Homelessness in Vallejo: Impacts of Poverty and Trauma

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Periodically, in this document there are philosophical excerpts that were drawn from several books written by inspirational and groundbreaking, contemporary and historical, social change leaders. These are included as points of consideration as poverty, homelessness and endemic systems of oppression, economic pressure and cultural injustice are more broadly positioned contextually. (See References)
Acknowledgments

This report was made possible with special thanks to Anne Putney, Housing and Community Development Manager for the City of Vallejo for the gracious opportunity to serve the community. Additional acknowledgements include Dr. Gabriella Lettini, Graduate Student Advisor at Starr King School for the Ministry and members of the community who granted informational interviews and generous insights about existing community outreach programs such as: homeless advocate Maria Guevara of Vallejo Together, the many volunteers in her network, Sonya Russell & Family founders of C.L.I.F. House, Pastor Jim McCoy of Union Baptist Church and organizer of Project Homeless Connect Vallejo, Lynn from Amador Street Hope Center, Emily Cohen of Project Homeless Connect SF, Mayor Osby Davis, Councilmember Bob Sampayan, Administrative Analyst Will Morat, community homelessness advocates, and volunteer members of the Ad-Hoc Homelessness Sub-Committee. There are other dedicated individuals and concerned organizations active in the community that serve those most in need in direct ways such as: Rev. Al Marks of First Baptist Church Sparrow Project, Community Volunteers for Care to Share Vallejo Together Mobile Unit (Feeding Fridays Outreach), Ray Bernardes and others from the Christian Help Center/Global Center for Success, Benjamin and Mary Anne Buggs of Faith Food Fridays, Vallejo Homeless Coalition, Vallejo’s churches and Common Ground, Michaels Transportation, Vallejo City Council members, the City of Vallejo Code Enforcement, Police and Fire Departments and all the other amazing individuals and faith based organizations that are not named, who help to meet the needs of Vallejo’s homeless people in various and generous ways.

“The discovery of elements of common human frailty in the foe and, concomitantly, the appreciation of all human life as possessing transcendent worth, creates attitudes which transcend social conflict and thus mitigate cruelties. It binds human beings together by reminding them of the common roots and similar characteristics of both their vices and their virtues.”
– Reinhold Niebuhr.1932 (p.255)
Project Summary

The goal of this community internship project is to produce a useful report with an overview of the City of Vallejo’s (CoV) homelessness situation, relative to a wide view and to recommend feasible solutions to address the community’s needs, and that can be implemented with available or accessible resources. The intended audience is CoV administrators in the Housing and Community Development Division, City Manager’s office, councilmembers, ad-hoc steering committees, public service task forces or any other affiliated organizations¹ interested in contributing to ongoing efforts to improve the conditions of those men, women and children who are homeless² in the community of Vallejo.

Rationale

The reason for this project was to gain a better understanding the social complexities and regional context of homelessness in the City of Vallejo (CoV)³ and create an accessible report of solutions and recommendations of how to address the issue with minimal fiscal impact, by leveraging existing community resources and exploring access to public funding sources.

Intended Outcomes

- To offer city administrators visibility into social, political and economic factors and challenges associated with homelessness
- To present viable short-term recommendations that address the needs of homeless persons in the CoV based on evidence based solutions

¹ See (Appendix C)
² Defined as anyone who is lacking a regular, fixed and adequate nighttime residence (sub-standard housing), is sharing housing due to economic struggles (double-up), is living in a shelter, hotel or motel or public place not designed for sleeping (cars, parks), is an unaccompanied youth, a child or youth awaiting foster care placement, a child or youth abandoned in a hospital or a migrant person who qualifies under any of the above.
³ The research and reporting performed during the Starr King School for the Ministry, MASC internship was done so at no cost to the CoV, under the guidance and mentorship of Anne Putney, Director of Housing and Community Services.
To develop long-range strategic goals that address homelessness that are implemented on an ongoing basis with minimal fiscal impact

**Timing**

Support for sheltering and rehabilitating homeless people in the community of Vallejo among the City Council, administrators, faith-based and non-profit service providers is high. The growing support and momentum for addressing homelessness has been evidenced most recently by the public turnout at workshops, public hearings and voting opportunities about homelessness concerns and legislation regarding camping in public spaces and homeless camp abatements by Code Enforcement. Based on the city’s limited shelter options and the county’s shortfall of shelter beds there is no justification to delay examining and understanding how the community of Vallejo can implement insights about providing the [Continuum of Care](http://www.endhomelessness.org/library/entry/fact-sheet-what-is-a-continuum-of-care) services effectively and expeditiously, by looking at what has worked elsewhere and while remaining in balance with available resources.

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5 The “abatement of temporary shelters” effort has a procedure to ensure the process includes storing personal belongings found at the site for 90 days (through a state-certified, hazardous material removal and storage contractor).

6 See (Supplement A)

7 “According to HUD, a CoC is ‘a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.’” HUD identifies four necessary parts of a continuum: Outreach, intake, and assessment in order to identify service and housing needs and provide a link to the appropriate level of both; Emergency shelter to provide an immediate and safe alternative to sleeping on the streets, especially for homeless families with children; Transitional housing with supportive services to allow for the development of skills that will be needed once permanently housed; and Permanent and permanent supportive housing to provide individuals and families with an affordable place to live with services if needed.” [http://www.endhomelessness.org/library/entry/fact-sheet-what-is-a-continuum-of-care](http://www.endhomelessness.org/library/entry/fact-sheet-what-is-a-continuum-of-care) (accessed 4/7/15)
The challenge for the CoV is how to adapt to increasing demand and decreasing resources for mental health outreach services, decreased charitable contributions from shrinking attendance in churches (who traditionally share through community programs that serve those in need). The population of homeless people and families county-wide is growing and stress from sustained economic contraction, intergenerational poverty, cuts to social services and historically inadequate programs in the city and county and country have made the issue a priority for the City Council to address.

