

STATE OF HOMELESSNESS IN LAKE COUNTY, CALIFORNIA COMPILATION OF COMMUNITY DATA

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INTRODUCTION

In the United States, more than 3.5 million citizens experience homelessness every year. Usually, a series of life altering-events, unanticipated and unplanned for, catapult a person into the unfamiliar, chaotic world of unsuitable or unstable housing. Living near or at the poverty line allows little or no room for unforeseen expenses. Countless reasons may push a reliable, solid citizen into a place of despair such as a disabling accident, partner or parent death, or illness. Natural disasters, like those experienced In Lake County, non-selectively devastate the rich and poor alike and may further compromise a vulnerable person's ability to find and secure long-term solutions for suitable housing. Without a safety net of friends and family, proper insurance, savings, available affordable housing, and premeditated governmental assistance, any U.S. citizen can unexpectedly become without a home and join millions who experience homelessness.

What is true for the nation holds true for Lake County; wherein brews a perfect storm. Many factors translate directly into the community of Lake County including poverty, mental illness, aging society, employment stagnation, family violence, substance abuse, alcoholism, medical access/affordability, etc. These factors, coupled with insufficient or unaffordable housing, set the foundation for a homeless epidemic stretching far past the borders of Lake County. Affecting every sector of society, these maladies and the affordable housing crisis span the entire nation. Whether consciously or subconsciously, citizens generally acknowledge an increase of "street" people (i.e., the bum and the addict); however, few recognize how close every citizen is to becoming one of "those people."

**"YOU DON'T KNOW WHAT YOU DON'T KNOW;
SO, HOW CAN YOU AFFECT A DIFFERENCE?"**

This paper intends to begin the educational process by identifying factors, which contribute to a citizen's vulnerability to homelessness, to inform the community of the state of homelessness within Lake County, and to call everyone to affect a difference. Within the body of this report, narratives describe the frequent causes and vulnerable populations known nationally and, where possible, the Lake County counterparts. In addition, this report includes Lake County providers who reported demographics and expenditures, as well as examples of governmental funding sources and strategies.



METHODOLOGY

Contracted by Lake County's Department of Social Services to provide an account of the state of homelessness within Lake County, an independent non-Lake County company investigated and interviewed providers regarding services for people experiencing homelessness (PEH) to compile and assimilate source information. Initially focused upon the classic Department of Housing and Urban Development (HUD) defined PEH, responses and results revealed an entirely different scope of work that required an unconventional method of reporting the Lake County state of homeless.



Beginning with a countywide list, the consulting firm personally invited stakeholders to participate in an online questionnaire relating to PEH. The staff followed up with on-site visits, emails, and phone calls requesting data associated with serving the PEH population. This includes demographics, operational costs, as well as any PEH related cost, such as increased security, clean up, increased building maintenance, etc. Unfortunately, several key agencies reported inadequate databases, staff resources, or expertise to fulfill the request for data and information.

NUMBERS CAN LIE

Counting the Homeless

With the inception of the McKinney-Vento Homeless Assistance Act of 1987, a United States Federal law providing federal money for homeless shelter programs, Congress mandated Department of Housing and Urban Development (HUD), funded recipients, to compile and report reasons for homelessness. The government developed a nation-wide system whereby volunteers, coordinated by a local governmental agency or citizen group, conduct an outreach during one night in January of each year to count the homeless. The Point-In-Time (PIT) count identifies sheltered and unsheltered people and reports that night's sleeping condition such as emergency shelter, transitional housing, safe havens or unsheltered (street). The count does not include couch surfing, unsuitable housing, doubling up (more than one family in a home), and other types of shelter (RV, car, garage, shed, hotel/motel or resort) and only represents a snapshot of homelessness within a community. Nationally, critics proclaim the PIT inaccurate and ineffective due to the highly variable methods of acquiring data, success of volunteers interfacing or accessing known PEH locations, and for the PEH population to readily engage and submit to questioning. At best the PIT represents a PEH population estimate for one day of 365; and, though the PIT doesn't capture the actual annual census of homelessness within a region, the count does provide a community with a starting reference point. In addition to the annual PIT count, larger communities implement community-wide databases such as Homeless Management Information Systems (discussed towards the end of this document) and report to HUD creating the Annual Homeless Assessment Report (AHAR). HMIS agencies report annually to HUD concerning PEH related programs and clients served; each regional report assists regional and national officials in the identification of national trends and potential solutions.



