



**SOLANO COUNTY GRAND JURY**  
2015 - 2016

Homeless-Omnipresent and Invisible?

# Homeless- Omnipresent and Invisible?

## I. SUMMARY

Thirteen percent (13%) of the population in Solano County is living at or below the poverty level. As of March 15, 2015, 28.2% of the county's population was receiving public assistance through Solano County Health and Social Services, up from 19% in 2013.

As a result of this increase, the 2015-2016 Solano County Grand Jury (GJ) elected to investigate the issue of homelessness, the mechanisms in place to deal with the problem, the ancillary issues which move it along and the responses and changes to the 2013-2014 Solano County Grand Jury's reports (*Solano County Services Outreach for the Economically Disadvantaged and Fund 173-Clear As Mud*).

The 2015 Point-In-Time Census for Solano County identified 1,082 persons who were homeless in Solano County. Solano County Health and Social Services (H&SS) identified approximately 9,000 persons who were homeless or at risk of homelessness by self-identification. This indicates that we have a significantly larger problem to address.

While the cities of Fairfield, Vacaville and Vallejo have taken steps on their own to address the issue of homelessness in their localities, the GJ believes a comprehensive regional approach dealing with homelessness is necessary.

The Boards of Directors of the Community Action Partnership of Solano-Joint Powers Authority (CAP Solano-JPA), the Continuum of Care (COC) and Housing First have been reorganized and strengthened, but there is still more to do.

All cities in the county, as well as the County, need to be able to identify the current costs to the taxpayers of all of the services that they deliver to the homeless. The lack of knowledge of the true costs has prevented them from properly prioritizing the services and learning where cost savings would be beneficial.

Strong leadership at the County level is necessary to enable us to go beyond mandated services to create an environment and a community that assumes a responsibility to address the needs of all those included in the definition of homelessness.

The 2015-2016 Solano County Grand Jury acknowledges that hard choices, substantial investment and committed action will be required to move forward. Local innovation informed by national best practices can create the path to end homelessness by providing safe, secure housing coupled with essential services. With focus, vision, clearly articulated goals and determined commitment, Solano County can achieve success and enhance the quality of life for all of its residents.

## II A. INTRODUCTION/BACKGROUND

### FEDERAL DEFINITION OF HOMELESSNESS

On December 5, 2011 Housing and Urban Development (HUD) published the final rule on the definition of homeless in the federal registry and it went into effect on January 4, 2012. The final rule on the definition of homelessness establishes four categories under which an individual or family may qualify as homeless. The categories are;

1. ***Literally homeless***-An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation or is living in a publicly or privately operated shelter designed to provide temporary living arrangements. This category also includes individuals who are exiting an institution where he or she resided for 90 days or less who reside in an emergency shelter or place not meant for human habitation immediately prior to entry into the institution.
2. ***Eminent risk of homelessness***- An individual or family will immediately lose within 14 days their primary nighttime residence provided that no subsequent residence has been identified and the individual or family lacks the resources or support networks needed to obtain other permanent housing.
3. ***Homeless under other federal statutes*** -Unaccompanied youth (under 25) or families with children or the youth who do not otherwise qualify as homeless under this definition and are defined as homeless under another federal statute, have not had permanent housing during the past 60 days, have experienced persistent instability, and can be expected to continue in such a status for an extended period of time.
4. ***Fleeing attempting to flee domestic violence*** - Any individual or family who is attempting to flee domestic violence, dating violence, sexual assault or stalking.

### Official Definitions of Homelessness

There is more than one “official” definition of homelessness. Health centers funded by the US Department of Health and Human Services (HHS) use the following;

- *Homeless individual is defined in section 330H5A as “an individual who lacks housing (without regard to whether the individual is a member of a family) including an individual whose primary residence during the night in a supervised public or private facility (e.g. shelters) that provide temporary living accommodations, and an individual who is a resident and transitional housing” a homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unsuitable or non-permanent situation. [Section 330 of the Public Health Service Act (42 U.S.C., 254b)]*

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

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

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

On December 4, 2015, HUD published a final rule entitled *Homeless Emergency Assistance and Rapid Transition to Housing* defining “Chronically Homeless”. The definition of “Chronically Homeless” is:

- *A “chronically homeless” individual is defined to mean a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and has been living in this place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. The individual also must have been living as described above continuously for least 12 months, or on at least four separate occasions in the last three years, with a combined occasions total a length of time of at least 12 months. Separating the occasions must include at least seven nights of living in a situation other than a place not meant for human habitation, a safe haven, or in an emergency shelter. Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such days are included in the 12 month total, as long as the individual was living or residing in the place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility.*

- *Chronically homeless families are families with an adult head of households who meet the definition of chronically homeless individual. If there is no adult in the family, the family would be considered chronically homeless if the minor head of household needs all the credit criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless*

## **Different Types of Homelessness**

There are groups of people who experienced homelessness in different ways, but all homelessness is characterized by extreme poverty coupled with a lack of stable housing. Children on their own or with their families, single adults, seniors and veterans compose various demographic groups that may use different types of programs or services or have different factors that contribute to their homelessness. There are also those who experienced homelessness for various lengths of time (short-term, long-term or chronic) or have experienced multiple episodes of penury moving between housing and homelessness. Those who are “doubled up” or “couch-surfing” are also considered homeless if their housing arrangements is for economic reasons and unstable (a disagreement or another scenario that could result in being asked to leave).

## **Developmentally Differentiated Groups; Children, Youth and the Elderly**

The loss of home - a place that nurtures development and provides safety across the lifespan-is especially troubling to homeless youth, minors and elderly persons. Being without a home challenges the unique developmental task of each age group. In addition, all of the subgroups are particularly vulnerable to the exigencies of shelter or street life because of their age, frailty and dependence on others.

### **Children:**

- In general, studies indicate that persistent rather than transitory poverty is more detrimental to children, and the children experiencing either type of poverty do less well in school achievement, cognitive functioning and socioemotional measures than children who have never been poor.
- Research indicates that homeless children have high rates of both acute and chronic health problems. They’re more likely than their housed counterparts to be hospitalized, receive delayed immunizations and to have elevated blood lead levels.
- Children during their developmental years, without the safety and stability of a permanent home, are at risk for various negative outcomes. Whether they are victims of or witness violence, have learning difficulties or struggle with asthma or other health issues, these children need access to developmentally appropriate services.

**Youth:**

- Consolidation of one's identity, separation from one's parents and preparation for independence are key developmental tasks of adolescence and critical for becoming a well-functioning adult in our society. Most adolescents prepare for this transition to adulthood in their homes and schools. However, a growing segment of young people leave their families prematurely, run away and join the ranks of the homeless.
- Pathways onto the streets are multiple and complex and include;
  - strained family relationships, family conflict, communication problems, abuse and neglect and parental substance abuse and/or mental health problems
  - economic crisis and family dissolution
  - instability of residential placements like foster care, psychiatric hospitalizations, juvenile detention and residential schools
- Most definitions of homeless youth refer to unaccompanied young people under age 18. The legal status of minors limits them in terms of access to services, employment, housing and many other resources.
- Special needs groups within the population include; pregnant teens and young mothers, physically and developmentally disabled youths, sexually exploited youths, gays and lesbians and youth with serious mental health, alcohol and other drug problems.

**Elderly Homeless:**

- While still a relatively small sub-population, baby boomer numbers are likely to escalate. Homelessness may continue unabated as increasing numbers reach elder status and demand for affordable housing continues to outstrip supply.
- Elderly homeless persons are of special concern because of their vulnerability to victimization both in shelters and on the streets, their frailty due to poor mental and physical health and the reluctance of traditional senior service systems to incorporate them into ongoing programs.
- Homelessness uniquely challenges elderly persons. Not only does their vulnerability make meeting basic human needs for food, shelter and safety more problematic, but it interferes with resolving the later developmental tasks of life.
- Elder homeless people need specialized and coordinated systems of outreach care that includes; help in meeting basic needs and the sometimes routine activities of daily living, 24-hour crisis assistance, health and mental health care, transportation services, assistance with developing social relationships and a range of housing services.

### **Gender Issues:**

- The pathways into homelessness may be different for homeless men and women because each has unique service needs that require innovative programming. Homeless women suffer disproportionately from every incident specific to their gender and race. The problems they experience mirror those of low-income women and are further compounded for women of color.
- With regard to substance abuse disorders, single men have twice the rate of single women who have double the rate of mothers with children.
- Men as compared to women tend to be on the streets longer, suffer a poorer quality of life and receive less housing and income assistance. It has been speculated that the homeless men are at the bottom of the hierarchy in funding of services in part because of their greater abuse of alcohol and drugs and their criminal histories.

