



**HOUSING OUR PEOPLE EFFECTIVELY**

# **HOPE**

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**Ending Homelessness In San Mateo County**



**10-Year Plan to End Homelessness**

MARCH 2006

The personal stories in the HOPE Plan are true. However, pictures included do not depict factual families to protect children from the stigma of being homeless.

The artwork in this document was generated by children from Kindergarten to fifth grade in San Mateo County. Children were asked to draw a house and explain “what my home means to me.” A contest was held to select twelve winners; their delightful artwork was highlighted in the 2006 HIP Housing Calendar.

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## TO THE PEOPLE OF SAN MATEO COUNTY

# A Call to Action

Every year in San Mateo County an estimated 4,000 children, men and women are homeless and another 26,000 are just one paycheck or medical emergency away from losing their home. People who are homeless struggle to meet basic human needs like food and clothing. They face significant barriers to participation in the workforce and in community life.

The human and financial costs of homelessness are enormous and are not only borne by those in crisis, but also by our entire community in the form of diminished community well being including the financial burden of paying for emergency and social services that generally do not end homelessness for those served.

Housing Our People Effectively (HOPE) – The 10-Year Plan to Prevent and End Homelessness in San Mateo County – has been created because of an emerging consensus among political and civic leaders, business people, community activists, homeless people and their families, housing and service providers, and other stakeholders in San Mateo County that something must be done to address the homeless issue. In April 2005, San Mateo County Supervisors Mark Church and Jerry Hill initiated HOPE by bringing together approximately 150 representatives from all sectors of the community with a mandate to create a plan to end homelessness.

HOPE is a milestone in our community's approach to homelessness. It sets forth a ten-year plan of action that will change the way the community works together to solve this problem. It is focused to achieve a single, specific result: preventing and ending homelessness in San Mateo County.

The people of San Mateo County are invited to join our effort to turn this vision into reality. Working together as a community, we can give hope to those with the greatest need and ensure that safe, accessible, affordable housing is available to everyone in San Mateo County.

Jerry Hill, President  
*San Mateo County  
Board of Supervisors  
Co-Chair, HOPE  
Leadership Committee*

Mark Church, Member  
*San Mateo County  
Board of Supervisors  
Co-Chair, HOPE  
Leadership Committee*

### The HOPE Vision

Homelessness will end by ensuring that safe, accessible, affordable housing is available in San Mateo County for those in greatest need.

# Executive Summary





## PREFACE

# Executive Summary

## Desired Results

By 2015:

1. 7,900 individual and family households in San Mateo County who have been homeless or at severe risk of homelessness due to extremely low incomes, chronic disabilities and/or other health or special needs, will secure and maintain safe, permanent, accessible, affordable, and where needed, supportive housing:
  - 2,400 units for individuals and families who are homeless; and,
  - 5,500 units for individuals and families who have extremely low incomes and high rent burdens.
2. 4,300 individual and family households will receive short-term assistance to secure or maintain housing.

## Recommendations

The HOPE Plan is built around two key strategies: housing and prevention. To end homelessness, San Mateo County must follow the housing strategy successfully documented in other communities around the country: increasing the supply of permanent affordable and supportive housing for people who are homeless and developing strategies to help them move into housing as rapidly as possible. The second key strategy is to prevent individuals and families from becoming homeless in the first place by assisting them to maintain their housing.

The HOPE Plan contains four key recommendations:

1. **Increase housing opportunities for people who are homeless or at imminent risk of homelessness.**

The most effective way to end homelessness is to ensure that there is a sufficient supply of safe, secure, and accessible housing affordable to those with extremely low incomes, including supportive housing for people with complex challenges who need services to remain housed. These new housing opportunities will be created by developing new affordable and supportive housing units and by making existing housing units affordable.

2. **Prevent and end homelessness by delivering timely, exible services to support stability and independence.**

Housing alone will not end homelessness. While creating an increased supply of affordable and supportive housing is critical, there is an equally urgent need to ensure that people receive the services they need to secure and sustain housing. Homeless people and people leaving institutional settings need services to ensure that they are able to rapidly access permanent housing and re-enter the community. For those who are housed but who need services to sustain their housing, support is crucial for increasing income, building assets, improving their health and mental health status, creating social support networks, and participating in the full range of community life.

For those who are at imminent risk of becoming homeless primarily due to lack of adequate income, the Plan calls for the provision of refined and expanded Homeless Prevention services in order to secure and/or maintain their existing housing. HOPE also recommends that every individual or family discharged from a public or private institution (such as a hospital, mental health facility, jail or foster care) has access to safe, accessible, affordable or supportive housing. Both of these recommendations are based on the provision of coordinated and integrated mainstream services such as health, mental health, substance abuse, social and employment services.

**3. Create system performance standards, track progress towards ending and preventing homelessness, and report results to stakeholders and the broader community.**

Developing the housing and services necessary to prevent and end homelessness depends in large measure on having good information to track progress, evaluate results, and determine whether scarce resources are being used most efficiently and are accomplishing the goals set forth in the Plan. Good data is also essential to ensure accountability to the community and to build public support - by demonstrating that progress is being made to prevent and end homelessness. Progress will be reported to community leaders, policymakers, funders, providers, consumers and the general public to ensure continuous quality improvement of housing and services for people who are homeless.

**4. Develop long-term leadership and community will to prevent and end homelessness.**

Accomplishing the Plan's recommendations depends in great measure on building broad-based community support and developing a structure that will create and sustain the community's will to prevent and end homelessness. The Plan calls for cultivating

community champions and leaders who will ensure continued, sustainable engagement and action around the vision of HOPE, and the mobilization of a critical mass of citizens, decision makers, and key constituencies to support and implement effective solutions to end homelessness.

## **Resources Needed to End Homelessness**

In addition to working smarter, implementation of the HOPE Plan will require new and reconfigured resources to carry out the recommendations. Although much of the needed funding will come from state and federal resources, it is estimated that it will cost approximately \$1.56 billion over ten years to create and operate the recommended 7,900 new units of permanent affordable and supportive housing.

While this cost estimate is sizeable, the price of not doing things differently is also significant, with poor outcomes for the monies spent. Estimates from other communities suggest that the emergency and social services used by people who are homeless can cost as much as \$70,000 per person per year. If applied to San Mateo County, this figure suggests it could cost nearly \$2 billion over 10 years to simply continue providing expensive emergency interventions that do not for the most part end homelessness for those receiving these services.

Therefore, the HOPE Plan lays out several strategies for securing the needed resources:

- through working smarter, using existing funds more strategically and efficiently;
- through coordination and collaboration, using local funds to leverage more state and federal funding; and,
- by showing tangible results, increasing public and private support for and investment in solutions to end homelessness.





*Lalaine and her daughter, Kyla, found themselves homeless after Lalaine left an abusive marriage.*

*With help from a local shelter, Lalaine earned a childhood education certificate and found permanent housing.*

## A Blueprint for Action

The community stakeholders who developed this Plan are committed to immediate action to ensure that the vision articulated becomes a reality. Concrete steps have been identified to ensure that the momentum developed during this planning process continues to build and accelerate in the months and years to come. An Interim Working Group has been formed to oversee garnering Plan endorsements, to establish preliminary implementation structures recommended in the Plan, and to guide efforts related to the Plan's recommendations already in progress.

Although the official launch of the Plan is scheduled for mid-2006, the transition from the planning to implementation phase has already begun. Specific actions are being put in motion to bring together individuals from all sectors of the community to begin to make progress towards meeting the goals set forth in the HOPE Plan:

- One hundred new units of permanent supportive housing are in development for adults who struggle with poverty, mental health problems and/or other chronic health conditions. Ninety of these units will be created through a partnership between the San Mateo County Health Department Mental Health Services, the Human Services Agency Center on Homelessness, and the Department of Housing, and funded through the county's allocation of State Mental Health Services Act (Proposition 63) funding.
- The City of San Mateo is establishing a pilot multi-disciplinary homeless outreach team under the direction of the Police Department. The team will be a unique partnership between the City of San Mateo, San Mateo County and community nonprofits. The team will reach out to and engage with those homeless people living on the streets in downtown San Mateo who have the longest histories of homelessness – offering them services (including health, mental health, and substance abuse services) as well as access to permanent housing.

Preventing and ending homelessness in San Mateo County will not be easy or simple – but it is possible. The time has come to take action to end this crisis in our community. A challenging period of framing the strategic direction to end homelessness is behind us and the next ten years of realizing it will be even more challenging. By working together as a community, we can overcome the obstacles and ensure that safe, accessible, affordable housing is available for everyone in San Mateo County, including those in greatest need.



## SECTION I

## Introduction

## A. An Action Plan

Housing Our People Effectively (HOPE) sets forth a ten-year plan of action to end homelessness.

By 2015:

1. 7,900 individual and family households in San Mateo County who have been homeless or at severe risk of homelessness due to extremely low incomes, chronic disabilities and/or other health or special needs, will secure and maintain safe, permanent, accessible, affordable, and where needed, supportive housing.
  - 2,400 units for individuals and families who are homeless; and,
  - 5,500 units for individuals and families who have extremely low incomes and high rent burdens.
2. 4,300 individual and family households will receive short-term assistance to secure or maintain housing.

## B. Why Plan Now?

The homeless population in San Mateo County includes families with children, youth and adults. Many are living with chronic health conditions such as mental illness, substance abuse issues, HIV/AIDS or other disabilities. An estimated 30,000 people are either homeless or at-risk of homelessness and represent about 12,000 households with extremely urgent housing needs. And they are only one part of an even larger number of households who struggle to afford housing in San Mateo County, which is one of the least affordable housing markets in the United States.<sup>1</sup>

**The human costs of homelessness are substantial.**

People who are homeless struggle to meet basic human needs for food and clothing, finding jobs and participating in community life. Without a safe, secure place to live, people are vulnerable to violence and exploitation. Their physical and mental health suffers. The impact of homelessness on children and youth is particularly severe – homeless children are at far greater risk of experiencing developmental delays, emotional and behavioral problems, poor school attendance and lower academic performance.

In San Diego, emergency health and mental health costs amounted to an average of nearly \$70,000 per year for each homeless person.



**The financial costs of homelessness are also substantial.** Study after study documents the enormous costs of homelessness to society and to communities when a significant portion of the population does not have a stable place to live. In New York City, it costs an average of \$40,000 per

year to provide emergency services to each homeless person (including the costs of emergency room visits and in-patient hospital stays, crisis mental health and substance abuse treatment, and criminal justice interventions).

The HOPE Plan is a blueprint for action. It is a roadmap to a desired result: the end of homelessness in San Mateo County.

San Mateo County joins a growing statewide and nation-wide movement to establish long-range plans to end homelessness. The HOPE plan is being developed now because the HOPE planners recognize:

- **Homelessness and highly unstable housing situations create great harm – both for the people who experience it and for the entire community.** People cannot thrive without a safe and secure place to call home. In addition to the human costs of homelessness, the financial costs are straining the community's publicly funded service systems. Social services, hospitals, emergency rooms, jails, law enforcement, mental health services, detoxification programs, the 911 system and others spend substantial resources caring for people who are in crisis due to a lack of stable housing.
- **Ending homelessness requires a new way of doing things.** To implement solutions that actually end homelessness requires a community-wide commitment to use human and financial resources more effectively. This will require an unprecedented degree of coordination and cooperation among all sectors of the community, including city and county government, businesses, the faith community, service and housing providers, concerned citizens and homeless people themselves. This Plan provides the framework for aligning and synchronizing the efforts of all these stakeholders towards a unified purpose.

- **Having a concrete plan in place will allow San Mateo County to maximize existing resources and acquire new ones.** While this plan puts forth many recommendations about how our community can “work smarter” and make more effective use of existing resources, it also recognizes that the goals cannot be accomplished without substantial new investments. By developing a strategic plan, the community is better positioned to tap into state and federal resources, as well as to secure local private and public sector investment.