KNOWN CAUSES OF HOMELESSNESS

Through these reporting schemes, researchers recognized repeated patterns and causes within vulnerable populations. Researchers became aware of the underlying connections between the causes leading to homelessness and the reasons why a person remained homeless. Other factors cause populations to become more vulnerable; thus, while describing a cause, a subpopulation of people with heightened vulnerability arises (e.g. domestic violence). In most communities, some portion of each vulnerable population usually exists; however, verifying and reporting these populations becomes difficult due to insufficient databases, limited resources, and minimal community motivations to find hidden populations. In Lake County, most causes leading to homelessness readily appear; however, accurate data and community-wide aggregate data remain elusive. The following alphabetical list describes national homeless causes:

- Lack of Affordable and available housing
- Family and/or relationship instability
- Alcohol and/or substance abuse
- Poor physical or mental health
- Disabilities
- Poverty
- Domestic violence
- Unemployment

Affordable and Available Housing

Decreased numbers of available housing and stagnant, low income result in increased homelessness. In the 1970's, affordable housing meant that if an individual or family experienced a crisis and became homeless, the situation rectified quickly. However, in the 1980's, the low-cost housing supply decreased; rents prices increased disproportionately outpacing the income growth of lower income people resulting in increased vulnerability to homelessness.

Lake County experienced a similar housing disparity where, before 2015, occupancy rates of available Lake County housing (excluding second home/vacation rentals) recorded over 99 percent, resulting in less than 1 percent vacancy. The housing crisis, especially in the city of Clearlake, exacerbated when two fires and a flood, displaced citizens, especially those renting apartments and homes. The Valley Fire of 2015 destroyed

1,955 structures that included 1,322 homes, 27 apartment buildings, 73 businesses, and 93 miscellaneous structures. The remaining 35,664 residences, with many registered as "elderly, single person dwellings," needed to house 64,116 citizens. A mass population shift occurred when those affected by the fires, especially the working class, moved to Lakeport and Clear Lake Riviera, thereby creating a rent increase. This caused the lower income, marginalized residents of these areas to move to Clearlake. Two additional natural disasters in 2017, a lake flood and the Sulphur fire, contributed to further home destruction. The fire directly impacted the Clearlake city limits, destroying or severely damaging at least 158 homes/structures.



The city of Clearlake experienced the largest increases in PEH, especially in the last three years. Migration of economically marginalized workers and homes destroyed by fires and floods caused a significant proportion of PEH natural disaster victims to reside in Clearlake.

During the January 24, 2017, Lake County PIT count, 73 individuals lost housing due to fires with the majority (36) located in Clearlake of the 401 PEH counted. (Lower Lake 14, Cobb 10, Middletown 9 and other 4)

Currently, only 10 percent of the homeowners rebuilt fire or flood affected structures. Factors, such as strict California building codes, inadequate or no fire insurance coverage, and homeowners experiencing “upside down dollar investment” into rebuilding, resulted in many homeowners choosing not to rebuild but to relocate to other local homes instead. This increased the value of available market-ready homes and created a further disparity between those who could and could not afford to relocate to already built homes. It is unknown how many homeowners moved outside of the county and how many of the affected structures were second homes. Not until the 2020 US census will the true number of population shifting be quantitatively accessible. No current method for counting the Lake County population exists nor where the displaced citizens live. However, interviews with service providers exposed many working citizens still living in hotels, resorts, and with friends/family years after these natural disasters. According to real estate brokers, the occupancy rate and rental fees remain high with no clear options for sustainable housing.



Due to lack of income and affordable houses, many Lake County citizens currently rent and live in unsuitable housing such as:

- Doubling up in homes, often with multiple families per residence
- Older single wide trailers/mobile homes parked in campgrounds
- Barns, garages, and sheds
- Campers and cars parked in a friend's yard
- Motel rooms built in 1950-60's and a closed down resort

HUD may not consider these citizens as homeless; however, there are not many who would consider any of these residences as suitable to live in and thrive.