### **Homeless Families:**

- Family homelessness is a relatively new American social problem. In the beginning of the early 1980s, families with young children and toddlers became one of the fastest-growing segments of the homeless population and comprise approximately 36% of the overall numbers.
- Homelessness is a devastating experience. Losing one's home is a metaphor for disconnection from family, friends and community. Not only have homeless people lost their dwelling but they have also lost safety, privacy, control and domestic comfort. Homelessness disrupts every aspect of family life, damaging the physical and emotional health of parents and children and sometimes threatening the family unit. For example, many family shelters exclude men and adolescent boys. To avoid the stress of homelessness, some parents voluntarily place their children with family, friends or in foster care.
- Children spending time during their developmental years without the safety and stability of a permanent home, progress to various negative outcomes. Whether they are victims or witnesses to violence, have learning difficulties or struggle with asthma or other health conditions, these children need to gain access to developmentally appropriate services.

### **Homeless and Health: Psychiatric, Substance Abuse, and Medical Disorders:**

- The prevalence of psychiatric and addictive disorders among homeless people has probably been studied more intensely and more vigorously than other problems. In the mid-1980s, the National Institute of Mental Health funded a series of regular epidemiological studies based on systematic sampling strategies and state-of-the-art methods. The studies demonstrated that 20% to 25% of homeless single adults had lifetime histories of serious mental illness; about half had histories of alcohol abuse or

dependence; and about a third had histories of drug abuse or dependence. The studies showed the rates of lifetime mental illness were three to five times greater than the rates of the general populations. The studies demonstrated that most homeless people did not have serious mental illness and less than 15% had suffered from schizophrenia.

Alcoholism has long been identified as an overriding fact of homeless people and a possible explanation for their homelessness.

- In addition to the high rates of alcohol, drug and mental disorders homeless people also suffer from serious mental infirmities and experience mortality rates as much as twice the rate of poor domiciled people with mental illness. Homelessness is effectively a cause of serious mental and physical health care problems. In one survey, data strongly suggest that people with physical and mental infirmities are far more likely to become homeless. Exposure to the elements, poor nutrition and lack of basic comforts experienced by homeless people worsens and compromises their health status. There's little question that homeless people need health services well beyond those they received through conventional channels. The mentally ill among homeless people are often the most demoralized and hopeless, convinced that they cannot improve their situation.

### **Homeless Veterans;**

- Surveys conducted during the 1980s indicated that Vietnam era homeless veterans make up three times the number from veterans of other eras in the general population. These estimates led many to suggest that homelessness among veterans might yet be another consequence of military service during the Vietnam War, more specifically, combat related post-traumatic stress disorder (PTSD). Although studies have clearly shown that some Vietnam vets have suffered prolonged psychological problems related to their military service, the assumption that homelessness among veterans is primarily related to Vietnam service is not supported. It appears that the potential risk of homelessness among veterans is primarily due to the same factors as homelessness among other Americans - poverty, joblessness, mental illness and substance abuse.
- A story published in *USA Today* headlined a "...shattered army of 500,000 homeless veterans..." prompted a response from the Secretary of Veterans Affairs, Jesse Brown to Congress that said homelessness among veterans "is an American tragedy... The way society treats its veterans is an indication of who we are as a nation."

### **Criminal Justice System Users:**

- An estimated 20% to 66% of homeless people have been arrested or incarcerated in the past as compared to only 22% of men and 6% of women in the general population. The criminal justice policy of incarcerating a growing proportion of the poor separates these vulnerable citizens from the communities from which they came. This reduces the likelihood that they would be able to reestablish themselves after their release.



- Currently our jails and prisons have become detox facilities, substance abuse treatment centers and mental health clinics of choice due to the limited availability of these services. This is now being changed with expanded diversion services which appropriately channels people with mental health issues to the mental health system instead of the criminal justice system.

### **Causes of Homelessness:**

There is no one reason for homelessness. Some of the readily identifiable causes are:

- Poverty from a lack of jobs that provide living wages
- Lack of adequate public support and/or benefits
- Lack of affordable transportation
- Lack of affordable housing and inadequate housing assistance
- Lack of affordable healthcare
- Domestic violence
- Sexual abuse
- Inadequate support for mental health and substance abuse challenges
- Lack of consistent social connections
- Racial discrimination
- Despair, hopelessness, fear, depression and a lack of social skills

### **Funding:**

The McKinney-Vento Homeless Assistance Act of 1987 (ACT) was the first major federal legislation to address homelessness. Prior to that time, it had been primarily handled at the local level. The Act consisted of nine titles concentrating on a range of services including emergency shelter, transitional housing, job training, health care, education and in some cases, permanent housing. It was amended several times, each time expanding its scope and strengthening its provisions.

McKinney-Vento Homeless Assistance Grants, funded by HUD, subsidize local, regional, and state homeless assistance programs through the Continuum of Care (COC) process. A COC is an administrative unit through which federal homeless assistance funds are distributed. It is typically a regional or local planning body that coordinates funding for housing and services relating to homeless individuals and families. Homeless assistance providers in a specific geographic area work together to apply for federal funding. COCs are designed to promote a community-wide commitment to ending homelessness. It is also the application process utilized by HUD for the purpose of providing better coordination in responding to the needs of the homeless population.

This procedure is significant because HUD ranks the applications and provides funding based on the quality of the application, the performance of the local homeless assistance system, the need for homeless assistance and the local rankings of individual programs. Funding can be used for permanent and supportive housing, transitional housing and services.

Beginning in 1995, in order to streamline this funding process, rather than having the various organizations submit their own grant applications individually through the COC, HUD required communities to submit a single application on behalf of its local geographic area. It was hoped that this would create a more strategic/regional approach to the homeless situation.

Largely to address what was seen as a homeless crisis in our area, the Solano County COC began meeting in 1998. Following several transformations over the years, that group is now the Community Action Partnership of Solano County- Joint Powers Authority (CAP Solano-JPA). The purpose of the JPA is to develop and implement plans, policies and services to assist low income and homeless individuals and families in becoming self-sufficient. It also works to ensure that available federal and state funding (grants, etc.) are utilized to their fullest possible extent in our community.

In 2008, a subcommittee of the COC prepared a report entitled, "*Housing with Dignity*", which was to function as Solano County's "*10-year Plan to End Homelessness*".

In 2009, The Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH) was enacted. It consolidated three of the separate homeless assistance programs administered by HUD under the McKinney-Vento Homeless Assistance Act into a single grant program and codified into law the COC program.

HEARTH also made other changes including:

- Significant expansion of homeless prevention
- New incentives for rapid re-housing, primarily for families
- Permanent supportive housing as a focal point for resolution of the homeless issue would continue to be emphasized

Evidence of the critical nature of this problem is the fact that the HEARTH Act identified as one of its goals that no family is homeless for more than 30 days. It also required many changes in the way public agencies and non-profit organizations apply for and allocate funds to assist the homeless.

In response to the HEARTH Act, the Housing First Solano Continuum of Care Board was founded in 2013. It was restructured in 2014 in effort to generate greater cooperation and participation from the County and its seven cities. In addition to public sector involvement, it was anticipated that community-based organizations, non-profits and the public sector would come together in order to help the local homelessness concern.

## **II B. COMPLEXITY OF THE ISSUE**

Currently, various local concerns deal with the magnitude and the persistent nature of the homeless and how it impacts regional and local agencies and the community at large. Where it would be easy to claim sufficient wisdom to solve all of the complexities of the issue or to stand back and point fingers laying blame at the feet of this body or that organization, instead, one of this report's aim is to flesh out the multifaceted nature of the crisis and the labyrinth network of solutions that only serve to muddy the waters further.

Perhaps the only thing more difficult than understanding the complexities of homelessness is grasping the confusing intricacies of the system managing it here in Solano County. To understand the problem it is necessary to consider what a homeless person is. HUD has twelve definitions not including homeless veterans. Various Point-in-Time (PIT) surveys categorize groups of homeless individuals by; group composition, ethnicity, sexual orientation, medical condition (s) and even education level.

