California Homelessness in Context

UC Center Sacramento
October 19, 2017
Gary Blasi, Professor of Law Emeritus, UCLA
History of California Homelessness

- **1850 – 1983:** Limited, mostly episodic homelessness
  - Skid Rows, older single, often alcoholic men
  - Domestic violence refugees
  - Other refugees, economic and otherwise, from 1850 to 2017
  - Great Depression and “Okie” camps
  - In California, General Assistance/General Relief was enough for single room


- **2007 – Present** More focus on chronic, costly homeless and “Housing First.” Increased attention to housing crisis, but little focus on extreme poverty or housing relevant to extremely poor.
Legal History
The California Legislature, Counties and the Safety Net

• **1850**: California statehood

• **1855**: Counties mandated to provide survival aid to unemployed indigents

• **1931**: Current W&I Section 17000: "Every county . . . shall relieve and support all . . . indigent persons . . . when such persons are not supported . . . by their relatives or friends, or by their own means, or by state hospitals or other state or private institutions."

• **1931-1991**: Courts interpreted “relieve and support” in W&I 17000 to require means of bare survival: shelter, food, clothing, health care, transportation

• **1991**: County of Los Angeles settled lawsuits: GR set at $341 plus inflation

• **1991**: County of Los Angeles lobbied Legislature to void settlement and set permanent minimum GR/GA grant at $221/month (62% of Fed. Pov. Level)

• **2017**: County of Los Angeles GR grant: $221/month (now 22% of Fed. Pov. Level)
Statistical Geography of Homelessness Today

• Los Angeles County has 26% of CA population, 37% of homeless
• 5 other counties (San Diego, Santa Clara, San Francisco, Alameda, Orange) have 27% of CA population, 25% of homeless
• Rest of state has 46% of population and 36% of homeless
• Prevalence of homelessness (homeless as % of population) varies widely, e.g.:
  • Los Angeles: 0.43%
  • San Francisco: 0.80%
  • Orange: 0.13%
• Caveat: Reported estimates are function of: “true” numbers, difficulty of count, and methods/resources used in counting
Homelessness and Its Causes: Individual

• Homelessness is situation, not characteristic of person

• Individual level causes vary in the details
  • Family
  • Mental disorders and/or substance abuse
  • Medical and health issues
  • Poor education and lack of marketable skills
  • Discrimination in labor and other markets
  • Loss of employment or other sources of income, often related to illness

• But overwhelmingly: Extreme Poverty
  • Material poverty and poverty of social networks/social capital.
  • Inability to find and maintain housing with available resources
  • Constant precarity, falling into and out of homelessness
Causes of Homelessness: Structural

• Resources, broadly defined
  • Family and social networks (vary for historical and cultural reasons)
  • Availability/cost of services that reduce effects of individual problems
    • Mental health and addiction treatment
      • Often requiring housing to be effective
    • Family instability
      • Child welfare, domestic violence
    • Education/training to develop skills with labor market demand
  • Income support
    • Unemployment Insurance, CalWorks, SSI, GA/GR

• Housing: price, supply, location

RESOURCE/HOUSING GAP = HOMELESSNESS
## The 2017 Housing Cost/Resource Gap Concretely

<table>
<thead>
<tr>
<th>County</th>
<th>August, 2017 Median Rent Studio (0-BR)</th>
<th>Increase since 2014</th>
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<tbody>
<tr>
<td>Los Angeles</td>
<td>$1,850</td>
<td>54.1%</td>
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<tr>
<td>San Diego</td>
<td>$1,515</td>
<td>11.6%</td>
</tr>
<tr>
<td>Orange</td>
<td>$1,755</td>
<td>12.7%</td>
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<tr>
<td>Santa Clara</td>
<td>$2,255</td>
<td>7.9%</td>
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<td>Alameda</td>
<td>$2,083</td>
<td>34.4%</td>
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<tr>
<td>Sacramento</td>
<td>$950</td>
<td>40.7%</td>
</tr>
<tr>
<td>San Francisco</td>
<td>$2,575</td>
<td>-4.6%</td>
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### Source Amount

<table>
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<tr>
<th>Source</th>
<th>Amount</th>
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<tr>
<td>F/T Min Wage</td>
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<tr>
<td>SSI</td>
<td>$895</td>
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<tr>
<td>GA – San Francisco</td>
<td>$440</td>
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<tr>
<td>GA – Santa Clara</td>
<td>$343</td>
</tr>
<tr>
<td>GR – Orange</td>
<td>$350</td>
</tr>
<tr>
<td>GR – Los Angeles</td>
<td>$221</td>
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County Safety Nets Varies Widely