Substance Use Disorder

Many citizens believe a common stereotype that all PEH suffer from alcoholism and/or substance abuse. While a higher percentage of PEH struggle with these disabilities, research clearly demonstrate that addiction is BOTH a cause and consequence of homelessness. Furthermore, mental illness (discussed below) often underlie the cause of the addiction. Though substance use disorder (SAD) appears more common in PEH than the general population, many times a person starts out as a casual user when he/she experiences a stressful life situation---such as traumatic loss or harm, post-traumatic stress disorder, abrupt career loss, economic loss, medical condition or family conflicts/dysfunction, turning to alcohol and/or drugs to self-medicate. This may cause a pattern of substance abuse that results in a disruption of relationships with family, friends and work, resulting in fluctuating income, and housing loss. SAD predominates the largest reason for single adults to experience homelessness and one of the top three reasons for family homelessness.



Moreover, once homeless, many people turn to drugs and alcohol to cope with their unstable lifestyle and to attain temporary relief from life stresses. This only exacerbates their problems

and further decreases opportunities for stable employment and access to suitable housing. Addiction of any kind creates limiting barriers with many resulting from the victim's life skills and coping mechanisms. Motivations for SAD victims usually center on finding the next drug of choice, food, and shelter. Thus, SAD victims rarely prioritize personal growth and development. Many break ties with social support networks (family and friends) and rarely seek treatment programs, which usually insist on substance abstinence. For those with mental illness and co-substance abuse, readily available street drugs increase the likelihood of self-medication and accelerate the risk of violence, victimization, and vulnerability. Many begin cycling through the streets, the justice system (jail/prison/attorney time/court /probation), and medical system (ambulance, emergency rooms, and hospital stays) resulting in a sense of despair and potential chronic homelessness.



A study conducted in New York City focusing on the “chronically homeless, alcohol-dependent people,” showed that alcohol presented in early childhood might contribute significantly to chronic homelessness. In the study, most individuals reported drinking as a child and that 2/3 experienced alcoholic parents, with many suffering from child abuse within the home. Most of this population left home by the age of 18; nearly half of them suffered from psychological disorders with psychosis, anxiety, and mood disorders.

Alcohol consumption within Lake County data, through outdated data (from 2000-2014), remain relatively stable and suggest that Lake County alcohol abuse, a pattern in which a person's health, interpersonal relationships, and/or ability to work, is consistently higher than the statewide rate. The county ranks 35th of 58 counties in alcohol-related deaths and injuries caused by young drivers. Though no study exists connecting Lake County alcohol consumption with homelessness, interviews with several community advocates suggested that SAD and alcohol abuse contribute significantly to the initial cause and perpetuating consequence of homelessness.

Disabilities

Mental Illness, SAD, and Physical

Within the single adult PEH population exists significant numbers of individuals with serious medical and/or mental health needs. Nationally, one-third of this population in shelters suffer from severe mental illness and/or chronic SAD; for those staying out on the streets, the rates soar. Nursing homes, medical, and psychiatric facilities discharge clients for various reason: lack of payment, low or no insurance, short stay medical mandates, and client resistance to following the rules (to name a few of multiple reasons). Often against their will, discharged clients leave the medical centers for unsupervised medical and/or mental health care resulting in inadequate, continued care. Statistically, the longer a mentally and/or medically challenged person lives unsuitably housed, his/her health exponentially deteriorates, and a cycle develops of ambulance assisted emergency visits and extended hospital stays. While the medical centers may save the health care system money in the SHORT term, the overall cost to these institutions and the taxpayers increase dramatically; the true expense created by this vicious cycle to medical and judicial system visits, to a person's self-worth, and to a city and county's vitality remain largely untraceable and incalculable.



Though secure shelters may address one or two stability issues, the vast needs of those with serious medical and/or mental health issues require expert intervention. For example, homeless shelters usually provide food and shelter, but they rarely equip staff to address specialized

medical and mental health care needs. Furthermore, those programs that do address either mental health or SAD rarely provide services for both (e.g., mental health programs rarely accept clients with SAD and many SAD programs rarely accept mental illness clients). Clearly, programs offering both SAD and mental health treatment, plus a flexible entry system, greatly increase a PEH person's ability to break this horrible cycle. National statistics report that safe shelters with wrap around mental and medical health care supportive services drastically reduce the overall community's financial costs and, by far more importantly, potentially improve an individual's welfare and return to health.

