

Napa County Civil Grand Jury

2021-2022

Homelessness: Much is Being Done – More is Required

June 14, 2022



A Napa homeless camp called the Bowl had grown to include several dozen tents and structures. Residents were told to leave by Nov. 16, 2021, according to local agencies. Jennifer Huffman, Napa Valley Register

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SUMMARY

Homelessness, a serious widespread problem across the United States, continues to defy resolution, despite many efforts. In California, limited affordable housing exacerbates the problem. The February 2021 California State Auditor's report noted:

With more than 151,000 Californians who experienced homelessness in 2019, the state has the largest homeless population in the nation, but [the State's] approach to addressing homelessness is disjointed...At least nine state agencies administer and oversee 41 different programs that provide funding to mitigate homelessness, yet no single entity oversees the state's efforts or is responsible for developing a statewide strategic plan.¹

Napa County's approach to homelessness is similarly hampered. Over thirty entities provide services for Napa's homeless, but with little true coordination of their efforts or strategic planning. To attempt to address this, the City of Napa recently assigned an administrator to oversee the municipal services for the homeless.²

News reports and social media platforms, many replete with negative comment, raise concerns about the impact homelessness is having on local communities. Napa citizens have complained that the increase in the homeless population has led to vagrancy, sanitation problems, health and safety concerns related to increased presence of the mentally ill, and visible public drug and alcohol abuse. Responding to the significant level of citizen concern about the problem of homelessness, the 2021-2022 Napa Grand Jury opened this investigation.

In 2020 Napa County's homeless population was officially estimated at 464 people, a 46% increase over any of the last six years.³ Service providers estimate even higher numbers.⁴

At least 33 governmental, non-profit, faith-based, and volunteer organizations, work diligently with advisory committees and boards to address the challenges presented by homelessness in Napa County. Staff, volunteers, and outreach workers consistently demonstrate dedication, competence, and compassion in their work with the homeless. Better coordination of these efforts could provide services in a more efficient and cost-effective manner.

Issues related to homelessness are complicated. The primary cause is scarce and expensive housing. However, many local residents have resisted proposals to increase housing opportunities for the homeless. Some believe that most homeless suffer from mental illness and substance abuse; they see them as potentially dangerous and do not want housing projects located near their neighborhoods (*see*, Appendix B). In general, the public generally assumes that most homeless are "chronically homeless," as opposed to people who could otherwise be stable workers but cannot afford Napa housing.⁵

¹ Audit: California Effort to Solve Homelessness Disjointed and Ineffective" Courthouse News Service, Matthew Renda, February 11, 2021.

² "Napa city manager wants former county deputy CEO to tackle homelessness," Howard Yune, Apr 15, 2021, see https://napavalleyregister.com/news/local/napa-city-manager-wants-former-county-deputy-ceo-to-tackle-homelessness/article_6d0d98c5-ac04-5530-9775-9c9da2082702.html

³ There are multiple ways used to estimate an area's homeless population. This discussion is based on the annual 'Point-in-Time' (PIT) survey. Napa PIT estimates were 323 people in 2019, 322 in 2018, 315 in 2017, and 317 in 2016.

⁴ Local school personnel interviewed by the Grand Jury have observed especially high numbers of homeless school children, who are often not included in official counts.

⁵ *See*, Appendix B--Read More About: The Community Sees Two Sides to Homelessness.

This Grand Jury report examines many issues related to homelessness and describes some of the barriers to local relief efforts. It also offers some potential solutions. In doing so, it notes the complexity of the problems and the difficulties faced by the various stakeholders and service providers in their efforts to reach common goals. More suggestions will be made in the “Recommendations” section of this report, but the Grand Jury has concluded that readers should focus on the following key areas of concern:

- (1) the need for coordinated leadership among City and County officials;
- (2) the need for increased case management to assist homeless persons struggling with mental illness and substance abuse;
- (3) increased temporary and permanent housing for the homeless;
- (4) the need for coordinated leadership among City and County officials; and
- (5) a better data collection and sharing system which can be used by all stakeholders to analyze trends and help with decisions about what are the best and most needed interventions.

BACKGROUND

The history of homeless in Napa dates to the 1970’s; reporting and actions to assist the homeless began in about 1982. Modest efforts followed to alleviate the problem. A permanent winter shelter was created at the Napa Valley Expo in 1983, operated until the present.⁶

Homelessness in Napa is growing. The most recent 2020 point in time (PIT) count⁷ estimates 464 homeless individuals in Napa County, an increase of 44% over a relatively static number between 2016-2019.⁸

Other systems, such as the Homeless Data Integration System (HMIS), are also used to estimate a community’s homelessness. The HMIS count relies on information from service providers and is not restricted to a count of homeless camps on a given morning. The 2021 survey counted 575 homeless individuals in Napa County. The Grand Jury found that these figures significantly underreported school age children, making the full extent of the problem less accurate.

⁶ See, “the Napa Valley Register, “The Birth of Homelessness,” Kevin Courtney, January 25, 2020. Mr. Courtney recalled that not much was written about homelessness in the 1970s. He wrote his first story in the Register in late 1982 about a homeless couple camping by Napa Creek near Highway 29. Four years later, he wrote about a homeless veteran in Yountville but by the next year “the homeless issue exploded in the Register.” A shelter was opened at the First Presbyterian Church but was considered only “a 10-week experiment”. Local activists then backed the creation of a tent city on Riverside Drive near downtown Napa, but the tent dwellers were ousted and subsequently moved to the entrance of Browns Valley. After nineteen days, the police issued a deadline for them to leave. That December, a permanent winter shelter opened in a county building at Third and Coombs. Napa has had a year-round shelter ever since.

⁷ The PIT survey is a snapshot of one January day and may fail to capture the true extent of homelessness since it may not tally some—like those who have no home in the traditional sense, but who may have temporary shelter with friends or family.

⁸ There are multiple ways used to estimate the homeless population in each area. The most frequently approach is the PIT survey, which is required by the U.S. Department of Housing and Urban Development (HUD). The PIT count, which is a physical count of sheltered and unsheltered people experiencing homelessness observed on a single night in January each year. The PIT is a creation of the Department of Housing and Urban Development (HUD) which requires that the local Continuum of Care (CoC) (an entity created pursuant to HUD regulations for all communities) to conduct the annual count. The CoC must also conduct a separate count of unsheltered people experiencing homelessness every other year (odd numbered years). The latest available PIT count is from 2020; no count was undertaken in 2021 due to the pandemic. The 2022 data is not yet available. The PIT is a well-structured standardized procedure which relies upon experienced and knowledgeable participants who are versed in the likely locations of homeless encampments, vehicles serving as “homes,” and other places where individuals are likely to seek shelter. Nonetheless, it is just a snapshot of what homelessness may look like on a specific day and time.

The homeless are Napa residents but without a fixed address, or at risk of losing their residence. They often face challenges due to personal and/or financial instability and sometimes suffer from mental and emotional challenges. Extreme poverty is the strongest predictor of homelessness for families, and at least 11% of American children living in poverty are homeless. There is a growing imbalance between housing costs and wages. Rising rental costs and falling vacancy rates makes those with low incomes ever more vulnerable to homelessness. Once someone loses a place to live, regaining permanent housing is difficult. This is particularly true in Napa.⁹



Tony Rodgers, who is homeless, received a care bag and water from OLE Health staffers. To mark National Health Center Week the nonprofit was distributing care packages at and near a Napa homeless camp called the Bowl. Jennifer Huffman, Register

Substance abuse and psychological disorders affect a significant part of the homeless community. These can include conditions like depression and bipolar disorder, schizophrenia, anxiety disorders and substance abuse.¹⁰ A recent Napa County review estimated that 54% of the County’s homeless suffer from mental illness.¹¹ Traumatic brain injury affects over half of the adult homeless population,¹² while alcohol abuse and

⁹ Wages in 14 of the top 20 growth occupations in Napa have a mean starting wage of less than \$9/hour, much less than the \$16.25/hour needed to afford a one-bedroom apartment at federal fair market rates. The Napa County housing wage represents 122% of the national mean renter wage of \$13.34/hour.

¹⁰ In January 2015, the most extensive national survey ever undertaken found 564,708 people were homeless on a given night in the United States. Depending on the age group in question, and how homelessness is defined, the consensus estimate as of 2014 was that, at minimum, 25 percent of the American homeless—140,000 individuals—were seriously mentally ill at any given point in time. Forty-five percent of the homeless—250,000 individuals—had some indication of mental illness. More would be labeled homeless if these were annual counts rather than point-in-time counts. Read more at: <https://mentalillnesspolicy.org/consequences/homeless-mentally-ill.html>.

¹¹ Health and Human Services Client demographics (Health Management Information Services 2021).

¹² In a prospective review of studies, researchers found the lifetime prevalence of any severity of traumatic brain injury (TBI) in homeless and marginally housed individuals was 53.1 percent, and the lifetime prevalence of either moderate or severe TBI was 22.5 percent. https://journals.lww.com/neurotodayonline/fulltext/2020/02060/traumatic_brain_injury_in_homeless_people_is.4.aspx

drug dependency remain prevalent.¹³

But the homeless in Napa are not just statistics. They are people in need without a stable place to spend each night.

