



2019

Placer County Homeless Strategy



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Introduction

The Placer County Homeless Strategic Plan of 2018 was commissioned by the County of Placer Health and Human Services, Adult System of Care. The primary purpose of this plan is to meet the threshold funding prerequisite of the State of California's No Place Like Home program through the Department of Housing and Community Development (HCD). This plan will also assist in meeting the requirements of the recent Homeless Emergency Aid Program (HEAP) and California Emergency Solutions and Housing (CESH) funding process administered by the Homeless Resource Council of the Sierras (HRCS). This document addresses broader concepts beyond the requirements of the above-mentioned funding sources, including input meetings and interviews held throughout the county.

Meeting No Place Like Home Requirements

The No Place Like Home (NPLH) funding source requires each county to create a plan that specifies the goals, strategies, and activities that create solutions to homelessness. The NPLH program guidelines require that a county plan include the following elements:

1. A description of homelessness countywide, including a discussion of the estimated number of residents experiencing homelessness and identifying chronically homeless single adults, families, and unaccompanied youth.
This is included in the description of the Point in Time Count.
See State of Homelessness in Placer County Section.
2. To the extent possible, the estimated number of residents experiencing homelessness or chronic homelessness who are also experiencing serious mental illness.
See State of Homelessness in Placer County Section.
3. Special challenges and barriers to serving the target population.
See Other Challenges Section.
4. County resources applied to address homelessness, including efforts undertaken to prevent the criminalization of activities associated with homelessness and available community resources.
See Current Programs in Placer County for Addressing Homelessness and the Enforcement and Ordinances Sections.
5. An outline of partners in ending homelessness.
See Current Programs in Placer County for Addressing Homelessness Section.
6. Proposed solutions to reduce and end homelessness.
See Suggested Strategies Section.
7. Systems in place to collect the data required under Section 214.
See Coordinated Entry Section.
8. Efforts were undertaken to ensure that access to a Coordinated Entry System (CES) will be available on a nondiscriminatory basis.
See Coordinated Entry Section.
9. The plan must be developed in a collaborative process with community input that includes:
 - County representatives with expertise from behavioral health, public health, probation/criminal justice, social services, and housing departments
 - Local Continuum of Care
 - County health plans, community clinics
 - Public Housing Authority
 - Representatives of family and caregivers of persons living with serious mental

illness

The community meetings used to gather information for this plan included all of the individuals and groups listed above.

See Planning Meeting Summaries Section

10. The plan shall be no more than 5 years old.

Information Sources

The information sources for this strategy originated from the homeless Point in Time Count conducted in 2018, local service providers and stakeholders, community input meetings, law enforcement, and elected officials. Additionally, current Housing Element information was utilized along with public information from the various agencies serving the homeless population in Placer County.

The State of Homelessness in Placer County

Any discussion of homelessness is faced with the initial challenge of defining it. The definition of homelessness can differ between the various federal and state agencies providing funding for services and can change frequently. For the purpose of this report, homelessness will be described using the federal Department of Housing and Urban Development’s definition:

Unsheltered Homeless: People living outside, in cars, or other places not meant for human habitation.

Sheltered Homeless: People living in emergency shelters, motels paid for by an agency, and transitional housing.

Not included in this definition, and the homeless count listed below, are households temporarily living with family or friends (doubled up or couch surfing), households living in permanent supportive housing or Rapid Rehousing, and those in institutions (jails, foster care, or hospitals).

The following is a summary of the homeless population in Placer County from the 2018 Point in Time census. The next sheltered and unsheltered homeless count will take place January 24, 2019.

2018 POINT IN TIME COUNT	Number	%
Population		
Number of persons	584	100%
Individuals/couples with no children	474	81.2%
Persons with at least 1 child	110	18.8%
Number of families	35	N/A
Where They Slept the Night of the Count		
Sheltered	313	53.6%
Unsheltered	271	46.4%
Age ^a (n=481)		
Under 18	40	8.3%
18–24	19	4.0%
25–59	346	71.9%
60 years and older	76	15.8%

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Gender ^a (adults, n=447)		
Male	280	62.6%
Female	167	37.4%
Chronically Homeless ^a (n=488)		
Chronically homeless individuals (adults)	190	38.9%
Total persons in chronically homeless families	4	0.8%
Other Subpopulations ^a		
Veterans (adults, n=438)	36	8.2%
Adults with serious mental illness (n=434)	176	40.6%
Adults with substance use disorder (n=430)	100	23.3%
Adults currently fleeing DV/SA/HT/stalking ^b (n=437)	54	12.4%
Adults who have lived in foster care or group homes (n=430)	78	18.1%

^a Statistic percentages are calculated based on the number of individuals who answered the related survey question.

^b In 2018, HUD is requiring that data reported on survivors of domestic violence be limited to adults experiencing homelessness because they are fleeing domestic violence, dating violence, sexual assault, human trafficking or stalking as opposed to reporting on survivors who have ever experienced these circumstances.

Health and Homelessness

The 2018 Placer County Point in Time (PIT) Count identified 190 individuals as chronically homeless. The Department of Housing and Urban Development (HUD) defines a chronically homeless person as “either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least 4 episodes of homelessness in the past 3 years that adds up to 12 months.” Mental and physical illnesses are considered a disabling condition under this definition.

Additionally, 176 individuals were identified as having a serious mental illness in the 2018 PIT Count. Poor mental health may also affect physical health, especially for people who are homeless. When combined with inadequate hygiene due to homelessness, physical illnesses may develop such as respiratory infections, skin diseases, or exposure to tuberculosis or HIV.

Service providers who work with people who are chronically homeless in Placer County have found that in cases where the disability is physical, homelessness itself has been the cause or a contributing factor. In many cases, a work injury or long-term illness leading to a loss of employment starts a chain of events resulting in an individual losing their housing and finding themselves homeless.

Conditions such as diabetes, heart disease, and HIV/AIDS are found at high rates among the homeless population, sometimes 3 to 6 times higher than the general population.¹ Other health problems that are commonly associated with homelessness include malnutrition, parasitic

¹ National Alliance to End Homelessness. “Health and Homelessness.” endhomelessness.org/homelessness-in-america/what-causes-homelessness/health/.

infections, dental and periodontal disease, degenerative joint disease, venereal disease, hepatic cirrhosis secondary to alcoholism, and infectious hepatitis related to intravenous drug use.²

According to a study by the University of Chicago, individuals who are homeless have a 1.6 times greater death rate than comparable non-homeless populations. This is a result of isolation from networks for employment and family and relatives, extreme psychological stress, and difficulty accessing health and government benefits.³

The Cost of Homelessness

In addition to the obvious human suffering and health problems caused by homelessness, there are also significant costs to public service systems. These systems include law enforcement, courts, hospital emergency rooms, and corrections.

