment.

During the last year, Sacramento City Mayor Fargo, and County Supervisor Dickinson have stepped forward to lead the effort to develop a Ten-Year Plan to End Chronic Homelessness. And they have brought new leaders to the table. There is now a commitment to the future of how homelessness is addressed in our county, and more municipalities and local communities need to be engaged.

The Current System

> *We had a gentleman here who was mentally ill and not making any sense. It was very cold, and we offered to take him to the shelter where he could get a meal and a warm bed. He refused; he didn't have the mental capacity to understand and utilize the services.*

Beginning in the 1960s with the closure of mental health and related institutions, the number of homeless persons with mental health and behavioral disorders living on the street exploded. Increasing public pressure to make resources available to address the increasing homeless population resulted in passage of the McKinney Act in 1987. The McKinney Act defined homelessness and created funding streams for emergency shelters and supportive housing services. A consolidation of homeless funding streams and application process for those funds during the late 1990's resulted in the "Continuum of Care" model for homeless programs administered by the U.S. Department of Housing and Urban Development (HUD).

Like many metropolitan areas, Sacramento County relies on Continuum of Care money to sustain the majority of programs serving homeless families and individuals. Currently Sacramento County receives approximately $13 million each year in federal funds to provide homeless services through the Continuum of Care. These funds are matched, and in some cases augmented, by County General funds, City general funds, redevelopment funds, and to a lesser degree, by other cities within the county, as well as through private support.

A significant bundle of services are administered by the County of Sacramento. The County Department of Health and Human Services administers Health Care for Homeless Programs and two programs under AB 34/2034 (The River City Community Homeless Program and the Homeless Intervention Program) to serve persons who are severely mentally ill. Contracts under the Continuum of Care are authorized through the Sacramento County Department of Human Assistance with the Department of Health and Human Services providing the dollar match for mental health programs..

Sacramento also depends heavily on other federal and state funding to support homeless programs. Examples of these programs include Emergency Food and Shelter Board (FEMA/

Homeland Security), Emergency Shelter Grant (HUD), Housing Opportunities for People with AIDS (HOPWA), Community Development Block Grant, Projects for Assistance in Transition from Homelessness (PATH) Grant (HUD), capital construction funding through the California Department of Housing and Community Development, California Housing Finance Agency, the State Treasurer's Office, federal block grants from the Substane Abuse and Menal Health Service Administration (SAMHSA).

Over time, homeless services in Sacramento County have evolved through individual and collective efforts of community and faith-based organizations, local government and business interests. There is no central service point or single oversight body.

The Sacramento Cities and County Board on Homelessness (SCCBoH) was established in 1998 by joint agreement of the City of Sacramento and the County of Sacramento to facilitate community collaboration around issues of homelessness. In 2003, the SC&CBoH assumed the role as the homeless Continuum of Care planning body. The SCCBoH will expire December 31, 2006.

An inventory of current homeless services, which was submitted as part of the 2006 HUD application for funding of the Continuum of Care, is included in the Appendix.

The current system of homeless programs focuses on providing short-term assistance until families and individuals are able to get on their feet with employment and/or public assistance designed to support families with children. Families and single parents with children are eligible to access public assistance funds that are not available to individuals and childless couples.

The current system of homeless programs achieves a measure of success by providing short-term services to families and individuals who have become temporarily or episodically homeless. This approach directs resources toward people – primarily families – who are able to move more quickly towards self-sufficiency and independence.

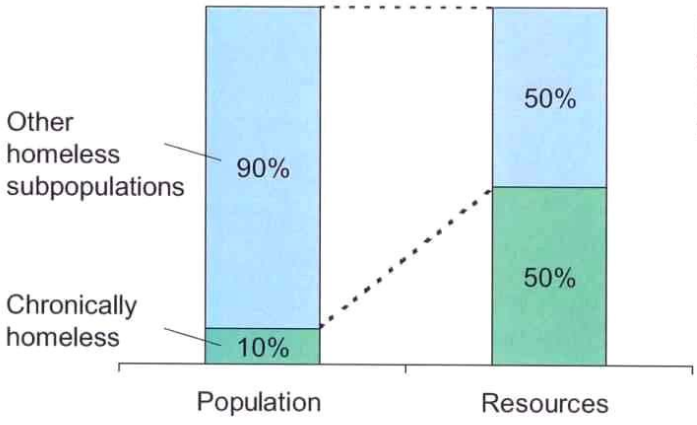
It is *not* the purpose of the Ten-Year Plan to dismantle the current system. Instead, this plan is meant to expand the current system and provide services for individuals who are disabled, chronically homeless, and not well served by the current system either due to the nature of their disability or because of eligibility requirements imposed by current public funding.

Why Change is Needed

While community members have different perspectives on why homelessness is a problem, and propose widely different solutions, everyone agrees it is a problem. It will take a community-wide commitment to resolve it.

Cost benefit studies across the country continue to indicate that homeless people, especially those who cycle through chronic homelessness, account for significant financial costs to the communities in which they live – unrelated to the costs of meeting needs to resolve their homelessness. Homelessness burdens healthcare systems through hospital emergency services, crisis entrances to substance and mental health systems, and law enforcement and criminal justice systems through arrest and prosecution for misdemeanor offenses such as "illegal camping." An enduring concern for businesses is that some homeless individuals with no place else to go, congregate, sleep, and urinate in public locations – driving away customers and adding to business costs to provide security and clean-up. These costs, when compared with the costs of directly meeting housing and service needs to end homelessness, demonstrate that the solutions of the future will be less expensive than the responses of the past.

10% of the homeless population consumes over 50% of the resources



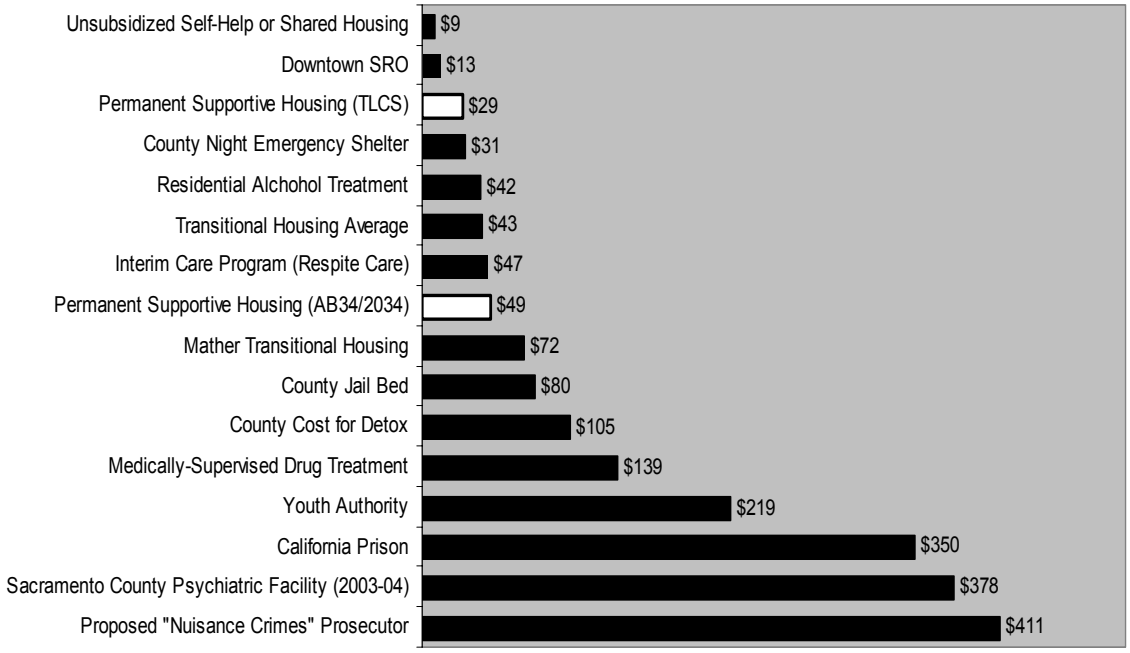
Individuals experiencing chronic homelessness are heavy users of costly public resources, including :

- Emergency medical services
- Psychiatric treatment
- Detox facilities
- Shelters
- Law Enforcement / Corrections

Burt, Martha R., Laudan Y. Aron and Edgar Lee. 2001. Helping America's Homeless: Emergency Shelter or Affordable Housing? Washington, DC: Urban Institute Press. Kuhn, R. & Culhane, D.P. (1998). Applying cluster analysis to test of a typology of homelessness: Results from the analysis of administrative data. The American Journal of Community Psychology, 17 (1), 23-43. Community Shelter Board. Rebuilding Lives: A New Strategy to House Homeless Men. Columbus, OH: Emergency Food and Shelter Board.

The current system of homeless programs primarily directs resources toward families who are most likely to respond quickly by becoming more independent. Families and single parents with children are eligible to access public assistance funds that are not available to individuals and childless couples. Thus the current system helps those easiest to serve by providing services to transition people who are temporarily homeless into increased self-sufficiency. However, the current system does not work well for chronically homeless individuals with mental and/or physical disabilities who may need selective placement and varying levels of long-term support.

Daily Cost Averages for Programs Serving Homeless Persons within Sacramento County, 2004-2005



Not shown here are the average daily hospital costs for Room and Board only (statewide $5,000) and UC Davis Medical Center cost of $3,600 for an overnight "surgical" bed.

Downtown SRO Daily Cost Average does not include cost of any services.
TLCS Permanent Supportive Housing Program (Transitional Living & Community Support, private, non-profit); includes housing plus wraparound services excluding psychiatric visits and medications).
Permanent Supportive Housing (AB34/2034) includes River City Community Homeless and Homeless Prevention Programs providing housing and comprehensive wraparound services (not including employment services ($4.50/person/day); some services are contracted out.
Mather Daily Cost Average assumes that 260 beds are full every night at equal levels of service, and does not account for variable number of people in families.
Jail cost does not include per incarceration booking fee of $100.
Youth Authority is a Statewide Rate.
California Prison is a Statewide Rate.
Proposed Nuisance Crimes Prosecutor does not include ancillary costs such as Public Defender, law enforcement, incarceration, associated services.

Chronically homeless individuals often do not have the personal capacity to move through a transitional program to achieve complete self-sufficiency, and short term, transitional support is not adequate to stabilize their health issues, much less provide the long-term services needed to support them in maximizing their independence.

> *You can't get services to a homeless individual because he has no address—you can't find them. People who are homeless need to have some housing stability before you can get the services to them. But often they can't get into housing because they have mental health, substance abuse issues or other disabilities. It's a catch 22 and we end up chasing our tails.*

Persons with severe mental illness may not be able to navigate the complex system of social programs or even complete the paperwork to apply for essential support, such as SSI, without substantial help. Often, people who have significant mental illnesses are not able to utilize existing congregate emergency shelter programs because of their disability. Engagement with these individuals is a process that requires dedicated and ongoing outreach with trusted sources.

For those without a home, the single most important key to resolving their homelessness is to provide them with a key to a home. For chronically homeless persons, whose disabilities are compounded by life on the streets, providing needed housing and supportive services makes sense – both economically and in terms of humanity. Housing will reduce the number of homeless persons on the street and provide them with a safe environment where their individual needs can be met and they can achieve greater stability.

The Case for Housing First

The Sacramento City and County Ten-Year Plan to End Chronic Homelessness proposes as the centerpiece of the community effort a Housing First model. This model draws upon the successful experiences of our own community with service-enriched housing programs such as the River City Community Homeless Program, and the Homeless Intervention Program — two efforts funded by AB34/AB2034, as well as the positive outcomes from similar efforts in other communities across the nation.

Permanent supportive housing is defined as safe and affordable long-term housing linked with flexible support services that are available as they are needed. It may be single-family homes or duplexes, apartment buildings, single-room occupancy buildings, or former military base housing units. The difference between permanent supportive housing and other affordable housing is the linkage to services. Integrating services with affordable housing provides formerly homeless individuals and families with the ongoing help they need to remain housed and live as independently as possible.

The National Alliance to End Homelessness provides a series of powerful examples of success in communities around the country after chronically homeless people with disabilities spent just one year in permanent supportive housing:

- *Baltimore, Maryland saw a drop of emergency room use of more 75 percent*
- *There was an 84 percent drop in emergency detoxification days in Minnesota*
- *Hospitalizations related to mental illness dropped by 89 percent in Seattle and arrests and incarcerations by 93 percent*
- *In Connecticut, Medicaid costs were reduced by 71 percent for each treated individual*

Many housing and homeless services advocates are taking the concept of permanent supportive housing one step further and increasingly promoting Housing First approaches to effectively serve the chronically homeless population.

As outlined by HomeBase, The Center for Common Concerns, the driving principle behind Housing First is to get individuals and families off of the streets and out of shelters and place them as quickly as possible into permanent housing, providing case management and other support services as needed *after* moving them

into housing. Housing First reduces the number of visible homeless persons on the streets and promotes integration into communities. It provides the stable location that is critical for linking people with support services they want or need to stabilize the individual and keep them housed.

The Housing First approach is premised on the belief that people who are homeless are more receptive to services after they are in permanent housing, rather than while living on the streets or in temporary programs. When housed, people regain the control over the lives they lost when they became homeless, and with it the ability to choose services.

