Where There’s Will, There’s a Way
Housing Orange County’s Chronically Homeless
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SUMMARY

“The true measure of any society can be found in how it treats its most vulnerable members.” Mahatma Gandhi

Does the County of Orange have the political will to overcome the roadblocks to housing the county’s chronically homeless population? The chronically homeless are among our county’s most vulnerable residents, many with a complex mix of physical and mental disabilities and life expectancies well below the national average.

Research shows that housing the chronically homeless not only dramatically improves their overall health, but also significantly decreases their costs to the community. Placing the chronically homeless in Permanent Supportive Housing (PSH), which combines subsidized housing with access to supportive services, has proved particularly effective. In fact, estimates show that the average cost of caring for a chronically homeless person on the street could be cut in half if they were placed in Permanent Supportive Housing. However, the supply in Orange County lags behind the need, contributing to overcrowded emergency shelters and an increased unsheltered homeless population.

The Grand Jury discovered a number of roadblocks to developing additional Permanent Supportive Housing in Orange County, none more challenging than the lack of leadership from, and collaboration between, County and city officials. Other significant roadblocks certainly exist, such as resident resistance, the difficulty of locating sites on which to build housing (siting), and the lack of sustainable funding sources. However, the degree of finger-pointing and lack of trust that exists between the County and the cities, and even among the cities themselves, makes it extremely difficult to address any of the impediments identified in this report.

So, what is the answer to the question posed above? If political will is defined as a sufficient number of key decision-makers who are intensely committed to supporting Permanent Supportive Housing as a solution for the chronically homeless, then the answer is “not yet.” To improve collaboration and overcome roadblocks, the Grand Jury recommends the County and cities establish a regional body empowered to develop and implement a comprehensive business plan for siting and funding Permanent Supportive Housing development.

A Glossary of Terms can be found in the Appendix.
REASON FOR THE STUDY

Homelessness within Orange County continues to grow, showing an 8% increase in 2017 relative to the previous Point in Time Count & Survey Report (PIT count) performed in 2015. Articles and news reports on homelessness in Orange County appear daily, with the recent clearing of the homeless from the flood control channel dominating the spotlight for months. In the 2018 Chapman University Annual Survey conducted among Orange County residents, 24% of respondents cited “homelessness/poverty” as the most important issue facing the county, second only to “housing affordability” reported at 27%. While homelessness remains prominent in the public eye, an often overlooked issue is the overwhelming physical and mental trauma experienced by those living on the streets. A homeless person in the U.S. has an average life expectancy of about 50 years compared to 78 years for someone with an established home.

Another lesser-known outcome of homelessness is the enormous cost borne by cities, counties and health care providers in caring for them. A 2017 study conducted by Orange County United Way, Jamboree Housing, and UC Irvine estimates that approximately $299 million was spent on health care, housing, and law enforcement for the homeless in Orange County in a 12-month period during 2014 – 2015. In particular, caring for the chronically homeless is especially expensive, with 10% of this group incurring annual costs in excess of $440,000 per person. This study, along with a number of others conducted across the nation, has demonstrated that placing the chronically homeless in housing significantly decreases the costs of caring for them and improves their overall quality of life. Permanent supportive housing (PSH), which combines affordable housing with supportive services such as substance abuse and mental health counseling, dramatically decreases overall service costs for this group.

Given the large reductions in costs and the significant improvements in mental and physical health reported among the chronically homeless placed in Permanent Supportive Housing, the Grand Jury investigated the state of PSH within Orange County to determine if a sufficient quantity exists, and to identify roadblocks to creating more.

METHOD OF STUDY

In conducting its investigation, the Grand Jury examined a broad spectrum of resources associated with homelessness in general and the effectiveness and availability of Permanent Supportive Housing in particular. The Grand Jury interviewed over forty people, some of them multiple times, involved in housing for the homeless, including members of County and
municipal governments, non-profit service providers, academia, and non-governmental organizations.

The following interviews provided the most important source of information for our investigation:

- Municipal employees with relevant levels of decision-making authority selected proportionately from sixteen of the northern, central, and southern Orange County cities.
- Five non-governmental civic associations directly involved with homeless housing issues
- Representatives from three affordable housing developers
- Selected County employees and elected officials who have direct responsibility/decision-making authority for housing and supportive services

The Grand Jury obtained significant information from *Homelessness in Orange County: The Costs to Our Community* as well as *Orange County Continuum of Care 2017 Homeless Count & Survey Report* and from a number of other local and national reports. Additionally, Grand Jury members attended or viewed local symposiums on homelessness, relevant city council and OC Board of Supervisors meetings, and federal court proceedings. A list of references is located at the end of this report.

Finally, it is important to acknowledge that the Grand Jury conducted its investigation over the course of a consecutive eight-month period spanning 2017 – 2018 when the issues surrounding homelessness were being hotly debated and changing weekly. Although the state of discussions and actions on this subject is dynamic, the findings and recommendations of this report are accurate as of the date of publication.

**BACKGROUND AND FACTS**

**An Overview of Homelessness in Orange County**

Estimates of Orange County’s homeless population primarily derive from the biennial Point in Time Count and Survey conducted most recently in January 2017. A PIT Count is an unduplicated count, conducted on a single night, of people who are homeless, and is carried out across all major metropolitan areas in the U.S.

Similar to trends seen in Los Angeles and San Diego counties, homelessness in Orange County is increasing. The most recent PIT Count revealed a homeless population of 4,792 within the
county, representing an 8% increase compared to 2015. Over the course of a year, approximately 15,000 people cycle in and out of homelessness in Orange County.

While the PIT count provides valuable information about the state of Orange County’s homeless population, especially in drawing comparisons between years, some skepticism exists regarding the accuracy of the total count provided. Critics worry that the homeless population, particularly those who are unsheltered, are undercounted since a number may be residing in places that are not visible to the County, city, and agency staffs, and community volunteers who are mobilized to do the count. Nevertheless, the count represents the only countywide estimate for the number of homeless living here and provides a good basis for illustrating and understanding homelessness within Orange County.