A traditional approach for managing homeless populations involves moving people from food and meal programs to emergency shelters and back to food and meal programs every day. Over time this has also included moving people in and out of motels, hospital emergency rooms, and even correctional institutions. This approach provides temporary relief from homelessness but appears to contribute to a seemingly endless cycle of homelessness due to the failure to shift persons from dependency on social supports to increased self-sufficiency.¹⁴

In Napa, those seeking homeless shelters (*See*, Appendix C) find the following:

- South Napa Shelter- Overnight and day services for adults (Capacity aged 18 and over), located at 100 Hartle Court.
- Winter Shelter- Overnight services from mid-November to mid-April, located at the Napa Valley Expo.
- Rainbow House Family Shelter.
- NEWS (domestic violence shelter).

Others are housed in less temporary arrangements and progress towards finding permanent homes. Still others find shelter wherever they can, including in homeless encampments.

In July 2021 California Governor Newsom signed an historic housing and homelessness funding package consisting of a \$12 billion investment over two years, focused on addressing behavioral health, housing, and solutions to tent encampments, and including housing options for people with severe mental health challenges. It also included \$5.8 billion for an additional 42,000 housing units (*see*, Appendix A).

Yet soon after the City of Napa took a different and less supportive path.

In November 2021, the Napa Valley Register reported the City of Napa's plan to close a local homeless encampment, "The Bowl," for the stated purpose of facilitating flood control and dredging of the Napa River.¹⁵ Some saw this development in a negative light. Although partner agencies had collaborated in efforts

¹³ According to the Substance Abuse and Mental Health Services Administration, 38% of homeless people are dependent on alcohol and 26% are found to abuse other drugs. The HMIS data collection system reported that 43% of homeless persons in Napa struggled with some type of substance abuse.

¹⁴ The Churn: Explaining the vicious cycle of homelessness (solutionsforchange.org).

¹⁵ In November 2021, the Napa Valley Register reported about a Napa homeless encampment called "The Bowl", and efforts by local officials to close it so the site can be used for flood control and dredging of the Napa River. A city press release described the plan for The Bowl's closure: "Our goal is to use proactive and client-centered strategies to help campers move indoors, engage in housing, and support services, and safely store their personal belongings while identifying permanent housing solution." Bowl residents responded to the news with anger and frustration. Some wanted to know what would happen to their possessions. Others were concerned about what would happen with their pets because the homeless shelter only allows pets used as service or companion animals. Many saw this decision as just another in a series of relocations of the homeless and another disruption in their lives. A local homeless shelter offered to rental storage spaces for peoples' possessions, but this did not entirely alleviate concerns.

to clean up The Bowl when Napa’s winter homeless shelter opened, the eventual process employed by the City was poorly coordinated and unsupportive of homeless residents.¹⁶



Kelly Hampton of Napa empties a secondary storage tent at her campsite at the Bowl, once a south Napa homeless camp. Jennifer Huffman, Register

These conflicting developments illustrate a basic conundrum of the homeless dilemma: at a strategic level, there is significant support to address the problem, but efforts struggle to find support for effective local implementation.

METHODOLOGY

To understand homelessness in Napa County, the Grand Jury conducted over 30 interviews with civic leaders and public administrators, elected officials, homeless outreach workers, clergy, service providers and data analysts from local governmental agencies, subject matter experts, clergy members and nonprofit service providers. The goal was to gain a variety of perspectives about homelessness and to learn about the services delivered.

The Grand Jury also reviewed a multitude of written materials, including reports and data generated by local government and private agencies, articles from the Napa Valley Register and other news sources, magazines, and websites, and other reports and plans describing strategies to combat homelessness.

¹⁶ Those affected by the closure were told that beds were reserved for them at the Napa Winter Homeless Shelter when it opened on November 16, 2021, but the transition was not smooth and many Bowl residents responded with anger and frustration.

The Grand Jury members also toured the South Napa Homeless Shelter at 100 Hartle Court.

The Grand Jury is sharing all that it has learned by including extensive information in the Appendices, Glossary and Bibliography included with this Report.

DISCUSSION

The challenge of homelessness is a national concern. Articles in newspapers across the country daily provide us with grim and heartbreaking stories about the economic pressures that have resulted in the loss of employment and subsequent homelessness. These pressures have increased since the start of COVID-19. Despite these challenges, however, there has been some progress toward providing shelter and housing for those forced to live on the street. The Grand Jury spoke with many dedicated, competent, and compassionate government officials, outreach workers, shelter staff and volunteers who are all dealing with aspects of trying to reduce homelessness.

The Grand Jury interviewed several individuals who spend their time in ongoing outreach efforts for the homeless. They have managed to develop closer ties with those persons living in shelters and in encampments and heard their stories about the circumstances leading to their homelessness. Initial outreach efforts can lead to “case management,” which involves consideration of a homeless person’s future housing needs as well as addressing their health care. There is general consensus that more outreach workers and case managers are needed to ensure ongoing stability. A large percentage of homeless persons suffer from significant mental health problems as well as substance abuse. These individuals often require long-term treatment and care (*see*, Appendix H).

There is some debate as to whether a “housing first” approach should be the preferred approach to solving homelessness, as opposed to helping a person first resolve mental health and substance abuse challenges. The federal and local official policy stance is clear: housing first. The Grand Jury believes that this is a false dichotomy. It is not one or the other first. A case can be made that for some homeless persons the provision of immediate housing will lead to a successful outcome of personal recovery. On the other hand, for others the providing of immediate housing is unlikely to guarantee a long-term resolution for individuals with significant mental health problems or substance abuse conditions. The Grand Jury has concluded that it is not an “either/or” situation of choosing housing first versus mental health treatment. Instead, Napa faces a “both/and” challenge--of needing to provide both housing and mental health treatment at the same time. This approach is referred to as “supportive housing”--housing with support services, not one or the other (*see*, Appendix E).

The shortage of available health and social services in Napa makes it difficult for homeless persons, especially those with physical, mental health or addiction disabilities, to get the assistance needed to maintain housing and stability (*see*, Appendix G).

The lack of available land for creating affordable housing was also examined during this investigation. The Grand Jury found no clear reason for why a portion of State Hospital property could not be used for a new shelter location or affordable housing projects (although negotiating a lease for the property would be required). Instead, it learned that State Hospital officials were developing a “Master Plan” for future property usage for assigning sites for NSH workforce, staff members who commuted long distances. Similarly, during this investigation, the Grand Jury learned about available parcels of land near Skyline Park and other locations, such as the Veterans Home in Yountville, church properties, and closed school sites (e.g., Harvest Middle School, Yountville Elementary and Stonebridge/Carneros). but found little progress towards finalizing new locations.

The new County Jail Reentry Facility is being considered by senior County officials for use as transitional housing of homeless people, as opposed to post-incarceration housing. The County was successful in obtaining permission from the State Board of Correctional Facilities to use the site for Isolation and Quarantine services during COVID and may have similar success in obtaining permission to alleviate the homelessness crisis. The facility may be available due to the insufficient number of eligible people for the reentry facility.

Survey of Napa Residents About Homelessness

Notwithstanding the bureaucratic inaction reported by some Napa residents, the Grand Jury believes that it may be the community's response to homelessness which constitutes the major obstacle to reducing its impact (*see*, Appendix B). In May 2021 Napa residents were surveyed regarding their views about the homelessness problem.¹⁷ Several responses indicated significant anger and frustration directed toward local officials, who, they believe, are failing to respond to violations of the law, unsafe encampments, and sanitation problems. There are those who are sympathetic to the plight of homeless persons but believe that there is a lack of treatment and care for the mentally ill and individuals struggling with addictions. There is strong sentiment that affordable housing projects should *not* be developed near residential neighborhoods. Finally, there were a number of respondents who acknowledged the fact that they have not taken any steps themselves to provide any aid or support to the homeless (*see*, Appendix D).

Many factors contribute to the losing one's home and living on the street. There are no quick solutions to resolving the problem of homelessness. On the other hand, there has been a considerable outlay of funds and resources by federal, state, and local agencies. Success is generally measured by how many homeless persons have received housing over the course of a year, and according to Napa County records there were 102 persons who received housing support in 2021. Unfortunately, there remains a significant shortage of affordable housing, or government supported housing, necessary to solve the homelessness crisis. This gap is clearly evidenced by the growing population of the homeless in Napa and the strain it places on local services.

The model of service in Napa has shifted from a collection of largely unrelated services toward a more focused strategy. This strategy moves beyond the policy of "Housing First" to a new model of supportive housing represented by the Valle Verde project and Wine Valley Lodge.¹⁸ To achieve this new direction, a "leadership council" should be established with those individuals or entities that control most of the resources involved in the provision of supportive housing. This council would have to have the political will to work with federal, state, and local agencies and would need to demonstrate a shared strategy of inviting all stakeholders to rally behind the supportive housing model (*see*, Appendix F).

Finally, evidence suggests that there is insufficient use of any formal organizational model by Napa agencies serving the homeless. As a result, there is no shared vision for how best to coordinate program funding decisions, track the impact of services, and maintain an understanding of how to maximize the numerous resources being offered by Federal, State, and local sources.