Ideally compassionate and fiscally responsible solutions that work with private and political interests in the community can be identified to fill the gap, such as has been done in other communities. If there is political and community support that is presented in a way that creates a response of collaboration from the city council and among those who might otherwise voice on the side of disenfranchised elements in public or vocal constituencies that would prefer not to have any facilities that cater to traditionally underserved populations in their backyard against potentially viable locations in the community for new shelters or rehabilitative service sites (i.e. such as for service providers who offer homelessness services, mental health and substance abuse counseling, services for the disabled, juveniles and migrant farm workers, LGBT outreach, domestic violence case management, etc.).

The issue is complicated and the causes of homelessness vary widely and are sometimes different for families then for individuals. With

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8 2015 specific PIT count data for Vallejo was not available at the time of this report. This report is not intended to mirror existing reports that have covered national homelessness extensively but as designed as a multipurpose resource specific to the CoV.
9 And an increased presence of homeless people in business areas which can affect the flow of customer traffic and make a location less desirable for new and existing business.
10 http://www.salon.com/2013/12/01/noam_chomsky_america_hates_its_poor_partner/
consideration of expected impacts from an aging population and people with disabilities on fixed incomes that are low being priced out of the market, affordable housing issues can be expected to continues. Families experience homelessness most often because unemployment, poverty and the lack of affordable housing, sometimes families are escaping domestic violence or substance abusers. The leading causes of homelessness among individuals are substance abuse, mental illness and the lack of affordable housing. Ultimately, developing long range planning goals and an effective response to reintegrate homeless families and individuals into the community, regardless of the circumstances that contributed to their situation, by establishing housing situations and providing wrap-around services. The methods of addressing address chronic, transitional or episodic needs vary depending on case specific needs and what evidence based research has shown

On a single night in California in 2013, 136,826 people were homeless, including 6,993 children and 15,179 veterans.

Federal rental assistance programs reach only a small share of the low-income California households that pay unaffordable rental housing costs.

In California, 1,579,300 low-income renter households pay more than half their monthly cash income for housing costs. The median income of these households is $1,470 and the median housing costs are $1,250, leaving only $220 to pay for other necessities. About 34 percent of these severely cost-burdened renter households are headed by people who are elderly or have disabilities, while 36 percent are other families with children.

When housing costs consume more than half of household income, low-income families are at greater risk of becoming homeless. Point-in-time surveys suggest that at least 135,900 people are homeless in California (2012).

Figure 1http://www.cbpp.org/files/4-13-11hous-CA.pdf

12 There are three types of homelessness – chronic, transitional (largest group), and episodic http://nationalhomeless.org/about-homelessness/
most effective as a sustainable strategy to meet the ongoing needs of people who are living without shelter, and who are at risk of losing their temporary or precarious\textsuperscript{13} housing or are overburdened with housing costs.\textsuperscript{14}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{cost_burden_maps.png}
\caption{Cost burden maps from the Harvard Joint Center for Housing Studies (Source: JCHS tabulations of US Census Bureau, 2012 American Community Survey data.)}
\end{figure}

\textsuperscript{13} In the United States there are no local estimates of “couch-homeless” also sometimes called precariously housed, doubled up, couch surfers. They are the homeless who stay with friends and family. Although the US Census may have enumerated the couch homeless as household residents, it did not discern whether a person was homeless or a permanent household resident. There are nation-wide estimates of the couch-homeless at 1-2\% of the population, but no way to estimate local populations. Using Census data, and surveys of homeless persons, rough estimates are a procedure was created to estimate the number of couch-homeless in local areas. This number varies widely from city to suburbs and from urban to rural areas. For the US overall, the estimate is 1.65\% of the population is couch-homeless. (http://nationalhomeless.org/publications/precariouslyhoused/index.html)

\textsuperscript{14} See (Appendix B)
Federal Strategic Plan to Prevent and End Homelessness

Until recently, federal support had waned under the political trend to defund broad sweeping, publicly funded social programs, a direction initiated during the 1980’s.¹⁵ The McKinney–Vento Homeless Assistance Homeless Assistance Act has stimulated renewed compliance with social and ethical pressures on federal (by forming the U.S. Interagency Council on Homelessness USICH), state and local governments to provide an appropriate and adequate range of affordable housing¹⁶ for the needs of the community. In 2006 the National Coalition for the Homeless wrote of “The McKinney-Vento Homeless Assistance Act (PL100-77) was the first -- and remains the only - major federal legislative response to


¹⁶ “Fiscal Year 2016 budget, President Obama requested funding increases for nearly all of HUD’s programs, with significant boosts for rental assistance and homeless assistance programs. In total, the president’s budget has proposed $49.3 billion in gross discretionary funding for HUD programs, nearly $4 billion higher than the amount that Congress enacted in FY 2015.” http://www.jchs.harvard.edu/what-does-presidents-budget-mean-affordable-housing
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homelessness” the factsheet goes on to say that, “The McKinney-Vento Act was, and remains, landmark legislation. The programs created by the McKinney-Vento Act are needed now more than ever, as homelessness shows no signs of abating. However, after more than a decade of an emergency response to a long-term crisis, it is clear that only by addressing the causes of homelessness -- lack of jobs that pay a living wage, inadequate benefits for those who cannot work, lack of affordable housing, and lack of access to health care -- will homelessness be ended.”