Table 1: Total OC Homeless Persons and Living Situation, 2015-2017

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2017</th>
<th>% Change 2015-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Sheltered Homeless</td>
<td>2,251</td>
<td>2,208</td>
<td>(2%)</td>
</tr>
<tr>
<td>Number of Unsheltered Homeless</td>
<td>2,201</td>
<td>2,584</td>
<td>17%</td>
</tr>
<tr>
<td>Total Number of Homeless</td>
<td>4,452</td>
<td>4,792</td>
<td>8%</td>
</tr>
</tbody>
</table>

Source: Adapted from Orange County Continuum of Care 2017 Homeless Count & Survey Report

As shown in Table 1, not only was there an overall increase in the number of homeless within the county, the number of unsheltered homeless also increased 17% compared to the 2015 PIT count.

The Debilitating Effects of Homelessness

The debilitating effects of homelessness on the mental and physical health of homeless individuals are well documented. Homelessness not only aggravates existing medical conditions, but can create new ones. In fact, diabetes, hypertension, heart disease, and HIV/AIDS are often found at rates three to six times greater than the general population. Existing conditions can worsen due to lack of access to appropriate medical care. Homeless individuals report higher levels of stress and depression, further increasing their likelihood and incidence of mental illness. It is not uncommon for the homeless to suffer from multiple
conditions with a complex mix of severe physical, mental, substance abuse, and social problems. High stress, unhealthy and dangerous environments, and poor nutrition result in ER visits and hospitalizations. Those experiencing homelessness are three to four times more likely to die prematurely than the housed population, and have a much lower life expectancy. *(Homelessness & Health, 2011)*

**HUD Recognizes Housing First as the Primary Approach for Homeless Housing**

The U.S. Department of Housing and Urban Development (HUD) has designated “Housing First” as the recommended approach to providing housing for the homeless. Housing First describes an overall system approach to homelessness that prioritizes moving someone into permanent housing as quickly as possible so that they have a stable foundation from which to address other issues, such as finding employment or dealing with substance abuse.

**Table 2: Descriptions of Homeless Housing/Shelters within Orange County**

<table>
<thead>
<tr>
<th>Type of Homeless Housing</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>Provides a short-term stay for an individual or family experiencing homelessness.</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>Provides temporary housing of up to two years along with appropriate supportive services, and is designed to facilitate movement to permanent housing once an individual is deemed ready to do so. This type of housing is often used for people or families who may be at a transition point in their lives, such as those leaving prison, youth aging out of foster care, and women fleeing domestic violence.</td>
</tr>
<tr>
<td>Rapid Rehousing</td>
<td>Based on the Housing First approach, this intervention is designed to prevent individuals and families from becoming homeless, or to quickly exit homelessness and return to stable, permanent housing. The program provides assistance in three major areas: locating appropriate housing, rental and move-in assistance, and case management and services. It is typically time-limited and focused on those who can become self-sufficient at some point in the near future.</td>
</tr>
<tr>
<td>Permanent Supportive Housing</td>
<td>Also based on the Housing First approach, this model combines rent-subsidized, permanent housing with ongoing access to services such as mental health and substance abuse counseling and is typically targeted at the chronically homeless who may need this assistance for the remainder of their lives.</td>
</tr>
</tbody>
</table>
As shown in Table 2, various types of housing options targeting homeless individuals and families are available within Orange County.

In 2016, the California Legislature passed Senate Bill 1380, which requires all state housing authorities to adopt core components of Housing First, including:

- Low Barrier Access to Housing – must accept applicants regardless of sobriety or use of substances, or participation in treatment or services
- Services Tailored to Tenant Needs—supportive services emphasize voluntary engagement and problem solving without having to meet predetermined goals.
- Tenants have lease protections with all the rights and responsibilities of tenancy

The Chronically Homeless in Orange County

HUD defines a chronically homeless person as “either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years.” An “unaccompanied homeless person” means an individual who is alone, and is not part of a homeless family or accompanied by children.

Presence of a disabling condition, such as physical disability, mental illness, or addiction, represents a defining element of chronic homelessness. In some cases, a disability may have been a key factor contributing to homelessness, while in other instances the disability arose due to the mental and physical stress of living on the street. The chronically homeless include some of the most vulnerable individuals among the homeless population, people whose life expectancies and quality of life have been diminished by their time living without shelter.

The Number of Chronically Homeless is Increasing

The 2017 PIT count identified 893 individuals as chronically homeless in Orange County. Of those, the majority – 68% – were unsheltered. The remaining 32% categorized as sheltered were those living in an emergency shelter without a permanent home.

The number of chronically homeless has increased dramatically – 60% – since the 2015 PIT Count.
Table 3: Total Number of OC Chronically Homeless and Living Situation

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2017</th>
<th>% Change 2015 - 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered Chronically Homeless</td>
<td>111</td>
<td>284</td>
<td>156%</td>
</tr>
<tr>
<td>Unsheltered Chronically Homeless</td>
<td>447</td>
<td>609</td>
<td>36%</td>
</tr>
<tr>
<td>Total Number Chronically Homeless</td>
<td>558</td>
<td>893</td>
<td>60%</td>
</tr>
</tbody>
</table>

Source: Adapted from Orange County Continuum of Care 2017 Homeless Count & Survey Report

Most Chronically Homeless are Longtime Orange County Residents

From the demographic data included in the 2017 PIT count and the 2017 Homelessness in Orange County: Costs to the Community reports, the following general observations can be made about the chronically homeless population:

- Most are older males in the 45 – 60 year-old age group
- Females make up about 20 – 25% of this group
- Roughly half are Non-Hispanic white
- About 1 in 7 are Veterans
- The overwhelming majority have lived in Orange County longer than 10 years
- They are predominantly U.S. born

A Combination of Economic Issues and Disabilities Account for much Chronic Homelessness

The causes of chronic homelessness are related to the same factors that produce homelessness in general. Figure 1 shows the various reasons for becoming homeless as reported by those currently living on the street compared to reasons provided by the formerly homeless in PSH.