National Results

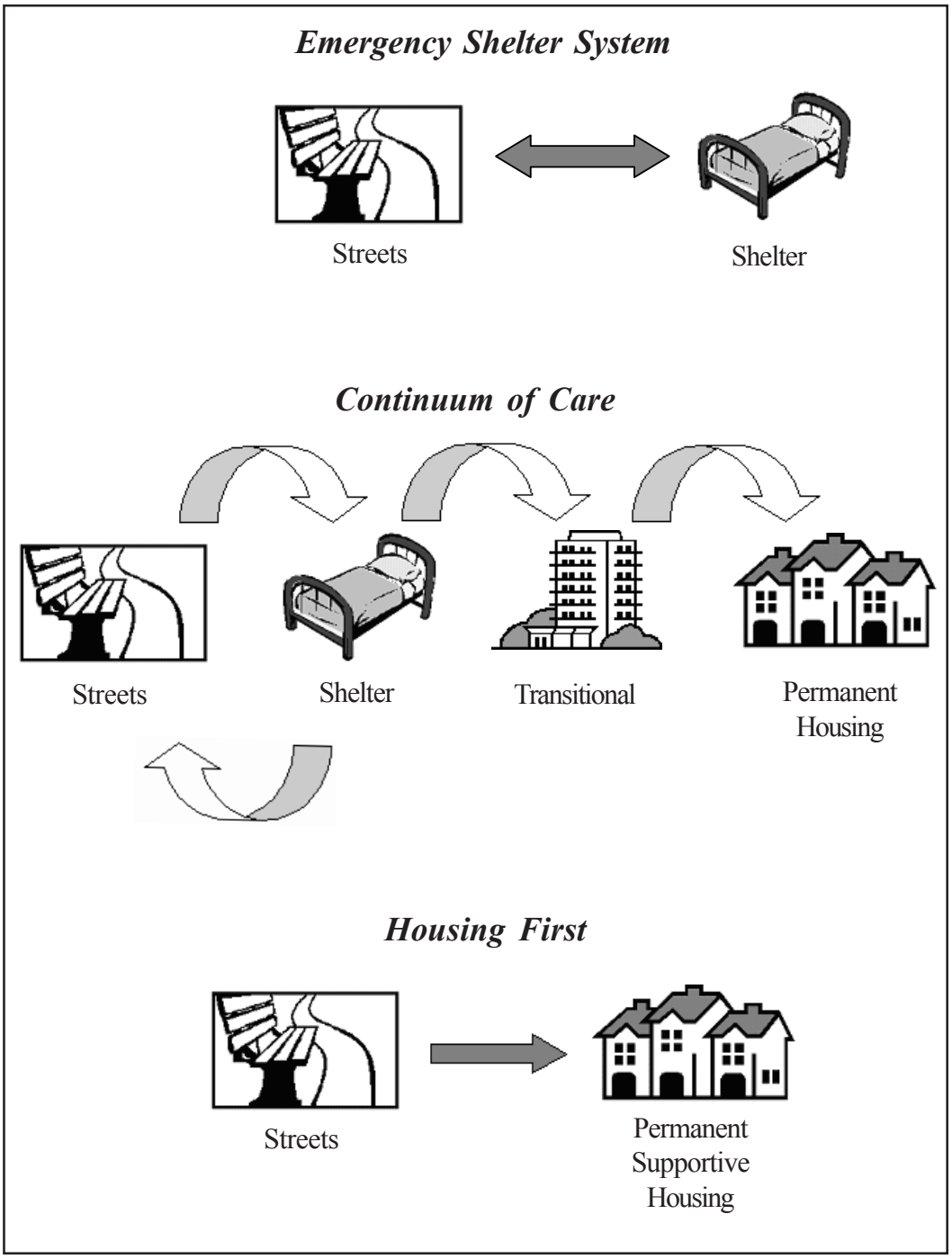
A research team from the Center for Mental Health Policy and Services Research, University of Pennsylvania, has published the most comprehensive study to date on the effects of homelessness and service-enriched housing on mentally ill individuals' use of publicly funded services.

The study tracked 4,679 homeless people with psychiatric disabilities who were placed into service-enriched housing in New York. Researchers examined these individuals' use of emergency shelters, psychiatric hospitals, medical services, prisons, and jails in the two years before and in the two years after they were placed into housing. Then the researchers compared client service use in these two time periods to the service use of control groups of homeless individuals with similar characteristics who had not been placed into housing.

Key findings from the study were:

- A homeless mentally ill person in New York City uses an average of $40,449 of publicly-funded services over the course of a year.
- Once placed into service-enriched housing, a homeless mentally ill individual reduces his or her use of publicly-funded services by an average of $12,145 per year.
- Accounting for the natural turnover that occurs as some residents move out of service-enriched housing, these service reduction savings translate into $16,282 per year for each unit of housing constructed.
- The reduction in service use pays for 95 percent of the costs of building, operating and providing services in supportive housing, and 90 percent of the costs of all types of service-enriched housing in New York City.
- $14,413 of the service reduction savings resulted from a 33 percent decrease in the use of medical and mental health services directly attributable to service-enriched housing.

Comparison of Existing Shelter and Continuum Models with Housing First Approach



San Francisco – Why Housing First model

It is clearly more . . . cost effective to provide someone a decent supportive housing unit rather than to allow them to remain on the street, and/or ricochet through a high-cost setting such as the jail system or hospital emergency rooms. Such institutions offer incarceration or treatment, but are no more than expensive revolving doors leading back to the streets.

- Much of these savings resulted from New York City residents' experiencing fewer and shorter hospitalizations in state psychiatric centers, with the average individual's hospital use declining 49 percent for every housing unit constructed.
- On average, shelter use decreased by more than 60 percent, saving an additional $3,779 per year for each housing unit constructed.

State Results

Similarly, the California Supportive Housing Initiative demonstration project, designed to increase supportive housing opportunities for persons disabled with mental illness, substance abuse and chronic physical conditions, showed effectiveness in reducing homelessness and improving quality of life for participants. Fifty percent of participants were homeless at the time they entered the program. Data from California's Supportive Housing Initiative Act (SHIA) Program Evaluation Report for Fiscal Year 2002-2003 showed that:

- 86 percent of SHIA participants maintained stable housing
- 19 percent were able to be removed from County General Assistance payment rolls
- 64 percent increased their income
- The majority of SHIA participants reported improvement with respect to personal functioning as a direct result of services, including their ability to:
  - deal more effectively with daily problems (83.8%)
  - control their lives (83.2%)
  - deal with crisis (79.1%).

In Sacramento County, Transitional Living and Community Support Services participated in two SHIA programs–PASSAGES, a program serving transitional age youth–and the second provided rent subsidies and supportive services for individuals at selected Single Room Occupancy (SRO) hotels. The funding legislation sunsetted on January 1, 2004. Currently, funds are available to continue supporting the rent subsidies, but not to provide the needed service enrichments.

Local Results

In Sacramento County, several programs currently provide permanent supportive housing for homeless persons with severe mental illness. The Cardosa Cooperative Housing Program administered by Transitional Living and Community Support Services (TLCS) costs an average of $29 per person per day ($10,585/annual) for housing and services. Other TLCS programs include the WORK Program of permanent supportive housing for individuals wanting to return to the work force (cost is $7,845 per client per year not including the cost of housing, psychiatric visit or medication); the Mentally Ill Chemical Abuser Case Management Program (costs $6,490 per client per year not including housing); the PASSAGES program for Foster Youth transition age youth with psychiatric disabilities which provides 24/7 staff availability (costs an average of $17,922 per client per year not including housing).

Two programs funded by AB34/AB2034 serve formerly homeless mentally ill clients – the River City Community Homeless Program, and the Homeless Intervention Program – administered by the Sacramento County Department of Health and Human Services Mental Health Division. These programs lease or master lease existing housing units for use by program clients. The Homeless Intervention Program costs an average of $13,079 per person per year for supportive services. When employment services are added in, the figure increases to $14,711. For all services and housing, the average annual cost per person is $19,797. The River City Community Homeless Program costs an average of $49 per person per day for housing and services ($17,885/annual).

Data from the evaluation of California's pilot effort (AB34) to provide service enriched housing for mentally ill individuals showed the following results for the combined counties of Sacramento, Yolo, and Stanislaus:

- 92 percent decrease in the number of clients who were homeless
- 72 percent decrease in the number of days clients spent in homelessness
- 91 percent increase in the number of clients with health insurance
- 34 percent decrease in the number of client hospitalizations
- 9 percent decrease in the number of days clients were hospitalized
- 17 percent decrease in the number of client incarcerations
- 7 percent decrease in the amount of incarcerations
- 36 percent decrease in the number of days of incarcerations
- 55 percent decrease in the number of clients receiving General Assistance payments
- 67 percent increase in the number of clients employed full-time
- 125 percent increase in the number of clients employed part-time
- 71 percent increase in the number of clients receiving wages

STRATEGY 1

Housing First

Housing First

Lead Agency: Sacramento Housing and Redevelopment Agency

Goal: To house chronically homeless individuals as quickly as possible in permanent housing and to stabilize individuals, once housed, through flexible services. Two key strategies will be employed: Units Through Leasing and Units Through Development.

Dependent on addressing resource gaps for services identified below, the Units through Leasing program housing 218 individuals would be initiated from late-2006 to mid-2008. The goal for Units through Development is 280 units in the first five years.

The Housing First strategy will move individuals directly from the streets or temporary housing and place them in permanent supportive housing as quickly as possible. This approach requires that flexibility be built into the range of housing available in order to serve the broadest spectrum of people, including individuals who wish to share housing and people with pets.

Units Acquired Through Leasing

Based on the successful AB 2034 programs that house homeless people with serious mental illness, Units through Leasing will house chronically homeless individuals in leased housing by providing rental assistance and wrap-around services. Units Through Leasing providers will accept and work to engage and house all individuals referred through Central Intake.

Housing Assistance

- Providers will develop a variety of rental options throughout the City and County (unless restricted by funding) and within mixed income neighborhoods. Efforts will be made to distribute leased units among properties and throughout the community.
- Providers will employ a variety of strategies to find housing for individuals, such as actively recruiting landlords, master leasing, and making informal agreements to address landlord concerns.

- Accessibility needs will be accommodated.
- Providers may use temporary housing on a short-term basis, but will strive to directly place individuals from the street into permanent housing.

Ongoing Support

- Once housed, individuals will receive ongoing support to remain housed. This typically means someone is available to the client on a 24/7 basis.
- The primary goal of support services is to help clients maintain housing and to maximize the individual's ability to be self-sufficient. Services will be provided both directly by the provider and through community and mainstream services.
- Services will be comprehensive, integrated, and client-centered.
  - ✓ A rich blend of services will be facilitated to address the individual's breadth of needs, including medical, mental health, alcohol and other drugs, social service, and employment.
  - ✓ Services will be integrated so that services for multiple concerns are provided concurrently in a well-coordinated manner.
  - ✓ Services will be flexible based on the individual's changing needs, capacities, and timeframes.
  - ✓ The relationship between the provider and the individual is critical. Culturally competent services are essential.
  - ✓ Service levels may diminish over time; however, crisis services will be available long-term.
- Once housed, providers will develop relationships with landlords and property managers to help them address any problems that arise with tenants.
- Depending on length of rental subsidies, discharge can occur when the client and provider agree that the client has reached a level of independence or the client asks to be discharged from the program.

Strategies

The strategy is two-fold:

- Build upon the existing community programs serving chronically homeless individuals with serious mental illness (also called 'target population'); and
- Develop similar capacities and funding streams to serve all others, including individuals with alcohol and other use disorders.

Note: Individuals with multiple or co-occurring disabilities may be served under both strategies depending on whether they meet the target population definition for serious mental illness.

Housing Individuals with Serious Mental Illness

- The Mental Health Services Act (MHSA), created by Proposition 63 in 2004, provides funding to California counties to expand and develop innovative, integrated mental health services for children, adults, and older adults. In January, 2006 Sacramento County adopted its Mental Health Services Plan that identified $2,720,444 in funding for permanent supportive housing. The State subsequently approved the County's Plan.
- The MHSA funding allows the County to implement the program with a service-rich approach that has proven successful in AB2034 implementation. Of the estimated $16,000 per person/per year, 70 to 80 percent pays for services and the remaining amount covers rent assistance payments.
- In June, 2006 the County's Division of Mental Health (DMH) issued a Request for Applications for a service provider(s) to manage a leasing program that will serve at least 125 individuals meeting the target population definition; at least 23 of these individuals will also be chronically homeless. Turning Point Community Programs has been recently selected to implement the program.
- In conjunction with the City's downtown department, SHRA has identified downtown tax increment funds that can be used for leasing subsidies to augment MHSA funding and serve an additional 25 chronically homeless individuals qualifying for MHSA services. These funds will be targeted to assisting individuals in the Central City.
- Program implementation is scheduled for early 2007.
- Future expansion will occur as additional MHSA resources become available and are approved by the community and the State.

Housing Chronically Homeless Individuals with Other Disabilities

- Modeled after the approaches used in AB 2034, new programs are being developed to serve this population. SHRA will continue to work with key stakeholders to refine the following program elements:
    - Outreach and referral;
    - Housing and services standards;
    - Discharge from program;
    - Outcome measures;
    - Continuing community collaboration; and
    - Geographic focus (depending on funding).

As the program gets underway, stakeholders will provide ongoing feedback and support to the program to review outcomes, problem solve, and enhance success. Stakeholders will include community partners conducting outreach and referral, local agencies, and experienced providers.

