

# MARIN HOMELESSNESS PLANNING GUIDE

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*OCTOBER 2011*

*UPDATED APRIL 2012*

*HEALTH & HUMAN SERVICES POLICY AND PLANNING*

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Updated 4/17/2012 1

# Homeless Counts and Resources

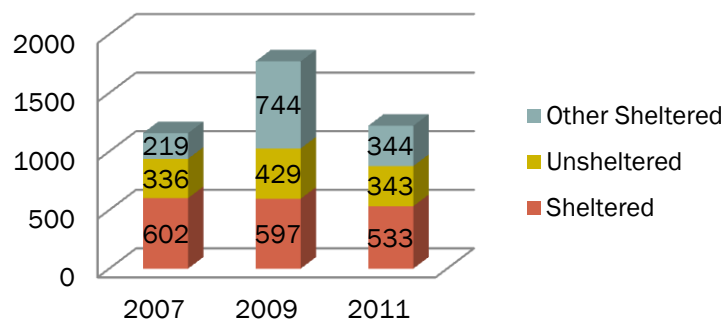
Homelessness is a complex problem that impacts persons from every background, age, gender and socio-economic class. There are many challenges to preventing and addressing homelessness. Despite this, what we know is that the solution is surprisingly simple-affordable housing.

Homelessness occurs most often due to an individual or family's inability to afford housing, the lack of affordable housing options also prolongs the time persons spend homeless.

In Marin:

- Approximately 1,220 children and adults are homeless. 42% are sheltered in emergency shelters or transitional housing, 29% are without shelter (living on the street, cars, camps) and 29% were sheltered in other settings (motels, jails, temporarily with friends/family).
- Families with children comprise 35% of the population. The remaining 65% are individuals.

## Point-in-Time Counts



## Homeless Subpopulations<sup>i</sup>

2011 PIT	Sheltered	Unsheltered
<i>Chronically Homeless</i>	86	143
<i>Mentally Ill</i>	77	104
<i>Substance Abuse</i>	265	101
<i>Veteran</i>	31	36
<i>HIV/AIDS</i>	8	6
<i>Domestic Violence</i>	63	15
Unaccompanied Youths	0	1

## Precariously Housed

	Families	Individuals	Total
Households	1,042	477	1,519
Persons			4,179

## HOMELESS RESOURCES

Prevention assistance ranges from short-term rental assistance to legal assistance to prevent eviction. The following agencies provide homelessness prevention.

## Prevention Services

Agency	
Adopt A Family	Novato Human Needs
Canal Alliance	Ritter Center
Community Action Marin	St. Vincent de Paul Society
Legal Aid of Marin	West Marin Resource Center

## 2011 Emergency Shelter<sup>ii</sup>

Agency	Emergency Shelter	
	Individuals	Families
Homeward Bound	120	49
Center for Domestic Peace (MAWS)	(Domestic Violence only)	20
REST (seasonal)	66	-

Emergency Shelter is defined as temporary accommodation which does not exceed 6 months. Emergency shelter is provided on a night to night basis for single individuals.

## 2011 Transitional and Permanent Supported Housing for Homeless<sup>iii</sup>

Agency	Transitional Housing Beds		Permanent Supported Housing Beds	
	Ind.	Fam.	Ind.	Fam.
Homeward Bound	53	88	71	13
Center for Domestic Peace	0	76	0	0
Center Point Inc.	62	15	0	2
Marin AIDS Project	6	5	0	0
Ritter Center	12	0	14	0
Gilead House	0	9	0	0
Marin Housing Authority	0	0	97	9
MHA-VASH (Vet housing)	0	0	28	7
Bucklew	0	0	201	0
St. Vincent de Paul Society	0	0	8	0
Fireside-Eden Housing	0	0	8	35
<b>Total</b>	<b>133</b>	<b>193</b>	<b>411</b>	<b>66</b>
<b>Combined Total</b>	<b>326</b>		<b>477</b>	