Among the former chronically homeless now living in Permanent Supportive Housing, two primary factors stand out: (a) the most cited reasons for their homelessness were economic in nature, such as job loss or inability to afford high rents; and (b) the relatively high incidence of reported mental and physical health issues underscores the need for ongoing access to supportive services once they are in permanent housing.
Figure 1: Reasons for Becoming Homeless

Source: Adapted from Homelessness in Orange County: The Costs to our Community

Costs to Orange County from Homelessness

The estimated cost for addressing homelessness across all service sectors over a twelve-month period from 2014 - 2015 in Orange County was approximately $299 million. These sectors included municipalities, hospitals, the County, non-governmental housing agencies, and other non-governmental agencies. Of the three biggest sectors, Orange County cities appear to bear the greatest cost burden, funding an estimated $120 million for the year studied. The cost data associated with caring for Orange County’s homeless population was reported in a collaborative study, Homelessness in Orange County: The Costs to our Community published in 2017 and sponsored by Orange County United Way, Jamboree Housing, and UC Irvine. Data was collected from five primary sources: the County of Orange, the cities within the county, Orange County hospitals, non-profit agencies serving the homeless, and homeless individuals themselves. (In the remainder of this report, the study will be referred to as “The Cost Study of Homelessness”.)
Other cities and counties across the U.S. have also identified large cost outlays for addressing homeless issues in their areas. For example, in the study entitled “Home Not Found: The Cost of Homelessness in Silicon Valley,” (Flaming, et al, 2015) Santa Clara County discovered they had spent approximately $520 million per year providing homeless services over the six-year period covered by the study.

**Health Care Costs are the Largest Area of Expense**

According to the Cost Study of Homelessness, cities, hospitals, and the County fund the largest area of expense – health care – at approximately $120.6 million per year. This result is in line with many other studies conducted across the U.S. showing the substantial cost of providing health care to the homeless. These cost estimates were derived prior to establishing two new county emergency shelters as well as prior to relocating the homeless on the Flood Control Channel. In addition, many cities recently hired Homeless Liaison Officers and contracted for homeless Outreach and Engagement staff. These actions taken together potentially increase costs across both the city and the county sectors.
Table 4: 2014-2015 Costs of Addressing Homelessness in OC across Three Largest Cost Clusters

<table>
<thead>
<tr>
<th></th>
<th>Health Care</th>
<th>Housing</th>
<th>Law Enforcement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$120,582,177</td>
<td>$105,932,061</td>
<td>$23,771,292</td>
</tr>
</tbody>
</table>

Source: Adapted from Homelessness in Orange County: The Costs to Our Community

Orange County’s Chronically Homeless Account for a Significant Portion of Costs

The Cost Study of Homelessness discovered wide disparities in the costs to provide services to the various homeless sub-populations within Orange County. In particular, the costs associated with providing services to the *chronically homeless living on the street* were the highest among any segment of the homeless population. As shown in Figure 3, the average cost of services for a chronically homeless person on the street is almost twice that of a resident in Permanent Supportive Housing – even taking into account the cost of providing that resident with housing and services.

Figure 3: Average Annual Service Cost per Person by Type of Housing, 2014-2015

Source: Adapted from Homelessness in Orange County: The Costs to Our Community
Chronically homeless persons make greater use of emergency departments, inpatient care, psychiatric care, detoxification services, and jails. Indeed, in comparison to people with similar characteristics who are housed, the homeless use more emergency services and experience more and longer hospitalizations. To underscore the high cost of leaving the chronically homeless unsheltered, the Cost of Homelessness study identified that the costliest 10% of the those living on the streets generated average annual costs of about $440,000 per person—primarily due to high medical expenses.

Many other studies across the U.S. have substantiated these results. For example, in a study entitled “Getting Home: Outcomes from Housing High-Cost Homeless Hospital Patients” (Flaming et al, 2013) the authors found a 72% decrease in average total health care costs among the study participants who moved into supportive housing. Likewise, a study entitled “Begin at Home: A Housing First Pilot Project for Chronically Homeless Single Adults” (Srebnik, 2013) reported 74% fewer hospital admissions among those in supportive housing compared to those not in PSH. As a result of the numerous studies demonstrating the effectiveness of Permanent Supportive Housing for the chronically homeless, HUD increased funding for this model by 39% between 2012 and 2016.

**Permanent Supportive Housing Decreases Medical Costs and Police/Jail Contacts**

To achieve a stable housing situation, most chronically homeless not only need a rent-subsidized apartment, they also require access to supportive services to ensure they can remain there. For example, someone with mental health issues may need assistance to ensure they get counseling and take medications as prescribed. Likewise, a person suffering from a chronic and debilitating illness may require help managing their diet and ensuring they make their doctor appointments in order to avoid emergency room visits and hospital stays.

As Table 4 demonstrates, residents of PSH access medical services and have brushes with the law less often than the chronically homeless on the streets or in emergency shelters.
Table 5: Average Service Utilization and Criminal Justice Contacts in One Month

<table>
<thead>
<tr>
<th></th>
<th>Chronically Homeless in Street or Shelter (# times accessed in one month)</th>
<th>Permanent Supportive Housing (# times accessed in one month)</th>
<th>% Decrease in Incidence Among those in Permanent Supportive Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td># times accessed soup kitchen or pantry</td>
<td>19.13</td>
<td>2.22</td>
<td>88%</td>
</tr>
<tr>
<td># times in ER</td>
<td>0.58</td>
<td>0.33</td>
<td>43%</td>
</tr>
<tr>
<td># times in ambulance</td>
<td>0.27</td>
<td>0.06</td>
<td>78%</td>
</tr>
<tr>
<td># times inpatient in hospital</td>
<td>0.17</td>
<td>0.08</td>
<td>53%</td>
</tr>
<tr>
<td># times accessed other health services</td>
<td>0.62</td>
<td>1.78</td>
<td>(187%)</td>
</tr>
<tr>
<td># times ticketed</td>
<td>0.46</td>
<td>0.08</td>
<td>83%</td>
</tr>
<tr>
<td># times arrested</td>
<td>0.15</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td># times appeared in court</td>
<td>0.20</td>
<td>0.02</td>
<td>90%</td>
</tr>
<tr>
<td># nights in holding cell, jail or prison</td>
<td>0.13</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td># nights in shelter or emergency shelter</td>
<td>6.9</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Number of Interviewees</strong></td>
<td>53</td>
<td>49</td>
<td></td>
</tr>
</tbody>
</table>

Source: Adapted from: Homelessness in Orange County: The Costs to Our Community

The main exception to this pattern of decreasing incidence is the number of times they access “other health services.” Authors of the Cost Study of Homelessness theorized these “other health services” represent more routine and preventative services such as visits to doctors’ offices and outpatient clinics – activities which are decidedly less expensive than pricey ambulance transports and ER visits.