Law Enforcement

Law enforcement often has the most contact with the chronically homeless population than any other public agency. There are many homeless individuals who are often arrested multiple times for small infractions such as public inebriation, disturbing the peace, and trespassing. A well-known case is the one of Million Dollar Murray in Nevada where police officers documented \$100,000 per year in costs relating to arresting one individual multiple times.⁴

In Los Angeles, almost 15,000 of the people arrested by the police department in 2013 were homeless. Labor costs for the arrests were between \$46 million and \$80 million.⁵

Hospital Emergency Rooms

The vast majority of people experiencing homelessness lack adequate health insurance, a public provision for health care, or a primary care physician. Since hospital emergency departments are a community resource, by law, they must serve everybody regardless of their ability to pay. A study by the National Institute of Health indicates,

Homeless individuals experience very high rates of behavioral health disorders, chronic and acute physical conditions, and injuries related to assaults and accidents. However, they face multiple competing demands in their daily life, such as food and shelter, and therefore sometimes cannot prioritize medical care. In addition, many of them are uninsured or do not have a usual source of care, which often leads them to rely on emergency departments (EDs) as a source of routine medical care. Furthermore, when unmanaged symptoms trigger urgent events or injuries occur, homeless individuals may seek care in EDs, and they may be hospitalized.

Consequently, homeless individuals experience frequent hospitalizations and ED visits. Studies have reported that a quarter to one-third of homeless people are hospitalized during a year, which is 4 times higher than the US average. Also, one-third to two-thirds of homeless people have at least 1 ED visit, which is much higher than the national average of one-fifth of the general population. Furthermore, hospitalizations and ED visits account for approximately half of medical expenditures for insured homeless individuals.⁶

The expense of assisting people who are homeless in gaining access to health care falls on taxpayers. Moreover, emergency departments are required by law, but not adequately equipped, to meet the psychosocial needs of homeless community members. Hospitals cannot effectively assist them with obtaining housing, substance abuse treatment, and mental health care.

According to a study on the cost of homelessness by Green Doors, emergency room visits by people who are homeless were significant public expenses. Green Doors is a national nonprofit

² Committee on Health Care for Homeless People. *Homelessness, Health and Human Needs*. National Academy Press, 1988.

³ Corinth K. "The Economics of Homelessness." *Urban Economics*. 2013.
<https://home.uchicago.edu/kczerniak/Economics%20of%20Homelessness.pdf>.

⁴ Corinth K. "The Economics of Homelessness." *Urban Economics*. 2013.
<https://home.uchicago.edu/kczerniak/Economics%20of%20Homelessness.pdf>.

⁵ Holland G. "Why Most of the \$100 Million L.A. Spends on Homelessness Goes to Police." *Los Angeles Times*. April 17, 2015.

⁶ Lin W-C, et al. "Frequent Emergency Department Visits and Hospitalizations Among Homeless People With Medicaid: Implications for Medicaid Expansion." *American Journal of Public Health*. November 2015.

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whose mission is to create “affordable, safe, quality housing; provide residents with access to supportive services; and educate about, and advocate for, individuals and families struggling with homelessness and at risk for homelessness.”⁷ Key points of the study concluded the following:

- People who are homeless often frequently use emergency departments. On average, they visit the emergency room 5 times per year. The highest users of emergency departments visit weekly. Each visit costs \$3,700, which is \$18,500 per year for the average person and \$44,400 per year for the highest users of emergency departments.
- People who are homeless spend, on average, 3 nights per visit in the hospital, which can cost over \$9,000.
- Not only does homelessness cause health problems, “homeless people have higher rates of chronic health problems than the general population. This takes the form of higher rates of illnesses, such as high blood pressure, heart disease, diabetes, lung disease, and HIV disease,” according to Dr. Margot Kushel, professor of medicine at Zuckerberg San Francisco General Hospital and Trauma Center and director of the UCSF Center for Vulnerable Populations.
- 80% of emergency room visits made by people experiencing homelessness are for an illness that could have been treated with preventive care.⁸

In response to these issues, hospitals throughout the country have provided \$75 million to \$100 million to housing projects to limit unnecessary ER visits and reduce wasteful health care spending for people who are homeless.⁹

Correctional System

According to the 2018 PIT Count in Placer County, out of the 584 people who are homeless, 176 reported having a serious mental illness, and 100 reported a substance abuse disorder. Oftentimes a combination of substance abuse and mental illness lead to behavior that results in an arrest, and many of these individuals are arrested multiple times. This could eventually lead to some sort of prison or jail sentence, usually associated with possession of controlled substances. According to the California Legislative’s office report from 2016-2017, it costs \$70,812 a year to incarcerate an inmate in the California correctional system.¹⁰

This high cost is shifted directly to taxpayers who are responsible for footing the bill to keep the inmates safe, housed, and medically covered. This is on top of costs related to the arrests and costs to the court system.

Cost-Reduction Strategies

Studies throughout California report there is a subgroup of the general homeless population called “highest-cost homeless individuals.” An example of this was cited during a law enforcement meeting in Placer County when law enforcement described a homeless individual whom they have arrested over 50 times within a 3-year period. Santa Clara County developed a system called the Silicon Valley Triage Tool to identify such individuals, and Los Angeles County has a system called the 10th Decile Project. They have found that 10% of the homeless population utilize the majority of public services. And they are the most likely group to frequently use hospital emergency rooms and inpatient beds, emergency psychiatric facilities, mental health inpatient facilities, and to be incarcerated in a jail mental health cell block. They are the most likely to be tri-morbid—have a diagnosed mental disorder, have a chronic medical condition, and abuse drugs or alcohol. Demographically, they are the most likely to be male and between age 35 to 44 years.¹¹

⁷ Green Doors. “About Green Doors.” [Greendoors.org/about/mission.php](http://greendoors.org/about/mission.php).

⁸ Green Doors. “The Cost of Homelessness Facts.” greendoors.org/facts/cost.php.

⁹ “Kaiser Health News Morning Briefing.” *Kaiser Health News*. October 18, 2017.

¹⁰ California Legislative Analyst’s Office. “California’s Annual Cost to Incarcerate an Inmate in Prison.” March 2017. lao.ca.gov/policyareas/cj/6_cj_inmatecost.

¹¹ Toros H, Flaming D. “Silicon Valley Triage Tool: Identifying and Housing High-Cost Homeless Residents.” Economic Roundtable. February 17, 2016. economicrt.org/publication/silicon-valley-triage-tool/.

Santa Clara County used data from the Triage Tool and estimated that it could save \$19,282 per person by housing the top 1,000 most costly individuals, for a total annual savings of \$19,282,000. San Diego County, using such an approach, reduced costs to public systems by 67%.¹²

A more relevant report showing a success in cost reduction comes from a program called Whole Person Care implemented in Placer County. Whole Person Care is a 4-year program that provides assistance to help better coordinate physical health, behavioral health, and social services for homeless individuals who are high users of multiple services, including emergency departments, probation, mental health services, and substance use programs. This program is currently in its third year of operation and has seen a decrease in the number of emergency department visits—238 visits compared to 261 visits from homeless clientele in 2017. Additionally, Whole Person Care has seen a 12% decrease in the number of hospital stays compared to 2017.

Placer County's Full Service Partnership (FSP) has additional data showing a decrease in the use of emergency services. In fiscal year 2017-2018, for clients who have completed 2 years in the FSP program, there was a 31% decrease of clients who were homeless compared to the year prior to enrollment. That resulted in 63% fewer days spent homeless. Additionally, FSP has seen an 18% reduction in the number of clients showing residence at the emergency shelter and a 62% reduction in psychiatric hospitalizations.