A tool required by the Federal Government to acquire information on the homeless called the *Homeless Management Information System* (HMIS) database is used to monitor this segment of our population, and acquire various types of intelligence. It provides statistical information, but it has been unable to determine the actual number of homeless in Solano County. The range can be from 1,000 to over 9,000 individuals.

And while it is true that mental illness, addiction, physical disabilities, unemployment, criminal histories and bad decisions, etc., have all contributed to their plight, there are services available to handle most of their concerns.

To understand the complexity of the issue from a government point of view requires simple flow charts (see appendix 1 and 2 pp 35, 36). At the top of the chart are the governmental agencies that provide funding for a number of programs primarily through grants and at a much lower level through local general funding. One major problem is that funding is not consistent with a fixed amount available annually. The grant amount varies and to compound the problem there is competition to receive grant money.

The criteria for receiving grant money may vary from year to year, and from administration to administration. The grants are graded and subjectively any oversights in the application process are grounds to deny approval. Grants themselves might arrive at any time, or be delayed. It might be a full grant or something less. Certain organizations are permitted to apply for grants, and all

grants require that certain stipulations are met. Some grants are one time only, others are renewable. Some grants cover a span of several years, but most are one year grants that if desired are required to be renewed annually.

With this mix of uncertainty, further down on the Homeless Organizational Flowchart a group of government departments and required advisory boards meet to discuss how and where the grant money should go. A notable portion of the grant money goes to creating action plans and studies to illustrate the severity of the problem and to lay the groundwork to request further grant funding.

What is not spent on studying the problem eventually percolates to community stakeholders. These are the non-profit agencies that provide direct services to the homeless primarily for day-to-day shelter, some job training and transitional housing.

The task of feeding the homeless falls primarily upon faith-based groups. Typically, fund raisers and community involvement are required to obtain meals as meals are not funded by grants. Nor is any one congregation able to provide funding for meals daily. Some are only able to provide meals two or three times a week. By overlapping their services, they manage to feed the homeless as best they can.

The primary short coming to this effort is that the people responsible for coordinating the direction of various programs, procurement and distribution of funds only work part time on this assignment. They appear to be highly motivated, passionate, skilled and knowledgeable of the various issues, but they are also salaried employees that have regular jobs that they work full time. The additional responsibilities for dealing with homeless issues are in addition to their normal daily duties and extend their work week by double digit hours.

The GJ also discovered that while there appears to be daily communication between staff that works on homeless issues, the actual governing bodies that determine direction from need meet quarterly, or whenever it is convenient to convene. There is a perception that excluded from these meeting are the direct services providers, the non-profits and faith-based organizations for a variety of reasons.

The primary department that handles homeless issues for the county is the Health and Social Services Department (H&SS). They have an experience coalition, which struggles to provide health services and housing services to not only homeless individuals, but individuals who may become homeless. Working with county cities and unincorporated areas the H&SS department works to deliver services and housing voucher assistance. But the department is limited in dealing directly with the homeless issue and works independently on those concerns they are tasked to address.

As the homeless problem rises, or continues to persist, an insidious impact to public service city departments is developing. The actual cost for responding to homeless incidents currently is masked in overall department budgets. These budget costs are directly funded by city residents that in effect are out of pocket money that are unavailable to cities to provide more and better services. No one knows for sure how much money out of an annual budget is spent on local homeless issues. What is known is that whatever the cost, taxpayers are paying the bill.

There also appears to be a disconnect between regional government and local government. Within the flow chart, regional government is the focal point for most grants that come into Solano County earmarked for homeless programs. Several cities have taken it upon themselves to address local concerns independently. Instead of working together with a singular objective for the benefit of all, regional and local governments are working in parallel.

With regard to health services the county department of H&SS states that it has the resources to address mental and physical health issues within the county, including health and dental examinations and assistance dealing with mental illnesses and addiction problems. The difficulty becomes the manner in which these services are given to a transient population that may or may not see the need for this assistance.

Service providers themselves pose obstacles as well. There are approximately 10 to 11 well established organizations that assist the county and local governments with much needed housing and other services. There are approximately 80 to more than one hundred smaller providers at any given time that help with other services. The cost, effort, frustration, in addition to limited resources and time required to help homeless individuals takes a toll. Many of these providers eventually give up. Tracking smaller providers, supporting them, and having them be accountable is an overlooked requirement of homeless issue priorities.

In response to government requirements and to understand the magnitude of the issue “Action Plans” have been created by the agencies and the service providers. They are strategies that review current situations, stipulate responses to address the concerns and set a time frame from 5 to 10 years to accomplish the desired results. “Action Plans” by-and-large are just documents that are used as evidence to show concern for the problem and to verify that a study has been done and compiled into a plan that no one takes ownership of, or assumes liability for, in the event the plan fails to meet expectations.

There are no requirements for a given “Action Plan” to be completed, or for the signatory to be held accountable to any government agency for failure to achieve even the slightest improvement, or to acknowledge a positive outcome suggesting that more effort in this regard would be money well spent.

The Solano County Board of Supervisors in 1999 created the Community Action Partnership of Solano-Joint Powers Authority (JPA) to deal with and be responsible for the homeless issue in Solano County. It is made up of representatives of the seven cities within the county and a representative from the county. Unfortunately, they all have full-time responsibilities and serve on the JPA on a part-time basis. The issue of having part-time employees dealing with full-time issues and not having a person responsible to drive the varied and complex mechanisms to some resolution is concerning.

If there was a responsible person in place then this individual may come to the conclusion to adopt the current promoted “homeless solution,” i.e., to provide permanent affordable housing for the homeless.

Affordable permanent housing for the homeless would mean that this sub-population would have to be immersed and dispersed into existing residential areas of local cities. They should be protected from being discriminated by their situation and as citizens should be afforded the same rights and protections as everyone else. Some citizens might object irrationally to having been forced to accept a previously homeless person into their neighborhood. And since homeowners vote, historically elected officials have catered to their concerns, which takes us back to the beginning.

To break this endless cycle it will take strong leadership, statesmanship quality to draw a line in the sand and take a stand. Government agencies did not cause the homeless problem. Nor did they look the other way and pretend that it does not exist. The frustration felt by all parties is a shared one. Whereas it is stated that the intent of the GJ is not to place blame or point fingers, it has fallen on this body to attempt to bring to light oversights and failings that are intended to spur further conversations and to move the effort to solve those homeless issues that are solvable.

### III. METHODOLOGY

Reviewed:

- July 2013 HomeBase Report: *Recommendations For Strengthening Solano County's Response to Homelessness*
- 2015 *Homeless Point-In-Time Census & Survey*, Comprehensive Report
- 2010 Governor's Interagency Council on Homelessness: *California's Ten Year Chronic Homelessness Action Plan*
- 2014/2015 Marin County Civil Grand Jury Report: *Homelessness in Marin –A Call For Leadership*
- 2013-2014 Solano County Grand Jury Report : *Solano County Services Outreach for the Economically Disadvantaged and Responses to the Report*
- August 13, 2015 Solano City County Coordinating Council Staff Report: *Update on Efforts to Address Regional Homelessness*
- Community Action Partnership of Solano, Joint Powers Authority 2015 Annual Report
- 2016/2017 Program Year Community Action Plan: *Community Services Block Grant*
- *Community Action Partnership of Solano, Joint Powers Authority Community Services Block Grant: Request For Proposal*
  - *Appendix A: National Performance Indicators*
  - *Appendix B: Annual Funds Scoring Criteria*
- Community Action Partnership of Solano, Joint Powers Authority Community Services Block Grant: *Action Plan and Certification*
- Vallejo/Solano County Continuum of Care Evaluation Executive Summary
- Community Services Block Grant (CSBG) Programmatic Data-Client Characteristic Report; CDS -295
- 7500-Fund 902 Health and Social Services Department Summary
- March 2015 Applied Survey Research : *Foundation Giving in the Bay Area*
- 2016 HomeBase Proposed Strategic Action Plan Scope Of Work For The Solano Region
- 2008 Ten Year Plan Addressing Homelessness: *Housing With Dignity*

- The Cost of Homelessness in Contra Costa County: *An Analysis of Contra Costa Health Services Primary and Behavioral Health Costs for Homeless Consumers*
- Request For Proposal: City-Wide Coordinated Homeless Strategy, City of Vallejo
- Housing First-Vallejo/Solano County Continuum of Care General Meeting minutes 1/28/2015
- CAP Solano JPA and COC Governance
- CAP Solano JPA Board of Supervisors presentation 12/09/2014
- CAP Solano JPA Community Services Block Grant Annual Allocation Awards and Projected Outcomes
- Housing First Solano Governance Charter June 2015
- HUD's 2014 Vallejo /Solano COC Program Funding Awards, March 9, 2015
- Mission Solano Financial Statements December 31, 2013 and 2012
- 2015 Notice Of Funds Available (NOFA) Timeline
- Solano County Board of Supervisors' Website
- Solano County Health and Social Services Website
- Contra Costa County Health Services Website
- United States Interagency Council on Homelessness Website
- City of Vallejo Website
- City of San Francisco Website
- San Mateo County Website
- Santa Clara County Website
- Sonoma County Website: *A Policy Maker's Toolbox for Ending Homelessness*

Interviewed staff of:

- Solano County Administrator's Office
- Solano County Health and Social Services
- Community Action Partnership of Solano-JPA (CAP Solano-JPA)
- HomeBase-Center For Common Concern, Inc.
- Mission Solano, Fairfield

Interviewed members of Community Action Partnership –JPA Board of Directors and a member of the Solano County Board of Supervisors.