Why the large decrease in usage of hospital care and contacts with law enforcement? Studies show that the mere fact of having a permanent place where one has a legal right to stay positively impacts a variety of environmental, social, and physiological influences on health and well-
being. Having one’s name on a lease greatly reduces the stress associated with not having a permanent place to sleep each night, and stress reduction has been shown to assist with recovery. A person in supportive housing has increased opportunity for employment, family involvement, and maintaining a stable social network, all of which contribute to improved mental and physical health. Research shows that when individuals with mental illness are placed in PSH settings, they have better rates of recovery than those in other settings. (Dohler, 2016)

Many municipalities have enacted ordinances targeting activities such as camping or sleeping in public, begging, loitering, living in vehicles, or storing personal belongings in public spaces. A person provided with PSH, therefore, avoids being ticketed or incarcerated for engaging in these activities, resulting in decreased costs to law enforcement, courts, and jails.

High Retention Rates are Reported with Permanent Supportive Housing

Former chronically homeless individuals living in PSH demonstrate high retention rates, according to studies commissioned by cities and counties. Analyzing data from the years 2011 – 2014, the Los Angeles Homeless Services Authority found that chronically homeless individuals residing in PSH had retention rates of 90 – 96% over a six-month period, and 84 – 90% over a one-year period. In a three-year San Diego study funded by the United Way and entitled “Project 25: Housing the Most Frequent Users of Public Services among the Homeless,” twenty-eight homeless individuals who were among the most frequent users of public services, including ERs, hospitals and jails, were placed in PSH. Their use of services was tracked for two years and then compared with their usage of these programs in the year prior to their enrollment. Not only did their service costs decrease by 67% over the two-year period, twenty-five of the individuals – 89% – either remained in PSH or graduated to housing requiring less intensive use of services.

Permanent Supportive Housing in Orange County – Insufficient to Meet the Need

According to the most recent information from Orange County’s Housing Inventory Count (HIC), 1,724 adult-only Permanent Supportive Housing beds exist in OC. These units are typically located in small apartment complexes and fourplexes scattered across the county, with the majority found in the central and northern regions. In some of the more recently developed PSH units, an affordable, multi-family housing complex has set aside a portion of its units for PSH. Several projects have involved renovating abandoned hotels and transforming them into
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PSH. Some PSH units target a specific sub-population of the chronically homeless, such as veterans, those with mental illness, or the physically disabled. Complexes may employ caseworkers to live onsite to provide ongoing assistance and services to the formerly homeless. Others have case workers visit regularly to check in with residents and provide services.

While the number of PSH units has slightly increased across the county in the past few years, these units are typically at 100% of their capacity with long waiting lists. In fact, the 2017 Housing Inventory Count from the County’s Homeless Management Information System (HMIS) indicated a PSH waiting list of over 1,000 people.

<table>
<thead>
<tr>
<th>Number of PSH units</th>
<th>2016</th>
<th>2017</th>
<th>% change 2016 - 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,456</td>
<td>1,724</td>
<td>18%</td>
</tr>
</tbody>
</table>

Source: Orange County HMIS - Housing Inventory Count

A shortage of PSH units within the county contributes to the need for more emergency shelter beds to accommodate those needing an interim place to stay. The Grand Jury heard reports of individuals being housed in emergency shelters for up to a year while awaiting a permanent bed, resulting in a logjam as the newly homeless tried to find a place to stay. Given the concurrent shortage of emergency shelter beds, the ultimate outcome is an increase in the unsheltered homeless population living on Orange County streets.

A Proposal for Increasing Permanent Supportive Housing in Orange County of Orange

During the course of this investigation, the Grand Jury could find no single, agreed-upon estimate for the number of PSH units needed. Several County sources have indicated that a housing strategic plan, which would include a PSH estimate, is in development.

Meanwhile, the Association of California Cities – Orange County (ACC-OC) – a group that provides Orange County cities assistance with policy development and legislative advocacy – recently presented a proposal identifying the need to create 2,700 additional Permanent Supportive Housing units across the county in the next three years. This estimate was determined using the size of the unsheltered homeless population from the 2017 PIT count as a
guide. To underscore the regional nature of homelessness, the proposal recommends allocating these 2,700 units proportionally across all thirty-four cities and unincorporated county areas by population. Thus, larger cities within the county would receive a greater allocation of PSH units while smaller communities would be allocated fewer units.

In April 2018, the County signaled its approval of this proposal by announcing it will take a lead role. Meetings with city officials have already taken place and a working group of interested cities formed. The final business plan for this proposed project is still in development, with major issues such as funding sources, site availability, and degree of city buy-in still to be determined.

**Roadblocks and Challenges to Creating More Permanent Supportive Housing in Orange County**

Given the critical need for more PSH development within the county, the Grand Jury investigated the various roadblocks and challenges that could impede its development, including the 2,700 units identified in the proposal.

**Lack of Consensus and Buy-in within Cities for PSH Solutions**

1. **Each city trying to address homelessness on its own:** A prevailing issue encountered in this investigation was the preference of many cities to address issues such as homelessness in a “silo”; that is, addressing the problem on their own without engaging with other cities to pool resources and knowledge. In one sense, a city’s tendency to combat this issue on its own is a natural consequence of how Orange County cities have traditionally operated. Each city has its own city council, city manager and staff, and other supporting departments to allow it to operate autonomously.

   However, a city trying to go it alone ignores the regional nature of homelessness. First, homelessness does not recognize city, or even county, borders. In addition, the magnitude of the issue requires large dollar investments and expertise in navigating the very complex area of siting and funding PSH development – resources and knowledge that often exceed the ability of one city to address on its own. In some cases, cities trying to go it alone have become so overwhelmed that they have responded by establishing rules to only care for “their own” homeless. That is, before providing services of any type, they require a homeless person to show proof that he or she previously resided in their city.
To be fair, some cities approach the issue on their own because they believe no other group is willing or able to provide leadership, be it expertise or in funding. Many cities reported that they have been looking for an entity, such as the County, to step forward and provide leadership on homelessness in general, and housing solutions specifically.

It was instructive to note the number of cities with whom the Grand Jury spoke who believe they are doing more than any other city in the county with respect to providing homeless services and housing. A number of other cities did not necessarily think they are providing the most services, but did believe they are doing more than their fair share. These inequities concern them, in large part, due to the major financial outlays they are making to care for the homeless. In addition, there is significant concern that being a leader in providing services and housing would make their city a magnet for attracting more homeless, not only increasing their financial obligations, but spurring resident outcry as well.