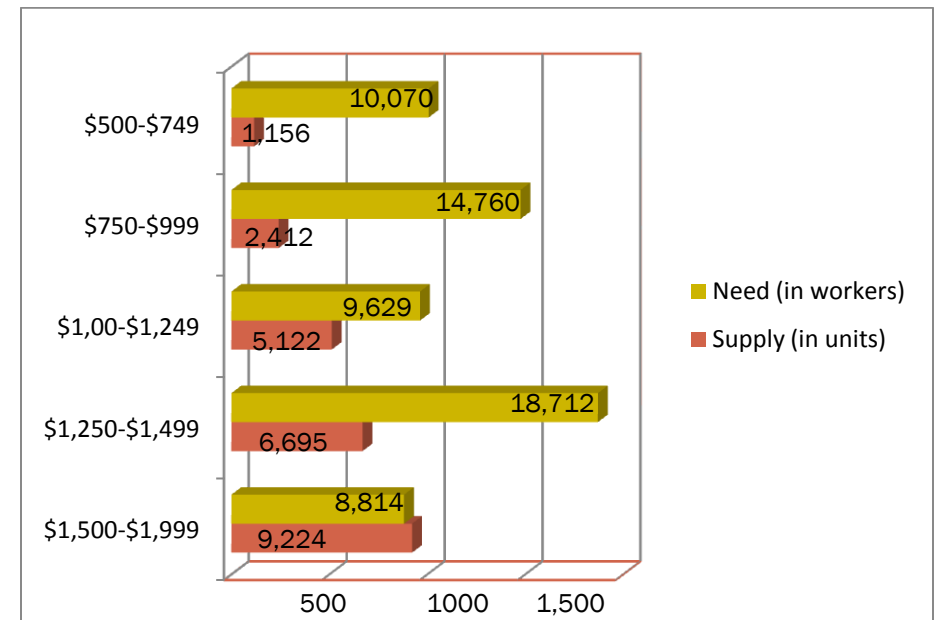
Transitional Housing is dedicated housing for persons coming from the street or from an emergency shelter. Transitional housing may only be provided for up to 2 years and is often accompanied by supportive services such as case management.

Permanent Supported Housing is housing dedicated to persons who are homeless and have a disabling condition such as a mental health or physical disability. Housing is provided with on-going support to maintain housing stability.

## Affordable Housing

There are a number of affordable housing options in Marin which include Section 8 Housing, Senior Housing and units for low-income households. However the number of units available and the range of affordability is limited. The figure below shows the number of workers needing housing according to affordability and the number of units available.

### Affordable Rental Needs and Current Supply<sup>iv</sup>



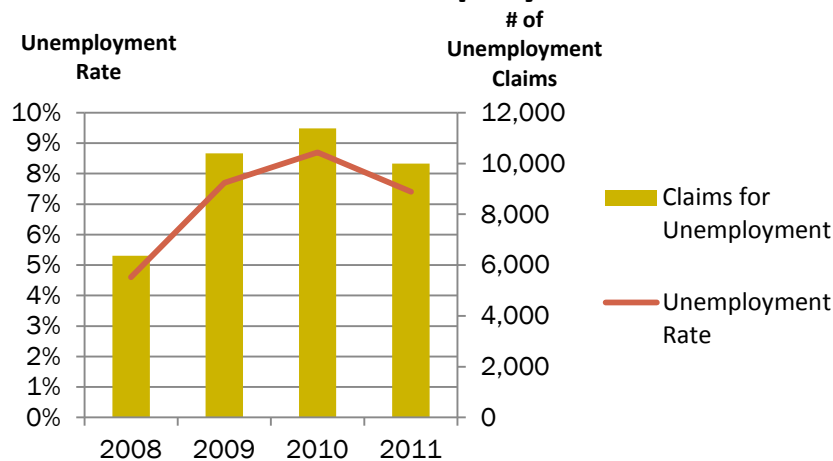
While Marin County has a supply of supportive and affordable housing, it is not adequate to meet the current need. The rate of turnover of rental units is very low, meaning that at any given time there are only a limited number of units available to rent. The current vacancy rate for rentals is less than 1%. A 5% rental vacancy rate is considered crucial to permit ordinary rental mobility.

# Causes of Homelessness

## Unemployment and wages

Unemployment has risen significantly in the past four years from 4,800 in 2007 to 10,000 unemployed at the end of 2011. This represents a 108% increase in the number of persons claiming unemployment. Unemployment, reduction in hours and wages all have an impact on the growing number of precariously housed and the number of persons experiencing first time homelessness.

### Marin Unemployment



For those that are employed wages are often not enough to cover basic expenses. The following chart is an example of jobs at very-low, low-income and moderate income levels in Marin County along with a comparison of affordable rent and the income gap between income and expenses.

### Bay Area Wages and Affordable Rents<sup>v</sup>

Bay Area Wages and Affordable Rents	Hourly Wage	Annual Income	Affordable Rent	Median Rent Gap
<b>Extremely Low Income- 30%-50% of median income</b>				
Home Health Aides	\$11.54	\$24,000	\$600	-\$910
Retail Salespersons	\$14.06	\$29,250	\$731	-\$779
Security Guards	\$14.67	\$30,510	\$763	-\$747
<b>Very low income- Less than 50% of median income</b>				
Preschool Teachers	\$17.52	\$36,440	\$911	-\$599
Medical Assistants	\$18.49	\$38,450	\$961	-\$549
Pharmacy Technician	\$19.23	\$40,430	\$1,011	-\$499
<b>Low Income – 50%-80% of Median</b>				
Dental Assistant	\$20.98	\$43,640	\$1,091	-\$419
Emergency Medical Technicians and Paramedics	\$24.49	\$50,950	\$1,252	-\$258
Chefs and Head Cooks	\$26.01	\$54,090	\$1,352	-\$158
<b>Moderate Income – 80%-100% of Median</b>				
Tax Preparer	\$29.13	\$60,600	\$1,515	+\$5
Legal Secretaries	\$31.46	\$65,430	\$1,636	+\$126
Dietician	<b>\$32.54</b>	<b>\$67,670</b>	<b>\$1,692</b>	<b>+\$182</b>