## **II. STATEMENT OF FACTS**

Poor health (illness, injury and/or disability) can cause homelessness when people have insufficient income to afford housing. This may be the result of several possibilities including being unable to work or becoming bankrupt.

Living on the streets or in homeless shelters exacerbates existing health problems and causes new ones. Chronic diseases, such as hypertension, asthma, diabetes, mental health problems and other ongoing conditions, are difficult to manage under stressful circumstances. Acute problems

such as infections, injuries and pneumonia are difficult to heal when there's no place to rest and recuperate.

Living on the streets or in shelters also brings a risk of communicable disease (such as STDs or TB) and violence (physical, sexual and mental), because of crowded living conditions and the lack of privacy or security. Medications to manage health conditions are often lost, stolen or compromised due to environmental or other factors.

### **COST OF HOMELESSNESS:**

Homelessness and poverty have existed for as long as we have had civilization. Who is responsible for dealing with it and who pays the costs for it is a question that society has long grappled with. Society as a whole is responsible for creating homelessness and is, therefore, responsible for finding the solutions. To create solutions we must understand the cost that we are already paying. There are direct and indirect costs to the County and its citizens some of which are identified below:

#### 1. Economic:

- a. Lack of income that provides basic necessities for individuals and families
- b. Loss to businesses which manifest itself in several ways (i.e. fewer customers buying products, people sleeping on their property, harassment of customers, etc.)
- c. Loss of opportunities to participate in society
- d. Increased healthcare and mental health costs due to not being able to afford timely and proper treatment of illness
- e. Cost for incarceration at local, county and state levels
- f. Cost for cleanup of homeless encampments
- g. Cost of policing homeless individuals
- h. Cost of grant applications and the staff to draft solicitation
- i. Less tax revenue and higher unemployment

#### 2. Unknowns:

- a. There is no comprehensive current measure of costs which are provided to the homeless at any level of government
- b. The costs associated with the nonprofits/faith-based organizations, which provide services to the homeless and the value of the volunteer time to provide those services
- c. The cost of distributed food, clothing and training needed to serve the homeless
- d. The emotional costs the homeless individuals pay in anxiety, fear, stigmatization and despair
- e. Life expectancy drops from approximately 70 years for the general population to 47 years for the chronically homeless population
- f. The effects of community destabilization as a result of homelessness
- g. The cumulative costs for failure to address homelessness as a priority instead of the minimal responses of the past



3. Best practices:
  - a. While everyone agrees that housing for the homeless is the best practice there is a lack of agreement on how to help or treat the homeless in qualifying for permanent housing.
  - b. Use evidence-based data in applying for grants and monitoring outcomes per City of Vallejo Grant Process.
  
4. What other Counties identify :
  - a. Contra Costa County identified in the Cost of Homelessness in Contra Costa County: *An Analysis of Contra Costa Health Services Primary and Behavioral Health Costs for Homeless Consumers* that in fiscal year 2013-14 that homeless individuals utilized \$45,412,145 worth of services. Nearly 75% of the county total health care costs were incurred by only 398 individuals for a total cost of \$32,047,684. The cost for an average recipient was \$4,823 while the average high-cost user was \$80,522.
  - b. Marin County reported total costs for their homeless population at \$15,176,000 in 2014. While they could identify targeted dollars for homeless, mental health related services and other housing and shelter services, the ancillary and associated costs of the homeless are unknown. Loss of business income in the downtown areas of Novato, Sausalito and San Rafael is projected at \$30 million per year in terms of revenue.
  - c. In 2004, the City of San Francisco estimated that the care of one chronically homeless person using Emergency Room services and/or incarceration cost taxpayers an average of \$61,000 each year. Currently the mayor's office reported spending \$241 million annually on homeless services with an average cost of \$17,358 a year for each person for supportive housing and \$87,480 for the sickest on the streets who need constant medical care.
  - d. Santa Clara County has calculated the cost of homelessness in Santa Clara County at \$520 million annually. A small group of 2,800 persistently homeless individuals cost the county about \$83,000 per person, per year. Santa Clara County calculates the percentage costs for healthcare at 53%, justice systems at 34% and social services at 13%.
  
5. Population living in poverty:
  - a. According to *2009-2013 American Community Survey*, published by the United States Census, 13% of the county population is living at or below the poverty level. The poverty rate in Solano County was 18.8% among residents under 18 and 25.8% among families with female heads of household and no husband present.
  - b. The statistics reflect a lingering impact of the great recession. In December 2006, a total of 14% of the county's population was receiving public assistance in the form of food stamps, Cal Works, General Assistance and MediCal. Five years later at the bottom of the recession the percentage of population receiving public assistance rose to 21.2%. In December 2014, a total of 27.8% of the county's population was receiving public assistance and increased to 28.2% as of March, 2015.

Solano County 2015-2016 proposed budget for Health and Social Services (H&SS) is \$315,098,964. This accounts for approximately 33% of the entire recommended County budget of \$953,900,000. Only 7.7% (\$ 24,231,022) of the H&SS funding comes from County General Fund dollars. The remainder of H&SS funding comes from a variety of state and federal sources. No accounting methodology exists to be able to determine the exact cost of homelessness to the county, as has been done in Santa Clara County.

H&SS received additional funding from the state and federal governments totaling \$2,194,147 for FY 2015-2016. This includes Community Service Block Grants, Home Programs, Home Acers Redevelopment Agency (RDA), Projects for Assistance in Transition from Homelessness (PATH), Mental Health Block Grants, CAL-WORKS Grants and Health Care for the Homeless.

Solano County has granted loans to Mission Solano (\$750,000) and Opportunity House (\$300,000) over the past several years.

The Solano County Board of Supervisors has provided \$86,750 to fund the Community Action Partnership of Solano-Joint Powers Authority as a level amount for the last 17 years. Given that there are approximately 431,000 people in Solano County, this amounts to a contribution to homelessness of \$.20 per individual.

## **Leadership**

Leadership by definition per BusinessDictionary.com is:

- The individuals who are the leaders in an organization, regarded collectively
- The activity of leading a group of people or an organization or the ability to do this.

Leadership involves:

1. Establishing clear vision,
2. Sharing that vision with others so that they will follow willingly,
3. Providing the information, knowledge and methods to realize that vision,
4. Coordinating and balancing the conflicting interest of all members and stakeholders

Philip F. Magano, Director of United States Interagency Council on Homelessness, states “No one level of government, no one sector can do this job alone. Every level of government and every stakeholder from the private sector, including consumers need to be partnered to reach the goal”.

Robert F. Kennedy said, “There are those that look at things the way they are, and ask why? I dream of things that never were, and ask why not?”

## **Board of Supervisors**

Per Solano County Website Mission Statement: *The Board of Supervisors is the legislative and executive body of county government and also serves as the governing body of The Solano County Housing Authority, The Solano Facilities Corporation, The East Vallejo Fire Protection Service, and The Rural North Vacaville Water District. In addition, members of the Board represent the County on numerous governmental bodies.*

*As the governing body for Solano County, the Board is responsible for planning and provision of services related to public needs as required by state and federal law including: the annual budget, adopting county ordinances, setting policies, confirming appointments of most non-elected officials, and assisting citizens in solving problems and addressing local concerns.*

This is the entity that the citizens rely on to lead, to address and to solve the problems within the county.