<table>
<thead>
<tr>
<th>County</th>
<th>GA/GR</th>
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<tr>
<td>San Francisco</td>
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<tr>
<td>Santa Clara</td>
<td>$350</td>
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<td>Los Angeles</td>
<td>$220</td>
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<tr>
<td>LEGAL MINIMUM</td>
<td>$0</td>
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</table>
The Inflation Gap

Changes in Rental Costs and GA/GR Single Person Grant: 1991 – 2017

Rent Increase | GA/GR Increase

Los Angeles | Alameda | Santa Clara | San Diego | Orange | San Francisco

0% | 20% | 40% | 60% | 80% | 100% | 120% | 140% | 160% | 180%
Building Our Way Out of Homelessness?

- Recent state attention to “affordable” housing is positive, **BUT irrelevant** to most homeless people, who are far below “extremely poor” (30% of AMI):
  - $1300 in Sacramento
  - $1579 in Los Angeles (= 7 times the GR grant, 1.8 times SSI)
  - $2304 in San Francisco

- Recent local initiatives (e.g. Prop. HHH in City of Los Angeles) are positive, **BUT** far from enough
  - Optimistically, can leverage 1,000 units of supportive housing annually for chronically homeless in City
  - But currently 10,617 chronically homeless in City of LA in 2017, up 24% from 2016.
Attending to California’s Safety Net

• Abandonment of an animal in California:
  • A crime under Penal Code § 597s

• Abandonment of human being with severe disabilities in California:
  • May not even be bad politics
    • LA elected: “No politician ever lost an election because he didn’t do enough for the homeless”
  • But is bad public policy (leaving morality aside)
    • Many homeless people die of hypothermia in California
    • But most die in hospitals, after extensive treatment for preventable diseases
    • Chronically homeless left on street are VERY expensive
    • Other externalities are great: e.g., Hepatitis A outbreak
    • Supportive housing reduces net costs significantly, BUT
    • Costs born by health care and justice systems, not by social services
    • Positive example: LA County Housing for Health Program: 3,000 housed
What about 73% of CA homeless NOT chronic/disabled?

• Primary focus of federal, state, local policy on chronically homeless
• BUT 60% of non-chronic homeless lack shelter of any kind
  • Likely to get worse as public resources moves to support of chronically homeless
  • Time on streets can lead to disabling conditions and ultimately, more chronically homeless
  • Rapid rehousing and decreasing time on streets effective and efficient
• Require varying kinds of assistance
  • Eviction prevention
  • Rapid rehousing, with funds for deposits, etc.
  • Specialized help for youth, intimate abuse survivors, vulnerable populations
So how do we pay for it?

• We are already paying a high price to keep people on the streets.
  • Those costs will continue to rise, as the homeless population ages and health care costs continue to increase.

• The legislature has been an enabler of bad local policy: Exhibit 1
  • Exhibit 1: W&I 17000.5 and LA’s $221 GR grant, 1984 – 2017.
  • LA County GR Net Count Cost is 3.5% of County Local Revenue
  • LA County Proposition H will generate significant resources to address homelessness CAUSED by County’s long neglect of safety net
  • No resources to help the 36,000 people on GR who are homeless afford housing

• Ultimately: Essential public finance reform to finance California’s foreseeable needs, including Prop. 13 reform.
The Alternative
And not just in Skid Row
Women Experiencing Homelessness

ENDING THE CYCLE OF HOMELESSNESS ONE WOMAN - ONE FAMILY - AT A TIME.

UC CENTER SACRAMENTO
OCTOBER 19, 2017
RENAE GARCIA, SOCIAL WORKER, WOMEN’S EMPOWERMENT
Understanding Their Stories Before Homelessness

- Severe Childhood Abuse
- Family Domestic Violence
- Unsafe Supervision
- Exposure to Drugs, Violence, and Sex
- CPS Involvement
- Poor Medical Treatment
- Numerous Toxic Relationships
- Grief & Loss
Challenges Specific To Women Experiencing Homelessness

- HIDDEN SUPPORTS
- FEMININE PRODUCTS (HAIR, NAILS, RAZOR, MAKE-UP, TAMPONS/PADS)
- TOILET TIME
- PARENTING & CHILDCARE (DIAPERS, FORMULA, FOOD, MEDICINE)
- SAFETY
How These Women Survive