54% of Marin in-commuters earn less than \$40,000 a year, a typical apartment opportunity in Marin is well out of reach for the majority of in-commuters.<sup>vi</sup>

## Poverty and Self-sufficiency

According to American Community Survey Census 2010, 9.1% of Marin’s population is estimated to live below 100% of the Federal Poverty Level (FPL) See Figure 1 below. <sup>vii</sup> Poverty and homeless are closely linked. When households lack income to provide for basic needs, they are forced to choose between housing costs, childcare, healthcare and food. Many households in Marin are not able to make enough income to maintain stable housing. When comparing cost of housing (see figure 2) to the income of persons below 100-200% federal poverty level it is easy to see why many families and individuals fall into homelessness.

Figure 1: Poverty and rent affordable at poverty level in Marin County<sup>viii</sup>

Persons in Family	Earnings for persons at 100% FPL	Affordable Monthly Rent at this Wage	Earnings for persons at 200% FPL	Affordable Monthly Rent at this Wage
1	\$908	\$272	\$1,815	\$544
2	\$1,226	\$368	\$2,452	\$736
3	\$1,544	\$463	\$3,088	\$926
4	\$1,863	\$559	\$3,725	\$1,117
5	\$2,181	\$654	\$4,362	\$1,309

- Number of persons living below 100% of the Federal Poverty Level- 22,191<sup>ix</sup>
- Number of persons living below 200% of the Federal Poverty Level- 47,082<sup>x</sup>

The standard measure for housing affordability is set at 30%<sup>xi</sup> of monthly income to allow households to afford housing and have additional income for other living costs. Many households due to the high cost of rent pay well above 50% of household income to afford housing this increases a household’s vulnerability to homelessness.

Figure 2: Housing Wage<sup>xii</sup> (Income needed to afford housing in Marin)

	Fair Market Rent <sup>xiii</sup>	Hourly Housing Wage Needed (full-time 40 Hours a week)
0 Bedroom	\$1,238	\$23.80
1 Bedroom	\$1,522	\$29.27
2 Bedroom	\$1,905	\$36.63
3 bedroom	\$2,543	\$48.90

The Housing Wage represents the hourly wage needed to afford a rental at fair market rates. Fair Market Rents are set by the Department of Housing & Urban Development Annually and reflect a proportion of typical rents for standard units in an area. Rental housing is far out of reach for many whose income falls well below the average cost of a rental in Marin.

There are 61,000 Marin workers who commute from outside the county every day. Many of these commuters are unable to afford rent of \$1,000 or more. For these households there is only one apartment for every seven workers seeking an apartment at less than \$1,000 a month. <sup>xiv</sup>

# Community Performance Goals and System-wide Outcomes

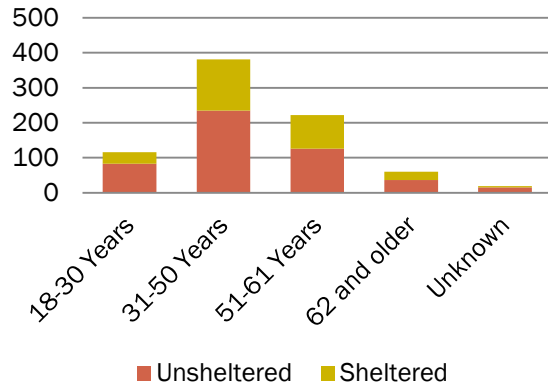
The HEARTH Act goals require communities to set performance goals based on the Acts key performance areas. Communities are expected to develop strategies which address these goals. The Homeless Policy Steering Committee has approved a draft of these goals which includes:

1. Reduce the length of time people spend in homelessness (National goal is 30 days or less)
2. Reduce the number of homeless
3. Reduce the number of homeless families
4. Reduction in the number of newly homeless
5. Increase the number of persons exiting transitional housing to permanent housing
6. Increase employment and income growth for homeless families and individuals