## **Regional planning**

On June 18, 1991 the Solano County Board of Supervisors and the Mayors of Solano County seven cities established the Solano City County Coordinating Council (SCCCC). *“The purpose of the Solano City County Coordinating Council is to discuss, coordinate and resolve City/County issues, including but not necessarily limited to land-use planning, duplication of services improving efficiency, as well as other agreed to topics of regional importance, to respond effectively to the actions of other levels of government, including the state and federal government, to sponsor or support legislation that the state and federal level that is a regional importance, and to sponsor or support regional activities is for the purpose of the Solano City County Coordinating Council”* (revised and adopted one 1-10-08.)

A review of board minutes indicate that homelessness has not been a significant issue addressed by this body over the last several years.

The grand jury has been informed that efforts are underway to develop a regional approach to the homelessness issues but a copy of that document has not been made available as of yet.

## **Need**

The Point-In-Time Census for Solano County identified 1,082 persons who were homeless in January 2015 in Solano County, 27% (287) of whom were sheltered and 73% (795) who were un-sheltered. The primary services identified by focus groups, community forums, interviews and surveys was the need for additional permanent supportive housing and a rapid re-housing to serve people who are chronically homeless and transitional housing to serve the populations, such as domestic violence survivors and transitional age youth. According to the January, 2015 housing inventory count performed by HomeBase, the unmet need in Solano County is 711 year-round permanent supportive housing beds, including 638 beds for adults-only households and 71 beds for families with children, as well as, three transitional housing beds.

H&SS administration stated that an analysis of the clients that they serve indicate that self-described individuals as homeless or at severe risk of homelessness exceeds 9,000 people. If their numbers are accurate, then the need is 9 to 10 times greater than those needs identified above.

The 10-year plan addressing homelessness *Housing with Dignity* January, 2008 identified 550 beds in support of services and 100 beds in homeless assistance centers.

Currently, there are 21 different organizations providing housing dedicated to homeless individuals and families in Solano County with a total capacity of 648 beds.

The County does not operate a permanent homeless shelter or a drop-in center for adults or minors. Solano County does not operate drug or alcohol residential treatment facilities other than those located within our jails.

Solano County does not operate board and care homes for the elderly, physically impaired, transitional use or patients with mental health issues.

Numerous mental health clinician positions, i.e., psychiatrists and licensed clinical social workers have been open and unfilled for excessive periods of time. The Health and Social Services Mental Health Department, as well as other areas within H&SS, have been understaffed for a significant period of time.

## **Solutions**

### **Current Solano County:**

On a local city level, the homeless issue becomes more visible, especially in Vallejo, Fairfield, and Vacaville. Here the homeless congregate and display the nature of their plight. The local problems have become so acute that these cities have incorporated programs of their own to address the problem.

- In Fairfield, the city has created a Homeless Intervention Team (H.I.T.) of specially trained police officers to interact with the homeless, to socially work with them to assist them in obtaining access to vital services and when possible, help locate a family member and to monitor their movements. The City of Fairfield is facilitating the services at Mission Solano to expand *Bridges to Life* service components for the most nomadic homeless population.
- The City of Vallejo has gone to the voters and established the first citywide Participatory Budget Process in the United States where registrants directly engaged with their local government to develop and recommend projects as part of the annual budget. Over the last three budget cycles the city of Vallejo has allocated over \$6.7 million to fund a total of 25 projects, while engaging over 15,000 residents of the city of Vallejo. The Participatory Budgeting Process has identified \$588,000 to be used as a grant to provide evidence-based homeless services. The request for proposals are currently under review.

- In Vacaville, an effort has been made to take city owned property and to work with a developer to build low cost housing. The City of Vacaville has assisted in the development of Opportunity House and they are currently developing veterans housing. In addition, the city is conducting a study to examine the hidden homeless cost that impacts other city departments, such as fire, medical responses, police intervention, and Department of Public Works responses.

On the county level the Board of Supervisors directed that the Community Action Partnership of Solano -JPA be fully staffed and reorganized. The JPA has replaced their executive director and brought in new staff.

The Housing First Solano Continuum of Care board was established in 2013 pursuant to regulations outlined in the HEARTH Act of 2009. The Housing First Solano COC board was restructured at the September 23, 2014 COC general membership meeting to incorporate greater cooperation and participation from the County and the cities. A unified body with public sector, community-based organizations and private sector involvement would assist in the development of affordable housing solutions with wraparound services.

Two new community outreach coordinators have been hired by the Department of Health and Social Services with a primary focus to deal with homeless issues.

The Grand Jury has been informed that efforts are underway to develop a regional approach to the homelessness issues but a copy of that document has not been made available as of yet.

**Other Counties responses:**

Alameda County has extensive information on their website on the issue of homelessness. It has just announced that the Alameda County Behavioral Healthcare Services are in the process of creating In-Home Outreach Teams (I-HOT) to provide in-home outreach and engagement services to Transitional Age Youth (TAY) and adults with serious mental illness in Alameda County.

The city of San Jose's website has extensive homelessness information as well as a Homeless Response Guide with information about all the services available in San Jose.

Santa Clara County has extensive information on their website, as well as, having an app for homeless people and providing the homeless with a mailing address. Their Board of Supervisors has created a specialized housing task force to formulate plans to deal with homelessness. They came back with a \$68 million wish list for the Board of Supervisors and tasked the supervisors to find creative ways to fund the plans.

The Santa Clara County Board of Supervisors commissioned a study, and underwrote most of the \$200,000 cost, in an effort to better understand the drain on public resources and how to best devise strategies to reduce the homeless numbers.

Sonoma County has extensive information on their website including the program Building HOMES which is the foundation for addressing the homelessness in Sonoma County. HOMES stands for:

- Housing:                   What are the needs?
- Options:                   What can be done?
- Measurements:           What is the goal?
- Engagement:             Who can help?
- Strategic Action:        What is the plan?

**Sadly, Solano County’s website does not provide very much information on homelessness.**

**Barriers Impacting the Homeless Issue:**

Local government defers addressing the problem directly as if to imply programs cost money and they don’t have it. They reference the limited tax base, the loss of revenue as a result of Proposition 13, the loss of redevelopment money, the most recent recession and other priorities more pressing such as basic services, police/fire, water, sewer, etc.

Because local government cannot efficiently tackle the homeless issue they pass the buck to county government. And after county government studies the problem and determines if a policy is necessary they look to staff to act and petition state and federal governments to fund a number of grants to be disbursed to a long list of faith-based and non-profit organizations that provide direct service for the homeless.

Missing from the list of resources are private enterprise corporations that historically have given back to the community through a variety of programs. Examples of this generosity are readily apparent closer to the bay area where a number of well-known companies contribute generously to homeless and other issues in their local communities.

In Solano County, while the number of large and medium size businesses is relatively small, they are active but resigned to support programs locally in Vacaville, Fairfield and Benicia. Without an accountable person that represents Solano County and its needs to supplement homelessness funding, a potential valuable partnership is lost.

Lastly, there is a fear of success. In spite of the fact that most of the homeless in Solano County are native to the area, and may have grown up locally, there is a soft spoken fear that helping them lead a more productive life would result in an infusion of more and more homeless to our area from outside our area. Unless, it is reasoned, all areas equally improve the plight of the homeless concurrently there is no benefit to solving the crisis here. For there is nothing like success to attract more homeless to the region once word got out.

## **PRIOR REPORTS:**

The 2013-2014 Grand Jury report entitled, “*Solano County Services Outreach for the Economically Disadvantaged*” investigated various aspects of homelessness in Solano County. The report found, in part, that the delivery of services to the homeless had been delegated by the County (i.e., the Board of Supervisors) to a number of community-based, largely non-profit organizations. By so doing, with the exception of certain state and federal mandates, the County avoided both responsibility and accountability as it relates to what is an overwhelming issue in Solano County.

Finding 1 of the GJ Report states, “Specific leadership for homeless services is lacking in Solano County and the Continuum of Care”. Delivery of services to the homeless had been delegated by the County to a number of community-based, largely non-profit organizations. By so doing, with the exception of certain state and federal mandates, the County avoided both responsibility and accountability as it relates to what is an overwhelming issue in Solano County. Recommendations related to Finding 1 included designating a specific county employee, with full authority, to serve as oversight for all homeless services and issues.