Participants in the Planning Process

A series of meetings were held between July and October of 2018 to gather information regarding the scope of the problem of homelessness in Placer County as well as to receive input and suggestions for solutions.

These meetings included:

- Law enforcement
- County and city elected officials
- The business community
- Shelter and service providers
- Placer County staff
- Community members and homeless advocates

Planning Meeting Summaries

Community Meetings

There were 2 meetings held for input from the general public regarding homelessness in Placer County. One meeting took place in Middle Placer and one in South Placer.

Auburn (Middle Placer)

A meeting was held to gather input from the general public in Auburn in August. At the beginning of this meeting, participants were asked 2 general questions: What comes to mind when you hear the word homeless, and what is the impact of homelessness in Placer County?

Concern was raised regarding how homelessness impacted the ability to use public spaces. Attendees said many parks and other types of public spaces were unusable because of people who are homeless at those locations. Participants also indicated that they did not want to see homeless individuals loitering in entrances to stores, and there was concern that the scale of the visible homeless problem that is present in the Bay Area will become mirrored in Placer County. Attendees did indicate they felt the sheriff's department does an adequate job in ensuring homelessness isn't a nuisance in the Auburn area.

¹² Institute for Local Government. "Homelessness in California." 2018. www.ca-ilg.org/homelessness-0.

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Additionally, there was an impression that many people who are homeless want to be left alone and would not accept services. Attendees expressed the necessity to help those who are not interested in changing and to do so in a compassionate manner. Placer County's Whole Person Care Project was mentioned as a positive solution for moving homeless individuals into permanent housing.

Those in attendance divided into small working groups of between 3 and 6 people. The groups were asked to discuss a series of questions and provide responses. The responses were consolidated for both discussion and "voting." The following were the results:

- 1. What do you believe is the number one cause of homelessness in Placer County?**
Substance abuse, mental illness, and lack of affordable/accessible housing
- 2. What do you believe is the number one solution to ending homelessness in Placer County?**
Both permanent supportive housing and homeless services programs that include case management and accountability
- 3. How does homelessness impact the Placer community?**
Community divisiveness
- 4. How should the local government focus its resources to respond to homelessness?**
It should design programs that succeed in getting people self-sufficient

Roseville (South Placer)

As with the Auburn meeting, there was a meeting held in Roseville in August to gather input from the general public. There was resentment expressed that homeless individuals were keeping the public from safely using public spaces. A number of attendees expressed irritation about the amount of litter and trash created by the homeless population as well as the issue of trespassing. There was a representative of the Roseville Police Department present at the meeting who was able to address some of the community members' concerns. Currently, a Problem-Oriented Policing team is specifically tasked with engaging the homeless population regarding available services and enforcement if necessary.

Community attendees expressed a desire for accountability of those receiving services, as well as the necessity of a process to distinguish those who choose homelessness as a lifestyle from those with serious addiction or mental illness. There was strong willingness from the group for serving the latter. However, some attendees questioned whether addiction and mental health issues can be solved with the resources currently available. Overall, there was consensus that those who are mentally ill could not be held fully accountable for their behavior and that homelessness reflected a failure of the broader national mental health system.

Attendees were divided into small working groups of between 3 and 6 individuals. The groups were asked the same questions and reached a consensus on 1 or 2 top responses. The responses were consolidated for both discussion and "voting." The following were the results:

- 1. What do you believe is the number one cause of homelessness in Placer County?**
Lack of affordable/accessible housing
- 2. What do you believe is the number one solution to ending homelessness in Placer County?**
Permanent housing, with an emphasis on supportive services and accountability
- 3. How does homelessness impact Roseville?**
Divisiveness and tax burden
- 4. How should the local government focus its resources to respond to homelessness?**
Increase the amount of permanent supportive housing, with an emphasis on substance abuse and mental health services

Placer County Programs

Placer County currently has comprehensive services to address many of the concerns voiced by attendees. This includes the Problem-Oriented Policing (POP) teams in both Auburn and Roseville—a combination of enforcement and social services staff who work to provide and

connect the homeless population to resources and solutions that reduce recidivism. The POP team coordinates closely with the Placer County mental health system. The Ready to Rent program helps homeless individuals who have had credit and eviction problems in the past by removing housing barriers and helping them develop a budget and search for housing. Auburn offers this program at the Welcome Center at 11512 B Avenue, Auburn, CA 95603.

Placer Consortium on Homelessness Meeting (PCOH)

PCOH provided input to this Strategic Plan at its August 2018 meeting. In attendance were representatives from homeless services agencies, county staff, and community service homeless advocates.

A similar process to the above-mentioned community meetings was used. Attendees were divided into small working groups of between 3 and 6 individuals. The focus of the questions differed slightly from the 2 community meetings. Groups were then asked to come up with a consensus on 1 or 2 top responses. The responses were consolidated for both discussion and “voting.” The following were the results:

- 1. What do you believe is the number one cause of homelessness in Placer County?**
Lack of affordable/accessible housing with supportive services
- 2. What do you believe to be negative consequences of homelessness in the community?**
Community divisiveness
- 3. How should the problems of homelessness be solved, and what are the primary service and program needs for people who are homeless?**
Innovative housing approaches and programs
- 4. How should the local government focus its resources to respond to homelessness?**
Develop and build affordable housing

Tahoe-Truckee Area (East Placer)

In August, a meeting was held with agency representatives and community members in Tahoe City focused on homelessness in the Tahoe-Truckee area. Those present discussed the unique challenges in the region, including extremely high housing costs, the deficiency of new workforce housing construction in the Tahoe Basin, extreme weather in the winter, and the lack of shelter facilities. The need for permanent supportive housing and affordable housing was discussed.

Other challenges discussed: The Tahoe Regional Planning Agency has oversight for all development in this area with authority that spans both Nevada and California. Its guidelines make development less cost-effective and limit the amount of housing, affordable or otherwise.

As with above-mentioned meetings, attendees were divided into small working groups of between 2 and 3 individuals. The groups were asked to discuss a series of questions and vote on the solutions. The following are the results:

- 1. What do you believe is the number one cause of homelessness in the Tahoe-Truckee area?**
Lack of low-income and supportive housing
- 2. What do you believe to be negative consequences of homelessness in the Tahoe-Truckee area?**
Access to health care (primary and mental health) and basic human suffering
- 3. How should the problems of homelessness be solved, and what are the primary service and program needs for people who are homeless in the Tahoe-Truckee area?**
More low-cost and supportive housing
- 4. How should the local government focus its resources to respond to homelessness in the Tahoe-Truckee area?**
Developing and building low-cost supportive housing

As the viability of new affordable housing development is discussed in the Tahoe Basin, an important resource in the Tahoe-Truckee area is the Mountain Housing Council of Tahoe-Truckee. This is a coalition of 28 partner agencies, including local government, nonprofits, and business groups. The groups assist with formulating local housing policy, including workforce housing,

short-term rental policy, and housing development concepts. In 2016, the Tahoe-Truckee Community Foundation conducted a regional housing assessment, including an assessment of the current workforce and tourism trends, the housing market, housing policies, and assistance programs. The full report can be found at <http://www.ttcf.net/impact/regional-housing-study/>.