¹⁷ *See*, Appendix B--Read More About: The Community Sees Two Sides to Homelessness.

¹⁸ Napa County provides some funding for transitional and affordable housing. Heritage House and Rainbow House are examples of county transitional housing. The County received \$4 million from the American Rescue Plan Act for homeless housing projects and directed \$1.8 million to the renovation of Wine Valley Lodge.

The County is planning on further utilizing Wine Valley Lodge (made possible by Project Room Key), which will soon be converted to permanent housing for 54 individuals "with the highest acuity". There has been "enormous success with transferring clients from the shelter to the Lodge. Some clients reportedly look much healthier after a few months stay."

FINDINGS

- F.1 There are several City and County officials providing leadership toward the goal of reducing homelessness, but a lack of a unified integration of the various stakeholders.
- F.2 There is a lack of case management to ensure that all homeless persons are directed to the proper social services and health care.
- F.3 The Grand Jury found it difficult to determine how much money County departments spend on addressing homelessness issues. County budgets/spending information do not attribute expenditures to that level of detail.
- F.4 The current data collection systems used do not provide sufficient analytical data for examining the use of social services. Current data are not being used by administrative support staff to analyze trends specific to demographic groups and to develop enhanced utilization of local services.
- F.5 There is a lack of social services available for homeless persons in general, especially those with physical, mental health or addiction disabilities.
- F.6 The HHS' Crisis Stabilization Unit (CSU) lacks sufficient bed capacity to manage the increasing number of crisis cases which limits services for homeless people in crisis.
- F.7 There is available land which could be used for the development of housing for the homeless. Several interviewees stated that suitable land may be available on Napa State Hospital property, the Veterans Home in Yountville, church properties, and closed school sites (e.g., Harvest Middle School, Yountville Elementary and Stonebridge/Carneros).¹⁹ Unfortunately, there is no evidence of progress towards finalizing such new locations.
- F.8 Some potential affordable or temporary housing projects have not been approved due to community resistance or NIMBYism. Both the Heritage House and Valle Verde housing projects initially met with community resistance.
- F.9 Current unused space at Juvenile Hall could be converted to general housing for homeless youth, but only if authorized by the Court.

¹⁹ To attempt to address the shortage of available property for the development of emergency shelters and affordable housing, Governor Gavin Newsom issued Executive Order N6-19 directing the Department of General Services (DGS) and the Department of Housing and Community Development (HCD) to identify and prioritize excess state-owned property and aggressively pursue sustainable, innovative, cost-effective housing projects. The Napa County sites identified were: lower Skyline Wilderness Park; Caltrans properties near Imola Avenue, Redwood Road, and Stanley Lane; Highway 29 at Green Island Road in American Canyon; and along Highway 29 near Yountville. Napa State Hospital has also been considered as possible land for affordable housing development. County housing officials have approached Napa State Hospital administrators to discuss land usage but have been informed that the hospital is currently developing a Master Plan for future hospital land usage including the consideration of workforce housing for their own employees who have to commute long distances. Other sites mentioned as possibilities for housing projects are the Yountville Veterans Home, closed school sites, churches, and the Jail Reentry facility.

RECOMMENDATIONS

- R.1 A leadership council should be formed by those government officials and stakeholders who control the most resources directed to the goal of supportive housing.
- R.2 The Continuum of Care should compile an inventory of services available to homeless persons to better inform clients and promote increased collaboration and effective delivery of services by providers.
- R.3 County officials need to develop a more detailed program budget which would make it easier to determine how much money is spent toward homelessness on an ongoing basis.
- R.4 Homeless Management Information System data should be more easily accessible to all HMIS users from different City and County departments (while maintaining privacy requirements) to improve the efficiency and quality of service delivery.
- R.5 The Napa County HHSA should hire additional Mental Health and Substance Abuse counselors to assist in crisis management and outreach efforts for the homeless. In addition, the County should increase the number of beds at The Crisis Stabilization Unit to ensure that crisis cases are not diverted to Queen of the Valley Medical Center.
- R.6 The Napa County Public Health Division should form a task force, including personnel providing law enforcement, mental health, and emergency medical services, to treat people suffering from drug induced mental disorders, with special emphasis on crises resulting from the use of P2P methamphetamine and Fentanyl.
- R.7 Napa County Board of Supervisors and County Housing and Homeless service departments should enact policies and procedures to facilitate the use of land for low income and permanent supportive housing (e.g., the Wine Valley Lodge).
- R.8 City Managers and the County Executive Officer should disseminate more data and information about homelessness to educate Napa residents about the causes and extent of homelessness in Napa and its effect upon persons living on the street. An example of this would be developing respective government websites to include an information dashboard on homelessness and homelessness prevention.
- R.9 The County CEO and Napa County Director of Corrections should work to convert the current Reentry Facility to transitional housing for the homeless.

REQUEST FOR RESPONSES

The following responses are required pursuant to Penal Code sections 933 and 933.05:

- Napa County Board of Supervisors (R.1- R.9)
- Napa County Executive Officer (R.1 – R.9)
- Director, Napa County Housing and Homeless Services (R.2, R.5, R.8, R.9)
- Director, Department of Corrections (R.9)

INVITED RESPONSES

- The Napa City Manager (R1, R.3, R.4)
- The City of Napa, Assistant to the City Manager for Housing and Homeless Services (R.1, R.2, R.3, R.4, R.9)
- Continuum of Care Board (R.1–R.9)

APPENDIX A--Read More About: Napa County Spending Attributed to Homelessness

The Grand Jury found it difficult to determine how much money County departments spend on addressing homelessness issues. County budgets/spending information generally do not attribute expenditures to that level of detail. The following is what the Grand Jury could only estimate.

Napa County Adopted Budget for Fiscal Year 2021/2022				2019-2020	2020-2021	2021-2022
https://www.countyofnapa.org/ArchiveCenter/ViewFile/Item/740				ACTUAL	ACTUAL	BUDGETED
<u>Fund</u>	<u>BU #</u>	<u>Description</u>	<u>Page #</u>	<u>Amount</u>	<u>Amount</u>	<u>Amount</u>
PUBLIC ASSISTANCE						
1000	10215	Housing and Homeless Services	A47	\$ 9,519,441.19	\$ 7,491,291.14	\$ 2,349,000.00
2000	20006	HHSA-Self Sufficiency	A177	\$22,474,443.02	\$22,554,436.09	\$ 24,603,274.00
2030	20008	HHSA-Homelessness and Housing	A180	\$ 1,416,749.82	\$ -	\$ -
2080	20300	Housing and Homeless Services	A192	\$ -	\$ -	\$ 7,734,651.00
2080	20800	Affordable Housing	A205	\$ 6,222,168.40	\$ 2,327,445.42	\$ 3,354,337.00
				\$39,632,802.43	\$36,267,895.63	\$ 40,909,093.40

These amounts are from the Napa County budget for expenditures associated with homelessness. The numbers for Housing and Homeless Services refer to county expenditures for emergency shelters, encampment clean-up, and efforts to transition homeless people back into housing. HHSA-Self Sufficiency refers largely to costs related to handicapped people who are housed to assist them in maintaining their independence and to prevent them from becoming homeless. Amounts for Affordable Housing are included because the Grand Jury sees affordable housing as helping to prevent homelessness and as part of the exit strategy from homelessness.

Napa County Adopted Budget for Fiscal Year 2021/2022				2019-2020	2020-2021	2021-2022
https://www.countyofnapa.org/ArchiveCenter/ViewFile/Item/740				ACTUAL	ACTUAL	BUDGETED
<u>Fund</u>	<u>BU #</u>	<u>Description</u>	<u>Page #</u>	<u>Amount</u>	<u>Amount</u>	<u>Amount</u>
HEALTH AND SANITATION						
2000	20001	HHSA-Public Health	A156	\$11,784,914.50	\$14,782,538.08	\$ 15,084,458.00
2000	20002	HHSA-Mental Health	A161	\$15,891,428.30	\$20,458,607.17	\$ 21,116,500.00
2000	20003	HHSA-Alcohol and Drug Services	A165	\$ 5,770,458.16	\$ 6,179,594.98	\$ 7,923,660.00
2460	24602	Emergency Medical Services	B60	\$ 191,038.16	\$ 174,420.87	\$ 233,000.00
2460	24603	Vital and Health Statistics-Health	B61	\$ 13,000.00	\$ 19,000.00	\$ 13,600.00
2460	24605	HRSA-Health Resources and Services	B62	\$ 153,819.82	\$ 199,570.19	\$ 154,440.00
				\$33,804,658.94	\$41,813,731.29	\$ 44,525,658.00

A significant portion of the services listed under Health and Sanitation are used by homeless people. The Napa County Health and Human Services Agency (HHSA) does not separate the data between homeless and other clients in their record keeping. Many subject matter experts interviewed stated that a significant amount of the HHSA and Sanitation expenditures is used for helping homeless individuals. The numbers above reflect all county monies spent for any person within Napa County.