Trauma is becoming recognized by the SAMHSA as a major aspect of being homeless, especially for children and the chronically or episodic populations. Trauma Informed Care (TIC) is the trend in homelessness services nationally and is supported with funding. TIC is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

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17 NCH Fact Sheet #18 Published by the National Coalition for the Homeless, June 2006
18
Contributing factors to local poverty trends

High homeless populations presents a challenge for states such as California with 90,765 homeless in 2014, (72.6% unsheltered) 24% of the nation’s homeless, the second largest population after New York. The Bay Area is anchored by San Francisco, a metropolis that has the eighth largest homeless population in the U.S. of 90,765.

Economic redevelopment of Vallejo has been excruciatingly gradual and long term planning has stalled along the way. Administrators and planners are focusing on attracting business partners and educational institutions to expand as part of a new 10-year downtown revitalization plan that has yet to gain momentum.

The effect [of Nixon’s factors that led to a huge increase in unregulated financial capital and a radical shift in its use, from long-term investment and trade to speculation] has been to undermine national economic planning as governments are compelled to preserve market “credibility”, driving many economies toward a low-growth, high unemployment equilibrium, [...] with stagnating or declining real wages, increasing poverty and inequality, and booming markets for the few. The parallel process of internationalization of production provides new weapons to undermine working people in the West, who must accept an end to their “luxurious” lifestyle and agree to “flexibility of labor markets” (not knowing if you have a job tomorrow), the business press orates happily.”

- Noam Chomsky.1999 (p.122)

Economic and Cultural Fallout from Mare Island Closure

“The City of Vallejo, California is home to the nation’s oldest naval shipyard, the Mare Island Naval Shipyard, which was closed in the mid 1990’s by the Federal Base Closure Commission. The closure of Mare Island resulted in the loss of 10,000 direct federal employee jobs and 15,000 supporting jobs in the surrounding community. The economic impact of the loss of jobs is nearly $500 million annually.

Although within the economically diverse San Francisco Bay Area region, the City of Vallejo was essentially a shipyard town. Generation after generation worked at Mare Island. Closure had severe economic impacts on the local community.”

www.vallejochamber.com/PDFs/Kosmont_Study_Complete.pdf (p.6)

Q & A

Why does alleviating homelessness matter?

Historically and in the present time, homelessness exists in every part of the world. There is no ‘cure’ for homelessness in the western Laissez-faire culture, there are more or less effective strategies to reduce homelessness, more or less expensive interventions, some programs work to rehabilitate and restore persons to sustainable participatory lifestyles and some that do not. The homeless population is quite diverse (such as the single mothers under age 25 with children under the age of 6, people with disabilities, working poor, aged out foster children or victims of domestic violence) with individuals making up 62.6% and Families 37.4% nationally 2014.20

“The question which confronts society is, how it can eliminate social injustice by methods which offer some fair opportunity for abolishing what is evil in our present society, without destroying what is worth preserving in it, and without running the risk of substituting new abuses and injustices in place of those abolished.”

- Reinhold Niebuhr. 1932 (p.107)

Who Is Homeless?

Men, Women and Children of all ages and races are homeless in every part of the world, historically and in the present. Homeless people can be either temporarily sheltered and there are those who are unsheltered as well as “For the US overall, the estimate is 1.65% of the population is couch-homeless.”21

There are those with physical and or mental disabilities, veterans, victims of domestic violence, aged-out foster kids, alienated teens, LGBTQ runaways and those with a variety of chemical dependencies to prescriptions, alcohol or illicit and over-the-counter drugs.

There are three types of homelessness – chronic, transitional, and episodic

- **Chronically Homeless** Persons most like the stereotyped profile of the “skid-row” homeless, who are likely to be entrenched in the shelter system and for whom shelters are more like long-term housing rather than an emergency arrangement. These individuals are likely to be older, and consist of the “hard-core unemployed”, often suffering from disabilities and substance abuse problems. Yet such persons represent a far smaller proportion of the population compared to the transitonally homeless.

- **Transitionally Homeless** individuals generally enter the shelter system for only one stay and for a short period. Such persons are likely to be younger, are probably recent members of the precariously housed population and have become homeless because of some catastrophic event, and have been forced to spend a short time in a homeless shelter before making a transition into more stable housing. Over time, transitionally homeless individuals will account for the majority of persons experiencing homelessness given their higher rate of turnover.

- **Episodic Homeless** are those who frequently shuttle in and out of homelessness are known as episodically homeless. They are most likely to be young, but unlike those in transitional homelessness, episodically homeless individuals often are chronically unemployed and experience medical, mental health, and substance abuse problems.

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What causes homelessness for families and individuals?

The causes of individuals becoming homeless are quite different than the key factors that create homeless families. The top three reasons for families are lack of affordable housing, poverty and unemployment. For individuals, the three most commonly cited causes of homelessness are substance abuse, lack of affordable housing and mental illness. By more clearly understanding the various circumstances around homelessness, prevention can also become a facet of any long range planning goals administrators and elected officials consider in addition to rapid rehousing and rehabilitation programs.

Why is homelessness issue so complex?

It is important to realize when looking at homeless individuals and families that there are multiple categories of analysis. There are major categories such as chronic vs. transitional, first time homeless, foster child, youth, domestic violence) and many sub-categories of analysis such as age (children under 6, under 18, 18-24, elderly), disabilities (physical and/or mental), race (undocumented immigrants, intergenerational-poverty), gender (male, female, LGBT), geography (by city, by state, rural vs. urban), veterans (PTSD, TBI, Sexual Trauma), mental disorders (schizophrenia, depression, BDP, etc.) and substance abuse (alcohol, prescriptions, illicit habit).