Campaign for Community Wellness

For the Campaign for Community Wellness (CCW) meeting in August 2018, the majority of the time was dedicated to providing input to this Strategic Plan document. The CCW is a collaborative among concerned community members, family members, nonprofit agencies, schools, law enforcement, mental health services staff, and Placer County Systems of Care. This collaboration provides a monthly forum to help strengthen the voice of the often unrepresented populations in decision making around mental health policy, resource allocation, and service delivery. The CCW makes recommendations for enhancements to the Mental Health Services Act (MHSA) and changes directly to an MHSA Leadership Team.

This specific session began with a general discussion of homelessness. A significant portion of the meeting focused on the question: If resources are limited, how will service providers in Placer County prioritize them? Specifically, there was discussion as to whether services should be primarily focused on those who desire change and want to move toward self-sufficiency. A straw poll was taken and the votes were almost evenly split with the majority indicating their belief that programs should engage the homeless population regardless of their level of desire for services. The perspective was codified through the testimony of formerly homeless individuals. These individuals shared the reality that many people who are homeless have mental illnesses that may prevent them from pursuing available services.

After this discussion, the groups were asked to discuss a series of questions. The process was similar to the above-mentioned meetings, with participants “voting” for the solutions. The following are the results:

- 1. What do you believe is the number one cause of homelessness in Placer County?**
Lack of permanent supportive housing and affordable low-income housing
- 2. What do you believe to be negative consequences of homelessness in the community?**
Community divisiveness
- 3. What are your ideas on solving the problems of homelessness and what are the primary service and program needs for people who are homeless?**
The number one solution was low-barrier rental housing for individuals with housing barriers, such as evictions and bad credit history; an additional solution was affordable permanent supportive housing
- 4. How should the local government focus its resources to respond to homelessness?**
Developing and building affordable housing

Law Enforcement

A meeting with local law enforcement was held in September 2018 with representation from the Placer County Sheriff Department, Auburn Police Department, and Placer County Probation. The Roseville Police Department was not present at this meeting, but Thurmond Consulting spoke with them during a later time. Law enforcement members provided detailed and insightful information regarding the problems and issues law enforcement faces with the unsheltered homeless population they encounter within Placer County.

Law enforcement supports the approach of providing an appropriate level of services to the homeless population. The consensus in this meeting was that enforcement was ultimately neither a deterrent nor solution to homelessness. Law enforcement also supports substance abuse treatment and institutionalization for people with mental illnesses and expressed support of those who are willing to access services. Currently, the Social Services Unit (SSU) of the Roseville Police Department, a Problem-Oriented Policing (POP) team led by a licensed MSW, is specifically tasked with engaging identified community populations, including homeless individuals and families. SSU and Roseville PD in general, utilize a combination model of referring individuals to services and assistance, while also including enforcement responses, as needed. SSU works

within the network of the Roseville Homeless Response Team to coordinate with local service providers and city housing programs to reduce homelessness in Roseville. Efforts of SSU and the Roseville Homeless Response Team, with local grants and programs, have resulted in reductions in homelessness in recent years, including an 18% reduction in 2018. These efforts and the use of POP Teams are seen as a best practice approach locally.

Business Community Chamber of Commerce Meetings

Staff of the Roseville, Loomis, and Lincoln Chambers of Commerce were interviewed to provide a snapshot of the interaction between homeless households and the business community. They had the following comments regarding homelessness in Placer County:

The Roseville Chamber sees loitering of homeless individuals in the downtown district a problem that negatively impacts customer traffic. It is believed that there is an increase in litter and trash in the downtown area because of homeless individuals. Staff also mentioned that the presence of human waste in front of businesses was an issue.

The Lincoln Chamber of Commerce indicated that there was not a major impact from the homeless population in the downtown Lincoln area. There are a few homeless individuals who are known in the community, but they do not create a major impact on the business district. The Lincoln Chamber indicated that it would be willing to offer resources to any sort of effort to address the problem of homelessness.

The Loomis Chamber indicated only a few minor issues with homeless individuals using the local library.

Elected Officials

Thurmond Consulting interviewed the following members of the Board of Supervisors:

- Jack Duran, District One
- Robert Weygandt, District Two
- Jim Holmes, District Three
- Kirk Uhler, District Four
- Jennifer Montgomery, District Five

Key consensus points brought up during the meetings included:

- The need for additional housing
- The value of Housing First
- Willingness to change zoning to assist in the development of housing
- The need for drug and alcohol treatment, mental health treatment, and job training
- Homeless prevention strategies, including one-stop solutions (navigation/day centers)
- The value of coordination among the county, cities, and nonprofits
- The importance of adhering to *the Boise Decision* (see upcoming section)
- The need for a communication strategy regarding homelessness
- The need for continued community meetings on homelessness
- A variety of opinions, both pros and cons, regarding a regional approach to homelessness

Current Programs in Placer County for Addressing Homelessness

Below is a list of agencies and projects providing emergency shelter, transitional housing, or permanent supportive housing to the homeless population in Placer County, as reported in the 2018 Housing Inventory Count. The Housing Inventory Count is a yearly report mandated by HUD. Please note that this report is not a comprehensive list of bed availability.

Agency	Program Name	Project Type	Target Population
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Advocates for Mentally Ill Housing	Monarch House	Emergency shelter	Single men and women
Stand Up Placer	Domestic Violence Safe House Program	Emergency shelter	Domestic violence (including sexual violence, dating violence, stalking, human trafficking), households with children
The Gathering Inn	Interim Care Program	Emergency shelter	Single men and women
The Gathering Inn	The Gathering Inn South Placer	Emergency shelter	Single men and women, households with children
The Gathering Inn	Whole Person Care Interim Care Program	Emergency shelter	Single men and women
The Gathering Inn	The Gathering Inn Mid- Placer	Emergency shelter	Single men and women
United for Action Church of the Mountains	Truckee North Tahoe Emergency Warming Shelter	Emergency shelter	Single men and women
Acres of Hope	Placer Family Housing	Transitional housing	Domestic violence, households with children
Advocates for Mentally Ill Housing	Baker	Transitional housing	Single men and women
Advocates for Mentally Ill Housing	Edna's House	Transitional housing	Single men and women
Advocates for Mentally Ill Housing	George's Transition Age Youth House	Transitional housing	Single men and women
Advocates for Mentally Ill Housing	Helen's House	Transitional housing	Single men and women
Advocates for Mentally Ill Housing	Maureen's House	Transitional housing	Single men and women
Advocates for Mentally Ill Housing	Newcastle	Transitional housing	Single men and women
Advocates for Mentally Ill Housing	Peer Supported Transitional Housing (PSTH)	Transitional housing	Single men and women
Roseville Home Start	Roseville Home Start	Transitional housing	Households with children
Stand Up Placer	Transitional Housing Program	Transitional housing	Domestic violence (including sexual violence, dating violence, stalking, human trafficking), households with children
Whole Person Learning	HOPE (Housing Opportunities Providing Experience, THPP+)	Transitional housing	Single men and women, households with children, unaccompanied youth
Adult System of Care HHS	APSH	Permanent supportive housing	Single men and women, households with children
Adult System of Care HHS	Placer Street S+C	Permanent supportive housing	Single men and women, households with children