Throughout the United States, mental health disorders, the most common of all disabilities, and insufficient local in-patient and out-patient treatment facilities cause emergency departments to act as acute psychiatric emergency facilities. In 2014, Sutter Lakeside reported 655 emergency department encounters of mental disorders and St. Helena Clearlake reported 866. In 2015, these hospitals transferred 215 patients to out-of-county mental health facilities. The most common psychiatric diagnosis, in order of frequency, included:

54.2 percent (136 patients) 5150 holds (a California Welfare and Institutions Code which authorizes a qualified clinician or officer to INVOLUNTARY confine a person suspected of mental disorders which may cause bodily damage to themselves, others or to become gravely disabled.)

- 17.6 percent (36 patients) Schizophrenia, schizoaffective disorder, paranoid schizophrenia, psychosis, or psychotic disorder
- 11.2 percent (28 patients) Depression, depressive disorder or mood disorder
- 6.8 percent (17 patients) Bipolar
- 6.4 percent (16 patients) Danger to self, suicidal ideation or attempted suicide



Additionally, nearly 15 percent of Lake County residents requested a need for emotional/mental health and/or SAD assistance; and, although 17.5 percent of residents visited a mental health care provider in 2014, cost and assessed barriers decreased the ability of most residents to continue and to complete care. Periodically reviewing local mental health needs, the Lake County collaborative of health and community-based organizations strategizes within available budgets to prevent and manage common mental health disorders within the community. It is within this network of providers where Lake County community's collaborative spirit brings hope and future solutions.

Domestic Violence

Physical and Sexual Abuse (See At-Risk Populations)



In a national report, 88 percent of homeless families, which experienced domestic violence (DV) within the previous five years, stated that domestic violence significantly contributed to their homeless state. Though DV survivors demographically may be young/old, male/female, single adult or families, caseworkers witness most DV victims as single women with children. Though not typically thought of as a homeless shelter, DV shelters act as a safe place for victims fleeing from an abusive relationship, which may result in insufficient economic resources for food and housing. When available, DV shelters create a secure refuge for individuals and families to survive violence and receive medical, judicial, and housing support. Most programs offer trauma recovery mental health services as well as individual plans for economic security.

Health Issues and Health Care Access

Acute physical and long-term health care issues contribute greatly to homeless susceptibility. An unplanned medical crisis, excessive costs of medical insurance deductibles, doctor visits, hospital care, and prescriptions may plummet a marginalized wage earner into a state of homelessness.



Common Community Health Status Indicators report that 19 of 30 health indicators were less favorable for Lake County residents than other California citizens, with only two more favorable than the state average. The most significant unmet health needs of Lake County citizens included affordable mental health services, alcohol and drug-related services, chronic disease prevention education, nutritious food, and affordably accessible medical and dental services. In a collaborative agreement, Lake County health providers recognized mental health, substance use disorders, access to programs and services, as well as housing and homelessness as the top priorities to address over the next several years.

Poverty

Numerous factors such as sub-par education, work history gaps, criminal records, inadequate transportation, poor health, disabilities, marginal labor market, and unsuitable housing create an unstable situation for healthy employment and contribute to low-income households experiencing unemployment or underemployment. Many US households are three paychecks away from homelessness due to the lack of savings and family/community safety nets. Extremely low-income households, which pay at least half of their income on housing, frequently experience housing instability and homelessness.

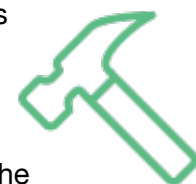


The 2010 US Census reported Lake County as the third poorest California county with 37 percent of Clearlake's population (14,987) living below the poverty line (The national average is 14.7 percent). Of these Clearlake residents, adult males 55-64 followed by males 45-54 and females 18-24 represent the largest demographic; shockingly 27.7 percent of the children (18 and under) live at or below the poverty level.