- Funding streams, primarily for rental assistance, have been identified for this population.
    - Mckinney-Vento Samaritan Initiative funding (also called the 'bonus project' because this funding is additional to the existing continuum of care funding). HUD currently restricts these funds to housing activities for chronically homeless individuals (up to 25 percent can be used for services) and the Homeless Board has prioritized this activity in its 2006 application;
    - Downtown tax increment housing set aside funding administered by SHRA; and
    - Shelter Plus Care administered by County Department of Human Assistance.
- To secure these valuable leasing funds, the program will need to secure an equal amount of service funding. Potential strategies for increasing service funding include:
    - Increasing local efforts to apply for competitive service funding through federal programs and private entities;
    - Enlisting the new Policy Board, created to oversee the Ten-Year Plan to End Chronic Homelessness, to assist with private fundraising; and
    - Seeking new local sources of service funding.
- Program implementation for 2006 McKinney-Vento is anticipated in mid-2007. If service match can be identified in 2006, a program leveraging leasing payments from Shelter Plus Care and tax increment could begin in early 2007.

Anticipated Resources – See the Resource Chart on page 39.

Cost assumptions were as follows:

- Costs for housing individuals with serious mental illness will average about $16,000 per person per year and assumes a 60/40 services to leasing split.
- Costs for housing individuals with other disabilities will take two approaches:
    - A shared housing model will average about $8,750 per person per year assuming a 50/50 services to leasing split (not including the cost of in-kind services);
    - A non-shared model will average around $15,000 per person per year, but assumes approximately a 35/65 services to leasing split.

Challenges

- Without service funding, we lose the leasing funding. As noted, funding for services is limited, especially for chronically homeless individuals with other disabilities. Provision of adequate and appropriate services is essential for program success. To utilize the identified leasing funding and serve approximately 218 individuals, the annual service funding gap is estimated at $450,000.

- Administration is complex because both service funding streams and provider capacity are specialized.
- Outreach will be a critical element of success in reaching the 'hardest to reach' and 'hardest to find'. The best measure of whether we have succeeded will be a visible decrease in the number of individuals living on the streets, in the parks and in emergency shelters.

Pathways to Housing pioneered this "housing first" model in New York City. The program offers scattered site permanent housing to homeless individuals with psychiatric disabilities and addictions. The program then uses "Treatment Teams" to deliver services to clients in their homes. Treatment team members help clients meet basic needs, enhance quality of life, increase social skills, and increase employment opportunities. Program evaluations report that more than 80 percent of Pathways' clients remain housed after five years.

Sacramento County Ten-Year Plan to End Chronic Homelessness
Units Provided through Leasing -- Identified Resources and Operations/ Services Gaps

Program	Initiate	Individuals	Cumulative Individuals	Total Cost	Funding Source	Identified Funding		Annual Operations/ Services Gap
						Leasing	Operations/ Services	
Turning Point (supported by MHSA) [1]	Late 2006	48	48	$768,000	MHSA		$468,000	
					Downtown TI	$300,000		
Local Program (to be determined) Disabilities other than those defined by MHSA [2]	Early to Mid-2007	90	138	$1,350,000	Downtown TI	$300,000		
					Shelter Plus Care	$600,000		
					Service Funding			$450,000 [4]
Friendship Housing 2006 McKinney-Vento Samaritan [3]	Mid-2007	40	178	$350,000	McKinney-Vento	$180,000		
							$170,000	
					Services			
2007 McKinney-Vento Samaritan [5]	Mid-2008	40	218	$350,000	McKinney-Vento	$180,000		
					Services		$170,000	
Total			**218**	**$2,818,000**		**$1,560,000**	**$808,000**	**$450,000**

1) Will serve chronically homeless individuals with psychiatric disabilities as defined by Mental Health Services Act.

2) Will serve chronically homeless indiviudals withdisabilities other than those defined by MHSA. Model assumes non-shared housing.

3) Friendship Housing was selected by the local continuum; 2006 application is pending at HUD. Housing will be targeted to individuals with other disabilities, primarily through shared housing.

4) Assumes $450,000 in-kind match documented.

5) Assumptions based on 2006 program.

Units Acquired Through Development

Through the provision of capital, operating and service funding, new permanent supportive housing that is appropriate, available and affordable to chronically homeless individuals will be developed.

Permanent Housing

- Developments will be available to, and are intended for, persons or families whose head of household is homeless or at risk of homelessness and experiencing mental illness, other chronic health conditions, including alcohol and other use disorders; and/or multiple barriers to employment and housing stability.
- Some developments will be designed for homeless and formerly homeless households; others may include a mix of tenancies.
- Tenants should feel safe and comfortable in their homes. In housing where people feel part of a larger community, they are more likely to look out for their neighbors and work together.
- Accessibility needs will be accommodated.
- Supportive housing is permanent housing. As long as tenants abide by conditions of the lease or agreement, there are no limits on length of stay.

Service Enriched

- Support services will be accessible and flexible and target housing stability. Typically provided both onsite through case management, and off-site through community and mainstream resources, tenants will be offered a flexible array of comprehensive services.
- Services may include medical, mental health, substance use management and recovery, vocational and employment, money management, life skills, and case management.
- Service programs will be designed to empower and foster independence among tenants. Developing meaningful structures that empower tenants helps to ensure long-term success.

Financing Elements

- Supportive housing requires subsidies for construction (capital), operation (rental subsidies), and services.
- Competitive resources are generally available for construction financing at the state and federal level. Local resources such as HOME, housing trust fund, and tax increment may be used to leverage these larger resources.
- Service resources are the most limited, and may require new local sources.
- Because the housing will be deeply affordable (tenants with little or no income paying no more than 30 percent of their income toward rent), rental or operating subsidies are also necessary.

Partnerships

- Development, ownership, and management of permanent supportive housing is a specialized field, and is typically the forte of non-profit housing organizations. Successful developments in San Francisco, Portland, and Seattle have been undertaken by only a small group of non-profit housing organizations in each of those cities. While some very successful organizations focus only on housing the homeless, others are involved in the broader field of affordable housing. In Sacramento, it is likely that capacity to develop permanent supportive housing will be found within the community of existing non-profit developers. Typically, a nonprofit developer owns and manages a development while partnering with a service provider or collaborative of providers. Alternately, the project may be jointly owned by the provider and developer.

Strategies

The following steps will be taken to develop and fund Permanent Supportive Housing throughout the City and County.

Develop guidelines

- Use a stakeholder process to define critical elements of housing to be developed, including service standards, amount of subsidy per unit, and requirements for low demand and housing first units.

Identify and budget local capital funds

- SHRA will identify and budget local capital funds to leverage federal and state construction financing, including using aggregated tax increment funds from various redevelopment areas for these kinds of developments.
- SHRA will continue to collaborate with DMH on the use of MHSA funds for capital financing, including capitalizing operating subsidies to support the development of units for the homeless individuals with mental illness. Collaboration is promising on the potential use of one-time funding that is currently available (approximately $4 million). Community and state approval would be required for the yet-to-be released "capital financing and support revenue" phase.

Increase the use of state and federal financing programs in permanent supportive housing

- SHRA will amend the City's and County's 9 percent tax credit prioritization policy to place Permanent Supportive Housing as a first tier priority

- SHRA will identify and work to fund those projects that can effectively compete for 9 percent tax credits through the semi-annual application process or with the Single Room Occupancy (SRO) set-aside.
- SHRA will identify and work to fund those projects that can effectively compete for GHI-2 (Governor's Initiative 2) when the program is operational.
- SHRA will target funding to affordable housing developers and service provider teams, similar to the Mercy Housing/Turning Point partnership for the Martin Luther King Project.
- Encourage local nonprofit developers to apply for funding through the Housing and Urban Development (HUD) Section 811 Program (housing for disabled). This source would match well with Mental Health Services Act funding. While Section 811 housing cannot target homeless households, it could still provide "appropriate, available, and affordable" housing.

Commit project-based subsides whenever possible to cover operating costs

- The Housing Authority is evaluating the use of the project-based housing choice vouchers as necessary to finance Permanent Supportive Housing units. Such an approach would require several steps, including amending the Housing Authority's administrative plan and establishing a competitive process for awards of vouchers and project-specific waiting lists.
- Another potential strategy being explored is the capitalization of operating funds within development budgets.

Identify and seek service funding to provide services for Permanent Supportive Housing created through development

- Explore, identify and pursue traditional and nontraditional funding sources (e.g., hospitals, philanthropic, etc.) as well as untapped governmental resources. Potential federal governmental resources include:
    - Department of Health and Human Services (HHS) and key departments within the Department: the Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Medicare and Medicaid Services (CMS), Health Resources and Services Administration (HRSA) and Administration for Children and Families (ACF);
    - Veterans Administration (VA);
    - Department of Education (ED);
    - Department of Labor (DOL); and,
    - Social Security Administration (SSA).
- Engage grant writer to seek such financing.
- Continue to work with DMH to use MHSA funds for services in Permanent Supportive Housing.

Develop and obtain consensus on site selection guidelines and identify development sites

- Develop protocols for site selection.
- Identify sites through acquisition or by working with developers who have sites for acquisition/rehab, adaptive reuse, or new construction.
- Conduct neighborhood outreach and involvement in planning and development process and follow Good Neighbor Policy practices.

Anticipated Resources

Cost assumptions for a 75-unit development are roughly as follows:

Cost Item	Total	State/Federal/Other	Local
Development	$18,500,000	$14,500,000	$4,000,000
Operating Subsidy (30 years)	$5,600,000		
Services (15 years)	$5,600,000		
Total	$29,700,000		

Challenges

- Siting permanent supportive housing is a key challenge. From the perspective of the target population, it should be near public transportation and community services. Strategic siting, size and design, community outreach, and broad political support can help mitigate neighborhood opposition and siting difficulties.
- Ideally, project-based service funding will be identified; however, this program element has not yet been developed.
- Due to the limited ability of residents to pay rent, ongoing operational subsidies are needed to operate the permanent supportive housing projects. The provision of adequate operating subsidies is still being investigated.
- While smaller projects are generally more acceptable from a neighborhood and provider perspective, financial feasibility for housing is enhanced with larger projects. Developments financed under most affordable housing programs typically range from 50 to 100 or more units.

Short Term Stabilization

Goal: Provide better interim stability while moving toward a Housing First model.

Although the crux of this plan is to end chronic homelessness by emphasizing permanent service-enriched housing through a Housing First model, it is important to recognize that housing development, and, to a lesser extent, leasing takes time. To address the void between leaving disabled homeless persons on the streets and stabilizing them in permanent, service-enriched housing, consideration needs be given to modifying the existing housing systems to better provide interim stability.

While moving toward a Housing First model, in the absence of a sufficient stock of supportive housing options, there are two types of temporary housing programs that could be modified in some instances to get people off of the streets, provide greater opportunity for individualized assessment, and establish preliminary linkages with case management, social and community services: emergency shelters and transitional housing.

The community may adopt a policy that: a) eliminates turn-aways from emergency shelters except where admission might cause harm to others, and b) people not be discharged back onto the streets from emergency shelters or transitional housing.

Increased length of stay also may afford some people an opportunity to achieve the level of sobriety required to enter residential treatment or transitional housing programs. Presently, the “Catch-22” of requiring a person to be clean and sober for an extended period of time before entering residential programs can be counterproductive.

By the same token, establishment of a lower threshold entry requirement for some transitional housing programs may be a more cost effective measure than perpetuating the emergency shelter system, and savings in this area could be used to offset other costs.

Action Steps:

Year 1

- Explore options for increasing short-term stabilization.

STRATEGY 2

Outreach and Central Intake

Lead Agency: Sacramento County Department of Human Assistance

Goal: To create an effective, culturally competent, and user-friendly process aimed at moving chronically homeless people from the streets or shelters into permanent supportive housing.

