

The San Joaquin Community Response to Homelessness

2020 SAN JOAQUIN COUNTY STRATEGIC PLAN



ACKNOWLEDGEMENTS

This strategic plan was drafted by Homebase on behalf of the San Joaquin Continuum of Care. Homebase would like to thank the membership of the CoC's Strategic Planning Leadership Committee for their partnership throughout the process of developing this plan. Special thanks to San Joaquin County, the City of Stockton, the Housing Authority of San Joaquin County, and Central Valley Low Income Housing Corp. for their assistance with gathering information and providing feedback, and to the many service providers, local government staff, and people experiencing homelessness who were interviewed for this plan, for sharing their experiences and providing invaluable insight.

EXECUTIVE SUMMARY



The San Joaquin community is able to address the homelessness crisis it faces. It will require a collaborative effort to develop a formal coordinated system that functions throughout the region. It will require a focus on solutions that can be measured and impactful. It will require significant investment in housing-first focused services that increase shelter beds and provide successful transitions to long-term permanent housing.



San Joaquin has already done a great deal to address homelessness. Since 2015, the community has adopted a Housing First approach in many programs, working to ensure households can access low-barrier housing and services. The region has also increased shelter capacity and initiated dedicated outreach efforts to support unhoused residents through coordination with police departments, County Behavioral Health, the faith-based community, and local businesses and residents. In addition, local legislation has been amended to encourage innovative solutions to building permanent housing, such as permitting and providing “off the shelf” Accessory Dwelling Unit projects. Each of the many jurisdictions in San Joaquin, including the County, the Continuum of Care, and the cities within, have aggressively pursued new resources and opportunities to collaborate. Scheduled to open in October, Turnpike Commons represents a creative solution to develop manufactured homes with wraparound services for nine families through a partnership between the Housing Authority of San Joaquin, STAND Affordable Housing, Central Valley Housing, and Stockton Shelter for the Homeless. Efforts like these have established a strong foundation upon which the community can build.

Yet, homelessness continues to increase in San Joaquin County and across California. The need is urgent. Homelessness is a community priority; it impacts everyone, from our neighbors who are unstably housed to those who have already fallen into homelessness, to our first responders and business community, to all who will benefit from community-wide strategies that systemically and effectively resolve homelessness. Together we must coordinate key resources available across all sectors of the community. We are on a precipice and now is the time to focus on meaningful solutions, rather than simply addressing the symptoms.



The Strategic Plan: “The San Joaquin Community Response to Homelessness,” provides a set of goals tailored for our community that have been proven to be successful. It is a roadmap of how to address homelessness, based on local needs and strategies and tactics that work. To effectively address the crisis, the entire community — every corner of the county — needs to participate in solutions and build on the collaborative effort that produced this comprehensive plan. Proactive and evidenced-based solutions are far less costly, far more humane, and the only way to create a system that effectively responds to homelessness.

The Goals for the Community are Clear:



Goal 1: Establish a Coordinated and Engaged Regional System



Goal 2: Increase Access and Reduce Barriers to Homeless Crisis Response Services



Goal 3: Ensure Households Experiencing Homelessness Have Access to Affordable and Sustainable Permanent Housing

As the housing crisis in California deepens, more and more San Joaquin County residents are just one paycheck or medical crisis away from losing their housing. This reality has only magnified in the wake of the COVID-19 global pandemic, which took a greater toll on San Joaquin County than many other communities in California. Building on what is already working well, the community is poised to take further steps to reduce and prevent homelessness. In some circumstances, it may only require a small intervention to prevent hundreds more people from becoming homeless — whether it is one-time financial resources to provide a security deposit, legal assistance to prevent eviction, or help learning to balance a budget. In other situations, it will require a concerted effort to provide shelter, supportive services, and a path to long-term permanent housing. The timing is ripe to invest in San Joaquin to ensure we have a robust and responsive system that can lift up individuals and families as they confront housing, health, and employment instability. We must ensure that our neighbors can find their way back to safe, secure, and thriving homes.

Adopters of the 2020 San Joaquin County Strategic Plan include:

- San Joaquin Continuum of Care Board of Directors (June 11, 2020)

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INTRODUCTION

In August 2015, San Joaquin County's Homeless Task Force began its critical work to address the regional issue of homelessness. In 2016, it officially became a countywide taskforce and commenced meeting on a monthly basis. The Task Force meetings were widely attended, with over 50 organizations actively participating. By the end of 2016, the Task Force proposed a suite of policy recommendations to the County Board of Supervisors, which adopted the recommended strategic priorities early in 2017. One year later, the Board of Supervisors adopted a set of final policy recommendations from the Task Force, and by 2019, a formal governance structure was put in place to continue this critical work. During that time, local partners have made great strides in developing a system to respond to homelessness and reduce its impact on the community, but there is much work to be done.

While homelessness continues to be an evolving challenge in the San Joaquin region and across California, local accomplishments since 2017 have established an invaluable foundation for continued progress in addressing homelessness.

ACHIEVEMENTS

- ✓ *Grew collaboration among cities and the County regarding homelessness issue*
- ✓ *Provided over 1,000 units annually of permanent supportive housing and rapid rehousing*
- ✓ *Founded the Ready to Work program as a nonprofit*
- ✓ *With the addition of the City of Stockton to the top 13 Cities in California, secured more than \$7 million to support homelessness efforts, including trailers*
- ✓ *Stockton City Council prioritized homelessness and affordable housing, adopting ordinances supporting accessory dwelling units (ADUs) and creating a housing pipeline with over 500 units*
- ✓ *Submitted through San Joaquin County, a Continuum of Care grant request to support a Homelessness Initiatives staff position*

Secured \$18.5 million over 5 years for the County's Whole Person Care initiative and collaborated with key health care and community partners (including Gospel Center Rescue Mission, Dignity Health, Kaiser Permanente, Sutter Health, and Community Medical Centers) to advance initiatives aimed at addressing homelessness, including:



- Funding new beds at Gospel Center Rescue Mission;
- Creating a County Housing Pool that can accept donations; and
- Developing a recuperative care program.

Fostered a collaboration between San Joaquin County Behavioral Health Services and the Housing Authority of San Joaquin in which \$3.5M in Mental Health Services Act funds were dedicated to acquire, construct, and renovate housing units for seriously mentally ill individuals, plus an additional \$500k for a capitalized operating subsidy reserve, including:



- 39 new units at Crossway Residences
- A long-term partnership between the County and the Housing Authority to develop new project-based housing units under the "No Place Like Home" program

Fostered a collaboration between San Joaquin County Behavioral Health Services and Sacramento Self-Help Housing which dedicated \$6.5M in Mental Health Services Act funding over five years to:



- Create housing opportunities for adults with serious mental illnesses
- Develop 12 to 18 scattered site houses via master leases (with an average of four consumers per unit)

Supported a collaborative program between San Joaquin County Behavioral Health Services and Community Medical Centers to engage and serve 1,000 at-risk individuals with mental illness and/or substance use disorders, including:



- \$6.0M over 3 years to support substance withdrawal management services and medication-assisted treatment
- \$8.2M Mental Health Services Act Innovation funding for behavioral health assessments and services
- Coordination with law enforcement to deflect public inebriates and others away from jail and into program services.

Initiated public health efforts, including:

- ✓ ○ *Dedicated \$100k for Public Health Services to perform rapid syphilis testing at homeless encampments SECURED*
- *A minimum of 200 unduplicated clients will be tested along with follow-up treatment services*
- *City of Stockton has added two new positions to the Housing and Homelessness Division*

✓ *Added 100 Emergency Shelter Winter beds in 2019*

Despite these significant steps forward, homelessness in San Joaquin County – and across California – is continuing to rise, due to high rates of poverty and escalating costs of housing. Without meaningful, coordinated action, homelessness will continue to grow, as more of our community members lose their housing and are unable to overcome the barriers to exiting homelessness.

On a given night in 2019, there were 2,631 men, women and children experiencing homelessness in San Joaquin County, with 1,558 of those people living unsheltered on the streets, in vehicles, or in encampments. More than 83% of these individuals had their last stable residence in San Joaquin County.

While there are many reasons San Joaquin County residents may fall into homelessness – reduced work hours, medical bills or an unexpected expense, loss of a relative, or mental health issue – these members of the community are living without stable housing or the support to regain it.

The Strategic Plan is based on the latest in available data and established best practices to provide an ambitious but achievable roadmap for meaningfully addressing homelessness in San Joaquin County. It represents the input of numerous stakeholders, including the private and public sectors, homeless service providers, public health and behavioral health experts, and representatives of law enforcement, among many others.

OUR SHARED LANGUAGE: A GLOSSARY OF TERMS

At risk of homelessness is a status given to individuals and their families who do not meet HUD definitions of homelessness but have unstable housing and inadequate income and resources, or that are a child or youth defined as a homeless under other federal statutes.¹

Chronically Homeless is when a person has been homeless for at least a year, either 12 months consecutively or over the course of at least 4 separate occasions in the past 3 years. To be chronically homeless, the individual or head of household must also have a disability.

Community Development Block Grant (CDBG) is a flexible program run by the federal Department of Housing and Urban Development (HUD) that provides communities with resources to address a wide range of unique community development needs.

Continuum of Care (CoC) is the group organized to carry out the responsibilities prescribed in the CoC Program Interim Rule for a defined geographic area. A CoC is composed of representatives of organizations including: nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons. Responsibilities of a CoC include operating the CoC, designating and operating an HMIS, planning for the CoC (including coordinating the implementation of a housing and service system within its geographic area that meets the needs of the individuals and families who experience homelessness there), and designing and implementing the process associated with applying for CoC Program funds.

CoC Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

CoC Program Interim Rule focuses on regulatory implementation of the CoC Program, including the CoC planning process. The CoC Program was created through the McKinney-Vento Homeless Assistance Act as amended by the HEARTH Act of 2009.

¹ See 24 C.F.R. § 576.2 for complete definition of “at risk of homelessness” under the Emergency Solutions Grant Program.

Coordinated Entry System (CES) provides a centralized approach to connect the region's most vulnerable homeless residents to housing through a single community-wide assessment tool and program matching system.

Congregate Shelters are facilities with overnight sleeping accommodations, in shared quarters, the primary purpose of which is to provide temporary shelter for the homeless.

Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

Emergency Shelter is any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific populations of the homeless.

Emergency Solutions Grants (ESG) provides funds to assist people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness.

Functional zero is when the number of homeless households, whether sheltered or unsheltered, is no greater than the monthly housing placement rate of homeless households.

Homeless is defined in four categories: (1) individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided; (2) individuals and families who will imminently lose their primary nighttime residence; (3) unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; and (4) individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Homeless Housing, Assistance and Prevention (HHAP) Program is a \$650 million one-time block grant that provides local jurisdictions with funds to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges.

Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

Housing First is a well-accepted, national, evidenced-based best practice that eliminates barriers to housing, ensuring individuals and families can exit homelessness as quickly as possible. Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to

permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Low-barrier shelters include fair and equitable policies that provide the greatest access to residents, while still protecting the safety of staff and other residents. Low-barrier shelter has a minimum number of expectations placed on people who wish to stay there. The aim is to have as few barriers as possible to allow more people access to services. For example, residents are allowed to bring their pets and possessions, to live with their partners, and do not have to exit the shelter each morning. They are not expected to abstain from using alcohol or other drugs, so long as they do not engage in these activities in common areas of the shelter and are respectful of other residents and staff. Low-barrier facilities follow a harm reduction philosophy.

Navigation Centers are “housing-focused” facilities that provide shelter and comprehensive onsite services to support participants to exit homelessness permanently. See [below](#) for more information.

No Place Like Home is a California-based funding program that supports communities as they develop permanent supportive housing for individuals living with serious mental illness who are homeless, chronically homeless, or at-risk of chronic homelessness.

Non-congregate shelters are sheltering solutions that provide overnight sleeping accommodations with individual quarters, such as hotels, motels, and dormitories.

Permanent Supportive Housing (PSH) provides long-term housing with intensive supportive services to persons with disabilities. These programs typically target people with extensive experiences of homelessness and multiple vulnerabilities and needs who would not be able to retain housing without significant support.

Prevention is a strategy intended to target people who are at imminent risk of homelessness (whereas diversion usually targets people as they are initially trying to gain entry into shelter).

Rapid Rehousing (RRH) provides housing subsidies and tailored supportive services for up to 24-months, with the goal of helping people to transition during that time period to more permanent housing. RRH is funded primarily through CoC and ESG programs, CalWORKs, CDBG, HOME, and SSVF.

Supportive Services include assistance applying for benefits, mental health and substance use services, outpatient health services, information and referral services, child care, education, life skills training, employment assistance and job training, housing search and counseling services, legal services, outreach services, transportation, food assistance, risk assessment and safety planning (particularly for individuals and families experiencing domestic violence), and case management services such as counseling, finding and coordinating services, and monitoring and evaluating progress in a program.

Transition Age Youth (TAY) are persons between age 18 and 24 who are transitioning from childhood to adulthood.

Transitional Housing (TH) provides temporary housing accommodations and supportive services. While many households benefit most from direct connections to permanent housing programs such as RRH or PSH (which are often more cost-effective over the long term), transitional housing can also be an effective support. In particular, certain subpopulations, such as people fleeing domestic violence and transitional age youth, can meaningfully benefit from a transitional housing environment.

STRATEGIC PLAN OVERVIEW

PLANNING PROCESS

This strategic plan reflects feedback and input from hundreds of community members, developed over a six-month community process. The strategic planning process included:



- An **environmental scan** of existing reports, data and research about San Joaquin County, the cities in the region and the health and economic well-being of the community, including homelessness and the system of care;



- **Stakeholder interviews** with representatives from cities, County agencies, federal agencies (including VA), health care systems, law enforcement, community-based organizations, service providers, and faith-based organizations;



- **Focus groups** with direct service providers and people with lived experience of homelessness;

- A **Community Summit** with more than 130 elected officials, County staff, City staff, service providers, community-based organizations, law enforcement, faith-based organizations, and individual community members;



- **CoC Strategic Planning Leadership Committee meetings** focused on increasing housing, solutions to addressing unsheltered homelessness, public communications and engagement, and strengthening supportive services for people experiencing homelessness; and

- A series of **presentations and discussions** at public meetings.

VISION STATEMENT

Through the planning process, the community developed the following **vision statement**:

We envision a future in which homelessness in San Joaquin County will be rare, brief, and non-recurring, supported by a robust homeless crisis response system. People experiencing homelessness will be empowered through a responsive, nimble, housing-focused system that provides effective, supportive, and humane services and housing, efficiently leveraging public and private resources.