REFERENCES FOR APPENDIX A

[VI-SPDAT-v2.01-Single-US-Fillable.pdf \(pehgc.org\)](#)

Microsoft Word - Napa CoC New Project Scoring Tool 2017 R&R FINAL - approved 8.16.17.docx
(countyofnapa.org)

Napa County Amounts Spent for Fiscal Year 2020-2021 and Amounts Budgeted for 2021-2022.xlsx (14.6
KB)

APPENDIX B--Read More About: The Community Sees Two Sides to Homelessness

Many Napa residents work diligently to address the problem of homelessness. This Grand Jury is deeply impressed by their passion and commitment. But the issue of homelessness is complex and so are peoples' perceptions and opinions about it. A May 2021 survey of Napa residents by the City of Napa Homeless Services about their perceptions of homelessness produced a wide range of responses, as well as constructive ideas from Napa residents. The following list summarizes the main themes:²⁰

1. Some residents believe that the homeless are mentally ill, substance abusers and potentially dangerous.
2. Blame is often placed on City and County Government for contributing to homelessness by placing too much emphasis on tourism and lack of emphasis on creating affordable housing.
3. Some residents are troubled by the fact that certain laws are ignored to accommodate the homeless, such as trespassing and violation of public easement terms. Public drunkenness is also sometimes ignored.
4. Some residents believe that the availability of so many social services encourages homeless people from out of County to migrate here.
5. There is a perception that homeless encampments are not properly monitored for unsanitary conditions which develop from trash and waste build-up, that few rules appear either not to exist or are not enforced for preventing trash accumulation, and that property owners should be required to monitor and properly dispose of trash build-up.
6. Some residents believe that the homeless are not being treated like normal people and that they should be asked to indicate what resources they need.
7. Some residents opine that sites for tiny home villages for the homeless should be located away from residential areas.
8. Some respondents believe that Napa State Hospital would be a good location for creating homeless shelters and housing.
9. Some residents believe that there should be greater emphasis placed on helping the homeless "to get back on their feet" as opposed to diverting them into housing without solving their problems.
10. Some residents stated that they do not feel safe enjoying some of the local parks (e.g., Kennedy Park) due to the proximity of homeless encampments.
11. There is some perception that stakeholders or partners in resolving homelessness are not united by a single strategic plan for combatting homelessness.
12. Some residents feel that they lack adequate information about what is being done to address homelessness and how effective the current services have been with respect to alleviating it.

²⁰ <https://www.surveymonkey.com/r/NapaCity2021HomelessSurvey>.

APPENDIX C--Read More About: Shelter and Services



In 2015, the County and City of Napa launched a joint multi-year process to review and attempt to transform the region’s homelessness crisis and response system. The goal was to identify and address the needs of the community with an in-depth systems analysis which produced detailed reports: (1) The 10 Year Plan to End Homelessness, and (2) the Official “Updated Napa Plan to End Homelessness”) to drive the region’s homeless system.²¹

In 2017, the County and City of Napa entered into a Joint Powers Agreement (JPA) aimed at achieving more cooperation between their homeless outreach and housing systems.²² The JPA’s strategies to reduce homelessness in the Napa City and Council included:

(1) Establishing the Napa Funders’ Collaborative to bring together key community stakeholders with the goal of aligning homelessness funding and policy in the region;

(2) Developing an affordable and supportive housing funding mechanism called the Napa Flexible Housing Funding Pool (Flex Pool);

(3) Developing public and private resources for the operation of housing and supportive services for households experiencing homelessness;

(4) The creation and implementation of a coordinated entry system to standardize the matching of housing and service resources to people experiencing a housing crisis in order to maximize positive housing outcomes and ensure equity and transparency in the system; and

(5) Joint funding and County management and hiring of a Napa Homeless Services Coordinator.

²¹ [NAPA COUNTY TEN YEAR PLAN TO END HOMELESSNESS](https://services.countyofnapa.org)

<https://services.countyofnapa.org> > AgendaNet.

[Microsoft Word - Napa Homeless Plan Update - Community Review Final Draft - October 2018 \(countyofnapa.org\)](https://services.countyofnapa.org)

²² [A-180225B Cooperative Joint Powers Homeless Services.pdf \(1.1 MB\)](#).

In 2018 Napa County began to update its “10-Year Strategy to End Homelessness”, which was developed with input through community meetings, surveys, and feedback periods. This plan was recommended by the United States Interagency Council on Homelessness (USICH), a federal agency that supports and encourages local jurisdictions to develop and implement 10-year strategies to end homelessness.²³

In January 2019, the Napa CoC officially adopted the updated Napa Plan to End Homelessness.²⁴ A wide range of services were developed²⁵ so that by 2021, 1,377 persons had received Abode services, including housing navigation, day center attendance and shelter services. As a result, 102 individuals exited homelessness into permanent housing.

Abode Services is based in Fremont, CA. and serves seven California counties. It is the main clearing house for homeless services in the region. Napa Abode operates the 101 bed South Shelter at 100 Hartle Ct. where one can be referred to services and programs, and the Winter Shelter at Napa Valley Expo (Capacity 45 beds). The Napa Abode has six outreach workers. Napa Abode shelter considers itself a “system,” not a place. People use the facility for a range of services, including taking showers, mail delivery, laundry, groceries, and mental health support. OLE Health operates a medical clinic at the shelter. The main requirement to be able to stay there is being able to exhibit “self-care,” the ability to conduct the activities of daily living. In addition, the shelter has other requirements which must be met in order to stay there. Residents are asked to sign an agreement that illegal substances and alcohol are prohibited on the premises, food is prohibited in the dorms, and people must abide by noise restrictions. A person can be banned from the shelter for possession of drugs or alcohol, fighting, and other violations listed in the agreement. If someone has alcohol or drug withdrawal symptoms, 911 is to be called for transport to the hospital. Referrals to the shelter are made by a variety of community organizations: St. Helena and Queen of the Valley hospitals, Catholic Charities, and family members. One does not need to be a Napa resident to be sheltered as there have been clients from Oakland, Richmond, Vallejo, Vacaville, and Fairfield.

²³ County of Riverside 10-Year Strategy to End Homelessness, p. 6, [Riv_County-10year.pdf \(riversideca.gov\)](#).

²⁴ [Microsoft Word - Napa Homeless Plan Update - Community Review Final Draft - October 2018 \(countyofnapa.org\)](#)

²⁵ A recommendation was made by one service provider managing homelessness services as “things had previously been kind of fractured.” The City of Napa would handle outreach activities through Abode while the County would manage the Whole Person Care program (with \$4 million funding), which ended on December 31, 2021. The new program is Cal-Aim (California Advancing and Innovating MediCal). It is a far reaching, multi-year plan to transform California’s Medi-Cal program and make it integrate more seamlessly with other social services. It is intended to help persons with the greatest needs by providing proactive outreach services. Partnership Health Plan will run the program locally. Cal-Aim defines homelessness as a medical concern for persons on Medi-Cal.

Fremont’s Abode Services contracted with the CoC as the main clearing house for homeless services. Napa Abode operates the South Shelter where one can be “linked” to programs and the Winter Shelter. It is considered a “system,” not a place and employs six outreach workers. Homeless individuals use the facility for services, including showers, mail delivery, laundry, groceries, and mental health support. OLE Health operates a medical clinic at the shelter. The main requirement to be able to stay in the shelter is “self-care,” the ability to take care of one’s activities of daily living. In addition, there are requirements which must be met in order to stay in the shelter. Residents are asked to sign an agreement that there will be no illegal substances on the premises, no food in the dorms, and noise restriction. A person can be banned from the shelter for possession of drugs or alcohol, fighting, and other violations listed in the agreement. Referrals to the shelter are made by a variety of community organizations: St. Helena and Queen of the Valley hospitals, Catholic Charities, and family members. One does not need to be a Napa resident to be sheltered and there have occasionally been “outsiders” coming from Oakland, Richmond, Vallejo, Vacaville, and Fairfield.

Over the course of 2021, Napa Abode provided services to 1,377 Napa County homeless. This number includes housing assistance, day center attendance and shelter services. One Hundred-Two individuals were able to use local Abode's services to exit homelessness into permanent housing.

The Abode shelter also serves as a "hub" where services are available for persons living on the street or in encampments. Abode also has an outreach team which coordinates with the outreach specialist at the Napa Police Department. The Adobe outreach team canvases nine locations to assist homeless individuals and connect them with services. Also, Abode is a "hands off" program which means that the staff do not place hands on the shelter residents, either for discipline or health care.

There are at least two Adobe staff present for each shift at the shelter. These staff persons are referred to as *shelter monitors* who are responsible for checking-in residents and coordinating clients' needs. They know most of the clients by first name. There is a *shelter coordinator* who is second in command and in training to become a manager. There are three *housing navigators or case managers* who help clients fill out applications and complete the process for housing placement. There are four *outreach staff* who work with the day center clients and canvas homeless target areas and other outdoor communities in order to provide information about the shelter.

A capital improvement project is underway to expand the South Napa shelter capacity from 69 to 101 beds. The project is slated to be completed by March 2023 and will feature a Day Center. The daily population of the shelter varies as renovations are currently underway. Current estimate is that, on average, 59 beds are used out of a 62-bed capacity. Before COVID-19, the capacity was 50 per day.