“There are always outsiders who are excommunicated and nullified and declared nonexistent. Every political system serves some at the cost of others. Every economic system benefits some at the expense of others. Every intellectual system eliminated the data and the people who do not fit. The urgent, unavoidable question then is: what to do about those others?”

- Walter Bruggemann. 1987. (p.81)

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This population is either further analyzed as sheltered or unsheltered. Nationally, in 2014 sheltered families made up 33.2% of the total homeless population, 4.2% of families live unsheltered. Unsheltered individuals make up 26.5% of the homeless population, and 11.3% of those are veterans and 6.2% of individuals were sheltered and 1.65% were couch-homeless.

Where can the resources be found to invest in long-term sustainable solutions?

It is important to develop a goal to generate more successful grant awards and corporate donations and considering city funding restraints and an evolving relationship with Solano County administrators around collaborative budgeting efforts to establish a more robust social-safety-net infrastructure, that will meet the CoV’s growing need, while also maximizing and maintaining existing funding streams and eligible grants (e.g. ESG’s)25, in this cultural environment of shrinking participation from private donations and high demand on resources, where “giant checks are becoming scarce”26. Disposable income for charitable endeavors among the middle class has been shrinking as the income disparity has increased. There are also changing patterns among age demographics, where younger people are giving less, possibly due to under/unemployment and poverty among Americans under the age of 25.

How can the homeless be best helped?

With cooperation, persistence dedication and growth, the process of social change can evolve with

25 https://www.hudexchange.info/emergency-shelter-grants/
26 https://ngopoint.files.wordpress.com/2013/03/101711-news-giving-chart-ss-662w.jpg
collective energy, intelligence and courage with an expanded synergy. As Saul Alinsky put it “Remember we are talking about revolution not revelation; you can miss the target by shooting too high as well as too low.”27 (p.xviii) The people of Vallejo have demonstrated a variety of amazing activists, diverse advocates, and strong, passionate community participants that shape Vallejo’s interdependent cultural identity and engage in continuous improvement in facilitating access to healthcare, transportation, legal aid and placement services for those in need.

Affordable Housing28, Emergency Shelters, Legal Encampments and Temporary Use Villages

The controversial human housing conversation is alive in our society right now. There are movements around the country toward “microhouses”29 to address the housing needs of the very poor with innovative approaches to the emergency shelter and affordable housing shortages and equally adamant NIMBY groups with higher Household Income and relative political influence.

28 “More specifically, the empirical literature is unanimous in finding that tenant based housing certificates and vouchers provide housing of any quality at a much lower total cost (that is, cost to all levels of government and tenants) than the types of project based assistance studied, namely Public Housing, Section 236, and Section 8 New Construction\Substantial Rehab.” (Edgar O. Olsen. The Cost-Effectiveness of Alternative Methods of Delivering Housing Subsidies. Department of Economics University of Virginia. 2000 (p.30

Solutions

What Works?

Important feelings like personal liberty and a sense of inner freedom which people have when they are empowered and have agency over their circumstances, help them in being resilient to adversity without being numb and feeling overwhelmed by life. **We all have basic needs** and experience **trauma responses**. We need comfort, peace, inclusion belonging, growth and community. These are basics that are not dependent upon having a lot of finances, just enough. Private sector philanthropists, non-profits, faith-based organizations and advocacy groups can work in a coalition to achieve the goal of “activating people to organize and inspiring leaders from all locations to sustainably pursue improved human conditions for all.” By bridging the gaps that exist in homeless people’s lives, community organizations can implement the programming and outreach activities that have the most positive impact.

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31 “After a trauma, people may go through a wide range of normal responses. Such reactions may be experienced not only by people who experienced the trauma first-hand, but by those who have witnessed or heard about the trauma, or been involved with those immediately affected. Many reactions can be triggered by persons, places, or things associated with the trauma. Some reactions may appear totally unrelated.” [http://www.trauma-pages.com/s/t-facts.php](http://www.trauma-pages.com/s/t-facts.php)
Results show that both residential and mental health programs and interventions with seemingly high initial investment, such as development of more affordable housing, such as in Utah\(^{32}\) and increasing generous housing subsidies for rent\(^{33}\) and investment in robust mental health services are most effective in reducing the number of unsheltered and chronically homeless.

There is a need for more residential treatment centers, transitional housing, rehabilitation and preventative behavioral programs, government analysis and planning for adequate emergency shelters, and investing in research to learn the most effective strategy and combination of efforts would be best to address housing needs and reduce the population of homeless families and individuals.

**Next Steps**

In the face of this ongoing, highly visibly social issue, it is important to develop a comprehensive communications, marketing and public relations outreach plan for the media campaign that favorably reinvents the CoV’s public image in harmony with its more compassionate new direction. Installing an official point of contact (POC), whether it be an appointed/elected individual, city sponsored location or stewardship among organizations that support the CoV’s long-term strategic planning is advisable.