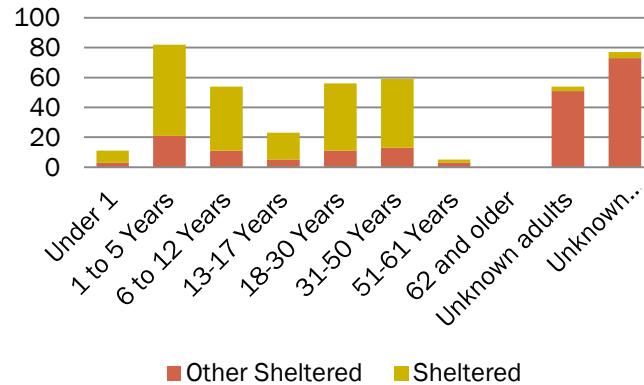
Goal 1: Reduce the length of time people spend in homelessness			Goal 4-Reduce number of newly homeless		
2011 Length of time unsheltered	Families	Individuals	2011 Newly Homeless	Families	Individuals
1 week or less	2%	1%	1 week or less	3	13
1-3 Months	11%	13%	1-3 Months	20	110
3-12 Months	19%	22%	3-12 Months	34	175
1-4 Years	9%	32%			
5-9 Years	2%	11%			
10+ Years	0%	12%			
Unknown	57%	9%			
			Goal 5-Increase % exiting to permanent housing from transitional		
			Transitional Housing	Families	Individuals
			Percent Exiting to Permanent Housing	78%	78%
Goal 2 and 3-Reduce the number of Homeless			Goal 6-Increase employment and income growth for homeless		
Total	2011 Sheltered	2011 Unsheltered	% of persons employed after ext from transitional or permanent housing.		
Individuals	303	496		2010	2011
Families (total persons)	230	191	Total	41%	Not available
Chronically Homeless	86	143			
Older Adults 62+	24	36			
Transition Age Youth (18-24)	26	48			

# Homeless Demographics

### 2011 COUNT-Age of Single Adults

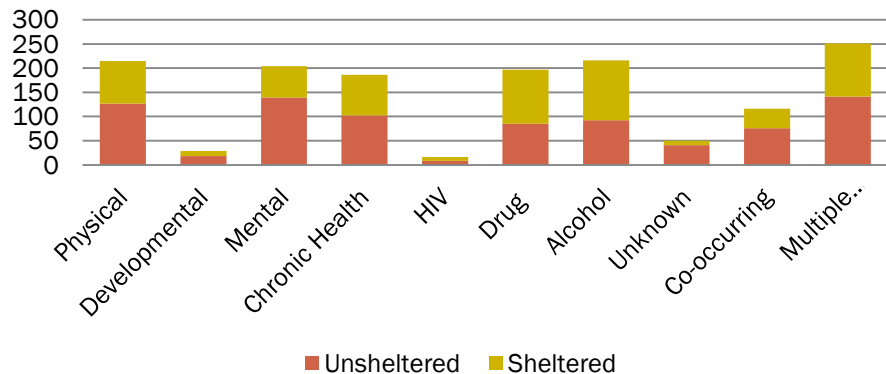


### 2011 COUNT-Age of Persons in Households with Children

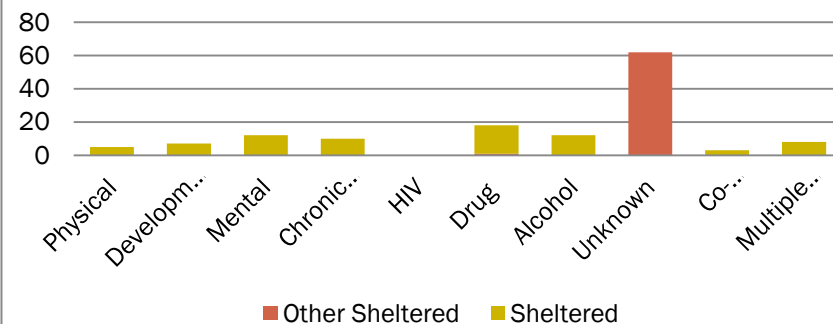


- The majority of single homeless adults are between the ages of 31-50.
- Families with children tend to be younger and have children under the age of five.
- Unsheltered adults compared with sheltered adults have reported significantly more health and substance abuse problems. Although drug and alcohol use are comparable.
- Households with children report fewer health problems than single adults.