2. **Misperceptions and lack of knowledge about PSH:** While some city officials - both elected and city staff – have voiced strong support for PSH, others do not appear to understand what Permanent Supportive Housing provides and the benefits it delivers. For some, PSH invokes images of “the projects” – those affordable housing projects constructed in the 1960s and 1970s that were negatively associated with increasing crime and perpetuating poverty. Others voiced concerns that placing chronic substance abusers and the mentally ill into housing would just move the problem from the street into a housing development – not understanding that case management services would be provided to help prevent this from happening.

Some city officials may be unfamiliar with the 1,724 PSH units currently available within Orange County. By all accounts, these units are successfully integrated into a number of different communities. In fact, in researching these communities, the Grand Jury heard claims that these developments are often the most attractive in the neighborhood and increase, rather than depress, housing prices in the area.
Rockwood Apartments provides housing and support services for forty-eight formerly homeless families, as well as fifteen Permanent Supportive Housing units for clients receiving mental health services. In conceiving the project, Jamboree Housing made a concerted effort to engage the neighboring community, holding a contest for local school children to name the development, and utilizing harmonious architectural designs that integrated with the surrounding neighborhood. Partners in the development include the City of Anaheim, the Anaheim School District, and the Illumination Foundation, all of which continue to provide supportive services to the formerly homeless residents.

Rockwood was a finalist in the Affordable Housing Finance Reader’s Choice Awards for 2017, which assesses its selections based, among other characteristics, on the nominee’s role in overall community revitalization; tapping new funding sources or demonstrating new efficiency in capital costs and/or maintenance/operating costs; offering outstanding social services for tenants; and receiving broad community support, including state and local government financial assistance.

3. **Lack of understanding of the cost savings provided by PSH:** While general awareness of the Cost Study of Homelessness was relatively high among city staff, there was a fair amount of doubt whether their cities would achieve significant savings if PSH is developed. This skepticism appears to primarily arise from the fact that the cost categories outlined in the study don’t necessarily align with a city’s budget line items, making it difficult to estimate savings from developing more PSH. Providing health care to the homeless, the largest cost area in the study, is typically not a line item in a city budget. While these costs ultimately translate into higher medical insurance rates, they do not correspond to those line items.

4. **Local resident resistance to placing PSH projects within their city (“NIMBYism”):** Of all the issues identified as roadblocks to siting PSH within Orange County cities, one of the most challenging is resident opposition to placing any type of housing for the homeless within their neighborhoods. Several cities provided examples of projects that had to be abandoned due to overwhelming resident resistance. Others had declined to even bring certain projects forward due to concerns over encountering massive resistance. Cities report their residents
appear resistant to any type of housing that accommodates the homeless near them. This resistance is primarily due to public safety fears, though concerns of negative impact on housing values were also voiced.

While the Grand Jury could find no specific studies detailing crime statistics in areas within OC with PSH, information gathered from other areas of the country suggests that there is little evidence of an appreciable increase in crime. This may be due to the stabilizing effect afforded by living in a house, as well as the presence of housing support staff who can check on residents or call to report suspicious activity. (Coburn, 2015) Studies indicated that housing values in the areas of PSH had remained stable, or had even risen. (Impact of Supportive Housing, Furman Center)

NIMBYism certainly isn’t unique to Orange County. In November 2013, the Central Florida Regional Commission on Homelessness published the results of a nationwide survey on best practices in addressing homelessness, and a major best-practice theme was dealing with resident resistance to siting housing for the homeless. One of the most frequently mentioned recommendations specified that no program succeeded without educating the community about homelessness and gaining its investment in the solutions.

The Orange County United Way has enlisted private and philanthropic partners, as well as various city officials, in a campaign to educate people about the causes of homelessness and the need to build more housing. United to End Homelessness is focused on building public awareness and engagement in an effort to circumvent resistance to housing the homeless in Orange County communities.

The stated goals of the campaign are to rally community support for Permanent Supportive Housing; to identify homes both through accessing existing rental units and working with partners to support and champion efforts to develop new units; and, working with the County and others to leverage data that helps the community gain insight in order to enhance the overall system of care.

**County Leadership that has been Crisis Driven rather than Strategic**

The Grand Jury could identify no evidence of a detailed and systematic strategic plan that lays out either the number or type of housing options needed to create more countywide housing for the homeless. A comprehensive regional plan should include elements such as the number of units needed within all housing categories (homeless shelter, rapid rehousing, transitional housing and PSH) and the cumulative funding required over a multi-year landscape to reach this goal.

It might seem unfair to fault County officials for lack of planning and leadership on homeless housing issues given the amount of activity that has taken place on this front over the past
several years. For one, in 2016 they hired a Director of Care Coordination (“homeless czar”) that had been recommended by the 1988-89, 1990-91, and 2005-06 Grand Juries – recommendations that were ignored at the time. Within a relatively short time, they opened the county’s first all-season homeless shelter, the Courtyard in Santa Ana, and opened the Bridges at Kraemer Place in Anaheim. A number of other projects are in the works, including establishing a much-needed second Crisis Stabilization Unit that can assess and treat the mentally ill homeless population.

While all these activities were certainly necessary, they appeared driven more by the County operating in crisis mode rather than from any strategic plan developed to address the homeless housing shortage. The homeless population at the flood control channel was allowed to grow to over 700 people while the County and the cities debated ownership of the issue. In attempting to relocate them, the County struggled to find appropriate housing for those individuals and spent large amounts of money to do so. In addition, two federal lawsuits were filed against the County on behalf of those living on the flood control channel, resulting in a federal judge’s involvement in the equation.

As the County tries to catch up with providing sufficient housing and emergency shelters for the homeless, their efforts are often stymied by cities’ refusals to provide locations for these facilities. Since cities are the land use authority within their borders, the County relies on their cooperation to allocate building sites. The County has indicated it is willing to fund shelters, but needs the cities to step up and provide locations.

