



CSAC August 2016 Homelessness Survey Summary
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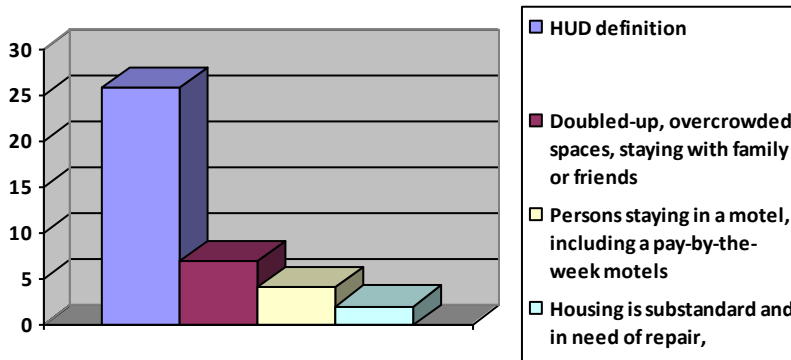
This document summarizes the initial results of CSAC’s August 2016 Homelessness Survey, which at the time of this writing is still open and staff continue to collect data from additional counties. This information was compiled by CSAC for discussion purposes only. The approximate California population is 39 million. The responses are from 27 counties which represent 76% of the California population. Those counties are: Del Norte, El Dorado, Fresno, Kern, Los Angeles, Marin, Mariposa, Monterey, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Stanislaus, Tehama, Tuolumne, Ventura and Yuba.

How counties define homelessness:

The Department of Housing and Urban Development (HUD) uses a specific definition of homelessness for funding purposes. HUD’s definition of homelessness consists of:

“In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street):

- In an emergency shelter.
- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and lacks resources and support networks needed to obtain housing.
- Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. o For example, a person being discharged from prison after more than 30 days is eligible ONLY IF no subsequent residence has been identified and the person does not have money, family or friends to provide housing.
- Is fleeing a domestic violence housing situation and no subsequent residence has been identified and lacks the resources and support networks needed to obtain housing.”¹



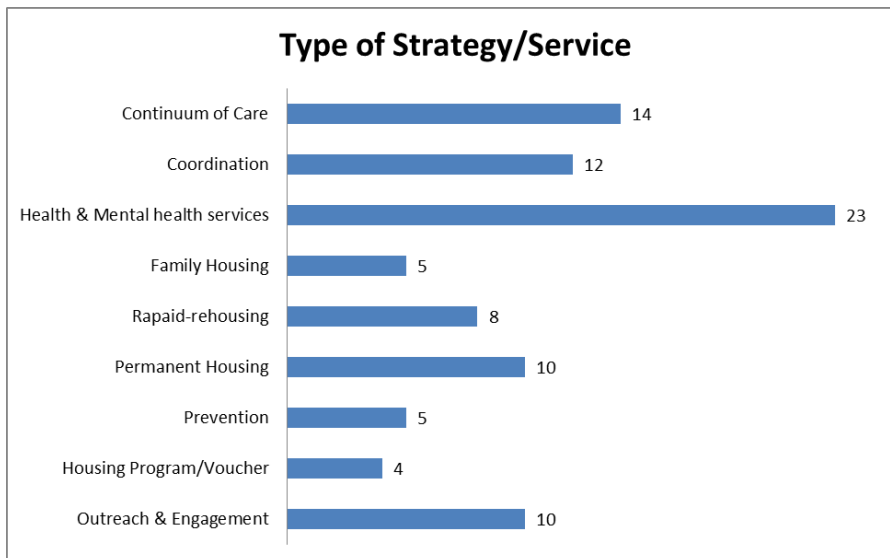
The chart below depicts the 27 counties who responded; 25 use the HUD definition of homelessness. Among those using the HUD definition, six broaden their definition to include overcrowded housing

¹ http://www.how-inc.org/programs/HUD_Definition_of_Homelessness.pdf

and housing with family and friends. HUD does not consider individuals to be homeless if they are staying at motels; however four of the counties that responded broaden their definition to include those living at motels.