- QUID PRO QUO (BABYSIT, COOK, CLEAN, CALFRESH, TRANSPORTATION ASSISTANCE)
- SEPARATION OF FAMILY MEMBERS
- "DATES"
- TOXIC RELATIONSHIPS
Our Story

- Located in Sacramento, California, Women’s Empowerment’s mission was created by homeless women expressing their needs and a community coming together with the desire to end homelessness—for good.
- In 2004, Women’s Empowerment became an independent 501(c)(3) nonprofit.
- In May 2009, we were named Nonprofit of the Year by the Nonprofit Resource Center.
- In 2014, Women’s Empowerment was awarded Organization of the Year at the inaugural Women’s Appreciation Awards by Congresswoman Doris Matsui, Senate President pro Tem Darrell Steinberg and Assemblymember Roger Dickinson.
Women’s Empowerment Mission

Women’s Empowerment educates and empowers women, who are homeless, with the skills and confidence necessary to secure a job, create a healthy lifestyle, and regain a home for themselves and their children.

Ending homelessness one woman – one family – at a time.
Women’s Empowerment Program

JOB READINESS

To accomplish our mission of educating and empowering women who are homeless, we have built an nine-week program with an extensive job readiness curriculum. Our job-readiness program provides:

• Resume Building and Master Application
• Interview Skills / Mock Interviews
• Computer Literacy
• Professional Development
• Job-Seeking Skills
• Individual one-on-one counseling and support from an Employment Specialist
Women’s Empowerment Program

EMPOWERMENT AND SUPPORT

Homelessness is an isolating experience. Women experience a loss of self-esteem, confidence and identity. Women’s Empowerment job-seekers long to rejoin their community, and our program provides the support and empowerment necessary for them to rebuild their lives:

• Individual, one-on-one counseling and support from Social Workers
• Assistance with Housing, Health, Legal resources, Etc.
• Professional Clothing Closet
• A Life-time Support Network and Community
Program Enrichment Activities

In addition to our regular curriculum, optional Enrichment Activities are offered throughout the week, including:

- Domestic Violence Group
- Parenting Workshops
- Cooking and Nutrition Classes
- Fitness and Yoga
- Wellness and Recovery Group
Eligibility for the Program

The Women’s Empowerment nine-week, job-readiness and empowerment program is open to all women who are:

- 18 years of age or older, identify as a woman
- Homeless, recently homeless, or at risk of becoming homeless
- Able to attend classes 5 days/week for 9 weeks
- Can be present mentally, emotionally and physically to attend classes

Attending an orientation is required for consideration of the program.
Graduate Services

Once our current students graduate our nine-week job-readiness program they are eligible to continue to receive services including:

- Employment Workshops
- Advanced Training Programs
- Hiring Events
- Wellness and Recovery Group
- Clothes Closet – casual and professional
- Individualized Career Development Planning
- Social Worker & Community of Support
- WE Events
Women’s Empowerment Outcomes

- Over 1,400 graduates to date, over 3,000 children served
- In 2015 –
  - 476 individual women received at least one life-changing service
  - 95 homeless women graduated from our job-readiness class
  - 100% of the graduates reported “I am more hopeful about my future”
  - 121 homeless children thrived in our on-site child development center
  - 93% of the women had regained or maintained a safe and stable home within 90 days of graduation
  - 83% of the women either secured a job or enrolled in school/training
  - 130 graduates secured a job!
Women’s Empowerment Volunteers

We are greatly supported by the community including over 600 active volunteers!

Opportunities include:
- Mentoring
- Teaching
- Providing transportation
- Fundraising
- Event planning and implementation
- …..and MORE.
Women’s Empowerment

1590 North A Street
Sacramento, CA 95811

(916) 669-2307
FAX (916) 341-0730

www.womens-empowerment.org
San Francisco Whole Person Care

Homelessness and Health

Barry Zevin MD
San Francisco Department of Public Health
Medical Director, Street Medicine and Shelter Health
barry.zevin@sfdph.org
Homelessness is a Result of Poverty

Poverty is a Result of Disadvantage, Discrimination, Disability

Homelessness is a Result of Lack of Affordable Housing

Lack of Affordable Housing is a Result of Policy
SF WHOLE PERSON CARE

How many homeless people?

549,928
US Single Night Homeless Count

118,142
California Single Night Homeless Count

7,499
San Francisco Single Night Homeless Count

14,000
SFDPH registered for health services as Homeless
How many homeless people?