In their response addressing this aspect, the Board of Supervisors indicated partial agreement with that conclusion. A brief history of the creation of what is now the CAP Solano JPA was provided, along with then-recent revisions that had been made or were planned in effort to strengthen that partnership. The County noted several times that homeless services were not the sole responsibility of the County, and that the CAP Solano-JPA was established so the County and the cities could work together on homeless issues. By responding in this manner, addressing the concept of a sole leadership position within the County, dedicated to tackling these problems, was avoided.

Finding 4 also addresses the overall management of the homeless problem in Solano County, and states, “Solano County Health & Social Services contracted with HomeBase to produce a comprehensive report on the Continuum of Care with many significant recommendations.” The corresponding recommendation is to “Strongly focus, evaluate, and implement appropriate corrective actions and recommendations as outlined in the HomeBase report of July 2013.” (Said report will hereinafter be referred to as the “HB Report”).

The 2015-2016 Grand Jury conducted an in-depth review of HomeBase’ “Recommendations For Strengthening Solano County’s Response to Homelessness” (The HB Report), and interviewed primary contributing personnel in order to better understand its conclusions and implementation strategies. Although thorough research was performed, in keeping with the limited goal of reporting on leadership and management, only select areas of the GJ Report and the HB Report are discussed here.

## **Board Meetings:**

### Findings and Recommendations:

With respect to the handling of its Board meetings, the July, 2013 HomeBase Report found “The COC lacks a strategic approach to engaging in the specific activities that are needed for housing and services coordination.” (See HB Report, page 16.) Essentially, COC meetings were simply an information-providing forum, with no strategic planning at any leadership level. It was recommended that the COC’s vision and strategic direction be defined and that future meetings be modified to reflect an intentional and directed approach to the coordination of housing and services.

Outcome: Completed.

Meetings were reorganized, and voting rights were changed to allow broader participation. The “Housing First Solano Governance Charter” was created in October 2015. Among other things, this document specifically addresses Board meetings and provides specifics including attendance, the actual process of the meetings, record-keeping requirements, etc. The purpose of the COC and the COC Board is also outlined, and includes representation and responsibilities.

The County and the Cities of Benicia, Dixon, Fairfield, Rio Vista, Suisun, Vacaville, and Vallejo are all represented participants forming the CAP Solano-JPA. They have identified the group’s vision and mission statement and their stated objective is: “to provide services and resources in coordination with existing service providers, including but not limited to non-profit organizations and faith-based providers, to promote and encourage self-sufficiency for the most vulnerable members of the community.” (2015 Cap Solano JPA Annual Report, p.3.)

## **Gaps Analysis:**

### Findings and Recommendations:

As of July 2013, the COC had not conducted a Gaps Analysis at all, and was urged to move forward with such a study in both a “formal” and “rigorous” manner.

Outcome: Completed.

A Gaps Analysis is an investigation into the needs of the community being served, and in this instance, includes homeless individuals and families. In the spring of 2015, a county-wide needs assessment was conducted. The results of which were used to prepare the 2016-2017 Community Action Plan that was submitted to the State and will be used as a strategic “roadmap” and to obtain funding. (2015 CAP Solano-JPA Annual Report, p.3.)

This study indicated, although Solano County has recovered somewhat from the 2008 recession, families and individuals are still struggling. Improvement in the housing market has caused a low vacancy rate for rentals, while the lack of redevelopment funding has resulted in no new “affordable housing” projects in the area. Unfortunately, it is frequently the case that even where grant monies are available to fund permanent housing, there are no existing homes for



placement. (The vacancy rate in Fairfield is estimated to be less than 1% according to a FY2015 COC Application prepared 11/19/15, Page 59.) Because of this and the results of the Gaps Analysis, the chief priority for 2016 and 2017 will be to increase access to permanent housing, including financial assistance, housing search assistance and supportive services for housing. The second funding priority will be to improve access to employment.

### **General Strategic Planning (10 Year Plan)**

#### Findings and Recommendations:

Activities related to strategic planning and the 10-Year Plan implementation were not being executed as described by the COC in its literature. Yearly performance targets were also described, but it was “not apparent” that those steps were actually being taken in terms of the COC moving towards the benchmarks it had set for itself. HomeBase recommendations included reviewing and updating the 10-Year Plan each year, and creating an implementation body to create accountability for meeting or exceeding the goals of that plan.

#### Outcome: In Progress:

In response to the HomeBase executive summary report of July 2013 a strategic planning committee was formed in 2015 to review the COC’s existing 10-year plan (written in 2008). It made recommendations regarding what changes need to be made and the strategic direction moving forward. As stated above, a “Needs Assessment and Analysis “was performed in 2015 to acquire the needed data to create the new plan. The COC and the JPA boards made recommendations on the strategic direction for the COC, including recommending timelines for ending veterans’ homelessness, youth homelessness, chronic homelessness and strategies for these goals.

In 2016, the strategic planning effort will expand to include PIT data, the needs assessment data, local jurisdictions and other key stakeholders to create a countywide plan to prevent, reduce and end homelessness.

Readers are encouraged to read the entire July, 2013 HomeBase Report, especially pages 44 to 52, in regard to their recommendations.

As of this report, the revised 10-Year Plan has not been completed.

### **COC COORDINATED ENTRY PROGRAM:**

#### Findings and Recommendations:

HEARTH requires that COCs have a centralized/coordinated intake system that provides an initial, comprehensive assessment of the needs of the individual or family seeking assistance. HomeBase found that as of 2013, although the COC was conducting some assessment activities, no formal coordinated entry structure was in place. It was also noted there appeared to be no progress toward such a plan.

It was recommended that the COC fulfill this federal requirement in order to enhance client access, increase effective referrals and improve overall system efficiency by consolidating the intake function and reducing duplication. (See HB Report, page 27) This process helps communities prioritize the aid provided in order to ensure those with the most urgent needs can receive assistance in a timely manner.

Outcome: In Progress.

The COC Coordinated Entry pilot program included street outreach, and drop-in facilities throughout the county where staff knowledgeable about the community and its various subpopulations and languages assisted clients with needs varying from minor issues to location of permanent supportive housing, which is the ultimate goal. It is expected that during 2016, school liaisons will be added, and that improvements in using social media to reach and engage youth will be made. It is also expected that the COC will identify people in need based upon use of shelters, emergency rooms and even the criminal justice system. Once they are identified, outreach can potentially lead to offers of assistance.

## **V. FINDINGS AND RECOMMENDATIONS**

### **Finding 1**

No significant changes in the number of permanent, emergency, and transitional beds have been made available since the 2008, *Housing with Dignity 10-Year Plan*.

### **Recommendation 1**

- 1A. The Solano County Board of Supervisors, the Department of Health and Social Services and the Community Action Partnership of Solano-Joint Powers Authority work collaboratively to address the current, unmet need in Solano County of 711 year-round permanent supportive housing beds, including 638 beds for adults-only households and 71 beds for families with children, as well as, three transitional housing beds.
- 1B. The Solano County Board of Supervisors, the Department of Health and Social Services and the Community Action Partnership of Solano-Joint Powers Authority consider the approaches outlined in the Sonoma County Website referencing Building HOMES.

## **Finding 2**

There is no County operated permanent homeless shelter or drop-in center in Solano County. The 795 unsheltered individuals from the 2015 Point in Time Count strongly suggest there is a need for more drop-in facilities.

## **Recommendation 2**

The Solano County Board of Supervisors, the Department of Health and Social Services and the Community Action Partnership of Solano-Joint Powers Authority work collaboratively to establish a localized permanent, year-round homeless shelter or drop-in center.

## **Finding 3**

There are no publicly funded residential drug and alcohol treatment centers in Solano County operated by the County.

## **Recommendation 3**

The Solano County Board of Supervisors, the Department of Health and Social Services, and the Community Action Partnership of Solano-Joint Powers Authority work collaboratively to establish publicly funded residential drug and alcohol treatment centers.

## **Finding 4**

There are no County operated and funded board and care homes for elderly, physically impaired or patients with mental health issues in Solano County.

## **Recommendation 4**

The Solano County Board of Supervisors, the Department of Health and Social Services and the Community Action Partnership of Solano-Joint Powers Authority work collaboratively to establish publicly funded board and care homes for elderly, physically impaired or patients with mental health issues in Solano County operated by the County.

## **Finding 5**

The City of Vallejo has established a citywide *Participatory Budget Process* to engage citizens to develop and recommend projects under the annual budget.

## **Recommendation 5**

The Solano County Board of Supervisors and the Mayors/City Managers in Solano County engage citizens to develop and recommend priorities and projects through the adoption of a *Participatory Budget Process*.