Abode is working with the Gasser Foundation, which donated both the land for the South Napa Shelter apartments for low-income individuals, and construction costs for the OLE Clinic building adjacent to the shelter. The Gasser Foundation has voiced concerns about whether an increase in the homeless population could potentially detract from nearby commercial interests. Gasser may require Abode to provide additional security services if the shelter size is expanded.

Abode coordinates its services with the Napa Police Department's outreach coordinator, serving nine locations with an impressive staff structure.

APPENDIX D--Read More About: Who are the Homeless?

The U.S. Department of Housing and Urban Development (HUD) has defined “homeless” and “at risk of homelessness.”

Those considered homeless include individuals and families who:

- (1) lack a fixed, regular, and adequate nighttime residence, such as those living in emergency shelters, transitional housing, or places not meant for habitation, or
- (2) will imminently lose their primary nighttime residence (within 14 days), provided that no subsequent housing has been identified and the individual/family lacks support networks or resources needed to obtain housing, or
- (3) (for unaccompanied youth under 25 years of age, or families with children and youth who qualify under other Federal Statutes, such as the Runaway and Homeless Youth Act,) have not had a lease or ownership interest in a housing unit in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment, or
- (4) (for an individual or family who is fleeing or attempting to flee domestic violence) has no other residence and lacks the resources or support networks to obtain other permanent housing.

Those at risk of homelessness include individuals and families who:

- (1) have an annual income below 30 percent of median family income for the area, as determined by HUD, and
- (2) do not have sufficient resources or support networks, immediately available to prevent them from moving to an emergency shelter or place not meant for habitation, and
- (3) exhibit one or more risk factors of homelessness, including recent housing instability or exiting a publicly funded institution or system of care such as foster care or a mental health facility.

In the 2018 PIT count summary report, the Napa Continuum of Care (CoC) identified the following sub-populations of those who are homeless:

- Chronically homeless: 158 persons met the HUD definition of Chronically Homelessness (92 unsheltered and 66 sheltered). The number of chronically homeless persons increased by 18% from 134 persons in 2017 to 158 persons in 2018, with a 74% increase in unsheltered individuals classified as chronically homeless (from 53 persons to 92 persons).
- Homeless Adults without Children: In 2018, 114 single adults met the HUD definition of homeless.
- Youth: The number of unsheltered unaccompanied homeless youth decreased from 16 persons in 2017 to five persons in 2018. The count of sheltered persons in youth-headed households (including unaccompanied youth and parenting youth and their families) increased from nine persons in 2017 to 11 persons in 2018.
- Veterans: the number of unsheltered veterans increased from eight persons in 2017 to 13 persons in 2018, while the count of sheltered veterans increased from nine persons in 2017 to 10 persons in 2018.

Results from the most recent Point-in-Time count (2020) are presented below:

	NAPA RESIDENTS EXPERIENCING HOMELESSNESS	
Definitions	Data	
	Point-in-Time (PIT) Count	Homeless Information System (HMIS) Count
<p>HOMELESS: The Department of Housing and Urban Development (HUD) identifies individuals as HOMELESS across four categories of experience:</p> <ol style="list-style-type: none"> 1. Literal homelessness. 2. At-risk of imminent homelessness. 3. Youth defined as experiencing homelessness under other federal statutory definitions including the definition used by school districts, 42 USC 11434a(2). OR 4. Survivors who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing. 	464	1076
<p>UNSHELTERED VS SHELTERED HOMELESS: Among those in category 1, individuals experiencing homelessness are further identified as either unsheltered or sheltered:</p> <ul style="list-style-type: none"> • An UNSHELTERED individual is one whose primary nighttime residence is a public or private place not meant for human habitation. • A SHELTERED individual is one living in a designated publicly- or privately-operated emergency shelter providing temporary, safe living arrangements. 	303 161	592 484
<p>CHRONIC HOMELESSNESS: An individual experiencing homelessness is further identified as CHRONICALLY HOMELESS when:</p> <ul style="list-style-type: none"> • The individual has experienced unsheltered or sheltered homelessness for more than 12 of the previous 36 months, and has a disability. 	203	405
<p>AT-RISK OF EXPERIENCING HOMELESSNESS: Individuals who have sought help from service providers to avoid experiencing homelessness.</p>	NOT INCLUDED in PIT count	624

In 2020, the Napa Police Department Outreach Team posted the following data, which was collected separately from the HMIS data system and provides some perspective on the types of services received by those clients who were willing to speak with outreach workers:

	Number of People Served
Housed	32
Diverted to housing by paid bus with services or other modes of transportation.	79
Contacted in the Office	135
Contacted in the Field/ Street Outreach	929
Drug & Alcohol Crisis/detox Contacts	180
Mental Health Contacts	123
Homeless Prevention (Homes Saved from eviction)	55

APPENDIX E--Read More About: How Does the Transition from Homelessness to Housing Work?

Many factors contribute to homelessness. The horrors of childhood trauma and poverty, mental illness and chronic drug abuse are all predictors that a person will be homeless. Others, for example, the President of the National Alliance to End Homelessness, explain that the primary problem results from housing that is too scarce and expensive.

Certainly, high rents are a principal obstacle to finding housing for the homeless. The current tight rental market, with less than 2% vacancy overall and 0% vacancy of affordable housing units, is compounded by credit issues, a lack of identification, and criminal background problems. All of this is particularly true in Napa.²⁶

The Grand Jury's investigation also revealed an acute shortage of available property for developing emergency shelters and affordable housing. Unfortunately, despite State mandates, efforts by local officials to find potential properties have been unavailing.²⁷ Some successful service models are evolving including a "Housing First" policy and a new approach of "supportive housing" represented by the Valle Verde project and Wine Valley Lodge.

²⁶ In Napa there are approximately 75 housing vouchers dedicated to the homeless and another 100 vouchers dedicated to families that would lose their children to welfare if they became homeless. Given this number of vouchers, an estimated 14% of resources are devoted to homeless persons. Unfortunately, the vouchers can only provide temporary relief and there is the potential of falling back into homelessness after a year.

The County is working on providing the funding for transitional and affordable housing. (Heritage House and Rainbow House are examples of local transitional housing.) The County currently received 4 million dollars from the American Rescue Plan Act devoted to housing projects. \$1.8 million has been directed to the renovation of Wine Valley Lodge, which will soon be converted to permanent housing for 54 individuals "with the highest acuity". There has been "enormous success with transferring clients from the shelter to the Lodge. Some clients reportedly look much healthier after a few months stay."

²⁷ Governor Gavin Newsom issued Executive Order N6-19 and ordered the Department of General Services (DGS) and the Department of Housing and Community Development (HCD) to identify and prioritize excess state-owned property and aggressively pursue sustainable, innovative, cost-effective housing projects. The Napa County sites identified were: lower Skyline Wilderness Park; Caltrans properties near Imola Avenue, Redwood Road, and Stanley Lane; Highway 29 at Green Island Road in American Canyon; and along Highway 29 at Yountville. Napa State Hospital has also been considered as an area having possible available land for affordable housing development. County housing officials have approached Napa State Hospital administrators to discuss land usage, but they have been informed that the hospital is currently developing a Master Plan for future hospital land usage including the consideration of workforce housing for their own employees who must commute long distances to work.

Other sites mentioned as possibilities for housing projects are the Yountville Veterans Home, closed school sites, churches, and the Jail Reentry facility.

The Grand Jury believes that this new direction would benefit from the creation of a leadership council, composed of those who control the resources needed for supportive housing. This council would be better positioned to work with federal, state, and local agencies and to design and implement a common strategy, inviting all stakeholders to participate in and support the new model.

Such a leadership council would address the principal problem identified by the Grand Jury in examining the problem of homelessness: a lack of any formal organizational model to guide public and private Napa agencies serving the homeless. Without such a coherent shared vision for coordinating service, funding, and monitoring decisions, it is not possible to maximize the resources being available from federal, state, and local sources, both public and private.

Four strategies were designated as necessary to establish goals, outcome measures and timelines to develop a systematic response to ensure that homelessness is prevented when possible. These include:

- Better access to the homeless system for the most vulnerable homeless.
- Prioritization and alignment of resources to ensure effective use of resources.
- Increased exits from the homeless system into permanent housing; and
- Efforts to integrate homeless ‘systems’ into mainstream health, criminal justice, and child welfare systems.

APPENDIX F--Read More About: Who is In Charge?

The Continuum of Care (CoC) is a regional planning body required by HUD to coordinate housing and services funding for homeless families and individuals. It also serves as a “think tank” of volunteers working to improve services to Napa’s homeless population.²⁸

CoC’s goal is to promote communitywide commitment to ending homelessness. Its mission is funding nonprofit providers and gaining support from State and local governments to rehouse homeless individuals and families, minimizing the trauma and dislocation of their experience. while promoting access to and effective utilization of mainstream programs for optimized self-sufficiency (*see*, Glossary).

The CoC uses data to rate projects for the homeless. While not without criticism, it relies on a Vulnerability Index to prioritize those who are helped.²⁹ It uses the Homeless Data Integration System (HDIS) to gather data from across the state and to display it through dashboards which provides information about the participants served by the CoC, their demographics, and the services rendered. In Napa, this data shows that 346 families with children and 129 unaccompanied youth are being accessed by CoC services.