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Adult System of Care HHS	Shelter + Care	Permanent supportive housing, project-based voucher	Single women and households with children
Adult System of Care HHS	Timberline S+C	Permanent supportive housing, project-based voucher	Single men and women
Advocates for Mentally Ill Housing	HUD Permanent Supportive Housing	Permanent supportive housing	Single men and women, households with children
Advocates for Mentally Ill Housing/Whole Person Care	Lake Arthur	Permanent supportive housing	Single men and women
Advocates for Mentally Ill Housing/Whole Person Care	Phoenix	Permanent supportive housing	Single men and women
Advocates for Mentally Ill Housing/MHSA	Placer Street Shared Housing	Permanent supportive housing	Single men and women
Advocates for Mentally Ill Housing/MHSA	Timberline	Permanent supportive housing	Single men and women
Advocates for Mentally Ill Housing/MHSA	Mainstreet	Permanent supportive housing	Single men and women
Roseville Housing Authority	HUD-VASH	Permanent supportive housing	Single men and women, households with children
Roseville Housing Authority	HUD-HCV	Other Permanent Housing	Single men and women, households with children
Roseville Housing Authority	HUD-Mainstream	Permanent Supportive Housing, Direct Referrals from Homeless Service Providers	Single men and women, households with children
Placer County Housing Authority	HUD-VASH	Permanent supportive housing	Single men and women, households with children
Placer County Housing Authority	HUD-HCV	Other permanent housing, limited homeless preference	Single men and women, households with children

Rapid Rehousing and Homeless Prevention

Rapid Rehousing in Placer County is currently provided by Advocates for Mentally Ill Housing, Volunteers of America Veteran Services, and Stand Up Placer. This program gives homeless individuals and families assistance in applying for rental housing and paying for move-in costs as well as limited rent subsidies. Funding for this type of program is provided through the HUD’s Emergency Solutions grant, US Department of Veterans Affairs’ (VA) Supportive Services for Veterans Families grant, the Department of Housing and Urban Development’s Continuum of Care Competition, and the City of Roseville funding. Additionally, the Placer County CalWORKs Housing Support Program can provide rental assistance as well as a wide variety of aid for eligible homeless families.

CalWORKs

In addition to the Housing Support Program, CalWORKs offers aid and services to eligible low-income or homeless families. The type of aid offered includes:

- Direct financial assistance to help meet a family's basic needs
- Education, employment, and training programs
- Childcare, work expense assistance, transportation, and counseling

Housing Authority

Placer County currently has 2 Housing Authority agencies, Placer County Housing Authority (PCHA) and Roseville Housing Authority (RHA). PCHA offers a general and a limited preference to homeless individuals or families seeking a housing choice voucher (HCV). The general preference is offered to homeless individuals or families in Placer County (excluding Roseville) who are participants in transitional housing programs, shelter programs, or individuals who are fleeing from domestic violence. This preference must be verified by a professional or social service agency, and the applicants must be currently homeless at the time of selection. In order to be placed on the waiting list using a "limited preference," the individual or family experiencing homelessness must be directly referred by a partnering social service agency. Additionally, Placer County Housing Authority has a mainstream preference in which the applicant household must have at least 1 nonelderly disabled person between the age of 18 and 61, who are transitioning out of institutional or other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless. PCHA may offer this preference to current applicants active on the waitlist after verification of disability and homeless status is confirmed. Furthermore, PCHA currently has 14 HUD-Veterans Affairs Supportive Housing (HUD-VASH) vouchers specific to eligible homeless veterans. HUD-VASH combines HCV rental assistance with case management and other services provided by the VA.

The Roseville Housing Authority serves both Roseville and Rocklin. Neither a general homeless preference nor limited preference are currently offered through the RHA, but direct referrals from Advocates for Mentally Ill Housing, Placer County Adult System of Care (ASOC), Whole Person Care, The Gathering Inn, and Volunteers of America are accepted for the mainstream voucher program. To be eligible for the mainstream vouchers, the participant must be between the ages of 18 and 61 years, have a disability, and be either: transitioning out of an institutional/segregated setting, at serious risk of institutionalization, homeless, or at risk of becoming homeless. The RHA has been awarded 14 mainstream vouchers by HUD and will only receive applications from the Direct Referral Agencies due to the strict requirements to reach HUD's targeted population. Additionally, the RHA has approximately 35 HUD-VASH vouchers that have been provided to eligible, homeless veterans, as well as 686 housing choice vouchers for low-income households.

HDAP/SOAR

Placer County has been awarded funds through the Housing and Disability Advocacy Program (HDAP). This funding source assists homeless, disabled individuals in applying for disability benefit programs and provides housing support to program participants. This funding has helped implement the SSI/SSDI Outreach, Access, and Recovery (SOAR) program. This program is designed to increase access to SSI/SSDI for eligible adults who are either experiencing or at risk of homelessness. These individuals must have a serious mental illness, medical impairment, or a co-occurring substance use disorder.

Sutter Health Foundation

The Sutter Health Foundation has awarded Placer County \$1 million that has been blended with Whole Person Care to operate 2 housing projects. Placer County has partnered with Advocates for Mentally Ill Housing to manage the 2 houses through the Full Service Partnership. Additionally, Sutter Health Foundation has matched City of Roseville Homeless Prevention and Rapid Rehousing funding with grants of \$250,000 in 2017, \$125,000 in 2018 and \$125,000 in 2019. Sutter Health has committed to assisting programs and housing projects that reduce

homelessness through the Getting to Zero Campaign and there may be future opportunities for funding.

Whole Person Care

Whole Person Care is a program that provides services to homeless individuals who are high users of emergency departments, probation, and mental health and substance use programs in order to better coordinate physical health, behavioral health, and social services. This 5-year program is currently its third year of operation and provides clients with a number of services, including: engagement, comprehensive complex care coordination, medical respite, and housing.

Built for Zero

Addressing homelessness is a process that requires jurisdictions to consistently adjust to the needs and trends related to homelessness. A successful homeless service system requires jurisdictions to frequently revise strategies and approaches. Built for Zero (formerly Zero: 2016) is a rigorous national change effort working to help a core group of committed communities end veteran and chronic homelessness. Coordinated by Community Solutions, the national effort supports participants in developing real-time data on homelessness, optimizing local housing resources, tracking progress against monthly goals, and accelerating the spread of proven strategies. Over 70 jurisdictions nationwide have joined this movement. Beginning in 2018, Placer County HHS-ASOC, Roseville Housing Authority, and other Placer County nonprofit safety-net providers began their participation with Built for Zero to better target resources and track performance to reduce homelessness among targeted groups such as chronically homeless adults.