## C. How This Plan is Different From Other Plans

### Housing Solutions

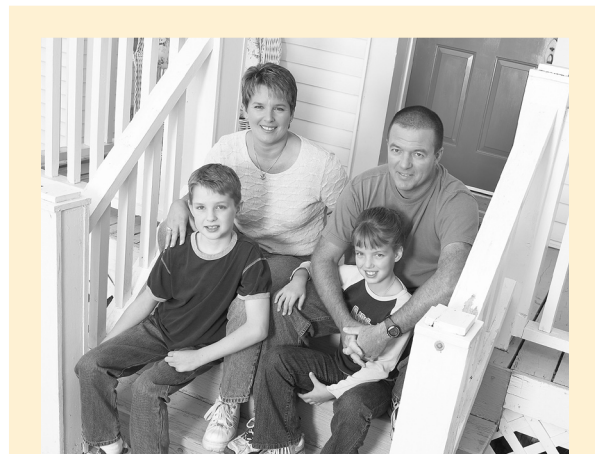
There is growing evidence indicating that the vast majority of homeless people can move directly from the street or shelters into housing, provided that housing is affordable, does not have time limits, and offers tenants the support services they need to gain and maintain stability. Although emergency shelters and services are important interventions, particularly when affordable housing units are in short supply, an emergency shelter bed does not end homelessness for anyone. Therefore, the HOPE Plan recommends the creation of permanent housing (meaning housing that does not have time limits) that homeless people and people at-risk of homelessness can afford, and which is linked to the services they need. Additionally, the Plan recommends that homeless people move into permanent affordable or supportive housing as quickly as possible.

### Homeless Prevention

Ending homelessness in San Mateo County starts with prevention. Many people become homeless when they are discharged from institutions, such as jails, hospitals, or emergency rooms, or are leaving the foster care system. Providing these individuals with re-entry planning to help them secure affordable housing in the community and the services they need to sustain that housing prior to the time of discharge will significantly reduce the incidence of homelessness.

In San Mateo County there are a large number of families and individuals who are highly vulnerable to crises that may lead to homelessness because they have extremely low incomes and high rent burdens. They may also have special needs such as mental illness, substance abuse issues, chronic health conditions, limited education or job skills, domestic violence problems, or some combination of such challenges.

Homeless prevention requires social and community services that quickly identify people who are at-risk and provide responsive and coordinated prevention services. These needed services and support must come not only from homeless service providers and their community partners, but also from “mainstream” social service systems: the mental health and substance abuse systems, the health and hospital systems, the criminal justice and foster care systems. To provide the integrated and coordinated services needed to prevent and end homelessness requires an unprecedented level of cooperation, coordination and integration among these entities.



*After losing her job, Michelle and Fernando were unable to pay rent on their home in San Bruno. After resources ran out, Michelle, Fernando, and their children became homeless. Through the support of a local family shelter, they were able to move into a place of their own in just five months.*

## Results-Based Accountability

There is a strong body of new research in the area of housing and homelessness that provides rigorous, quantitative and qualitative evidence about what strategies and approaches are most successful in ending or reducing homelessness.

The HOPE planners are committed to learning from successful innovations and have drawn upon this body of research in developing the recommendations in this Plan.

Homeless prevention requires social and community services that quickly identify people who are at-risk and provide responsive and coordinated prevention services.

The desired results described in the Plan include quantitative goals for numbers of people who will be housed and numbers of housing units to be created, as well as recommendations to establish systems for evaluating whether these goals have been met. The HOPE planners have established a system of accountability to track progress in accomplishing the result sought: to end homelessness in San Mateo County.

## D. HOPE Planning Process and Structure

The HOPE planning process was spearheaded by San Mateo County Supervisors Mark Church and Jerry Hill to act upon the Board of Supervisor’s Shared Vision 2010 goal for the county that “housing will exist for people at all income levels and for all generations of families.” In April 2005, Supervisors Hill and Church convened the HOPE Leadership Committee, a group of 50 individuals selected for their leadership and ability to educate, engage and put forth decisions on behalf of their constituencies.

The Supervisors also convened the HOPE Stakeholder Committee, a group of 100 community members with expertise in key areas relevant to preventing and ending homelessness. Together these community members were charged with developing a 10-year plan to prevent and end homelessness in San Mateo County. The



Stakeholder Committee, working in four topic-focused Task Forces, met monthly from April through December 2005 to identify needs, barriers and challenges and to develop strategies and recommendations to meet the identified goal of preventing and ending homelessness. The Task Forces and their areas of focus were:

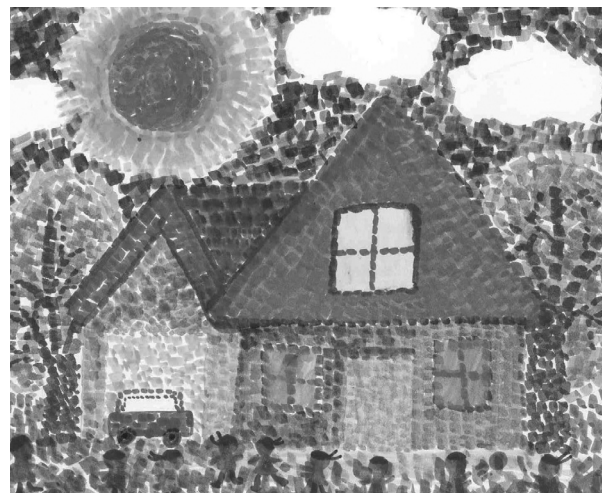
- **Community Connections:** strategies to engage the community, build political will and generate commitments to take action to solve homelessness.
- **Prevention Networks:** Homeless Prevention strategies, including strategies relating to outreach to homeless people, Homeless Prevention interventions, and re-entry of persons to the community from institutional care (e.g., hospitals, jails, treatment, foster care, etc.).
- **Housing Solutions:** strategies to provide a range of affordable housing options, including the services necessary for people to maintain their housing and achieve greater levels of self sufficiency, overall wellness, and connection to the community.
- **Quality Outcomes:** strategies for developing the data and other systems needed to ensure the quality and effectiveness of housing and services for homeless people and people at-risk of homelessness, and to report to the community on progress in achieving the results sought from the HOPE Plan.

The Leadership Committee met quarterly from April 2005 through January 2006 to provide guidance and review the work of the Task Forces, outline the framework for endorsing and implementing the Plan, and finalize the Plan's findings and recommendations. In addition, Leadership Committee members made presentations to their constituencies to begin to raise awareness about the HOPE Plan.

In addition to those with extreme and urgent housing needs, San Mateo County also has a significant number of additional people who struggle to afford the high cost of housing in the community and who simply need affordable housing. These broader housing needs are addressed in other planning processes and documents, such as the Consolidated Plan that is developed by the San Mateo County Housing and Community Development Consortium, the Consolidated Plans developed by the four largest cities in the county, and the Housing Elements that are developed by the county and by each of the twenty cities in the county. The HOPE Plan to prevent and end homelessness is just one component of an overarching county-wide effort to address all housing needs in the community.

The HOPE Plan is focused on the housing needs of people who have the most extreme and urgent housing needs.

(Further details about the HOPE planning process and structure may be found in Appendix C, Chart C2.)



*"My home is very special, that sometimes I wish I could share it with people who don't have one." By Tiffany, third grade*

## SECTION II

# Vision and Guiding Principles

### A. Vision

Homelessness will end by ensuring that safe, accessible, affordable housing is available in San Mateo County for those in greatest need.

### B. Guiding Principles

Everyone involved in creating the HOPE Plan believes that when a community shares a commitment and accountability for results, answers to hard questions emerge and positive change happens.

HOPE is guided by the following principles:

- Homeless individuals and families and those who are at-risk of homelessness should have safe, accessible, affordable **housing** and the support services necessary to maintain that housing. When a person or family becomes homeless, planning to obtain permanent housing should begin immediately.
- Homeless individuals and families should receive **flexible and coordinated** services, benefits and other assistance to help them secure and maintain housing, to meet individual and family needs, and to maximize their independence and integration within the community.
- All **sectors of the community** – business, government, the faith community, non-profit organizations, citizens and homeless people – must work together in a coordinated and integrated fashion to prevent and end homelessness, and to ensure successful, long-term outcomes for individuals and families who are, or who may become, homeless.
- Homeless individuals and families and those who are at-risk of homelessness deserve **respect** and have the right to participate in the development and implementation of an individualized plan to find their home.
- The programs, services and housing created for homeless people and people at-risk of homelessness should be **outcome-driven** – guided by data and research and dedicated to achieving successful outcomes for the people who are served. These interventions should be provided with the goal of achieving the highest standards of practice through **continuous quality improvement**.
- Housing and service interventions must be **cost-effective** – maximizing the use of resources to deliver the best possible results.
- Community **leaders and champions** must strive to build and sustain political will to end homelessness.

## SECTION III

# Context for Planning



### A. Why People Become Homeless

People become homeless primarily because they are poor; there is a severe shortage of affordable and supportive housing; or existing health, mental health, substance abuse, housing, vocational and social services programs are unable to serve them effectively.

#### **Homelessness and poverty are inextricably linked.**

Housing is the single most expensive item in most household budgets. People with limited incomes, including many people who work full-time, struggle to afford housing, food, clothing, child care, health care, and other basic necessities. In San Mateo County, in 2005 a family of three would need to earn \$29.54/hour or \$61,440 per year (more than four full-time minimum wage jobs), just to afford an average priced two-bedroom apartment. Nearly half of the renters in the county earn less than this threshold. When a very low-income family or individual suffers an unexpected illness, job loss or other crisis, they all too often find themselves unable to pay the high cost of housing and become homeless.

#### **People who have no home face social, emotional and health challenges.**

In addition to limited incomes, a high proportion of people who become homeless also face challenges such as mental illness, alcohol and drug use problems, physical health problems, family separation, and limited social support systems. Some have been victims of physical or sexual abuse. A disproportionate number of people without homes are racial and ethnic minorities, veterans, foster youth, and people with criminal justice involvement.

### B. How Many People Are Homeless and At-Risk of Homelessness in San Mateo County

The HOPE Plan estimates that there are 12,200 households comprising 29,693 people including an estimated 13,000 children that are either homeless or at imminent risk of homelessness on an annual basis in San Mateo County.<sup>2</sup> People who are homeless or at-risk of homelessness represent just under 5% of San Mateo County's total population of 707,161 people, comprising 254,103 households. These figures are consistent with data from other communities in the region and nation-wide.

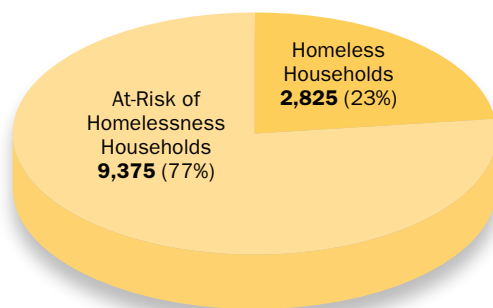
For the purpose of this plan, “homeless”, “at-risk of homelessness” and “housing” are defined as follows:



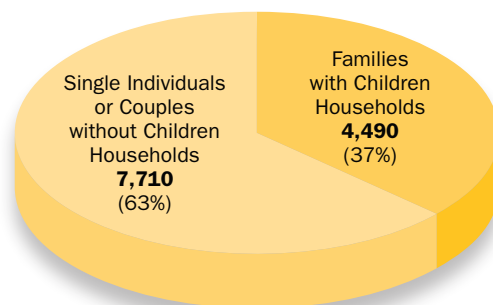


- People who are “homeless” include those who are living in the street, cars, and other places not meant for people to live, and also people living in emergency shelters and transitional housing.
- People who are “at-risk of homelessness” are those who have housing but are at acute risk of losing their housing because they earn 30% of Area Median Income (AMI) or below and pay more than 50% of their income for rent. (Please see Appendix J: Glossary for definition of AMI.)
- Housing is safe, accessible, and affordable.