Outreach Program Elements

Outreach efforts will engage homeless individuals and conduct initial screening. Essential elements include:

- Initial point of contact will occur between a chronically homeless person and an outreach service provider and/or community partner (e.g., law enforcement, food programs, health care providers, etc.)
- Outreach will work to engage individuals to accept housing
- Outreach will conduct initial screening to identify those who are chronically homeless, and connect them to Central Intake

Central Intake Program Elements

Centralized intake will assess hard-to-reach, chronically homeless people for placement directly into the most appropriate available housing units that will include needed support and services with few preconditions and without a complicated application process. Essential elements include:

- Receive referrals from community partners already working at the street level
- Assessment is mobile, and can take place on the street or in an office
- Conduct screening for immediate and/or life threatening needs
- Documentation of physical, mental or alcohol and other drug (AOD) disability by the following qualified professionals:
  - Physical – MD or Nurse Practitioner
  - Mental Health – MD, Nurse Practitioner, Licensed Psychiatrist, Psychologist, Social Worker (LCSW), Marriage and Family Therapist (MFT) or county Mental Health Clinician
  - Alcohol and Drug – county Alcohol and Drug Clinician, Certified Alcohol and Drug Counselor, or other professionals listed above for mental health who have appropriate training and experience

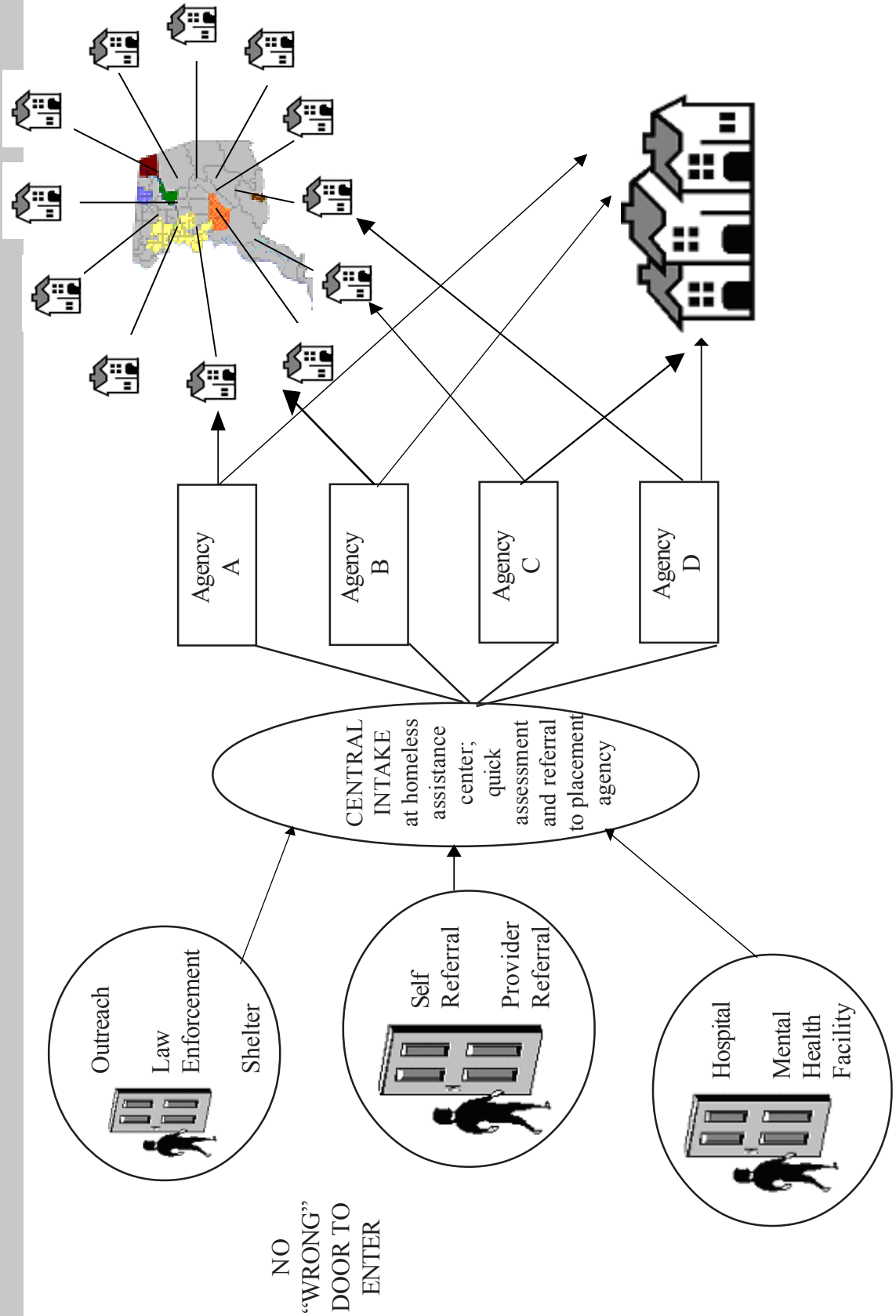
- Assess clients to determine appropriate referrals to permanent housing via Housing First providers
- Enter client data into the Homeless Management Information System (HMIS) for purposes of tracking data and evaluating the outcomes of the Ten-Year Plan
- Make referrals for those individuals who are not chronically homeless to an appropriate resource in the Continuum of Care network
- Ensure that the most challenged individuals are linked quickly to permanent housing

Action Steps:

Year 1- Implementation

- Implement Outreach and Central Intake by December, 2006
- Design a referral, screening, assessment, and placement process
- Develop an easy-to-use screening tool for use by outreach workers and community partners
- Coordinate and train community partners on methods of engagement and support, and use of the screening tool
- Develop an assessment tool that includes criteria to determine chronically homeless status, identification of immediate needs, strengths and documentation of physical, mental or AOD disabilities
- Work with Interagency Council to design Outreach, Central Intake and Case Management systems and standards
- With the input of key stakeholders, create a decision making process that ensures those participants at greatest risk are ensured priority access to services
- Develop capacity and coordinate participation among homeless providers to share in the responsibility of Central Intake activities
- Build communication among community partners and establish protocols to overcome confidentiality barriers
- Capture and enter data on all homeless applicants using HMIS, regardless of whether the individual accepts placement or is served by any of the programs. A single identifier, such as a social security number, will be used to prevent multiple entries for the same individual
- Include requirements in future requests for proposals and all new contracts implemented under the Ten-Year Plan that require providers to accept referrals from Central Intake
- Establish MOUs to define roles, responsibilities, data and tracking expectations, and ways to solve problems:
    - Between Outreach partners and Central Intake
    - Among Central Intake partners
    - Between Central Intake and Housing First providers

Conceptual Diagram of Processing Through a "Housing First" Approach



- Ensure that chronically homeless individuals are provided seamless coordination of services extending from first contact to housing
- Ensure that Outreach workers, Central Intake staff and Case Managers are properly trained in cultural sensitivity and disability sensitivity and how to accommodate and serve persons with disabilities per the requirements of the Americans with Disabilities Act and the California Fair Employment and Housing Act
- Ensure that housing and services are delivered equitably among the homeless population

Anticipated Resources

- DHA will host the Outreach and Central Intake office within the Social Services Complex on North A Street and will provide desks, phones, computers, interview space, and basic office supplies to support the intake function
- Loaves & Fishes/Genesis will provide space for a satellite office
- DHA will request funding to support a Central Intake coordinator position
- DHHS Mental Health Division will provide a clinician to conduct mental health assessments

Challenges include but are not limited to:

- Securing funding for the Central Intake coordinator position
- Designing the system and service provider relationships in such a way that they can be expanded to encompass all homeless clients
- Bringing providers into the system that are not now part of the Continuum of Care network
- Resolving confidentiality and information sharing barriers
- Achieving success while serving the most challenging and hard-to-reach individuals

Year 2

- Through Interagency Council, promote adoption of casework standards among all agencies serving the homeless

- Educate providers about "housing first" and service standards to promote referrals and joint case work among agencies so there is no "wrong door" for homeless individuals seeking services

- Develop case managers consortium, and include caregivers who serve homeless individuals and discharge planners in regular coordination meetings

- Execute memoranda of understanding among agencies to allow case conferencing and information sharing among service teams

- Identify public policy barriers to effective coordinated case management and advocate for changes to improve the system

- Identify current and future funding sources for supportive services and develop a strategic funding plan

- Identify new or redirect resources to fund initial Central Intake and case management services

Year 3

- Promote casework standards through education and training

- Increase capacity of Central Intake service

- Identify gaps in service system and develop strategies to address unmet needs

- Implement strategic funding plan for supportive services

- Develop a one-stop Assistance Center where homeless people, or those at-risk of becoming homeless, can register for and access services on-site, such as help with applications for public assistance and/or disability, health services, probation officer, or job search and training opportunities

- Develop a 24/7 homeless hotline

Year 4

- Continue to expand Central Intake and support services as more housing comes on line

- Align funding decisions with programs working to meet service standards

- Continue to seek resources to expand services to increase the number of supportive housing tenants served

Year 5

- Evaluate program performance and impact and make program adjustments as necessary

- Develop new five year Action Plan based on evaluation reports

STRATEGY 3

Prevention

Goal: Where possible, prevent individuals and families from becoming homeless.

Prevention of homelessness covers a broad range of activities, and one of the best prevention strategies is increasing the stock of affordable and accessible housing. The City and County of Sacramento are both committed to creating new opportunities for affordable housing as well as preserving the existing affordable housing stock. The City's mixed income ordinance and the County's affordable housing program require that new developments provide consideration for lower income residents. The housing trust funds, consisting of commercial linkage fees, are another example of local commitment to raise funds to increase the supply of affordable housing. In addition, SHRA administers comprehensive and multi-faceted financing programs that tackle the affordable housing shortage from many approaches.

Not every component of prevention can be addressed; however, the Ten-Year Plan has identified four initial strategies:

- Single Room Occupancy Hotels Preservation and New Efficiency Housing Development
- Discharge Planning
- Prevent Recurring Homelessness in At-Risk Populations (e.g. Youth and Veterans)
- Diversion from the Criminal Justice System

Single Room Occupancy (SRO) Hotels Preservation and New Efficiency Housing and Development

Lead Agency: Sacramento Housing and Redevelopment Agency

Goal: Prevent homelessness by rehabilitating existing SRO hotels in downtown Sacramento and by developing affordable efficiency apartment housing for extremely low income individuals throughout the City.

Background: The loss of SRO units is a familiar story throughout the country, and has been linked to the nationwide rise in homelessness.

- In 1960, 78 hotels provided 3,558 housing units in downtown Sacramento
- In 2006, only 14 single room occupancy and "efficiency" properties with 922 units remain

In the short term, some of the remaining SRO hotels may also be lost due to market pressures to convert to other uses, such as higher end housing or commercial.

Program Elements

- In March, 2006, the City of Sacramento created a new program providing capital funding for the rehabilitation of existing downtown SROs and the development of new efficiency apartments throughout the City.
  * $10 million for construction of 200 new efficiency apartments; and
  * $5 million for the rehabilitation of 100 units within the existing SRO Hotels

- City Council also directed SHRA staff to amend the existing SRO ordinance to update relocation benefits and to incorporate a "No Net Loss" element that would require replacement housing plans when units are destroyed or removed from the market.

- All funded developments will include supportive services and 24/7 on-site management. It is anticipated that this housing can serve people transitioning from homelessness as well as currently-housed extremely low-income persons.

- New efficiency developments will include bathrooms with bathing facilities in each individual room as well as refrigerators and possibly micro wave ovens. Other development standards such as air conditioning will also be applied.

- These local development funds will leverage federal and state resources, such as the low-income tax credit program. Local priorities for the nine percent federal tax credit program will be aligned with this initiative.

Challenges

- Sufficient local capacity to develop, own and manage housing and services for extremely low income individuals, including formerly homeless.
- Securing suitable sites that are reasonably priced and located near required services including public transportation, shopping and social service providers. Site challenges include addressing the concerns of neighboring property owners.
- Identifying and securing long-term funding for the operational subsidies to accommodate extremely low income tenants.
- Securing long-term funding for the provision of on-site social services for individuals.

Capacity Resources

- SHRA has committed to increasing the capacity of nonprofit developers by engaging the services of consultants such as Mercy Housing California and Paul Lambros, Executive Director of Plymouth Housing Group of Seattle.
- SHRA has committed to funding a staff position responsible for coordinating SRO development.

Development Resources

- In addition to the $15 million allocated from tax increment funds, it is anticipated that developers will tap other housing resources such as Low Income Housing Tax Credits, Tax Exempt Mortgage Revenue Bonds, HOME funds, AHP funds, and programs administered through the State such as Multifamily Housing Program, State Mental Health Services Act and the Governor's Homeless Initiative.
- If approved by the voters in November, Proposition 1C (Housing and Emergency Shelter Trust Fund Act of 2006) would allocate $2.85 billion for affordable housing, including $195 million for Supportive Housing Programs.

Operating Resources

- The Housing Authority is evaluating the use of Project-Based Vouchers for developments under this program and for other housing developed under the Ten-Year Plan. These vouchers would mean tenants would pay only one-third of their income for rent.
- SHRA's underwriting for these projects will allow nonprofit developers to establish operating reserve accounts for projects with extremely low-income tenants.

Services Resources

- Project underwriting will accommodate very limited funding of services; additional resources for project-based services have not been fully identified. Collaboration is underway with the County Department of Mental Health's programs being funded through the Mental Health Services Act. However, it is critical that other funding sources be identified for tenants that do not meet the criteria for MHSA services.

Discharge Planning

Goal: Implement zero tolerance policy for discharge into homelessness by local institutions

Sacramento County has a policy against its own publicly funded institutions releasing persons into homelessness. The policy needs to be developed further to include procedures and funding for coordination.

Additional work is needed. The emergency shelter system is one of the institutions most likely to release people into homelessness. As the stock of permanent supportive housing increases, the practice of discharging people back onto the streets will be decreased and eventually eliminated.

Other publicly funded institutions that release people into homelessness include jails, prisons, mental health facilities, and alcohol and drug treatment centers.

One local effort, the Interim Care Shelter was highlighted this year by the California HealthCare Foundation as a collaborative program model to avoid discharging individuals from the hospital into homelessness. The Sacramento County program, which started in March 2005 at an existing Salvation Army site, essentially acts as a shelter within a shelter. It was developed with the support of the four local hospital systems, the County of Sacramento and The Salvation Army. Under the program, all hospital systems contribute equal funding, regardless of the number of homeless patients they treat. The County of Sacramento contributed more than $100,000 for the first year. Sacramento-based MAAP Inc. administers the program which links individuals to existing services and provides a case worker to help patients access medical resources. According to the report, after more than a year of operation, lessons have emerged for communities considering adopting this type of model. Specifically mentioned are the need for community involvement, limitations on the program, and data tracking from day one.