In general, Built for Zero challenges participants to test current service systems to determine whether new approaches would create more success overall. Many participating jurisdictions have seen a significant reduction in those who are chronically homeless and veterans who are homeless with some reaching “functional zero.” Functional zero is reached when the number of people who are homeless, whether sheltered or unsheltered, is no greater than the monthly housing placement rate for homeless households. More information can be found at www.community.solutions/what-we-do/built-for-zero.

Coordinated Entry and HMIS

The Homeless Resource Council of the Sierras (HRCS) launched its CES in January 2018. The system provides a phone hotline that serves as a centralized gateway for people who are homeless and in need of services in Placer County. The phone number in order to access the CES is 1-833-3PLACER. Homeless households are interviewed to determine their level of need and eligibility for shelter and housing programs. All client information is placed in the Homeless Management Information System (HMIS) operated by the HRCS. Agency staff update client information as needed. The HRCS has also created an Outcomes and Measurements Committee and CE By-Name List subcommittee to review and manage the local By-Name List, with focused goals on housing the most vulnerable individuals and families facing homelessness through coordinated outreach efforts and case management.

Regional Coordination—HRCS

The Homeless Resource Council of the Sierras, also known as the Roseville/Rocklin/Placer counties Continuum of Care (CoC), promotes a community-wide commitment to the goal of ending homelessness and acts as a pass-through/clearinghouse for federal and state homeless funding sources.

The CoC is a broad-based coalition of homeless housing and shelter providers, consumers, advocates, and government representatives, working together to develop strategies and approaches for addressing homelessness.

MHSA Full Service Partnership

Adults aged 18 and older who have been diagnosed with a serious mental illness and who would benefit from an intensive-service program may be eligible for services provided through

several FSPs. According to the 2017-2020 Placer County MHPA Plan, “Full Service Partnerships embrace client-driven services and supports, with each client choosing services based on individual needs.”¹³ This program offers a low staff-to-client ratio and 24/7 crisis availability. The adult FSP program provides assistance in obtaining housing, employment, and education as well as providing mental health services and integrated treatment for individuals with a co-occurring disorder. Service delivery is flexible, with the option of having services provided in the individuals’ homes, the community, or other locations.

Enforcement and Ordinances

The Boise Decision

Many cities and counties in the Northern California region have passed ordinances to regulate and control homeless sleeping and camping in public places. *The Boise Decision* of the Ninth Circuit Court prohibits the impositions of criminal penalties for sitting, sleeping, or lying outside on public property for homeless individuals who cannot obtain shelter.

Here is a brief summary of the major points of *the Boise Decision*:

1. Local governments cannot criminalize conditions of being a human (ie, sleeping, sitting down, seeking shelter).
2. Local governments cannot cite or arrest someone for sleeping on public property unless there is a real viable shelter space available to that person.
3. The shelter space must be free from significant conditions for entrance.
4. Criminalizing homelessness through anticamping and antiloitering ordinances and statutes is cruel and unusual punishment and thus a violation of the Eighth Amendment.
5. Acts such as vandalism or destroying vegetation can still be enforced.
6. Questions regarding removing homeless individuals from closed parks were not directly answered by the case.

As communities in Placer County look for strategies to address the problem of homelessness, the parameters of this decision should be considered.

Common Homeless Strategies and Services Concepts

Housing First

Housing First has become the official strategy of HUD and HCD for formatting homeless services. The State of California has passed Senate Bill 1380, which requires that all state-funded programs that provide housing or housing-related services adopt the Housing First model. However, there are other federal departments, such as the Department of Justice and Health and Human Services housing, that have programs that run counter to Housing First policies.

What Is Housing First?

A key condition of the Housing First strategy is to shelter and house homeless households regardless of their background, behavior, sobriety, or participation in service components. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals before permanent housing entry. Within this concept, all services are optional for homeless households.

Housing First emerged as an alternative to the linear approach in which people experiencing homelessness were required to first participate in and graduate from short-term residential (ie, transitional housing) and treatment programs before obtaining permanent housing. In the linear approach, permanent housing was offered only after a person experiencing homelessness could demonstrate that they were “ready for housing.” Permanent supportive housing models that use a Housing First approach have been proven to be highly effective for reducing homelessness, particularly for people experiencing chronic homelessness who have higher service needs.

¹³ Placer County’s 2017-2020 Mental Health Services Act Plan.

However, the lack of services offered and limited participation could significantly lessen the success of this concept.

Cabin-Style Communities and Declarations of Shelter Emergencies

The cabin-style housing unit approach to homelessness has been adopted by several jurisdictions within the Northern California region. The strength of this approach is the ability to quickly create shelter at a cost that is within reach of many localities without external funding. Based on a survey of existing projects, there are variations in approaches to the construction of the individual living quarters. However, what the units have in common is the lack of utility connections, very small size, and low material and construction costs. It is important to note that these structures are different than what has been referred to as “tiny homes” in the general housing market. Tiny homes typically include utilities and finished interiors with many high-end models averaging \$150,000 per unit.

Construction at the SquareOne Opportunity Village in Eugene, Oregon, utilizes a kit of modular, premanufactured panels constructed in off-site workshops. The first 5 structures were built in a day by volunteers. Materials for these structures cost an average of \$2,000. In Oakland, California, volunteers built tiny wooden houses off site, providing 50 units to homeless individuals. Within the region, Yuba County’s 14Forward project utilizes 8 x 14 Tuff Shed units housing 2 individuals per unit. These Tuff Sheds can range from \$3,000 to \$7,000 installed.

As previously mentioned, these projects typically have no utilities at the units themselves, but rather a centralized area with electrical service and showers, toilets, and cooking area similar to commercial campgrounds. All of these project concepts require local jurisdictions to declare a shelter crisis that allows for a suspension of local building and zoning requirements.

Licensed Substance Abuse Treatment Facilities

Substance abuse and long-term addiction to alcohol and other drugs have been recognized as major causes of homelessness since the start of homeless counts and surveys in the mid-1990s. Inpatient detox and treatment programs have long been recognized as an important response to this problem. The challenge has been providing this treatment to homeless populations. Until recently, most homeless individuals did not have health coverage that provided for this treatment nor their own funds for private pay. With the passage of the Affordable Care Act in 2014, substance abuse treatment became part of the definition of primary care, thus creating a requirement that health insurance plans provide this benefit. This, along with the expansion of Medi-Cal eligibility to include low-income singles, made substance abuse treatment available to millions of additional homeless individuals. Placer County has recently had a Medi-Cal waiver been approved. This waiver allows eligibility requirements to be expanded, increasing the number of people who can receive substance abuse treatment services through Medi-Cal. This waiver program began in November 2018.

Examples of this concept within the region include the recent expansion of treatment opportunities by Community Recovery Resources (CoRR) in Grass Valley and Fourth & Hope in Woodland. The treatment facilities that these agencies operate provide shelter and food as well as treatment services. Additional federal funding will be available within the next year in response to the opioid crisis.