There is a significantly larger number of households that are at-risk of homelessness than those that are homeless. Of the estimated 12,200 households that are homeless or at-risk of homelessness:



There is a significantly larger number of homeless and at-risk households that are single individuals and couples than households comprised of families with children. Of the 12,200 households that are homeless or at-risk of homelessness:



Despite that families comprise 37% of households that are homeless or are at-risk of homelessness, 65% of total individuals who are homeless and at-risk reside in families with children.

### Limitations of the Data

It is very difficult to collect accurate data on the numbers of homeless individuals and families and those at imminent risk of homelessness thus resulting in under estimating this population. Organized efforts to count homeless people often overlook those who live in hidden places (e.g., camping on the coastside, living in cars, or doubled up with friends or family) or who are “situationally” homeless due to financial or other crisis.

The HOPE Planners researched and evaluated existing data sources and identified those that were the most rigorous and accurate to use as the basis for developing estimates of the homeless population in San Mateo County.

(Additional information about the sources of data for the estimates of numbers of homeless people and people at-risk of homelessness, and the limitations of the data may be found in Appendix D, Charts D5 – D8.)

## C. Housing and Services Capacity and What is Needed in San Mateo County

### Types of Housing

There are four types of housing that are available in San Mateo County for people who are homeless or at-risk of homelessness.

- **Emergency Shelters** provide short-term stays of up to 90 days. Shelters generally are congregate living arrangements and residents do not hold leases or pay rent. Shelters tend to be highly structured and have many rules, including times residents may come and go. Most San Mateo County shelters, however, allow residents to be on-site during the day to participate in day programs. On-site services at emergency shelters typically focus on crisis intervention, stabilization and obtaining a source of income. Shelters usually serve either single individuals or families with children.

- **Transitional Housing** provides housing of time-limited duration. Most transitional housing programs in San Mateo County provide stays of between 3 to 10 months. Units can be for a single individual or family or may be shared among multiple individuals or families. On-site services are provided and participation is typically mandatory. Services generally include case management with a focus on developing a plan to secure permanent housing and increase self-sufficiency (e.g., independent living skills, job training, etc.).
- **Permanent Affordable Housing<sup>3</sup>** is housing where tenants typically pay no more than 30% of their income for rent and utilities. Usually each household has their own apartment. Tenants always have leases. Limited on-site services (such as information and referral, community activities, and computer classes) are sometimes provided. For the majority of families who are homeless or at-risk of homelessness, affordable housing will permanently end their homelessness.
- **Permanent Supportive Housing<sup>4</sup>** is permanent affordable housing with services to help tenants secure and maintain their housing and gain maximum independence. Residents always have leases. On-site services or linkages to community services are provided, and participation is voluntary. Services usually focus on assisting tenants to secure the support they need to stay housed and typically include case management, access to health and mental health services, child care, transportation and job training. This form of housing usually serves homeless single adults who have disabilities or families in which an adult member has a disability (e.g., mental illness, substance abuse, chronic health conditions). It is estimated that almost all people who have disabilities and who have experienced extensive periods of homelessness need permanent supportive housing.

### Existing Housing Capacity

The following charts summarize the existing inventory of shelter and housing in San Mateo County. The chart has been divided into two sections because emergency shelter and

transitional housing inventory is typically measured by numbers of beds that accommodate people, while supportive and affordable housing is measured in terms of housing units that accommodate households. (Additional information on the housing inventory may be found in Appendix E, Charts E1 and E2.)

Inventory of Emergency Shelter & Transitional Housing Beds			
Housing/ Shelter Type	No. of Beds for		Total Beds
	Individuals	Families	
Emergency Shelter <sup>5</sup>	231	191	422
Transitional Housing	309	363	672
Total	540	554	1,094

This inventory documents the relative proportion of emergency shelter and transitional housing beds for families versus those for individuals:

- 51% of existing emergency shelter and transitional housing beds are available for families and 49% are available for individuals.
- This reflects a slightly higher level of available beds for families relative to the currently documented need, given that people in families make up only 39% of homeless persons (annually, there are estimated to be 1,575 homeless people in families compared to 2,455 homeless people who are single individuals or couples without children).

Inventory of Permanent Affordable and Supportive Housing Units			
Housing Type	No. of Units for		Total Units
	Individuals	Families	
Permanent Supportive Housing	378	18	396
Affordable Housing ≤30% Average Median Income	Not available	Not available	4,702
Total			5,098

## Housing Gaps

Based on the numbers of homeless people and people at-risk of homelessness and the existing inventory of housing and shelter beds, there is a lack of needed resources throughout the system: from emergency shelter through transitional housing to permanent supportive and affordable housing. However, the greatest gap, relative to the need, is for permanent supportive housing and affordable housing that is affordable for people with extremely low incomes.

The lack of capacity in the supportive and affordable housing system places additional strain on the emergency shelter and transitional housing system. One of the main reasons that homeless families and individuals are not able to exit the shelter/transitional housing system is because there is an insufficient supply of affordable and supportive housing, which creates a bottleneck in the emergency shelter and transitional housing system that will only be remedied by creating more housing.

(Section V of this Plan outlines this recommendation in greater detail. Appendix G provides the methodology that was used to make the projections on numbers of units needed.)

## Types of Services

There is a wide array of services available to homeless people and people who are at-risk of homelessness in San Mateo County to help them access housing and sustain their housing. Services may be provided by government agencies (often county departments), non-profit and faith-based organizations, congregations, and civic organizations. Some services are available on-site and linked to housing, most of them are not. The following are the main types of services available in San Mateo County. (A more detailed inventory of services may be found in Appendix E, Chart E5.)

- Homeless Prevention Services (e.g., short-term rent and security deposit assistance)

- Outreach and Engagement Services (i.e., services designed to connect with people who are homeless who are not linked to the social services system)
- Case Management (i.e., one-on-one individualized development of a goal plan and help with accessing and coordinating services)
- Health and Behavioral Health Services (i.e., mental health, alcohol and drug services, primary health care)
- Family Services (e.g., child care, parenting classes, etc.)
- Education and Employment Services
- Benefits Advocacy (i.e., help with accessing public benefits such as Supplemental Security Income)
- Community Integration (i.e., help with building a social support network)
- Transportation Assistance

## Service Gaps and Needs

In general, the service system is not adequate to meet the needs of homeless people and people at-risk of homelessness in San Mateo County. The major gaps are:

- **Most support service programs in the county are oversubscribed.** Many programs have waiting lists. Some have had to narrow their eligibility requirements due to a lack of resources and a need to prioritize those in greatest need. Some programs, such as short-term rental assistance, limit the number of times a family or individual may access funds in a one-year period or in a lifetime. Greater service capacity and flexibility is needed throughout the system.
- **Many services that homeless people and people at-risk of homelessness need to secure and maintain stable housing are not linked to their housing.** Non-responsive services or the need to travel off-site to access services presents a barrier for many homeless people. There is a need for flexible, coordinated services that are linked to housing. Particularly:

- Case management;
  - Daily living skills;
  - Behavioral health services (mental health and substance abuse services);
  - Health services; and,
  - Vocational services.
- **There are very few services designed to outreach to the “hardest-to-serve” homeless people – those who have disabilities and who have been homeless for extended periods of time.** Many people who are “chronically” homeless are reluctant to connect to the social services system. There is a need to conduct mobile outreach to engage chronically homeless individuals for participation in services and to help them secure housing.

## D. Policy Shift: A New Paradigm for Ending Homelessness

Over the past decade, a significant policy shift from a “continuum of care” approach to a “rapid re-housing” approach has taken place nationally. Federal and state governments and non-profit public policy and advocacy organizations are calling for a new approach to homelessness that aims to *end* the problem rather than simply *manage* it, including encouraging communities to develop 10-year plans that take a fresh approach to ending homelessness. Among the elements of this new approach are:

- **Rapid Re-housing.** Homeless individuals and families receive assistance to move into permanent housing as quickly as possible.
- **Homeless Prevention.** Communities work to slow the influx of new homeless people into the homeless services and shelter system, particularly by working with those systems that are discharging people into homelessness - hospitals, jails, substance abuse treatment, and foster care.

- **Planning for outcomes.** All strategies, activities and interventions are designed to achieve a specific result: to end homelessness. Data systems should be in place to allow those who are planning and implementing programs and activities to evaluate whether the results are being achieved.

(The Policy Shift is described in detail in Appendix C.)

Like the rest of the country, San Mateo County began to experience a significant homeless problem in the 1980’s. Over the course of the next two decades, city and county government, working in partnership with non-profit housing and service providers, developed a system of shelter, housing and services to address the problem. (This housing and service system is described in detail in Appendix E.)

While the homeless housing and service system in San Mateo County has been successful in ending homelessness for many individuals and families, the problem has not been solved. Each time a family or individual leaves the emergency shelter system, there is a new household waiting to take their place. In particular, people who have been homeless the longest and who have the most complex challenges have had the least successful outcomes. Homelessness remains a persistent and intractable problem in the community.



*Affordable housing for very low-income families: Main Street Park Apartments, Half Moon Bay, completed in 2002*

# The Plan





## SECTION IV

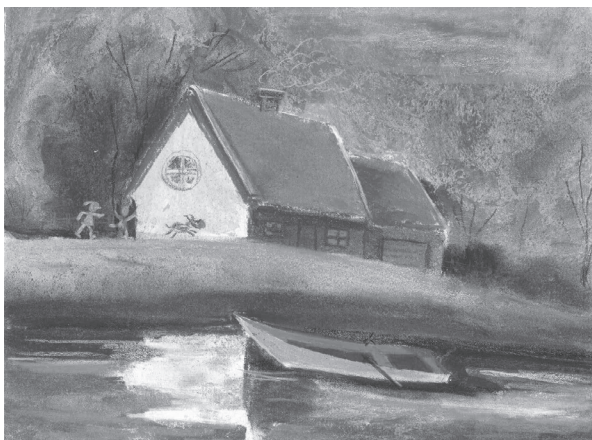
## Desired Results

## IV

HOPE is designed to achieve results. It identifies a set of focused strategies aimed at ending and preventing homelessness. This plan articulates the desired result of preventing and ending homelessness in San Mateo County.

By 2015:

1. 7,900 individual and family households in San Mateo County who have been homeless or at severe risk of homelessness due to extremely low incomes, chronic disabilities and/or other health or special needs, will secure and maintain safe, permanent, accessible, affordable, and where needed, supportive housing:
  - 2,400 units for individuals and families who are homeless; and,
  - 5,500 units for individuals and families who have extremely low incomes and high rent burdens.
2. 4,300 individual and family households will receive short-term assistance to secure or maintain housing.



*When Worker's Compensation made a clerical error, Dale went without any income for months and was unable to pay his rent. Suddenly homeless, Dale and his family got into an emergency shelter then into transitional housing in Redwood City. He went back to school which will allow him to find a job in a new field.*

*"My home is always a place that's safe and peaceful, like waters on a sunny day. My home is also my place to hide my emotions."  
By Ricky, fifth grade*



## SECTION V

# Recommendations: Taking Action

The Plan puts forth strategic goals, strategies and initiatives to achieve the result of ending homelessness in San Mateo County through the creation of a sufficient supply of affordable housing and coordinated, responsible and accessible supportive services for families and individuals who are homeless or at-risk of homelessness.

### Recommendation 1

#### Increase Housing Opportunities for People Who Are Homeless or at Imminent Risk of Homelessness

The most effective way to end homelessness is to ensure that there is a sufficient supply of safe, secure and accessible housing affordable to those with extremely low incomes, including supportive housing for people with complex challenges, who need services to remain housed. These new housing opportunities will be created by developing new affordable or supportive housing units and by making existing housing units affordable.

### Goals

The HOPE Plan recommends that a total of 7,900 housing units affordable to people with extremely low incomes will be available. (See Figure 1 at bottom of page 14.)

The HOPE Plan recommends that the proposed units be created in such a way as to offer the greatest possible range of housing choices for people who are homeless or at-risk of homelessness. The HOPE plan proposes to create these 7,900 units through the following methods:

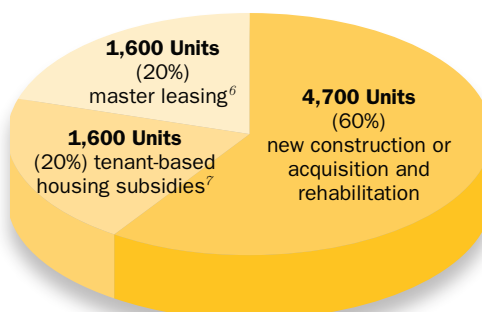
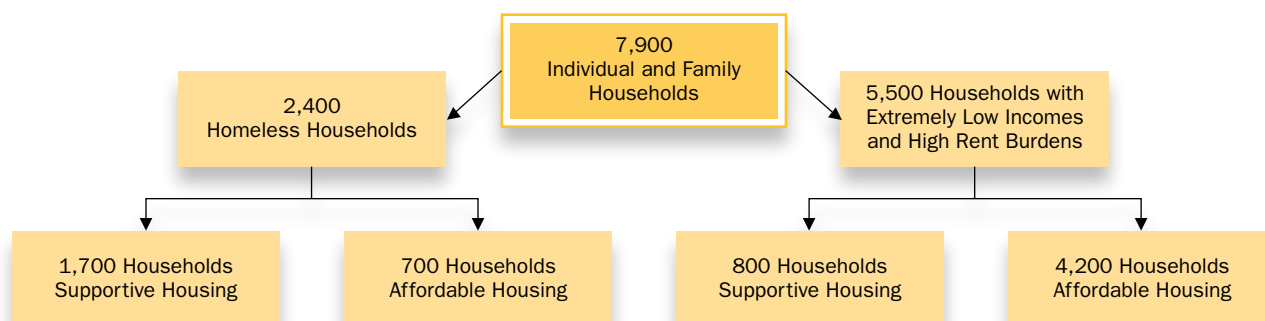


Figure 1.





All the housing units should be of high quality, located in safe neighborhoods, and be physically accessible. There should be a range of development types and sizes, from multi-unit complexes to duplexes and four-plexes. Affordable and supportive housing units should also be included within market rate developments where possible, and should be distributed geographically throughout the county. In the supportive housing units, service participation should not be a condition of tenancy and property management and support services should be well-designed and sufficiently intensive to ensure that the housing is successful for both the tenants and the community.

The HOPE Plan makes no recommendation to expand the supply of emergency shelter or transitional housing, except for some expansion of motel voucher program capacity

to provide assistance to single individuals (see Recommendation 2). Although the HOPE planners recognize that there is a lack of needed resources throughout the housing continuum, including emergency shelter and transitional housing, the greatest need is for permanent supportive housing and affordable housing.

(Additional information about how these housing goals were developed and the projected costs of developing and operating these units may be found in Appendix G. Strategies for securing the needed funding are discussed in Section VII of the Plan.)

### Taking Action

The following table summarizes the specific strategies and initiatives that are being proposed to implement Recommendation 1.

Recommendation 1: Increase Housing Opportunities for People Who Are Homeless or at Imminent Risk of Homelessness				
Initiative	Lead	Critical Partners	Year One Priorities & Action Steps	Target Date for Completion
Strategy: Remove barriers to and/or create incentives for the development of extremely low-income affordable and supportive housing.				
<i>Establish innovative land use and zoning policies and recommendations:</i>				
1. Create an overlay zoning type with associated approvals (e.g., California Environmental Quality Act) applied to identified parcels targeted for development as affordable and supportive housing. (For example, reduced parking requirements where reduced need can be demonstrated, increased density near transit or where appropriate.)	San Mateo County Department of Housing (SMC-DoH)	San Mateo County Planning Department, cities	<ul style="list-style-type: none"> <li>■ Study best practices of jurisdictions that have established overlay zoning types, e.g., City of Fremont</li> <li>■ Convene multi-jurisdictional meeting to explore creating an overlay zone in San Mateo County</li> </ul>	<ul style="list-style-type: none"> <li>■ September, '06</li> <li>■ September, '06</li> </ul>
2. Establish a county-wide inclusionary zoning program with targets for extremely low income units	Housing Leadership Council (HLC)	Peninsula Interfaith Action (PIA), SMC-DoH	<ul style="list-style-type: none"> <li>■ Set targets for inclusionary housing ordinances campaign</li> </ul>	<ul style="list-style-type: none"> <li>■ September, '06</li> </ul>

Recommendation 1: Increase Housing Opportunities for People Who Are Homeless or at Imminent Risk of Homelessness				
Initiative	Lead	Critical Partners	Year One Priorities & Action Steps	Target Date for Completion
<i>Create clearer, more streamlined building and development processes to shorten the time and decrease the cost of affordable and supportive housing development:</i>				
3. Establish common interpretation throughout the county to key building code sections that would allow increased production of affordable and supportive housing (e.g., fire requirements, Americans with Disabilities Act (ADA), construction type, etc.)	SMC-DoH	Environmental Service Agency-Community Development Division (CDD), Cities Commission On Disabilities (COD), Non-Profit Housing Association of Northern California	<ul style="list-style-type: none"> <li>■ Study best practices of jurisdictions/ counties that have developed common interpretations to key building sections</li> <li>■ Once best practices have been identified, convene multi-jurisdictional meeting to explore creating such common interpretations in San Mateo County</li> </ul>	<ul style="list-style-type: none"> <li>■ March, '07</li> <li>■ June, '07</li> </ul>
4. Create user-friendly, clear, one-stop review and permitting process including all disciplines	SMC-DoH	Cities	TBD	■ Year 5
5. Establish clearer, quicker, and less costly prevailing wage determinations (i.e., San Mateo County together with the CA Department of Industrial Relations, will either agree to cede prevailing wage determinations from the State to the County or will have established a streamlined approach for getting prevailing wage determinations on a timely basis and for getting a lower, residential rate for extremely low-income affordable and supportive housing.)	HLC	SMC-DoH, Building Trades Council, Builders, Cities	TBD	■ Year 2

Recommendation 1: Increase Housing Opportunities for People Who Are Homeless or at Imminent Risk of Homelessness				
Initiative	Lead	Critical Partners	Year One Priorities & Action Steps	Target Date for Completion
<i>Identify more suitable, appropriately zoned land and multi-unit buildings appropriate for affordable and supportive housing:</i>				
6. Establish inventory of unused or underused public and private land and multi-unit buildings appropriate for affordable and supportive housing	SMC-DoH	Cities	<ul style="list-style-type: none"> <li>■ Aggregate existing data about available public land</li> <li>■ Identify private sites eligible for 9% tax credits</li> <li>■ Aggregate existing data about private land and multi-unit buildings from CCAG housing needs study, SAMTRANS study, housing elements, etc.</li> <li>■ Create county-wide database of public and private land and multi-unit sites appropriate for affordable and supportive housing</li> </ul>	<ul style="list-style-type: none"> <li>■ December, '07</li> <li>■ March, '07</li> <li>■ March, '07</li> <li>■ June, '07</li> </ul>
7. Create master leasing program to create affordable and supportive housing	San Mateo County Human Services Agency (HSA)	Developers, Property Management Companies, Cities, Mental Health (MH), DOH, HSA	<ul style="list-style-type: none"> <li>■ Review best practices of master leasing programs (e.g., SF)</li> <li>■ Conduct inventory of potential master lease sites (i.e., underutilized properties, absentee landlords, properties with code/maintenance issues)</li> </ul>	<ul style="list-style-type: none"> <li>■ June, '07</li> <li>■ June, '07</li> </ul>
8. Identify streamlined process for evaluating, incentivizing and using publicly owned surplus properties for affordable/supportive housing	DoH	IAC	TBD	■ Year 2
9. Create standards for evaluating the suitability and readiness of a site for affordable/supportive housing	DoH	HSA, MH, Cities	TBD	■ Year 2

Recommendation 1: Increase Housing Opportunities for People Who Are Homeless or at Imminent Risk of Homelessness				
Initiative	Lead	Critical Partners	Year One Priorities & Action Steps	Target Date for Completion
10. Create additional financial incentives for private owners to sell their property to non-profits for use as affordable/supportive housing and offer technical assistance to enable private owners of property to use existing tax incentives	Housing Endowment and Regional Trust (HEART)	DOH, HLC, California Apartment Association-TriCounty Division	Identify best practices on “densifying transit corridors”	■ June, ‘07
<i>Strategy: Create new funding streams and preserve and tap into existing funding streams to develop affordable and supportive housing.</i>				
11. Create permanent, reliable, and flexible sources of funding for: development of affordable housing (including pre-development costs); operating subsidies to make housing affordable to households ≤ 30% AMI;	HEART	DoH, PIA	<ul style="list-style-type: none"> <li>■ Adopt a workplan to create a permanent and dedicated source to fund HEART , which would be expanded to fund supportive housing</li> <li>■ Launch a private capital campaign (e.g., Santa Clara Housing Trust, HEART)</li> </ul>	<ul style="list-style-type: none"> <li>■ December ‘06</li> <li>■ Year 2</li> </ul>
12. Implement a county-wide program of issuing tax exempt bonds for affordable/supportive housing.	DoH	HEART, non-profit builders	<ul style="list-style-type: none"> <li>■ Identify and convene entities capable of issuing county-wide tax exempt bonds</li> </ul>	■ September, ‘06
13. Explore use of mainstream resources to pay for the capital, operating and services costs in affordable and supportive housing, e.g., Medicaid for services in supportive housing, Program of All Inclusive Care for the Elderly (PACE), In Home Support Services (IHSS) and the Multipurpose Senior Services Program (MSSP) for services for seniors, etc.	Inter Agency Council (IAC)	IAC members	<ul style="list-style-type: none"> <li>■ Plan completed on feasibility of the use of mainstream funds</li> </ul>	■ June, ‘07

Recommendation 1: Increase Housing Opportunities for People Who Are Homeless or at Imminent Risk of Homelessness				
Initiative	Lead	Critical Partners	Year One Priorities & Action Steps	Target Date for Completion
14. Provide training and technical assistance to expand the number and capacity of Community Housing Development Organizations (CHDOs) in order to fully utilize available funding	DoH	Entitlement cities, non-profit builders	■ Establish structure to ensure 100% use of CHDO funds	■ June, '07
<i>Strategy: Coordinate, leverage and maximize funding for affordable and supportive housing.</i>				
15. Create supportive housing pipeline process: capital, operating and services funders throughout the county coordinate their funding and related activities to ensure steady creation of quality, permanent affordable, supportive housing and maximize leveraged funds from state and federal government	DoH	IAC members	<ul style="list-style-type: none"> <li>■ Study best practices</li> <li>■ Convene a meeting of services, operating and development funders in the county to explore creation of a Supportive Housing Pipeline Process</li> </ul>	<ul style="list-style-type: none"> <li>■ June, '06</li> <li>■ September, '06</li> </ul>
16. Eliminate barriers to pooling funds among cities and between the cities and the County to develop affordable/ supportive housing	DoH	Cities	TBD	■ Year 3

### Potential Benchmarks for Success

There are a number of possible benchmarks or indicators that can be used to measure whether the Plan's housing goals are being met:

- Increase in the numbers of affordable and supportive housing units created.
- Decrease in the time it takes to develop affordable and supportive housing.
- Reduce numbers of homeless people in Human Services Agency's semi-annual one-day homeless count.
- Increase in the numbers of homeless people from different mainstream systems of care (e.g., mental health, alcohol and drug, foster care, criminal justice) who have moved into permanent housing.
- Reduce numbers of children who change schools or drop out as a result of unstable housing or homelessness.
- Reduce numbers of homeless people seeking emergency shelter and services.
- Increase in amount of blended and pooled funding that is made available to create housing and coordinated services.

## Recommendation 2

### Prevent and End Homelessness by Delivering Timely, Flexible Services to Support Stability and Independence

Housing alone will not end homelessness. Creating an increased supply of affordable and supportive housing is critical, but there is an equally urgent need to implement effective strategies to ensure that people receive the services they need to secure and sustain housing. Homeless people and people leaving institutional settings need services to ensure they are able to rapidly access permanent housing. Those who are housed need services and support to ensure that they are able to sustain their housing, as well as to achieve other self-determined life goals such as increasing income, improving their health and mental health status, building social support networks, and participating in the full range of community life.

#### Goals

- 4,300 households who are homeless or are in imminent risk of becoming homeless primarily due to lack of adequate income to afford housing will be able to secure and/or maintain

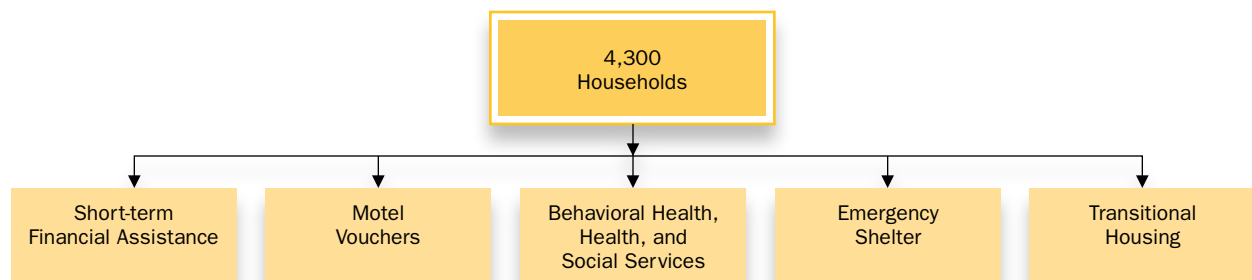
their existing housing by accessing expanded and refined prevention services and/or support (Figure 2). (See Appendix G for an explanation of the methodology used to arrive at this number).

- Mainstream service systems (e.g., behavioral health, health, social and other anti-poverty services) will be available and accessible in a coordinated, timely and integrated manner to people who are homeless or at most risk of homelessness, in order to secure and maintain stable, affordable, supportive, and accessible housing.
- Prior to discharge from a public or private institution (i.e., jails, hospitals, foster care, inpatient mental health or substance abuse treatment), each individual or family will have access to safe, accessible, affordable and/or supportive housing.
- Individuals with physical health, mental health, and/or substance abuse illnesses will be able to secure and maintain affordable, supportive, accessible housing, other resources and integrated treatment.

#### Taking Action

The following table summarizes the specific strategies and initiatives that are being proposed to implement Recommendation 2.

Figure 2.



Recommendation 2: Prevent and End Homelessness by Delivering Timely, Flexible Services to Support Stability and Independence.				
Initiative	Lead	Critical Partners	Year One Priorities & Action Steps	Target Date for Completion
Strategy: Conduct assertive outreach to and engagement of chronically homeless people to connect them to services and housing.				
17. Create multi-disciplinary outreach teams (including police, mental health, substance abuse, health workers and formerly homeless people) linked to Core Service Agencies	City of San Mateo	HSA, San Mateo Medical Center (SMMC), Mental Health, Samaritan House, St. Vincent de Paul, Sheriff's Office	■ Start a pilot outreach program in the City of San Mateo	■ June, '06
18. Develop homeless diversion courts to offer homeless people services and housing instead of jail for quality of life crimes (where possible, link to planned mental health courts and drug and alcohol courts)	TBD	TBD	TBD	■ TBD
Strategy: Remove barriers to access of mainstream and other housing and services system supports by homeless people and people at imminent risk of homelessness.				
19. Create a central, comprehensive, real-time internet database of resources and services	SMC Information Services Department (ISD)	HSA, MH, Community Information Program (CIP), community-based providers	■ Conduct scan of existing resource systems	■ June, '07
20. Identify current barriers to eligibility for and access to housing and services for ex-offenders and people who have undocumented immigration status	HSA	Core Service Agency Network, Shelter Network, Probation, Parole, Legal Aid organizations, Fair Housing organizations	■ Develop a pilot process to identify barriers (i.e., legal, regulatory, practice, etc.) and solutions to housing ex-offenders and undocumented people in the emergency shelter and transitional housing system ■ Begin community dialogue	■ June, '07  ■ TBD
21. Review and revise eligibility requirements for mainstream services to make them more inclusive and flexible	HSA	IAC, Veterans Services	TBD	■ Year 3

Recommendation 2: Prevent and End Homelessness by Delivering Timely, Flexible Services to Support Stability and Independence.				
Initiative	Lead	Critical Partners	Year One Priorities & Action Steps	Target Date for Completion
22. Promote the availability of accessible housing.	COD, Commission on Aging Joint Housing Committee	Center for Independence of the Disabled (CID), cities, Health Department (HD), DOH	TBD	■ Year 4
Strategy: Improve integration and coordination of services for homeless people and those at imminent risk of homelessness.				
23. Create wrap around case management programs (with low caseloads) so that individuals and families retain the same case manager as they move through the housing and services system	HSA	HD, SMMC, community based organizations	TBD	■ Year 3
24. Develop legislation to allow for exchange of information among mainstream systems while protecting confidentiality	TBD	Joint Venture Silicon Valley	TBD	■ TBD
Strategy: Coordinate, leverage, and maximize funding from mainstream systems of care.				
25. Create structure to do integrated planning and funding among systems of care that have services/programs needed to end homelessness, e.g., housing behavioral health, criminal justice, employment	IAC	IAC members	■ Identify potential funding resources from each of the mainstream systems of care (that currently release/ discharge people into homelessness or the homeless services system) to do re-entry planning, targeted outreach, and provide housing-based services to people in those systems of care who are homeless or at great-risk of becoming homeless	■ June, '07



Recommendation 2: Prevent and End Homelessness by Delivering Timely, Flexible Services to Support Stability and Independence.				
Initiative	Lead	Critical Partners	Year One Priorities & Action Steps	Target Date for Completion
Strategy: Prevent discharge into homelessness from mainstream systems and their institutions.				
26. Create working linkages among systems of care to formulate solid release planning, including prison and parole (youth and adult), jails, hospitals, behavioral health (mental health and substance use), foster care, aging and adult and adult protective services	IAC	Working Group on Re-entry, Police Correctional Team (PACT), SMART Program, Field Crisis Team, SMMC Frequent Users Workgroup	■ Convene a meeting of high-level representatives from the mainstream systems of care that currently release/discharge people into homelessness or the homeless services system along with representatives from current interdisciplinary related efforts	■ December, '06
27. Establish an office of re-entry for ex-offenders from jail and prison in San Mateo County	Sheriff's Office	Probation, Mental Health, HSA, alcohol and drug providers, Opportunities Industrialization Center West (OICW)	■ Submit recommendations to the Board of Supervisors (BOS)	■ December, '06
Strategy: Expand and refine existing homelessness prevention services to create a strategic homelessness prevention strategy.				
28. Create a partial rent subsidy program linked to wraparound case management services (referenced in strategy 23)	HSA	Mental Health, Core Service Agencies, St. Vincent de Paul	■ Convene a meeting of emergency housing and service providers, HIP and St. Vincent de Paul to design strategies to expand existing partial rent subsidy program county-wide	■ March, '07

Recommendation 2: Prevent and End Homelessness by Delivering Timely, Flexible Services to Support Stability and Independence.				
Initiative	Lead	Critical Partners	Year One Priorities & Action Steps	Target Date for Completion
29. Refine existing “one-time” financial assistance programs to be more flexible and work with people over a period of time	HSA	Core Service Agencies, St. Vincent de Paul, Bay Area counties, funders	<ul style="list-style-type: none"> <li>■ Convene meeting of providers of emergency and deposit assistance to develop proposed refinements to current programs</li> <li>■ Meet with funders to advocate for changes in policy and eligibility criteria to allow greater flexibility</li> </ul>	<ul style="list-style-type: none"> <li>■ March, ‘07</li> <li>■ June, ‘07</li> </ul>
30. Develop “early entry”/motel voucher program for single individual shelter applicants – similar to existing program for families – linked to case management	HSA	Core Service Agencies	<ul style="list-style-type: none"> <li>■ Convene meeting with representatives from St. Vincent de Paul, Salvation Army, Shelter Network, Core Service Agencies and HSA to explore creating this program</li> </ul>	<ul style="list-style-type: none"> <li>■ September, ‘06</li> </ul>

### Potential Benchmarks for Success

Some possible benchmarks or indicators of success in this goal area include:

- Decrease in number of homeless people
- Decrease in number of days people are homeless
- Decreased number of episodes of homelessness
- Decrease in frequency of use of emergency services (e.g., emergency rooms, detox facilities) by homeless people
- Increase in rate of securing housing following discharge or release from an institution or aging out of foster care
- Increase in the number and types of formal interagency-interjurisdictional agreements

## Recommendation 3

### Create System Performance Standards, Track Progress Towards Ending and Preventing Homelessness and Report Results to Stakeholders and the Broader Community

Developing the housing and services necessary to prevent and end homelessness depends in large measure on having good information available to track progress and evaluate results. Data systems must be developed to collect and analyze the data needed to determine whether scarce resources are being used most effectively and are accomplishing the goals set forth in the Plan. Good data is essential not just to ensure that the system is “working smarter,” but also to build community

support – by demonstrating that progress is being made to prevent and end homelessness.

#### Goals

- Current, accurate, integrated data (i.e., demographic, service utilization and outcome data) will be collected, analyzed and reported to community leaders, policymakers, funders, providers, consumers and the general public.
- The quality of housing and services will be evaluated and continuously improved through the implementation of a continuous quality improvement (CQI) system that incorporates program evaluation and monitoring, program refinement, provider training and capacity building.

#### Taking Action

The following table summarizes the specific strategies and initiatives that are being proposed to implement Recommendation 3.



*A single mom who takes care of her developmentally and physically disabled child, Adaluz became homeless a few years after her marriage ended. Transitional housing and a work-study program helped Adaluz get back on her feet. She graduated with a degree in Dental Assistance and found a job. Her child's health has improved and they are now in their own apartment in Belmont.*

Recommendation 3: Create System Performance Standards, Track Progress Towards Ending and Preventing Homelessness and Report Results to Stakeholders and the Broader Community				
Initiative	Lead	Critical Partners	Year One Priorities & Action Steps	Target Date for Completion
Strategy: Centralize responsibility for development of homeless data and quality improvement systems.				
31. Identify an entity or structure (board, advisory group, multi-agency group) responsible for overseeing collection, analysis and management of homeless data; development and implementation of a homelessness CQI system; and reporting out to the community on progress in meeting goals set forth in the HOPE plan	IAC	Homeless service providers, HSA, SMMC, Information System Department (ISD), Core Service Agencies	<ul style="list-style-type: none"> <li>■ Determine how new data entity fits into HOPE implementation structure</li> <li>■ Identify or establish data entity/structure</li> <li>■ Identify and nominate members</li> <li>■ Convene first meeting</li> </ul>	<ul style="list-style-type: none"> <li>■ September, '06</li> <li>■ September, '06</li> <li>■ September, '06</li> <li>■ December, '06</li> </ul>
Strategy: Create a system to collect, analyze and manage the data necessary to guide implementation of the HOPE plan, including demographic data on homeless people, service utilization data, and outcome data.				
32. Design and implement new methodology for homeless one-day count to reduce undercounting and develop accurate count of numbers of homeless people with special needs	Continuum of Care	Individual Continuum of Care members	<ul style="list-style-type: none"> <li>■ Review one-day-count methodology and recommend improvements; identify costs and secure resources to implement new methodology</li> </ul>	<ul style="list-style-type: none"> <li>■ March, '07</li> </ul>
33. Expand and enhance existing Homeless Management Information System (HMIS) by developing incentives to participation for all organizations providing services or housing to homeless individuals and families	HSA	Homeless service providers, Core Service Agencies	<ul style="list-style-type: none"> <li>■ Conduct outreach and training with providers</li> <li>■ Gather provider input on what's working and what's not working</li> <li>■ Assess administrative costs to participate in HMIS</li> </ul>	<ul style="list-style-type: none"> <li>■ May, '07</li> <li>■ May, '07</li> <li>■ March, '07</li> </ul>

Recommendation 3: Create System Performance Standards, Track Progress Towards Ending and Preventing Homelessness and Report Results to Stakeholders and the Broader Community				
Initiative	Lead	Critical Partners	Year One Priorities & Action Steps	Target Date for Completion
34. Develop data-matching projects that will allow for the collection and analysis of unduplicated data on homeless people from county departments (HSA, HD, SMMC, Sheriff's Office), cities, and non-profit organizations	IAC-Data and Continuous Quality Advisory Committee	HSA, HD, SMMC, cities, homeless service providers, Sheriff's Office	<ul style="list-style-type: none"> <li>■ Conduct a survey of existing data collection efforts to identify homeless data elements currently being collected, data gaps, and data needs</li> <li>■ Convene a process to develop a minimum homeless data set for all county departments.</li> <li>■ Develop and implement county-wide policy to ensure that homeless status/housing status data is collected</li> <li>■ Assess cost/benefit of conducting a pilot study to track service utilization by homeless frequent users of county systems (i.e., would it be worth the time/money or would it be better to use data on costs of homelessness from other communities, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>■ March, '07</li> <li>■ June, '07</li> <li>■ September, '07</li> <li>■ Year 2</li> </ul>
35. Develop systems to gather data on people who are at-risk of homelessness (including evaluation project to determine risk-profile for homelessness, assessment tool to identify people who are at-risk, system for tracking numbers of people at-risk of homelessness)	IAC-Data and Continuous Quality Advisory Committee	DoH, Health, HSA	TBD	<ul style="list-style-type: none"> <li>■ Year 3</li> </ul>

Recommendation 3: Create System Performance Standards, Track Progress Towards Ending and Preventing Homelessness and Report Results to Stakeholders and the Broader Community				
Initiative	Lead	Critical Partners	Year One Priorities & Action Steps	Target Date for Completion
Strategy: Create a system to ensure continuous quality improvement of services and housing for homeless people and people at-risk of homelessness.				
36. Collect input from consumers on the quality of services and housing they receive	IAC-Data and Continuous Quality Advisory Committee	Homeless service providers	<ul style="list-style-type: none"> <li>■ Survey county departments, cities and non-profit provider to determine what tools and processes are being used to gather consumer input</li> <li>■ Develop a simple standardized survey tool and process to assess consumer satisfaction with services and housing for homeless people and people at-risk of homelessness (e.g., how were they treated, did they receive what they needed, etc.)</li> <li>■ Conduct periodic focus groups with consumers</li> </ul>	<ul style="list-style-type: none"> <li>■ June, '07</li> <li>■ September, '07</li> <li>■ December, '07</li> </ul>
37. Establish community-wide standards of service for affordable housing, supportive housing and homeless services	IAC	IAC members	<ul style="list-style-type: none"> <li>■ Survey county departments, cities and non-profit providers to identify existing standards; identify gaps and needs for community-wide standards</li> </ul>	<ul style="list-style-type: none"> <li>■ June, '07</li> </ul>
38. Use data on outcomes of service interventions and consumer satisfaction to evaluate effectiveness of housing and service programs and recommend changes (including creation of new programs and services and changes to existing programs and services)	IAC-Data and Continuous Quality Advisory Committee	Homeless service providers	TBD	<ul style="list-style-type: none"> <li>■ Year 4</li> </ul>

Recommendation 3: Create System Performance Standards, Track Progress Towards Ending and Preventing Homelessness and Report Results to Stakeholders and the Broader Community				
Initiative	Lead	Critical Partners	Year One Priorities & Action Steps	Target Date for Completion
39. Provide training and technical assistance to housing and service providers to build their capacity to develop housing and/or provide support services include training and re-training to educate staff of mainstream systems to do integrated, coordinated service delivery and provide support to prevent burnout	DoH, HSA	TBD	TBD	■ Year 3

### Potential Benchmarks for Success

There are a number of possible benchmarks or indicators that can be used to measure whether this goal is being met:

- Ability to obtain reliable data about people who are homeless and at-risk of homelessness, the services they received and the outcomes of those services
- Increased number of organizations signing Memoranda of Understanding (MOU) to participate in the Homeless Management Information System (HMIS)
- Increase in number of provider staff receiving training
- Increase in positive reports from consumers about their level of satisfaction with services they receive
- Increase in staff retention among housing and service providers



*In a span of less than a year, Melva's world turned upside down – she found herself unemployed and her 17 year marriage ended. After her temp job couldn't help her meet her family's needs, she and her two daughters found themselves at a temporary shelter, then to transitional housing a few months later. She was able to save money to find her own place and is in school to become a nurse.*

## Recommendation 4

### Develop Long-term Leadership and Community Will To Prevent and End Homelessness

Accomplishing the Plan's recommendations depends in great measure on building broad-based community support, cultivating leaders and champions, and developing a structure that will create and sustain the community's will to prevent and end homelessness.

#### Goals

- Community champions and leaders will ensure continued, sustainable engagement and action around the vision of HOPE.
- A critical mass of citizens, decision makers, and key constituencies will mobilize to support and implement effective solutions to end homelessness.

#### Taking Action

The following table summarizes the specific strategies and initiatives that are being proposed to implement Recommendation 4.

Recommendation 4: Develop Long-term Leadership and Community Will to Prevent and End Homelessness				
Initiative	Lead	Critical Partners	Year One Priorities & Action Steps	Target Date for Completion
Strategy: Build sustained community will to support HOPE strategies by raising community awareness, garnering community support, and mobilizing community members to take action to help end homelessness.				
40. Develop public education and social marketing campaigns	HLC	HSA DoH IAC	<ul style="list-style-type: none"> <li>■ Analyze HOPE plan to identify specific audiences to be reached and specific messages to be delivered to accomplish top priority HOPE strategies/activities</li> <li>■ Conduct focus groups to determine what messages will be most effective in reaching the target audiences</li> <li>■ Craft education materials targeted to identified audiences (presentations/speakers bureau, media kits, HOPE newsletter or e-newsletter, annual report to the community, etc.)</li> <li>■ Use HOPE website to disseminate information</li> </ul>	<ul style="list-style-type: none"> <li>■ September, '06</li> <li>■ March, '07</li> <li>■ June, '07</li> <li>■ June, '07</li> </ul>



Recommendation 4: Develop Long-term Leadership and Community Will to Prevent and End Homelessness				
Initiative	Lead	Critical Partners	Year One Priorities & Action Steps	Target Date for Completion
41. Build a broad-based coalition of individuals and organizations that can be mobilized to speak at public hearings on housing policies and regulations or at hearings for specific housing projects	HLC	IAC, Blue Ribbon Committee	<ul style="list-style-type: none"> <li>■ Begin developing a HOPE speakers bureau, drawing participants from HOPE Leadership Committee, HLC, PIA, NAMI, congregations</li> <li>■ Develop a HOPE speakers training curriculum</li> <li>■ Develop list of forums for presentations (service clubs, schools, parents groups, churches, chambers, city councils, etc.)</li> <li>■ Set-up HOPE information booths at established events</li> </ul>	<ul style="list-style-type: none"> <li>■ November, '06</li> <li>■ September, '06</li> <li>■ December, '06</li> <li>■ On-going</li> </ul>
42. Advocate to preserve and expand state and federal funding sources for extremely low-income affordable/supportive housing	HLC	Local State and Federal legislators, County Managers Office, cities	<ul style="list-style-type: none"> <li>■ Articulate a HOPE state and national advocacy agenda based on HOPE recommendations</li> <li>■ Identify agencies and organizations that have lobbyists that do or could do advocacy work on affordable housing (e.g., CCAG, City of EPA, HLC/HEART, County, SAMCAR, League of Women Voters)</li> <li>■ Advocate for identified agencies/organizations to adopt HOPE advocacy agenda as platform</li> </ul>	<ul style="list-style-type: none"> <li>■ Year 2</li> <li>■ June, '07</li> <li>■ Year 2</li> </ul>
43. Develop innovative community involvement activities (e.g., homeless volunteer days, San Mateo version of Project Homeless Connect) to involve and energize community members about homeless issues	HSA	IAC	<ul style="list-style-type: none"> <li>■ Gather information on San Francisco's Project Homeless Connect and assess whether it can be adapted for San Mateo County.</li> </ul>	<ul style="list-style-type: none"> <li>■ February, '07</li> </ul>

Recommendation 4: Develop Long-term Leadership and Community Will to Prevent and End Homelessness				
Initiative	Lead	Critical Partners	Year One Priorities & Action Steps	Target Date for Completion
44. Incorporate work on homeless issues into existing volunteer programs, such as community-service hours for high school and college studies, citizens academies, faith-based volunteer efforts, service and political clubs	HSA	Service Clubs, community-based providers, schools	<ul style="list-style-type: none"> <li>■ Identify costs of and resources for a dedicated volunteer coordinator for homeless activities</li> <li>■ Survey homeless service providers to determine their volunteer needs</li> <li>■ Contact organizations who have volunteers (e.g., schools, congregations, etc.) to determine their interests</li> <li>■ Develop a training curriculum for volunteers</li> </ul>	■ Year 4
Strategy: Continuously cultivate new leaders and champions for HOPE.				
45. Create a homelessness leadership development curriculum for interested community members or community leaders (including training on fundraising, public speaking)	HSA	HLC, Chambers of Commerce	<ul style="list-style-type: none"> <li>■ Research existing leadership development programs and determine how to adapt for HOPE</li> </ul>	■ June, '07
46. Recognize emerging leaders in the area of homelessness through events (e.g., Volunteer of the Year award event)	Blue Ribbon Committee		TBD	■ Year 4

### Potential Benchmarks for Success

Some of the possible benchmarks or indicators of success for this goal area could include:

- Decrease in opposition to affordable and supportive housing developments
- Increase in number of media articles on homelessness
- Increase in number of visitors to HOPE webpage
- Increase in number of volunteers and volunteer hours dedicated to ending and preventing homelessness
- Increase in number of events relating to addressing the issue of homelessness
- Increase in the level of community participation in dialogues and discussions about homelessness
- Increased public awareness of homelessness as an issue (as measured by focus groups and public opinion polls)

## SECTION VI

## Implementation

## VI

The community stakeholders who developed this Plan are committed to immediate action to ensure that the HOPE vision becomes a reality. Concrete steps have been identified to ensure that the momentum developed during this planning process continues to build and accelerate in the months and years to come.

An Interim Working Group has been formed to oversee garnering Plan endorsements, to flesh out and establish preliminary implementation structures recommended in the Plan, and to guide efforts related to the Plan's recommendations already in progress.

The Interim Working Group includes: Supervisors Mark Church and Jerry Hill, the County Manager, staff of the San Mateo County Human Services Agency, the San Mateo County Department of Housing, and representatives from cities, and, providers.

Although the official launch of the Plan is scheduled for mid-2006, the transition from the planning to implementation phase has already begun. Specific actions are being put in motion to bring together individuals from all sectors of the community to begin to make progress towards meeting the goals set forth in the HOPE Plan:

- One hundred new units of permanent supportive housing are in development with poverty, mental health problems and/or other chronic health conditions. Ninety of these units will be created through a partnership between the San Mateo County Health Department Mental Health Services, the Human Services Agency Center on Homelessness, and the Department of Housing, and funded through the county's allocation of State Mental Health

Services Act (Proposition 63) funding. These 100 units of supportive housing amount to more than 4% of the total supportive housing units needed, before implementation has even officially begun.

- The City of San Mateo is establishing a pilot multi-disciplinary homeless outreach team under the direction of the Police Department. The team will be a unique partnership between the City of San Mateo, San Mateo County and community nonprofits. The team will reach out to and engage with those homeless people living on the streets in downtown San Mateo who have the longest histories of homelessness – offering them services (including health, mental health, and substance abuse services) as well as access to permanent housing.

The community stakeholders who developed this Plan are committed to immediate action to ensure that the HOPE vision becomes a reality.

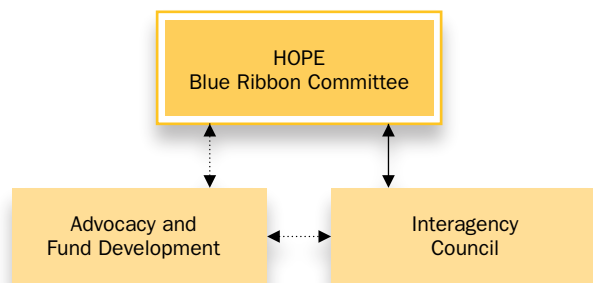


*Permanent supportive housing for extremely low-income individuals: Belmont Apartments, Belmont, completed in 2005*

## A. Implementation Structure

The following is the proposed initial structure for implementing the HOPE Plan, to be re-evaluated and adjusted as needed after the first year of implementation.

### Oversight and Accountability



- **HOPE Blue Ribbon Committee** will be responsible for overall implementation and oversight of the HOPE Plan and will be the public “face” of HOPE. Its responsibilities will include public education and awareness and reporting to the community about the successes and challenges in achieving HOPE’s desired results. HOPE’s Blue Ribbon Committee may also assist Advocacy and Fund Development efforts with large donor fundraising. The Blue Ribbon Committee will be comprised of visible community leaders, representatives from public and private stakeholder groups that have endorsed the Plan, and representatives from its component sub-committees.

### Advocacy and Fund Development

Advocacy activities, including – but not limited to – state and local legislative advocacy to garner increased public funds, are anticipated to be carried out by the Housing Leadership Council (HLC). Capital fund development for HOPE, including private corporate and foundation fundraising, is anticipated to be conducted through the Housing Endowment and Regional Trust (HEART). Fundraising for other HOPE activities, such as communications or community connections, could also be explored with HLC. These arrangements will be formalized through a memorandum of understanding or other agreements.

### Housing, Services and Support

- **Interagency Council (IAC)** will tackle the HOPE strategies related to “working smarter” by using human and financial resources more effectively and efficiently. The IAC will be an inclusive body representing HOPE stakeholders (including county, cities, business, providers, faith community, homeless people, etc.). An Implementation Committee comprised of key staff and representatives will organize the specific actions needed to achieve the Plan’s priorities. The IAC will have three main areas of work that flow from the Plan’s recommendations:
- **Intra-County Planning and Coordination:** work on comprehensive, multi-disciplinary service strategies between and among County Departments;
- **City/County Planning and Coordination:** work on comprehensive and coordinated housing and services strategies across jurisdictions; pipeline process (coordination of housing, operating and services funding to create steady flow of supportive housing);
- **Government/Non-profit Program Development and Refinement:** work to refine existing programs and develop new programs as recommended in the HOPE Plan; preparing HUD Continuum of Care application and garner other competitive program-related funding; capacity building (continuous quality improvement); implementation of the data-related recommendations of the HOPE Plan, and coordination with other program planning and policy bodies such as the San Mateo County Workforce Investment Board (WIB).

## B. Plan Endorsements and Launch

The ultimate success of HOPE will be determined by the degree of involvement and collaboration among organizations and individuals in the public and private sectors. Building on the strong collaboration that led to this Plan, formal endorsements will be solicited from a broad range of stakeholders.

By endorsing the HOPE Plan the endorsing entity will be making the following commitments:

- Support the vision, principles, overarching result and goals of the HOPE Plan; and,
- Participate actively in the implementation of the recommendations put forth in the HOPE Plan.

The following table outlines the action steps to transition from planning to the official launch of the HOPE Plan. The process for gathering endorsements for the HOPE Plan will begin as soon as the Plan is completed, with the official launch of the HOPE implementation phase scheduled for June, 2006.



*Forty-five-year-old Ken suffered from mental illness, substance abuse, homelessness and had brushes with the criminal justice system. Now clean and sober, Ken is an example of a homeless individual with multiple problems who turned his life around thanks to permanent supportive housing. Currently attending school, Ken wants to become a mental health counselor.*



*"My home is singing." By Kevin, first grade*



Transitioning From Planning To Implementation			
Action Step	Lead	Critical Partners	Target Date for Completion
Strategy: Garner Plan Endorsements			
San Mateo County Board of Supervisors endorse HOPE Plan and release it to cities and other stakeholder groups for review and endorsement	BOS	SMC HSA and Department of Housing	■ March, '06
HOPE Plan endorsements are garnered from entitlement cities and key stakeholder groups (i.e., faith community and congregations, business, providers, labor, advocates, education, transportation)	Human Services Agency (HSA)	HOPE Leadership Committee members who signed-up to get endorsements, Interim Working Group	■ June, '06
Plan endorsements continue to be sought	Blue Ribbon Committee	TBD by Blue Ribbon Committee	■ On-going from July, '06
Strategy: Raise Seed Resources to Support Development & Launch of HOPE Implementation Structures			
Develop "template" grant proposal	HSA	Interim Working Group	■ June, '06
Identify potential grant opportunities & submit proposals	HSA	Interim Working Group	■ September, '06
Strategy: Empanel Blue Ribbon Committee			
Identify, enroll and announce Blue Ribbon Committee chairs & date for official launch of HOPE Plan	BOS	HOPE Leadership Committee members	■ June, '06
Identify and enroll balance of Blue Ribbon Committee members	Interim Working Group	HOPE Leadership and Stakeholder Committee members	■ September, '06
Refine structure and develop Workplan for Blue Ribbon Committee	Blue Ribbon Committee	Interagency Council (IAC)	■ December, '06

Transitioning From Planning To Implementation			
Action Step	Lead	Critical Partners	Target Date for Completion
Strategy: Create Advocacy & Fund Development			
Explore creating formal relationship with HLC to implement HOPE advocacy strategies	Interim Working Group	Housing Leadership Council (HLC)	■ May, '06
Refine structure and develop Workplan for Advocacy, including HOPE Advocacy Platform	Interim Working Group	HLC	■ July, '06
Explore creating formal relationship with HEART to implement HOPE fund development strategies	Interim Working Group	HEART	■ July, '06
Refine structure and develop Workplan for Fund Development, including initial fund development strategies	IAC	HEART	■ October, '06
Strategy: Launch Interagency Council (IAC)			
Identify and outline existing efforts working on HOPE-identified recommendations, strategies and/or initiatives	Interim Working Group	IAC members	■ June, '06
Refine structure, develop initial activities, and convene IAC	Interim Working Group	IAC members	■ July, '06
Refine and finalize Action Plan for HOPE initiatives prioritized for year one action, including lead person, critical partners, action steps, target date, resources needed and a plan for garnering them	IAC	IAC members	■ September, '06
Strategy: Launch Blue Ribbon Committee			
Blue Ribbon Committee inaugural meeting announcing: HOPE endorsements; composition and working structure for Advocacy & Fund Development and IAC; and, an outline of staffing and resources needed and expected sources of revenue to oversee HOPE Plan	Blue Ribbon Committee	IAC	■ October, '06

## SECTION VII

# Resources Needed



In addition to working smarter, implementation of the HOPE Plan will require new and reconfigured resources to carry out the recommendations. Securing the needed resources will be challenging, yet the results will be significant because the HOPE Plan is based on a principle of investing in solutions that work. The Plan is strategic - its recommendations have been carefully crafted to achieve the desired result of ending and preventing

While it will require the investment of significant resources to end homelessness in San Mateo County, it must be emphasized that the financial costs of doing nothing are enormous.

homelessness. It represents a fundamental change from simply managing the problem to solving the problem, and will create real and tangible outcomes for homeless people and for the community.

### A. Costs of Homelessness

While it will require the investment of significant resources to end homelessness in San Mateo County, it must be emphasized that the financial costs of doing nothing are enormous. Those who have studied the problem have documented that the current costs to manage the problem may far exceed the costs of developing viable solutions.

Each day, public resources are expended on social services and costly emergency interventions that do not solve the problem. Mental health facilities, drug treatment, hospitals, emergency room services, jails, detoxification programs and other social services are overwhelmed by people who are in crisis because they have no stable place to live. A small percentage of homeless people, those

who are chronically homeless, use the majority of resources in the homeless system and are also the most costly to the mainstream systems because of their frequent use of emergency services. Because they tend to access services only when in crisis, their high service use does not translate into long term gains in stability or an end to their homelessness.

Many communities have begun to document the financial costs of continuing to “manage” the problem of homelessness and to compare these annual outlays to what it could cost to actually end the problem.

In King County, Washington, the Division of Mental Health, Chemical Abuse & Dependency found 14 chronically homeless people were among the top 20 users of county sobering services. In 2003, these 14 people cost the county nearly \$285,000 just for detox services. This figure does not include the cost of shelter beds, police or jail time, hospital stays or emergency room visits for these 14 individuals.

The University of San Diego tracked outcomes for homeless individuals enrolled in their Serial Inebriates Program, which provides housing and support services to chronically homeless individuals with long histories of alcohol abuse. They found that in-patient medical costs were reduced by over \$55,000 per month per person enrolled in the program.<sup>8</sup>

While the costs of homelessness in San Mateo County are not precisely known, a study conducted in 2002-2003 documented over \$22 million spent on services for homeless people, including those in shelters and transitional housing.<sup>9</sup> This figure significantly under-represents the actual costs of



homelessness, as it did not include many of the mainstream health, mental health and substance use services used by homeless individuals, nor the “hidden” costs of homelessness – those associated with law enforcement, emergency medical encounters, paramedics, hospital costs, and detox programs. More thorough studies conducted in Denver and San Diego found that emergency and social services used by people who are homeless cost about \$70 million per year. These studies also under represent the actual costs, as they do not include many of the hidden costs described above.

Estimates from other communities suggest that the emergency and social services used by people who are homeless can cost as much as \$70,000 per person per year. If applied to San Mateo County, this figure suggests it could cost nearly \$2 billion over 10 years to simply continue providing expensive emergency interventions that do not for the most part end homelessness for those receiving services.

## B. Estimated Housing Costs and Funding Strategies

The HOPE Planners designed a methodology to estimate the costs of creating and operating the housing units needed over the next ten years in order to achieve the desired result of preventing and ending homelessness in San Mateo County. These are working numbers that will be re-visited and adjusted over the course of the implementation of the HOPE Plan. (This cost-projection methodology is described in Appendix G.)

The total estimated cost to develop and operate these units, and to provide services in the supportive housing units over ten years is approximately \$1.56 billion as follows:

Housing Status Type of Housing Needed	Units Needed	10-Year Costs
People who are homeless	2,400	\$470 million
Supportive Housing	1,700	\$340 million
Affordable Housing	700	\$130 million
People who are at-risk of homelessness	5,500	\$1.09 billion
Supportive Housing	800	\$174 million
Affordable Housing	4,700	\$916 million
<b>Total</b>	<b>7,900</b>	<b>\$1.56 billion</b>

In affordable and supportive housing development and operations, costs are typically borne by a partnership among different levels of government (local, state and federal) and the private sector. Local funding, particularly when used in a coordinated and efficient manner, leverages significant amounts of state and federal dollars.

The Plan contains cost projections only for the housing creation recommendations. As part of the first phase of the HOPE implementation process, cost estimates will be developed for all prioritized recommendations. The section below describes some of the strategies that will be used to secure the needed resources for all the Plan’s recommendations.

...it could cost nearly \$2 billion over 10 years to simply continue providing expensive emergency interventions that do not for the most part end homelessness for those receiving services.

## C. Funding Strategies

The resources needed to implement HOPE will be developed using three related strategies:

- **Use existing funds more efficiently.** Existing public and private funds can be maximized through better coordination, streamlining and integration - working smarter. By being clear on desired results and tying funding to accountability for results, funders can better target and coordinate existing resources, such as through issuing joint requests for proposals or by pooling funds. Eventually, as housing strategies are implemented there will be opportunities to recapture and redirect resources once spent on emergency interventions.
- **Use local funds to leverage state and federal resources.** Having clear goals and strategies, maximizing local coordination and integration, and demonstrating results will increase local government's ability to capture greater resources from the state and federal government, thereby maximizing the effective use of local dollars. Strategic use of local resources will allow for the leveraging of greater amounts of housing and services dollars.
- **Increase local public and private investment.** Demonstrating the efficient use of resources and the achievement of tangible results helps to build community will to invest greater local resources in solutions to end homelessness. New investment can come from both the public and private sector and can take different forms, such as increased contributions from individuals and businesses towards solutions to end homelessness, or new revenue streams.

For every action or strategy the plan recommends, one or more of these funding strategies may be used to implement the HOPE Plan recommendations.

The HOPE Planners have begun the process of describing, and in some cases quantifying the resources that will be needed to implement the Plan's recommendations. Achieving the desired results of this Plan will require the dedication of significant resources needed for implementing the recommendations for oversight and guidance.

Below are two examples of funding strategies for affordable housing created in San Mateo County.

Rotary Floritas, San Mateo: 50 units of housing for very low income seniors completed in 2005.

Funding Source	Amount	Percent of Total
Private	\$7,929,454	61.13%
Non profit Dev. Equity	\$1,641,176	12.65%
Local government	\$3,400,000	26.21%
Total	\$12,970,630	100 %

Grand Oak Apartments, South San Francisco: 42 units of housing for very low income families to be completed in 2007.

Funding Source	Amount	Percent of Total
Private/State	\$12,360,000	66%
Non profit Dev. Equity	\$1,326,000	7%
Local government	\$4,995,000	27%
Total	\$18,681,000	100%

*Private funds include loans, tax credits, federal and state dollars.*

*Local government funds: redevelopment funds, general funds, land, waivers, and locally administered federal dollars.*

## SECTION VIII

# Closing

# VIII

Preventing and ending homelessness in San Mateo County will not be easy or inexpensive – but it is possible. The time has come to take action. A challenging period of framing the strategic direction to end homelessness is behind us but the next ten years of realizing it will be even more challenging. By working together as a community, we hope to overcome the obstacles and ensure that safe, accessible, affordable housing is available for everyone in San Mateo County, especially for those in greatest need.

By working together as a community, we hope to overcome the obstacles and ensure that safe, accessible, affordable housing is available for everyone in San Mateo County, especially for those in greatest need.



*After a lifetime of struggling with addiction and bouncing in and out of homeless shelters, Calvin graduates from a substance abuse recovery program and is given keys to his own apartment.*



## SECTION IX

## Endnotes



- 1 According to the National Low Income Housing Coalition's publication, *Out of Reach 2005*, San Mateo County, Marin County and San Francisco are the three most expensive rental markets in the United States. This is based on the wage a family would need to earn to afford a typical 2-bedroom apartment. These three counties rank the highest with an hourly wage of \$29.54 needed to afford a 2-bedroom unit ([www.NLIHC.org](http://www.NLIHC.org)).
- 2 "Household" is defined as a group of one or more people who live together. For example, two parents living with their children would be considered a household. A single person living alone would also be considered a household. Estimating households is important in planning to prevent and end homelessness, as it is the basis for determining how many housing units will be needed. "People" include both adults and children.
- 3 Affordable housing includes housing affordable to households at or below 120% of AMI. Since the HOPE Plan has defined people who are at-risk of homelessness as those who earn 30% of AMI or below and have a significant rent burden (i.e., they pay more than 50% of their income for rent/utilities), the Plan focuses on the creation of housing that is affordable to persons at 30% AMI or below.
- 4 "Permanent" housing means that the duration of stay is not time limited. Tenants can remain as long as they pay their rent and comply with the terms of the lease and remain income eligible.
- 5 These figures include emergency motel vouchers.
- 6 In master leasing, a "master" tenant (typically a government agency or non profit organization) leases units from private owners of market-rate units and then subleases them to individual tenants. Often the master tenant is able to rent units at a below-market rent because the master tenant takes on property management responsibilities and guarantees 100% occupancy. In areas where there are significant numbers of deteriorated multi-family buildings (such as single-room occupancy hotels, motels on highway corridors), master leasing is often coupled with code enforcement activities. In some programs, the owner agrees to pay for improvements to the buildings as part of negotiations with code enforcement officials.
- 7 In a tenant-based subsidy program, individual tenants lease units of their choice from private landlords. The landlord receives a subsidy (usually through a Housing Authority or other government entity) to cover the gap between the rent and what the tenant can afford to pay, usually 30% of the tenant's income.
- 8 "Serial Inebriate Program," Policy Paper, Ongoing research study by University of California at San Diego Medical Center and SDSU Institute for Public Health, 2005.
- 9 "Tools for System Planning. A Report to the San Mateo County Continuum of Care," Kate Bristol, January 28, 2003.





## ACKNOWLEDGEMENTS

The HOPE Plan is the result of the dedication and commitment of many individuals and organizations in San Mateo County. Thanks are extended to the HOPE Planners:

San Mateo County Supervisors Mark Church and Jerry Hill for their leadership in convening the HOPE planning process and co-chairing the HOPE Leadership Committee.

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The Members of the HOPE Leadership Committee for their oversight and guidance of the planning process and resulting plan:

John Adams, Executive Vice President, Division Manager, Wells Fargo Bank

Bill Allen, Chair, San Mateo County Workforce Investment Board

Tom Bailard, Housing Nachos

Duane Bay, Director, San Mateo County Department of Housing

Mary Boughton, Executive Director, Peninsula Habitat for Humanity

Deborah Bringelson, President & CEO, SAMCEDA / Peninsula Policy Partnership

Glen H. Brooks, Jr., Interim Director, San Mateo County Human Services Agency

Loren Buddress, Chief Probation Officer, San Mateo County Probation Department

Chris Carpenter, General Manager, San Mateo County Expo Center

Ellen Clear, Vice President of Community Programs, Peninsula Community Foundation

Ron Crates, Superintendent, Redwood City School District

Arne Croce, City Manager, City of San Mateo

David Cropper, TMG Partners

Jan Epstein, Mayor, City of San Mateo

Ron Galatolo, Chancellor, San Mateo Community College District

Linford Gayle, Consumer & Family Affairs Coordinator, SMC Mental Health Services

Ray Green, Former Council Member, City of South San Francisco

Helen Greggans, Member, National Alliance on Mental Illness

Don Horsley, Sheriff, San Mateo County Sheriff's Office

Jeff Ira, Mayor, City of Redwood City

Dennis Israelski, Chief Research Officer, San Mateo Medical Center

Michele Jackson, Executive Director, Shelter Network

Linda Jansen, Siebel Systems

Max Keech, BKF Engineers

John Kelly, Community Member

Shelly Kessler, Secretary/Treasurer, SMC Central Labor Council

Carol Klatt, Mayor, City of Daly City

John Maltbie, County Manager, County of San Mateo

Rabbi Jay Miller, Executive Director, Peninsula Clergy Network

David Mineta, Executive Director, Asian American Recovery Services

Chris Mohr, Executive Director, Housing Leadership Council

Lorraine Moriarty, Executive Director, St. Vincent de Paul

Robert Muehlbauer, Neighborhood Improvement and Housing Manager, City of San Mateo

Richard Napier, Executive Director, City/County Association of Governments

Mike Pacelli, Bay Relations, Inc.

Mario Panoringan, CEO, Daly City-Colma Chamber of Commerce

Marcia Raines, Director, San Mateo County Environmental Services

Mike Scanlon, General Manager/CEO, San Mateo County Transit District (SamTrans)

Charlene Silva, Director, San Mateo County Health Services Department

Randall Smith, Vice President of Real Estate, Oracle

Evelyn Stanton, Senior Administrator, Mental Health Association of San Mateo County

Nancy Steiger, CEO, San Mateo Medical Center

April Vargas, Legislative Advocate, Committee for Green Foothills

Fran Wagstaff, Executive Director, Mid-Peninsula Housing Coalition

Robert Webster, President & CEO, Bohannon Development Company

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The Members of the HOPE Stakeholder Committee for their willingness to share their knowledge and work tirelessly towards the development of the Plan. (A detailed list of all Stakeholder Committee Task Force members is provided in the complete HOPE Plan, Appendix A.)

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The co-chairs of the four Stakeholder Committee Task Forces for their leadership throughout the plan development process:

Teri Chin, City of Redwood City Human Services Manager, Fair Oaks Community Center

Elizabeth Gheleta, Executive Director, Service League of San Mateo County

Peter Loeb, Evaluator, Allen/Loeb Associates

Kitty Lopez, Executive Director, Samaritan House

Chris Mohr, Executive Director, Housing Leadership Council

Andrea Papanastassiou, Development Manager, Mid-Peninsula Housing Coalition

Melissa Platte, Executive Director, Mental Health Association of San Mateo County

Selina Toy-Lee, Management Analyst, San Mateo County Human Services Agency

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All the individuals who participated in HOPE focus groups, particularly homeless and formerly homeless persons who provided their input and shared their experiences. (A list of focus groups is provided in the complete HOPE Plan, Appendix B.)

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San Mateo County staff for overseeing the day-to-day management of the planning process, and for providing administrative and logistical support:

Judy Davila, Manager, Substance Abuse and Shelter Services, San Mateo County Human Services Agency

Wendy Goldberg, Coordinator, Center on Homelessness, San Mateo County Human Services Agency

Stephen Kaplan, Director, Northern Region and Substance Abuse & Shelter Services, San Mateo County Human Services Agency

Susan Naylor, Legislative Aide to Supervisor Mark Church

Mario Rendon, Legislative Aide to Supervisor Jerry Hill

Juda Tolmasoff, Legislative Aide to Supervisor Jerry Hill

Tish Birkby, Administrative Assistant, San Mateo County Human Services Agency

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Debbie Greiff, Debbie Greiff Consulting, and Kate Bristol, Kate Bristol Consulting for design and facilitation of the HOPE planning process, research on evidence-based practices, and preparation of the HOPE Plan.

Be part of HOPE. Contact the County of San Mateo Human Services Agency, Center on Homelessness at (650) 802-7656 or log on to [www.smchsa.org/HOPE](http://www.smchsa.org/HOPE).



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