Strategies to address homelessness:

- Thirteen counties responded that they are currently in partnership with cities to collaborate and coordinate resources to end homelessness.
- Those with strategic plans included counties, cities, non-profit, faith based organizations, business and the community.
- The most common strategies and services provided were: Continuum of Care (CoC), outreach an engagement, housing, prevention, health care and mental health services.



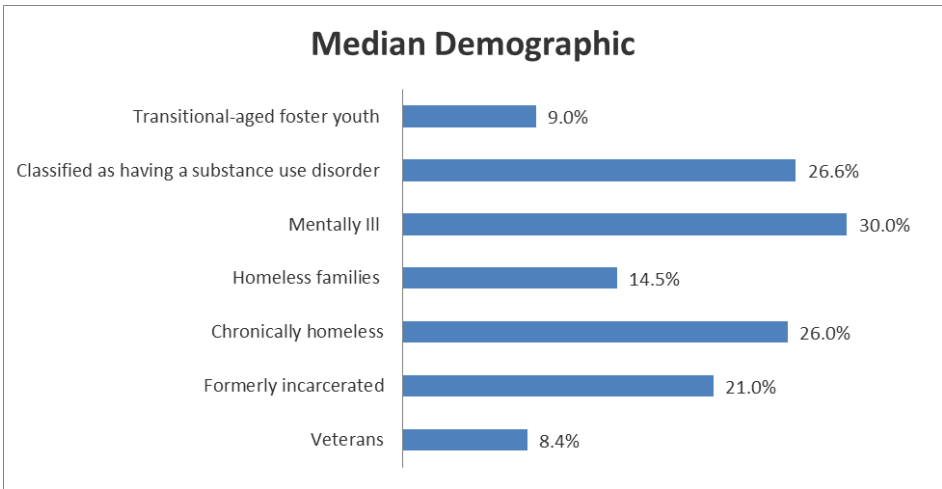
The chart to the left depicts the services/strategies counties use to address homelessness. Health and mental health services are the most used by the 27 participating counties. CoC is a program implemented to end homelessness.² Within CoC programs,

strategies and services vary. Although most counties were able to differentiate there is a possibility that within the CoC plan they are implementing other services. Smaller counties share a CoC for efficiency and funding purposes.

City partnerships:

- Centralized Department of Homelessness and Supportive Housing that brings together staff, resources and programs from different city and county departments.
- 12 counties out of the 27 have a strategic plan in place.
- City collaboration with CoC was highly common with city and county partnerships.