Underemployment and Unemployment

Insufficient Income: low wages

In 2012, 10.3 million renters representing 1 in 4, reported extremely low incomes (ELI) and nationally only 31 percent of the 5.8 million affordable rental units were available. Most ELI households (75%) pay more than half of their monthly income on rent and utilities, creating a decrease in expenditures for food, prescriptions, transportation, and childcare. The stagnant economy during the recession caused underemployment and unemployment to rise; and, although the 2017 economy reportedly improved, the lag time for ELI citizens to benefit from an economical upswing remains despairingly long. Since the decline of the industrial revolution of the 1900's and an increase in service-oriented jobs, US citizens increasingly receive lower wages compared to the cost of living. A 2008 Economic Policy Institute report debunked the popular myth that teenagers represent the majority of minimum wage workers when in reality, 79 percent were ages 20 and above. Low wage income coupled with soaring rent prices place stable housing outside the reach of most ELI full-time workers.



Job Security and Underemployment

In addition to stagnant and low minimum wage, job stability, and security continued to decline for over a decade. Major economic factors like involuntary job loss decreased medical benefits, increased part-time workers (partially due to the federal government mandate for employment medical insurance for full-time employees), and impaired labor union empowerment created unstable economic security. Even highly skilled professions from higher socioeconomic groups experienced downsizing as various factors such as global competition and internet-based services caused businesses to focus on “business” rather than employee security. Even when downsized unemployed workers found work, they received up to a 13 percent reduction in monthly wages. In addition, employers began hiring more part-time workers thus increasing the probability of inadequate income and a worker’s susceptibility to homelessness. Furthermore, barriers such as mental illness, SAD, incarceration, and low-level education severely limit part-time workers from achieving any future economic security.



Lake County primarily bases its economy on the service industry of tourism and recreation with few industrial or high paying employment opportunities. Although the unemployment rate steadily decreased (5.7%) through 2017, few new business or industries with above minimum wage employment opened up jobs.

To assess an individual and family’s economic well-being, researchers use the Self-Sufficiency Standard, which calculates the income needed by working families to meet their basic needs without public or private assistance. The Standard assumes that all adults are full time employed and includes employment-associated costs such as transportation, taxes, and childcare for young children.

In 2014, the most current Self-Sufficiency Standard for California stated that a family of four living in California would need to earn an annual income of \$64,000, which translates to the equivalent of two-to-three full time jobs. Though the 2014 Self-Sufficiency Standard in Lake County calculates a lower need income of \$59,800, almost a third (28.6 percent) of the Lake County population make significantly less than this threshold. The 2014 median income of \$40,818 for a population of 63,164 also doesn’t represent the 13,065 residents who live below the federal government’s poverty line.

AT RISK-POPULATIONS

Although the causes, listed above, frequently overlap; many create distinct populations of vulnerable people groups. Within Lake County several at risk-populations arise; however, an accurate count of actual PEH becomes difficult due to a myriad of known reasons: people unwilling or unable to gather one day of the year to be counted as homeless, governmental definitions of homelessness which does not include couch surfing, multiple households living within one home/apartment, migrants, unsuitable housing (moldy, worn out, trailers, sheds and garages), and dissimilar methods of classifying homelessness. This is an incomplete list. To begin the task of identifying the known Lake County PEH populations, this report describes nationally known populations and includes Lake County agency PEH populations when known.



National at-risk populations, listed alphabetically and not by population percentage, include:

- Aging Adults
- Children
- Chronically homeless
- Domestic violence victims
- Low income (described in causes)
- Poor Health (described in causes)
- Single Adults
- Veterans
- Youth

Aging Adults

Across the United States, aging adult homelessness continues to rise; experts predict that within the next 20 years elderly homeless numbers will soar from 40,000 to over 95,000. This prediction clearly seems justified when viewing the 2016 AHAR report where 40,750 people “ages 62 and above” experienced homelessness and five times that number 204,191 “ages 51-61” became homeless. Experts estimate that the age group 51-61 falls through governmental safety nets as program age barriers limit governmental aide to vulnerable elderly. Subsidized housing availability starts at 62, Medicare at age 65, and Social Security benefits at age 65. And historically, once an elderly adult becomes homeless, the physical and mental toll on an aging body drastically affects an elderly person’s ability to maneuver financial, medical, and housing barriers. Several studies report that, if a person loses their housing at an older age or succumbs to serious health issues, their risk for becoming homeless drastically increases. Furthermore, when an older adult becomes homeless, the mortality rate increases 3 to 4 times higher than that of the general population due to a reduction in treatment for acute and chronic medical conditions commonly intensified by homelessness.