Integrated Mobile Outreach Teams

A number of localities have implemented a strategy of mobile outreach teams for contacting and engaging people who are chronically homeless living on the streets. The teams usually consist of a police officer, a mental health professional, and a homeless services case manager. The team responds to community calls, complaints, and reports of illegal homeless camps. In most cases, there are also local ordinances regarding illegal camping that participating police departments are mandated to enforce. This approach involves connecting homeless individuals with services or active intervention in the cases of mental health emergencies or extreme intoxication. Placer County Sheriff Department, Probation, and Health and Human Services have created the Homeless Liaison Team to provide outreach. This is in addition to Placer County’s outreach teams through the Homeless Full Service Partnership and Whole Person Care, which provide services to

the unsheltered homeless population. The Roseville Police Department Social Services Unit and Placer County Probation also coordinate outreach, service referrals and collaborative responses to homeless individuals. Several nonprofit service agencies provide outreach to people who are homeless in specific locations throughout Placer County.

Key Conclusions From Meetings and Interviews

Affordable Housing with Support Services Is the Primary Solution

Affordable housing with support services was a consensus and primary solution to homelessness in almost every meeting and interview conducted. This includes housing with services along with subsidized rent assistance.

Several studies have found that permanent supportive housing reduces taxpayer costs by as much as 40%. When a chronically homeless individual is placed in housing with supportive services, the individual is no longer frequently utilizing emergency healthcare services, jails, and the criminal justice system.¹⁴ A study in Central Florida conducted in 2014 found that the average homeless person was utilizing approximately \$31,065 worth of emergency services through inpatient hospitalizations, emergency room fees, and criminal justice costs. Alternately, the average cost to house a chronically homeless individual in permanent supportive housing was only \$10,051 per year.¹⁵

Substance Abuse and Mental Health Services Must Be Part of the Solution

There was a consensus throughout the meetings—from the elected officials, law enforcement, and the service providers—that substance abuse and mental illness, usually in combination, are a key component that makes a person homeless and keeps them homeless. There needs to be service slots and treatment beds available for all who need them when they need them.

Other Challenges

NIMBY

The presence of homeless individuals living on the street is something that presents a challenge for any downtown or neighborhood. There is a perception that homeless shelters or service sites could affect business foot traffic or decrease property values. This creates the issue of “Not in My Back Yard” or what is known as NIMBY. Those who work in developing and establishing housing for homeless and other low-income target populations are aware that this issue is one of the most difficult issues to address. State law requires that all public entities that receive state and federal housing funds develop zoning in which housing/shelter for those who are homeless is permitted by right. This problem becomes particularly acute when neighbors learn that housing will include not only homeless individuals but those with severe mental illnesses and are chronically homeless. The general public is often concerned when they are informed of Housing First and harm-reduction models used near their place of business or residence.

A well-planned series of community meetings and education initiatives ensuring that the community feels it has had input in the process can be effective in mitigating the NIMBY problem. After projects are established, this must be followed up with very tight management and security to maintain the trust and confidence of the surrounding area. Projects with a specific point of contact for neighbors can be a very effective component for alleviating fears.

Suggested Strategies

Below are suggested strategies for addressing homelessness in Placer County.

¹⁴ Gibbs A. “Ending Homelessness Transforms Communities and Reduces Taxpayer Costs.” Community Solutions. www.community.solutions/sites/default/files/housingcostsavingsfactsheet-zero2016.pdf.

¹⁵ Shinn G. “The Cost of Long Term Homelessness in Central Florida.” Central Florida Commission on Homelessness. 2014.

STRATEGY 1: Develop Affordable Housing With Services (ie, Permanent Supportive Housing)

The community agreed that lack of affordable housing was one of the most prominent causes of homelessness as well as substance abuse and mental illness. During almost all of the meetings held in Placer County, the development of housing that is affordable with services to help with substance abuse and mental illness was the most commonly suggested solution. The development of permanent supportive housing was also the most commonly suggested role for local government to play in addressing homelessness. There has already been a significant amount of affordable housing development in Placer County. However, only a limited number of projects have been focused on permanent supportive housing.

STRATEGY 2: Continue Support at CDRA Housing Development Stakeholder Meetings

As mentioned previously, permanent supportive and affordable housing have been identified as a clear and present need in Placer County. Placer County’s Community Development Resource Agency hosts a number of stakeholder meetings, with 50% of attendees being housing developers. Other stakeholders include advocates of affordable and homeless housing. We suggest continued support for this activity.

STRATEGY 3: Communicate Consistently With General Public About Homelessness

Often, the concerns of the public regarding homelessness are based on incomplete or inaccurate information. Keeping the public informed regarding the homeless population and the efforts being undertaken by agencies both public and private to address the problem is vital as well as updating the public regarding the extensive efforts of law enforcement and the challenges they face. In addition to keeping the public informed on agency and law enforcement efforts, it is important to have a campaign that is targeted at humanizing individuals who are experiencing homelessness. Any new projects or initiatives should be presented to the public during initial conceptualization—well before implementation or proposed construction. This strategy can be carried out via frequent community meetings, social media, radio, podcast, etc.

STRATEGY 4: Increase Investment in Treatment—Alcohol, Drug, and Mental Health

Many chronically homeless individuals have long-term substance abuse disorders and mental health issues. Their lack of ability to pay rent at any level, no matter how affordable, is directly tied to their addiction and mental health, distorting their financial priorities and undermining their employability.

Although Placer County already has extensive treatment programs with treatment beds, there will very likely be a need for an increased number in the future considering statewide and national trends. An individual who is addicted to alcohol or drugs or who needs mental health treatment and is ready to make the necessary changes in their life should have resources available to them at that very important decision point.

STRATEGY 5: Increase Emergency Housing Beds

While the development of permanent supportive housing is a primary solution to addressing homelessness, new housing projects can often take several years to develop. A short- to medium-term solution to the housing crisis should include the increased development of interim housing beds. This could consist of emergency housing, bridge housing, and transitional housing to help lessen the gap between the unsheltered homeless population and the number of available beds.

STRATEGY 6: Continue Participation in the Built for Zero Campaign

Built for Zero is a rigorous national change effort working to help a core group of committed communities end veteran and chronic homelessness. Coordinated by Community Solutions, the national effort supports participants in developing real-time data on homelessness, optimizing local housing resources, tracking progress against monthly goals, and accelerating the spread of proven strategies. Placer County is already signed up as a participant. More information can be found at www.community.solutions/what-we-do/built-for-zero.

Potential Funding Sources for Developing Affordable Housing

The following is a summary of current potential sources for developing affordable housing. Several of these sources may be viable in Placer County. Typically, a capital development project must combine funding sources in order to create an economically viable housing project. Timelines and overall availability of funds must also be considered.

No Place Like Home (NPLH)—Competitive and Noncompetitive County Allocations

This funding source focuses on permanent supportive housing for those with mental health issues. It is a 55-year deferred loan. This source also subsidizes operational funding for up to 20 years to ensure affordability, making it a more viable source for housing for those who are chronically homeless. Acquisition, rehabilitation, construction, and operating reserve are eligible uses. Counties are allocated no less than \$500,000 regardless of size on a noncompetitive basis. A competitive funding round for NPLH was also released in October 2018. Counties of like size will compete in the same funding category. In partnership with Mercy Housing, Placer County will be submitting an application for funding in the first round, due January 30, 2019. This program is administered through the State Department of Housing and Community Development.