\(^{32}\) [http://thedailyshow.cc.com/videos/Intv3q/the-homeless-homed](http://thedailyshow.cc.com/videos/Intv3q/the-homeless-homed)

\(^{33}\) New construction of HUD affordable housing can be less cost effective per bed than refurbishing existing or increasing rent subsidies.
The POC could coordinate grant proposals and the implementation of a comprehensive resource development and community relations program, implement any actions or activities related to homelessness, such as the submission of grant reports and grant application proposals. The POC collaborates broadly to ensure the collection of documents, program evaluation, edit and revise grant narratives. The POC would also be the administrative support, director of donor cultivation and facilitator of fundraising event design and donor development in the community. The POC would identify and develop corporate, community and individual prospects for the organization’s fundraising priorities and that defines objectives, targets audiences, and creatively identifies key messaging to funders and tactics specific to various proposals as well as, monitor and coordinate the submission, planning and development of grant proposals and applications and ensure strategic programmatic, funding, and policy planning and manage critical fund raising goals, processes, timelines and preparation for activities.

**Implementing Trauma Informed Care as the Standard Protocol**

Harvard researchers have found that “policymakers, researchers, and practitioners in the field are re-thinking services for children and families based on the science of early childhood development and an understanding of the consequences of adverse early experiences and toxic stress.”

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34 CA State E.H.A.P. Prop 46 Grant, MHSA Prop 63, AHP – Continuum of Care (Youth Build),
to the impact of trauma. Trauma affects the individual, families, and communities by disrupting healthy development, adversely affecting relationships, and contributing to mental health issues including substance abuse, domestic violence, and child abuse. Everyone pays the price when a community does not support people with untreated trauma by an increase in crime, loss of wages, and threat to the stability of the family.

“For many survivors of trauma, our lack of control over a traumatic incident is one of the most terrifying and unnerving things about it. How much anxiety this causes us will vary from person to person, depending on how much control we feel we have in life generally.”

- Laura van Dernoot Lipsky, 2009 (p.156)

36 http://developingchild.harvard.edu/resources/stories_from_the_field/tackling_toxic_stress/
What is TIC?

Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

**INTERSECTION BETWEEN HOMELESSNESS AND TRAUMA**

Exposure to trauma is a significant risk factor for homelessness and Women Veterans experience trauma at higher rates than the general population. **Women Veterans are two to four times more likely to be homeless than non-Veteran women.** (American Institute of Research. *Homelessness and Trauma in the Lives of Women Veterans*. November, 2013)

- According to the Department of Veteran Affairs (VA), the number of homeless women Veterans doubled from 1,380 in 2006 to 3,328 in 2010; however, these numbers only include women Veterans who receive VA health care, which is approximately 57.4% of women Veterans of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND).

- Almost two thirds of homeless women Veterans are between the ages of 40 and 59 years old.

- Over one-third of homeless women Veterans have disabilities.

- 23% of homeless women Veterans have children under the age of 18.

**Trauma-Informed Approach**

According to SAMHSA’s concept of a trauma-informed approach, “A program, organization, or system that is trauma-informed:

1. Realizes the widespread impact of trauma and understands potential paths for recovery;

2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and

4. Seeks to actively resist re-traumatization.”

*Figure 5* [http://www.samhsa.gov/ntic/trauma-interventions](http://www.samhsa.gov/ntic/trauma-interventions) (accessed 3/27/15)

The National Center on Family

Homelessness is currently developing an interactive Internet-based training curriculum designed to harness existing technology to bring low-cost trauma training into local shelters on a national scale. The curriculum is geared to realities of shelter life and provides

[Figure 7](http://www.familyhomelessness.org/media/402.pdf)
opportunities for one-on-one training as well as feedback and assessment.\textsuperscript{37}

Treatment centers across the United States have come together to form the National Child Traumatic Stress Network (NCTSN). This Network is a groundbreaking effort that blends the best practices of the clinical research community with the wisdom of front-line community service providers. Its mission is to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States.\textsuperscript{38}

**Understanding Coping Systems**

Dr. Jana Pressley describes the effects of trauma on the spiritual coping systems of individuals:

“Disrupted systems of meaning are acknowledged as a core domain of impact for adults with a complex trauma history, often leading to adversely affected belief systems and existential angst. Themes related to hopelessness, betrayal, meaning-making and mourning often overlap with spiritual and/or religious beliefs. Additionally, themes related to sense of self and others, including chronic guilt, shame, or unworthiness, can often be connected to spiritual perceptions and fears. For those whose trauma occurred within the context of a religious home or community, the wounds can be profound. Further, the impact of complex trauma on spirituality can lead to particular dissonance for those whose faith traditions are a core part of their cultural heritage and community. This dissonance can create isolation, fear and the inhibited capacity for resilience and recovery.

- Identify core themes of spiritual impact that often overlap with a complex trauma history
- Assess client spirituality and the potential negative and/or positive religious beliefs and experiences that can impact recovery
- Consider spiritually-attuned intervention strategies that can be integrated into trauma-informed treatment
- Attend to spiritual and existential distress in complex trauma intervention, with a focus on integrating spiritual meaning-making in an overall life narrative.”\textsuperscript{39}

\textsuperscript{37} For more information go to [www.familyhomelessness.org](http://www.familyhomelessness.org)
\textsuperscript{38} For more information go to [www.NCTSNet.org](http://www.NCTSNet.org)
\textsuperscript{39} Dr. Jana Pressley is an Associate Professor and the Director of Clinical Training for the Clinical Psychology PsyD program at Wheaton College Graduate School in Wheaton, IL. ([http://www.traumacenter.org/training/workshop_Sacred_Dissonance_April2015.php](http://www.traumacenter.org/training/workshop_Sacred_Dissonance_April2015.php))
Conclusion – All Our Efforts are Needed to Make a Social Change

The CoV can expect to experience a population of homeless citizens, being that it is situated in a state that has the second largest homeless population of homeless in the country. We now know that poverty and homelessness is traumatic for families and individuals. There are some solutions offered in this paper to soften the situation by realizing that trauma responses can manifest like mental illness, however the approach is very different. The ‘Trauma Informed Care’ perspective is not only supported with federal funding and tools, it also can be implemented on a wide scale to use internally for CoV employees, first responders and emergency crews, who have secondary trauma exposure, that can create trauma responses.