### 2011 Count-Disabling Conditions Self-Reported by Single Adults

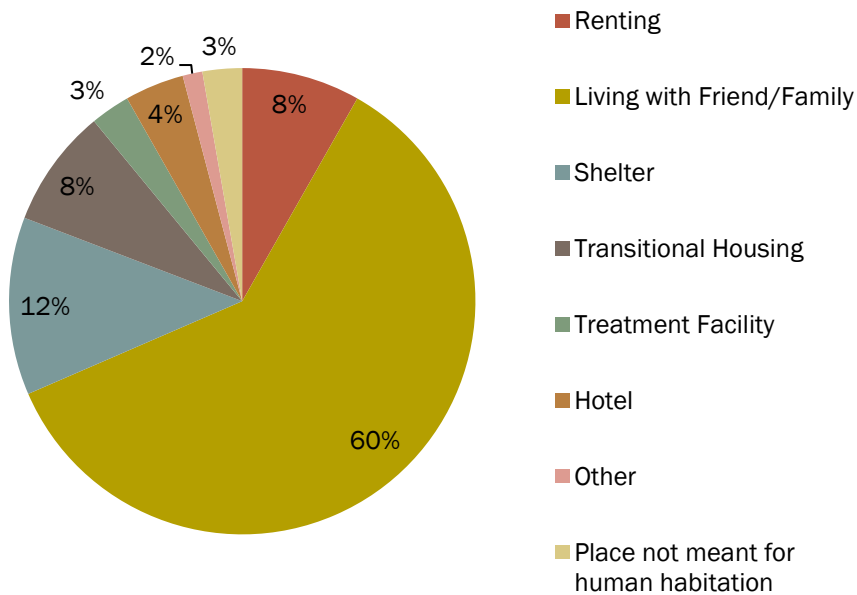


### 2011 COUNT-Disabling Conditions Reported by Adults in Households with Children

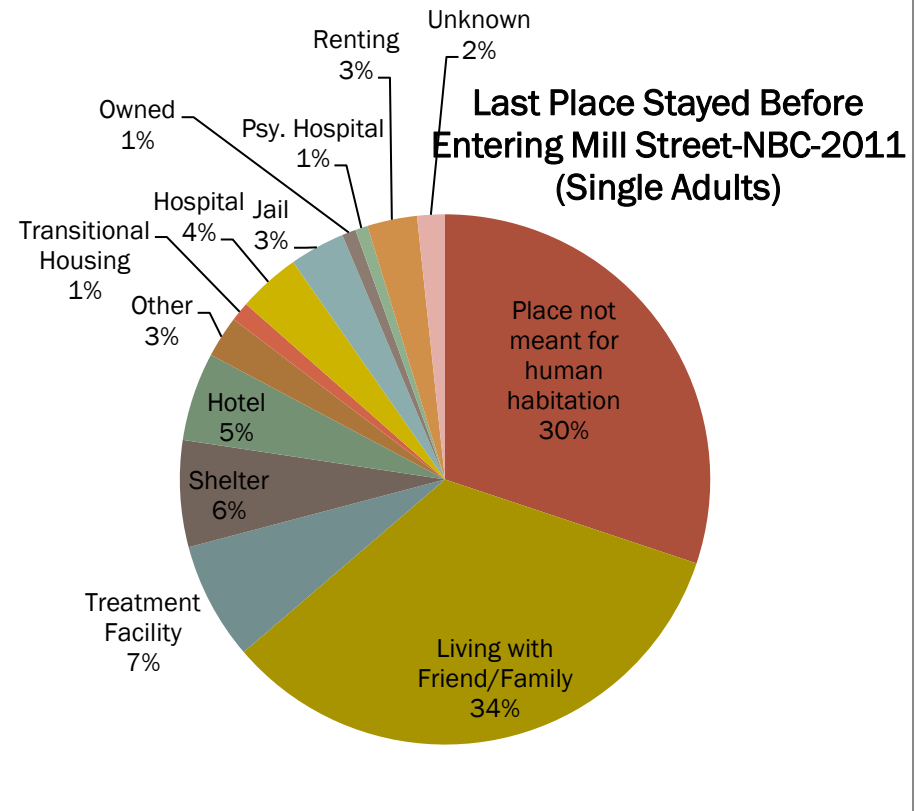


# Homeless Demographics

## Last Placed Stayed Before Entering Family Shelter-2011



## Last Place Stayed Before Entering Mill Street-NBC-2011 (Single Adults)





# Community-Wide Cost of Homelessness

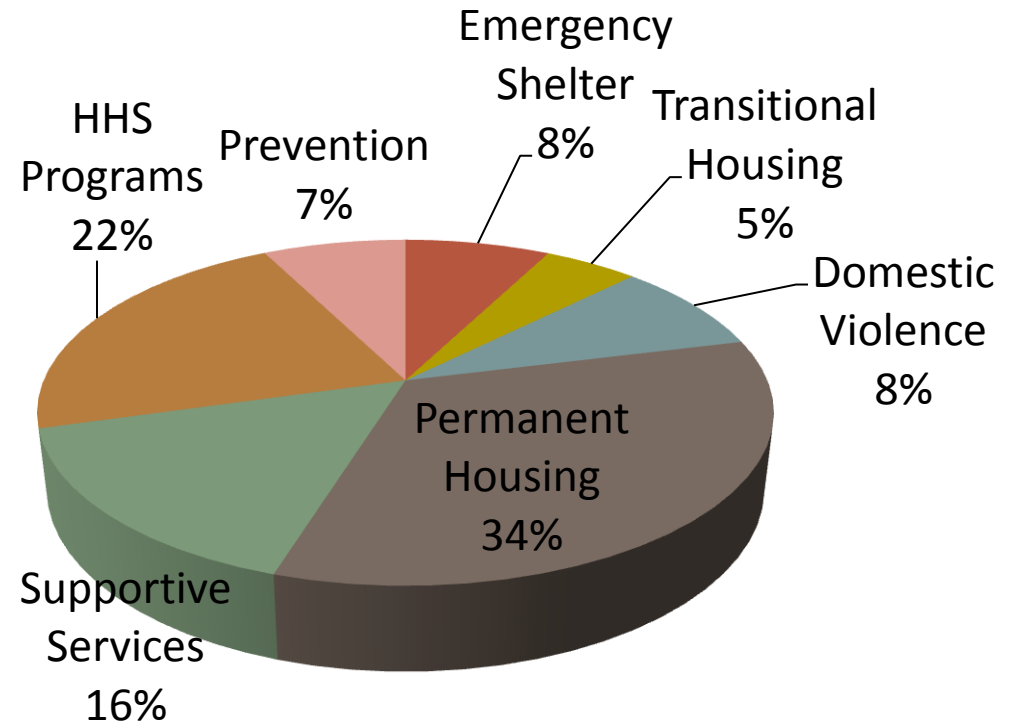
The cost of homelessness can be evaluated based on a number of factors. This chart represents only those services dedicated to serving persons experiencing homelessness or those at risk of homelessness.

## Annual Funds Dedicated To Prevention and Homeless Services (Fiscal Year 09-10)

	Total Funds
Prevention-Financial Assistance	\$2,190,755
Emergency Shelter	\$2,221,099
Transitional Housing	\$1,438,868
Permanent Supported Housing	\$9,111,789
Domestic Violence Shelter & Housing	\$2,500,000
Supportive Services*	\$4,593,367
HHS Programs-GA, CalWORKS, Public Health, Administration, AOD	\$6,384,028