SF WHOLE PERSON CARE

LESS THAN 120,819
US Homeless Children single night count

2,483,539
U.S. Dept of Education’s count of homeless children in U.S. public schools
2013 U.S. Census data

2.3–3.5M
People experience homelessness in a year
old data from before they stopped trying to count
SF WHOLE PERSON CARE

Who are they?

United States
- 60% Men
- 40% Women
- .3% Trans

San Francisco
- 61% Men
- 33% Women
- 6% Trans, gender non-binary

Homeless population
- United States: 39% African American, 22% Latino, 48% White
- San Francisco: 34% African American, 22% Latino, 35% White, <5% Asian, 30% LGBTQ

City as a whole
- 6% African American, 15% Latino, 42% White, 33% Asian
Prevalence of Illness and Disability

US Estimates population as a whole

- Mental Health Disorders – 50% Lifetime Prevalence, current Prevalence AMI 18.5%, SMI 4%
- Alcohol Use disorders current 14%, lifetime 30%
- Drug Use Disorder current 4%, lifetime 10%
- Cognitive Impairment 5-10% (older than 60)
- Disability – 15%
SF WHOLE PERSON CARE

Prevalence of Illness and Disability

Homeless population - US

• Mental Health Disorders – SMI 20%
• Substance Use Disorder – 17%
• Cognitive Impairment 25%
• Disability – 43%

Homeless population – US

• Mental Health Disorders – 39% (self reported PIT)
• Substance Use Disorder – 41% (self reported PIT)
SF WHOLE PERSON CARE

Homelessness and Aging

• Mortality 2-5X age-standardized general population
• 10-20 year earlier age of onset of chronic disease in homeless persons
SF WHOLE PERSON CARE

Bio-Psycho-Social-Spiritual Approach

Most people I see are homeless today and will be homeless 1 year from now

• Need to adapt our healthcare practices to this fact
  • Provide excellent medical care
  • Recognize and attend to mental health and substance use disorders
  • Have systems to deliver care where people are, coordinate care, not discriminate, aim for affordable, acceptable, (supportive) housing
  • Recognize assault of homelessness on individuals integrity and sense of meaning
SF WHOLE PERSON CARE

Harm Reduction / Trauma Informed Care

• Meet people where they are
• “Come as you are”
• Provide practical support
• Treat people with dignity and respect
• Recognize universality of trauma
• Train staff and change systems to not re-traumatize
SF WHOLE PERSON CARE

Policy Approach

No single “problem of homelessness”

• Define problems before solving them
• Adopt housing as a human right
• Provide housing and services that are effective and acceptable and recognize long term need
SF WHOLE PERSON CARE

Policy Approach

Until we house those experience homeless:
Provide Realistic / practical solutions

Problem: people urinating and defecating in street, spread of contagious diseases

Solution: More accessible toilets and handwashing where homeless people are

Problem: Homeless people congregating in streets and parks

Solution: Create compelling places for people to be during the day (and night) other than streets and parks
SF WHOLE PERSON CARE

Policy Approach

Realistic / practical solutions

**Problem:** People drinking alcohol and using drugs in plain view of the public, high rate of overdose deaths

**Solution:** Sobering / safer recovery centers, supervised consumption facilities

**Problem:** Overuse of emergency and acute healthcare services by individuals experiencing homelessness

**Solution:** Careful analysis and then targeted solutions

*Example* Psychiatric emergency services “bridge” project
SF WHOLE PERSON CARE

Policy Approach

Realistic / practical solutions

**Problem:** People who are chronically unable to sleep and are irritable and have difficulty following through

**Solution:** Providing places that allow people to sleep in daytime
Final Thoughts

- Is widespread homelessness, mental illness, substance use, discrimination, breakdown of family, and our chronic inability to develop policies that will address these problems a signifier of deeper spiritual problems we must face in our society?

- Is this an opportunity?
Homelessness is Decreasing Nationwide, but Increasing in California

California (2015-2017)

Overall Homelessness: 13%
Youth Homelessness: 32%
Chronic Homelessness: 19%
Family Homelessness: 15%

United States (2013-2016)

Overall Homelessness: 10%
Youth Homelessness: 24%
Chronic Homelessness: 29%
Family Homelessness: 12%
People Experiencing Homelessness Reside in Every County of California

A Snapshot

- Highest rate of unsheltered in nation-66%
  - Fresno has highest rate in country for large cities-83%
- 4 of top 7 cities with highest homeless populations in CA (LA, SD, SF, Santa Clara)
- Not just a problem in our large cities
  - 6 of top 10 Smaller City/County populations in nation are in CA (places like Riverside, San Bernardino, Sonoma, San Benito, etc.)
Common Misperceptions about Homelessness

• Myth 1: Homeless come to California or to my city because of the weather and/or services.
  – The Los Angeles Homeless Services Authority found that only 7% of people who are homeless arrived in the county less than a year ago. By comparison, 8.5% of all L.A. County residents have lived in L.A less than a year.
  – The San Diego Regional Task Force on the Homeless has estimated that 70 percent of San Diego’s unsheltered homeless population became homeless in San Diego and that just 24 percent became homeless elsewhere before coming to San Diego.