Factors increasing the probability of aging adult homelessness are as following:

- High housing cost burden: inadequate income via SSI, pensions and savings vs. cost of housing
- High health care costs: Medicare/Medicaid additional costs do not meet all needs
- Low percent of pension plans: 33 percent of current workers rely solely on SSI for retirement income
- Stagnant wages prior to retirement minimize savings accounts and retirement planning
- Minimal savings and homeownership equity
- Poverty stress causes premature aging

The aging population of Lake County residents increases the likelihood of a disproportional population who will need, in the near future, sophisticated medical care and housing financial assistance. Presently, 1 in 5 residents is older than the age of 65 (twice the proportion of older residents in the state of California). In future decades, Lake County experts predict the septuagenarian and octogenarian populations to double and triple respectively. Currently, forty percent of older couples in the Lake/Mendocino region live between the poverty level and the Elder Economic Security Standard Index, which creates a potential for an unplanned bill or major health crisis to topple the Lake County elderly into a state of homelessness.

Children

During the national 2017 Point-in-Time (PIT) count, families with children represented 33 percent of the total homeless population. The average homeless family consisted of three people. While most of the families found shelter, eight percent remained unsheltered. Children, under the age of 18, represent 59 percent of PEH in families. Young, single women with limited education and accompanied by young children typically head PEH families. Homelessness tremendously impacts children's education, health, sense of safety, and overall development. Though a brief homeless episode shows children to be highly resilient and to exhibit very low cognitive and behavioral differences between other low-income children years following an episode, longer periods of homelessness result in children with higher levels of emotional and behavioral issues, increased risk of serious health problems, possible separation from family members, and lower academic performances caused by repeat grade, expulsion, or drop out experiences.



The 2017 California PIT reported 21,522 individuals in families with children; in Lake County, the 2017 PIT counted 107 individuals in 26 families, which included 57 children under the age of 18; and 35 people 18-24 years of age. However, a more accurate assessment of homeless children may be reflected in the Lake County Department of Education's 2016 data, where nine percent, 900 students of 10,000 total student population, experienced homelessness or inadequate shelter such as transitional housing, temporary shelter, doubling up (one or more families sharing a home/apartment), or unsheltered. Nationally the DOE report homeless children numbers typically higher than HUD reports as the criteria used by the DOE includes unsuitably housed.

Lake County's high number may result from a series of natural and man-made disasters occurring between 2015 and 2017, which displaced families into unstable housing. In a 2015 fire, 281 students in Middletown Unified School district lost their homes, while in 2016, the Clayton fire, 55 students lost their homes. Excessive rains in the winter of 2017, caused regional flooding and displaced 60 more students. Nineteen additional students in the Lakeport School District lost their homes when a Recreational Vehicle campground flooded and destroyed the sewer system. Due to the lack of housing, these families relocated to the Konocti Harbor Inn Resort, which resulted in these students being bused 40 minutes one way each day to school. Though DOE reported that the Konocti Unified School District of Clearlake continues to experience a significantly higher percentage of children inadequately housed, there is no known method to accurately report family PEH numbers or where the displaced fire and flood victims currently live.

According to an internal DOE spokesperson, the 2017 numbers decreased to 673 of 10,000 students but this number most likely reflects a different method of classifying and reporting homeless or unsuitably housed students. The education staff believes that the 2017 student homeless or unsuitably housed count should be similar or even higher than the 2016 data.

Chronically Homeless: Individuals and Families

Chronic PEH, defined as a population within the homelessness with a disability and who become homeless repeatedly or for long periods of time, represent only 14 percent of the total national PEH population. Though low in number, this population creates the most social stereotypes and the most financially taxing. Chronic PEH tend to remain unsheltered, such as on the street, in cars, or abandoned buildings and tend to resist conventional methods of housing such as



emergency shelter or transitional housing. Usually, chronic PEH experience repeated struggles with at least one disability such as substance abuse, physical disability, serious mental illness, or a chronic medical condition. Any of these can be the cause and the consequence of chronic homelessness.