<b>Total</b>	<b>\$28,006,263</b>

\*Supportive Services Includes: St. Vincent's Dining Room and direct assistance, Next Key and Buckelew Employment Services.

## Annual Homeless Service Dollars



# Federal Changes Effecting Communities

## Implementation of the HEARTH Act of 2009 (Federal Statute)

### Outcome Focus:

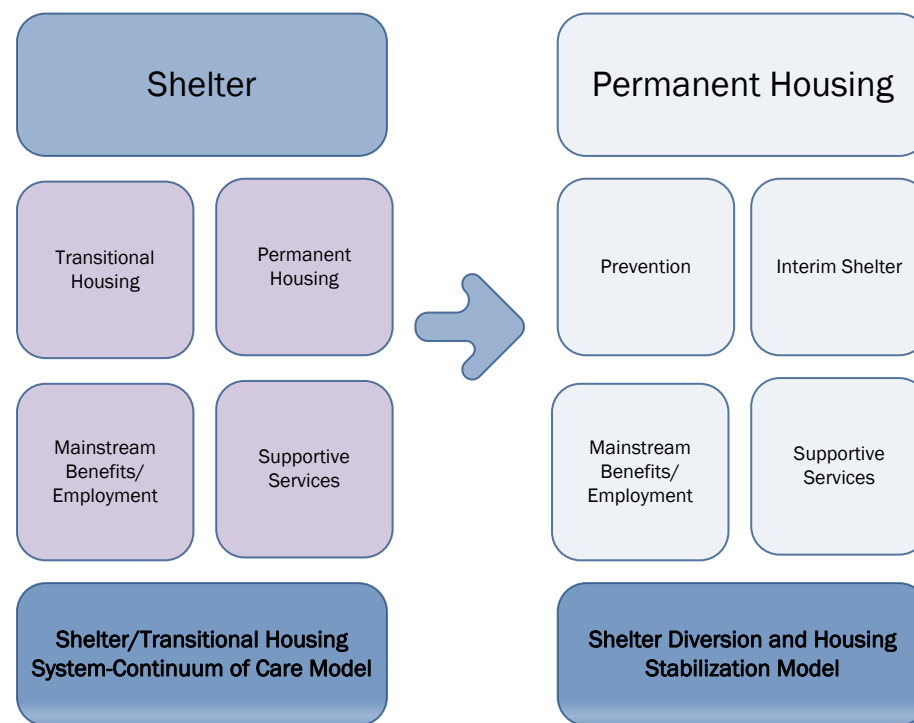
1. Reduce number of homeless persons
2. Reduce time spent in homelessness
3. Increase the number of people placed in permanent housing (WA State addition)
4. Reduce recidivism (repeated episodes of homelessness)

### Strategic Focus:

- Homeless Prevention
- Rapid Rehousing
- Permanent Supportive Housing for the Chronically Homeless

The Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH) has implications community-wide. It provides a framework for the development and improvement of homeless systems and requires communities to demonstrate a commitment to reducing the amount of time persons spend in homeless and reducing the number of persons experiencing homeless through the use of "proven" strategies.