• Most studies back these numbers up, typically at least 2/3 to 3/4 of homeless are homeless in county of origin.
Common Misperceptions about Homelessness

• Myth 2: Lots of homeless people want to be homeless
  – Even for the small minority who may say this, result of significant distrust of service delivery systems that are built over time, often exacerbated by mental illness and “survival mode”
  – Lack of affordable housing or “cannot pay rent” are top reasons reported for why homeless.
  – CA leads the nation in those who are unsheltered due to lack of capacity, there is often nowhere else to go
    • California accounted for nearly half of all unsheltered people in the country in 2016 (44%).
How Did We Get Here?

CA Poverty Rates Over Time

Poverty Rate

0%  5%  10%  15%  20%  25%
How Did We Get Here?

- Poverty rates that have nearly doubled over last few decades
- Deinstitutionalization putting most vulnerable back into community
- Shrinking safety net programs or assistance that does not stretch as far with current costs (e.g. Section 8 voucher not enough to meet rent in most places)
- Huge uptick in lack of housing affordability (housing cost often number one cited cause of homelessness in Point in Time surveys)
How Did We Get Here?

• Earliest organized funding and strategies rooted in assumptions that stabilization and skill building had to happen first for an individual or family to stay permanently housed.

• Also an undercurrent of ideal that you should “Earn your way back into society” and earn housing help by fixing root causes (i.e. sobriety)
The Old Way

- A linear model with several steps before outcome of permanent housing

- Usually rule oriented, many ways to fail before “successfully” housed
The Old Way

- More output based (completing support service classes) rather than outcome based (are you increasing income or are you housed in community?)
- Often stagnated at the transition to permanent housing—where to transition to if very expensive?
- Transitional housing very cost intensive, not producing good outcomes
The Old Way, California Edition

- Emergency Housing Assistance Program (EHAP) Operating Grants
  - Money to help run shelter operations
  - Used to be a standard line item in state general fund budget for decades

- Eventually, EHAP-Capital Development added to help build and rehab emergency shelters and transitional housing
How Has Approach Evolved?

• HUD recognizes $ not producing outcomes, begins to move away from old way
• New Way-pay for programs that must lead to one of two outcomes:
  – Permanent housing retention
  – Increased income
• Gradual embrace of “Housing First” principles
The New Way

- Blend of Rapid Re-housing and Permanent Supportive Housing
- Coordinated Entry-The right intervention for the right need
- Ending homelessness is achievable
- Housing First principles taking over
  - Q: What solves homelessness?
  - A: A Home
What is “Housing First”?

• SB 1380 (Mitchell), which established our ability to form a state Homeless Coordinating and Financing Council, defines “Housing First” as:

• An evidence-based model that uses housing as a tool, rather than a reward, for recovery and that centers on providing or connecting homeless people to permanent housing as quickly as possible. Housing First providers offer services as needed and requested on a voluntary basis and that do not make housing contingent on participation in services. “Housing First” includes time-limited rental or services assistance, so long as the housing and service provider assists the recipient in accessing permanent housing and in securing longer-term rental assistance, income assistance, or employment.
State HCD Programs Reflect Policy Shift

- 2002-Prop 46
  - $195 Million in funding for shelter construction and $195 million for supportive housing
- Even 4 years later, the tides are shifting
- 2006-Prop 1C
  - Only $50 million in funding for shelter construction and $195 million for supportive housing
State HCD Programs Reflect Policy Shift

• 2009-Homeless Prevention and Rapid Re-Housing Program (HPRP) created through federal stimulus
  – CA Awarded $189 million for HPRP in total
  – HCD awarded $44 million to non-entitlement jurisdictions
• A test case for idea of Rapid Re-Housing
• Leads to shifts in ESG program
HCD Programs Reflect Policy Shift

• What’s in a name?