The goals and strategies in this plan are all designed to put San Joaquin County on the path to achieving this shared vision, inspiring action and guiding overall long-term thinking and decision-making.

PARTNERS IN ENDING HOMELESSNESS

The San Joaquin County region benefits from a strong network of formal and informal partnerships to address homelessness. Key partners, all of whom were involved in developing this Strategic Plan, include people with lived experience of homelessness, service providers, and local leaders who worked together to set the vision for shared goals and strategies.

Planning Coordination and Leadership. The development of this plan has been guided by the leadership of the San Joaquin County Continuum of Care (CoC) Strategic Planning Committee, in partnership with the City of Stockton and San Joaquin County.

Strategic Planning Partners. Together, the San Joaquin community has leveraged invaluable partnerships and cross-community coordination to respond to homelessness and develop the next steps described in this Strategic Plan.

The following is a non-exhaustive list of partners actively engaged in addressing homelessness in San Joaquin County:

AmeriCorps
Bags of Hope
Breakthrough Project for Social Justice
Builders Industry Association
Business Council San Joaquin County
California Department of Motor Vehicles
Calvary Living Well Ministries
Care Link
Catholic Charities of the Diocese of Stockton
Central Valley Low Income Housing Corporation
City of Escalon
City of Lathrop
City of Lodi
City of Manteca
City of Ripon
City of Stockton
City of Tracy
Civic Pride Independent Academy
Community Medical Centers
County of San Joaquin
Delta Humane Society

Dignity Health St. Joseph's Medical Center
Disabled American Veterans Charities of San Joaquin County
Downtown Stockton Alliance
Episcopal Church of St. John the Baptist
Family Promise of San Joaquin County
Gleason House
Golden Valley Health Centers
Gospel Center Rescue Mission
Grace Point Church
Grace Presbyterian Church
Gravity Church
Greater Stockton Chamber of Commerce
Haven of Peace
Hope Family Shelters
Housing Authority of the County of San Joaquin
Helping Urban Bicyclists (HUB)
Inner City Action
Knights of Columbus
League of Women Voters of San Joaquin County

Lodi Committee on Homelessness
Lodi Community Foundation
Lot of Love and Giving Love, Inc.
Lutheran Social Services
Manteca Gospel Rescue Mission
Manteca Unified School District
Police Departments
Public Works
Ready to Work
Refuge Church
Rotary Club of North Stockton
Rotary Club of Stockton
Salvation Army
San Joaquin County Behavioral Health Services
San Joaquin Community Data Co-Op
San Joaquin County Administrator's Office (CAO)
San Joaquin County District Attorney's Office
San Joaquin County Environmental Health Dept

*San Joaquin County Health
Care Services (HCS)
San Joaquin County Human
Services Agency (HSA)
San Joaquin County Sheriff's
Office
San Joaquin County Whole
Person Care Program
San Joaquin Regional Transit
District
San Joaquin Valley Veterans
Second Harvest
Showered with Love
St. Anne's Church*

*St. John the Evangelist
Episcopal Church
St. Mary's Dining Room
St. Paul Lutheran Church
Stocktonians Taking Action to
Neutralize Drugs (STAND)
Stockton Fire Department
Stockton Host Lion's Club
Stockton Shelter for the
Homeless
The Office of Senator
Cathleen Galgiani
Tracy Community
Connections Center*

*Tracy Interfaith Ministries
U.S. Department of Housing
and Urban Development
U.S. Department of Veteran
Affairs
United Veterans Council of
San Joaquin County
United Way of San Joaquin
County
Venture Academy
Westcare
Women's Center Youth and
Family Service*

HOMELESSNESS IN SAN JOAQUIN COUNTY

HOW MANY PEOPLE ARE EXPERIENCING HOMELESSNESS IN SAN JOAQUIN COUNTY?

Every other year, the San Joaquin County Continuum of Care (CoC) conducts a “Point-in-Time” (PIT) Count of people experiencing homelessness on a single night in January. This count includes those who are unsheltered and living on the street or places not meant for habitation. The PIT Count provides the best data available on the size and characteristics of the homeless population over time.² In 2019, volunteers identified 2,631 individuals experiencing homelessness in San Joaquin County on the night of the count.

The number of people who experience homelessness in San Joaquin County over the course of a year, however, is likely much higher. This is because the PIT Count only measures the number of people who are homeless on a given day and does not account for the many people who fall in and out of homelessness during the remaining 364 days of a given year.

Homelessness in San Joaquin County is an ever-present challenge. Like much of the rest of the State of California, from the 2015 to 2019, the number of people identified as experiencing homelessness has increased dramatically. In San Joaquin County, it has grown from 1,708 to 2,631 individuals, an increase of 56%.

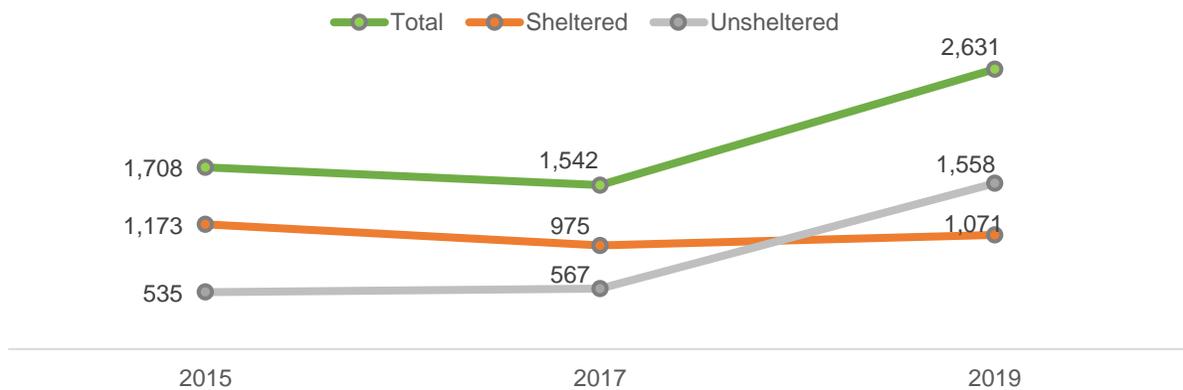
Most troubling of all is the changing distribution of homelessness since 2015. Five years ago, almost 70% of people experiencing homelessness in San Joaquin County were sheltered (1,173), while only 30% (515) were living without a safe place to sleep at night – on the streets, in parks, in cars, and by the river. In 2019, however, more than three times as many people experiencing homelessness are now living without a safe place to sleep at night (1,558 or almost 60% of the total population) and the percent of individuals and families living in shelters has decreased to only 40% (down from almost 70% in 2015).

² All population data in this report is taken from the PIT Counts unless otherwise specified. PIT Count reports can be found on the U.S. Department of Housing and Urban Development website here: <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>, or through the San Joaquin County Continuum of Care website here: <http://www.sanjoaquincoc.org/point-in-time-sic/>. The Point-in-Time Count uses a definition of homelessness mandated by the U.S. Department of Housing and Urban Development (HUD). This definition counts people as homeless when they are living in a place not meant for human habitation (such as an encampment, tent, or vehicle), emergency shelters, or transitional housing. People who are doubled up or couch surfing are not counted as homeless under this definition. Except where otherwise noted, the Homeless Management Information System (HMIS) data is consistent with PIT Count data.

However, these numbers cannot be viewed in isolation. Significant improvements to counting methodology greatly improved outreach efforts to locations where those living unsheltered often congregate.

In 2017, the CoC used a census approach, through connection events and limited outreach by approximately 35 volunteers, counting 567 unsheltered homeless individuals. By contrast, in 2019, the decision was made early on to employ more volunteers (401 people from 91 organizations) with a much greater emphasis on outreach to locations where people were living outside. While the results cannot wholly be attributed to an increase in the unsheltered population, or an improved methodology, the outcome remains the same. There are more unsheltered households in San Joaquin than the system can possibly handle in its current state. Creating additional space for those who want to come inside, while increasing access and exits to permanent housing solutions, is essential to support those experiencing homelessness at present and those who may lose housing in the future.

Figure 1. San Joaquin CoC 2015-2019 Homelessness Point-in-Time Count



Source: 2015 CA-511 HUD PIT Report, 2017 CA-511 HUD PIT Report, 2019 San Joaquin CoC Point-in-Time Count

The number of people who are experiencing unsheltered homelessness is highest in Stockton (921 individuals, representing 59% of the community's unsheltered population). This is not surprising given that Stockton is the largest city in the county and is also the hub for many of the services available in San Joaquin. Manteca has the second highest number of people experiencing unsheltered homelessness (218 or 20%), followed by Tracy (155 or 10%), and Lodi (139 or 9%).³

While homelessness has increased in San Joaquin County, it is not likely due to individuals moving to the area in order to obtain services. In fact, the vast majority – 83% – of those experiencing homelessness were living in San Joaquin County prior to experiencing homelessness.⁴

³ San Joaquin Continuum of Care, 2019 Homeless Census and Survey, Data Dashboard. <http://www.sanjoaquinco.org/wp-content/uploads/2019/09/2019-SJCoC-Point-in-Time-Count-Data-Dashboard.pdf>.

⁴ San Joaquin Continuum of Care, 2019 Homeless Census and Survey, Data Dashboard.

Demographic and Subpopulation Trends

Gender

According to the 2019 PIT Count, 63% (1,660) of those experiencing homelessness identified as male, 37% (966) as female, and less than 1% as transgender. Housing and service program data from 2018 shows a slightly different composition by gender identity. Of those identified in the CoC's HMIS, 52% identified as male (6,652), 48% as female (6,147), and less than 1% as transgender (18).⁵ Both the PIT and HMIS data indicate that men make a slightly larger share of those experiencing homelessness in the community. The current capacity to provide men supportive services while in shelter or on the street is extremely limited. Supportive services are critical at every phase of the homeless response system to ensure access to new housing and employment opportunities.

When it comes to families, however, the ratio changes such that females comprise 63% of members of families with children and males comprise only 37% of the population. While households with children led by women have slightly more access to supportive services, the need remains immense.

Households with Children and Unaccompanied Youth

The 2019 PIT count found that 13% of people experiencing homelessness in San Joaquin County were children under 18 years of age (342 out of 2,631), with an additional 5.6% of people experiencing homelessness transition age youth (TAY) between the ages of 18 and 24 years (148 out of 2,631).

The majority of children (98%) were sheltered – living in emergency shelters (88%) or transitional housing (10%). One hundred percent of parenting youth were sheltered, as well. The statistics are quite different, however, for unaccompanied youth. While all parenting youth were able to obtain shelter, more than 6 out of 10 unaccompanied youth (62%) were living without a safe place to sleep. The majority of unaccompanied youth were male (67%). Of those youth living without shelter, close to 1 in 4 were chronically homeless.

Over the course of a year, many more San Joaquin County children experience homelessness than are captured in the PIT Count. Under the federal McKinney-Vento Act, schools are also required to track students experiencing homelessness, using a definition of homelessness that also includes youth who are couch surfing or doubled-up (e.g., with multiple families sharing the same space).⁶ In the 2017-18 school year, San Joaquin County schools reported 4,330 school age children experiencing homelessness under that definition.⁷ Similarly, the PIT count may undercount the number of young adults facing homelessness. The HMIS data for 2018 showed that 8% (1,000) of individuals tracked in the homeless

⁵ San Joaquin Continuum of Care, 2019 Homeless Census and Survey, Data Dashboard and HMIS Clarity Data.

⁶ 42 U.S.C. §11434(2)(B), McKinney-Vento Act, U.S. Department of Education.

⁷ See excel spreadsheet, County Office Homeless Liaison Contact List with 2017–18 Enrollment information, line 58, "Homeless Enrolled," California Department of Education, April 25, 2019.

system of care were between the ages of 18 and 24 years old,⁸ many more than were counted as homeless on one night in January 2019.

Older Adults

Consistent with national patterns, the homeless population in San Joaquin County is rapidly aging. Close to 1 out of every 4 people experiencing homelessness in 2019 were at least 55 years old. This number is expected to continue to increase, due in part to the high costs of housing and health care that are increasingly unaffordable.⁹

Older adults who are homeless face unique challenges and often require special support. People experiencing homelessness age more rapidly than others who are housed and older adults with extensive histories of homelessness typically present as much older than their biological age reflects.¹⁰ They may be more challenged with activities of daily living, poor eyesight, balance, and hearing. Older adults are also more likely to suffer from cognitive impairments and are more likely to present with depression. They may require more medical interventions, compared to the general population of people experiencing homelessness. The capacity to serve older adults is also insufficient, as many seniors find themselves facing the outdoors on weekends and other hours when shelters are not accessible. This significantly exacerbates any existing health conditions and only makes it more difficult to find stability.

Race and Ethnicity

Research in California and around the country shows that people of color are more likely to experience homelessness in the U.S. compared to White people; and that Black/African Americans are in particular more likely to experience homelessness.¹¹ San Joaquin's data bears this out. While Black/African Americans make up roughly 8% of San Joaquin's population, they represent 25% of those experiencing homelessness in the 2019 PIT count. They also comprise 38% of the individuals living in families with children who are homeless (202 out of 525). And they make up a striking 50% of parenting youth (8 out of 16) experiencing homelessness. In contrast, while White people are represented in the PIT Count similar to their proportion of San Joaquin's general population, that is not the case when it comes to homeless families with children. Only 46% of individuals from families with children identified as White, compared to 67% of the general population.

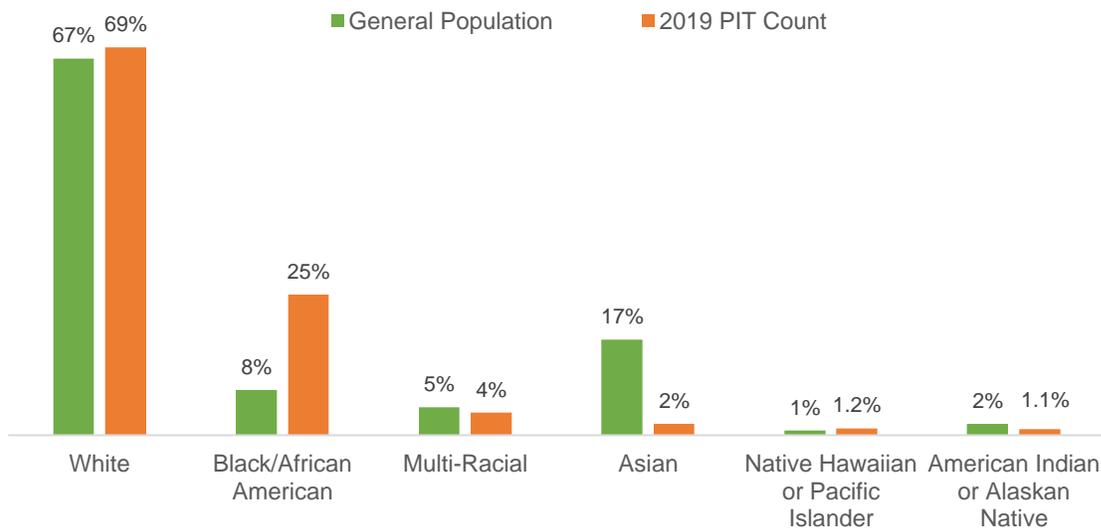
⁸ San Joaquin Continuum of Care, 2019 Homeless Census and Survey, Data Dashboard and HMIS Clarity Data.