### HEARTH Paradigm Shift



# Open Doors-Federal Strategic Plan to Prevent and End Homelessness: 2010

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The U.S. Interagency Council on Homelessness (USICH) developed and published the first federal strategic plan to end homelessness in 2010. The focus of this plan is interagency collaboration that aligns mainstream housing, health, education and human services to prevent Americans from experiencing homelessness.

The plan contains four key goals:

- Finish the job of ending chronic homelessness in five years
- Prevent and end homelessness among veterans in five years
- Prevent and end homelessness for families, youth, and children in ten years
- Set a path to ending all types of homelessness.

The federal strategic plan seeks to accomplish this through five core approaches or themes:

1. Increase leadership, collaboration and civic engagement at all levels of government and across all sectors.
  2. Increase access to stable and affordable housing for people experiencing or most at-risk of homelessness, and provide access to permanent supportive housing for chronically homeless persons.
  3. Increase economic security by increasing meaningful and sustainable employment as well as access to mainstream programs and services to reduce vulnerability to homelessness.
  4. Improve health and stability by integrating primary and behavioral health care services for persons experiencing or most at risk of homelessness; improve discharge planning from community institutions of care, and advance health and housing stability for high users of public services and systems.
  5. Retool the homeless crisis response system to incorporate best practices for crisis response programs, enhanced coordination with mainstream resources, and improved collaboration among all federal, state and local agencies addressing homelessness.
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# U.S. Veterans' Administration Five Year Plan to End Veteran Homelessness

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Due to the large numbers of military personnel returning to the U.S. following the wars in Iraq and Afghanistan and the difficulties many have had in transitioning to successful civilian life, the federal Veterans' Administration developed a Five Year Plan to End Homelessness among Veterans that was issued in November of 2009.

The key findings of these efforts included:

- Homelessness is often a consequence of multiple psychosocial factors, including unstable family supports, job loss, inadequate job skills, health problems, substance use disorder, or other mental health concerns.
- Homeless services cannot be provided in isolation.
- Homeless services must be comprehensive.

The federal veterans' homeless strategy is built upon six core pillars, which mirror approaches to ending homelessness among many other populations:

1. Outreach and/or Education – led by the VA and community partners; use of the VA National Homeless Call Center
2. Treatment – access to treatment under a “no wrong door” approach which includes: assessment, comprehensive treatment and rehabilitative treatment (medical, dental, mental health and substance abuse care)
3. Prevention – programs for justice-system involved veterans; supportive services for low-income veteran families
4. Housing and/or Supportive Services – provision of transitional and permanent housing with supportive services in collaboration with federal and community partners; provision of community-based residential treatment
5. Income/Employment/Benefits Assistance – includes employment assistance, access to entitlement benefits, short-term financial assistance, vocational rehabilitation and supportive employment.
6. Community Partnerships –

# Best Practices

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Best practices are those practices which have been tried, tested and shown to work to prevent, reduce or end homelessness. The following includes a list of some of the successful “best practices” utilized in communities working to end homelessness.

**Housing First-** “A growing body of research is documenting the effectiveness of the Housing First approach, particularly when used in working with homeless persons who have serious behavioral health and other disabilities. This research indicates that the approach is effective both at placing and retaining persons in permanent housing and at reducing the costs associated with these individuals within the healthcare and judicial systems.”<sup>xv</sup> Housing First programs are intended to target the hardest-to-serve homeless who have a serious mental illness, often with a co-occurring substance-related disorder. These programs are designed to increase housing stability for people who traditionally have been very difficult to house. The presumption is that once housing stability is achieved, clients are better prepared to address their mental illness and substance-related disorders. In addition, program housing combined with support services can stabilize a client’s financial status and promote self-sufficiency.<sup>xvi</sup>

**Shelter Diversion-** “Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program wait lists. Diversion programs can also help communities achieve better outcomes and be more competitive when applying for federal funding.”<sup>xvii</sup> The services families are provided include: provision of financial, utility, and/or rental assistance; short-term case management; conflict mediation; connection to mainstream services and/or benefits; and housing search. The main difference between diversion and other permanent housing-focused interventions centers on the point at which intervention occurs. Prevention targets people at imminent risk of homelessness, diversion targets people as they are applying for entry into shelter, and rapid re-housing targets people who are already homeless.

**Prevention-**Prevention efforts include a wide range of activities such as housing relocation and stabilization assistance, financial assistance, mediation to prevent eviction and emergency food, clothing, transportation. Best practices show that a wide-range of prevention activities should be available to meet the diverse needs of households at risk of homelessness. Some programs which have shown promise in this area include: medium-term rental subsidies (12-18 months), budget and credit counseling, one-time financial assistance, housing location and relocation assistance (assisting households to locate and move into more affordable housing), and legal assistance to prevent eviction.