Action Steps:

Years 1 and 2

- Develop a process to assure that all programs run, funded, licensed, or overseen by Sacramento County adhere to discharge policies

- Compile listing of County agencies, divisions and departments that serve homeless persons or contract with other agencies to serve homeless persons, with emphasis on chronically homeless persons

- Compile listing of contracting agencies that likely are subject to provisions of County's discharge policy
- Create template outlining basic information needed from entities providing discharge planning
- Establish committee of the Interagency Council to review Discharge Plans, clarify and analyze information, and make recommendations for specific and general improvements

Years 3 and 4

- Through Interagency Council, develop standards and consistent discharge policies and procedures in local agencies, such as hospitals and residential treatment centers
- Establish committee of the Interagency Council to review Discharge Plans, clarify and analyze information, and make recommendations for specific and general improvements

Year 5

- Through Interagency Council, develop standards and consistent discharge policies in state-run facilities, such as prisons and Veterans Administration hospitals
- Develop collaborative efforts with other counties to influence state and federal policies

End of Year 5

- Evaluate program performance and impact and make program adjustments as necessary
- Prepare report to community on impact of prevention programs
- Develop new five year Action Plan based on evaluation reports

Prevent Recurring Episodes of Homelessness

Goal: Reduction in episodes of homelessness by at-risk groups, such as youth and veterans.

Youth

Youth who become homeless when they run away, age out of foster care, or flee situations of abuse and domestic violence are among those who are at risk of recurring episodes of homelessness.

Veterans

Veterans returning from active duty may be suffering from post traumatic stress, mental health, or alcohol and drug issues that make it impossible for them to adjust quickly or easily to civilian life.

Action Steps:

Years 1 and 2

- Coordinate with local organizations working with foster youth to ensure transition planning for persons leaving foster care that ensures they have a home and prepares a plan for self-reliance and support
- Partner with local organizations working with Veterans and the Veterans Administration to identify at-risk veterans and quickly link them to appropriate services to prevent homelessness

Years 3 and 4

- Research funding sources that are not currently utilized in Sacramento
- Apply for funding to establish pilot project to provide supportive housing to at risk populations

Years 4 and 5

- Establish pilot project to provide supportive housing to those at risk of becoming chronically homeless

End of Year 5

- Evaluate program performance and impact and make program adjustments as necessary
- Prepare report to community on impact of programs
- Develop new five year Action Plan based on evaluation reports

Divert from Criminal Justice System

Goal: Expand collaborative efforts with the criminal justice system to reduce arrests, incarceration, and criminal recidivism among chronically homeless individuals.

Chronically homeless individuals often cycle in and out of the criminal justice system – often for misdemeanor offenses directly related to the condition of homelessness. Utilization of law enforcement personnel and jails to provide housing and treatment is an inappropriate and expensive use of public funds. Efforts to provide needed housing and rehabilitation would serve to divert many chronically homeless persons away from the criminal justice system.

Outstanding legal issues present a significant barrier to homeless individuals who are attempting to re-enter society, seek employment or secure permanent housing. It also puts an unnecessary burden on the criminal justice system to address the mental illness and substance abuse problems that are core issues for many homeless people. Realizing that criminalizing homelessness has been ineffective, a number of communities have developed community-based initiatives, including alternatives to incarceration (e.g. serial inebriate programs), reentry programs, and specific court programs (e.g. homeless, mental health, and drug courts).

Sacramento Serial Inebriate Program

Lead Agency: Community Prosecution Unit of the District Attorney's Office

Goal: Implementation of Sacramento Inebriate Program as an effective treatment alternative to incarceration.

The District Attorney is partnering with the Downtown Sacramento Partnership, Sacramento Police Department, and the Volunteers of America to implement the Sacramento Chronic Inebriate Program. Public inebriates – both housed and homeless — use a disproportionate amount of services and drain public safety resources and health services. The Ten-Year Plan's Leadership Committee endorsed a proposal by the Downtown Sacramento Partnership to develop a Sacramento Inebriate Program based on the methods of a similar program in San Diego. All persons who have been to the County Detox Center or County Jail for detoxification at least 25 times in a 12-month period would be deemed a "serial inebriate." The result would be an arrest for public intoxication and an offer of treatment in lieu of 120 days in custody. Those choosing the treatment option would be admitted to a 90-day treatment program and upon completion, offered a transitional housing bed in an independent living environment. Participants would receive case management, medical treatment, employment training, education services and referrals. Those who refuse the treatment option would be sentenced to County Jail. They would be offered the treatment option again after sobering up in jail. San

Diego reports that 32 percent of participants in the inebriate program were successful in treatment; ambulance contacts were reduced by 88 percent; emergency room visits were down 92 percent, and arrests were down 58 percent.

Program Elements

Who qualifies:

The Serial Inebriate Program will focus on individuals who have been to Sacramento County Jail or the County Detoxification Facility run by Volunteers of American 25 times or more within the previous twelve months. These individuals will be arrested if they are found to be under the influence of liquor as defined by Penal Code Section 647(f) that is, they are "…unable to exercise care for his or her own safety or the safety of others or by reason [of being] under the influence… interferes with or obstructs or prevents the free use of any street, sidewalk or other public way."

Procedure:

An arrest will be made and a report taken that will document the indicia of intoxication including the results of a PAS (Preliminary Alcohol Screening Device) test and a description of objective signs of intoxication. Statements from a merchant or citizen who can articulate the interference or obstruction will also be included when relevant.

1. After arrest, the person will be transported to the Jail where they will be booked into custody.
2. A booking photograph will be taken.

Court procedure

1. Arraignment will take place within 48 hours after being booked.
2. At arraignment the DDA will offer the defendant 120 days in jail or 90 days in the detox center (VOA) in return for a guilty plea to PC 647(f).
3. Undersheriff Sheriff John McGinnis has committed to provide the bed space if the defendant chooses jail time and that he or she will complete the sentence in custody, less statutorily mandated time-off for good behavior.
4. If the defendant chooses jail, he or she will be recontacted at the jail sometime within the first ten days and re-offered the opportunity for the long-term treatment program at detox. Details of this contact will be worked out with the Assistant Public Defender representing the individual. Downtown Partnership has agreed for the initial phase to be the conduit for this communication with the defendant to determine if there has been a change of heart in the willingness to accept the program in lieu of jail time.

Alcohol Treatment Program

1. If the individual chooses treatment, SPD will transport the person from County jail to VOA.
2. Individual will participate in and successfully complete VOA program for alcohol addiction. Clint Irby and Leo McFarland have committed the resources.
3. At the end of the treatment program, the Deputy District Attorney and the Assistant Public Defender will calendar a court day for the defendant to clear any outstanding warrants or other de minimis offenses that may be pending. These offenses will be dismissed in the interests of justice in light of the successful completion of the alcohol treatment program. There are two exceptions:
    a. License, registration or other DMV issues that cannot be waived by the court, and
    b. Cases pending against the defendant where there is victim restitution owed (Pre-existing court ordered restitution issues).
4. The individual will be placed in Aid In Kind housing or other available housing, for example, Mather housing options upon release from the program. They will be fast tracked into a housing program of some kind and offered placement in a program for living skills, employment training, or other needs that they may have.
5. If the individual re-offends after successful completion, they are eligible to participate in the program again.

Action Steps:

Year 1

- Assess the impact of the Sacramento Inebriate Program and make changes changes accordingly

Year 2

- If demonstrated to be an effective strategy, expand this effort to other segments of the City and County.

Prisoner Re-Entry

Goal: Prisoner Re-Entry strategies to prevent Recidivism

Lead: The New Choice Collaborative led by MAAP, Inc. and the Sacramento Coalition for Reentry Solutions

Every year over 4,000 people are released from prison back into Sacramento County. Coming out of prison, most are without a job, have no place to stay, and have nothing to call their own. Starting over can be daunting: finding a job, finding a place to live, figuring out how to get transportation, and meeting everyday needs. Many ex-offenders end-up homeless, and 60 percent of parolees return to prison within three years of release. Prisoner reentry programs are a vital key to preventing homelessness, and they have proven to be very successful in reducing recidivism. Reentry programs provide support for ex-offenders in finding housing, employment, transitional services, and mentoring. Nationwide reentry programs have shown success rates of 70-90 percent.

Sacramento has two new reentry programs that began in early 2006. The New Choice collaborative led by MAAP, Inc. will serve 200 non-violent ex-offenders per year. PRIDE Industries will serve ex-offenders who participated in Prison Industry Authority programs while incarcerated. These are expected to be model programs which can be replicated on a larger scale to serve all returning prisoners in Sacramento County. A community-wide partnership, the Sacramento Coalition for Reentry Solutions, has formed to address the issue of the ex-offender population.

Action Steps:

Year 1

- Coordinate with the Sacramento Coalition for Reentry Solutions, to recommend implementation strategies for prisoner reentry

- Quantify the need, maximize existing services, and identify gaps in service for chronically homeless individuals who are ex-offenders

Homeless Court

Goal: Community-based alternatives to the Criminal Justice System are available to the Chronically Homeless

Currently Sacramento's homeless court operates once a month on the third Thursday. A homeless legal clinic is held the last Wednesday of each month at Loaves & Fishes. Loaves & Fishes hosts the clinic, supplying the Public Defender with an area to interview and meet with clients.

The individuals will either come to the misdemeanor section of the Public Defender during any business day to meet with our Defender of the Day, or sign up directly at Loaves & Fishes to come to the clinic.

Most offenses are "quality of life" matters - light rail violations, drinking alcohol in public, unlawful camping, and urinating in public. Other low-end, non-violent misdemeanors are handled as well. This court does not handle weapons cases, driving under the influence, or more "serious" misdemeanors.

More than 2,000 cases a year are handled. This clinic and court helps to alleviate appearances in the regular misdemeanor courts that carry their own voluminous calendars. Outstanding warrants and failure to pay fine matters are taken out of the systems of both the law enforcement agencies and the Department of Revenue and Recovery. Additionally and just as importantly, these resolutions take into account the unique circumstances of each homeless person in this community.

Community Prosecutor

As approved in the new management district plan, a community prosecutor is working to identify law enforcement solutions specific to the Central City. The Commmunity Prosecutor is working with businesses, property owners, social services, law enforcement, and community organizations to address downtown issues. This includes working with the chronically homeless.

Action Steps:

Year 1

- Through the Policy Board and the Interagency Council, work with Sacramento Superior Courts and local law enforcement to consider and recommend policies and programs to divert homeless from the criminal justice system

STRATEGY 4

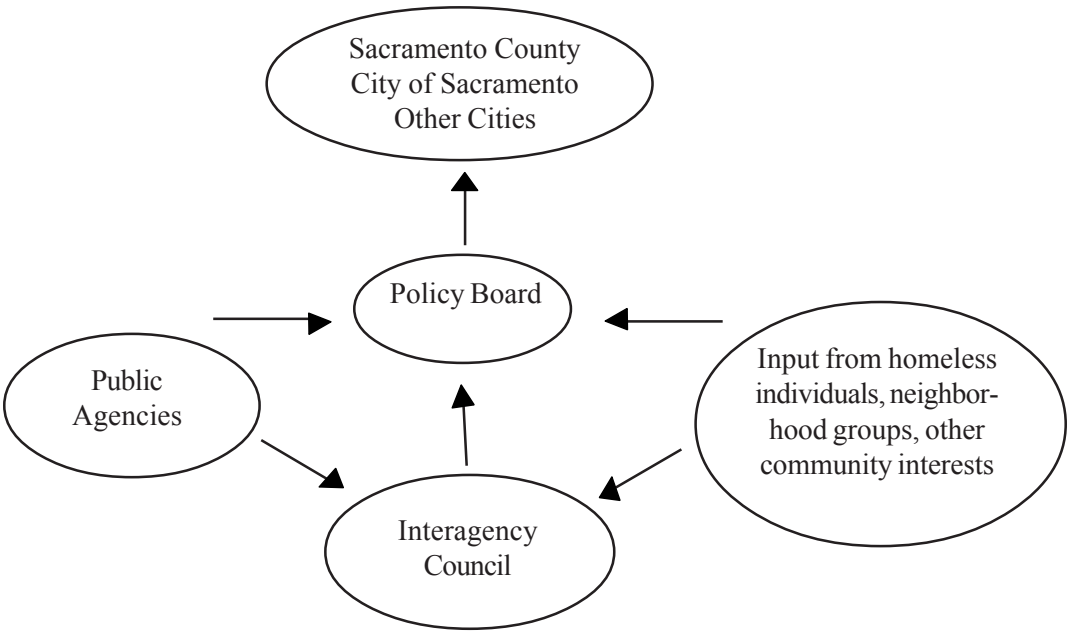
Leadership

Goal: An end to chronic homelessness through a coordinated countywide effort led by a broad-based leadership team of public, private and civic sector interests

Public/Private Partnership

Ending a complex problem like homelessness requires a *new vision* supported by a broad-based community commitment to invest time and resources into long-term solutions. It requires members of the community — individuals, public officials, businesses, non-profit organizations, philanthropies, faith, and civic groups — to challenge the assumptions under which we have addressed this issue in the past and to evaluate current programs and initiatives in that light. It requires enlightened leaders with open minds to promote new strategies that research shows have a positive impact on reducing chronic homelessness. It requires courageous leaders committed *to ending — not just managing* — homelessness by transforming our current shelter-based system into one which emphasizes permanent supportive housing.