⁹ Demographics of Homelessness Series: The Rising Elderly Population, April 2010.

¹⁰ Homeless people suffer geriatric conditions decades early; UCSF study shows, UCSF, February 2016.

¹¹ Center for Social Innovation, SPARC: "Phase One Study Findings, March 2018. <https://center4si.com/wp-content/uploads/2016/08/SPARC-Phase-1-Findings-March-2018.pdf>.

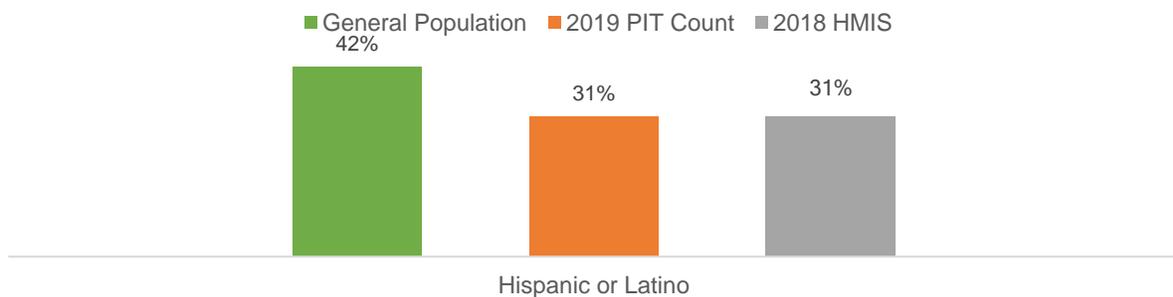
Figure 2. Number of People in San Joaquin CoC Experiencing Homelessness by Race



Source: U.S. Census Bureau, QuickFacts San Joaquin County: <https://www.census.gov/quickfacts/fact/table/sanjoaquincountycalifornia/PST045218>. San Joaquin 2019 PIT Count Dashboard. HMIS Clarity Data, Accessed October 17, 2019.
 Note: Percentages will not total 100 due to excluding numbers for “Did Not Answer” or “Refused.”

Similarly, while 42% of San Joaquin County residents identify as Hispanic/Latino, this group makes up 31% of the homeless population. A slightly higher margin (36%) of families with children experiencing homelessness identify as Hispanic/Latino.

Figure 3. Number of People in San Joaquin CoC Experiencing Homelessness by Hispanic/Latino Identity



Source: U.S. Census Bureau, QuickFacts San Joaquin County: <https://www.census.gov/quickfacts/fact/table/sanjoaquincountycalifornia/PST045218>. San Joaquin 2019 PIT Count Dashboard. HMIS Clarity Data, Accessed October 17, 2019.

Mental Illness or Substance Use Disorders

The 2019 PIT count found that 2 out of 3 San Joaquin homeless adults (66%) identified as having a serious mental illness or substance use disorder. Due to the stigma associated with behavioral health issues, this self-reported data may be an undercount. Of those individuals, only 36% had a serious

mental illness, while the remaining 64% experienced a substance use disorder. Contrary to public perceptions, only 24% of homeless individuals indicated that they had a serious mental illness. The San Joaquin demographics are consistent with state level statistics, where 26% of individuals experiencing homelessness throughout California indicate they have a serious mental illness.¹²

For homeless individuals who suffer from a serious mental illness or substance use disorders, more than 8 out of 10 were living without shelter. 84% of those with a serious mental illness had no safe place to sleep, while 83% of those with substance use disorders were also on the street, in the park, or otherwise with no place to go. This demographic only emphasizes the need for supportive services to be maintained at each level of the homeless response system or the same individuals will continue to rely on emergency services rather than receive the targeted care they require.

Chronic Homelessness

A person is considered chronically homeless when they have been homeless for at least a year, either 12 months consecutively, or over the course of at least 4 separate occasions in the past 3 years. To be chronically homeless, the individual or head of household must also have a disability (physical, mental, developmental or living with HIV/AIDS).

Of those counted in the San Joaquin 2019 PIT count, 704 were chronically homeless (27%). Of the 704 chronically homeless, 86% (605) had no place to sleep at night.

People who are considered chronically homeless have often experienced extensive trauma and have severe service needs. While interventions such as Permanent Supportive Housing have been proven to be extremely effective in supporting people experiencing chronic homelessness to regain stable housing, people with extensive histories of homelessness often require intensive service engagement and relationship-building with street outreach and other providers to establish a foundation of trust and rapport to successfully exit homelessness.

Veterans

In the 2019 PIT Count, 153 veterans were identified as experiencing homelessness and 47% of these individuals were unsheltered. In the 2017 Count, 112 veterans were counted as homeless

This is a 37% increase in homeless veteran numbers from 2017. HMIS data for 2018 indicates that 8% of those receiving housing and services in the homeless system of care identified as veterans.¹³ While there are often services dedicated to serving veterans, especially from the federal government and the County, increased coordination with the homeless response system is essential going forward.

¹² San Joaquin County Behavioral Health Services in partnership with the Homeless Initiatives Division of the County Administrator's Office. No Place Like Home Plan. November 2018.

¹³ San Joaquin Continuum of Care, 2019 Homeless Census and Survey, Data Dashboard and HMIS Clarity Data.

WHAT HOUSING RESOURCES ARE AVAILABLE?

San Joaquin, like the rest of California, is in dire need of more affordable housing — particularly housing that is available to individuals and families who are most vulnerable and/or earning little to no income. Households in the extremely low-income range, earning 30% or less of Area Median Income (AMI), or roughly \$18,000 per year,¹⁴ are considered the most vulnerable and at risk of homelessness. In San Joaquin County, 36% of occupied housing units are rented, as opposed to owner-occupied. Additionally, the most recent census information indicates that more than 93% of San Joaquin housing was occupied. Moreover, only 1.6% of current housing was built in 2014 or after.¹⁵

Economic conditions for people living in San Joaquin County, are worse than other parts of the State. The unemployment rate in San Joaquin County is 5%, higher than the State unemployment rate.¹⁶ Nearly 1 in 5 of San Joaquin residents were living below the federal poverty line in 2017 (for 2019, that means income of less than \$25,750 for a family of four).¹⁷ In 2017, the average family of four in San Joaquin spent close to \$12,000 a year (\$990 per month) on housing.¹⁸ For 1 in 5 families in San Joaquin County living below the federal poverty level, housing costs made up more than 45% of their income.¹⁹

Across all income levels, 38% of households pay more than 30% of their income toward housing.²⁰ For individuals with the lowest income (known as “Extremely Low Income” or ELI), 76% spend *more than half* of their income on housing. The median monthly asking rent in the county is \$1,532, which requires renters to earn \$29.46 per hour – 2.5 times more than the State minimum wage – to afford rent. Meanwhile, the Public Housing Authority payment standard for a one bedroom (which also covers Section 8 and VASH) is now \$912, and many vouchers are issued for below that amount.

In 2014, the San Joaquin Council of Governments’ Regional Housing Needs Assessment determined that 40,360 housing units were needed by 2023, of which, 23.5% (9,485) would be necessary for very-low income households.²¹ More recently, in May 2019, California Housing Partnership declared that the county needs 25,489 more affordable rental units to meet the increasing demand for affordable housing.²² Affordable housing broadly has not kept up with needs in the county and neither have homelessness housing resources. According to the Housing Inventory Count (HIC), the number of homelessness housing beds in the community (shelter, PSH, and RRH beds) has increased only slightly

¹⁴ Selected Housing Characteristics, San Joaquin County, California, 2013-2017 American Community Survey 5-Year Estimates, American FactFinder, U.S. Census Bureau.

¹⁵ Selected Housing Characteristics, San Joaquin County, California, 2013-2017 American Community Survey 5-Year Estimates, American FactFinder, U.S. Census Bureau.

¹⁶ Stockton-Lodi Metropolitan Statistical Area (MSA), San Joaquin County, California Employment Development Division, November 15, 2019.

¹⁷ Selected Economic Characteristics, San Joaquin County, California, 2013-2017 American Community Survey 5-Year Estimates, American FactFinder, U.S. Census Bureau.

¹⁸ Family Budget Fact Sheets, San Joaquin County, Economic Policy Institute.

¹⁹ San Joaquin County’s Housing Emergency Update, California Housing Partnership, May 2019. <https://1p08d91kd0c03rlxhmhtydpr-wpengine.netdna-ssl.com/wp-content/uploads/2019/05/San-Joaquin-HNR-2019.pdf>

²⁰ Selected Housing Characteristics, San Joaquin County, California, 2013-2017 American Community Survey 5-Year Estimates, American FactFinder, U.S. Census Bureau.

²¹ San Joaquin County Council of Governments’ Regional Housing Needs Plan 2014-2023. Adopted August 28, 2014.

²² California Housing Partnership, San Joaquin County’s Housing Emergency Update. May 2019. <https://1p08d91kd0c03rlxhmhtydpr-wpengine.netdna-ssl.com/wp-content/uploads/2019/05/San-Joaquin-HNR-2019.pdf>.

since 2015 (6.5% or 139 beds). The slight increase in HIC beds (139) falls far short of serving the more than 900 additional individuals who newly experienced homelessness during that same time period.

During this time, due to changing federal funding priorities, the number of beds available for transitional housing (TH) decreased (or were converted into rapid rehousing), while board and care facilities shut down, leaving fewer facilities to provide more intensive supportive housing and services for highly vulnerable populations. Board and Care capacity has decreased by 40% since 2015, leaving only 158 beds for all mental health consumers.²³

Creating, rehabilitating, subsidizing, and incentivizing permanent and affordable housing solutions is a central pillar of the San Joaquin regional response. Expanding low-barrier shelters on the front end is a critical and necessary piece of homeless crisis response but building a housing pipeline to create exits from shelter is the solution.

THE CURRENT HOMELESS SYSTEM OF CARE

While there are dozens of organizations throughout San Joaquin that are providing services and support to people experiencing homelessness, there are only two organizations that receive federal funding from HUD through the Continuum of Care (CoC): Central Valley Low Income Housing Corp. and Lutheran Social Services. They provide rental assistance, permanent supportive housing, transitional housing and case management for youth, adults, families, seniors, and veterans. Federal Emergency Solutions Grant (ESG) funding through the City of Stockton and San Joaquin County supports emergency shelter, rapid rehousing, homelessness prevention, HMIS, and other critical services.

These programs serve as an important foundation for the San Joaquin homeless system of care, but the population data above underscores the need to expand capacity of programs through additional resources – a challenge given federal funding constraints that requires investment of local resources.

Figure 4. Housing Inventory Count 2019 - Unit/Bed Capacity

Emergency Shelter (year-round beds)	Transitional Housing	Rapid Rehousing	Permanent Supportive Housing	Total Units/Beds
883	346	262	769	2260

²³ San Joaquin County Behavioral Health Services, No Place Like Home Plan. November 2018.

San Joaquin CoC Supportive Housing Programs



- Permanent supportive housing (PSH) provides housing and supportive services for homeless persons with disabilities; primarily those with serious mental illness, chronic problems with alcohol and drug abuse, or those with acquired immunodeficiency syndrome (AIDS). PSH is established in apartments and scattered sites throughout the County, with supportive services offered and provided by a network of more than 20 community providers.
- The C.A.R.E. Program (Coordinated Agency Response Effort) supports smaller family shelters as they provide continuing supportive services to clients who have moved from shelters to permanent housing. The primary focus is on households with dependent children. Continuing case management services are often, but not always, provided by the shelter where the families previously resided.



- The C.H.A.R.M. Program (Communitywide Homeless Assessment & Resource Management) is the CoC's Homeless Management Information System.
- Hermanas I & II Programs provide rapid rehousing to homeless households with significant substance abuse problems. The focus is on single mothers with dependent children.
- The Homeless to Homes and Horizons Programs provide rapid rehousing and supportive services to homeless families. The programs put an emphasis on the transition from emergency shelter to stable housing.



- Project HOPE Is a program geared towards former foster youth at high risk of homelessness. The program uses scattered site apartments throughout the cities of Stockton and Lodi and offers educational and life skills training.
 - The S.P.I.C.E. (Supporting People in a Community Environment) Program offers permanent housing for people with disabilities.
-

Human Services Agency

San Joaquin County's Human Services Agency (HSA) operates 14 community centers, which provide hot lunch and socialization programs for vulnerable and/or socially isolated adults, many of whom are homeless. HSA also works with homeless and indigent individuals to help them secure health coverage, cash-aid, and/or food assistance. HSA programs include California Work Opportunity and Responsibility to Kids (CalWORKs), Foster Care, CalFresh, General Assistance, Medi-Cal, Adoptions, Child Protective Services, Adult Protective Services, In-Home Supportive Services (IHSS), Refugee Assistance, and the Mary Graham Children's Shelter.

First 5 San Joaquin

In partnership with HSA, First 5 San Joaquin exists to serve and improve the community by fostering the active participation of parents, caregivers, educators and community members. First 5 develops and offers programs benefiting children ages 0 to 5 years old. First 5 San Joaquin provides financial support for critical programs such as health, preschool and literacy programs, to ensure programs effectively meet the needs of families through the following programs: preschool, health education, parent education, home visitation, kindergarten bridge, health and developmental screenings, breastfeeding support services, and health insurance screening and referral.

Behavioral Health Services

The County's Behavioral Health Services provides housing support services for individuals with serious mental illness through rental subsidies, board and care supplemental patches, motel vouchers, and placement in supported residential facilities. MHSAs funds were used to develop 53 permanent housing units in Stockton and Lodi that are restricted to residents with serious mental illness. Two Mental Health Services Act innovation projects focus on homeless mentally ill individuals: Progressive Housing (45 new scattered-site beds to date) and the Assessment and Respite Center, serving as a friendly front door to behavioral health services for homeless individuals. Mental Health Services Act funds were used to develop 39 new units of project-based housing for the seriously mentally ill adults. Behavioral Health Services also provides a number of homeless outreach and engagement services: the Project for Assistance in Transition from Homelessness (PATH) team, Whole Person Care Behavioral Health Navigation Team, Inspire team, Allies team, and the Law Enforcement Assisted Diversion (LEAD) team, which partners with the District Attorney's Office and the Stockton Police Department. Through these services, people experiencing homelessness are connected to housing and services whenever possible.