Starting in 2013, the US government began collecting data on both chronically homeless individuals and families. In the 2015 national homeless population, over one-third of people in chronically homeless families remain unsheltered, comprising over one-quarter of ALL unsheltered people in homeless families. California reported, in the same year, a 13.5 percent increase of people in chronically homeless families.

In 2017, the Lake County Pit reported 176 chronically homeless individuals of 401 total count; of these only two found shelter for the night.

Domestic Violence

Nationally, domestic violence requests for shelter increases every year; 196,467 in 2014—a 13 percent increase from 2010. In 2015, the national PIT counted 31,500 adults and children sought domestic violence shelter and 12,197 need requests remained unmet due to lack of funding, staffing or other resources; 7,728 or 63% of the unmet request were housing needs. Emergency shelter and transitional housing act as the most urgent unmet need for domestic violence survivors. On a single night in January 2017, 16 percent of all PEH, 87,329, experienced domestic violence in the recent past.



The Lake Family Resource Center: Freedom House served 142 individuals in 2017. (see further information in The Simple Solution section)

Single Adults

Representing the bulk numbers of national PEH, single adults usually experience a brief and non-recurring bout of homelessness. Causes related to single adult PEH result from lack of affordable housing, inadequate income, a temporary monetary crisis, a sudden loss of a relationship, death of partner, or medical emergency. Most do not suffer from chronic mental illness or substance abuse and reconnect to housing relatively quickly. The 2017 Lake County Point-In-Time (PIT) count recorded 294 single adults; however, one medical outreach non-profit contacted and served 1,400 unique adults during the 2017 year. No demographics or other data was reported; though, one might extrapolate that the number of single homeless adults is at least 1,000.



Veterans

Invisible wounds, traumatic brain injury, post-traumatic stress disorder, low-income/low affordable housing options, and the inability to assimilate back into society contribute to veteran homelessness. Since 2009, a concerted effort by the U.S. Department of Veterans Affairs' Supportive Services for Veteran Families (SSVF) program and the HUD-Veterans Affairs Supportive Housing program (VASH vouchers) dropped veteran homelessness by 47 percent. In addition, outreach, employment, transitional housing, and substance use programs contribute to stabilizing this vulnerable population.



The Department of Veterans Affairs report that more than 60 percent of all veterans in the U.S. are estimated to live in rural counties; 3.1 million veterans (36 percent of the total veteran population) enroll as living rurally in the Department of Veterans Affairs Health Care system. Unique rural barriers such as long travel times to regional clinics and hospitals, lack of public transportation, limited access to health care specialists, and an inadequate supply of rural primary care providers contribute to veterans' access to quality medical care and may subject a veteran to unsuitable or unstable housing. Approximately 5,630 veterans live in Lake County and represent 8.7 percent of the county's population. The vast majority of these are older veterans. While young veterans do return to Lake County economic stagnation, lack of skills and education force most to migrate outside of the county.

Youth: Unaccompanied

Between the ages of 18-24, young people represent the most undercounted PEH population. Youth, less likely to access mainstream services or connect with supportive adult programs, are more likely to couch surf, double up, or car camp than adults; thus, they often remain hidden from many data collection schemes. Most youth related homelessness revolves around family conflicts; although poverty, unstable housing, racial issues, mental health, and substance use disorders also contribute. Child welfare, juvenile justice associated, LGBTQ (lesbian, gay, bisexual, transgender and questioning), pregnant and parenting, special needs, African-American and Native American youth experience a higher level of homelessness.



Within Lake County, there exists no accurate count of these populations.

LAKE COUNTY'S HOMELESS POPULATION

Accessing the True Count

Tabulating the true number of Lake County homeless population remains an elusive task. As a low percentage of the community, a few per thousand, PEH are generally more mobile, live an itinerant lifestyle, purposefully "hide" from officials, and rarely vote, keep bank accounts, or pay taxes; thus, for general community purpose, they appear hidden. In addition, no uniform method of counting the homeless exists. However, researchers have developed three methods of capturing relative data: indirect estimation, single-contact censuses, and capture-recapture studies. The only method which seemed possible for this report is the indirect estimation method, which involved gathering information from knowledgeable sources and tallying the numbers of those using services and estimating the number of people. This requires that informants define themselves as homeless or unsuitably housed over the same period of time and that all agencies submit to exhaustive surveys. The likelihood of duplicating people rises as agencies may serve the same individual and therefore give a higher than normal count. Due to an incomplete survey response, and exhaustive survey became impossible; however, three agency reports combined together may give the Lake County community a reasonable assessment of the PEH population.