## **Finding 6**

Santa Clara County underwrote the cost of a study to identify the real cost of homelessness to the county.

## **Recommendation 6**

The Solano County Board of Supervisors direct the County Administrator's Office to commission and fund a study to identify the real cost of homelessness in Solano County using the same criteria as used by Santa Clara County.

## **Finding 7**

All cities in Solano County need to understand the real cost of homelessness and how it impacts services, safety, loss of retail revenue, damage to the infrastructure in their cities, etc.

## **Recommendation 7**

- 7A. At such time that the county implements recommendation Number 6, the county openly share the findings, methodology and accounting principles encompassed with the seven county cities to provide them the ability to replicate the study.
- 7B. All cities in Solano County conduct a cost assessment analysis to supplement the county results to develop a true depiction of the costs associated with homelessness to the cities of Solano County.

## **Finding 8**

Among all the organizations, including the service provider agencies, funders, a county and municipal government, no agency has assumed an overall leadership role. Although some leadership exists at the individual agency and county levels, the lack of coordination at the county and municipal levels contributes to the observed fragmentation of service provision and poor understanding of the causes and cures of homelessness.

## **Recommendation 8**

- 8A. There is a need for centralized leadership at the county and municipal level to provide direction and coordination for the vast array of service providers involved in homelessness. This would establish a focal point for accountability and standardization of definitions and measurements ultimately leading to improved effectiveness and efficiency.
- 8B. The Grand Jury recommends that the Department of Health and Social Services establish a position at the level of a Deputy Director who would be responsible for providing accountability, leadership, direction and coordination of all homeless services within the county.

- 8C. The Board of Supervisors serving in the capacity of the Solano City County Coordinating Council work in conjunction with the recommended Deputy Director to seek out regional solutions on a priority basis.

### **Finding 9**

The Grand Jury understands regional planning is a necessary and vital component to creating solutions to homelessness and has been informed that efforts are underway to develop a regional approach to the homelessness issues.

### **Recommendation 9**

- 9A. Department of Health and Social Services complete the regional plan and disseminate it to all service providers, including Community Action Partnership of Solano-Joint Powers Authority, Continuum of Care, Housing First and the general public.
- 9B. The Solano County Board of Supervisors serving in the capacity of the Solano City County Coordinating Council, establish homelessness as a priority item on their agenda and support the implementation of a regional plan as part of their responsibilities.
- 9C. The Mayors of the seven cities in the county, serving in the capacity of the Solano City County Coordinating Council, establish homelessness as a priority item on their agenda and support the implementation of a regional plan as part of their responsibilities.

### **Finding 10**

Solano County Website provides insufficient and minimal information on homelessness services available.

### **Recommendation 10**

The Department of Health and Social Services collaborate with the Department of Information Technology to develop a robust, interactive website dedicated to providing information to assist the public in obtaining access to all available needs and services modeled after the websites of Contra Costa County, Santa Clara County and Sonoma County.

### **Finding 11**

Solano County does not have a Homeless Response Guide that lists available services, providers, access points and contact information.

### **Recommendation 11**

The Solano County Department of Health and Social Services work with the Community Action Partnership of Solano-Joint Powers Authority, the Continuum of Care and Housing First to develop a comprehensive Homeless Response Guide.

### **Finding 12**

Salaried full-time employees of Solano County and the cities of Solano County are working on a full-time problem in their spare time.

### **Recommendation 12**

Although the county has two new employees dedicated to current and future homeless issues, time constraints on existing county and city staff, assigned to the JPA, should be recognized and minimized to allow more time to be devoted to homeless issues.

### **Finding 13**

The Community Action Partnership of Solano-Joint Powers Authority does not have a current 10-Year Plan at this time.

### **Recommendation 13**

The Community Action Partnership of Solano-Joint Powers Authority develop and implement the 10-Year Plan expeditiously.

### **Finding 14**

The development of a formalized intake system that tracks individuals that utilize services is in process but the implementation and utilization throughout the county is lacking.

### **Recommendation 14**

The Department of Health and Social Services continue further development of the tracking system and accelerate the implementation of the components to all service providers.

### **Finding 15**

There is minimal outreach to enlist and engage support from the business community within the county to address homeless issues.

### **Recommendation 15**

Department of Health and Social Services in conjunction with the Community Action Partnership of Solano-Joint Powers Authority and Continuum of Care collaboratively implement a robust outreach campaign to solicit financial support from the business community and foundations to address homeless concerns and issues.

### **Finding 16**

County contributions by the Board of Supervisors to the Community Action Partnership of Solano-JPA have remained constant at \$86,750 per year (20 cents per resident) since 1999.

### **Recommendation 16**

The Board of Supervisors should consider increasing this contribution to the Community Action Partnership of Solano-Joint Powers Authority. Based on inflation alone the \$86,750 amount should have increased by at least 3% compounded annually (cumulatively 42.9% in 17 years). Even this amount pales in comparison to the \$588,000 that Vallejo and the \$506,000 that Fairfield are dedicating to local homeless programs.

### **Finding 17**

Health and Social Services as well as other areas within H&SS have been understaffed for a significant period of time.

### **Recommendation 17**

The Department of Health and Social Services aggressively pursue filling staff vacancies to better meet the needs of the residents of Solano County.

### **Finding 18**

There appears to be a significant difference between the *Point in Time* count number and the self-reported number of homeless or at risk of being homeless individuals.

### **Recommendation 18**

Department of Health and Social Services and the Joint Powers Authority identify the discrepancies and reconcile the PIT, HMIS and H&SS numbers.

### **Finding 19**

Santa Clara County provides a mailing address for their homeless population.

### **Recommendation 19**

The Solano County Department of Health and Social Services develop proxy mailboxes for the homeless.

## **Finding 20**

It is incumbent on the Solano County Board of Supervisors to fulfill Solano County citizens' expectation of leadership and to address and solve the problems within this county.

## **Recommendation 20**

The Grand Jury recognizes that the Board of Supervisors has been instrumental in addressing the past deficiencies of the Community Action Partnership of Solano-Joint Powers Authority. We encourage their continued efforts by implementing the recommendations within this report to elevate the issue of homelessness to the priority which it warrants.

## **COMMENTS**

Failing to fully engage the "Homeless" issue directly or take responsibility in ensuring that 'Action Plans' are carried out, the county has been unable to get a handle on solving the concerns of the homeless and general public. In spite of the seemingly insurmountable challenge facing our community, if it is the desire of all parties concerned to put a dent in this problem, then some determination to appoint a full time Deputy Director/Coordinator with experience, oversight authority and accountability to manage this effort may ultimately be the best answer to garner some measure of progress.

The Grand Jury understands that there will always be a homeless problem. A percentage of homeless have accepted being homeless as a life style surrounded in a community of like individuals who see themselves collectively as a family social unit. As such, not all homeless people want help. The question, "How can we help the Homeless?" becomes moot. The better question is, "How can Solano County help those homeless people who want help?"

The disconnect between homeless individuals and efforts to assist them is the core of the problem. The homeless need to know that liberty and freedom come with a price to be responsible and not be a burden on society and government needs to take responsibility to make change happen.

Unless the Board of Supervisors and City Managers know the current true and indirect costs of homelessness to the county and the cities within the county, it will be difficult to allocate and prioritize funding to address homeless issues.

The Grand Jury acknowledges that homelessness will not be solved even with full implementation of these recommendations. The problem is systemic in origin and pervasive in symptoms and manifestations. Individually no one can resolve all of the issues. Collectively and collaboratively we can minimize the scope of the damage that individuals and families experience when they become homeless.

The Grand Jury realizes that full implementation of the recommendations within this report will require significant ongoing investment and changes to current practices.