Whole Person Care

Whole Person Care (WPC) is a pilot program intended to more effectively coordinate the physical health, behavioral health, and social services needs of the most vulnerable Medi-Cal beneficiaries who are high users of multiple publicly-funded health care systems and who continue to have poor health outcomes. In addition, the program seeks to build and sustain relationships, develop infrastructure allowing data to be shared between various clinical information systems and demonstrate a reduction in publicly funded costs.

WPC specifically targets adult Medi-Cal beneficiaries that are homeless or at-risk of homelessness upon release from the County Jail, a psychiatric health facility, or hospital, as well as high utilizers of emergency department services and individuals with a mental health and/or substance use disorder. Health Care Services (HCS) is the lead County entity and single point of contact with the State Department of Health Care Services (DHCS) for the County's WPC Program.

Law Enforcement

Law enforcement plays a key role in addressing homelessness throughout the region, as they are often the first point of contact for those living on the street. Each of San Joaquin's major cities have at least one dedicated officer to act as a homeless liaison. Stockton's Law Enforcement Assisted Diversion (LEAD)

program serves as an example of a successful model for using law enforcement as a partner and a bridge to services. Officers regularly foster community and connection with unhoused individuals, often knowing a person's circumstances better than other community supports.

Housing Authority

The Housing Authority of the County of San Joaquin (HACSJ) established a preference to provide permanent affordable housing for individuals and families participating in a Supportive Housing Program, Shelter Plus Care Program, Emergency Solutions Grants program, or homeless program. Since the inception in 2017, 91 households transitioned from homelessness and are receiving permanent rental assistance. Multiple agencies throughout San Joaquin County participated in identifying and referring clients through this preference. The leading referral agencies include the Stockton Shelter for the Homeless, Haven of Peace, and Central Valley Low Income Housing Corp., among others.

The Housing Authority received Mental Health Services Act funds to repurpose its former administrative buildings into 26 affordable rental units for Behavioral Health clients. An additional 11 units are being rehabilitated from another HACSJ owned property for the same purpose. Units will be available for lease up as early as August 2020. Supportive services will be available for all residents provided by Behavior Health Services.

The Housing Authority, in partnership with STAND Affordable Housing, Central Valley Low Income Housing Corp., and Stockton Shelter for the Homeless have broken ground on a new project referred to as Turnpike Commons. Turnpike Commons is the first phase in this project currently under construction consisting of nine homes to individuals and families experiencing homelessness. Phase two will consist of three homes on two separate parcels as infill development within the City of Stockton.

Centralized Assessment and Coordinated Entry System

San Joaquin is committed to providing a "no wrong door" approach to access housing and services. Currently, there are two organizations that contribute to the operation of the local Coordinated Entry System: Central Valley Low-Income Housing Corp., which serves as the HMIS Lead Agency, and Family Resource and Referral Center, which operates the local 211 system and provides support for housing and services referrals. Those presenting as homeless, typically through a shelter provider, but also through street outreach and the local 211 system, are referred to Central Valley Low Income Housing Corp., where an assessment is conducted and HMIS entry is completed. Central Valley Housing staff then determines the availability of permanent housing programs based on the needs of the client.

Emergency Shelter

There are over a dozen site-based shelter programs operating in the county. Some serve women and children surviving domestic violence, while others are affiliated with religious institutions, and still others focus on providing support to families with children. Most of the shelters provide a place to sleep, food, hygiene services, and clothing for residents. Some provide job readiness and life skills training (e.g., Family and Youth Services, Gospel Center Rescue Mission, McHenry House, Haven of Peace, and the Women's Center Youth and Family Services). Limited providers offer on-site health care services (e.g., Gospel Center Rescue Mission and St. Mary's Dining Room) or counseling services (e.g.,

Family and Youth Services, McHenry House, and Lodi House). In addition to the many services noted, the Women's Center also offers case management, parenting classes, domestic violence and self-esteem support groups, financial literacy, and services for employment preparation. They also operate the Just for Kids Program and an aftercare support group.

Most of the shelters impose conditions on their residents, requiring people to be abstinent or sober, prohibiting residents from bringing possessions, pets, or partners into the shelter, and requiring residents to exit each morning. There remains a real need for additional low-barrier shelters that screen people in, rather than out. Combined with insufficient housing vouchers and affordable units, the system stalls at shelter. Households continue to cycle in and out rather than move on to permanent housing solutions. Additional shelter capacity must be coupled with additional housing. All must have supportive services.

Figure 5. Housing Inventory Count 2019 – Emergency Shelter Beds²⁴

Organization Name	Project Name	Bed Type	Target Pop.	Beds HH w/ Children	Beds HH w/o Children	Beds HH w/ only Children	Year-Round Beds	PIT Count	Total Beds	Utilization Rate
Chest of Hope	Hope's House	Facility-based	DV	12	8	0	20	20	20	100%
Gospel Center Rescue Mission	Men's Lodge	Facility-based	NA	0	70	0	70	63	70	90%
Gospel Center Rescue Mission	New Hope Shelter	Facility-based	NA	16	22	0	38	35	38	92%
Haven of Peace	Haven of Peace	Facility-based	NA	22	13	0	35	35	35	100%
HOPE Ministries	HOPE Shelter	Facility-based	NA	35	0	0	35	16	35	46%
HOPE Ministries	Raymus House	Facility-based	NA	36	0	0	36	6	36	17%
Lodi House	Lodi House	Facility-based	NA	20	4	0	24	11	24	46%
McHenry House	McHenry House	Facility-based	NA	32	0	0	32	20	32	62%
Salvation Army-Lodi	Hope Harbor	Facility-based	NA	12	59	0	71	62	71	87%
San Joaquin County	TANF Homeless Assistance	Voucher-based	NA	190	1	0	191	191	191	100%
Stockton Shelter	Family Shelter	Facility-based	NA	92	22	0	114	142	142	100%
Stockton Shelter	Singles Shelter	Facility-based	NA	0	160	0	160	189	189	100%
Women's Center - YFS	DAWN House	Facility-based	DV	27	8	0	35	37	37	100%
Women's Center - YFS	Safe House	Facility-based	NA	0	0	10	10	4	10	40%
Women's Center - YFS	Serenity House	Facility-based	DV	8	4	0	12	14	14	100%
Totals				502	371	10	883	845	944	79%

²⁴ The "Utilization Rate" column is determined by dividing the PIT Count number by the "Total Beds." PIT Count numbers and Total Beds include *Overflow* and *Seasonal* beds that are available either temporarily, or only during high-demand seasons of the year, respectively. Overflow and Seasonal beds are not included in Year-Round Bed totals.



Veterans Administration

The VA offers a variety of emergency and longer-term shelter options for eligible veterans. The Health Care for Homeless Veteran's (HCHV) program, operated by Stockton Shelter, offers stays of 60 days; the Grant Per Diem program, operated by Dignity's Alcove, offers shelter, meals, and other services for up to 2 years; and the HCHV program, operated by Compassionate Residio, offers limited respite care for veterans with medical necessity.

St. Mary's Dining Room and Stockton Shelter together provide a place for people to get food and shelter or seek respite during the day under a roof. Stockton Shelter has 111 beds for single adults and can accommodate 30 families. Yet, it was running at 175% of capacity on the men's side, and 120% of capacity on the family side, during 2019. Both organizations lack sufficient case management staff (Stockton Shelter only recently hired a case manager to support the hundreds of single adults they shelter).

Local Financial Investment

The primary source of funding to support efforts to reduce homelessness in the county are federal and state funds (e.g., CoC, ESG, VA). While local police, fire, transportation, and sanitation provide services to

people experiencing homelessness, until very recently, no local funding was dedicated to support homeless services specifically. Local investment is increasingly necessary, especially as federal and state funding require matching contributions. Given the matching requirement, local investment results in an exponential increase in total funding for the homeless response system.

HOW IS THE SYSTEM PERFORMING?

"All agencies that serve homeless households within the San Joaquin Continuum of Care have a responsibility to positively contribute to the elimination of homelessness in San Joaquin County."²⁵ As such, the CoC's System-Wide Performance and Evaluation Committee ("the Committee") established performance measures to guide individual project performance evaluation thresholds for various funding sources. In order to develop these measures and the strategies to achieve them, the Committee adopted HUD's core System Performance Measures (SPM), examined local HMIS data, assessed external conditions specific to San Joaquin County, and incorporated best practices from the United States Interagency Council on Homelessness, National Alliance to End Homelessness, and National Homeless Information Project. The San Joaquin CoC Board of Directors adopted as policy the Committee's work and recommendations.

²⁵ San Joaquin Continuum of Care System-Wide Performance Measures, Goals, and Strategies, updated February 2020.



The specific performance measures for the local community are:

1. Reduction in the average and median length of time persons remain homeless;
2. Reduction in the percent of persons who return to homelessness from permanent housing;
3. Reduction in the total number of persons who are homeless;
4. Increase in the percent of adults who gain or increase employment or non-employment cash income over time;
5. Reduction in the number of persons who become homeless for the first time;
6. Placement in housing of households that are homeless under other laws;
- 7a. Increase in the percent of persons who exit from the streets to an ES, SH, TH, or permanent housing destination;
- 7b. Increase in the percent of persons who exit to or retain permanent housing from PSH;
8. Increase in the percent of persons who exit to permanent housing from RRH;
9. Reduce the number of people living unsheltered in our community; and
10. Increase the number of units available to those exiting homelessness.²⁶



For the most part, CoC system performance reflects a region that is seeing increases in first-time and returns to homelessness. SPM 5, which looks at first time homeless, increased substantially between 2015 and 2017, particularly over a single year between 2016 and 2017. In 2016, there were 2,736 people in San Joaquin emergency shelters, transitional housing, or permanent supportive housing who were experiencing homelessness for the first time. By 2017 that number more than doubled to 5,913.²⁷ Additionally, SPM 2, which measures returns to homelessness over 2 years, increased between 2015-2017 from 16% to 21%. It is important to note that this data only looks at San Joaquin and does not take into account if someone returned to homelessness in a different county or CoC. Given the above, the Committee has endorsed the work of the Coordinated Entry Committee in establishing a no wrong door approach to coordinated assessment and access to prevention and diversion programs.²⁸

Some performance measures appear to indicate success in decreasing how long a person experiences homeless. SPM 1, which assesses the average length of time someone is homeless, showed a decreased in the average length of stay in emergency shelters and transitional housing programs from 103 days (2015) to 54 days (2017). However, this data likely reflects the inclusion of new hotel stay data in HMIS

²⁶ System Performance Measures 1 through 7b are established by the Housing and Urban Development Department to evaluate the success of local efforts related to addressing homelessness. Measures 8, 9, and 10 are locally identified Performance Measures. These measures are calculated on a calendar consistent with the HUD calendar for System-wide Performance Measure reporting (Oct. 1 through Sept. 30).

²⁷ HUD Exchange, System Performance Measures Data Since FY 2015, CA-511. <https://www.hudexchange.info/resource/5691/system-performance-measures-data-since-fy-2015/>.

²⁸ San Joaquin Continuum of Care System-Wide Performance Measures, Goals, and Strategies, updated February 2020.

skewing the overall numbers.²⁹ As such, the Committee determined there needs to be an ongoing effort to move people from shelter and transitional housing programs through comprehensive supportive services to permanent housing solutions, such as rapid rehousing.³⁰

Ensuring accurate and widespread data collection, from program entry to exit, is essential for ongoing evaluation of these critical federal and local performance measures.

²⁹ HUD Exchange, System Performance Measures Data Since FY 2015, CA-511. <https://www.hudexchange.info/resource/5691/system-performance-measures-data-since-fy-2015/>.

³⁰ San Joaquin Continuum of Care System-Wide Performance Measures, Goals, and Strategies, updated February 2020.

PRIORITIES AND GOALS FOR EFFECTIVELY ADDRESSING HOMELESSNESS

While the San Joaquin community has made meaningful progress in setting up a homeless response system that has prevented or ended homelessness for hundreds of residents, significantly more coordination, investment, and focus is needed to fully address the impacts of homelessness across the county.

The increasing number of people experiencing homelessness who are living without shelter is a major concern for the community. The lack of low-barrier shelters throughout the county exacerbates the problem. While many organizations support people experiencing homelessness, only a small handful receive federal or state funding, and many do not fully participate in HMIS. Coordination across programs and agencies is insufficient to meet the current need. Looking ahead, the increases in first-time homelessness and returns to homelessness, are a strong call for the community to invest more in prevention and diversion, wrap around supportive services, and affordable permanent housing solutions.

The strategic planning process has involved extensive community engagement, a review of local data, and research to better understand the San Joaquin region's current homelessness system of care. Based on data, community feedback, and evidenced-based practices, San Joaquin has identified **three goals** that will be critical to effectively address homelessness over the next five years.



GOAL 1: ESTABLISH A COORDINATED AND ENGAGED REGIONAL SYSTEM OF CARE

San Joaquin County needs to deepen coordination to establish a community-wide response to homelessness. There are many organizations actively engaged in serving people experiencing homelessness. The region needs to strengthen the homeless crisis system it has in place and develop a fully coordinated and transparent system that can help obtain greater funding, identify shared priorities, and establish a formal coordinated entry system to identify, assess, and connect individuals to housing and services. Collaboration will expand understanding of the causes of homelessness and support the most effective approaches to address it. A stronger network can also celebrate success, reflect and course correct, and monitor and evaluate to ensure continued progress.

GOAL 2: INCREASE ACCESS & REDUCE BARRIERS TO HOMELESS CRISIS RESPONSE SERVICES



Connecting and building rapport with people experiencing homelessness is critical in a region where nearly 60% live without shelter – on the streets, in cars, under bridges, or by the river. By expanding outreach, increasing services, and developing low-barrier shelters, the community can target resources to those living in places not meant for human habitation. At the same time, San Joaquin must be better positioned to support those at-risk of becoming homeless. While a small number of people require more intensive services, most people facing housing instability need a minimal amount of help to stay housed. Whether it is one-time financial resources to provide a security deposit, legal assistance to prevent eviction, or help learning to balance a budget, the more the system can provide supports and services to prevent homelessness in the first place, the more the community will be able to use the limited resources on hand to end homelessness altogether – while at the same time protecting additional individuals and families from the traumas associated with homelessness.