While this Plan proposes specific strategies to end chronic homelessness, it can only be successful if its conceptual framework is applied to the entire homeless service system, including programs serving transitionally and episodically homeless individuals and families. The strate-



gies in this Plan — Housing First model, supportive services, prevention, leadership, and evaluation and reporting — are all important elements of a comprehensive plan to end homelessness for all groups, including individuals and families.

To achieve this aim, a new leadership structure is recommended. The success of this model depends on the effective engagement of public and private sector stakeholders in all aspects of homeless services — planning, policy development, recommendations for resource allocation, evaluation and systems redesign, and public education and advocacy. To insure this engagement and the success of the Plan, both the Policy Board and the Interagency Council must have meaningful responsibilities that directly impact the design, implementation, and evaluation of the proposed system. With this comprehensive approach in mind, the proposed structure will replace the City-County Board on Homelessness.

Leadership Structure

Successful implementation of the Ten-Year Plan to End Chronic Homelessness depends on strong leadership from both the public and private sectors in Sacramento County. The leadership team will promote collaboration among the various entities and stakeholders committed to ending homelessness in Sacramento. While the immediate focus is on ending chronic homelessness, the Policy Board and Interagency Council are also charged with oversight of the entire homeless services Continuum of Care and will replace the current Sacramento Cities and County Board on Homelessness set to expire December 31, 2006.

The Leadership structure has **five** elements:

1. A **Policy Board** of high-level public and private sector community leaders to provide strategic direction, oversight, and advocacy for the plan and the Continuum as a whole

2. An **Interagency Council** of service providers and community stakeholders to plan and coordinate service delivery and recommend policies and strategies to the Policy Board

3. **Input from homeless and other constituency groups**: A process for gaining input from homeless and formerly homeless populations and neighborhood and civic groups into the implementation of the plan

4. **Public agency leadership**: A point person (one with decision-making authority or with direct access to decision-makers) from each participating jurisdiction (county, cities and other public agencies) who is designated to oversee homeless issues and programs and to work with the Interagency Council and other agencies to coordinate policies and programs.

5. **Staff leadership:** A program director would be responsible for coordinating the implementation of the Ten-Year Plan. One support staff position would provide administrative support to the Policy Board and Interagency Council.

Continuum of Care. The Interagency Council will be responsible for preparing and presenting the annual Continuum of Care Plan and application for McKinney-Vento Act funding to the Policy Board. The Council will establish a process, and may create a subcommittee, for developing the plan to assure that those participating in the planning process are representative of the community and those served.

Homeless Management Information System: Critical to the work of the Policy Board and Interagency Council is a robust, accurate and comprehensive database of information about homeless individuals, programs and services. The data are necessary for evaluating the effectiveness of programs and initiatives, planning program improvements and enhancements, and reporting to the community on progress made toward ending chronic homelessness. Improvements in the current HMIS system and reporting are essential in order for the Policy Board and Interagency Council to operate effectively.

Policy Board

The Policy Board is charged with:

- Building political will countywide
- Overseeing plan implementation
- Developing new resources
- Recommend funding priorities
- Community education and engagement
- Annual report to the community on progress in achieving plan goals
- Participation in national and state efforts

Membership

The Policy Board consists of 18 members representing public officials, businesses, foundations, faith-based and other community organizations. Reflecting the HUD requirements, for the Continuum of Care, the composition is a proportion of 65 percent private sector and 35 percent public sector with members as follows:

- **Mayor of Sacramento** or designated City Council Member
- **Chair of the Board of Supervisors** or designated Supervisor
- Two **mayors of other cities** in Sacramento County or their designated City Council members
- Two **representatives from two local Foundations** (Board Member or CEO)
- Two **Business representatives**

- Two **Representatives of faith-based organization addressing issues of homelessness**
- Two **Civic Leaders**
- **Hospital/Healthcare System** representative
- **Interagency Council** representative
- Two **disabled homeless or formerly homeless individuals**
- One **community-based homeless service provider**
- Two representatives from the **Criminal Justice Cabinet**

Initial appointments to the Policy Board will be made jointly by the Chair of the Board of Supervisors and the Sacramento City Mayor, or their designees.

Policy Board will determine the meeting schedule, but will meet at least quarterly. Members will serve two-year terms.

Subsequent and on-going appointments will follow a process of nomination, application, and appointment by the body for 1 or 2 year terms.

The Policy Board will have a Chair and Vice Chair, elected by the body, one from the public sector and one from the private sector, with staggered 2-year terms and the Chair position rotating between the private and public sectors.

Interagency Council

The Interagency Council is charged with:

- Coordinating and developing standards for services for the homeless;
- Developing new service programs and systems based on "best practice" models;
- Making improvements in service delivery based on data and program evaluation reports; and
- Recommending programs, policies and initiatives to the Policy Board.

Membership

The Interagency Council consists of 20 members representing homeless service sector and stakeholder interests who are appointed by the Policy Board.

Membership on the Council will reflect the ethnic and cultural diversity of Sacramento County.

Members will be appointed by the Policy Board. Invitation to apply for membership is open. Applications will be reviewed by the Policy Board.

Subcommittees may include non-member representatives from the community. Members of the Interagency Council will be selected from following sectors:

- City of Sacramento
- Other cities in Sacramento County
- County of Sacramento
- Sacramento County Department of Human Assistance
- Sacramento County Department of Health and Human Services
- Sacramento Housing and Redevelopment Agency
- Foundation/s/
- Health/medical provider/s/
- Housing developer/s/
- Homeless Housing provider/s/
- Criminal Justice system representative/s/
- Disability community representative/s/
- Veterans system representative/s/
- Foster youth and homeless youth services provider/s/
- Employment Services representative/s/
- Educational Services representative/s/
- Alcohol and other drug provider or advocate
- Mental health provider or advocate
- Faith Community representative/s/
- Consumers/Homeless advocate/s/
- Homeless Services provider/s/
- Business associations

Public Agency Support

Public agency support is critical to the successful implementation of the Plan. Each public entity involved in Plan implementation needs to designate a point person to coordinate homeless programs within each jurisdiction and work with the Interagency Council or Policy Board.

Staff Leadership

To function effectively, the Policy Board and Interagency Council require dedicated staffing. Based on past experience in Sacramento and in other communities, community leadership is less effective when staff support is intermittent or subject to reassignment to "higher priority" issues. A team of two individuals, a program director and support staff is proposed. A program director would be responsible for coordinating the implementation of the Ten-Year Plan. One support staff position would provide administrative support to the Policy Board and Inter-

agency Council. Consultant services may be required for specific activities, such as grant writing and preparation of the Continuum of Care funding proposal submitted annually to the US Department of Housing and Urban Development. If maintenance of the Homeless Management Information System (HMIS) were to become the responsibility of the Policy Board, additional staffing would be required.

Resources:

Sacramento County (50%), City of Sacramento (50%) Community Development Block Grant funds. The Community Services Planning Council will provide staffing services for the Policy Board and Interagency Council for two years to support transition to the new leadership structure.

Action Steps

Year 1

- Broaden countywide collaborative efforts and continue to engage various sectors of the community and county in a combined effort to end, rather than manage homelessness
- Establish a Policy Board and an Interagency Council with processes in place for ensuring an active role for homeless individuals and neighborhood groups in plan implementation
- Oversee establishment of initial phase of Housing First services
- Review short-term housing options and explore the modification of existing housing systems to provide more interim stability for homeless individuals
- Develop processes for assessing and reporting on the effectiveness of Ten-Year Plan strategies
- Working with Interagency Council, develop and implement a comprehensive plan to incorporate all homeless services providers in on-going planning and implementation efforts
- Prepare and implement a communications plan for increased public awareness of who experiences homelessness, the underlying causes of homelessness, and how everyone throughout the county can play a role in ending homelessness
- Educate the community (including public officials, residents, businesses, medical providers, etc.) about homeless individuals and families and the services available to the homeless

- Convene public officials and leaders in the non-profit and business communities throughout the county to inform them about activities aimed at ending homelessness and invite their participation in plan implementation

- Through Interagency Council, develop coordinated systems to integrate housing and support services

Year 2

- Issue Report to the Community on Year 1 achievements and work still to be done

- Identify unmet funding needs and potential sources of new funding

- Review current homeless program policies and recommend policies that support plan implementation

- Working with Interagency Council and funders, consider funding policies and changes in resource allocations that support moving those who are currently homeless into permanent supportive housing as quickly as possible

- Prioritize areas for advocacy at state and federal levels.

Year 3

- Issue Report to the Community on Year 2 achievements and work still to be done

- Work with all jurisdictions in Sacramento County to assure that planning and policy development for homeless programs are aligned with the goals and strategies set forth in the plan to end homelessness

- Advocate at state and federal levels for policy change.

Year 4

- Issue Report to the Community on Year 3 achievements and work still to be done

- Monitor and evaluate programs based on Housing First goals

- Continue to advocate for program policy changes and for funding decisions that support Housing First goals

Year 5

- Issue Report to the Community on Year 4 achievements and work still to be done
- Review and evaluate program performance and impact and make adjustments as needed
- Develop new five year Action Plan based on evaluation reports and input from Interagency Council, advice from homeless people and civic organizations, and other community input
- Present comprehensive Report to the Community on five-year impact of the Ten-Year Plan to End Chronic Homelessness with recommendations for future actions

STRATEGY 5

Evaluation and Reporting to the Community

Goal: Develop and implement a comprehensive evaluation plan to:

- *Document implementation efforts and critical milestones*
- *Determine program effectiveness*
- *Make informed funding decisions*
- *Report to the Community on progress and results toward ending chronic homelessness*

A key role of the Policy Board and the Interagency Council will be guiding implementation efforts and reporting on achievements of the plan. Evaluating the effectiveness of programs and strategies will help guide program improvement. The Interagency Council will have principal responsibility for reviewing program data and evaluation findings and recommending changes. The Policy Board will use annual evaluation reports to monitor achievements and outcomes, make funding decisions, report to the community, and guide future planning and implementation activities.

Quality data is essential for community efforts to end homelessness, providing the foundation for program evaluation and effective allocation of resources. Local homeless data collection systems must be strengthened to ensure an accurate picture of the extent of homelessness in our community, and the characteristics and needs of homeless individuals. Central to Sacramento's evaluation effort will be the continued development of the Homeless Management Information System (HMIS). Better data will improve our understanding of how people who are homeless use available services, and the impact of those services in promoting housing stability and self-sufficiency

Program Elements:

- Develop a comprehensive evaluation plan that will use accurate and timely data to evaluate program effectiveness.
- Report annually on achievements and outcomes of key strategies contained in the Ten-Year Plan.
- Improve data collection efforts such as:

- Using Central Intake data to assess whether or not the individual accepts placement into permanent housing;
- Using a single identifier to prevent multiple entries of the same individual; and
- Requiring all providers funded through the Continuum of Care and the Ten-Year Plan to use the HMIS system.

- Expand efforts to create data linkages with other service sectors to document system impacts and cost savings to the community.
- Improve the annual street count effort and data collection methodology to deepen our understanding of the homeless population

Resources

The current HMIS system will serve as a primary source of data for reporting and analysis. Currently, DHA has a dedicated staff member assigned to HMIS. Both county and provider staff input and export data from the system.

County staff, in collaboration with providers, law enforcement, and other community partners, conducts the annual street count.

Challenges to be addressed include:

- Resolving confidentiality and information sharing barriers
- Bringing providers into the system that are not now part of the Continuum of Care network
- Establishing a unique identifier for each client that meets the system needs, yet does not create reluctance on the part of the client to participate
- Expanding the HMIS system to support data needs necessary to measure program outcomes. Additional staff/consultant services are needed to accomplish this task.
- Capturing cross-system outcomes and cost savings resulting from implementation of the Plan (e.g. decreased hospitalization and incarceration)

Action Steps:

Year 1

- Develop and implement a comprehensive evaluation plan
- Determine needed enhancements to the HMIS system
- Explore critical data linkages between homeless and other service systems
- Collect and analyze baseline data
- Expand the annual street count and report on findings
- Prepare first report on initial implementation efforts

Year 2

- Recommend modification to the Ten-Year Plan based on lessons learned from initial implementation efforts and available resources
- Design a permanent housing "clearing house" for homeless providers and community partners to enhance timely access to available resources
- Operationalize data linkages between homeless and other service systems
- Prepare annual report on program achievements and outcomes

Years 3 and 4

- Continue to review model programs from other jurisdictions and determine ways to incorporate emerging best practice standards into local practices
- Analyze current public spending for homeless programs and determine the feasibility of refocusing resources to align with the goals of the Ten-Year Plan
- Prepare annual report on program achievements, program outcomes, and system level outcomes

Year 5

- Capture cross system benefits and cost savings associated with moving chronic homeless individuals from street/shelters to permanent housing
- Prepare a summary report on the first five-year period
- Use data, evaluation findings, and recommendations to guide the second five-year planning effort and resource decisions

Appendices

Glossary of Terms

Chronically homeless: (HUD definition): "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." Individuals who are in transitional housing or permanent supportive housing programs are not considered chronically homeless even if they have been in the program more than a year.

Continuum of Care: (HUD definition): A community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.

Emergency Shelter: (HUD definition): Any facility the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless.