## **REQUIRED RESPONSES**

Solano County Board of Supervisors (Findings 1A & B, 2, 3, 4, 5, 6, 8C, 9B, 16, 20)

Department of Health and Social Services (Findings 1A & B, 2, 3, 4, 8B, 9A, 10, 11, 14, 15, 17, 18, 19)

Community Action Partnership of Solano-Joint Powers Authority (Findings 1A & B, 2, 3, 4, 9A, 11, 13, 15, 18)

Mayor, City of Benicia (Findings 5, 7, 9C)

Mayor, City of Dixon (Findings 5, 7, 9C)

Mayor, City of Fairfield (Findings 5, 7, 9C)

Mayor, City of Rio Vista (Findings 5, 7, 9C)

Mayor, City of Suisun City (Findings 5, 7, 9C)

Mayor, City of Vacaville (Findings 5, 7, 9C)

Mayor, City of Vallejo (Findings 7, 9C)

## **COURTESY COPIES**

City Manager of Benicia

City Manager of Dixon

City Manager of Fairfield

City Manager of Rio Vista

City Manager of Suisun City

City Manager of Vacaville

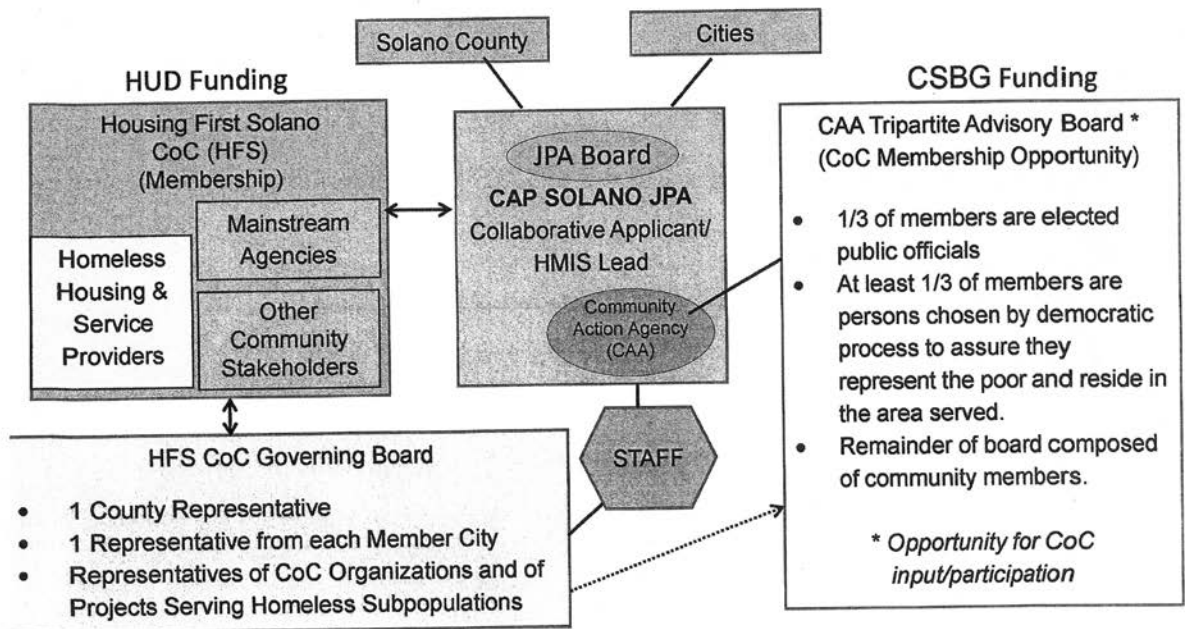
City Manager of Vallejo

## DEFINITIONS

- **Chronic homelessness** is defined by the US Department of Housing and Urban Development, the US Department of Health's and human services, and the US Department of Veterans Affairs as "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 episodes of homelessness in the past three years".
- **Disabling condition**, for the purpose of the study is defined as a physical disability, mental illness, depression, alcohol or drug abuse, chronic health problems, HIV/AIDS, posttraumatic stress disorder PTSD, or a developmental disability.
- **Emergency shelter** is the provision of a safe alternative to the streets, either in a shelter facility, or through the use of stabilization rooms. Emergency shelter is short-term, usually for 90 days or fewer,. Domestic violence shelters are typically considered a type of emergency shelter, as they provide safe, immediate housing for victims and their children.
- **Family** is defined as a household with at least one adult and one child under 18.
- **Homeless** under the category one definition of homelessness in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act include individuals and families living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements, or with a primary nighttime residence that is a public or private place not designated for ordinary for or ordinarily used as a regular sleeping accommodations for human beings, including a car park, abandoned building, bus or train station, airport, or camping ground.
- **HUD** is the abbreviation for the US Department of housing and urban development.
- **Sheltered homeless individuals** are those homeless individuals who are living in emergency shelters or transitional housing programs.
- **Single individual** refers to an unaccompanied adults or youth.
- **Transition aide youth (TAY)** refers to an unaccompanied youth aged 18 to 24 years.
- **Transitional housing** facilitates the movement of homeless individuals and families to permanent housing. It is housing in which homeless individuals may live up to 24 months and receive supportive services that enable them to live more independently. Supportive services which help promote residential stability, increase skill levels or income, and greater self-determination-may be provided by the organization managing the housing, or coordinated by that organization and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures at one site or in multiple structures in scattered sites.
- **Unaccompanied children** refers to children under the age of 18 who do not have a parent or guardian present.
- **Unsheltered homeless** individuals are those homeless individuals who are living on the streets, and abandoned buildings, storage structures, ship vehicles, encampments, or any other place unfit for human habitation.

# CAP Solano JPA and CoC Governance

## A UNIFIED VISION



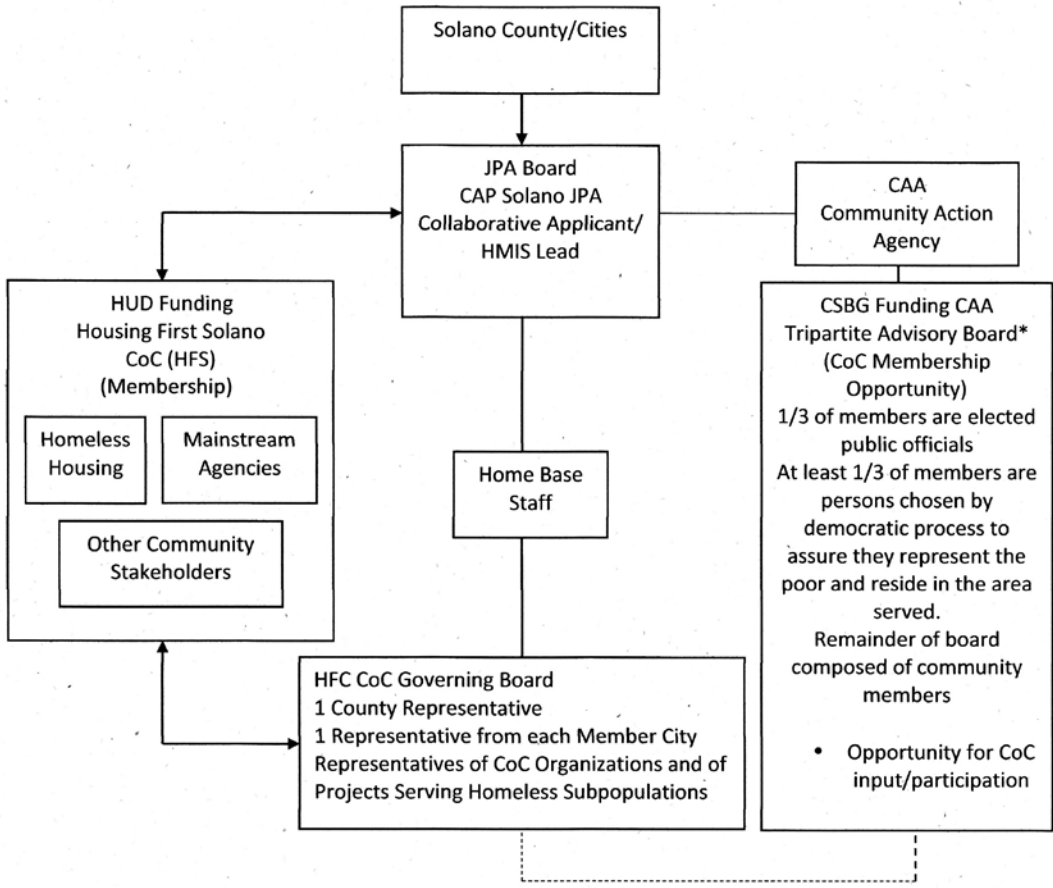
December 9, 2014

Board of Supervisors

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APPENDIX 2

**CAP SOLANO JPA AND COC GOVERNANCE FLOW CHART**



Misc Notes:  
 HMIS – Homeless Management Information System  
 CoC – Continuum of Care (Provides Direct Services to Homeless)  
 CSBG – Researches Grants and drafts reports  
 JPA – Joint Power Authority – Everyone reports to this Department

Homeless

December 9, 2014

Board of Supervisors