HOME Program

The State Home Investment Partnership Program (HOME) is a low-interest residual receipt loan program for developing affordable housing. A residual receipt loan payment program allows a deferral of the principal until all other operational obligations are paid. The source is a pass-through to the state from the federal government. It is one of the largest and most consistent federal housing block grant programs with \$72 million available statewide in the 2018 Notice of Funding Availability (NOFA). This program is administered through the State Department of Housing and Community Development.

4% and 9% Tax Credits

Tax credits are the largest single source of funding for affordable housing nationwide with an average of \$9 billion in funding every year. The 4% tax credits can provide up to 30% of the cost of a project. A combination of a 30% subsidy and a low-interest 3% residual receipt loan (payments based on revenue after expenses) such as HOME can create a viable affordable housing project. The 9% tax credits are competed for and used at the State level to develop permanent supportive housing units. This program is administered by the State of California's Treasurers Office.

Balance of State Community Development Block Grants (CDBG)

These are funds that can be used specifically for infrastructure cost related to affordable housing developments as well as the full cost for community facilities (shelters, etc). Smaller counties and cities, such as Placer County, compete for what is referred to as "balance of state" funding. Placer County has been successful in the past applying for these funds, having been recently granted \$3.9 million for various projects. Both the City of Roseville and City of Rocklin have CDBG funds for public services. This program is administered through the State Department of Housing and Community Development.

United States Department of Agriculture (USDA) Community Facilities

This is a loan program for communities with 20,000 residents or fewer. Previous projects in Placer County include the Western Sierra Medical Clinic and the CoRR Center.

National Housing Trust Fund (NHTF)

This deferred loan program via HCD is similar to No Place Like Home. The applicant eligibility and project requirements are also similar to HOME. This is another good ongoing source for the development of permanent supportive housing. In 2018, the NOFA for this source was published

in the summer of 2018. However, the 2019 date is unknown at this point. This program is administered through the State Department of Housing and Community Development.

Federal Home Loan Bank—Affordable Housing Program

The Federal Home Loan Bank of San Francisco's Affordable Housing Program can provide grant funding for transitional, emergency, and permanent supportive housing projects. An organization must partner with a member bank to apply (there are member banks available in Placer County). Grants in 2017 ranged from half a million to \$2 million.

Affordable Housing and Sustainable Communities Program

This program funds housing development and local infrastructure that reduces greenhouse gas emissions. Although not specifically targeted to address affordability, 50% of these funds are set aside for affordable housing developments. This program is administered through the State Department of Housing and Community Development.

Golden State Acquisition Fund

The Golden State Acquisition Fund is a \$93 million flexible, low-cost loan program for creating affordable housing throughout California. The program was established through seed funding from the State Department of Housing and Community Development but has gone on to be self-sustaining. This can be another source of loan funding for homelessness and affordable housing.

Section 811 Project Rental Assistance

This program provides long-term rental subsidies to projects funded via HUD. It targets homeless households with disabilities including those with developmental disabilities, severe mental illness, and chronic illness. Once a project is operational, this program can provide funding through a rental subsidy.

Veterans Housing and Homelessness Prevention Program (VHHP)

This 55-year deferred loan program is similar to No Place Like Home. However, it requires that at least 45% of a project be occupied by homeless veterans. Funds can be used for development and construction of new housing as well as renovation and acquisition of existing units. This program is administered through the State Department of Housing and Community Development.

Supportive Housing Multifamily Housing Program

This 55-year deferred loan program focuses on developing permanent supportive housing for homeless individuals. Funds can be used for new construction, acquisition, and renovation. This program is administered through the State Department of Housing and Community Development.

Current Homeless Operational Funding Sources

CoC Program Competition

Placer County has joined Nevada County to form the Homeless Resource Council of the Sierras Continuum of Care. Total requested funding for homeless housing and services in 2018 was \$1,428,433 for ongoing projects. Of this, \$996,369 will be allocated to programs located in Placer County.

Emergency Solutions Grant (ESG)

This grant is funded through the State Department of Housing and Community Development and can fund various programs types: Rapid Rehousing, shelter operations, street outreach, and homeless prevention. Historically, Advocates for Mentally Ill Housing has been a recipient for Rapid Rehousing and Stand Up Placer has been a recipient for shelter operations.

California Office of Emergency Services (CAL OES)

Although previously utilized primarily by domestic violence shelters, CAL OES provides funds for transitional housing for homeless youth victims of crime as well as homeless domestic

violence victims. This source provided viable and stable sources of operational funding for transitional housing and emergency shelters.

City of Roseville

The City of Roseville has Homeless Prevention and Rapid Rehousing funding that is released on an annual basis to prevent and shorten instances of homelessness.

New Funding Sources

These sources have either been announced or published in 2018.

CESH/SB2

SB2 is legislation that provides ongoing funds for affordable and homeless housing through a tax on real estate transactions. Part of this legislation states that for the first year, 50% of the funding must be allocated to homeless services. This 50% is given to service providers via the State of California's CESH program. These funds can be used for Rapid Rehousing Rental Assistance up to 48 months, a capitalized operational subsidy for affordable housing (up to 15 years), navigation centers, case management, HMIS, and coordinated entry. The first NOFA was published in August 2018, and the second NOFA will be made available in early 2019. The HRCS CoC has submitted the initial application to the state and will be releasing an internal RFP for Placer County agencies.

SB2

This ongoing source will be allocated to local jurisdictions on the basis of population and poverty statistics similar to CDBG funding. The use of funds must focus on affordable housing, however, not exclusively or primarily for homeless housing or services.

HEAP

This one-time funding source can be used in response to a homeless emergency. This includes construction of shelters, navigation centers, Rapid Rehousing, etc. This funding source became available in September 2018. A second NOFA will be made available in January 2019. Approximately \$2.7 million will be allocated to the Homeless Resource Council of the Sierras, with 59% of the funds being allocated to Placer County.

Housing for Healthy California SB2

This funding source focuses on grants and loans for supportive housing development projects. The NOFA is still in the development process with an RFP likely to be released in December 2019. It is focused on housing for homeless individuals who receive services through the Whole Person Care pilot program, Healthy Homes, or other county-controlled funding sources.

Homeless Mentally Ill Outreach and Treatment Program (HMIOT)

Senate Bill 840 allocated one-time funding to the Department of Health Care Services for counties to provide local activities involving individuals with serious mental illness and who are homeless or at risk of becoming homeless. Placer County received \$307,000 from this source in 2018.

Sutter Getting to Zero

Placer County received a \$1 million matching grant from Sutter Health to buy housing and rental subsidies for up to 20 homeless people a year. The donation is going to the county Whole Person Care pilot program and involves purchasing housing units for participants to use. The Whole Person Care Program is a major, 5-year pilot powered by \$10 million in federal funding.

Citizens Benefit Fund

The Citizens Benefit Fund was established in 1993 following the sale of the city-owned Roseville Hospital to Sutter Health for \$14.8 million. Proceeds from the sale of the 225-bed facility were placed in a trust. The interest earned each year is the total available for Citizens

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Benefit Fund grants. The first grants were awarded in 1994. In 2018, funds were allocated to approximately 30 nonprofit organizations including several homeless services programs.