Extremely low-income: is defined by the U.S. Department of Housing and Urban Development as at or below 30% of the Area Median Income (AMI) income. In Sacramento County in 2004, the Area Median Income was $64,100 annually. For a single person in Sacramento County, 30% of the Area Median Income was $21,367 in 2004.

Homeless: (HUD definition)- (1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is - (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Housing first: (from the National Alliance to End Homelessness) A "housing first" approach rests on two central premises: 1) Re-housing should be the central goal of our work with people experiencing homelessness; and 2) Providing housing assistance and follow-up case management services after a family or individual is housed can significantly reduce the time people spend in homelessness. Case management ensures individuals and families have a source of income through employment and/or public benefits, identifies service needs *before the move into permanent housing*, and works with families or adults *after the move into*

permanent housing to help solve problems that may arise that threaten their tenancy including difficulties sustaining housing or interacting with the landlord and to connect families with community-based services to meet long term support/service needs.

Housing plus: Refers to housing where residents are encouraged to accept support services necessary to help them maintain their housing. The term is another way of referring to "permanent supportive housing," but puts the emphasis on "housing *plus* intensive service" for people with serious disabilities.

Low-income: is defined by the U.S. Department of Housing and Urban Development as at or below 80% of the Area Median Income.

Permanent Supportive Housing: (HUD definition): It is long-term, community-based housing that has supportive services for homeless persons with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or coordinated by the applicant and provided by other public or private service agencies. Permanent housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.

SRO: (HUD definition) — A residential property that includes multiple single room dwelling units. Each unit is for occupancy by a single eligible individual. The unit need not, but may, contain food preparation or sanitary facilities, or both.

Supportive services: (HUD): Services that assist homeless participants in the transition from the streets or shelters into permanent or permanent supportive housing, and that assist persons with living successfully in housing.

Transitional housing: (HUD) — A project that has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months).

Very-low income: is defined as at or below 50% of the Area Median Income. For a single person in Sacramento County in 2004, very low income was household income at or below $32,050.

Estimated Number of Homeless

Estimated Number of Homeless Persons in Sacramento County (2004-2005) ..... 2,145 – 11,109

Estimated Number of *Chronically Homeless* Persons in Sacramento County (2004-2005) ..... 1,140 – 2,200

HOW MANY CHRONICALLY HOMELESS PERSONS IN SACRAMENTO COUNTY ?

Several methods were used to try to approximate the number of chronically homeless individuals in Sacramento County for 2004. All methods consistently returned an estimate in the range of 1,140 chronically homeless persons based on "point-in-time" survey data. This emphasizes the importance of good sampling in obtaining the basic field data. In 2004, there were at least 825 homeless persons (chronic and episodic) temporarily sheltered and at least 325 unsheltered. In the 2004 HUD Continuum of Care application, the County estimated that at least 460 more emergency shelter beds for individuals were needed. In the 2005 Continuum of Care application, it was noted that no permanent beds for chronically homeless persons had been added during the prior year.
It is widely agreed within the homeless service provider community that the point-in-time surveys consistently underestimate the number of chronically homeless individuals and that a more realistic figure is probably twice the 1,140 estimate. Some of the reasons for underestimation are: 1) people don't want to be found; 2) staffing constraints limit the geographic areas that can be surveyed; 3) hospital and institutional populations are not assessed; and the criteria used to describe someone as homeless is not always consistent. The 2005 point-in-time survey was conducted by a small number of City and County staff, Sacramento Police Officers and community volunteers. These limited resources necessarily constrained the geographic area surveyed and enumerators targeted areas that homeless persons were most known to frequent.

Counting teams focused on Downtown Sacramento, parts of the American River Parkway, north Sacramento City, Northgate overpass area, and City Parks. Seven of the County's 25 planning areas were not covered at all. Areas not adequately surveyed or not surveyed at all included portions of the Highway 50 and I-80 corridors, South Sacramento City, Meadowview, South Sacramento County (including Isleton and the Delta area), Southeast Sacramento County (including Galt), Freeport, parts of Elk Grove, and rural unincorporated County areas.

As to people temporarily sheltered in public institutions, the 2005 survey enumerated persons staying in "Detox" and emergency and winter shelters, but did not count people at the County Jail, in local hospitals, at mental health facilities, or in short-term residential treatment facilities. In 2003, jail staff later estimated that 20% of the total inmate population at both the Main Jail and Rio Cosumnes Correction Center were homeless persons, or 747 individuals (661 men, 86 women). It is generally believed that the Jail estimate of homeless persons is high.

Using information from the January 2005 point-in-time survey, the 2005 Continuum of Care application stated there were an estimated 1,747 homeless individuals unsheltered, or temporarily housed in emergency or transitional shelters. At least 626 of these people were determined to be chronically homeless through a survey that was conducted at two shelters. It is generally agreed that the number of chronically homeless persons exceeds this estimate.

If estimates of the number of chronically homeless individuals not counted during the point-in-time survey of 2005 are added to existing estimates of those who were counted, the total number of individuals in Sacramento County who can be considered chronically homeless and in need of permanent housing may range between 1,200 to 2,200 persons.

April 2005

The Number of Homeless People in Sacramento County:

11,109 Homeless People Annually

The Challenge

Determining the number of homeless persons in Sacramento County (or anywhere) has always been challenging. Fortunately, the Corporation for Supportive Housing has just published **Estimating the Need: Projecting from Point in Time to Actual Estimates of the Number of Homeless People in a Community and Using this Information to Plan for Permanent Supportive Housing** by Martha R. Burt and Carol Wilkins (March, 2005) The 30-page guide can be downloaded at www.csh.org/publications

"The guide is meant to help communities that want or need to do three different but related things:
__Calculate an expected number of homeless people over a year's time when you only have data from a point-in-time (PIT) count,
__Use both PIT information and projections to annual levels of homelessness to figure out how many chronically homeless people you are likely to have, now and In the future; and
__Plan and develop appropriate levels of permanent supportive housing

The guide is intended for conveners of Continuums of Care that need to meet HUD's requirements for local estimates of homeless populations and estimates of unmet need."

The guide offers various formulas to calculate the number of homeless persons. However, Sacramento County does not yet have the necessary data for the more precise formulas. Producing some type of annual estimate will be relatively easy once our HMIS (Homeless Management Information System) has been functioning for at least a year with coverage of most relevant homeless assistance programs and services (80+% coverage). Until that time, it is possible to develop an annual estimate using projections based on national data.

Sacramento's Point-in-Time Data

The report emphasizes "Projecting is easy but getting the baseline right is hard. First you have to get your PIT (Point-in-Time) count right. The primary issues for the PIT count are coverage (including all relevant people) and duplication (not counting anyone more than once)."

Sacramento conducted a one-night point-in-time survey on January 27, 2005. The report cautions that: "The 'one night blitz' approach was the original approach to reducing the odds of duplicate counting. The approach limits both times and locations, going only to shelters and "streets," and doing so within a short time period—usually one night. The assumption is that people will not move around much during this short time frame, so few are likely to be counted twice. The problem with this approach, as many realize, is that it misses many homeless people. It is especially problematic in localities with sparse and dispersed populations and few homeless assistance services, which includes most rural areas but also many suburban and exurban areas. In areas of these types, relatively small proportions of the homeless population will be visible or in contact with services on any particular day."

Sacramento County also conducted a survey of 123 homeless persons between January 31 – February 4, 2005 to gather demographic information about homeless persons in our community.

Methodology

I used several formulas in the Report for which we had the necessary data, since it suggested: "It would be wise to come at the estimate from two and preferably three directions and see how well the different methods converge."

Method One: Use National Data to Convert PIT (Point In Time) to Annual Calculations

If you only have PIT counts, use one or more of the multipliers in Table 1 to get an estimate of the number of people or households likely to be homeless in your jurisdiction over the course of a year. Select the appropriate multiplier(s) and multiply by your own local PIT, making sure to do so only for people you counted "on the streets" or who are in emergency shelter – not those in transitional Housing or Permanent Supportive Housing.

National Data for Making PIT to Annual Calculations

Table 1: MULTIPLIERS FOR PIT TO ANNUAL CALCULATIONS (TURNOVER RATES)

Multiplier	Source	Sacramento Data	Result
4.22	NSHAPC average, 1996 (National Survey of Homeless Assistance Providers and Clients) Annual projection from PIT, using self-report data to estimate annual based on the "1-week" method described in the guide.	1379	5,819

3.62	New York City, households, 1992, Culhane et al. Annual unduplicated counts from shelter tracking data (i.e., HMIS data)	1379	4,992
6.12	Philadelphia, households, 1992, Culhane et al. Annual unduplicated counts from shelter tracking data (i.e., HMIS data). NSHAPC estimates from Burt, Aron, & Lee, 2001, table 2.9;	1379	8,439

Method Two: Calculate the expected number of people homeless during a year using national percentages of homeless people as a proportion of Total and Poor population over 1 year's time.

Table 2: HOMELESS PEOPLE AS A PROPORTION OF TOTAL AND POOR POPULATION OVER 1 YEAR'S TIME Annual projection from PIT, using self-report data to estimate annual

%	Source	Sacramento Data	Result
1.1%	NSHAPC average, 1996 Re total population.	1,352,445 Sac population	14,877
8%	NSHAPC average, 1996 Re poor population	12.7% Sac poverty rate	13,741
1.2 %	New York City, 1992 Culhane Re total population	1,352,445 Sac population	16,228
1.%	Philadelphia, 1992, Culhane, Re total population	1,352,445 Sac population	13,524

Method Three: Compare Sacramento's actual Point In Time Figures to the expected number in our community at a single point-in-time by applying data from the NSHAPC (National Survey of Homeless Assistance Providers and Clients) (1996)

The average rate of homeless people per 10,000 Total Population at a Point-in-Time from the NSHAPC was 29%.

Applying this rate to Sacramento's population of 1,352,445, you would expect a Point-In-Time Count of 3,916 homeless people.

Sacramento counted 2,055 Homeless people in its Point-In-Time Count on January 27, 2005.

Result: Sacramento's Count was 48% under the expected number using the NSHAPC data.

Method Four: Local Comparison Points. Since our Point-in-Time Survey does not correspond to the number of homeless people in Sacramento that national data would predict, I also compared it to some independent local data.

Maryhouse, a program of Loaves & Fishes, maintains an unduplicated yearly count of the people who come there for services. Maryhouse is a daytime drop-in center for homeless women and children, located in the Richard Boulevard neighborhood of Sacramento. It does no outreach. In 2004 1,859 homeless women and 1,143 homeless children came to Maryhouse for services. Total: 3,002 homeless women and children annually.

The Sacramento County Office of Education counted 4,773 homeless children and estimated that 8,057 children in Sacramento were homeless during the 2003-2004 school year. (Federal education laws and schools use a broader definition of homelessness than does HUD – it includes people staying temporarily in motels or with family members or friends

Conclusion

One way to reach a "best estimate" of the annual number of homeless people in Sacramento is to average the totals achieved by the first two Methods presented above. (Method Three was excluded since it Gives a Point-in-Time and not annual count and Method Four was for comparision purposes). This gives us the figure of 11,1089 homeless people in Sacramento.

Annual Numbers of homeless People by each Method

5,819

4,992

8,439

14,877

13,741

16,228

13,524

77,620 divided by 7 = 11,109 estimated number of homeless people in Sacramento

BARBARA AVED
ASSOCIATES

HEALTH CARE CONSULTING

SUMMARY REPORT OF FOCUS GROUPS

CONDUCTED FOR THE

COMMUNITY SERVICES PLANNING COUNCIL

Ten-YEAR PLAN

TO ELIMINATE CHRONIC HOMELESSNESS IN SACRAMENTO COUNTY

Focus Group Research Conducted by

Barbara M. Aved, Ph.D., MBA

BARBARA AVED ASSOCIATES

April 8, 2005

23 Chicory Bend • Sacramento, CA 95831 • Telephone: (916)428-2847 • *fax*-(916)428-6632

INTRODUCTION

Community Services Planning Council was asked to develop a ten-year comprehensive plan to end chronic homelessness in ten years in Sacramento County ("Ten Year Plan"). As part of the process to assemble information, CSPC reviewed existing data, conducted new research and sought broad community input from a variety of stakeholders and interest groups through community forums, focus groups, convenings, surveys and key informant interviews.

This brief report summarizes findings from the focus groups to supplement the research conducted for the Plan. The focus groups were convened to obtain multiple perspectives from the broad Sacramento community about the issues, extent of the problem and local impact, attitudes, values, and effectiveness of existing strategies related to ending chronic homelessness. A second objective was to elicit ideas and test out possible approaches for Sacramento that other communities have successfully implemented (i.e., best practices). BARBARA AVED ASSOCIATES, a Sacramento-based health and human services consulting firm designed the focus group questions and format, facilitated the meetings, and prepared the summary report.