These evidence based practices are not intended to solve homelessness or minimize the importance of rehousing people. It is important to acknowledge that we are talking about real human beings, men, women and children that are facing a variety of harsh life circumstances oftentimes without adequate support systems.

These are circumstances that have led their family or themselves to lose their housing, and without a rapid rehousing option, find themselves on the street, in a car or on a friend’s couch. Attitudes and laws can be influenced with public education, organized activism, inspired collaboration and community based responses, the awareness of how trauma effects people’s ability to cope and reintegrate into society can be shared and the tools for recovery can be implemented by involving the community that will benefit in the process of recovering with dignity.
About the Author

Alexis Vincent is a catalytic leader whose social change work has included, community organizing, writing, public speaking, teaching and organizational management. She recently earned a Master of Arts in Social Change, and combines this education with over ten years of experience consulting in non-profit, public and private business sectors. Alexis facilitates social change through conscious community building and by developing effective strategies with the goal of activating people to organize and inspiring leaders from all locations to sustainably pursue improved human conditions for all. Her passion for social change is rooted in experiences and her core interests. She is in humanitarian service to people – of any or no religious affiliations – guiding the development of change agents. Creating shared leadership by empowering people with purposeful meaning to energize dynamic community building and inform conscious reflection and embodiment of values.

References


Baptist, Willie and Jan Rehman. Pedagogy of the Poor: Building the Movement to End Poverty. Teacher’s College, Colombia University. 2011. Chapter 7


Resources

National Coalition for the Homeless, [www.nationalhomeless.org](http://www.nationalhomeless.org)

Urban Institute, [www.urban.org](http://www.urban.org)

National Resource Center on Homelessness and Mental Illness, [www.nrchmi.samhsa.gov](http://www.nrchmi.samhsa.gov)

National Law Center on Homelessness and Poverty, [www.nlchp.org/](http://www.nlchp.org/)

Children’s Defense Fund, [www.childrensdefense.org](http://www.childrensdefense.org)

National Alliance to End Homelessness, [www.naeh.org](http://www.naeh.org)

Health Care for the Homeless Information Resource Center, [www.prainc.org/hch](http://www.prainc.org/hch)

National Health Care for the Homeless Council, [www.nhchc.org](http://www.nhchc.org)

For more information go to [www.familyhomelessness.org](http://www.familyhomelessness.org).

For more information go to [www.NCTSNet.org](http://www.NCTSNet.org).

Additional Homeless Resources

Homeless persons or those who are about to be homeless may contact the Solano County Health and Human Services Department. The County and volunteers operate a telephone helpline, First Call for Help, and a shelter bed hotline. The department has a limited number of vouchers, redeemable at local motels, for temporary shelter.

Mission Solano Rescue Mission

Since 1998, the Mission Solano Rescue Mission has successfully met the basic necessities of the homeless and poverty stricken population residing in Fairfield. Recognizing that many people struggling with addiction needed more than “three hots and a cot,” Mission Solano focused on developing long-
term residential treatment for homeless addicted men, women, and children. The nationally recognized Nomadic Sheltering Program provides emergency shelter nights to those in need, while continuing to offer the Community Outreach Center (COC) and Social Industries distributing food, clothing, and ongoing community services. Their doors are open 24 hours a day, 365 days a year. Help is available without charge to any person regardless of race, color, creed, or social standing. Mission Solano operates entirely on voluntary contributions, with the majority of the support coming from individual donors and the balance from churches, organizations, foundations, and the corporate community.

**Community Resources Services (Rosewood House)**

Community Resource Services (CRS) offers case management for homeless clients, assisting them with basic needs, jobs search, school reentry, and housing information. Services are also provided for incarcerated clients in the county jails. The services provided prepare jail clients for a successful return to the community, where they can rejoin families, find work, and participate meaningfully in the community. Rosewood House provides clean and sober transitional housing for women. The goals include assisting participants with obtaining permanent housing, achieving greater self-determination, and increasing their skills and education. Women completing their stay at Rosewood House will be better prepared to obtain permanent housing and participate within the community.

**Fairfield-Suisun Community Action Council**

Fairfield-Suisun Community Action Council (CAC) provides basic needs such as food, clothing, and shelter and also provides supportive services such as rental assistance, homeless assistance and prevention, and case management. In addition, CAC provides information about and referrals to other community-based organizations, churches, and/or government agencies that can help clients with additional needs. CAC serves almost 1,000 clients every year; their clients consist of the working poor, low-income, senior citizen, disabled, and homeless population living in the Fairfield area.
Heather House

Heather House provides temporary shelter, food, and case management to the homeless. The shelter has 24 beds and 4 transitional apartments for families and single women. Clients receive assistance in job searches and in locating permanent housing, as well as life skills training which includes budgeting, parenting, and nutrition. CAC has partnered with Healthy Start, Child Haven, the Community Action Agency, The Salvation Army, Solano County Mental Health, Youth and Family Services, the Solano County Homeless Shelter Collaborative, and Child Protective Services to ensure that families are given the necessary tools to strengthen their families, clean up their credit/eviction issues, find gainful employment, and move into permanent housing. In 2007 Heather House served 228 (unduplicated) homeless individuals. Of the 228 served at Heather House, 25 percent were children less than 5 years of age, 16 percent were children ages 5–14, 7 percent were youth ages 15–19, 11 percent were young adults ages 20–25, and 41 percent were adults ages 26–64. These statistics demonstrate that homelessness affects all ages. Of those individuals, 97 clients moved into permanent housing and 13 clients moved into a transitional housing program. There were 118 family units served: 56 single females (47 percent), 45 single mothers with children (38 percent), 3 couples without children (3 percent), 9 couples with children (8 percent), and 5 single fathers with children (4 percent).