The following account serves as a VERY rough estimate of the Lake County PEH. Numbers taken from three distinct populations and referenced with national statistics MAY offer some guidance as to PEH numbers within Lake County. Two examples:

Example 1: Starting with 900 students reported by the DOE in 2017 and adding 300 more people to this number (nationally at least 30 percent of the known PEH population are children); this calculates as a total of 1,200 homeless with in the population related to children. If we include additional adults such as the numbers from a PEH encampment health outreach of 1,400 unique adult individuals, this would bring the total to about 2,600 individuals in the PEH population but may include some duplication.

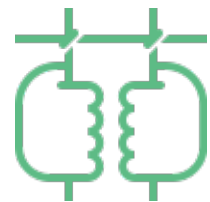


Example 2. Medi-Cal reported that of the people who accessed the Medi-Cal resources, 3,389 individuals reported homeless as their given address for 2017. This number represents unique individuals who accessed the medical facilities and gives the best assessment of Lake County homeless. It does not include those who did not access medical benefits or were not qualified for Medi-Cal; thus the numbers are likely to be higher than 3,389.

LAKE COUNTY HOMELESS ANNUAL COSTS: POLICE AND FIRE

County Jail

During September 1, 2016, until October 1, 2017, the County jail booked 198 self-identified, transient individuals, which represented 10,300 days of custody. The cost of service \$89.00 per day multiplied by 10,300 days totaling \$916,700 ; the Lake County Jail Department budget is \$9,000,000.



Law Enforcement

Lake County Law enforcement consists of three distinct districts: two incorporated cities, Clearlake and Lake Port, and all land excluding those cities, Lake County Sheriff's department. All three agencies encounter PEH on a regular basis; however, contacts may or may not identify themselves as homeless and police reports typically do not track housing classifications for all contacts. The number of PEH and related cost to each department varies according to the endemic population; those with a high volume of PEH contacts readily reported estimated man-hours and department costs. Whereas, one agency reported that "no long-term homeless encampments" exist in their jurisdiction and less than 1.8% of officers time dealt with PEH, the other two departments estimate between 30 to 50 percent of police time and budget directly relate to PEH. For example, one Lake County police department estimated that PEH related issues consume 30 percent of their time and budget, resulting in a \$400,000 annual cost. This department employs one officer, who spends 15 percent of his time with homeless outreach and keeps a profile on 15-20 known regular PEH. The other PEH affected police department reports that most dispatcher calls (greater than 50 percent) loosely relate to PEH; however, teasing out the data remains difficult as the PEH population intermingles with housed addicts (drug/alcohol) and lives a lifestyle of doubling up. In 2016, this patrol statistics revealed that 24,235 calls for service occurred. Given a low



estimate of 50 percent, a possible tally for PEH related calls would reach 12,115 PEH calls. Since this police department didn't have a method of calculating the PEH related costs, it might be calculated using Sacramento police percentage of PEH related incidences of 2.3 percent and this police department's budget \$3,692,282, to estimate, at the minimum, \$85,000 of police resources consumed by PEH incidents; though most likely the rate is significantly higher. Without specifically designed intake forms identifying housing assessment per contact, Lake County policing departments can only estimate department costs; however, adding up the three departments with general estimates, PEH related issues totaled over \$500,000, or half a MILLION dollars.

SUMMARY

The community spends over 3 million dollars annually related to serving PEH and preventing homelessness. Due to the transitory and hidden nature of PEH and the true associated cost to the community, most attempts at calculating numbers remain intangible. Although large, the cost in financial expenditures by governmental and private stakeholders cannot compare to the cost of community vitality, purpose, and, even more costly, the sheer degradation of the people who experience homelessness.

Resources provided upon request.