• 1987-2012
  ESG=Emergency **Shelter** Grant Program

• 2012-today
  ESG=Emergency **Solutions** Grant Program
HCD Programs Reflect Policy Shift

• Most resources directed towards homelessness at HCD are focused on permanent housing
  – Veterans Housing and Homelessness Prevention Program
    • Permanent supportive or affordable housing for neediest veterans (some transitional)
  – No Place Like Home
    • Permanent supportive housing for homeless mentally ill
  – Multifamily Housing Program-Supportive Housing
    • Permanent Supportive Housing for all Homeless Households
  – National Housing Trust Fund
    • Focuses construction resources towards extremely low income households that most need them.
Some resources for other activities, but not much

- Emergency Solutions Grant Program
  - One-time state investment of $35 million to complement federal funds
  - Can be used for rapid rehousing, outreach, emergency shelter and systems support
- 2017-18 budget
  - $28 million targeted to some communities to assist with “navigation centers”-a short term shelter model
- SB 2-Building Homes and Jobs Act
  - Just passed as part of housing package, 50% of first year revenues (approximately $125 million) will be available for a range of homelessness uses on a competitive basis
- Some investment will come if affordable housing bond passes in November 2018
  - Incentives to serve homeless through project scoring factors
Local CA Jurisdictions Also Agree

• City of Los Angeles $1.2 Billion bond-80% to Permanent Supportive Housing
• County of Los Angeles-Sales tax increase to pay for homeless services-$350 million per year
• Santa Clara County-$700 of $950 million affordable housing bond directed to Extremely Low Income households
• Alameda County-$580 million bond for Affordable Housing
• All of these measures required 2/3 approval
• Extremely critical given recent reported increases in 2017 homeless point in time counts
Where Are We Now?

• Public Support for Addressing Problem
  – Vast majority of local funding measures passed in 2016
  – Cited as number one concern for San Franciscans in 2016 poll, number 2 in LA 2016 poll.

• Taking targeted opportunities when they have become available

• Tying right level of intervention or assistance with right level of need
Typologies of Homelessness

Service Needs
- Situational
- Episodic
- Chronic

Population Type
- Situational
- Episodic
- Chronic

Housing Response
- Permanent Supportive Housing
- Crisis Response/Permanent Supportive Housing
- Rapid Rehousing
Finding our Appropriate State Role

• Deploy resources we do have swiftly and strategically.

• HCD as lead in increasing collaboration among levels of government and other state departments.

• Continue to Frame the Issue
  – High housing costs and supply issues exacerbate and amplify the difficulty homeless Californians have in escaping the cycle of homelessness and obtaining and maintaining housing stability.
  – Homelessness also increases societal costs as homeless persons and households cycle between homelessness, incarceration, nursing homes, and hospitals at public expense.
Finding our Appropriate State Role

• Help local governments build capacity through Technical Assistance
  – They are first responders to the crisis
  – Building them up makes them more competitive for other HCD and other public funds
  – Technical assistance on concepts and improving systems rather than just program by program
    • Local homeless plans, Coordinated Entry Systems, building service/housing infrastructure
Interagency Coordination

- Homeless Coordinating and Financing Council will provide space to evaluate and analyze all state resources towards homelessness, not just those at HCD
  - Requires all state programs serving homeless to be “Housing First” by 2019
  - Forum for state departments to formally interact
Policy Direction

• State wrestles with policy tensions just like Local Governments and regions
  – Challenge of keeping focus on long-term solutions vs. immediate crisis

• Policy Choices Matter
  – “Haves” vs. “Have-nots” exist within homeless population as well
  – Serving “at-risk” takes resources away from those who are chronically homelessness
Ongoing Challenge: Production Not Keeping Pace With Projected Need
180,000 new homes needed annually

Annual New Housing Permits 1955-2015

Source: Construction Industry Research Board/California Homebuilding Foundation Reports 2005, 2013, 2015; Graphic by HCD
Production Falls Short in Every Region
Projected Need vs. Production:
4th RHNA Cycle 2003-2014
Renter Households in Greatest Need Outnumber Affordable Rentals (2:1)

Source: 2016 National Low Income Housing Coalition tabulations of 2014 American Community Survey Public Use Microdata Sample (PUMS) housing file. Graphic by HCD.
Why Is It Important?

• Human Costs
  – Chronic Homeless persons have mortality rates 3 to 9 times greater than average

• Public Costs
  – Homeless individuals are frequent users of public systems (jails/prisons, emergency room visits/in-person stays)
  – Documented cost savings up to 80% when most costly are housed
More information on HCD website at www.hcd.ca.gov

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2020 West El Camino Avenue
Sacramento, CA. 95833