A scored report to determine future funding is provided annually to HUD about Napa’s CoC activities. Napa provides administrative support for the CoC, but has no authority over its activities.

The success of these efforts depends on the partnerships between CoC and those entities that distribute resources (e.g., state, and local governments and Public Housing Authorities). When these parties effectively work together on a shared mission to address homelessness, it can make a significant impact on local efforts to end homelessness.

²⁸Scoring criteria and selection priorities approved by the CoC determine the extent to which each project addresses HUD’s policy priorities. It contracts with Home Base to assist in the ranking through the consolidated application process made up of three parts: (1) the CoC application and system data; (2) the priority listing, which is the ranked list of projects requesting CoC renewal and new project funding; and (3) the project applications.

The CoC also uses data generated from an assessment tool called the Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT) to rate homeless persons according to need. The scores produced by this instrument are used to assist in determining housing funding priorities based on need.

²⁹It is claimed that some people, who could successfully overcome their problems with a little help, are ignored, while the most vulnerable are being helped over and over. Also, housing people who do not take care of themselves, discourages landlords from renting to people who receive rental assistance.

Who Else Contributes?

Beyond the governmental agencies involved in seeking to reduce homelessness, 33 non-governmental entities were identified as working in Napa to assist the homeless. Some are faith-based, others are not affiliated with any organized religion, but all are committed to reaching out to those in need.

NAPA COUNTY CONTINUUM OF CARE MEMBERS:

Napa Health and Human Services - Mental Health
VOICES Youth Center
Queen of the Valley Medical Center - CARE Network
Napa Police Department - Homeless Outreach
OLE Health
Community Representative
Abode Services
Veterans Resource Center
Housing Authority of the City of Napa
Fair Housing Napa Valley
Lived Homeless Experience
County of Napa Health and Human Services - Alcohol & Drug Services
NEWS (Napa Emergency Women's Services)

HMIS PARTICIPATING AGENCIES:

Abode Services
Health & Human Services Agency Programs
NPD-Outreach
Buckelew
Home to Stay Program
Progress Foundation-Hartle Court Housing

Catholic Charities

Mentis QVMC – Care Network

Napa County Housing & Homelessness Services

Nation’s Finest (Formerly Veterans Resource Centers of America)

Napa Valley Housing Authority

The following entities are essential parties to preventing and ending homelessness in Napa. During the course of its investigation, the Grand Jury collected information related to each:

- Napa County Health and Human Services Agency (DHHS) (including Mental Health and Alcohol and Drug Services).
- Substance Abuse and Mental Health Services Administration (DHHS)
- Napa Police Department Outreach (in coordination with Applied Survey Research)
- City of Napa Housing Authority
- Greater Napa Fair Housing Center
- OLE Health
- Providence Queen of the Valley Medical Center; Adventist Health St. Helena; Kaiser Permanente Napa
- Partnership Health Plan and Providence/St. Joseph Health
- Catholic Charities
- Whole Person Care (designed to improve the health of high-risk, high utilization patients, focusing on homeless individuals or persons at risk for homelessness).
- Napa Homeless Management Information System (HMIS)
- Napa Valley Register
- South Napa Shelter (100 Hartle Court, 69 expanded to 101 beds); Nightingale Center (11 beds operated by Catholic Charities); Napa Valley Expo (winter shelter, 45 beds)
- Abode Services (Shelter Operator which oversees outreach efforts in partnership with Napa Police Department Homeless Outreach Team and Napa County Health and Human Services).
- Napa Continuum of Care (CoC): formed a coordinated entry system (CES) involving the coordination of intake, assessment, and referral processes.
- Napa Flexible Housing Funding Pool (Flex Pool)

- Napa County's CalWORKS Rapid Re-Housing Program: the CalWORKs Housing Support Program (HSP) was established by SB 855 (Chapter 29, Statutes of 2014) to assist homeless CalWORKs families in quickly obtaining permanent housing and to provide wrap-around supports to families to foster housing retention.
- City of Napa's Section 8 Landlord Mitigation Program: The Housing Authority of the City of Napa (HACN) administers rental assistance programs throughout the County for low-income seniors, families, and persons with disabilities. The City of Napa administers Tenant Based Rental Assistance within the City for income qualified households.
- Napa Funders Collaborative (oversaw the launch and operation of Napa's first-ever Flexible Housing Funding Pool (Flex Pool) in 2017. This is a new mechanism to pool funds and resources from multiple sources to create housing opportunities for the homeless).
- Napa Foundations: Napa Community Foundation; Napa Valley Vintners; Peter and Vernice Gasser Foundation.
- California Emergency Solutions and Housing (CESH): The California Emergency Solutions and Housing (CESH) Program provides funds for a variety of activities to assist persons experiencing or at risk of homelessness as authorized by SB 850 (Chapter 48, Statutes of 2018). The California Department of Housing and Community Development (HCD) administers the CESH Program with funding received from the Building Homes and Jobs Act Trust Fund (SB 2, Chapter 364, Statutes of 2017)
- National Alliance to End Homelessness: a nonpartisan, nonprofit organization whose sole purpose is to end homelessness in the United States.
- National Coalition for the Homeless (a national network of people who are currently experiencing or who have experienced homelessness, activists and advocates, community-based and faith-based service providers).
- National Health Care for the Homeless Council: their mission is to build an equitable, high-quality health care system through training, research, and advocacy in the movement to end homelessness.
- McKinney-Vento Homeless Assistance Program (The McKinney-Vento Homeless Assistance Act (PL100-77) was the first major federal legislative response to homelessness).
- No Place Like Home (NPLH): program which draws on the sale of \$1.8 billion in state bonds to pay for housing for the chronically homeless and mentally ill. Napa has been awarded \$7.9 million (more than a quarter of the estimated \$28.5 million cost). The Supportive Housing Pipeline Oversight Committee will implement No Place Like Home funding requirements.

- Corporation for Supportive Housing (CSH): Supportive housing is very affordable rental housing forming a platform of stability for vulnerable people who do not have a home or are leaving institutions or hospitals. It is linked to intensive case management and life-improving services like health care, workforce development and child welfare.
- U.S. Department of Housing and Urban Development (HUD)

APPENDIX G--Read More About: What's needed in Napa to help the homeless?

Outreach workers interviewed told the Grand Jury that they believe addressing the following needs would help the homeless in Napa:

- There is a need to help people obtain shared housing and to add to current homeless services. They said that there is also the need for self-sufficiency programs, where individuals can learn how to support themselves, to find jobs, to write resumes, and to learn trade skills.
- There is the need for outreach programs to provide homeless persons information about drug addiction and where they can receive treatment for drug addiction. The opioid epidemic poses new challenges due to the increased use of fentanyl and P2P methamphetamine.
- There is a need to have outreach workers who are licensed mental health workers with a clinical background. In addition, specific training is now found to be necessary for working with the homeless mentally ill.
- It would be useful to have a day center where people do not need to formally sign-in before receiving services. Another location, separate from the homeless shelter, would provide the range of additional services necessary.
- The crisis center currently has limited beds and resources to handle the high volume of homeless persons needing emergency psychiatric care.
- The homeless shelter used to have on site job training, provided by volunteers. Job training stopped March 2020 due to COVID. Job training, budgeting classes, and useful other adult education classes would be of great benefit. Also, expungement classes--where one learns how to get one's criminal record expunged, a serious impediment to obtaining housing—would be helpful.

APPENDIX H--Read More About: Mental Illness and Crisis Intervention

Many local residents believe that mentally ill homeless persons should be required to receive psychiatric care. Seriously mentally ill persons were previously forced to receive care through LPS Conservatorship proceedings which resulted in involuntary hospitalization to a psychiatric facility. Currently, Napa County has adopted Laura's Law which can provide mandatory outpatient care for individuals with significant mental health and criminal histories. Laura's Law had previously been considered an "opt in/opt out" program, with Napa County deciding to "opt in." Governor Newsom has recently announced his "Care Court" plan, which would also involve mandatory care for the severely mentally ill.

Medication use among the homeless mentally ill is complex and cannot be considered separately in the context of daily life struggles and efforts to meet basic needs. Multi-level interventions are needed to optimize medication use. Optimally, healthcare professionals including community pharmacists should reinforce beliefs that medication-related benefits outweigh the burdens and then tailor services given the context of homelessness.

Sometimes outreach workers accompany police officers when there might be the need to help deescalate someone who is showing signs of wanting to hurt oneself or others. Outreach workers can assist in transporting troubled individuals to the crisis center (with a capacity of seven adults and two youth), or follow-up with them at a later date. Section 5150 procedures can be implemented, if necessary, when a person is a danger to self or others, or gravely disabled (not being able to care for oneself). The Under the 5150 ensures procedures, that a person can be taken to a crisis center and held for up to 72 hours to undergo evaluation and treatment. A case worker can now attempt to obtain collateral information (for example, speaking with a relative) once someone has been involuntarily detained under this process. One case worker interviewed remarked, "We need to expand our crisis services. We want there to be enough staff and resources available so that if someone is in crisis, we can get them over there. If the crisis center is full, we have to take someone to the Queen of the Valley or St. Helena Hospital." Another case worker indicated that she has completed as many as six 5150s in a day and that there have been occasions when space was not available at the crisis center.