Caminar Solano

Caminar Solano opened Laurel Creek House in 1999, offering residential treatment in 12 beds. Not all of the persons served by Laurel Creek House would be homeless, but the facility does provide a service to residents who may have temporary shelter needs. Caminar Solano has expressed interest in developing a transitional housing project (15 apartments) for residents with mental disabilities.

Appendix A – Original Community Internship Project Proposal, Fall 2014-Spring 2015

Phase I - Assessment

- Information Gathering - Centralize Resource Index/Calendar
- Accurate Demographics - Population (analyze data collected, track trends)
- Publish Community Meal Calendar - Faith Based/Secular
- All City Resource List - Department Contacts (Police, Fire, City Council, Mental Health, City Administration and Community Coalitions)

Phase II - Planning and Implementation

- Establish outline of short and long range policy goals in collaboration with stakeholders
- Research and identify funding resources based on those goals
- Establish interim protocol for addressing immediate basic needs (such as more fully developing the Warming Shelter and other potential sheltering)
- Develop prevention strategies for those at risk of being without housing (such as short term supplements during long Section 8 waiting periods) - reducing displacement - prevention for at risk youth and families.
- Coordinate outreach programs with coalitions (and future Day-Center) to connect those in need with necessary services: Job Training/Resume/Employment, Transportation, Child Care, Mental Health, Veteran's, Medical, Education and Shelter/Housing.

Phase III - Next Steps

- Collation, reporting and presentation
- Establish future data gathering and monitoring protocols
- Identify and train internal leadership team to direct ongoing efforts with the community
- Create mechanism for feedback loop to improve services with community support
- Design annual fundraising programs in private sector to establish recurring revenue stream to support goals
- Cultivating collaboration and continuing to advance the priorities of community leadership
- Compiling data, information and helpful recommendations to create an easily presentable report
### “Millions of Americans Spend Over 30 Percent of Income for Housing.”

<table>
<thead>
<tr>
<th>All households (owners &amp; renters) in the Vallejo-Fairfield, CA Metro Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share of households with cost burdens (%)</td>
</tr>
<tr>
<td>Share of households with severe cost burdens (%)</td>
</tr>
<tr>
<td>Household cost burden rank among metros or micros</td>
</tr>
<tr>
<td>Households with cost burdens</td>
</tr>
<tr>
<td>Household median income ($)</td>
</tr>
<tr>
<td>Household median monthly housing costs ($)</td>
</tr>
</tbody>
</table>

### Renter households in the Vallejo-Fairfield, CA Metro Area

| Share of renters with cost burdens (%) | 58.3 |
| Share of renters with severe cost burdens (%) | 31.2 |
| Renter cost burden rank among metros or micros | 36 (of 381) |
| Renters with cost burdens | 33,375 |
| Renter household median income ($) | 39,400 |
| Renter median monthly housing costs ($) | 1,260 |

### Homeowner households in the Vallejo-Fairfield, CA Metro Area

| Share of owners with cost burdens (%) | 32.7 |
| Share of owners with severe cost burdens (%) | 12.1 |
| Owner rank burden rank among metros or micros | 43 (of 381) |
| Owners with cost burdens | 27,402 |
| Owner household median income ($) | 80,000 |
| Owner median monthly housing costs ($) | 1,653 |
### Appendix C - Feeding the Hungry

Some of the places hungry locals can get a meal in Vallejo, include:

- **Weekdays – Lunchtime** – First Baptist Church, corner of Sonoma Boulevard and Florida Street. Also there on Saturdays from 2 to 4 a.m. since 1999, Pastors Al Marks and Mike Brown serve soup, barbecued chicken and a bag lunch for the next day to a typical crowd of 40 to 80 of the community’s less fortunate. • **Tuesdays at 3 p.m.**, Community Life Integration Foundation feeds the homeless at 1020 Colusa St. • **Thursdays at 4 p.m.**, Gateway Benicia feeds the hungry at the flagpole behind Vallejo’ John F. Kennedy Library. • **Fridays** – Vallejo Together’s Care to Share Mobile Unit distributes meals to homeless encampments and cars from 11:30 a.m. to 1:30 p.m. • **Fridays at noon**, a retired Vallejo couple feed the hungry at the flagpole behind the library.