METHOD

Five focus groups targeted to different populations were conducted during March and April 2005. CSPC collaborated with various organizations to help plan, schedule, invite and promote attendance at the meetings. The types of groups invited ensured broad representation from the community, however there was no attempt to select the group of individuals to participate. The host organizations included Downtown Sacramento Partnership, Sacramento Metro Chamber of Commerce, Loaves & Fishes, Westminster Presbyterian Church, and City of Sacramento Neighborhood Services Department. A total of 56 representatives from the following groups participated in the focus groups:

Type of Group	*Number of Participants*
Law enforcement	13
Homeless persons	16
Business and property owners	9
Faith community	14
Neighborhood associations	4

Each focus group lasted for slightly more than an hour and light refreshments were served. After self introductions, the facilitator explained the purpose of the focus group, how the information would be used, the format for the session, and the U.S. Housing and Urban Development definition of "chronic homelessness" applicable to the Ten-Year Plan. A series of structured questions was asked of each group with follow-on questions posed as appropriate to clarify or amplify a response, draw out additional responses, or elicit other comments. The nature of the discussion determined the order in which subsequent questions were asked. The primary questions posed to all participants except those in the homeless persons group were:

1. How would you characterize your experience *[as law enforcement, merchant, property owner, faith-based organization…]* with the chronically homeless?

2. What do you think are the main factors that contribute to chronic homelessness?

3. What have you observed is the primary impact on neighborhoods and businesses?

4. What core needs of the homeless are not being adequately met?

5. What existing strategies appear to be working well locally?

6. What are you aware of in *other* communities that has been effective?

7. What would need to happen in a) policy, b) funding, and/or c) system change in order for these strategies to work here?

Questions posed to the homeless persons focus group centered primarily around length of time being homeless and being in Sacramento, and their perspectives about contributing factors, core unmet needs, suggested solutions, and current and potential future use of services and programs.

Notes were recorded on flip charts during the focus group meetings and then typed up for summarizing in this report. In all cases, these are the perspectives of the participants. There was no attempt to edit or draw conclusions by the facilitator.

SUMMARY OF PERSPECTIVES

Bulleted points below summarize the focus group input. The perspectives are reported by the primary questions discussed; specific groups are identified when relevant.

Contributing Factors

There were both personal factors as well as demographic and system issues that were seen as contributing to chronic homelessness in Sacramento County.

- While the causes were recognized as multifaceted, nearly everyone agreed that mental and emotional incapacity/illness was largely responsible for people being or becoming chronically homeless; substance use and poor coping skills contribute. Alcohol and other drugs frequently exacerbated the problem and/or accounted for a progression to chronic homelessness. Some of the homeless people commented that it was their own addictions, "character defects" (e.g., poor anger management) and shortcomings that resulted in being homeless.

- Poor mental health status was also seen as leading to an inability to seek help, accept help, follow-through with referrals when helped, and transport oneself to referred services and other resources.

- There is a revolving door of people coming out of prison/on parole with no exit plan or help; "it's a set up for failure." Some have no place to go, so have little recourse but to try to camp out in a tent, vehicle, or park and thus get picked up again. Similarly, when large numbers of mentally ill persons were deinstitutionalized, many people were put on the streets.

- There is a view that people find out Sacramento is a good place to be homeless, so many down and out people come here, or are "dumped" here by relatives or systems. The problem is growing because new people are coming all the time. In fact, some of the positive attributes of Sacramento were seen as contributing to the problem, for example the climate, river, and being an urban hub with relatively accessible public services.

- Increasingly, some are runaway teens who see this life as "glamorous;" some are easy prey and vulnerable, some are predators.

- Drug dealers and prostitutes prey upon the homeless and contribute to keeping the cycle going.

- The homeless who participated reported they had been homeless, about half of them continuously, for between 1.5 and 23 years. Some described themselves as "loners" and said they were satisfied with their present circumstances; they utilized services when and if they needed them. Some said they moved around a lot, although this was not always by choice; loneliness drove them to move in some cases.

- Lack of awareness about homelessness by the general population was seen by nearly all participants as a major contributing problem to not

ending homelessness. They believe the public needs a better understanding of the issues and objective data, i.e., magnitude, impact, consequences (e.g., violence), cost—not just "heart string" stories.

Attitudinal and Other Challenging Issues

Underlying the discussions at each focus group were participants' own values and attitudes toward the homeless and about chronic homelessness in Sacramento.

- Some participants suggested that there does not need to be chronic homelessness in our community; we can eliminate it. Others strongly disagreed, saying while we could reduce it we probably cannot totally eliminate it. The former believe the attitude of "they will always be with us" is not a reasonable one. Some believe much of what is offered enables homelessness. The "do-gooders" mean well, it was said, but they're just contributing to the problem.

- Several groups discussed beliefs about what constitutes compassion. The majority believe it is putting someone in a structured program and enforcing laws that lead toward helping people change, not passing out sandwiches in the park on Saturday, well-meaning as that is.

- Many homeless have the desire for freedom (i.e., being a nonconformist) and want to be independent (e.g., "camping on the river and taking care of myself"); law enforcement, particularly, views this independence as not having to abide by societal norms and rules and "not assuming responsibilities like other citizens."

- There was discussion in each group about what is considered "homeless" and by whom. A perspective by a significant number of participants, particularly the homeless, was that people making non traditional choices about where to live (e.g., in a vehicle) are not homeless.

- Some homeless confirmed the view of business owners and law enforcement that it's a chosen and desired lifestyle.

- On the other hand, a number of participants suggested "if we make it uncomfortable for homeless people to be homeless" (e.g., enforce or strengthen existing laws, create new ones) the problem would be largely reduced. Concern about being too politically correct, worry over someone's self esteem, etc., results in not using some of the tools/strategies and other means we have to respond to the problem.

- Several in the homeless persons group expressed the view that middle and upper income people have the same problems that poor/homeless people have—crime in their neighborhoods, violence in their families, substance abuse problems—but have more resources or wherewithal to deal with it. Some in the homeless group believed "the middle class is the fastest-growing homeless population in the U.S."

Community Impact

The impact of homelessness on the community, particularly the business community is a big topic of interest. Specific concerns were:

- Shoppers are reluctant to come downtown; merchants have to pay someone to constantly check on/clean up smells, etc. around their buildings.

- Many in the county view it as a downtown problem because it is so visible there (or because of where service providers are located), whereas there are chronically homeless persons in other communities.

Gaps, Major Unmet Needs and System "Failures"

- The most commonly mentioned problem related to housing: the lack of appropriate transitional housing, and affordable housing units. (Part of the reason for this was said to be the bottlenecking of housing needs of the *non*chronic homeless.)

- There was a good deal of skepticism about whether or not the homeless/very poor would actually use low-cost housing even if more of it was available. When the question was posed to the homeless group, about one-third said they would not use it, preferring to living "in freedom." Another one-third said they would appreciate and use housing that was clean, safe, in good neighborhood, quiet, and "a place where I have a key to my own door," and "not a dorm type room." Another one-third said they would not expect to use it as it would most likely be unsafe, noisy, crowded, in a bad neighborhood and not "decent living." The issue of some places not being available to married (or common-law) couples, only to solo males or females, was raised as another reason for the housing access problem.

- Participants in other focus groups commented that even when low-cost housing doesn't start out with those negative characteristics it turns out that way because low-income people "make it become that way"—or don't have the financial resources or mental health capacity to keep their homes in good repair.

- The need for counseling, medications, and case management-type assistance for people with mental health issues were important unmet needs mentioned by the homeless group, as was assistance with finding, getting to, and keeping jobs with decent wages.

- A few of the homeless felt access to medical and dental services for homeless people was a problem, although when asked for more specific input said essentially there were "too many hoops to jump through" to get services.

- The County alcohol and drug programs are viewed as too rigid about the criteria they use; needs to be more inclusive. The system needs to recognize that these people will fail if their window of receptivity (when they're open to treatment) isn't taken advantage of even if they don't exactly meet the criteria at that time.

What is Working Well in Sacramento

Strategies cited as effective to address the problem that should be continued, expanded in scope or made more available throughout county included the following.

- TLCS (Transitional Living Community Support). This important program helps homeless people with psychological issues, housing, jobs, and substance abuse issues.

- Project Outreach. This program was mentioned by several groups and links police officers with other professionals to try to link homeless people to services. Good follow-up. But, it's a labor intensive and expensive strategy.

- The education and housing program at Mather AFB was mentioned as something beneficial. There was a question about whether it was being fully utilized, however.

- St. Francis Step Ministry. Based on a model of self-esteem/mutual respect, their "presence" is the ministry, as well as allowing sleeping space on a cement slab in the church yard available for 16 people, watched over by a guard.

- Family Promise. This program, successfully implemented elsewhere, is about to start in Sacramento. It's a shelter and support service, allowing the homeless to rotate sleeping at various churches over a 3-month period.

- WIND. This project targeting youth was viewed as successful, particularly in addressing the needs of runaways.

What Others Appear to be Doing Well

Approaches or strategies participants cited as effective in other communities that should be considered for Sacramento included the following. Specific or more accurate information about some of the strategies may be missing, however.

- Community Court, San Diego. The formal criminal justice system aggressively arrests the homeless; zero tolerance policy.

- 647DB. This is the ability to put somebody in jail or treatment for 90 days when they are repeatedly drunk in public.

- Erect and maintain a tent city, which Portland, OR has successfully implemented.

What Needs to be Addressed

Participants believe the following strategies should be implemented in Sacramento and should be addressed in the Ten-Year Plan and/or in other planning and funding efforts focused on homelessness.

- A public education campaign needs to be planned for, addressing the following:

    - The realities of what the law enforcement community can and can't do.
    - What the general community <u>can</u> and should <u>not</u> do to help.
    - What chronic homelessness really is. The term "homeless" is counterproductive to understanding it, some believed. For example, it's not the mother and child on the front page of the newspaper intended to evoke sympathy or someone missing a house payment. It

should be understood and defined as a continuum with the major factors that contribute to it.

- There also needs to be a public opinion element written into the Ten-year Plan. We *assume* the general public is more sympathetic (i.e., liberal) than hard line on this issue because their opinion seems so easily influenced by "compassion stories/pictures" in the newspaper. But, we really don't know what their opinion would be if they had more objective information, as described above.

- More flexibility is important in making public programs work for more people; for example, using creative ways and having the liberty to apply or adapt eligibility and other program criteria to fit the client's needs when they present for help, rather than rigidly applying program requirements.

- More affordable housing should be developed, particularly transitional type units. These should offer a comprehensive array of support services to be effective, including substance abuse treatment and mental health counseling and medication. The neighborhood association group felt such housing should be integrated into other neighborhoods, dispersing them in places served by Light Rail and Regional Transit.

- Similarly, a number of participants believed services should be scattered to other locations rather than centralizing them downtown; they qualified the recommendation by saying that the set of decentralized services should be comprehensive, not singular types of services dispersed across the county. Participants clearly understood the NIMBY concerns associated with such a recommendation.

- Job training. A point was made by a participant in the homeless persons group, and others agreed, that many of the chronically homeless are intelligent, skilled people who *want* to work. But, they don't "present well;" can't afford to own both a car as well as pay rent so sometimes can't drive to get to work or don't have access via public transportation;

don't have appropriate clothing. There is a need for someone to "harness all the talent that exists" and link them to appropriate places of work, and provide support for sustaining it.

- The faith communities and other charitable service providers need to work more in parallel with the business and law enforcement communities. There are competing philosophies—for example some believe charitable efforts only "empower" or "enable" homelessness versus helping them change—that create tensions, negate effectively addressing the problem, and is unproductive. There is a perception by each group that the other group doesn't really understand what it takes to reduce or eliminate the problem. In virtually every group, except homeless persons, Loaves & Fishes was specifically mentioned as the service provider whose orientation of service was "simply to provide meals and beds and not ask questions." Participants felt strongly that this organization contributed to perpetuating homelessness and not really resolving it by giving people the skills and support to change behavior. Several suggested there was a vested interest by some in keeping the organization going so homelessness didn't come to their neighborhoods. One group agreed with a participant's recommendation that the City of Sacramento should "take over" running Loaves & Fishes.

- A change in the zoning laws to allow for smaller square footage housing units was recommended.

- More public restrooms with staff to maintain them should be provided by the City, particularly in areas where there tend to be homeless persons. That would be effective in reducing the number of people urinating in public.

- It would be appropriate to include preventive measures in the Ten-Year Plan, or in supplemental planning efforts to address homelessness; comprehensiveness requires that prevention be addressed.

- Plan writers were encouraged to remember the youth population when drafting recommendations. Youth should specifically be targeted with various programs to reduce homelessness as a generational problem.

- The importance of pets to the homeless should be appreciated in any planning effort to house them.

- Another recommendation was to pass laws making it more difficult to purchase alcohol in neighborhoods (e.g., crack down on not selling to intoxicated persons; restrictions on liquor licenses, which the City could control).

Concerns About the Planning Process

- Some questioned how *this* Plan will be different from other plans and attempts to address the problem, expressing concern that no definitive action would occur and "things will remain the same."

- The HUD definition of chronic homelessness, particularly the criterion of "unaccompanied individuals…" clearly did not work for the majority of the participants.
  They felt the definition needed to be broader to make this planning exercise more meaningful; for a few the focus group experience was too frustrating with so narrow a characterization, despite the facilitator's direction to respond *as if* the definition was more inclusive.

Consultants for the
Sacramento City and County Ten-Year Plan
to End Chronic Homelessness:

Community Services Planning Council, Inc.

Nancy Findeisen, President/CEO
Kay Merrill, Vice President, Policy and Advocacy
Katrina Middleton, Vice President, Research and Planning
Tina Glover, Senior GIS Analyst
Terrie Chrysler, Senior Program Associate

Community Services Planning Council, Inc.
909 12th Street, #200
Sacramento, CA 95814
(916) 447-7063
www.communitycouncil.org