GLOSSARY

Abode Services: provides emergency shelter and outreach services, as well as manage several housing programs for residents of Napa County experiencing homelessness. Their services include emergency assistance, referral to community support services, and connection to housing interventions and landlord engagement and support. In Napa, Adobe has an outreach team of five, who are regularly out in the community proactively connecting homeless to services. Founded in Alameda County in 1989, Abode Services has expanded to serve Alameda, Santa Clara, Santa Cruz, San Mateo, and Napa counties.

Aldea: provides critical mental health treatment, foster care and adoption, and support services. Aldea helps more than **3,900** people annually in Napa and Solano counties who face obstacles to accessing and receiving effective treatment. Aldea Behavioral Health Services includes: **outpatient rehabilitation, group counseling, substance abuse education, counseling for families, case management, and housing services.**

All Home Program: advances regional solutions that disrupt the cycles of poverty and homelessness and create more economic mobility opportunities for extremely low-income (ELI) people.

American Rescue Plan Act: provides \$350 billion in emergency funding for state, local, territorial, and tribal governments to respond to the covid-19 public health emergency.

Applied Survey Research (ASR): helps its partners understand data and then transform data into action. In this way, communities and other stakeholders can access pure numbers, leverage it into accurate insights, determine how to apply it to planning and programs, and then implement the action steps necessary to create meaningful and lasting change.

Buckelew: a nonprofit with Supported Living Programs in *Napa* to assist people with serious mental illness who are homeless or at risk of homelessness to live as independently as possible. Currently, Buckelew also provides supported housing for homeless persons.

CalAIM: California Advancing and Innovating Medi-Cal is a far reaching, multiyear plan to transform California's Medi-Cal program and integrate it more seamlessly with other social services. Led by California's Department of Health Care Services, the goal of CalAIM is to improve outcomes for the millions of Californians covered by Medi-Cal, especially those with the most complex needs. CalAIM identifies homelessness as a health care problem.

CalWorks: CalWORKs is a public assistance program that provides cash aid and services to eligible families that have children in the home. The program serves all

fifty-eight counties in the State and is operated locally by County welfare departments.

Care Court (Community Assistance, Recovery and Empowerment Court): CARE Court offers court-ordered individualized interventions and services, stabilization medication, advanced mental health directives, and housing assistance –while remaining community-based. Plans can extend from 12 to 24 months. In addition to their full clinical team, the client-centered approach also includes a public defender and a supporter to help individuals make self-directed care decisions.

Catholic Charities: employs the Housing First Model, the homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness, and serves as a platform to help them pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities (e.g., food and a place to live) before attending less critical needs (e.g., getting a job, budgeting properly, attending to substance use issues). Additionally, Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.

Center Point: a residential addictions treatment program on the grounds of Napa State Hospital. Center Point operates the Co-Educational Adult Withdrawal Management and Residential Treatment Program in Napa County to assist those needing an intensive highly structured treatment environment, including withdrawal management with a one-to-seven-day length of stay, including non-medical interventions and preparation for entry into treatment.

Napa City Manager: responsible for planning, directing, managing, and reviewing all activities and operations of the City; coordinates programs, services, and activities among City departments and outside agencies; ensures the financial integrity of the municipal organization; and represents the City's interests.

Continuum of Care (CoC): a regional or local planning body required by HUD that coordinates housing and services funding for homeless families and individuals. The Napa City & County CoC is a consortium of non-profit, faith-based, and government agencies that supply homeless services to the population of Napa County and carry out the Ten-Year Plan to End Homelessness. CoC activities are guided by a steering committee, selected from the member agencies (e.g., nonprofit organizations, state and local governments and public housing agencies.)

CoC Program Project Ranking Tool: an optional tool that can be used by CoCs to evaluate project performance and rank projects based on CoC priorities. The CoC Program is an essential resource in helping HUD meet the national goals of

preventing and ending homelessness in the United States. CoCs use objective, performance-based scoring criteria and selection priorities approved by the CoC to determine the extent that each project addresses HUD policy priorities. CoCs reallocate funds to new projects whenever that would improve outcomes and reduce homelessness. They also consider how much each project spends to serve and house an individual or family as compared to other projects serving similar populations.

Corporation for Supportive Housing (CSH): founded in 1991, CSH works locally with the Continuum of Care (CoC) to provide technical assistance to improve housing solutions and realign data systems with the goal of ending homelessness.

County Executive Officer (CEO): Napa County's chief administrative officer, responsible to the Board of Supervisors for overseeing the day-to-day management and coordination of County operations. The CEO also recommends the appointment of and supervises ten non-elected department heads.

Crisis Stabilization Unit (CSU): provides immediate response on a short-term basis (i.e., less than 24 hours) to help individuals of all ages affected by problems and symptoms associated with acute mental health crises. The provided services are designed to stabilize and alleviate the crisis and symptoms, allowing individuals to return home or transition to the appropriate level of care. Crisis stabilization services also include medication evaluation and psychiatric medication for those with a serious mental health problem who may be at risk of experiencing an acute mental health crisis.

Diversion: an intervention to immediately address the needs of those who have just lost their housing and become homeless. Diversion uses a client-driven approach; its goal is to help the person or household find safe alternative housing immediately, rather than entering shelter or experiencing unsheltered homelessness. It is intended to ensure that the homelessness experience is as brief as possible, to prevent unsheltered homelessness, and to avert stays in a shelter.

Emergency Housing Vouchers: The Housing Authority accepts direct referrals for Emergency Housing Vouchers from the CoC's Coordinated Entry System and from NEWS. Eligibility criteria includes families and individuals who are homeless, recently homeless, at-risk of homelessness, and fleeing or attempting to flee domestic violence, dating violence, stalking, and human trafficking.

5150: Section 5150 of the Welfare and Institutions Code allows a person with a mental illness to be involuntarily detained for a 72-hour psychiatric hospitalization against their will.

Flexible Housing Subsidy Pools (FHPs or FHSPs): an emerging systems-level strategy to fund, locate, and secure housing for people experiencing

homelessness in a more coordinated and streamlined way. Its funding can be spent quickly to help end a client's existing homelessness or to prevent homelessness.

Gasser Foundation: a Napa foundation which annually contributes \$1.5 to \$2.0M to local hospitals, hospices, homeless shelters and cultural organizations. It also has a work force training initiative operating in conjunction with the local community college. As a long-standing leader in and a steward of the community, Gasser recently appended its mission to include environmental sustainability as a principal factor in all its activities.

Heritage House and Valle Verde Housing: a 2.9-acre project site located at 3700, 3710, and 3720 Valle Verde Drive, north of the intersection of Firefly Drive in the City of Napa. The project proposes to rehabilitate the vacant Sunrise Napa Assisted Living Facility with 58-unit single-room occupancy (SRO) units of permanent supportive housing with on-site supportive services and 8-one-bedroom accessible units (Heritage House). The project would also include construction of a new three-story multi-family apartment building with a 24-unit apartment complex (Valle Verde). City File No. PL17-011.

HomeBASE: a state program that assists families leaving emergency shelters to transition to permanent housing and can provide a maximum of \$10,000 over a 12-month period to cover housing-related costs (e.g., rental start-up costs, first and last month's rent, and security deposits).

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

Housing Authority: The City's Housing Division staffs the Housing Authority of the City of Napa (HACN) and provides countywide Section 8 rental assistance.

Housing First: a policy that supports providing permanent housing as quickly as possible to homeless people, and other supportive services afterward. It is an alternative to a system of emergency shelter/transitional housing progressions. Housing First moves the homeless individual or family immediately from the streets or shelters into their own accommodations.

HUD: the U.S. Department of Housing and Urban Development is responsible for national policy and programs that address America's housing needs, in order to improve and develop the nation's communities, and enforce fair housing laws.

Joint Power Agreement (JPA): a contract between two or more public agencies (e.g., city, county, school district, or special district such as a municipal utility

authority) which allows the agencies to cooperatively provide services or exercise shared powers outside each agency's normal authority.

Landlord Risk Mitigation Pool: an added protection for landlords willing to rent to someone with limited income, a poor rental history, or a criminal history. The funds can cover excessive damages to the rental unit, lost rent, or legal fees beyond the security deposit.

Laura's Law "Laura's Law" is the name used for assisted outpatient treatment (AOT), which is sustained and intensive court-ordered treatment in the community for individuals with severe untreated mental illness and a history of violence or repeated hospitalization. Typically, AOT is only used until a person is well enough to maintain his or her own treatment regimen. In other states, it has been used as an alternative to court-ordered hospitalization and as a "bridge" to maintain psychiatric stability after discharge from hospitalization

Martin v. Boise: was a 2018 decision by the U.S. Court of Appeals for the Ninth Circuit in response to a 2009 lawsuit by six homeless plaintiffs against the City of Boise, Idaho regarding the City's anti-camping ordinance. The ruling held that cities cannot enforce anti-camping ordinances if they do not have enough homeless shelter beds available for their homeless population. The decision was based on the Eighth Amendment to the U.S. Constitution's prohibition on cruel and unusual punishment.