GOAL 3: ENSURE HOUSEHOLDS EXPERIENCING HOMELESSNESS HAVE ACCESS TO AFFORDABLE & SUSTAINABLE PERMANENT HOUSING SOLUTIONS

Permanent housing – and the supportive services needed to obtain and maintain it – is the solution to homelessness. By expanding permanent housing options, such as Permanent Supportive Housing and Rapid Rehousing, hundreds more people in San Joaquin County will have a home that provides security and comfort – hand-in-hand with case management and job support services many residents require to achieve stability and long-term self-sufficiency. To do so not only requires more investment in new housing, but engagement with landlords and others to increase access to housing that already exists.



GOAL 1: ESTABLISH A COORDINATED AND ENGAGED REGIONAL SYSTEM OF CARE



Measure 1.1: All housing and homelessness agencies and programs are trained and participate in HMIS.

Measure 1.2: A formal Coordinated Entry System (CES) is in place, including a robust HMIS that is fully populated with data countywide.

Measure 1.3: HMIS collects intake, assessment, and exit data to allow for coordination and tracking as people exit homelessness and/or return to homelessness.

Measure 1.4: All stakeholder groups – the County, cities, Continuum of Care, service providers, and community-based organizations – have adopted the Strategic Plan.

Measure 1.5: Stakeholders are working together communitywide to implement a shared set of strategies to address homelessness in line with the Strategic Plan.

Measure 1.6: A shared funding process/advisory board has been put in place, with representatives from the County, cities, Continuum of Care, health care systems, VA and other federal partners, service providers, and community-based organizations.

Strategy 1.1: Establish a Cross-jurisdictional Effort to Create Shared Processes to Access Funding Streams, Identify Community Priorities, and Coordinate the Countywide Homeless System of Care

Homelessness is a countywide challenge that requires partnership between numerous jurisdictions, agencies, and sectors. Communities that are making headway in addressing homelessness have invested in effective, centralized leadership to coordinate efforts and implement shared strategies, ensuring that community resources are being used as effectively as possible. While the San Joaquin community has strongly indicated that there is a desire for coordination across jurisdictions and funding streams, greater focus, planning, investment, and collaboration is needed to collectively achieve the shared goals.

- Strengthen Coordinated Entry System:** Stakeholders in San Joaquin County have expressed the desire to have a robust Coordinated Entry System (CES) to better prioritize and serve those struggling with housing instability and homelessness. CES is a process developed to ensure that all people experiencing a housing crisis have fair and equal access to housing and supportive services. Individuals should be quickly identified, assessed for, referred, and matched to housing and assistance based on their strengths and needs. An effective CES can reduce the time it takes to get services to participants and ensure that resources are used efficiently.

The steps to strengthen San Joaquin’s CES include:

- ✓ *Centralize access points to administer coordinated assessment tool (VI-SPDAT), incorporating San Joaquin 2-1-1 and existing community/resource centers (e.g., HSA Community Centers);*
- ✓ *Expand CES to ensure that all homeless response programs – shelters, Rapid Rehousing, Permanent Supportive Housing, and Prevention – are included in the system, to ensure placements are tracked and documented, and success can be measured;*
- ✓ *Increase CES coverage and participation to include the full spectrum of services that are available in San Joaquin, including mobile teams, satellite offices, rotating staff, and co-located services;*
- ✓ *Consider integrating related systems of care, such as re-entry from criminal justice or hospital discharge to further improve coordination; and*
- ✓ *Once widely adopted, evaluate the effectiveness of the coordinated assessment tool (VI-SPDAT) in identifying the best intervention (e.g., RRH, PSH) according to vulnerability, and analyze any disparities between subpopulation access to services and placement into housing.*

Strengthening and centralizing the CES process will enhance San Joaquin’s capability to expand, track, and analyze how effective the community is at serving people in need. It will help ensure people with the greatest needs are prioritized while those facing an immediate housing crisis are diverted from the homeless response system altogether.



VI-SPDAT

Vulnerability Index - Service Prioritization Decision Assistance Tool. The VI-SPDAT is a commonly used, pre-screening, or triage tool, that is designed to be used by all providers within a community to quickly assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available. The VI-SPDAT is designed to determine the presence and acuity of an issue and identify clients to refer for assessment for specific housing interventions, but it is not intended to provide a comprehensive assessment of each person’s needs. The tool is designed to measure acuity and risks to housing instability.

- **Establish countywide priorities:** Throughout the process of developing the strategic plan, stakeholders expressed a clear sense of priorities for the region: invest in prevention efforts to keep households from becoming homeless from the outset (and diversion when they do), expand low-barrier shelters to ensure those living on the street can quickly gain access to services, and increase the availability of affordable permanent housing. For example, there was strong feeling that the system needs to prioritize vouchers for people with mental illness, “People with mental illness need vouchers immediately. They must be prioritized, and this cannot just be based on whether the person has SSI or SSDA.”
- **Design a shared process around funding and allocation:** With only two organizations currently receiving federal CoC funds, but a broader set of organizations working to end homelessness, the community needs to focus attention on increased planning to ensure adequate and strategic coordination is in place to support priority initiatives and to reduce duplicative efforts. The additional state funding opportunities that are available for the region provide even greater incentive to take the time to establish a coordinated and cross-jurisdictional process to apply for, prioritize, and distribute funding effectively across the region. To effectively collaborate and maximize funding opportunities, the community can:
 - ✓ Explore establishing a Funding Advisory Group comprised of officials from the county’s three HUD Entitlement Jurisdictions, which may include members of the CoC Board, Board of Supervisors, city executive and legislative branches, community-based organizations, and other relevant stakeholders with authority. (This must include a full-time staff position, which could be funded by a trusted community-based organization, or the County, to provide support on data requests, administrative functions, and staffing.)
 - ✓ Design a single Request for Funding Proposal (RFP) mechanism that permits applicants to submit a shared application for multiple funding streams and be responsible for the same reporting and fiscal duties.
 - ✓ Offer more comprehensive technical assistance to providers who have not previously sought funding to establish a new project pipeline and provide infrastructure for programs to help alleviate administrative burdens.



Example Roles and Responsibilities of a Funding Advisory Group

1. *Seek to achieve functional zero homelessness in San Joaquin County, using this Strategic Plan as the initial guiding document;*
2. *Support the goals and duties of the San Joaquin Continuum of Care;*
3. *Own the issue of homelessness within the county;*
4. *Align homelessness-related funding and policies throughout the county;*
5. *Promote and invest in Housing First strategies;*
6. *Ensure adherence to evidenced-based solutions;*
7. *Represent rural, urban, and suburban communities;*
8. *Monitor local system performance measures;*
9. *Focus on high-level decisions, not technical aspects of issues related to homelessness;*
10. *Create ongoing or ad hoc Task Groups, so long as there is sufficient staff capacity;*
11. *Approve the submission of applications to Notices of Funding Availability (NOFAs) published by HUD and the State, ideally through a single Request for Funding Proposal;*
12. *Establish San Joaquin County's homelessness funding priorities and make funding-related decisions (e.g., project types to fund, subpopulations to target);*
13. *Ensure that organizations serving the county's homeless population receive the technical assistance and training they need to achieve system performance measures through a Housing First model;*
14. *Communicate with the public on issues related to homelessness; and*
15. *Designate a Chair for the Funding Advisory Group who will act as the official spokesperson to the public and stakeholders.*



Single Request for Funding Proposal

The purpose of the Single Request for Funding Proposal is to streamline the project application process while encouraging creative program design to respond to homelessness through one or more available funding streams. This process should support the implementation of comprehensive housing programs that include robust supportive services and adhere to shared principles and systems, such as Housing First, Coordinated Entry, and HMIS. Federal and state priorities compound the need to coordinate and align resource allocation in order to maximize impact. Any funds offered by HUD, the State, or the County should be included in the single RFP, such as CoC, ESG, California Emergency Solutions and Housing (CESH), Homeless Emergency Aid Program (HEAP), and HHAP. To increase efficiency and reduce the burden to apply, a standard budget template is used regardless of funding source.

With a streamlined funding process in place, the community can expand the outreach process for federal and state funding opportunities to provide the ability for more stakeholders to access these resources. This would require that there is increased information and transparency regarding funding streams, administrators, and award processes. Additionally, the CoC (and Funding Advisory Group if implemented) could offer more comprehensive technical assistance to providers who have not previously sought funding in order to help them overcome administrative and reporting burdens.

Strategy 1.2: Improve Data Collection, Measurement, and Analysis

Stakeholders in San Joaquin County have expressed the need for improved data collection, measurement, and analysis in order to better understand the needs of those facing housing instability and the effectiveness of program interventions. There was strong consensus from stakeholders that the number one priority would be to ensure every entity that is part of the homeless system of care provides data into HMIS.

While there is widespread interest in participating in HMIS, stakeholders indicated that one of the biggest hurdles to effective data collection is the capacity of the agencies serving the homeless population. Many organizations do not have the ability to complete data entry in a timely manner and often the information that is entered into the data system is limited or out of date.

Currently the primary agencies that participate in HMIS are those that provide shelter and housing. Many of the agencies that provide supportive services are not connected into HMIS, or their staff are not sufficiently well trained to use HMIS. Without a robust HMIS system that everyone commits to participating in, which effectively engages and trains all organizations and their staff throughout the region, the ability for the community to respond to the greatest needs will continue to fall short. In order to ensure the system is accountable and all organizational activities are known and tracked, the CoC should ensure that all housing and homelessness organizations actively participate in data entry and quality.

To do so, the CoC should:

- Ensure all housing and homeless programs are trained and participate in HMIS (condition funding on participation);
- Establish HMIS Policies and Procedures with agreed upon definitions, standards for data integrity, and timeliness expectations for data entry;
- Require that participating organizations track individuals returning to homelessness, attend free trainings offered to them, and seek technical assistance when necessary;
- Assess data to drive community action (e.g., measure if outputs meet inputs, effectiveness of interventions);

- Hire dedicated administrative staff to manage the day-to-day operations of HMIS to improve data quality, provide support to partner organizations, and enable real-time data collection;
- Improve ability for agencies/system to capture client exit destinations, including from shelter;
- Increase coordination between mainstream resources and homeless assistance data systems to ensure identification of those eligible for benefits, such as SSI and CalWORKs; and
- Engage in a robust review of the HMIS Lead, including soliciting other agencies interested in acting as the HMIS Lead.

Opportunities to better coordinate around Veterans' services illustrates ways to enhance the effectiveness of San Joaquin's homeless system of care. Stakeholders expressed a desire for increased coordination between the VA, the CoC, and the community-at-large in order to achieve a functional zero for veteran homelessness. The system as it currently functions is not sufficiently maintained, with client lists that include people who are deceased, unreachable, or ineligible for services. Strategies to consider include:

- ✓ *Use a VA-managed "By-Name" List as the organizing document for housing and serving veterans;*
- ✓ *Expedite, through CES and HMIS, the identification of those eligible for VA programs (which is dependent on discharge status), so that veterans ineligible for VA programs may more readily access CoC and other housing and services;*
- ✓ *Increase coordination with the VA on PIT Count methodology and implementation; and*
- ✓ *Partner with the County Veterans Advisory Commission (VAC) to bridge veterans and services by connecting unhoused veterans with veteran peers in the community.*

Strategy 1.3: Educate and Engage the Community

While homelessness is growing across the State of California, so are the many myths and misconceptions around why people are homeless and the programs and services that work best in solving the problem. Rising costs of housing, combined with wages that do not keep pace, are driving increased rates of homelessness in San Joaquin County and across the State. A deeper understanding of homelessness and its solutions will strengthen community support for critical next steps.

Stakeholders in San Joaquin County have expressed the need for increased engagement and education of the members of the Continuum of Care and the community-at-large. A community that speaks the same language and supports the same mission can collectively address homelessness more efficiently and effectively.

Stakeholders also prioritized a focus on demystifying who is actually living on the street and in shelters. We know that in many communities there is a misconception that the majority of people experiencing homelessness have mental health or substance use disorders. The most common causes of homelessness in many communities, however, are unemployment and unpaid rent. While many people experiencing homelessness do have a disability that creates a barrier to regaining stable housing, the disability is often the result of their homelessness rather than its cause. Only a small percentage of the total number of people experiencing homelessness became homeless because of mental health issues or substance use disorders.

“When you first become homeless, you try your hardest to get your housing back. But then as the weeks go by, it becomes harder and harder. You get buried deeper and deeper. People do not look at you the same. Even a brief respite from living on the street can allow you to recharge – as little as two weeks can be enough to help reset your motivation.”

In addition to demystifying who is homeless, there are numerous ways to build a common understanding of the homeless system of care and the strategies to address it.

San Joaquin should prioritize the following:

- Educate the public on the need to implement evidence-based best practices (e.g. Housing First, Coordinated Entry, prevention and diversion, trauma-informed care, low-barrier programming, and voluntary services);
- Publicize success stories of individuals and strategies;
- Work with the business sector to address their concerns about blight and use data to show the results of efforts that have already been undertaken;
- Initiate messaging that better explains Housing First that highlights what has worked in San Joaquin and other similar communities;
- Undertake community education to encourage willingness for affordable development in our neighborhoods; and
- Incorporate the voice of the consumer/client through focus groups, surveys, and listening meetings.

2

GOAL 2: INCREASE ACCESS AND REDUCE BARRIERS TO HOMELESS CRISIS RESPONSE SERVICES



Measure 2.1: By 2025, 200 new housing-focused low-barrier shelter beds are available to people experiencing homelessness in San Joaquin County (The beds may be in congregate or non-congregate shelter settings, as public health needs dictate).

Measure 2.2: By 2025, an additional 200 total rental assistance eviction prevention grants are available.

Measure 2.3: The 2025 Point-in-Time Count will show that the number of unsheltered households in San Joaquin County is less than 50% of the 2019 Count.

Measure 2.4: More than 50% of households who were housed in Transitional Housing and Rapid Rehousing programs will exit to permanent housing destinations between 2020 and 2025.

Measure 2.5: Beginning 2021, the number of people experiencing homelessness for the first time will be reduced by 5% each year, achieving a 20% annual reduction by 2025.

Measure 2.6: Annually reduce by 10% the number of households that return to homelessness in 6 months after exiting to permanent housing from a Transitional Housing, Rapid Rehousing, or Permanent Supportive Housing program.

Strategy 2.1: Expand Low-Barrier Shelter Capacity, Hours, and Services

Emergency shelters and warming centers provide safe places for people to stay at night and help connect people to services and housing opportunities. When the programs are housing-focused and low-barrier, they are an important part of the system to engage people and help them exit homelessness to permanent housing.