*Lack of Collaboration and Cooperation among County and Cities*

Here we arrive at the basic point of contention that framed much of this investigation – that is, the finger-pointing and lack of trust that exists between the County and the cities, and even among the cities themselves, on the homeless issue. The cities believe the County is not providing sufficient leadership in outlining a countywide plan for the homeless and is too frugal in disbursing the state and federal homeless funds it receives. Meanwhile, the County is frustrated that cities are not responsive to repeated requests for siting any type of homeless housing, be it emergency shelters or permanent housing. The cities are mistrustful of each other since each may think they already are providing more homeless services than other cities in their area. However, winds of change may be on the horizon. With the County signaling they will take a leadership role in the 2,700-unit PSH proposal, and with a number of cities indicating strong interest, actual steps toward collaboration could occur.
Over a decade ago, the State of Utah committed to ending chronic homelessness within its borders. As of 2018, it has reduced their number by 91%, from 1900 to 158. The key factor in this success is the formation of a leadership body with the ability to operate “above the silos,” according to Lloyd Pendleton, the project’s chief “champion.” Pendleton advocates establishing a group with limited membership – no more than fifteen people – who are able to implement systemic change and are empowered to control and allocate at least thirty percent of the revenues available for PSH. These champions, as Pendleton calls them, should represent a collaborative of providers, funders, and county and city political leaders who are results-oriented, biased to act, with stamina, a sense of personal responsibility, and a belief in the common good. He maintains that this is the type of coalition necessary to affect a unified vision and plan for addressing homelessness.

Securing Sufficient Funding

1. Funding sources for PSH are unpredictable and inconsistent. Funding for Permanent Supportive Housing originates almost entirely from state and federal sources. At the federal level, Section 8 housing vouchers, Community Development Block Grants, Emergency Solutions Grants and Continuum of Care funds – among others – are distributed to state and local housing agencies and community development departments to assist with housing development. At the state level, dollars collected from the Mental Health Services Act (MHSA) provide a source of funding to house the mentally ill homeless population. Affordable housing developers apply for federal Low Income Housing Tax Credits, which provide gap financing for affordable housing projects, including PSH.

However, over the years, funding from these sources has fluctuated depending on the state of the economy and the priorities of the political party in charge. Most recently, the 2018-2019 federal budget initially included major cuts to many of the federal housing programs, though last minute negotiations on the spending bill have apparently reinstated much of this funding. Since state and federal funding for homeless housing can be so unpredictable, and often insufficient, many counties have turned to alternate sources to supplement financing.

In Los Angeles County, voters approved Measure H, while City of Los Angeles voters approved Proposition HHH in 2016. Measure H includes a 0.25% countywide sales tax to fund homeless support services, housing, outreach and development. Proposition HHH will provide $1.2 billion from a general obligation bond to construct 10,000 units of PSH. Alameda County passed the A1 Bond Measure which will raise $580 million to fund affordable housing efforts. In September 2017, San Diego County created the Innovative Housing Trust Fund which recently announced $25 million in gap financing to affordable housing developers to facilitate the construction, acquisition, rehabilitation, and loan repayment of affordable, multi-family housing.
2. New state funding sources are on the horizon, but will require close collaboration between all parties – cities, County, and non-profit – to receive optimum funding.

In 2016, Governor Jerry Brown signed legislation enacting the “No Place Like Home” (NPLH) program. This program is intended to provide $2 billion in bond proceeds in California for the development of PSH for persons who are in need of mental health services and are experiencing homelessness, or are at risk of homelessness. Specific county allocations have not yet been made, but are expected to be released at some point in 2018.

A major funding component of the program is the Competitive Program, which will allocate dollars to counties – at least in part – based on a county’s population. In addition, a key to achieving greater funding will be an assessment of how closely a county is partnering with its cities and community-based organizations to create PSH and homeless services.

3. Supportive services will require ongoing funding. Once formerly homeless individuals are moved into PSH, they will likely require access to ongoing supportive services, such as mental health or substance abuse counseling, or assistance with a physical disability. Financing 2,700 PSH units is only the first part of the equation; funding for the ongoing services for residents of those units must be planned and budgeted. In fact, one of the threshold requirements of the No Place Like Home Program is a 20-year commitment to provide supportive services to NPLH tenants.

HOME(FUL), a 501(c)3 non-profit, receives and allocates a voluntary fee assessed on the sale of homes originally built by Lennar. The fee is one-tenth of one percent of the sale price; the seller may opt out if he or she does not wish to participate (the information is disclosed on the property title). At the close of escrow this fee transfers to HOME(FUL), which maintains a roster of charitable organizations that provide housing and supportive services to the homeless and distributes funding to those that successfully apply.

HOME(FUL) identifies a number of benefits for those home sellers participating in the program: the fee is tax-deductible; the seller provides a direct, tangible benefit to a person without a home; and the fees generated remain within the community and can contribute to projects typically paid for by taxes. HOME(FUL) estimates they will raise ten billion dollars with this program over the next ten years. Lennar’s goal moving forward is to enlist as many builders as possible to participate in the program.
Lack of Adequate Staffing within County Housing & Community Development Department to Review and Facilitate Projects

Housing and Community Development (HCD), a division within Orange County Community Resources, administers the County’s affordable housing development, community development, homeless prevention programs, and housing successor agency programs and activities. HCD plays a key role in working with affordable housing developers to notify them when state and federal housing funds become available, and to ensure that projects, such as those targeted for PSH, move through the pipeline as quickly as possible.

The two positions currently budgeted within HCD are now vacant, one for over a year. During the investigation, the Grand Jury heard that lack of staffing interferes with speedy review and facilitation of projects. In some cases, developers had to use back-channel communications to other County officials in order to get a project considered.

Service Planning Area Meetings Encourage Information Sharing, but do not Promote Action

In an effort to increase collaboration and sharing of best practices among cities on homeless issues, the Director of Care Coordination (the “homeless czar”) subdivided the county into three Service Planning Areas (SPAs): north, central, and south. Each planning area holds monthly meetings with a portion of each city’s staff and elected officials, as well as with non-profit agencies and advocates serving the homeless.

Feedback the Grand Jury received indicated that SPA meetings are well-attended, since most cities are seeking any available assistance or information to address homelessness. However, a number of city attendees are disappointed that the meetings primarily focus on sharing information rather than promoting action. In some instances, due to city staff frustration with the lack of significant action, lower-level staff now attend meetings in lieu of their bosses. However, these individuals typically do not hold the decision-making authority required if opportunities do arise for joint city planning activities.

Perception that the Homeless are Service Resistant

In conducting its investigation, the Grand Jury discovered that some city and County officials believe that homeless individuals will not accept offers of service, including housing. This
perceived service resistance leads them to question the need for establishing housing options, such as PSH, since, in their view, the homeless will not want to live in this housing anyway.