#### Table: Feeding the Hungry

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Person</th>
<th>Address</th>
<th>Hours</th>
<th>Requirements</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Baptist Church of Vallejo (FBCV)</td>
<td>Rev. McCoy</td>
<td>533 California Street</td>
<td>Monday and Saturday: 11:30 am – 1:30 pm, Wednesday: 11:30 am – 1:30 pm</td>
<td>Photo ID, Proof of Residence, Social Security Card</td>
<td>Food pantry. Hours: Mondays through Thursdays 9-11 am.</td>
</tr>
<tr>
<td>Community Life Integration Foundation</td>
<td>Sharon T. Spencer</td>
<td>929 Amador Street</td>
<td>Monday and Tuesday: 9-11 am and 1:30-4 pm</td>
<td>Photo ID, Proof of Residence, Social Security Card</td>
<td>Offers food pantry.</td>
</tr>
<tr>
<td>Gateway Benicia</td>
<td>Darvin Peterson</td>
<td>69 Beverly Drive, Vallejo, CA 94591</td>
<td>Thursday: 4-6 pm</td>
<td>Photo ID, Proof of Residence, Social Security Card</td>
<td>Provides a food pantry. Hours: Mondays through Thursdays 9-11 am.</td>
</tr>
<tr>
<td>Vallejo Together’s Care to Share Mobile Unit</td>
<td>Eva Bernardes, Rey, Elvie DeLeon, Eva &amp; Elvie DeLeon</td>
<td>330 Avian Drive</td>
<td>Friday: 11:30 am – 1:30 pm</td>
<td>Photo ID, Proof of Residence, Social Security Card</td>
<td>Mobile Meals for Seniors: Lunch: 12 Noon @ Florence Douglas Senior Center, 333 Amador Street, Vallejo (707)643-1044.</td>
</tr>
<tr>
<td>Faith Food Fridays</td>
<td>Rev. Danté R. Quick &amp; Sharon T. Spencer</td>
<td>929 Amador Street</td>
<td>Friday: 3-6 pm</td>
<td>Photo ID, Proof of Residence, Social Security Card</td>
<td>Also there on Saturdays from 2 to 4 a.m. since 1999, Pastors Al Marks and Mike Brown serve soup, barbecued chicken and a bag lunch for the next day to a typical crowd of 40 to 80 of the community’s less fortunate.</td>
</tr>
</tbody>
</table>

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**Related Organizations**

- **First Christian Church (Disciples of Christ)**
- **St. Basil the Great Catholic Church**
- **St. Paul’s Lutheran Church**
- **Lift 3 Support Group**
- **Global Center for Success**
- **Continental’s of Omega Boys & Girls Club**
- **Christian Help Center**
- **North Bay Foursquare Church**
- **Second Baptist Church Vallejo**
- **Union Baptist Church**
- **Catholic Social Services**
- **Good Samaritan Missionary Baptist Church**
- **Vallejo SDA Church**
- **Salvation Army: Vallejo Pantry**

**Website**

- [http://www.fbcvallejo.net/](http://www.fbcvallejo.net/)
- [http://www.stbasilvallejo.org/](http://www.stbasilvallejo.org/)
- [http://mealsonwheelssolano.org/](http://mealsonwheelssolano.org/)
Appendix D

Solano County has a 10-year plan addressing homelessness for the 2008 to 2018 time frame. According to their most recent data (January 2007), Solano County has 179 beds year-round in "Planning for a Sustainable Solano County" Appendix A: Housing Needs Assessment Page A - 11 emergency shelters, 118 beds year-round in transitional housing, and 99 beds year-round in permanent housing. Even with these 396 beds, Solano County is looking at the need to house over 3,000 homeless persons at any one time in Solano County. Solano County has ten strategies addressing homelessness:

- Discharge planning and decrease the number of people of being discharged into homelessness by 25 percent;
- Create new permanent housing beds for homeless and chronically homeless persons;
- Increase percentage of homeless persons staying in permanent housing over 6 months to 71 percent;
- Increase percentage of homeless persons moving from transitional housing into permanent housing by 61 percent;
- Increase percentage of homeless persons becoming employed by 11 percent;
- Ensure that the Continuum of Care has a functional Homeless Management Information System with 90 percent of the shelters and housing projects actively participating;
- Improve access to mainstream resources by 25 percent;
- Chronically homeless individuals will be fully engaged in the continuum of services and housing available of them;
- Chronically homeless people will be forced to live on the street until permanent housing or affordable housing is available; Ensure sufficient outreach to homeless, at-risk families and non-chronically homeless individuals and provide for their basic needs;
- Further strengthen self-sufficiency supports for homeless people moving out of homelessness.
Supplement B

How does the Code Enforcement Division address the issue of homeless encampments?

If the homeless encampment is on private property, the area officer will conduct an inspection and notify the property owner via a warning letter providing 20 days to correct the violations for junk and debris. If not corrected, a Notice of Violation, which comes with an administrative charge, will be sent to the owner and an additional 20 days will be granted to abate the violations. The officer may issue a citation if corrections have not been made after the required time to abate or if the violations are deemed to be dangerous to the general welfare, health and safety, they may be summarily abated. Abatement may include, but is not limited to the removal of junk and debris. The Code Enforcement Division will coordinate with the Housing and Community Development Division, the Vallejo Police Department and a private contractor to bag, tag and store any personal property left on the site and perform biohazard clean-up. The City's policies and procedures for clean-up and abatement of temporary shelters can be found here:

City of Vallejo Administrative Rule 7.10: Garbage Removal; Clean Up of Temporary Shelters and Code Enforcement Abatement Procedures

If the homeless encampment is on public property, it will be addressed by the City's Public Works Maintenance Division. More information about their process can be found here.

Residents with income below the poverty level in 2009: Poverty and Disability rates in Vallejo

Disability rate in this city among poor males (it is 20.0% among residents who are not classified as poor):

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<thead>
<tr>
<th>Year</th>
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<th>California</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>1970</td>
<td>5%</td>
<td>5%</td>
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<td>1980</td>
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<tr>
<td>2000</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>2010</td>
<td>25%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Percentage Population in Poverty

<table>
<thead>
<tr>
<th>Year</th>
<th>CA</th>
<th>Solano County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960</td>
<td>25%</td>
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<tr>
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