Housing First

The Housing First approach has been extremely successful in reducing the length of time households are homeless, preventing returns to homelessness, and supporting participants' long-term stability and well-being. Research suggests Housing First program participants are 2.5 times more likely to be housed after 18-24 months than other programs.³¹

³¹ Baxter AJ, Tweed EJ, Katikireddi SV, et al. Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomized controlled trials. J Epidemiol Community Health 2019; 73.

Stakeholders in San Joaquin County have expressed the need to expand low-barrier shelter capacity. Current space, hours, structure, and services are insufficient to meet the needs of those facing housing instability, especially in the winter. This has been greatly exacerbated by the COVID-19 health crisis, increasing the need for non-congregate shelter settings. (For more guidance on best practices for non-congregate shelter settings in light of COVID-19, see HUD's "[Non-Congregate Approaches to Sheltering for COVID-19 Homeless Response](#)," in the Appendices.)

Members of the community have proposed lowering many barriers to entry that may discourage a household from moving indoors. Some of the barriers and challenges most commonly encountered are: ID requirements; restrictions against pets, possessions, and partners; rules based on sobriety rather than behavior; and curfews or exit times that eliminate education and employment opportunities. These can be life or death decisions.

There is currently only one congregate emergency shelter in the entire county that ascribes to a low-barrier approach, attempting to reduce burdensome requirements. However, clients remain unable to bring pets or store possessions, and must exit each morning. These issues persist in non-congregate settings where pets and many possessions are often not permitted. Moreover, the Stockton Shelter has insufficient capacity to accommodate the demand during each winter throughout the year. This past winter, the City of Stockton and San Joaquin County ensured expanded winter capacity by funding 100 additional beds for four months. However, with thousands of San Joaquin residents living on the streets, in cars, in parks, and by the river, a temporary expansion of 100-beds is insufficient to meet the growing need.



Navigation Centers

New legislation in California defined Navigation Centers as facilities that provide “temporary room and board with limited barriers to entry while case managers work to connect homeless individuals and families to income, public benefits, health services, permanent housing, or other shelter.”³² Navigation Centers are “housing-focused” facilities that provide shelter and comprehensive onsite services to support participants to exit homelessness permanently. While they help people stay safe from the dangers of living outside, they are also a valuable link to permanent housing, especially for people who have been homeless for an extended period of time and might be reluctant to engage in services.

Navigation Centers are “housing focused” because they are low-barrier and tailor their services to support the goal of exiting homelessness. They screen-in, rather than screen-out, potential participants with the greatest barriers to housing. They do not require participation in services as a condition of stay. They impose minimal rules and restrictions that focus on behavioral expectations to help ensure client and staff safety, i.e., few rules, not “no rules.” They provide flexible access to shelter and services, including extended hours of operation, arrangements for late arrivals, non-restricted mealtimes, and lenient curfew policies. They offer CES assessments on-site, voluntary case management, and other supportive services that assist households to create an action plan to help them obtain permanent housing.

In order to improve the community’s capacity to respond to the current and ever-growing need for shelter in San Joaquin County, stakeholders should explore the following:

- Expand low-barrier shelter capacity, incorporating Housing First principles to existing emergency shelters, and to any new or expanded congregate or non-congregate shelters (e.g. allow partners, pets, possessions; not require sobriety or mental health counseling to enter) – even consider a Navigation Center when appropriate;
- Standardize policies throughout all shelters, so they are predictable and equitable;
- Ensure that voluntary support services are accessible at all shelters through coordinated on-site case management, mobile multi-disciplinary teams, or rotating support staff;
- Obtain city, County, and private investment to support winter shelter capacity; and
- Provide financial support to expand hours of “Night-by-Night” shelters or to secure other 24-hour accommodations in order to provide continuity of care and increased case management support.

³² California Senate Bill 850 50490.4(a)(4)(A).

Persons with lived experience also highlighted that current policies and service offerings at different shelter sites, dedicated to different subpopulations, were inequitable or misaligned with the needs of residents. Many single adults and adults with partners (with no children) are interested in accessing more supportive services and abiding by behaviorally-based rules – similar to approaches taken in shelters serving households with children – to improve the shelter environment and support exits to permanent housing. With the increased need for non-congregate shelter settings, sufficient supportive services and equitable policies are even more crucial as individuals become more isolated and face new challenges in new environments.

A true low-barrier shelter model is grounded in fair and equitable policies that provide the greatest access to residents, while still prioritizing the protection and safety of staff and other residents.

Shelter residents suggested the following changes:

- Eliminate alcohol and drug testing via invasive practices, instead monitoring conditions based on a behavioral standard;
- Allow partners to live together;
- Allow pets;
- Create smaller, or individual, rooms within shelters to allow people to better manage their health and safety;
- Eliminate restrictive curfews and limited mealtime hours; and
- Improve access to self-care services, like showers and hygiene products.

Strategy 2.2: Invest in Prevention and Diversion

Living without stable housing, even briefly, is a traumatizing experience, and many never recover from the physical, emotional and financial impacts. By diverting households from shelter and preventing imminent homelessness, we can help individuals and families avoid the economic, social, mental, and physical challenges that result from homelessness – often at a much lower cost than it takes to serve people after they lose their housing.

With more and more San Joaquin households spending higher percentages of their income on rent, there are an increasing number of people falling into homelessness. Once somebody has fallen into homelessness, it can be extremely difficult to return to housing.

Prevention

Stakeholders in San Joaquin County have voiced a great need for investment into prevention services that will help struggling households maintain their housing rather than enter the homeless response

system. Prevention services have often been presented as one of the three largest community needs (along with shelter and permanent housing).

Steps to address prevention include:

- Invest in eviction prevention rental assistance funds to pay rental arrears (back rent);
- Establish an emergency eviction prevention fund that can quickly respond to needs (e.g., within 7-10 days);
- Increase access to free legal services and assistance (representation greatly increases tenant victories);
- Establish funds to address the gap created by ESG income limitations (30% AMI);
- Fund short-term rental subsidies to increase household housing stability;
- Advocate to the State the need for expedited access to Emergency Solutions Grant (ESG) funds, as there have been significant delays;
- Connect people to mainstream resources and benefits;
- Enact rent control legislation that considers both tenants and landlords by preventing rent increases of exorbitant amounts while providing government subsidies or tax credits to help renters absorb price increases; and
- Re-envision the Homeless Prevention & Rapid Rehousing (HPRP) project model to fund rental assistance up to 18 months, including security deposits, utility assistance, moving costs, and/or hotel vouchers.



Preventing Homelessness by Connecting People to Mainstream Resources

One of the key strategies to prevent homelessness is to maximize services that people are already eligible for, such as CalFresh, CalWORKS, Medi-Cal, Social Security Disability Insurance, and SSI. Communities can also fund dedicated support staff who are experienced at helping connect people to such benefits. In addition, communities can hire staff who can help people access rental assistance, conduct housing searches, and problem-solve collaboratively.

Diversion

Diversion programs provide a variety of interventions to help prevent people from entering shelter. Services are tailored to meet the needs, strengths, and preferences of each client, which ensures that

each person receives the minimum amount of support necessary to regain permanent housing, while conserving limited resources and serving as many people as possible. Diversion programs decrease the likelihood of a household entering a shelter and are less expensive than providing assistance once a household becomes homeless.

Services that support diversion include:

- Limited financial, utility, and/or rental assistance;
- Short-term case management;
- Housing search assistance;
- Credit repair;
- Landlord mediation;
- Tenant and/or financial education;
- Employment assistance; and
- Connection to mainstream benefits and resources.

Strategy 2.3: Improve and Expand Outreach and Engagement

Throughout the process of developing the strategic plan, stakeholders expressed a clear sense of priorities for the region: invest in prevention efforts to keep people housed, expand access to low-barrier shelter and services for those living on the street, and increase the availability of affordable permanent housing solutions.

While long-term solutions to homelessness require community-wide investment in permanent housing, housing-focused *services* help people connect to these long-term solutions and address the barriers that keep them from becoming housed. The goal is to help people exit homelessness as soon as possible. Once housed, people can work on the underlying challenges that undermine their stability.

Yet, stakeholders also identified that there is a real lack of information about services and housing opportunities that are available, and that those providing outreach often had difficulty understanding their lived experience. There was a strong desire from those affected by homelessness to have people with lived experience of homelessness provide any outreach services. There was also a strong sense that the efforts to do outreach, while admirable, fall far short of the level of effort needed to reach people. The average outreach attempt in San Joaquin is only two encounters or “touches.” Creating trust and rapport, as anyone can attest to, likely requires more.

Individuals who are formerly or currently homeless continue to raise outreach as an important area in need of improvement. They indicate that few people are effectively made aware of locations where services are located or are made aware of the breadth of services that are available. Clients feel that they are “chasing their own tails,” as they seek out services at one location only to be told that they must travel elsewhere or that they have missed their chance altogether.

- **Outreach by People with Lived Experience:** Like many other communities in California, people experiencing homelessness prefer to work directly with outreach staff who have direct experience with homelessness. As one stakeholder eloquently expressed, outreach staff with experience of homelessness “... don’t look down on me. They don’t just ask, ‘What happened?’ It is so important that the wording used by outreach workers is appropriate to the person being approached.”
- **Street and Encampment Outreach:** Street and encampment outreach teams meet people where they are to provide connections to services. Many people with extensive histories of homelessness are disconnected from the network of services that could help them return to housing. They often have deep-seated trauma and negative experiences with the safety net system that may make them reluctant to engage with providers. Outreach specialists should be trained to use proven engagement techniques, such as Trauma-Informed- Care, Critical Time Intervention, and Motivational Interviewing, to build trust and help people connect to the services and support they may need to find and keep housing.



Trauma-Informed Care (TIC)

Trauma-Informed Care (TIC) offers a framework for working with people experiencing trauma, including individuals who are homeless. Traumatic experiences can lead to stress and other long-lasting impacts, “interfering with a person’s sense of safety, ability to self-regulate, sense of self, perception of control and self-efficacy, and interpersonal relationships,”³³ TIC ensures that service providers adopt an approach to working with people experiencing homelessness by employing some degree of trauma awareness; placing an emphasis on safety; providing opportunities for individuals they work with to rebuild control; and adopting a strengths-based approach (identifying people’s skills and helping them to develop coping mechanisms).³⁴



Critical Time Intervention (CTI)

Critical Time Intervention (CTI) is a case management model designed specifically to prevent homelessness in people living with mental illness. It is used in a time-limited manner to work with people following discharge from hospitals, shelters, and prisons/jails – situations when it is extremely challenging for people to obtain stable housing and needed supports. Case managers provide emotional and practical support during the transition while also helping individuals develop long-term ties to services, family, and friends.³⁵

³³ E. Hauper, E. Bausuek, J. Olivet, “Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings,” *The Open Health Services and Policy Journal*, 2009.

³⁴ *ibid*

³⁵ *Critical Time Intervention: Preventing Homelessness in the Transition from Institution to Community*, [criticaltime.org](https://www.criticaltime.org/wp-content/uploads/2009/04/cti-handout4.pdf). Available at <https://www.criticaltime.org/wp-content/uploads/2009/04/cti-handout4.pdf>



Motivational Interviewing (MI)

Motivational Interviewing (MI) is a client-centered, evidence-based approach used by direct service providers working with people experiencing homelessness. It focuses on allowing individuals to direct their own path toward the change they seek, rather than trying to convince them of what they need to do. The provider builds trust, listens, and then acts as a guide to help the client to identify their own personal next steps.³⁶

Stakeholders in San Joaquin County have also highlighted the need for expanded outreach to households living in places not meant for habitability (e.g. street/car). Current partnerships between entities such as Law Enforcement and Behavioral Health have already resulted in increased engagement and connections to housing and services. Examples of current efforts include the establishment of a Community Liaison in Lodi and the implementation of the Stockton Law Enforcement Assisted Diversion (LEAD) Program.

Much more can be done, however, to increase not only the capacity, but also the effectiveness of street outreach.

Additional activities to pursue:

- Support and expand existing multi-disciplinary teams (e.g. social workers, mental and physical health providers, police) who conduct street outreach and are able to connect people to supportive services;
- Increase diversity of street outreach staff, to include more people with lived experience and to better reflect the population served;
- Increase prevalence of locations (e.g. shelters, community centers) for “warm handoffs” from law enforcement/other sectors to service providers;
- Re-invest and expand existing successful pilot programs (e.g. Stockton LEAD and Lodi Community Liaison) to ensure full-time staffing to meet existing needs;
- Identify entities that should lead coordination efforts with law enforcement, behavioral health, and other entities, so that law enforcement remains a partner, but not the leader, of homeless response efforts; and
- Expand or replicate behavioral health mobile teams (e.g. San Joaquin County Mobile Crisis Support Teams).

³⁶ *Spotlight on PATH Practices and Programs: Motivational Interviewing, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2010).*



GOAL 3: ENSURE
HOUSEHOLDS
EXPERIENCING
HOMELESSNESS HAVE
ACCESS TO
AFFORDABLE AND
SUSTAINABLE
PERMANENT HOUSING
SOLUTIONS



Measure 3.1: By 2025, 100 new rapid rehousing opportunities are available, and 200 new permanent supportive housing units are built or rehabilitated or in the pipeline (with at least 100 built or rehabilitated by 2024), for people experiencing homelessness in San Joaquin County.

Measure 3.2: Veteran homelessness reaches functional zero by the 2025 Point-In-Time Count.

Measure 3.3: The County and its 4 largest cities initiated at least 1 new pilot project to test efficacy of non-conventional housing options, including shared or modular housing.

Measure 3.4: The County and its 4 largest cities created or adopted 1 new policy that waives fees, increases density, or changes zoning laws to facilitate new and affordable housing construction or rehabilitation.

Measure 3.5: HMIS collects the time between assessment for services and placement into a transitional or permanent housing program.

Strategy 3.1: Increase Affordable Housing Stock for Vulnerable Adults, Youth, and Families

Permanent housing programs, such as Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH), are well-established as some of the most cost-effective and successful strategies to address homelessness.

These programs provide subsidized housing, combined with the supportive services the household needs to retain that housing and attain long-term stability. Services can include case management; connections to employment and public benefits; and medical, mental health, and substance use treatment. The programs tailor services to the unique needs of each household and successfully support many San Joaquin County residents each year to permanently exit homelessness and regain self-sufficiency.

“The rent is way too high. Most Stockton rentals require two to three times the rental amount. In addition, there are virtually no low-income rentals available near the businesses that are actually hiring.”



Shared Housing

Shared housing is a living arrangement between two unrelated people who choose to live together to take advantage of the mutual benefits it offers. Families, students, young adults, and seniors have been using this arrangement for generations. It is now recognized as a viable option for people exiting homelessness.