² <https://www.hudexchange.info/programs/coc/>

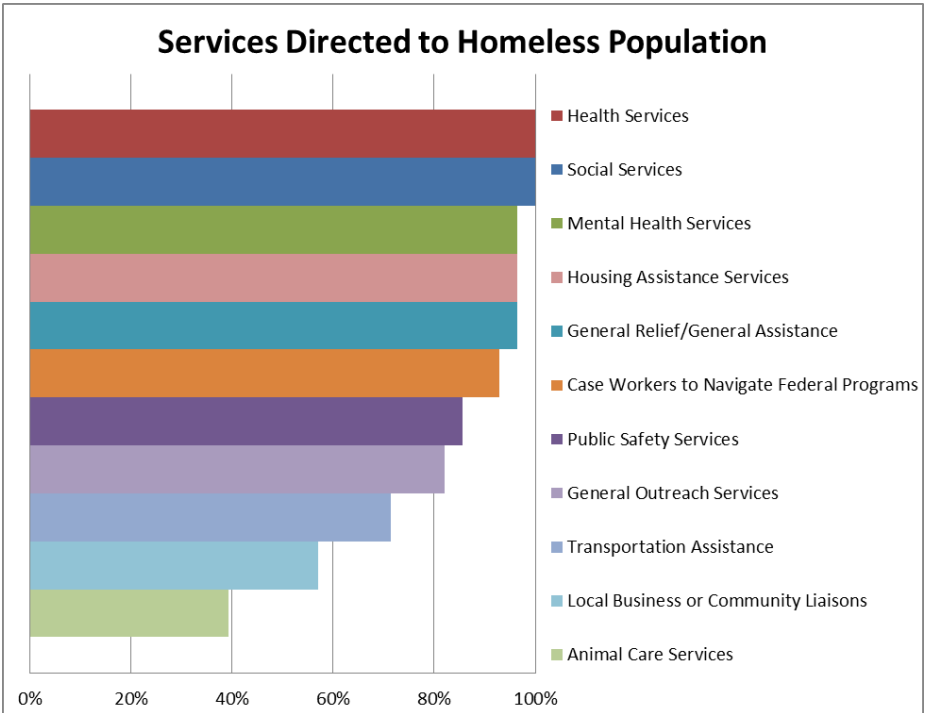


Out of the 27 counties, 21 have a Program Coordinator designed to coordinate services for the homeless population.

Counties were asked to state their homeless population demographics if they tracked the information. There

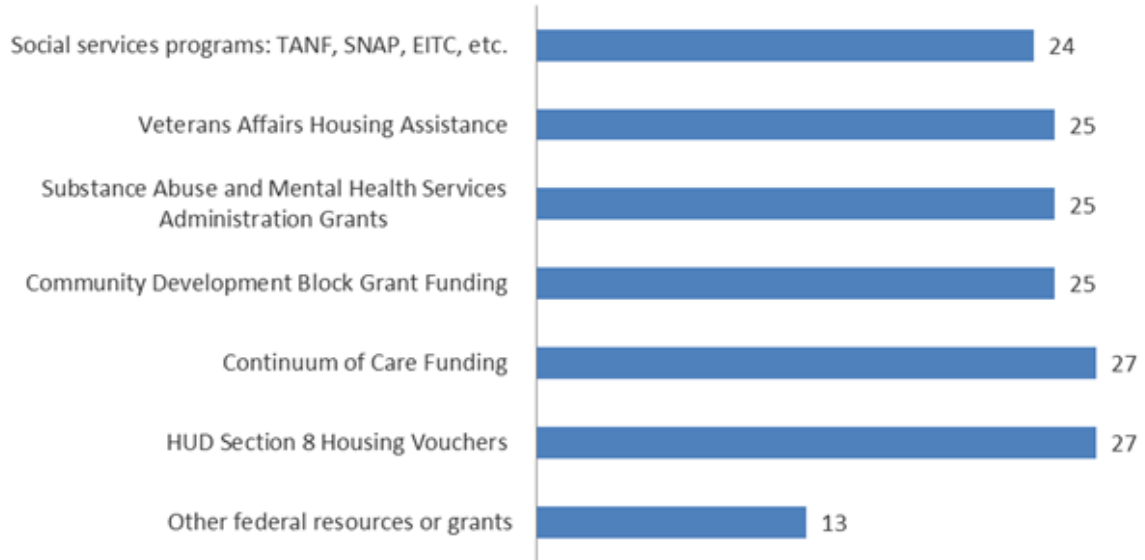
were 23 counties who responded. The breakdown was: veterans, formerly incarcerated, chronically homeless, homeless families, mentally ill, substance use disorder, transitional-aged foster youth and other. The chart above “Median Demographic” is the median for each category from all counties. The highest population medians were: mentally ill, chronically homeless, and those classified as having a substance abuse disorder.