McKinney-Vento Homeless Assistance: The McKinney-Vento Act provides rights and services to children and youth experiencing homelessness, which includes those who are: sharing the housing of others due to loss of housing, economic hardship, or a similar reason; staying in motels, trailer parks, or campgrounds due to the lack of an adequate alternative; staying in shelters or transitional housing; or sleeping in cars, parks, abandoned buildings, substandard housing, or similar settings.

Mentis: is one of Napa's oldest nonprofits, providing bilingual affordable mental health services. The agency offers transitional and permanent housing programs with case management.

N6-19: To address the shortage of housing for Californians, Governor Newsom ordered the Department of General Services (DGS) and the Department of Housing and Community Development (HCD) to identify and prioritize excess state-owned property and aggressively pursue sustainable, innovative, cost-effective housing projects.

N23-20: Governor Newsom issued Executive Order N-23-20 to immediately and urgently provide state government assets to provide shelter and housing for those who are homeless, including state excess land and travel trailers.

Napa County Housing Authority (NCHA): primarily addresses the need for safe and affordable housing for farm workers, particularly those who are migrant/seasonal workers and support Napa County's agricultural economy. The three farm worker centers provide housing for a critical underserved segment of Napa residents.

Napa Funders Collaborative: formed in 2016, it comprises representatives from various departments in the City and County of Napa, health system partners, and philanthropic partners, some not historically engaged in addressing homelessness.

Napa Police Department: works to build rapport with clients by introducing them to the services available in Napa County. The police work as advocates, case managers, and housing counselors to help clients find the services needed to lead them to long-term stable housing. Their effort strengthens the community by helping those in need while working to reduce non-emergency calls to vital law enforcement and fire services in Napa County. A Napa Police Department Homeless Outreach Specialist leads efforts within the City of Napa.

National Alliance to End Homelessness: a nonprofit, non-partisan organization committed to preventing and ending homelessness in the United States.

NEWS: NEWS (Napa Emergency Women's Shelter) supports victims of domestic violence and sexual abuse.

NIMBYism: an acronym for the phrase "not in my back yard." NIMBY characterizes opposition by residents to proposed developments in their local area, as well as support for strict land use regulations.

No Place Like Home Program: legislation signed July 1, 2016 by then Governor Brown which dedicated up to \$2 billion in bond proceeds for the development of permanent supportive housing for persons in need mental health services who are experiencing homelessness, chronic homelessness, or otherwise at risk of chronic homelessness. The bonds are repaid by funding from the Mental Health Services Act (MHSA). In November 2018 voters approved Proposition 2, authorizing the sale of up to \$2B in revenue bonds and the use of a portion of Proposition 63 taxes for the NPLH program.

OLE Health Clinic: operates seven clinics in two counties, serving nearly 40,000 patients. It is the only nonprofit health center in Napa County and the non-government federally qualified health center in Fairfield. Comprehensive services are provided including medical, dental, optometry, behavioral health, and pharmacy across clinic sites.

Partnership Health Plan (PHC of California): a non-profit community-based health care organization that contracts with the State to administer Medi-Cal

benefits through local care providers to ensure Medi-Cal recipients have access to high-quality comprehensive cost-effective health care.

P2P (phenyl-2-propanone): a new type of more dangerous meth, with an increased likelihood of severe mental illness and other adverse mental health effects. P2P meth is often laced with other drugs like Fentanyl; users who seek help for their addiction have reported a detox process of nearly six months. Those using P2P meth will likely experience a rapid decline in physical health, including liver failure, after even short periods of use.

Point-in-Time (PIT) Count: an annual survey of homeless individuals in the United States, conducted by local CoCs on behalf of the U.S. Department of Housing and Urban Development.

Progress Foundation: founded in 1969 during the de-institutionalization movement, it is a reform effort which sought to move people from state psychiatric hospitals back into the community. However, local treatment systems were ill-equipped to support individuals with mental illness and for the next three decades the Progress Foundation developed supportive, community-based programs to support these clients—and keep them from returning to institutions or correctional facilities.

Project Roomkey: established in March 2020 as part of the State’s response to the COVID-19 pandemic, its purpose is to provide non-congregate shelter options for people experiencing homelessness, to protect human life, and to minimize strain on health care system capacity.

Safe Haven: a facility that provides shelter and services to hard-to-engage homeless persons with serious mental illness who are living on the streets and are unable or unwilling to participate in supportive services. Safe Havens usually follow a “harm reduction” model of services.

Section 8: vouchers for those who earn less than 50% of the area median income; 75% of the vouchers are restricted to people making below 30% of median income.

Senate Bill 20 (SB20): legislation introduced by Sen. Bill Dodd, D-Napa to allow Napa County to negotiate with the state Department of General Services to buy the 850-acre Skyline Wilderness Park.

Serenity Homes: a Sober Living Environment and residential addictions treatment program where people live for approximately one year in group homes. Developed by John Apodaca and sometimes referred to as Johnny A’s.

Single room occupancy (SRO): housing typically aimed at residents with low or minimal incomes, allowing them to rent small, single rooms with modest furnishings (e.g., bed, chair, and possibly a small desk, refrigerator, microwave, or

sink). Tenants typically share a kitchen, toilet, or bathroom. SRO units range in size from 80 to 140 sq ft. and are rented out as a permanent or primary residence within a multi-tenant building.

Sober Living Environment: a live-in facility where all residents are recovering addicts and receive group support. Someone convicted of a DUI may be required to join a sober living environment.

South Napa Shelter: a 69-bed facility for adults, it has served individuals experiencing homelessness since 2006. The South Napa Day Center (formerly known as the Hope Center) moved from its downtown location to the South Napa Shelter in 2018. Services during the day include showers, mail delivery, laundry, lunch, medical clinic, social services, and housing navigation.

Social Security Disability Income (SSDI): The difference between SSI and SSDI is SSI is based on income limitations while SSDI is based on the number of work credits obtained. To qualify for SSDI, one must have a specific number of work credits based on age. To qualify for SSI, one must be within specific income limits set by the Social Security Administration.

Supplemental Security Income (SSI): monthly benefits to people with limited income and resources who are disabled, blind, or age 65 or older. Blind or disabled children may also get SSI.

Supported Living Programs: a continuum of supported accommodations, ranging from high level integrated support, housing for complex needs, homelessness, low level step-down care, to housing in later life. In each, housing plays a central role in providing the necessary mental health support to individuals.

System Navigators: those who provide help connecting individuals and families in need to mental health services, transportation, resources, and referral services throughout Napa County, with a focus on the Latino community. They provide support and guidance in connecting with a variety of mainstream resources (e.g., mental health care, physical health, Medi-Cal, Food Stamps, and housing services).

System Performance Measure (SPM): seven metrics developed by HUD to measure the CoC's impact on ending homelessness. They evaluate progress towards reducing the number of people becoming homeless and helping people who are homeless obtain rapid and stable housing. SPMs are designed to show progress over time and are reported annually to HUD. They are also used to score the CoC Consolidated Application.

Transient Occupancy Tax (TOT): a temporary tax on lodging at Napa's hotels, motels, inns, hostels, and similar places, authorized under State Revenue and Taxation Code section 7280, as an additional source of non-property tax revenue for local governments. This tax is levied for the privilege of occupying a room or

rooms or other living space in a hotel, motel, inn, tourist home or house, or other lodging for a period of 30 days or less. The imposed tax rate for accommodations at lodging facilities in the unincorporated area of Napa County is 13%.

United States Interagency Council on Homelessness: the only Federal level agency with responsibility for ending homelessness, it works with nineteen federal agencies and departments, and other public and private partners to improve federal spending outcomes for homelessness.

VOICES Napa: provides young people aging out of foster care with family-like support, acceptance, and accountability as they set their own goals and pursue them across VOICES' youth-led core programs: Health and Wellness, Career and Education, and ILP-Independent Living Program.

VI-SPDAT Vulnerability Index- Service Prioritization Decision Assistance Tool: a questionnaire given to homeless individuals seeking services which asks questions about their living situation, disabilities, medical conditions, encounters with the justice system, whether they are in danger, financial situation, and psychosocial factors. The VI-SPDAT questionnaire yields a vulnerability score. With a score of 10 to 15 the client is eligible for Permanent Supportive Housing. With a score of 5 to 9 a client is eligible for Rapid Rehousing. If the score is lower than five, they are helped with diversion, which can include help with obstacles to reuniting with family, Cal-fresh or some other assistance.

Wine Valley Lodge: a facility operated by Napa County since March 2020 for homeless housing under Project Roomkey and for pandemic-related isolation and quarantines. The Napa City Council also approved a \$3M loan for the project from the affordable housing impact fee, adding to \$4M approved by the Napa County Board of Supervisors for the project.

Winter Shelter: a 59-bed facility at the Napa Valley Expo. From mid-November to mid-April, individuals can access an overnight stay with a bed at the Winter Shelter by signing up at South Napa Shelter the same day. First round of check-ins is from 5 p.m. to 5:30 p.m. Second round is from 7 p.m. to 7:30 p.m. Each Winter Shelter resident must depart the following morning.

Wraparound (Supportive) Services: services provided residents of supportive housing to facilitate residents' independence (e.g., case management, medical or psychological counseling and supervision, childcare, transportation, and job training).

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