The Grand Jury spoke with a number of non-profit personnel who regularly interact with the homeless to understand their perspective on the matter. Service providers report that a level of trust must be established with homeless individuals before they will feel comfortable accepting services, including offers of housing. Outreach workers say it may take seven to eight engagements with a homeless person to gain sufficient trust for them to believe you really have their best interests in mind. One service provider indicated that the willingness of homeless individuals to receive offered services depends on who is making the offer and what they are offering. For example, when uniformed officers approach a homeless individual with an offer of help, the offer may be refused out of hand due to that individual’s unease with law enforcement. While most providers believe there is a segment of the homeless population that will ultimately be resistant to accepting services, they estimate that segment represents a relatively small percentage of the population – perhaps in the 10-15% range.

At the kickoff of the United Way’s “United to End Homelessness” program, Andrae Bailey – Orlando, Florida’s former homeless czar who is credited with helping to substantially decrease homelessness in that area – said the following: “Beliefs dictate policy and investments. If you believe the homeless don’t want help, that will influence your policy.”

Conclusion

The Grand Jury discovered many issues impeding increased Permanent Supportive Housing development, such as funding and a shortage of sites on which to build more PSH units. While these are vital issues that need to be addressed, nothing can be accomplished without leadership and collaboration between the County and cities. During the investigation, the Grand Jury heard both sides level claims of “lack of political will.” However, while political will – or the lack thereof – is frequently and glibly used as an accusation, its explicit meaning is vague, making efforts at addressing the real, underlying problems difficult.

In a paper entitled “Defining Political Will” (Post, et al, 2010), the authors state that political will exists when these four components exist:

- A sufficient set of decision-makers in positions of power who support desired reform,
- With a common understanding of a particular problem and agreement that the problem requires government action,
- Who are intensely committed to supporting a fix for the problem,
- And agree on a potentially effective policy solution
The Grand Jury identified issues within each of the four components listed above, including the following: cities at odds over whether to allow homeless housing, disagreements over who should lead development efforts for homeless housing, and even conflicts over whether PSH is the best solution for the chronically homeless.

Officials in many cities have not reached consensus among themselves on the value of PSH, making it difficult to create compelling arguments and a unified front to overcome resident opposition to siting these units within their communities. County officials only recently acknowledged they hold lead responsibility for homeless housing in Orange County. Until consensus is achieved on these issues, the County and cities will not be able to overcome the many roadblocks to building more PSH in Orange County.

COMMENDATION

The Grand Jury was offered significant insight into the issues surrounding homelessness through its interviews and tours of non-governmental organizations serving on the front lines in Orange County cities. For many years, social service non-profits and housing developers have provided substantial leadership and stewardship in the area of housing for the homeless, including advocating for the construction of more Permanent Supportive Housing, emergency shelters, and crisis stabilization units. Despite seemingly intractable resistance to incorporating these types of housing in neighborhoods, these organizations have persevered in their efforts to find the needed funds and political support to realize their mission. The fact that the County currently has 1,724 units of adult-only PSH within its borders can be attributed to their vision and commitment.

Additionally, the Grand Jury commends the civic membership organizations that have taken a public stance in advocating for appropriate housing and services for Orange County’s homeless population.
FINDINGS

In accordance with California Penal Code Sections 933 and 933.05, the 2017-2018 Grand Jury requires (or, as noted, requests) responses from each agency affected by the findings presented in this section. The responses are to be submitted to the Presiding Judge of the Superior Court.

Based on its investigation titled “Where There’s Will, There’s a Way: Housing Orange County’s Chronically Homeless,” the 2017-2018 Orange County Grand Jury has arrived at ten principal findings, as follows:

F1. Homelessness in Orange County is a regional problem requiring regional approaches and solutions.

F2. The lack of a regional plan designating specific development goals for Permanent Supportive Housing contributes to an insufficient number of available units to house the chronically homeless.

F3. The County’s overreliance on unpredictable and inconsistent federal and state funding risks funds being unavailable for future Permanent Supportive Housing development and supportive services.

F4. Cities’ reluctance to provide sites for Permanent Supportive Housing development has contributed to overcrowded emergency shelters and an increased unsheltered homeless population.

F5. A staffing shortage exists within the County Housing and Community Development Department impeding Permanent Supportive Housing development.

F6. Service Planning Area meetings have successfully brought together city, county and non-profit entities to share information on homeless issues, but have not fostered decision-making or action.

F7. NIMBYism has impeded the creation of housing for the homeless, including Permanent Supportive Housing, in the County of Orange.

F8. Orange County cities and the County have engaged in blaming and finger-pointing, hampering the collaborative efforts needed to site, finance, and maintain Permanent Supportive Housing.
F9. Cities have taken a silo approach to developing Permanent Supportive Housing, resulting in inefficient leveraging and pooling of funds across municipal borders.

F10. There is no established, independent leadership body in the County empowered to address regional homeless issues in an effective manner.
RECOMMENDATIONS

In accordance with California Penal Code Sections 933 and 933.05, the 2017-2018 Grand Jury requires (or, as noted, requests) responses from each agency affected by the recommendations presented in this section. The responses are to be submitted to the Presiding Judge of the Superior Court.

Based on its investigation titled “Where There’s Will, There’s a Way: Housing Orange County’s Chronically Homeless,” the 2017-2018 Orange County Grand Jury makes the following nine recommendations.

To be completed by September 1, 2018

R1. Orange County cities and the County should develop a Permanent Supportive Housing development plan, and should consider a plan structure similar to the proposal put forth by Association of California Cities – Orange County, that proportionally allocates sites among the cities. (F1, F2, F4, F7, F8)

R2. Each Service Planning Area should identify sites for Permanent Supportive Housing proportional to the allocation suggested in the Association of California Cities – Orange County proposal. (F1, F4)

R3. The County Executive Office should organize the agenda and content of the Service Planning Area meetings to promote collaboration between cities on Permanent Supportive Housing and other housing development. (F1, F4, F6, F8, F9)

R4. Cities should ensure decision-makers fully participate in their region’s Service Planning Area meetings. (F1, F6, F8, F9)

R5. Orange County Community Resources should add an appropriate number of additional positions to the Housing and Community Development Department beyond the two currently budgeted to be optimally positioned for the increased Permanent Supportive Housing development that will likely arise. (F5)

R6. Cities should collaborate with, and leverage the work done by, United Way on their “United to End Homelessness” public awareness campaign. (F7)

To be completed by June 30, 2019
R7. To streamline shelter and Permanent Supportive Housing development, the County and its cities should establish a decision-making body, such as a Joint Powers Authority, that is empowered to identify and allocate sites and pool funding associated with housing and supportive services for the homeless. (F1, F3, F4, F7, F8, F9, F10)