Shared housing allows single adults to agree to live together for both economic reasons and for social support. It is usually a situation where rent and utilities are shared between two or more people. There are different models, including entire apartment buildings or homes structured as shared housing, some with shared common areas such as kitchens and living rooms, while others are private residences with landlords. Still others might be run by County agencies. In the context of serving people at risk of or experiencing homelessness, often shared housing pairs permanent housing with supportive services.

Stakeholders in San Joaquin County have overwhelmingly voiced the need for investment into the creation, rehabilitation, and expansion of affordable housing options. Ultimately, without a pathway to housing, many households experiencing homelessness will continue to face instability, experience trauma, and remain on the street. The following strategies should be explored:

- Master lease, lease to own, or convert existing lodging in the community (e.g., motels/hotels);
- Rehabilitate vacant or underutilized properties (government or privately owned);
- Pursue a dedicated source of funding for a permanent housing trust fund that would accelerate development for affordable housing and homelessness projects;
- Establish a predevelopment loan pool for developers to have funds to complete due diligence on proposed projects;
- Establish homeless unit set-asides in affordable non-homeless projects/developments;
- Preserve and invest in housing dedicated to seniors given they make up 25% of homeless population;

- Promote the development of social housing (mixed-income projects available to anyone) funded by new real-estate document recording fees, a tax increase on high-dollar real estate transactions, or through income-based rent;
- Advocate for the establishment of an inclusionary zoning policy requiring at least 20% of units to be affordable in new developments;
- Support and encourage creative housing production solutions (e.g., modular, manufactured);
- Advocate for affordable housing projects to be expedited;
- Waive permitting fees for Extremely Low-Income (ELI) housing construction;
- Ensure incoming state funding supports the development or rehabilitation of permanent housing for homeless households;
- Encourage the evaluation of and modification of zoning laws that unnecessarily restrict the development of affordable housing; and
- Increase case management services to ensure special subpopulations stay housed.



Social Housing

“Social housing³⁷ is a public option for housing. Typically, it is rental housing provided below market rates. Rents are charged according to either real costs-based or income-based formulas. Social housing is permanently off the private market: in some cases, it can be owned and operated by municipal governments or nonprofit housing providers. In other cases, as with limited-equity cooperatives, land trusts or mutual housing associations, residents may own a stake in their homes at subsidized rates, and they cannot sell them for exorbitant profit. Social units should be primarily new construction on infill or previously non-residential or unaffordable sites, particularly in supply-constrained cities and regions where sprawl encourages high rates of car use, as well as in areas that lack a substantial stock of existing public housing. While new construction is essential to realizing this vision, it must not raze existing communities in the name of new development.”

³⁷ <https://homesquarantee.com/wp-content/uploads/Homes-Guarantee--Briefing-Book.pdf>

Strategy 3.2: Invest in Landlord Engagement, Navigation, and Incentives

<p><i>Individuals experiencing homelessness report that landlords frequently require triple the amount of rent at move-in or three times rent as monthly income; even with a housing voucher this cannot be overcome.</i></p>	<p>Many communities – even those in high cost rental markets – are highly successful in working with landlords and property managers to identify units for people exiting homelessness. Building relationships, including understanding and addressing landlords’ concerns, is key.</p> <p>Stakeholders have recognized that local landlords are key partners in responding to homelessness. Identifying, engaging, and incentivizing landlords is a critical goal for San Joaquin, given a large portion of permanent housing is secured from market rate landlords only in scattered-site models.</p>
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Affirmative actions that can be taken include:

- Negotiate with property owners, rather than property management companies, to help overcome the high move-in costs that property managers are requiring;
- Invest in Landlord Navigator and Housing Locator positions who can identify prospective partners, ensure landlord questions are answered promptly, and prepare program participants to succeed in housing;
- Educate landlords about laws against discriminating against applicants based on source of income;
- Incentivize absent landlords to sell or develop properties;
- Offer mediation services for landlord-tenant conflicts;
- Provide assistance for clients in need of credit repair;
- Engage homeowners who have spare rooms or ADUs on site to become landlords;
- Create flexible funding to incentivize private landlords to house program participants in market rate units (e.g. signing bonuses, ongoing funds to hold units, double deposits);
- Design and implement a county-wide messaging and engagement strategy (e.g. refined program literature, community orientations and appreciation events, print/social media campaigns)

- Examine the discretion held by the Office of the District Attorney and the courts regarding the clearance of criminal convictions and unpaid fines for people that are homeless in order to remove landlord concerns regarding criminal and credit history.



Accessory Dwelling Units

Accessory Dwelling Units (ADUs) are small secondary housing units located on the same grounds as a primary home. They include units such as a basement apartment, a garage apartment, or a stand-alone “tiny home” on the same property as a single-family residence. Sometimes known as in-law units or backyard cottages, they have become increasingly more sought after as one way to help resolve the housing crisis because they are a more affordable option for adding much-needed housing in California. They are legally part of the same property as the main home. Over the past 2-3 years, California enacted new policies to allow homeowners to more readily build ADUs as one of many ways to help solving the housing crisis.

Strategy 3.3: Expand Case Management, Employment, and Supportive Services

Many people experiencing homelessness in San Joaquin have been homeless for an extended period of time. These individuals are often disconnected from the resources they need to exit homelessness and achieve stability. Supporting people with extensive histories of homelessness and related trauma requires significant time to connect with people and build trust.

Moreover, while some were disabled prior to losing their housing, many others acquired their disability as a result of living on the streets or without stable housing – an experience that is extremely dangerous and traumatic. To return to, and maintain, housing successfully, individuals experiencing homelessness often require ongoing treatment and support – both before and after they are housed.

Nonprofits, community groups, and County agencies provide a variety of services that can help people exit homelessness and stay housed permanently. Programs such as mental health treatment, employment and job training, health care, and substance use recovery can meaningfully help people attain greater stability.

While some of these programs are dedicated to people experiencing homelessness, others are resources available to everyone in the community. Ensuring that these programs are available and accessible for people experiencing homelessness allows the community to get the most out of its existing resources.

Stakeholders in San Joaquin County have expressed the need for supportive services at every level of the homeless response system. Case management and employment/education services are critical elements to ensuring housing stability for those living on the street, in shelter, and in permanent housing. San Joaquin should consider the following:

- New shelter, rapid rehousing, and permanent supportive housing projects/initiatives must include funding for supportive services (or at minimum, partnership agreements with service providers or the County);
- Services should adhere to a “Housing First” model (low-barrier, client-centered, voluntary);
- Set aside a portion of any supportive services funds for “aftercare” (services after financial support ends);
- Negotiate and/or lobby for case management to become reimbursable under Medi-Cal;
- Case Management should be “housing-focused” (housing stability drives all participant goals and plans); and
- Engage the business community to create internship, apprenticeship, employment, and grant opportunities.

“When I first came to Stockton Shelter, I knew all about St. Mary’s Dining Room. I began volunteering and then found my way to Social Services where I found help with housing, counseling, and mental health. Now I volunteer and have a leadership role in one of the programs. The shelter program has helped me stay clean and sober.”

While San Joaquin County works to build a robust and responsive system of care with sufficient low-barrier shelter capacity and affordable permanent housing options – all of which are critical to ending homelessness – few can pull themselves up alone. Supportive services are a critical element to ensuring every household can find and keep a safe home in which to thrive.

CONCLUSION

Call to Action

The San Joaquin community faces two pandemics: one well-known, one novel, both devastating. Homelessness is not new. It is more and more present in San Joaquin. Those who had found new homes are increasingly returning to homelessness, while those who have never faced the prospect of living on the street are increasingly confronting this reality. This reality has been further exacerbated by the arrival of COVID-19.

However, this convergence has created opportunity. There is an unknown and uncertain future, but the federal and state governments are paying attention. They are creating new funding streams, permitting flexibility, and encouraging creative solutions to resolve widespread housing instability. San Joaquin must come together at this critical juncture with increased local investment and political will.

The San Joaquin Community Response to Homelessness was developed to serve as the touchstone for the Continuum of Care, County, and cities within, to ensure evidenced-based and community-developed strategies guide San Joaquin's immediate and future actions. By committing to increased coordination, data collection, community education, and local funding, San Joaquin's unhoused citizens will be afforded a critical safety net that prioritizes the most vulnerable, removes unnecessary barriers to entry, and offers comprehensive supportive services.

The Implementation Addendum included as an appendix to this strategic plan provides a road map of activities, action steps, responsible parties, and key stakeholders to implement this shared vision.

APPENDICES

IMPLEMENTATION ADDENDUM

Goal 1: Establish a Coordinated and Engaged Regional System of Care

Activity	Steps	Responsible Parties	Stakeholders
<p>Strategy 1.1: Establish a Cross-jurisdictional Effort to Create Shared Processes to Access Funding Streams, Identify Community Priorities, and Coordinate the countywide Homeless System of Care</p>	<p>Strengthen Coordinated Entry System</p> <p><i>Year 1:</i></p> <ul style="list-style-type: none"> <i>Hire consultant to assist CoC Board with operating plan for Coordinated Entry System</i> <i>Finalize system design and policies and procedures</i> <i>Conduct onboarding and training</i> <i>Determine access points</i> <i>Establish key organizations, ensuring full geographic coverage</i> <i>Survey end users</i> <i>Set up HMIS to support system</i> <p><i>Years 2-5:</i></p> <ul style="list-style-type: none"> <i>Rollout system with selected providers</i> <i>System in place and tracking metrics</i> <i>Evaluate VI-SPDAT</i> 	<p><i>Coordinated Entry System Committee</i></p> <p><i>CoC Board</i></p>	<p><i>End users of CES</i></p>

	<p><i>Establish Countywide Priorities, Design a Shared Process Around Funding</i></p> <p><i>Year 1:</i></p> <ul style="list-style-type: none"> • <i>CoC Board sends approved plan to all jurisdictions to request voting bodies to adopt</i> • <i>CoC Board review of current committee structure to ensure it aligns with strategic plan goals; assignment of committees as responsible parties</i> • <i>Jurisdictions adopt strategic plan, align investment of resources</i> <ul style="list-style-type: none"> ○ <i>Identify action steps for each of the local jurisdictions, what their role should be as they move to support implementation</i> • <i>Design advisory board responsible for coordinating and prioritizing use of federal, state and local funding</i> <p><i>Years 2-5:</i></p> <ul style="list-style-type: none"> • <i>Annual review of Strategic Plan by CoC Board</i> • <i>Annual report of progress produced and distributed by CoC Board</i> • <i>Annual CoC Board training</i> • <i>Launch advisory board with participation by all jurisdictions</i> • <i>Design common RFP mechanism</i> • <i>Offer TA to providers to establish new project pipeline</i> 	<p><i>CoC Board</i></p> <p><i>County</i></p> <p><i>Cities</i></p>	<p><i>Providers</i></p> <p><i>CoC</i></p>
<p>Strategy 1.2: Improve Data Collection, Measurement, and Analysis</p>	<p><i>Year 1:</i></p> <ul style="list-style-type: none"> • <i>Ensure all housing & homeless programs are trained and participate in HMIS (condition funding on participation)</i> • <i>Demonstrate the utility of data collection to achieve buy-in from participating organizations to track individuals returning to homelessness, take advantage of free trainings offered to them, obtain technical assistance when necessary, etc., free licenses – goal is 100% participation</i> • <i>Engage in a robust review of the HMIS Lead, including soliciting other agencies interested in acting as the HMIS Lead</i> • <i>Evaluate opportunities to streamline/expand data entry through partnerships that have emerged from COVID-19 response efforts</i> 	<p><i>CoC Board</i></p> <p><i>HMIS Lead Agency</i></p>	<p><i>End Users</i></p> <p><i>HMIS Lead</i></p> <p><i>Data Cmte</i></p> <p><i>Mainstream providers</i></p>

	<p><i>Years 2-5:</i></p> <ul style="list-style-type: none"> • <i>Assess data to drive community action (e.g. measure if outputs meet inputs, effectiveness of interventions) (ongoing)</i> • <i>Hire dedicated administrative staff to manage the day-to-day operations of the HMIS to improve data quality, provide support to partner organizations, and to enable real-time data collection</i> • <i>Improve ability for agencies/system to capture client exit destinations</i> • <i>Increase coordination between mainstream benefits and homeless assistance data systems to ensure identification of those eligible for SSI, CalWORKs, etc.</i> 		
<p>Strategy 1.3: Educate and Engage the Community</p>	<p><i>Year 1:</i></p> <ul style="list-style-type: none"> • <i>Educate the public on the need to implement evidence-based best practices (e.g. Housing First, Coordinated Entry, prevention and diversion, trauma-informed care, low-barrier programming, and voluntary services)</i> • <i>Identify funding to support public education</i> • <i>Establish lead entity for engagement and education efforts; engage wide array of partners, including jurisdictions, to participate on Education Cmte</i> • <i>Identify costs of homelessness vs. cost savings through best practices</i> <p><i>Years 2-5:</i></p> <ul style="list-style-type: none"> • <i>Publicize success stories of individuals and strategies, including trauma-informed care, prevention, and cultural awareness</i> • <i>Work with the business sector to address their concerns about blight and use data to show the results of efforts that have already been undertaken</i> • <i>Initiate messaging that better explains Housing First and that highlights what has worked in San Joaquin and other similar communities</i> • <i>Undertake community education to encourage willingness for affordable development in our neighborhoods; and</i> • <i>Incorporate the voice of the consumer/client through focus groups, surveys, and listening meetings.</i> 	<p><i>CoC Board</i></p> <p><i>Education Cmte</i></p> <p><i>City of Stockton</i></p> <p><i>San Joaquin Fair Housing</i></p>	<p><i>CBOs</i></p> <p><i>Business Community</i></p> <p><i>Youth</i></p> <p><i>Reinvent Stockton</i></p> <p><i>ACES</i></p> <p><i>HMIS Lead</i></p> <p><i>Office of Ed., School Districts, Cmty. Colleges</i></p>