The chart to the right represents the types of funding the counties are directing to their homeless population. All 27 counties who responded are providing social services and health services. Out of the 27 counties, 26 are providing: mental health services, including mobile crisis teams and outreach workers, general relief/general assistance and housing assistance services. Only 68% of

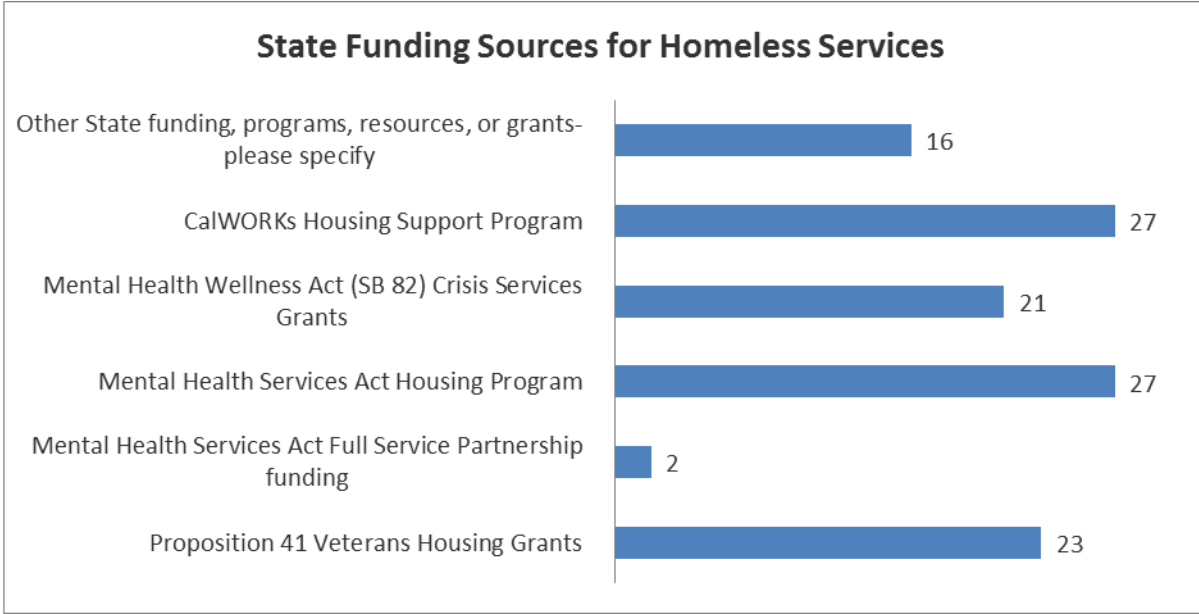


those who corresponded are providing transportation assistance. Other services counties are providing are: Shelter system, Navigation Centers, one-stop center, encampment cleanup, rental subsidies, hospital collaboration, and disability services, utility assistance, and furnishing assistance.