R8. Such a decision-making body should develop a comprehensive, regional housing business plan that identifies both the number of Permanent Supportive Housing units needed as well as the associated costs of renovating existing units or building new ones. (F1, F2, F3, F4, F8, F9, F10)

R9. Such a decision-making body should propose a plan for securing local, supplemental sources of funding for both Permanent Supportive Housing development and associated support services. (F1, F3, F8, F9, F10)
RESPONSES

The following excerpts from the California Penal Code provide the requirements for public agencies to respond to the findings and recommendations of this Grand Jury report:

§933(c)
“No later than 90 days after the grand jury submits a final report on the operations of any public agency subject to its reviewing authority, the governing body of the public agency shall comment to the presiding judge of the superior court on the findings and recommendations pertaining to matters under the control of the governing body and every elected county officer or agency head for which the grand jury has responsibility pursuant to Section 914.1 shall comment within 60 days to the presiding judge of the superior court, with an information copy sent to the board of supervisors, on the findings and recommendations pertaining to matters under the control of that county officer or agency head or any agency or agencies which that officer or agency head supervises or controls. In any city and county, the mayor shall also comment on the findings and recommendations. All of these comments and reports shall forthwith be submitted to the presiding judge of the superior court who impaneled the grand jury. A copy of all responses to grand jury reports shall be placed on file with the clerk of the public agency and the office of the county clerk, or the mayor when applicable, and shall remain on file in those offices. . . .”

§933.05
“(a) For purposes of subdivision (b) of Section 933, as to each grand jury finding, the responding person or entity shall indicate one of the following:
(1) The respondent agrees with the finding.
(2) The respondent disagrees wholly or partially with the finding, in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefor.
(b) For purposes of subdivision (b) of Section 933, as to each grand jury recommendation, the responding person or entity shall report one of the following actions:
(1) The recommendation has been implemented, with a summary regarding the implemented action.
(2) The recommendation has not yet been implemented, but will be implemented in the future, with a timeframe for implementation.
(3) The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the
governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the grand jury report.

(4) The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation therefor.

(c) However, if a finding or recommendation of the Grand Jury addresses budgetary or personnel matters of a county agency or department headed by an elected officer, both the agency or department head and the board of supervisors shall respond if requested by the grand jury, but the response of the board of supervisors shall address only those budgetary or personnel matters over which it has some decision-making authority. The response of the elected agency or department head shall address all aspects of the findings or recommendations affecting his or her agency or department.”

Comments to the Presiding Judge of the Superior Court in compliance with Penal Code §933.05 are required from:

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Comments to the Presiding Judge of the Superior Court in compliance with Penal Code §933.(c) are requested from:

County Executive Office  F5, F6  R3, R5
REFERENCES

Documents/Reports

2. ACLU, *Nowhere to Live: The Homeless Crisis in Orange County & How to End It*.
19. Reaser, Lynn, PhD, 2015, *Project 25: Housing the Most Frequent Users of Public Services among the Homeless*, Fermanian Business & Economic Institute at PLNU.

**Journal Articles**


**Websites**

8. “Measure H, Los Angeles County Plan to Prevent and Combat Homelessness.”


10. “Proposition HHH: City of Los Angeles Permanent Supportive Housing Program.”


Videos

1. ACC-OC Homeless Partnership Event, February 15, 2018,


Legislation

1. California State Assembly Bill 1618: No Place Like Home, July 1, 2016.

APPENDIX

GLOSSARY

1. **Association of California Cities – Orange County (ACC-OC)** – is a membership organization established in 2011 which represents the interests of Orange County cities on regional public policy issues.

2. **Community Development Block Grants (CDBG)** - is a federal program established in 1974 that provides communities with resources to address a wide range of unique community development needs. The CDBG program provides annual grants on a formula basis to 1,209 general units of local government and States.

3. **Continuum of Care Funds** - provides funding for nonprofit providers, as well as State and local governments to quickly rehouse homeless individuals and families, with the goal of minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness. The goal is also to promote access to, and effect utilization of, mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

4. **Emergency Solutions Grants (ESG)** – assists individuals and families to quickly regain stability in permanent housing after experiencing a housing crisis or homelessness. ESG funds are provided by formula to states, metropolitan cities, urban counties and U.S. territories to support homelessness prevention, emergency shelter and related services.

5. **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, families, and persons at risk of homelessness.

6. **Housing and Community Development (HCD)** – is a County agency that administers the County’s affordable housing development, community development, homeless prevention programs, and housing successor agency programs/activities.

7. **Housing and Urban Development (HUD)** – is a federal agency that works to strengthen the housing market to bolster the economy and protect consumers; meet the need for quality affordable rental homes; utilize housing as a platform for improving quality of life; and build inclusive and sustainable communities free from discrimination.
8. **Housing Inventory (HIT) Count** - is a point-in-time inventory of provider programs within a Continuum of Care that provide beds and units dedicated to serve persons who are homeless, categorized by five Program Types: Emergency Shelter; Transitional Housing; Rapid Re-housing; Safe Haven; and Permanent Supportive Housing.

9. **Low Income Housing Tax Credits (LIHTC)** - is a dollar-for-dollar tax credit given for affordable housing investments. Created under the Tax Reform Act of 1986, LIHTC provide incentives for the utilization of private equity in the development of affordable housing aimed at low-income Americans. These tax credits are more attractive than tax deductions as the *credits* provide a dollar-for-dollar reduction in a taxpayer's federal income tax, whereas a tax *deduction* only provides a reduction in taxable income.

10. **Not In My Backyard (NIMBYism)** – is a term used to express opposition by local citizens to locating a civic project in their neighborhood that, though valued and needed by the larger community, is considered potentially unsightly, dangerous, or likely to lead to decreased property values.

11. **Point in Time (PIT) Count** - is a count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that Continuums of Care conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. Continuums of Care also must conduct a count of unsheltered homeless persons every other year (odd numbered years). Each count is planned, coordinated, and carried out locally.

12. **Section 8 Housing Vouchers** – a federal program, named for Section 8 of the Housing Act of 1937 (42 U.S.C. § 1437f), for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. In practice, the Section 8 Voucher will pay the balance of a rent payment that exceeds 30% of a renter’s monthly income. The participant is free to choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects.