SOLUTIONS FOR HOMELESSNESS: A PRACTITIONER'S GUIDE

PART OF THE STUDENT RESEARCH SERIES

PEDRO CARDENAS, KATIE FAITHE, MICHAELA PIPPIN

CSUF CENTER FOR PUBLIC POLICY

CALIFORNIA STATE UNIVERSITY
FULLERTON
CENTER FOR PUBLIC POLICY

Executive Summary

Homelessness effects communities throughout the U.S.; an estimated 552,830 people fell under the category of homeless on any given night in 2018, a 0.3% increase from 2017 (HUD, 2018b). Effectively and permanently ending homelessness within a community is nearly unheard of, and no single solution can successfully house an entire community's homeless population.

This report is intended as a "beginner's guide" for city managers and others working in local governments across the U.S. which are newly experiencing homelessness or trying to get their bearings in this vast space as a preventative measure. It provides basic information about homelessness and definitions of commonly used terminology, as well as resources, tools, and solutions. The report combines the latest academic research with current case studies to provide practitioners with as much information as possible about the most successful and effective approaches to ending homelessness within a community along with resource and tool links that can help in planning, funding, and educating.

This report reviews case studies and research of programs that have been successful in reducing homelessness and categorizes them into one of the following methods: public-private partnerships, housing first, regional approaches, and structured police programs. These approaches are not mutually exclusive, in some cases a combination of approaches was best to address community needs.

Contents

Key Terms

These definitions are according to the U.S. Department of Housing and Urban Development (HUD) 2018 Annual Homeless Assessment Report to Congress.

- **Chronically Homeless Individual** refers to an individual with a disability who has been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless in those occasions is at least 12 months.

- **Homeless** describes a person who lacks a fixed, regular, and adequate nighttime residence.

- **Emergency Shelter** is a facility with the primary purpose of providing temporary shelter for homeless people.

- **Permanent Supportive Housing (PSH)** is a housing model designed to provide housing assistance (project- and tenant-based) and supportive services on a long-term basis to formerly homeless people. HUD's Continuum of Care program, authorized by the McKinney-Vento Act, funds PSH and requires that the client have a disability for eligibility.

- **Rapid Rehousing** is a housing model designed to provide temporary housing assistance to people experiencing homelessness, moving them quickly out of homelessness and into permanent housing.

- **Transitional Housing** Programs provide people experiencing homelessness a place to stay combined with supportive services for up to 24 months.

- **Veteran** refers to any person who served on active duty in the armed forces of the United States. This includes Reserves and National Guard members who were called up to active duty.
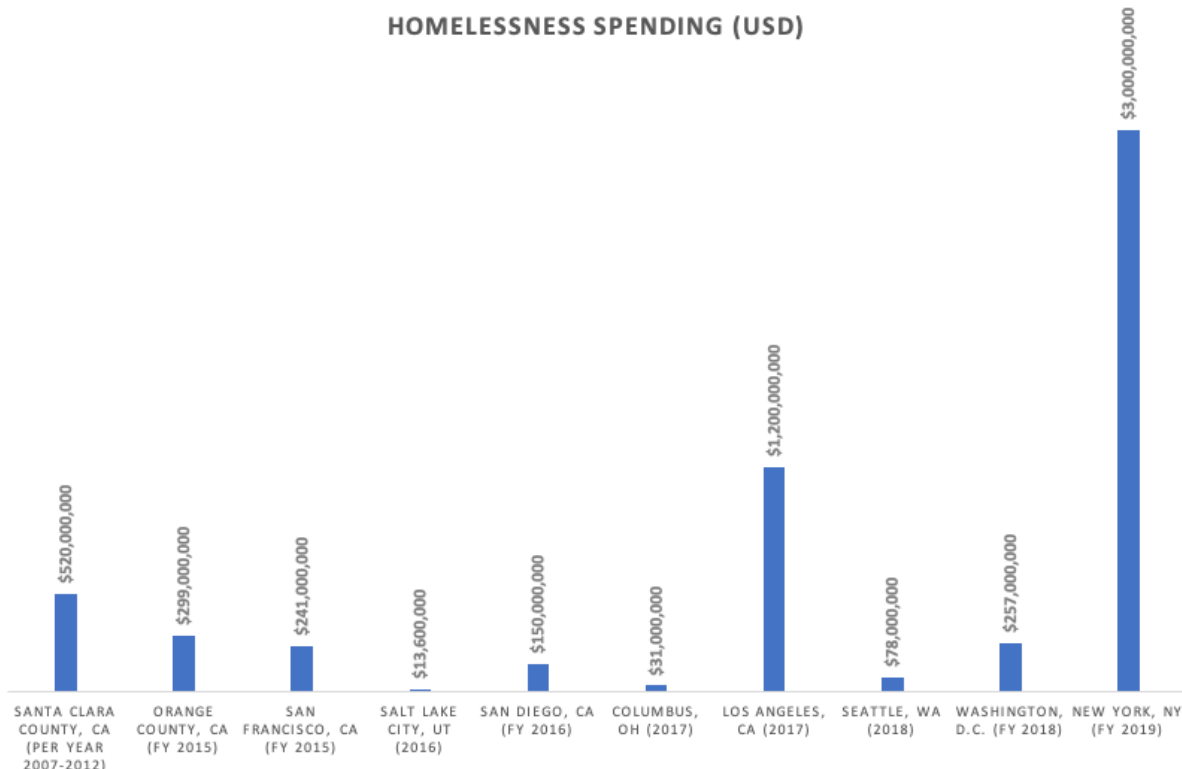
Costs of Homelessness

Public opinion would argue that leaving homeless individuals out on the streets would not have a significant monetary cost to the community; however, this is not the case. As issues involving homelessness have gained a greater spotlight, largely populated cities are finding it challenging to manage expenditures dedicated to their homeless populations while also implementing practical solutions to end homelessness. Particularly on the West Coast and in New England, where homeless populations have increased at alarming rates, municipalities are spending millions of dollars maintaining thousands of homeless individuals. For example, in Orange County, CA, the homeless population costs the county approximately $299 million annually in services related to hospitalization, public safety, and housing assistance programs (Snow, Goldberg, Villalta, & Bernatzky, 2017). This section covers the areas in the United States most effected by homelessness and the costs endured by their communities.

Homelessness is often concentrated in highly populated cities and states and 67% of homeless individuals reside in the ten states with the largest homeless population (National Alliance to End Homeless, 2019). In recent years, California and the Pacific Northwest have witnessed their homeless populations multiply dramatically. California alone has approximately 129,000 individuals experiencing homelessness, enough to fill a medium-sized city (National Alliance to End Homelessness, 2017). Due to this surge of individuals experiencing homelessness along the western seaboard, numerous municipalities released reports outlining the financial costs of homelessness. While Orange County spent a total of $299 million addressing the homeless crisis, the county's cities endured $120 million (40%) of those costs, providing for their individual homeless populations (Snow et al., 2017). Orange County's neighbor, Los Angeles County (the largest county in the United States), reportedly spent $1 billion directed towards homeless related expenses from mid-2014 to mid-2015, raising concerns about the methods in which they have addressed solving their homelessness issues (Holland, 2016). The problem is so massive in Los Angeles City and County that residents approved sales tax increases specifically dedicated to addressing homelessness in 2017. Even in the Pacific Northwest, the Seattle metropolitan area allocated an estimated budget of $78

million for their homeless population, a conservative amount compared to other large cities dealing with the same problems (Nickelsburg, 2018). Despite that the bulk of these research findings coming from the West, the costs of homelessness are not exclusive to the region. For instance, New York City, which has been dealing with high rates of homelessness for decades and witnessed a substantial increase in expenditures within the past few years, expected to spend $3 billion on services for the homeless in 2019 (Alexander, 2018).

While the costs of homelessness are most severe in large metropolitan areas along the East and West Coasts, the Midwestern region appears to be experiencing a decline in homelessness. A recent report by the National Alliance to End Homelessness (2019) showed that Michigan's homeless population, for example, decreased by 70% from 2007 to 2018. Additionally, Columbus, OH—whose population of 800,000 exceeds Seattle's by only 100,000 people—only spent $31 million in 2017 compared to $78 million spent by Seattle (Nickelsburg, 2018). Spending on homelessness in Salt Lake City, UT only reached $13.6 million in 2016 (Audit Subcommittee of the Legislative Management Committee, 2017). If these states are decreasing both their homeless expenditures and populations, why are the Pacific and Northeast regions of the United States experiencing incredibly high costs from their homeless?

HOMELESSNESS SPENDING (USD)

Housing Affordability and Homelessness:

The regions with the highest rent costs and property prices are also the ones with the highest number of homeless individuals. Due to surging prices in homes and rent, it is becoming more difficult for individuals to afford to live in these regions, including Los Angeles, Seattle, and New York City. In the coastal metropolitan areas, where homelessness is the most prevalent, residents are spending more than 32 percent of their annual income toward housing, which is unsustainable for those with lower incomes (Glynn & Casey, 2018). This leads to a greater financial burden on low-income earners, leaving them at higher risk of homelessness. For example, when comparing Seattle, WA to Columbus, OH, both have relatively similar total populations; however, Columbus has six times fewer homeless individuals than Seattle (Nickelsburg, 2018). Additionally, Seattle's median property value ($764,000) and average monthly rent ($2,695) greatly exceed Columbus' median housing value ($145,000) and monthly rent ($1,295) (Nickelsburg, 2018). While more research is required to prove a causal relationship between housing costs and homelessness, those dealing with a homelessness issue should keep this in mind as a factor of their homeless population. To read more about the relationship between housing prices and homelessness, visit:

https://www.zillow.com/research/homelessness-rent-affordability-22247/

The primary costs of homelessness that cities face derive from the homeless' use of public services. This includes hospital visits and health-related services, law enforcement services, and human services. The section below outlines some of the financial costs of homelessness found in these sectors.

Health Care

Most homeless individuals lack healthcare insurance and this produces a significant cost to the health care sector in cities with a large homeless population derives. Despite being uninsured, health facilities still see an influx of homeless individuals using their services, such as emergency department services and inpatient hospital stays, inflicting costs that the hospitals and cities have to cover. In Santa Clara County (home to the technological powerhouse region of Silicon Valley), for example, a six-year study of its homeless population reported that the county spent $1.9 billion on the utilization of health care services by homeless individuals between 2007 and 2012 (Flaming, Toros, & Burns, 2015). Orange County, CA spent

approximately $77 million on providing health care for its homeless population in a single year (Snow et al., 2017).

Health care providers are facing the greatest financial costs of the homelessness issue, with millions of dollars being allocated to caring for the homeless population. While many of the homeless lack adequate health care, the majority of the costs attributed to homelessness in the health care sector are actually accrued by a small minority of homeless individuals. These homeless individuals typically have a single medical condition that is left untreated and often gets worse, leading to more significant medical complications and sometimes multiple conditions. This makes them extremely costly to hospitals and emergency departments. The primary issue that emergency departments have when dealing with homeless patients is that current law (Emergency Medical Treatment and Labor Act of 1986) requires them to treat any individual in need regardless if they have health coverage (Zibulewsky, 2001). Thus, health care providers treat severely ill homeless individuals knowing that the costs will fall on the hospitals and the cities. Data collected on 3,560 homeless clients in Orange County, CA by CalOptima found that homeless individuals visited the emergency department approximately two times per year, with every visit costing around $900 (Snow et al., 2017). The costs increase even higher when the hospitals admit homeless persons into inpatient care. Research indicates that hospitals admit homeless individuals with severe medical conditions more often than the general population (Russolillo, Moniruzzaman, Parpouchi, Currie, & Somers, 2016). In addition to receiving treatment for their ailments, these hospital stays serve as a short-term source of housing for the homeless by providing a bed and nutrition that they would not find on the streets. Because of their accessibility, hospitals and emergency departments are now utilized by the homeless as a solution to their homelessness, but health care providers can only do so much. Psychiatric hospitals used to be the primary stay for the homeless, particularly those with mental illnesses, but cuts in funding for these institutions throughout the twentieth century significantly decreased the accessibility of these facilities, thus reducing the amount of time homeless individuals are in medical treatment (Masenthin, 2017). Homeless individuals are discharged from hospitals before they fully recover from their conditions, creating a cycle of continuously using health care services and incurring higher costs (Masenthin, 2017).

Law Enforcement

While law enforcement costs associated with homelessness are less than other sectors, law enforcement officials expended upwards of $23 million in Orange County and $41 million in Los Angeles (Snow et al., 2017; Nickelsburg, 2018). Unfortunately, not much research is available on the financial costs of homelessness incurred by law enforcement agencies; however, the most significant documented costs that police officials do face regarding this issue are costs to society. In a declaration to Los Angeles city officials, Dr. Phillip Kopp described numerous studies that indicate higher crime rates around areas in which the homeless are present, such as soup kitchens, homeless shelters, and wherever else provides services to homeless individuals (P. Kopp, personal communication, May 7, 2019). Primarily, crimes involving larceny and theft increased as the distance to a homeless shelter decreased, with one study showing an increase of 98.1% in theft crimes within 100 meters of a homeless shelter (Faraji, Ridegeway, & Wu, 2018). Additionally, other scholars attributed the increases in crime around homeless servicing areas to the high levels of mental illness, substance abuse, and physical and sexual assault amongst the homeless population (Kushel, Evans, Perry, Robertson, & Moss, 2003). With this in mind, law enforcement officials use a significant amount of funding and resources detaining the homeless, and one study in Utah found that a single homeless individual can cost approximately $16,000 in taxpayer dollars annually from serving time in jail and using emergency department services (Masenthin, 2017). However, not all arrests of the homeless are related to property crimes and theft. City laws prohibiting loitering and sleeping in public make it more difficult for the homeless to abide by the law, in which case officers often respond to these situations by issuing arrests to these homeless individuals (Masenthin, 2017). Although law enforcement agencies are protecting their communities by arresting the homeless who are committing crimes or violating laws, these arrests are costing cities millions of dollars and increasing tension between law enforcement officers and the homeless population.

Human Services

Human services spending covers a variety of public resources such as, Continuum of Care programs and hygiene management. A Continuum of Care is a regional body that offers housing assistance, usually through emergency shelters and transitional housing programs, to stabilize the homeless in a secure environment for a period of time (National Alliance to End Homelessness, 2010). These shelters offer some services that could help homeless individuals get off the streets, but they do not promote long-term assistance since the average stay in one of these shelters can vary from one night to six months, making them extremely costly to municipalities (Nagendra & McDivitt, 2017). Orange County, CA (the sixth largest county by population in the United States) and its cities spent a total of $106 million in housing costs for the homeless in 2014, with approximately $32 million in Continuum of Care costs (Snow et al., 2017). The 2018 city budget for Seattle, WA allocated $34 million out of its $78 million homelessness budget towards emergency housing and outreach programs (Johnson, 2018). In New York City, spending on homeless shelters for both single-adults and families increased from $100.8 million in the 2014 fiscal year to $1.9 billion in the fiscal year of 2018—and now comprises of almost two-thirds of their homeless budget (Alexander, 2018).

The funding for clean-up crews which provide sanitation services for homeless encampments also drive up costs associated with the chronically homeless population. For example, the city of Los Angeles dedicated $3.7 million in 2014 for monthly sanitation services in Skid Row alone, where approximately 2,521 individuals of the city's homeless population live in tent city encampments within a 0.4 square mile area in the downtown region (Zassenhaus, 2014). In the 2018 fiscal year, San Francisco, CA spent $54 million on teams cleaning up fecal matter and needles around the city (Bendix, 2018). Providing sanitation services for the homeless are costly but necessary to protect public health. When Hepatitis A broke out in San Diego in 2017, many of the homeless became infected through having contact with fecal matter--a common problem in tent cities that are not maintained by the city (County of San Diego, 2018). The outbreak of Hepatitis A cost San Diego County $12.5 million in response measures— vaccinations and sanitation services—and resulted in 20 total deaths (County of

San Diego, 2018). The spread of infectious diseases like Hepatitis A raises concerns not only for city communities but also for the safety of the homeless population on the streets.

By and large, the rise of homelessness in these large cities and municipalities puts a significant burden on their budgets. These costs are most likely unsustainable and signaling a need for solutions. These numbers alone show the magnitude of the issue, but there are certainly more everyday costs to cities throughout the country that fall under the radar. While the West Coast and New York are feeling the impacts of homelessness the most, homelessness is costly to all sizes of local and state governments and knowing how large cities allocate funding is helpful for social and budget reforms to any region with a homelessness issue.

FOR MORE INFORMATION ON EACH MUNICIPALITY'S BUDGET REGARDING HOMELESSNESS, VISIT THE FOLLOWING WEBSITES:

COLUMBUS, OH: https://www.geekwire.com/2018/cities-making-dent-homelessness-seattle-can-learn/

LOS ANGELES, CA: https://www.documentcloud.org/documents/1906452-losangeleshomelessnessreport.html

NEW YORK, NY: https://cbcny.org/research/3-billion-problem

ORANGE COUNTY, CA: https://www.unitedwayoc.org/wp-content/uploads/2017/08/united-way-cost-study-homelessness-2017-report.pdf

SALT LAKE CITY, UT: https://le.utah.gov/audit/17_11rpt.pdf

SAN DIEGO, CA: https://www.nbcsandiego.com/news/local/How-Much-Money-Is-Spent-On-Homeless-Services-In-San-Diego-County-442277753.html

SAN FRANCISCO, CA: https://www.sfchronicle.com/bayarea/article/S-F-spends-record-241-million-on-homeless-6808319.php

SANTA CLARA COUNTY, CA: https://economicrt.org/up-content/uploads/2015/05/Home_Not_Found_2015.pdf

SEATTLE, WA: https://www.seattle.gov/humanservices/about-us/initiatives/addressing-homelessness

WASHINGTON, D.C.: https://www.dcfpi.org/wp-content/uploads/2017/08/Homeless-Services-Toolkit-FY-2018-Approved.pdf

Population

Knowing the demographics of your homeless population is a key factor in determining the most effective solution. A total of 552,830 people throughout the nation experienced homelessness on a single night in 2018. This number represents 17 out of every 10,000 people in the United States (National Alliance to End Homelessness, 2018a). The United States Department of Housing and Urban Development (HUD), the lead federal agency on homeless services, states that two-thirds of people experiencing homelessness are individuals while the remaining third are families with children. Within these groups are subpopulations such as veterans, unaccompanied youth, and the chronically homeless, each with unique resources and challenges.

The term **non-chronically homeless** refers to individuals and families that have been homeless for less than 12 months and are generally facing affordable housing issues. These individuals are often "couch surfing"/living on friend's sofas and do not face repeated episodes of homelessness. The term **chronically homeless** refers to an "individual or (head of household for families) with a disability who has been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless in those occasions is at least 12 months" (HUD, 2019). The chronically homeless account for 18% of the overall population. Each population faces unique circumstances and has different resources available to them. This section examines the differences between homeless populations.

Veterans

The term **veteran** refers to any person who served on active duty in the armed forces of the United States. This includes Reserves and National Guard members who were called up to active duty. (HUD, 2019). Like other homeless populations, veterans face similar adverse circumstances that lead to them living on the streets, but many also face unique challenges resulting from the physical and mental trauma associated with combat experiences. In 2018, the National Alliance to End Homelessness reported that there were 37,878 homeless veterans

on any given night in the United States (6.8% of the homeless population). There has been a tremendous effort to increase the resources and services provided to veterans in order to reduce homelessness amongst this population in the past several years. Due to their unique situation, homeless veterans are an attractive group to help and starting with them will hopefully lead to more help for other groups in the future.

Homeless Veteran Progress

Increased investments in ending homelessness have shown impressive results. "The number of veterans experiencing homelessness declined by five percent between 2017 and 2018" and some cities have actually ended veteran homelessness (NAEH, 2018b). The National Alliance to End Homelessness recognizes three key critical components to the decline of veteran homelessness.

- Increased investment: Over the last decade, the Federal Government increased spending from $713 million to $1.65 billion through housing placements and related services (NAEH, 2018b).
- Coordination and commitment: Sixty-six communities and the entire states of Connecticut, Delaware, and Virginia have effectively **ended homelessness** among veterans. The Department of Veteran Affairs cites that a collaborative effort with small and large localities through leadership, cooperation and, evidence-based practices ensured that their veterans have a home.
- Focus on the most vulnerable "high-need" veterans: This was accomplished through increased spending with a focus on case management and housing vouchers. The specialized care that homeless veterans receive, and the subsequent results speak for themselves.

According to the U.S. Interagency Council on Homelessness, there is a positive correlation between federal homeless veterans' programs and veteran homelessness. As spending for veterans increased, veteran homelessness decreased from 2010 to 2017. Nan Roman, President and CEO of the National Alliance to End Homelessness, states that:

> ""It's very clear that focus creates progress. We see the greatest declines among populations that have received targeted and sustained resources. Now, we must pay close attention to the populations where we're seeing increases. That specifically includes people who are living unsheltered, as well as homeless individuals" (NAEHa, 2018 p. 3).

Resources

Veterans are in a unique situation in which the general public support helping this group so there are fewer public obstacles. The Federal Department of Veterans Affairs (VA) offers specialized care to its members who are homeless. These programs include the **Supportive Services for Veterans Families (SSVF) program** which has helped more than 100,000 veterans either remain in their home or quickly exit homelessness. Veterans can apply to the program through the Department of Veteran Affairs website. The VA has an online list available of current SSVF providers by state with a concurrent SSVF Community Resource Navigator available as well. A downside to the efficiency of the website and their vast resources is that homeless veterans may not have quick access to these tools, so case managers and outreach specialists are essential in linking those in need to the appropriate services. More information and 2019 SSVF provider list is available at https://www.va.gov/homeless/SSVF/.

Another great resource is the **HUD-Veterans Affairs Supportive Housing Program (HUD-VASH)**. Through public housing authorities, this program incorporates Housing Choice Vouchers (HCV) rental assistance administered by HUD for privately owned housing to veterans and their families. VA case managers then connect veterans with support services such as health care, mental health treatment and substance use counseling to help them in their recovery process and with their ability to maintain housing in the community. The National Alliance to End Homelessness states that the HUD-VASH program has served more than 114,000 veterans since

2008. HUD-VASH enrolls the largest number and largest percentage of Veterans who have experienced long-term or repeated homelessness (U.S. Department of Veterans Affairs, 2019c). General information about this program may be found at: https://www.va.gov/homeless/hud-vash.asp.

The VA website also has the **National Call Center for Homeless Veterans**. Veterans who are homeless or at risk of homelessness—and their family members, friends and supporters—can call or chat online with the National Call Center for Homeless Veterans, where trained counselors are ready to talk confidentially 24 hours a day, 7 days a week (U.S. Department of Veteran Affairs, 2019b). Callers get information about VA homeless programs, health care, and other services in their area. The number is 1-877-4AID VET (877-424-3838). Another similar resource that city governments may utilize is the **Community Resource and Referral Centers (CRRC's)** which is a one-stop shop for "community-based, multiagency services to promote permanent housing, physical and mental health care, career development, and access to VA and non-VA benefits" (U.S. Department of Veteran Affairs, 2019a). An active list of locations around the country is available at https://www.va.gov/HOMELESS/crrc.asp.

Additionally, the VA, with the help of the United States Interagency Council on Homeless (USICH), created guidelines to help communities benchmark their progress towards ensuring the decline of veteran homelessness. Their website provides details on how to collect area-specific data to help pinpoint efforts to end homelessness. This includes

(1) Identification by name of all Veterans experiencing homelessness,

(2) Provisions of shelter immediately to any unsheltered homeless veteran who wants housing,

(3) Provision of transitional housing with supportive services as a bridge to permanent housing in only the most limited number of cases,

(4) Capacity to help Veterans swiftly move into permanent housing, and

(5) Systems in place to help homeless and at-risk Veterans in the future.

These benchmarks provide useful suggestions that communities can use to end veteran homelessness as seen with the results of communities which have eliminated it. The U.S Interagency Council on Homelessness PDF on "Criteria and Benchmarks to End Veteran

Homelessness" may be found at: https://www.usich.gov/resources/uploads/asset_library/Ten-Strategies-to-End-Veteran-Homelessness-v3.pdf

Individuals

Unlike homeless veterans, who receive specialized care, other homeless populations do not have as many resources available to them. The lack of availability is evident since other groups of homeless people are sizably larger. The largest group is single individuals who account for 67% of the homeless population, as recorded by HUD. These 372,417 single adults face hardships like lack of affordable housing or life situations that put them in financial risk. "Despite common stereotypes, most homeless single adults do not suffer from chronic mental illness, substance abuse, or other disabling conditions. Most are homeless for a relatively short time before reconnecting to housing" (NAEH,

> *"Despite successes with some subpopulations (like the 49% decrease in veteran homelessness since 2010 and the 25% decrease in homeless families since 2012), individual adults continue to be the largest segment of the homeless population. And some troubling trends have been emerging from HUD's Point-in-Time data" (Janosko, 2019, p.1)."*

2019). Research suggests that this group would see a significant decline if there were affordable housing options available in the community.

Individual Homeless Progress

A large portion of single individuals went unsheltered in 2018, of whom 70% were men. According to the **United States Interagency Council on Homelessness** (USICH), individuals experiencing homelessness are 4.5 times more likely to be unsheltered compared to families with children. USICH outlines what communities are doing to decrease the single homeless population.

Strategies for Single Homeless Adults

USICH stresses the importance of a teamwork approach that includes collaboration between multiple agencies/organizations that assist with housing, employment, education, and

health care. Their website describes housing as the foundation from which a person or family can access the services and support that they need to achieve stability, begin the recovery process and pursue personal goals. One of the strategies that is available is **rapid re-housing**, which focuses on individuals who do not need specialized care. The goal is to get single adults and families back into stable living conditions as soon as possible. A highlight of this program is that there are not any conditions that need to be met, such as a clean criminal record or sobriety. USICH identifies three core components of rapid re-housing: Housing identification, rent and move-in assistance, and case management services. Interested parties may also access USICH's online rapid re-housing training series which is available under the "useful link" section of this report. Importantly, *the Interagency Council provides a chart for communities that connects them with federal resources that can help fund rapid re-housing*, which is less costly than crisis response. The PDF is available to download at: https://www.usich.gov/tools-for-action/federal-resources-that-can-fund-rapid-re-housing

Children and Families

Children and families make up the second largest group of the overall homeless population. They account for 180,413 individuals but have the highest rate of sheltered people at 90% (HUD, 2019). This group faces housing insecurity due to situations that put them in financial hardships – such as job loss, domestic conflicts, or even violence. Per the National Alliance to End Homelessness (NAEH), single women with young children typically head these families and have limited education. Not having a bed to sleep in at night adds stress to homeless children which could result in poor school performance or increased health risk. Like single adults who experience homelessness, families also benefit from rapid re-housing with specialized case management to get them from shelters back into independent housing. The NAEH notes that families who experience homelessness generally require additional supportive services such as childcare, employment assistance, early childhood services, income support, or mental health counseling. USICH recognizes a few strategies that are driving progress to end family homelessness which include, aligning data among federal agencies, strengthening housing solutions specifically for families, deepening partnerships with domestic violence providers, and strengthening education outcomes for young homeless children.

Many families are often difficult to house in shelters. Some shelters are not able to take in some members of the family unit. For example, some "don't accept teenagers or accept only women or only men, and have age cut offs as young as 12 for children of the opposite sex" (Kandil, 2018). The strict rules are in part due to other families who are survivors of domestic abuse or sexual assault. Strict policies keep some families homeless for a more extended period. To address this issue, some shelters have developed **family- friendly models** such as Family Supportive Housing, Illumination Foundation, Union Rescue Mission, and the Salvation Army.

Resources

USCICH set community-level criteria to end homelessness among families and children. The steps are as follows:

(1) The community identifies all families experiencing homelessness,

(2) The community uses prevention and diversion strategies whenever possible, and otherwise provides immediate access to low-barrier shelter to any family experiencing homelessness who needs and wants it,

(3) The community uses coordinated entry processes to effectively link families experiencing homelessness to housing and service solutions that are tailored to the needs of all family members,

(4) The community assists families to move swiftly into permanent or non-time-limited housing options with appropriate services and supports,

(5) The community has resources, plans, and system capacity in place to continue to prevent and quickly end future experiences of homelessness among families.

The full criteria and benchmarking requirements may be found at:

https://www.usich.gov/resources/uploads/asset_library/family-criteria-benchmarks-july-2017-revision.pdf

Chronically Homeless

The National Alliance to End Homelessness describes this group as "people who have experienced homelessness for at least a year — or repeatedly — while struggling with a disabling condition such as a serious mental illness, substance use disorder, or physical disability." This group accounts for one-quarter (24%) of the overall homeless population at 88,640 individuals. Not having a consistent place to stay, coupled with health conditions, mental illness, and/or other disabilities, make it difficult for this group to stay off the streets. A proven solution to solve chronic homelessness is **permanent supportive housing**, which is a mix of housing subsidies, case management, and supportive services (NAEH, 2019). Investments in permanent supportive housing show a decrease in the number of chronically homeless individuals by 26% since 2007" (NEAH, n.d.).

A scientific study of two different homeless groups under permanent supportive housing affirms this supportive service method. The first group received care from specific health centers for the subjects' individual needs. The second group of single homeless adults was not directed to "a single health center, preventing the possibility of a single coordinated plan of care," (Schick, Wiginton, Crouch, Haider, & Isbell, 2019). The group given *individual care plans* saw more subjects leave permanent supportive housing for positive reasons, including improved health-related quality of life, and potentially fewer visits to emergency hospital care than the other group. Investments in permanent supportive housing show a decrease in the number of chronically homeless individuals by 26% since 2007" (HUD, 2019).

Policy

"Not everyone is at equal risk of homelessness and policy choices make all the difference" (Teixeira, 2017). A policy has both the potential to resolve societal problems as well as exacerbate them. At their best, government policies solve specific problems, reduce bureaucratic red tape, and make people's lives better. At their worst, polices impede problem-solving, increase bureaucracy, and diminish the quality of life for people effected by the problem.

Research suggests that implementing policies that work with their specific homeless situation is the best method that municipalities have at their disposal. Conversely, policy failure in a city can lead to glaring issues such as Skid Row in Los Angeles, California which has been known as a center of homelessness and poverty since the 1960s (Gardiner & Hickman, 2017). As city officials decide how to best improve the homeless issue in their community, they must learn from the successes and failures of others. This is useful when drafting legislation for the first time or convening community groups to discuss possible responses to homelessness in a community.

Policies that work against the homeless

"Numerous jurisdictions have established laws prohibiting behaviors that are associated with homelessness in an effort to change behavior or to change where the behavior is performed... to "contain" homelessness within [a section of] the jurisdiction" (Gardiner & Hickman, 2017, p.286). There are policies for example that inhibit local agencies from assisting the homeless when it comes to food sharing. While officials advocating for the regulations argue that these restrictions will help the homeless – who they perceive as reliant on food sharing programs – many others believe that the regulations imposed only try to hide the problem to the public. Criminalization is an expensive and ineffective way of addressing the issue of homelessness in major cities. According to the National Law Center on Homelessness and Poverty, 53% of cities have laws that prohibit sitting or lying down in public, and 34%

impose citywide bans on camping in public, (Masenthin, 2017). Such laws place a heavy burden on individuals experiencing homelessness, but they do not address the underlying issue.

NIMBYism

NIMBYism—Not In My Back Yard—is a common community response against establishing affordable housing or homeless shelters in neighborhoods. Residents oppose these forms of housing in fear that they will attract more homeless individuals to the area, decrease property values, and increase crime rates in their communities (Loftus-Farren, 2011). NIMBYism makes it increasingly difficult for city leaders to implement a successful plan that will combat homelessness in neighborhoods since some NIMBY groups have enough power to prevent additional housing for the homeless. The Venice Beach, CA opposition of a temporary homeless shelter in the community is a well-known case of NIMBYism, showing the difficulties Los Angeles County is currently facing while implementing solutions to homelessness (Reyes, 2018). Fullerton, CA also saw hostility from community members when the non-profit organization, Pathways of Hope, sought to build a homeless shelter on an empty plot of land (Replogle, 2018). The biggest issue with a NIMBYist community is the political battle that emerges between the city residents and the city lawmakers, which halts progress to solve homelessness and leaves the homeless on the streets longer. However, it is also important to recognize the potential issues that arise with tent cities and emergency shelters (such as increased minor crime and trash) and work with residents to implement sensible solutions (for example, hiring additional security or including crime prevention measures).

Street Sweeps and Evictions

The City of Los Angeles has a "sweep" policy in place to address the "myriad of public health and sanitation problems caused by its crisis of unsheltered people" (Tinoco, 2019, p.5). Any personal belongings, baggage, or personal property are subject to disposal if left on the street. Tinonco (2019) describes the sweeps as a multi-agency cooperation effort, which includes sanitation workers, homeless outreach workers, and law enforcement. The street sweep policy in place is meant to make sure there are no encampments on the street and to

make sure sidewalks are passable according to the Deputy Mayor for City Homelessness Initiatives, Christina Miller.

Homeless advocacy groups oppose the street sweep policy because the homeless may lose important documents, medications, or the little personal belongings that they have during the sweeps. Advocacy groups call for scheduled sweeps instead of random or complaint-driven cleanups so that the homeless population has the appropriate amount of time to gather their belongings. They argue that the $30 million spent on the cleanups may instead be focused on services to address the homeless population's needs. City officials believe that the sweeps are important to reduce the likelihood of a public health outbreaks such as the hepatitis A epidemic among the homeless in San Diego in late 2017 (Tinonco, 2019). LA City and County have found themselves in numerous lawsuits and policies must be constitutional, abide by court rulings and humane.

Establishing sufficient temporary housing that conforms to legal rules must be a main component of any plan to remove homeless encampments.

Orange County, California faced a similar homeless encampment issue in the Santa Ana Riverbed near Angel Stadium in January 2018, when an estimated 464 people were living on the bike path (Gerda, 2018c). To enforce anti-camping laws, Orange County and the surrounding cities planned to evict the homeless population from the riverbed. The plan stalled due to a federal lawsuit against the government actors due to a shortage of shelter space in Orange County. The judge preceding over the case told county and city officials they could "move forward with riverbed evictions the following week, but only if they found short-term shelter for the hundreds of homeless people facing eviction" (Gerda, 2018a, p.13). Thus, county and local officials agreed to offer motel beds for 30 days to the homeless evicted out of the Santa Ana riverbed. Both L.A and Orange County face a massive shortage of available beds for their homeless population. Orange County's anti-camping measures had plenty of opposition since they did not have alternative places for their homeless population to stay. Any jurisdiction is likely to face similar lawsuits when attempting to dismantle tent cities (or individual

encampments) if they have not established sufficient temporary housing for displaced homeless individuals/families. Thus, establishing sufficient temporary housing that conforms to legal rules must be a main component of any plan to remove homeless encampments.

Federal Policy on Homelessness

Recognizing the high financial burden that homelessness places on jurisdictions, the federal government has established grant programs to help agencies implement solutions to address homelessness. One of the central policies in place that addresses this issue is HUD's McKinney-Vento Homeless Assistance Grant Program. "HUD awards Homeless Assistance Grants to communities that administer housing and services at the local level" (NAEH, 2019, p.3). Grants such as the **Emergency Solutions Grant (ESG) program and Continuum of Care (CoC)** emerged from HUD's program.

The **ESG program** "provides grant funding to (1) engage homeless individuals and families living on the street, (2) rapidly re-house homeless individuals and families, (3) help operate and provide essential services in emergency shelters for homeless individuals and families, and (4) prevent individuals and families from becoming homeless" (HUD, 2019b). Eligible grant recipients include Metropolitan cities, urban counties, territories, and states. The eligibility requirements are available on the HUD Exchange webpage: https://www.hudexchange.info/programs/esg/esg-requirements/.

Fact Sheet of ESG available under:

https://files.hudexchange.info/resources/documents/EmergencySolutionsGrantsProgramFactSheet.pdf

HUD's **Continuum of Care (CoC) program** promotes communitywide commitment to ending homelessness (HUD, 2019). The program provides funds to nonprofits, state, and local governments to combat homelessness. The aim is to quickly rehouse the homeless, promote access to programs and optimize self-sufficiency. "In CoC Allocation, local governmental entities are eligible subrecipients, who in turn select homeless service providers to receive the funds"

(HUD, 2019a). The eligibility requirements, as well as eligible costs may be found on the HUD Exchange webpage: https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/

Additionally, **USICH** is authorized by Congress, through the Stewart B. McKinney Homeless Assistance Act of 1987, to coordinate federal spending on homelessness across 19 federal agencies. The Agency released ten strategies to drive progress in local communities to end chronic homelessness. They are to

(1) Start at the top: Get state and local leaders to publicly commit to and coordinate efforts on ending chronic homelessness,

(2) Identify and be accountable to all people experiencing chronic homelessness, including people cycling through institutional settings,

(3) Ramp up outreach, in-reach, and engagement efforts,

(4) Implement a housing-first system orientation and response,

(5) Set and hold partners accountable to ambitious short-term housing placement goals,

(6) Prioritize people experiencing chronic homelessness in existing supportive housing,

(7) Project the need for additional supportive housing and reallocate funding to take it to the scale needed

(8) Engage and support public housing agencies and multifamily affordable housing operators to increase supportive housing through limited preferences and project-based vouchers,

(9) Leverage Medicaid and behavioral health funding to pay for services in Supportive Housing,

(10) Help people increase their income through employment opportunities and connections to mainstream benefits and income supports.

USICH provides helpful tools and guidelines to follow. Successful case studies, fact sheets, and a library of documents can be found at https://www.usich.gov/.

Proposed solutions

There has yet to be one solution that successfully ends homelessness in every community. Population, geography, healthcare, and other resources determine which solutions may be the most effective for a given community. Based on research, the most successful approaches, often used together, have been the following: public-private partnerships, housing first, regional approaches, and structured police programs. Some of these solutions are evidence-based (have been scientifically verified to be effective), while others are just beginning to be piloted but have initially promising results.

Housing First

Housing First is a strategy that numerous municipalities are beginning to implement. While most homeless shelters usually require sobriety before acceptance into the shelter, Housing First does not have any requirements (e.g., sobriety) to enter a permanent supportive housing shelter or a rapid re-housing shelter. HUD (2014) describes the Housing First model as "an effective approach to prevent future housing by reducing the process to get chronically homeless into housing as quickly as possible, eliminating barriers to find housing like low to no income or criminal records, and offering psychiatric and substance abuse services to homeless individuals once they are in a housing unit" (1). The National Alliance to End Homelessness (2016) breaks down the two housing options provided in the Housing First model: (1) **permanent supportive housing**, which targets those who have experienced homelessness for more extended or more frequent periods of times or have a mental illness or substance abuse disorder, and (2) **rapid re-housing**, which focuses more on finding individuals or families a quick, short-term housing option, then provides them with opportunities to find a permanent home.

It is important to note that these are not homeless shelters; instead, they are housing options that allow individuals control of their living space, with assistance to get them on track to living a normal life (National Alliance to End Homelessness, 2016). One benefit for using Housing First is its cost-effectiveness. A report from the Orange County United Way estimated

that Orange County, CA could save $42 million per year in homeless-related expenditures, such as emergency department visits and law enforcement services if they implemented a more extensive housing first strategy (Snow et al., 2017). Below are some case studies showing the successes of the Housing First model.

Houston, TX – Self-Reported Health-Related Quality of Life

In this study conducted in Houston, Texas between 2014 and 2017, the researchers compared the outcomes of permanent supportive housing for chronically homeless individuals on their health-related quality of life. The subjects in the study were placed into two groups under permanent supportive housing, in which both received health care through "federally qualified health centers and each included onsite care teams," (Schick, Wiginton, Crouch, Haider, & Isbell, 2019, 314). However, the participating groups differed in how integrated their health care teams were when formulating their health care plans. One group's health care team collaborated together to create an individualized health care plan for each participant who was directed to a single health care center. The other group's health care team cooperated less with each other and did not provide a "single coordinated plan of care," (Schick et al., 2019, 314). To summarize, the group given individual care plans with a more collaborative health care team saw more subjects leave permanent supportive housing for positive reasons, increased health-related quality of life, and potentially fewer visits to emergency hospital care than the other group (Schick et al., 2019). While many of the subjects remained in permanent supportive housing, they still saw an increase in their health-related quality of life (Schick et al., 2019). This study supports the idea of utilizing care services in a Housing First strategy to lower the rate of homeless living on the streets and prevent them from becoming homeless again.

Toronto, Ontario, Canada – Housing First in Ethnic Minority Groups

The researchers in this case study spent two years analyzing the outcomes of Housing First in Toronto, Canada under the At Home/Chez Soi project, which examined the effectiveness of Housing First on mentally ill homeless individuals in five different Canadian cities (The Homeless Hub, 2018). The Toronto At Home/Chez Soi case study focused on how "anti-racism and anti-oppression practices" could influence a homeless person of color's success in Housing

First (Stergiopoulos et al, 2016). The researchers categorized the participants into different test groups based on self-reported race. Some groups were given the specialized anti-racist and anti-oppression care, while other groups were given the usual Housing First care. The specialized care provided by agencies and case managers in the trial focused on addressing the problems the minority homeless groups faced, providing "client-centered" mental health services geared towards recognizing cultural traditions, while also offering English classes and life skills to the participants (Stergiopoulos et al., 2016, 4). The study found that the ethnic minority groups who received care through these anti-racist and anti-oppressive means in Housing First saw a 50 percent greater improvement in housing stability than ethnic minority groups who received usual Housing First care. However, neither group saw greater improvements than the other in mental illness or substance abuse disorders. Despite this outcome, lawmakers should consider creating programs that target specific needs for certain groups under Housing First, rather than using case management services as a one size fits all model. To read more about the At Home/Chez Soi program under Housing First and the other case studies, visit: https://www.homelesshub.ca/solutions/housing-first/homechez-soi

Housing First in Your Community

Are you interested to see if your community employs a housing first approach? The U.S Interagency Council on Homelessness provides a *"Housing First Checklist."* The tool is "intended for use by policymakers, government officials, and practitioners alike to help make a basic assessment of whether and to what degree a particular housing program is employing a Housing First approach" (USICH, 2016). Furthermore, HUD also has a *"Housing First Assessment Tool"* through a macro enabled excel workbook that is an "iterative tool to track progress on implementing Housing First over time and is a great opportunity to initiate Housing First conversations among various levels of project staff" (HUD, 2019).

The link is available at: https://www.hudexchange.info/resource/5294/housing-first-assessment-tool/

Public-Private Partnerships

A housing solution tool that has been gaining traction is public-private partnerships. A public-private partnership is when a public agency partners with a private agency for a project that benefits both parties. The private agency can be a non-profit, a private developer, private bank, or private real-estate developer. The purpose of a public-private partnership is to reduce the burden of planning, funding, and executing a project that local government would be taking on by bringing in a private party which may benefit from the partnership and may have expertise in that sector of work. Some examples of typical public-private partnerships include: housing projects, from funding to property identification to building; as well as financial programs and program implementation. Public-private partnerships have been used in national policy since the 1930s and have been utilized by HUD since the 1960s (HUD, 2015). Listed below are some successful case studies on housing programs that used public-private partnerships.

Toronto, Ontario, Canada – Red Door Family Shelter

The Red Door Shelter in Toronto, Canada went through a transition into a public-private partnership with a condominium complex. The shelter which had originally been a church, shifted into mixed-use when the church owner decided to sell the building. The non-profit initially asked the city for $4 million in financing to buy the building and keep the shelter running, however, the city declined. After a pending sale which was going to work with the non-profit fell through, a developer came in and after major support from the community, joined the city and non-profit for a public-private, mixed-use condo. The city funded a portion of the development and was able to change the zoning code for the property which allowed the condominium to build one floor higher than normally permitted and was estimated at a value of $250,000.

The Red Door Shelter had been re-built as a part of a new condominium complex with private rooms for homeless individuals and more facilities than before. The city pleased the community by continuing to support the shelter, and the builder was able to have their project partially funded and received a special zoning code which increased their profit. The activism of

the community in support of the non-profit plan was a catalyst for the project as the city would not have prioritized the shelter funding without citizen activism (Siemiatycki, 2017).

Case Study: https://www.tandfonline.com/doi/abs/10.1080/07352166.2017.1368299

Dublin, California – Arroyo Vista

The City of Dublin faced community complaints in the mid-2000s regarding the state of their only public housing development- Arroyo Vista. The city partnered with an affordable housing developer, a private builder, and the Housing Authority of the County of Alameda to re-shape Arroyo Vista into a mixed-use development with 378 housing units, consistent with area density. Two additional affordable housing complexes were added: Carlow Court, a building with 49 one-bedroom units for seniors and Wexford Way, a family housing complex with 130 units that rent to families making 30%-55% of the area median income. A portion of the senior and family units are subsidized by project and housing-based vouchers. Wells Fargo was an additional financial partner in this project and offered money management and fraud prevention counseling to residents. The development of Westford Way and Carlow Court was a $55 million project. Visit the HUD report for more information on this program's finances: https://www.huduser.gov/portal/casestudies/study_10122015_1.html

Pennsylvania – Your Way Home

"Your Way Home Montgomery County was established as the county's unified and coordinated housing crisis response system for families and individuals experiencing homelessness or at imminent risk of homelessness." The Your Way Home program takes a "housing first" approach by addressing housing as the primary concern and then providing support services. This program includes partnerships between government, non-profits, philanthropy groups, and private businesses. Your Way Home has different solutions depending on the needs of the enrolled individuals. Permanent supportive housing, subsidized housing, and rapid re-housing are the different ways that this organization has reduced the county's homeless population. Between the organization's launch in January 2014 and the 2018 point-in-time-count, Your Way Home reduced homelessness in Montgomery County by 37%, 464

homeless to 292 homeless (Your Way Home Montgomery County, 2019). Find more information about the partnership on the organization's website: https://yourwayhome.org/

HUD's ConnectHome Initiative

In August 2015 HUD partnered with local communities, private sectors, and the Federal Government to expand access to high-speed internet among low-income families. HUD reported that "without internet access, many low-income students face a "homework gap," and their families are at a disadvantage for finding jobs, getting health information, or accessing other key information". The program goal was to bridge the gap for these households by providing internet connections, distributing devices, and offering digital literacy training. To implement this program, partnerships were created between many different internet providers.

Figure 15. How Home Internet Use for Employment-Related Activities Has Affected ConnectHome Households[a]

Agree or somewhat agree
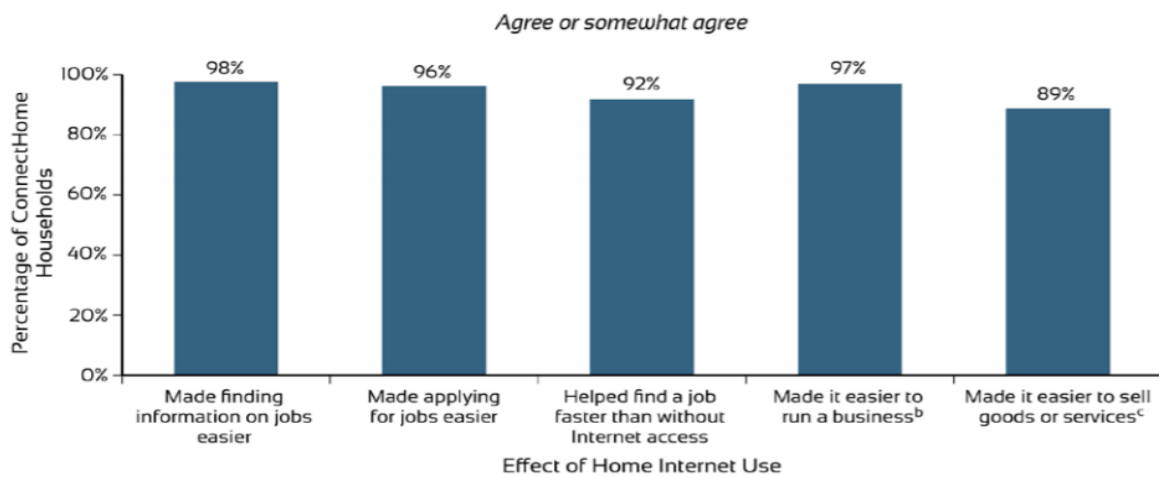
[a] Among households that have used the internet at home for employment-related activities.
[b] Among those who sold goods or services online in the last 30 days.
[c] Among those who advertised or ran a business online in the last 30 days.
Source: Tabulations of ConnectHome Internet Use Survey

Five cases studies were conducted in the form of focus groups in Choctaw Nation, Cleveland (OH), Kansas City (MO), San Antonio (TX), and Tampa (FL). Participants of ConnectHome in all five case study locations reported the following benefits: a reduction in travel burden and cost when they would have normally needed to find a way to the library,

educational support for children in reference to homework support and an increase in communication between teachers, and finally an enhanced ability to locate and apply for jobs.

This case study is an example of how private-public partnerships can serve as a tool in other aspects than unit building. In this case study, the government partnered with a wide variety of local internet providers to improve the lives, and even the odds for low-income families; for some preventing homelessness as one of the re-occurring benefits listed by users was the ability to search and apply for jobs (HUD, 2018a).

Case Study: https://www.huduser.gov/portal/sites/default/files/pdf/ConnectHome-Initiative.pdf

Regional Approach

Some communities have recently moved to a regional approach to ending homelessness. A regional approach in the broad sense allows for sharing of funds, land, and resources. The individuals experiencing homelessness may wander from town to town within a county using resources from different localities, placing a financial burden on all of them. This regional approach does not have a specific structure and is being implemented in a few different ways. Most regional approaches emerge out of, or merge with, Continuum of Care programs because they already take part in extensive planning and resource allocation.

Joint Homelessness Task Force, State Action

In 2016, the League of California Cities partnered with the California State Association of Counties and created the Joint Homelessness Task Force. This task force was formed in response to the fact that no city can solve this issue single-handedly; the task force produced a report which outlines different tools that localities can use and leverage to reduce homelessness. This has become a state resource which localities can use to determine which approach would likely be the most successful. More information at: https://www.cacities.org/Resources-Documents/Policy-Advocacy-Section/Hot-Issues/Homeless-Resources/League-CSAC-Task-Force/HTF-Homeless-2018-Web.aspx

2019 Bay Area Homelessness Report, Economic Institute

The Economic Institute recommends Regional Homelessness Management Plans as a solution to improve services offered, data collection, and planning. The report notes that Continuums of Care already include this type of structure and "should be developed in collaboration with stakeholders from regional housing and transportation planning, healthcare services, criminal justice, the private sector, the behavioral health system, and nonprofit homeless service providers, and should focus on at least three key goals: standardizing definitions, creating a regional homelessness database, and vastly expanding the region's overall capacity of accommodation options" (Bay Area Council Economic Institute, 2019). More information: https://www.sfchronicle.com/opinion/openforum/article/Open-Forum-Ending-homelessness-requires-a-13754690.php?psid=1GLIx

Orange County, CA – Association of California Cities

Kelsey Brewer discussed how the crisis of homelessness was affecting Orange County and the failed results of bussing homeless individuals from city to city (Voice of OC, 2018). Brewer explained that while all of Orange County could agree that it was a problem, there was not one cohesive solution that included the entire region. She explained that while a handful of the cities may be able to fund a homeless shelter, they may not have the land space for development or vice versa. The idea she presented was that if all the cities could sign onto a regional plan and divide the cost based on population per city, the funding and land space would be more readily available (K. Brewer, personal communication, March, 2019). To address the homeless problem in Orange County, the Association of California Cities – Orange County (ACC-OC) announced a plan in early 2018 to develop 2,700 units of permanent supportive housing within three years. In order to complete this plan, they pushed for state legislation that would regionalize funds for homeless services (AB 448). This legislation established the Orange County Housing Trust and was approved by the Governor in 2018. It allows for public and private funding to be mixed, allowing private-sector money to be incorporated in the housing efforts which will help fund the plan (Gerda, 2018b).

For more information: https://voiceofoc.org/2018/04/oc-cities-to-ask-legislature-for-regional-agency-to-speed-up-homeless-housing-projects/.

King County, Washington

The King County regional approach includes government leaders partnering with private sector and non-profits to create effective models to address homelessness in the community. The Mayor backed this regional entity in 2018 and the county website describes why a regional approach can be successful and what purpose it serves. "Creating a single entity alone will not solve the severe lack of affordable housing, lack of behavioral health resources, and other root causes that contribute to homelessness. A new entity provides the necessary pre-conditions for clear ownership and accountability of core functions and to ultimately improve outcomes. It is a critical first step to addressing the true scale of homelessness across our region" (A New Path Forward: Moving Towards a Regional Structure and Approach to Tackle Homelessness, 2018). This regional team has tasks such as work with an update the Continuum of Care governance, engage community stakeholders, set measurable goals within a regional plan and work on allocation of resources within the new entity.

For more information:

https://www.kingcounty.gov/elected/executive/constantine/news/release/2018/December/19-governance-homeless.aspx

Police Programs

Police programs, such as Crisis Intention Teams (CITs) and Homeless Outreach Teams (HOTs), are contributing to a significant decrease in conflicts between law enforcement and the mentally-ill homeless. Beginning in 1988 in Memphis, TN, the Memphis police department collaborated with mental-health officials in response to a police shooting of a mentally ill individual and developed the CIT program which has since been implemented by more than 3,000 agencies nationwide (Masenthin, 2017). CITs provide police departments with a 40-hour program that includes in-class and hands-on training for certified officers to effectively de-escalate situations that involve mentally-ill individuals who pose a threat to themselves or those around them (Comartin, Swanson, & Kubiak, 2019). Officers who go through CIT training

become first responders to these situations and connect the individual experiencing a severe mental health crisis to mental health care practitioners rather than imprisoning the individual (Masenthin, 2017). These special units, which typically include a mental health professional riding with a specially trained police officer, benefit from having the expertise of two professionals with access to different social services. Research has shown that these units can reduce the number of incidents involving deadly force and arrest as well as improve the confidence of CIT-trained officers (Gardiner & Hickman, 2017). A recent study found that approximately 40% of local law enforcement agencies nationwide say they have a specialized mental health evaluation team but only about half (55%) of these include a mental health professional in addition to police officers on the team (Gardiner, 2017).

Whereas CIT's are specifically for individuals experiencing a mental health crisis (who are often, but not always, homeless), HOTs are specifically for individuals living on the street (who may or may not have mental health issues). HOTs are generally composed of sworn law enforcement officers, and/or non-sworn community service officers, and often local social service providers. These officers (teams) connect with residents experiencing homelessness in their jurisdiction and get to know them, where they stay, and their problems so that officers can develop trust and provide help when the person is ready to accept it. These officers serve as a department's homeless and social service experts and usually do not enforce minor laws/ordinances against the homeless unless absolutely necessary for public safety purposes. Only about one-tenth (10.4%) of police and sheriff's departments across the county have a Homeless Outreach Team, most of which are located in the West or Southeast (Gardiner, 2017). In fact, only 45% of agencies that described homelessness as a "major problem" in their community has a HOT (Gardiner, 2017). This is an underutilized program that is easily implemented and congruent with a community policing philosophy.

The size and scope of both CITs and HOTs depend on the jurisdiction. Some agencies have multiple, full-time teams with a dozen personnel assigned to rotating shifts for maximum, near 24/7 coverage. Others have part-time teams, whereby one or two officers go out once or twice per month for a few hours to check on residents in their area. For some, especially large

agencies, these teams are a major budget item while other agencies finance the teams by allocating a small portion of the general overtime budget to team activities.

CITs and HOTs benefit the police and the community because they improve morale within a police department effected by the homeless, they promote better responses by law enforcement officers to vulnerable individuals through training and role modeling, they connect law enforcement with other non-profit organizations or mental health facilities to refer the homeless to more resources, and they help provide non-law enforcement based solutions to homelessness and the mentally ill which improves the relationship between the homeless and law enforcement whereby trust may be built and help eventually sought. Discussed below are examples and case studies that show the successes of implementing CITs and HOTs in police departments.

Oakland County, MI – Effectiveness of CIT Training

This study examined how CIT training effected law enforcement officers' responses to mentally ill individuals and their perception of mental illness amongst three municipalities in Oakland County, MI. The researchers interviewed nine out of 28 total CIT-trained officers and assessed their experiences before and after the training (Kubiak et al., 2017). After the training, the officers believed they had a better understanding of mental illness and how to approach situations more appropriately when dealing with a mentally ill individual (Kubiak et al., 2017). Instead of approaching the individual as a risk to public safety and pursuing an arrest, CIT training educated the officers of alternative responses, such as delivering the mentally ill individual to a mental health care facility (Kubiak et al., 2017). The results found that officers dropped off mentally ill individuals to crisis centers 38 more times than the researchers' model projected one month after CIT training (Kubiak et al., 2017). While this study did not exclusively cover mentally ill homeless individuals, these results are important to the homelessness issue because CIT-trained officers can apply their training to situations involving the mentally ill homeless.

Seattle, WA – Seattle Navigation Team

Seattle, WA created an organization known as the Seattle Navigation Team in response to the "state of emergency" declaration of the dramatic influx of Seattle's homeless population in 2015. The Seattle Navigation Team consisted of outreach and case management workers and Seattle police department officials. They hoped to increase homeless engagement and responses to services offered by social workers and the police departments. After implementing the Seattle Navigation Team, police officials noticed an increased "credibility and perceived legitimacy in the homeless community" when paired with the outreach and case management workers (Wexler, 2018, 43). The Seattle police provided public safety by responding to criminal activity in the area, and the outreach workers offered shelter referrals and case management services to homeless individuals. The results showed an increase in referral acceptance rates from 3-5% to 30-35% percent after the first year of the implementation of the Seattle Navigation Team. This study demonstrates the importance of cooperation between law enforcement and human services organizations to establish a rapport with homeless individuals so they become more willing to engage with law enforcement and accept services that will help them find a solution to their homelessness. This approach is currently being replicated and studied in Long Beach (CA) with the Los Angeles County Department of Mental Health, the Long Beach Police Department, and the Los Angeles County Sheriff's Department.

Case Study: http://www.seattlechannel.org/videos?videoid=x78447

Houston, TX – Houston's Homeless Outreach Team

After Houston's homeless population began to create camps in the downtown part of the city, the Houston Police Department formed their own Homeless Outreach Team in 2011. Starting off as a six-month pilot project, Houston's HOT hoped to help the homeless find housing and resources to overcome homelessness while also focusing on the problems they face. The team interviewed 174 homeless individuals to find a greater understanding of why they became homeless and why they remain homeless. As another form of a public-private partnership, Houston's HOT collaborated with the Harris Center for Mental Health and gained support from the community and non-profit organizations, earning the program $1.15 million in

private funding since 2011. Due to the success of the pilot, the program became permanent, leading to the establishment of the Houston police department's Mental Health Division—the only one in the United States. Since 2011, the collaboration of the Houston police department, the Harris Center for Mental Health, and other outreach workers helped 1500 homeless individuals find temporary or permanent housing. Additionally, the HOT focused on reissuing stolen or lost government IDs to the homeless so they can access potential employment opportunities and government benefits, issuing 1200 homeless ID letters throughout the program's run.

Case Study: https://popcenter.asu.edu/sites/default/files/17-10.pdf

Conclusion

This report is intended as a starting point for practitioners in small to medium sized communities across the country looking for potential solutions to emerging homelessness issues in their jurisdiction. It is not a complete guide to everything homeless related (is that even possible?). There are many jurisdictions that have highly developed and coordinated plans (for example, Los Angeles City and County) and vast amounts of resources they have created that are available for public consumption. We have provided some of these links throughout the report and hope that it will assist in program evaluation and planning.

Every community will have a different approach and combination of the solutions discussed in this report. Housing first, private-public partnerships, regional collaborations and police programs can serve as crucial components in a successful plan to end homelessness in your community.

Resources

Costs of Homelessness:

Housing Prices and Homelessness: https://www.zillow.com/research/homelessness-rent-affordability-22247/

Municipality Budgets:

Columbus, OH: https://www.geekwire.com/2018/cities-making-dent-homelessness-seattle-can-learn/

Los Angeles, CA: https://www.documentcloud.org/documents/1906452-losangeleshomelessnessreport.html

New York, NY: https://cbcny.org/research/3-billion-problem

Orange County, CA: https://www.unitedwayoc.org/wp-content/uploads/2017/08/united-way-cost-study-homelessness-2017-report.pdf

Salt Lake City, UT: https://le.utah.gov/audit/17_11rpt.pdf

San Diego, CA: https://www.nbcsandiego.com/news/local/How-Much-Money-Is-Spent-On-Homeless-Services-In-San-Diego-County-442277753.html

San Francisco, CA: https://www.sfchronicle.com/bayarea/article/S-F-spends-record-241-million-on-homeless-6808319.php

Santa Clara County, CA: https://economicrt.org/up-content/uploads/2015/05/Home_Not_Found_2015.pdf

Seattle, WA: https://www.seattle.gov/humanservices/about-us/initiatives/addressing-homelessness

Washington, D.C.: https://www.dcfpi.org/wp-content/uploads/2017/08/Homeless-Services-Toolkit-FY-2018-Approved.pdf

Population:

Veterans:

Supportive Services for Veterans Families (SSVF): https://www.va.gov/homeless/SSVF/

Department of Housing and Urban Development-Department of Veterans Affairs

Supportive Housing Program: https://www.va.gov/homeless/hud-vash.asp

National Call Center for Homeless Veterans: 1-877-4AID VET (877-424-3838)

Community Resource and Referral Centers: https://www.va.gov/HOMELESS/crrc.asp

U.S. Interagency Council on Homelessness, Criteria and Benchmarks to End Veteran

Homelessness: https://www.usich.gov/resources/uploads/asset_library/Ten-Strategies-to-End-Veteran-Homelessness-v3.pdf

Individuals:

U.S. Interagency Council on Homelessness, Rapid-Rehousing Funding:

https://www.usich.gov/tools-for-action/federal-resources-that-can-fund-rapid-re-housing

Children and Families:

U.S. Interagency Council on Homelessness, Criteria to End Homelessness among Families and Children: https://www.usich.gov/resources/uploads/asset_library/family-criteria-benchmarks-july-2017-revision.pdf

Policy

Emergency Solutions Grant (ESG) Program:
https://www.hudexchange.info/programs/esg/esg-requirements/

ESG Fact Sheet:
https://files.hudexchange.info/resources/documents/EmergencySolutionsGrantsProgramFactSheet.pdf

Continuum of Care (CoC) Program: https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/

U.S. Interagency Council on Homelessness Website: https://www.usich.gov/

Proposed Solutions:

Housing First:

CASE STUDY: Toronto, Ontario, Canada – Housing First in Ethnic Minority Groups:
https://www.homelesshub.ca/solutions/housing-first/homechez-soi

U.S. Department of Housing and Urban Development, Housing First Assessment Tool:
https://www.hudexchange.info/resource/5294/housing-first-assessment-tool/

Public-Private Partnerships:

CASE STUDY: Toronto, Ontario, Canada – Red Door Family Shelter:
https://www.tandfonline.com/doi/abs/10.1080/07352166.2017.1368299

CASE STUDY: Dublin, CA – Arroyo Vista:
https://www.huduser.gov/portal/casestudies/study_10122015_1.html

CASE STUDY: Pennsylvania – Your Way Home: https://yourwayhome.org/

CASE STUDY: HUD's ConnectHome Initiative:
https://www.huduser.gov/portal/sites/default/files/pdf/ConnectHome-Initiative.pdf

Regional Approach:

CASE STUDY: Joint Homelessness Task Force, State Action:
https://www.cacities.org/Resources-Documents/Policy-Advocacy-Section/Hot-Issues/Homeless-Resources/League-CSAC-Task-Force/HTF-Homeless-2018-Web.aspx

CASE STUDY: 2019 Bay Area Homelessness Report, Economic Institute:
https://www.sfchronicle.com/opinion/openforum/article/Open-Forum-Ending-homelessness-requires-a-13754690.php?psid=1GLIx

CASE STUDY: Orange County, CA – State Action: https://voiceofoc.org/2018/04/oc-cities-to-ask-legislature-for-regional-agency-to-speed-up-homeless-housing-projects/

CASE STUDY: King County, Washington:
https://www.kingcounty.gov/elected/executive/constantine/news/release/2018/December/19-governance-homeless.aspx

Police Programs:

CASE STUDY: Seattle, WA – Seattle Navigation Team:

http://www.seattlechannel.org/videos?videoid=x78447

CASE STUDY: Houston, TX – Houston Homeless Outreach Team:

https://popcenter.asu.edu/sites/default/files/17-10.pdf

References

Alexander, M. (2018). A $3 Billion Problem: Homeless Services in New York City. *Citizens Budget Commission.* Retrieved from https://cbcny.org/research/3-billion-problem

Audit Subcommittee of the Legislative Management Committee. (2017). Report to the Utah State Legislature: A Limited Review of Sources of Funding and Expenditures for Homeless Initiatives (Report No. 2017-11). Salt Lake City, UT: Office of the State of Utah Legislative Auditor General. Retrieved from https://le.utah.gov/audit/17_11rpt.pdf

Bay Area Council Economic Institute. (2019). *Bay Area Homeless: A Regional View of a Regional Crisis.* Retrieved www.bayareaeconomy.org/files/pdf/BayAreaHomelessnessReport.pdf

Bendix, A. (2018). San Francisco spent $54 million this year on street cleanup—here's why it's shilling out way more than other cities. *Business Insider.* Retrieved from https://www.businessinsider.com/san-francisco-spent-54-million-street-cleanup-2018-9

Comartin, E.B., Swanson, C., & Kubiak, S. (2019). Mental Health Crisis Location and Police Transportation Decisions: The Impact of Crisis Intervention Team Training on Crisis Center Utilization. *Journal of Contemporary Criminal Justice, 35*(2), 241-260. doi: 10.1177/1043986219836595

Community Redevelopment Agency. (2005). *Los Angeles' Skid Row.* Los Angeles, CA. Retrieved www.lachamber.com/clientuploads/LUCH_committee/102208_Homeless_brochure.pdf

Constantine, D. (2018). A new path forward: moving towards a regional structure and approach to tackle homelessness. *King County.* Retrieved from https://www.kingcounty.gov/elected/executive/constantine/news/release/2018/December/19-governance-homeless.aspx.

County of San Diego. (2018). Hepatitis A Outbreak After Action Report. San Diego, CA. Retrieved https://www.sandiegocounty.gov/content/dam/sdc/cosd/SanDiegoHepatitisAOutbreak-2017-18-AfterActionReport.pdf

Faraji, S.-L., Ridgeway, G., & Wu, Y. (2018). Effect of emergency winter homeless shelters on
      property crime. *J Exp Criminol, 14*, 129-140. Retrieved from
      https://doi.org/10.1007/s11292-017-9320-4

Flaming, D., Toros, H., & Burns, P. (2015). *Home Not Found: The Cost of Homelessness In Silicon
      Valley*. Retrieved from Economic Roundtable website: https://economicrt.org/up-
      content/uploads/2015/05/Home_Not_Found_2015.pdf

Gardiner, C. (2017, September). *Policing around the nation: Education, philosophy, and practice*.
      Washington, DC: Police Foundation.

Gardiner, C. & Hickman, M. (2017). *Policing for the 21st century: Realizing the vision of police in a
      free society.* Dubuque, IA: Kendall Hunt Publishers.

Glynn, C., & Casey, A. (2018). Homelessness Rises Faster Where Rent Exceeds a Third of Income.
      Zillow Research. Retrieved from https://www.zillow.com/research/homelessness-rent-
      affordability-22247/

Gerda, N. (2018a) Homelessness in OC: 2018 Year in Review. *Voice of OC*. Retrieved from
      https://voiceofoc.org/2018/12/homelessness-in-oc-2018-year-in-review/

Gerda, N. (2018b). OC Cities to Ask Legislature for Regional Agency to Speed Up Homeless
      Housing Projects. *Voice of OC.* Retrieved from https://voiceofOC.org/2018/04/oc-cities-
      to-ask-legislative-for-regional-agency-to-speed-up-homeless-housing-projects/

Gerda, N. (2018c). Uncertainty as County Prepares to Evict Hundreds of Homeless from
      Riverbed Camp. *Voice of OC.* Retrieved from https://voiceofoc.org/2018/01/uncertainty-
      as-country-prepares-to-evict-hundreds-of-homeless-from-riverbed-camp/

Henry, M., Mahathey, A., Morrill, T., Robinson, A., Shivji, A., Watt, R., & Abt Associates. (2018).
      *The 2018 Annual Homeless Assessment Report (AHAR) to Congress: Part 1: Point-in-time
      estimates of homelessness.* Washington, D.C.: The U.S. Department of Housing and
      Urban Development, Office of Community Planning and Development. Retrieved from
      https://files.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf

Holland, G. (2016). Los Angeles County spends $1 billion managing homelessness, report finds. *Los Angeles Times.* Retrieved from https://www.latimes.com/local/lanow/la-me-county-homelessness-spending-20160205-story.html

The Homeless Hub. (2019). *At Home/Chez Soi.* Toronto, ON: Canadian Observatory on Homelessness. Retrieved from https://www.homelesshub.ca/solutions/housing-first/homechez-soi

Janosko, J. (2019). *Individual Homelessness: What are the Trends?* National Alliance to End Homelessness. Washington, D.C. Retrieved from https://endhomelessness.org/individual-homelessness-what-are-the-trends/

Johnson, J. (2018). *Addressing Homelessness.* Seattle, WA: Human Services. Retrieved from https://www.seattle.gov/humanservices/about-us/initiatives/addressing-homelessness

Kandil, C.Y. (2018). For Many Homeless Families, a Tough Choice: Separation, or a Shelter Bed? *California Health Report*. Retrieved from www.calhealthreport.org/2018/05/09/many-homeless-families-tough-choice-separation-shelter-bed/

Kubiak, S., Comartin, E., Milanovic, E., Bybee, D., Tillander, E., Rabaut, C., . . . Schnieder, S. (2017). Countywide implementation of crisis intervention teams: Multiple methods, measures and sustained outcomes. *Behavioral Sciences & the Law, 35,* 456-469. doi: 10.1002/bsl.2305

Kushel, M.B., Evans, J.L., Perry, S., Robertson, M. J., Moss, A. R. (2003). No Door to Lock: Victimization Among Homeless and Marginally Housed Persons. *American Medical Association, 163*(20), 2492-2499. doi: 10.1001/archinte.163.20.2492

Loftus-Farren, Z. (2011). Tent cities: An interim solution to homelessness and affordable housing shortages in the United States. *California Law Review*, *99*(4), 1037-1081. Retrieved from Academic Search Premiere (Accession No. 65154638)

Masenthin, L., (2017). Peace of Mind: Improving Conflicts between Law Enforcement and the

   Mentally Ill Homeless while Exploring Sustainable Community Solutions for Care. Kansas

   Journal of Law & Public Policy, *27*(1), 103-124. Retrieved from http://www.law.ku.edu/

Nagendra, C., & McDivitt, K. M. (2017, May 17). The Emergency Shelter Series: The Critical Role

   of Emergency Shelter in a Crisis Response System [Webinar]. In *National Alliance to End

   Homelessness Webinar Series.* Retrieved from https://endhomelessness.org/wp-

   content/uploads/2017/04/Emergency-Shelter-Role-of-Shelter_Webpage.pdf

National Alliance to End Homelessness. (2010). *What is a Continuum of Care?* Washington, D.C.

   Retrieved from https://endhomelessness.org/resource/what-is-a-continuum-of-care/

National Alliance to End Homelessness. (2018a). *Homelessness Declines Among Key

   Populations, Despite Stubborn Numbers Overall.*Washington, D.C.Retrieved from

   https://endhomelessness.org/resource/homelessness-declines-among-key-populations-

   despite-stubborn-numbers-overall/

National Alliance to End Homelessness. (2018b). *Increased Investments in Ending Veteran

   Homelessness Are Paying Off.* Washington D.C. Retrieved from

   https://endhomelessness.org/resource/increased-investments-ending-veteran-

   homelessness-paying-off/

National Alliance to End Homelessness. (2019) *State of Homelessness.* Washington D.C.

   Retrieved from: https://endhomelessness/org/homelessness-in-america/homelessness-

   statistics/state-of-homelessness-report/

National Alliance to End Homelessness. (n.d.). *Chronically Homeless.* Washington, D.C.

   Retrieved from https://endhomelessness.org/homelessness-in-america/who-

   experiences-homelessness/chronically-homeless/

Nickelsburg, M. (2018). The cities making a dent in homelessness--and what Seattle can learn

   from them. *GeekWire.* Retrieved from https://www.geekwire.com/2018/cities-making-

   dent-homelessness-seattle-can-learn

Replogle, J. (2018). *'Not In My Backyard': What the Shouting Down of One Homeless Housing Complex Means For Us All*. *KPPC.* Retrieved from projects.scpr.org/interactives/Fullerton-nimby

Reyes, E. A. (2018). L.A. lawmakers face opposition over homeless shelter plans. *Los Angeles Times.* Retrieved from https://www.latimes/com/local/lanow/la-me-In-homeless-housing-reaction-20180618-story.html

Russolillo, A., Moniruzzaman, A. Parpouchi, M., Currie, L. B., & Somers, J. M. (2016). A 10-year retrospective analysis of hospital admissions and length of stay among a cohort of homeless adults in Vancouver, Canada. *BMC Health Services Research*, *16*(60), 1-10. doi: 10.1186/s12913-106

San Diego Regional Task Force on the Homeless. (2019). Retrieved from https://www.rtfhsd.org

Schick, V., Wiginton, L., Crouch, L., Haider, A., & Isbell, F. (2019). Integrated Service Delivery and Health-Related Quality of Life of Individuals in Permanent Supportive Housing Who Were Formerly Chronically Homeless. *Academic Journal of Public Health, 109*(2), 313-319*.* doi: 10.2105/AJPH.2018.304772

Siemiatycki, M. (2017). Developing homeless shelters through public–private partnerships: The case of the Red Door Family Shelter in Toronto. *Journal of Urban Affairs*. doi: 10.1080/07352166.2017.1368299.

Snow, D. A., Goldberg, R. E., Villalta, S., Bernatzky, C. (2017). *Homelessness in Orange County: The Costs to Our Community.* Retrieved from Orange County United Way Website: https://www.unitedwayoc.org/wp-content/uploads/2017/08/united-way-cost-study-homelessness-2017-report.pdf

Stergiopoulos, V., Gozdik, A., Misir, V., Skosireva, A., Sarang, A., Connelly, J., Whisler, A., & McKenzie, K. (2016). The effectiveness of a Housing First adaptation for ethnic minority groups: findings of a pragmatic randomized controlled trial. *BMC Public Health,16*(1110), 1-11. doi: 10.1186/s12889-016-3768-4

Teixeria, L. (2017). Why We Need to Change the Way We Talk about Homelessness. *European Journal of Homelessness, 11*(2), 77-91. Retrieved from https://www.feantsaresearch.org/download/think-piece-23459289098505715364.pdf

Tinoco, M. (2019). LA Will Spend $30M This Year On Homeless Sweeps. Do They Even Work? *LAist*. Retrieved from https://laist.com/2019/04/10/homeless_sweeps_los_angeles_public_health.php

United States Interagency Council on Homelessness. (2016). *Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation.* Retrieved from https://www.usich.gov/tools-for-action/housing-first-checklist/

U.S. Department of Housing and Urban Development. (2014). *Housing First In Permanent Supportive Housing.* Washington, D.C.: HUD Exchange. Retrieved from https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-rief.pdf

U.S. Department of Housing and Urban Development. (2015). *The Evolution of HUD's Public-Private Partnerships.* Washington, D.C.: HUD User. Retrieved from https://www.huduser.gov/hud50th/HUD2-048-Public-Private_Partnership_508.pdf

U.S. Department of Housing and Urban Development. (2018a). *ConnectHome Initiative.* Washington, D.C.: Office of Policy Development and Research. Retrieved from https://www.huduser.gov/portal/sites/default/files/pdf/ConnectHome-Initiative.pdf

U.S. Department of Housing and Urban Development. (2018b). *HUD Reports Homelessness Unchanged in U.S. in 2018 with Notable Declines Among Veteran and Families with Children*. Washington, D.C. Retrieved from https://www.hud.gov/press/press_releases_media_advisories/HUD_No_18_147

U.S. Department of Housing and Urban Development. (2019). *Continuum of Care (CoC) Program Eligibility Requirements.* Washington, D.C.: HUD Exchange. Retrieved from http://www.hudechange.info/programs/coc/coc-program-elibility-requirements/

U.S. Department of Housing and Urban Development. (n.d.) *EGS Requirements.* Washington, D.C. Retrieved from https://www.hudexchange.info/programs/esg/esg-requirements/

U.S. Department of Veterans Affairs. (2019a). *Community Resource and Referral Centers (CRRCs).* Washington, D.C. Retrieved from https://www.va.gov/HOMELESS/crrc/asp

U.S. Department of Veterans Affairs. (2019b). *National Call Center for Homeless Veterans.* Washington, D.C. Retrieved from https://www.va.gov/homeless/nationalcallcenter.asp

U.S. Department of Veteran Affairs. (2019c*). U.S. Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program*. Washington, D.C. Retrieved from https://www.va.gov/homeless/hud-vash.asp

Wexler, C. (2018). *The Police Response to Homelessness.* Washington, D.C.: Police Executive Research Forum.

Wick, S.F. (2019). *Homeless Outreach Team: Another Way to Fight Crime.* Houston, TX: Houston Police Department. Retrieved from https://popcenter.asu.edu/sites/default/files/17-10.pdf

Your Way Home Montgomery County. (2019). *Making the experience of homelessness in Montgomery County, Pennsylvania rare, brief, and non-reccurring.* Retrieved from https://www.yourwayhome.org/what-we-do

Zassenhaus, E. (2014). LA's homeless: Skid Row's epic clean-up by the numbers. *KPPC.* Retrieved from https://www.scrp.org/2014/09/11146648/la-s-homeless-skid-row-s-epic-cleanup-by-the-numb/

Zibulewsky, J. (2001). The Emergency Medical Treatment and Active Labor Act (EMTALA): what is it and what it means for physicians. *U.S. National Institutes of Health's National Library of Medicine*,*14*(4), 339-346. Retrieved from https://www.ncbi.nim.nih.gov/pmc/articles/PMC1305897/

Acknowledgements

About the Authors

Pedro Cardenas

Pedro Cardenas received his bachelor's degree in Public Administration at California State University, Fullerton in December 2019. He is currently pursuing his masters of Public Administration along with a certificate in Public Management Analysis at California State University, Long Beach. Pedro works as an Analyst at the City of San Diego.

Katie Faithe

Katie Faithe is an undergraduate student at California State University, Fullerton majoring in Political Science with a minor in International Politics. Faithe is currently a legislative intern for Representative Juan Vargas in his Washington, D.C. office. Upon graduating in May 2020, she plans to move to Washington, D.C. permanently to pursue a career in government and policymaking.

Michaela Pippin

Michaela Pippin received her bachelor's degree in Public Administration and Communications at California State University, Fullerton in May 2019. She is currently supporting decarbonization as a communications specialist at a Community Choice Aggregator in Northern California.

Faculty Project Coordinator

Christine Gardiner, Ph.D.

Christine Gardiner is a professor of criminal justice at CSU Fullerton, a Senior Research Fellow for the Police Foundation, and a member of CSUF's Center for Public Policy. She received her Ph.D. from the University of California, Irvine and her M.Phil from Cambridge University (England). She is a certified Crime and Intelligence Analyst with prior work experience as a crime analyst, police dispatcher, and intern probation officer. Her areas of expertise include policing and crime policy. She has conducted two major studies on higher education in policing and authored numerous articles, book chapters, and an introduction to policing textbook.

The Center for Public Policy

The Center for Public Policy at CSUF is a nonpartisan research institute dedicated to exploring public policy in Orange County and the surrounding area. The center conducts public opinion surveys and provides a setting for faculty and student research on applied policy relevant to the region. For questions regarding the Center for Public Policy, please contact:

Division of Politics, Administration, and Justice
University Hall Room 511
800 N. State College Blvd.
Fullerton, CA 92831
pajdiv@fullerton.edu   Visit us at: http://cpp.fullerton.edu/index.asp

For questions regarding this report, contact Dr. Gardiner at cgardiner@fullerton.edu.

The Student Research Series   A series of research reports prepared by California State University Fullerton graduate and undergraduate students under faculty supervision. The students – who are majoring in Criminal Justice, Public Administration, or Political Science and who are hand-selected based on their excellent academic record and writing skills – conduct independent research on important policy-related issues proposed by community partners. The series attempts to fill the research gap that exists in many public service agencies.

We are always open to new project ideas. If you have a pertinent question that could be answered through an extensive review of the literature (a.k.a. library research), we want to hear from you! To propose a research topic or learn more about the program, contact Dr. Christie Gardiner at cgardiner@fullerton.edu or Dr. Justin Tucker at justintucker@fullerton.edu.