Goal 2: Increase Access and Reduce Barriers to Homeless Crisis Response Services

Activity	Steps	Responsible Parties	Stakeholders
<p>Strategy 2.1: Expand Low-Barrier Shelter Capacity, Hours, and Services</p>	<p>Invest in Expansion of Shelter Capacity</p>	<p>County</p> <p>Cities</p> <p>Shelter providers</p> <p>Funding Advisory Board</p>	<p>Business community</p> <p>Allied CBOs</p> <p>People with lived experience</p> <p>Law enforcement</p> <p>Hospitals</p>
	<p>Year 1:</p> <ul style="list-style-type: none"> Obtain city, County, and private investment to maintain existing capacity of programs Identify needs and develop plan for population-specific low barrier shelters (e.g., single women) Identify and engage private sector partners (e.g., join business community meetings) Provide financial support to expand hours of “Night-by-Night” shelters (ideally for 24 hours) in order to provide continuity of care and increased case management support Consider impact of COVID-19 and tailor shelter strategies as appropriate <p>Years 2-5:</p> <ul style="list-style-type: none"> County Human and Behavioral Health are fully integrated into major shelters, providing essential wrap around services Expand low-barrier shelter capacity, incorporating Housing First principles to existing shelters, and to any new or expanded shelters (e.g. allow partners, pets, possessions; not require sobriety or mental health counseling to enter) Identify location, scope of services, and sustainability plan for Navigation Center Identify and engage additional shelter providers for expansion 		
	<p>Standardize Low-Barrier Shelter Policies</p>	<p>CoC Board</p>	<p>Shelter providers</p> <p>Allied CBOs</p>
<p>Year 1:</p> <ul style="list-style-type: none"> Provide best practices, guidance, and consistent definition of terms to support standardization of policies throughout all shelters, in promotion of equity <p>Years 2-5:</p> <ul style="list-style-type: none"> Provide technical assistance to higher barrier shelters and sober living environments to revise policies in alignment with low-barrier approaches 			

<p>Strengthen Housing-Focused Case Management</p> <p>Year 1:</p> <ul style="list-style-type: none"> Assess staffing capacity of shelters, identify needs <p>Years 2-5:</p> <ul style="list-style-type: none"> Identify permanent funding streams to support ongoing staffing needs Ensure that voluntary support services are accessible at all shelters through coordinated on-site case management, mobile multi-disciplinary teams, or rotating support staff 	<p>County</p> <p>Cities</p> <p>Shelter providers</p> <p>Funding Advisory Board</p>	<p>Business community</p> <p>Allied CBOs</p> <p>People with lived experience</p>	
<p>Strategy 2:2: Invest in Prevention</p>	<p>Year 1:</p> <ul style="list-style-type: none"> Invest in eviction prevention rental assistance funds to pay rental arrears (back rent); Establish an emergency eviction prevention fund that can quickly respond to needs (e.g., within 7-10 days) Increase access to free legal services and assistance (representation greatly increases tenant victories); leverage available eviction data to inform strategies and make the case for funding Develop toolkit to educate partners about available resources (including school districts) Evaluate effectiveness and impact of COVID-specific strategies and funding that should be replicated or maintained longer term <p>Years 2-5:</p> <ul style="list-style-type: none"> Establish funds to address the gap created by ESG income limitations (30% AMI) Fund short-term rental subsidies to increase household housing stability Advocate to the State the need for expedited access to Emergency Solutions Grant (ESG) funds, as there have been significant delays Connect people to mainstream resources and benefits (e.g., going upstream to develop systems of support to school districts, looking at poverty, low literacy, homelessness, etc.) 	<p>County</p> <p>Cities</p> <p>Education Cmte</p> <p>Funding Advisory Board</p>	<p>CBOs</p> <p>Property owners</p> <p>Tenants</p> <p>CVLI</p> <p>Housing Authority</p> <p>Banks</p> <p>CPF</p> <p>Legal services</p> <p>Schools</p> <p>Business Community</p>

	<ul style="list-style-type: none"> • <i>Enact rent control legislation that considers both tenants and landlords by preventing rent increases of exorbitant amounts while providing government subsidies or tax credits to help renters absorb price increases</i> • <i>Re-envision the Homeless Prevention & Rapid Rehousing (HPRP) project model to fund rental assistance up to 18 months, including security deposits, utility assistance, moving costs, and/or hotel vouchers.</i> • <i>Evaluate needs of subpopulations, including transition age youth</i> 		
<p>Strategy 2.3: Improve and Expand Outreach and Engagement</p>	<p><i>Year 1:</i></p> <ul style="list-style-type: none"> • <i>Support and expand existing multi-disciplinary teams (e.g. social workers, mental and physical health providers, police) who conduct street outreach and are able to connect people to supportive services</i> • <i>Re-invest and expand existing successful pilot programs (e.g. Stockton LEAD and Lodi Community Liaison) to ensure full-time staffing to meet existing needs</i> • <i>Identify entities that should lead coordination efforts with law enforcement, behavioral health, and other entities, so that law enforcement remains a partner, but not the leader, of homeless response efforts</i> • <i>Expand or replicate behavioral health mobile teams (e.g. San Joaquin County Mobile Crisis Support Teams)</i> <p><i>Years 2-5:</i></p> <ul style="list-style-type: none"> • <i>Reduce barriers to hiring to increase diversity of street outreach staff, to include more people with lived experience and to better reflect the population served</i> • <i>Increase prevalence of locations (e.g. shelters, community centers) for “warm handoffs” from law enforcement/other sectors to service providers</i> • <i>Break down silos between outreach teams and case management</i> • <i>Implement trainings on best practices for teams, including trauma-informed care, critical time intervention, motivational interviewing, and use of technology</i> 	<p><i>CoC Board</i></p> <p><i>County</i></p> <p><i>Cities</i></p> <p><i>Education Cmte</i></p>	<p><i>Outreach teams</i></p> <p><i>CBOs</i></p> <p><i>FBOs</i></p> <p><i>Police Depts</i></p> <p><i>Behavioral Health</i></p>

Goal 3: Ensure Households Experiencing Homelessness Have Access to Affordable and Sustainable Permanent Housing Solutions

Activity	Steps	Responsible Parties	Stakeholders
<p>Strategy 3.1: Increase Affordable Housing Stock for Vulnerable Adults, Youth, and Families</p>	<p>Year 1:</p> <ul style="list-style-type: none"> • Master lease, lease to own, or create agreements with existing lodging in the community (e.g. motels) to create Permanent Supportive Housing • Evaluate and modify codes and zoning laws at City and County levels that unnecessarily restrict the development of high-density affordable housing • Develop a list of vacant or underutilized properties to target for development (government or privately owned) • Establish homeless unit set-asides in affordable non-homeless projects/developments <p>Years 2-5:</p> <ul style="list-style-type: none"> • Rehabilitate vacant or underutilized properties • Assess complementary agencies to support affordable housing (e.g., transit, parks, food) • Establish a predevelopment loan pool for developers to have funds to complete due diligence on proposed projects (Housing Trust Fund) • Develop Affordable Housing Strategic Plans for all jurisdictions • Promote the development of social housing (mixed-income projects available to anyone) funded by new real-estate document recording fees, a tax increase on high-dollar real estate transactions, or through income-based rent • Advocate for inclusionary zoning policy requiring at least 20% of units to be affordable in new developments • Support and encourage creative housing production solutions (e.g., modular, manufactured) • Advocate for expedited affordable housing projects 	<p>CoC Board</p> <p>County</p> <p>Cities</p>	<p>Developers</p> <p>Municipal staff</p> <p>Community Foundation</p> <p>Funders</p>

	<ul style="list-style-type: none"> • <i>Advocate for permitting fees for Extremely Low-Income (ELI) housing construction</i> • <i>Ensure incoming state funding supports the development or rehabilitation of permanent housing for homeless households</i> • <i>Increase case management services to ensure special subpopulations stay housed</i> 		
<p>Strategy 3.2: Invest in Landlord Engagement, Navigation, and Incentives</p>	<p><i>Year 1:</i></p> <ul style="list-style-type: none"> • <i>Create flexible funding to incentivize private landlords to house program participants in market rate units (e.g. signing bonuses, ongoing funds to hold units, double deposits)</i> • <i>Advocate for investment in Landlord Navigator and Housing Locator positions who can identify prospective partners, ensure landlord questions are answered promptly, and prepare program participants to succeed in housing</i> <p><i>Years 2-5:</i></p> <ul style="list-style-type: none"> • <i>Secure local funds for prevention and incentives</i> • <i>Engage a long-term contracted service provider to staff housing navigation support</i> • <i>Share Stockton’s off-the-shelf ADU plans with fellow cities</i> • <i>Negotiate with property owners, rather than property management companies, to help overcome the high move-in costs that property managers are requiring</i> • <i>Educate landlords about laws against discriminating against applicants based on source of income</i> • <i>Incentivize absent landlords to sell or develop properties</i> • <i>Offer mediation services for landlord-tenant conflicts</i> • <i>Provide assistance for clients in need of credit repair</i> • <i>Engage homeowners who have spare rooms or ADUs on site to become landlords</i> 	<p><i>CoC Board</i></p> <p><i>County</i></p> <p><i>Cities</i></p> <p><i>Funding Advisory Board</i></p>	<p><i>CBOs</i></p> <p><i>Developers</i></p> <p><i>Property owners</i></p>

	<ul style="list-style-type: none"> • <i>Design and implement a county-wide messaging and engagement strategy (e.g. refined program literature, community orientations and appreciation events, print/social media campaigns)</i> • <i>Examine the discretion held by the Office of the District Attorney and the courts regarding the clearance of criminal convictions and unpaid fines for people that are homeless in order to remove landlord concerns regarding criminal and credit history</i> 		
<p>Strategy 3.3: Expand Case Management, Employment, and Supportive Services</p>	<p><i>Year 1:</i></p> <ul style="list-style-type: none"> • <i>Engage the business community to create internship, apprenticeship, employment, and grant opportunities</i> • <i>Educate providers about benefits of “Housing First” model (low-barrier, client-centered, voluntary)</i> • <i>Host “conference” to expand education about housing-focused case management services to broader audience</i> <p><i>Years 2-5:</i></p> <ul style="list-style-type: none"> • <i>Evaluate population-specific case management needs</i> • <i>New shelter, rapid rehousing, and permanent supportive housing projects/initiatives must include funding for supportive services (or at minimum, partnership agreements with service providers or the County)</i> • <i>Maximize and institutionalize local match to secure highest amount of state and federal funding to support service needs</i> • <i>Set aside a portion of any supportive services funds for “aftercare” (services after financial support ends)</i> • <i>Negotiate and/or lobby for case management to become reimbursable under Medi-Cal</i> • <i>Case Management should be “housing-focused” (housing stability drives all participant goals and plans)</i> 	<p><i>CoC Board</i></p> <p><i>Funding Advisory Board</i></p>	<p><i>CBOs</i></p> <p><i>Worknet</i></p> <p><i>CalWorks</i></p> <p><i>Business Community and Assns.</i></p> <p><i>Chambers of Commerce</i></p> <p><i>County</i></p> <p><i>Cities</i></p> <p><i>Office of Ed.</i></p>

NON-CONGREGATE APPROACHES FOR COVID-19 RESPONSE

NON-CONGREGATE APPROACHES TO SHELTERING FOR COVID-19 HOMELESS RESPONSE

Continuums of Care considering non-congregate approaches to sheltering people who are homeless that are symptomatic or in high risk categories, such as seniors or people with chronic illness, should consider the following guidance when designing local approaches. Coordination with public health partners is essential in design, resource investment and staffing considerations.

PLACEMENT: Comprehensive screening and triage in place to refer to site and prioritize placement

	Best Practice Approach: Private Individual Rooms	Better Approach: Individual Rooms/Semi-Private Spaces	Good Approach: Shared Spaces
Target Population	<ul style="list-style-type: none"> <input type="checkbox"/> Individuals who are symptomatic after screening at shelter has been implemented <input type="checkbox"/> Individuals who are pending testing or are close contacts of confirmed cases <input type="checkbox"/> Individuals who are high riskⁱ with or without symptoms <input type="checkbox"/> Individuals who are confirmed to be COVID-19 positive who do not need to be hospitalized 	<ul style="list-style-type: none"> <input type="checkbox"/> Individuals who are symptomatic after screening at shelter has been implemented <input type="checkbox"/> Individuals who are confirmed to be COVID-19 positive who do not need to be hospitalized as long as all individuals in the space are COVID-19 positive 	<ul style="list-style-type: none"> <input type="checkbox"/> Individuals who are confirmed to be COVID-19 positive who do not need to be hospitalized as long as all individuals in the space are COVID-19 positive <input type="checkbox"/> Individuals who are asymptomatic after screening at shelter has been implemented as long as all individuals in the space are asymptomatic.
Set-up	<ul style="list-style-type: none"> <input type="checkbox"/> Individual bedroom (walls on all sides and a door) <input type="checkbox"/> Individual bathroom <input type="checkbox"/> Individual HCV <input type="checkbox"/> Personal cleaning supplies for an ill person's room and bathroom 	<ul style="list-style-type: none"> <input type="checkbox"/> Individual bedroom (walls on all sides and a door) <input type="checkbox"/> If no existing walls, makeshift walls that are floor to ceiling should be created to create 6ft separation <input type="checkbox"/> Limited shared bathroom with cleaning regiment <input type="checkbox"/> Bathroom should be cleaned and disinfected after each use by an ill person <input type="checkbox"/> Dedicate an entrance(s) or passageway(s) for infectious individuals when feasible. 	<ul style="list-style-type: none"> <input type="checkbox"/> Shared bedroom spaces with 6ft separation <input type="checkbox"/> Makeshift walls that are floor to ceiling (if feasible) should be created <input type="checkbox"/> Arrange all sleeping areas (including beds/cots) so that individuals are separated by putting a minimum of 6 feet between individual sleeping surfaces to prevent the spread of infections. <input type="checkbox"/> Shared bathroom <input type="checkbox"/> Bathroom should be cleaned and disinfected after each use by an ill person <input type="checkbox"/> Dedicate an entrance(s) or passageway(s) for infectious individuals when feasible.
Staffing	<ul style="list-style-type: none"> <input type="checkbox"/> Onsite healthcare <input type="checkbox"/> Transportation plan for closest hospital transport <input type="checkbox"/> Staff shifts and crew configuration <input type="checkbox"/> Cleaning schedules <input type="checkbox"/> PPE available for staff <input type="checkbox"/> Non-Congregate site management staff <input type="checkbox"/> Case management staff <input type="checkbox"/> Security 	<ul style="list-style-type: none"> <input type="checkbox"/> Identifying dedicated staff to care for COVID-19 patients. <input type="checkbox"/> Telehealth options <input type="checkbox"/> PPE available for staff <input type="checkbox"/> Non-Congregate site management staff <input type="checkbox"/> Security 	<ul style="list-style-type: none"> <input type="checkbox"/> Identifying dedicated staff to care for COVID-19 patients. <input type="checkbox"/> Telehealth options <input type="checkbox"/> PPE available for staff <input type="checkbox"/> Non-Congregate site management staff <input type="checkbox"/> Security

ⁱ Center for Disease Control: Corona Virus 2019 (COVID 19) *Are you at higher risk for severe illness?*
<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>

This resource is prepared by technical assistance providers and intended only to provide guidance. The contents of this document, except when based on statutory or regulatory authority or law, do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.