Federal Funding Used to Provide Homeless Services

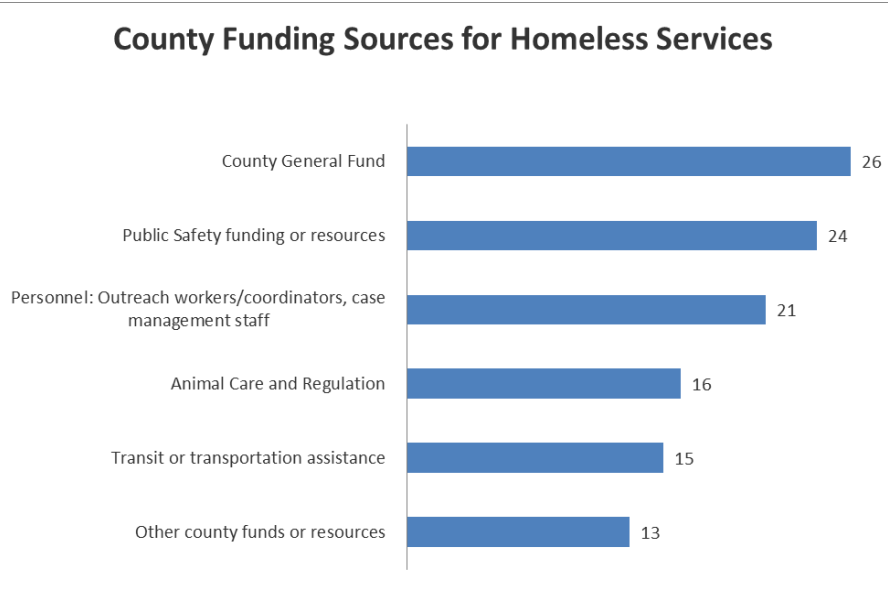


From the corresponding counties, all used HUD Section 8 as a federal funding source and CoC funding. Other federal sources that seem consistent across the 27 participating counties were: Community Development Block Grant (CDBG) funding, veteran affairs housing assistance and substance abuse/mental health services.

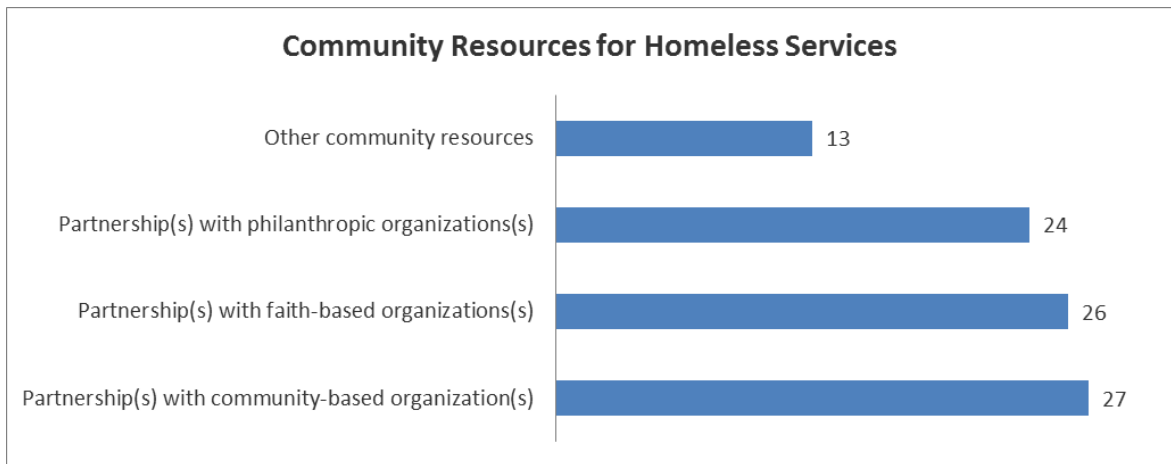


State funding is another avenue of resources for counties. CalWORKs Housing Support Program was consistent with all of the corresponding counties. The Prop 63 Mental Health Services Housing and Full

Service Partnership was used as a funding source to provide assistance to the homeless population.



The main county funding source among the 27 participating counties were: county general fund, public safety funding and case management.



All of the counties that responded use community-based organizations as a resource. Most used faith-based organizations or philanthropic organizations as a community resource.

How are counties tracking and analyzing results? What programs and services are most effective?

- Measurement of outcomes by some counties were: housing stability, the number of arrests and days in jail pre- and post-housing, the number of emergency room visits pre- and post-housing, number of days in the hospital, pre- and post-housing, number of admittances to the County Psychiatric Health Facility pre- and post-housing, and number of days at the Psychiatric Health Facility pre- and post-housing.
- Tracking measures required by HUD.³
- Homelessness Management Information System.⁴
- Rapid rehousing and permanent housing have been consistent at having effective outcomes.
- Few counties were not collecting data.

Veterans were tracked. The outcomes varied some were able to reduce homelessness among veterans and others did not provide the outcome.

³ http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_11763.pdf

⁴ <https://www.hudexchange.info/programs/hmis/>