**Rapid Re-housing-** Rapid Re-Housing is a strategy that has been successfully used by many communities to reduce homelessness. Many households become homeless as a result of a financial crisis that prevents them from paying the rent, or a domestic conflict that results in one member being ejected or leaving with no resources or plan for housing. Most households who become homeless today have already lived in independent permanent housing, and they can generally return and remain stably housed with limited assistance. By helping homeless households return to permanent housing as soon as possible, communities have been able to reduce the length of time people remain in homeless shelters. This opens beds for others who need them, and reduces the public and personal costs of homelessness. Rapid Re-Housing provides financial assistance for households to move quickly into permanent housing. <sup>xviii</sup>

**Critical Time Intervention-**The Critical Time Intervention model (CTI) was developed in New York City as a program to increase housing stability for persons with severe mental illnesses and long-term histories of homelessness. Its principle components are rapid placement in transitional housing, fidelity to a Critical Time Intervention CTI model for families (i.e., provision of an intensive, 9-month case management intervention, with mental health and substance use treatments), a focused team approach to service delivery, with the aim of reducing homelessness, and brokering and monitoring the appropriate support arrangements to ensure continuity of care. <sup>xix</sup>

**Centralized Intake-** By centralizing intake and program admissions decisions, a coordinated entry process makes it more likely that families will be served by the right intervention more quickly. In a coordinated system, each system entry point (“front door”) uses the same assessment tool and makes decisions on which programs families are referred to based on a comprehensive understanding of each program’s specific requirements, target population, and available beds and services. <sup>xx</sup>

**Trauma Informed Care-**Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. Programs that are informed by an understanding of trauma respond best to consumer needs and avoid engaging in re-traumatizing practices. People experiencing homelessness have high rates of trauma stemming from experience of violence, loss and disruptions to important relationships at an early age. Additionally people who are homeless experience the loss of place, stability, and community. This trauma has a major impact on how people understand themselves and the world around them. A trauma informed approach aims to create an environment which promotes physical and emotional safety as well as consumer choice. Being trauma informed means adopting a holistic view of care and recognizing the connections between housing, employment, substance abuse mental and physical health and trauma histories. <sup>xxi</sup>

**Master Leasing-** Master leasing is a strategy for creating supportive housing in which existing housing units are leased from for-profit housing owners and then subleased to individuals and families. The sponsor agency of a master leasing program is typically a County or City agency (such as a Department of Human Services), although in many programs the government sponsor agency contracts with a nonprofit

organization to identify and lease, sublease and operate the units. Master leasing programs are usually initiated for the purpose of providing permanent affordable, supportive housing for specific target populations identified by the sponsor agency oftentimes homeless individuals who have complex needs, particularly chronically homeless people with co-occurring disabilities.<sup>xxii</sup>

## 10 Year Plan 2006-2011

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Major accomplishments in the first five years of the Ten-Year Plan include:

- Rotating Emergency Shelter Program established.
- Introduction of 211, Network of Care to improve and coordinate access to services.
- Established Homeless Management Information System to improve data collection and service coordination.
- Transition to Wellness program for homeless discharging from hospitals.
- Jail discharge program "Custody to Community".
- Project Homeless Connect hosted in all jurisdictions.
- Established Homelessness Awareness Campaign "Homeforall"
- Established Homeless Policy Steering Committee overseeing community wide planning related to homelessness.
- Fireside Affordable Housing Built housing homeless families and seniors.
- Homeward Bound's Next Key built providing transitional housing for
- Homeless Prevention and Rapid Rehousing Program prevented homelessness for 340 persons and rehoused 237 homeless
- Housing First Program established providing housing for 14 chronically homeless individuals.
- Developed better understanding of homeless needs through county-wide Point in Time Counts.
- Hired Homelessness Analyst to oversee homeless strategy and local planning.
- Increased public benefits outreach in the community.

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- <sup>i</sup> Marin Health & Human Services (2011) Point-in-time Count of Persons Experiencing Homelessness
- <sup>ii</sup> Marin County (2011) Housing Inventory <http://www.hudhre.info/index.cfm?do=actionHomelessrptsSearch>
- <sup>iii</sup> Ibid
- <sup>iv</sup> Non-Profit Housing Association (2011) Driving home economic recovery: how workforce housing boost jobs and revenues in Marin.
- <sup>v</sup> U.S. Bureau of Labor Statistics (2010) Metropolitan and Non-metropolitan are occupational employment and wages-San Francisco\_San Mateo-Redwood City. Retrieved 10-11-11 <http://www.bls.gov/oes/current/oesrcma.htm>
- <sup>vi</sup> Non-Profit Housing Association (2011) Driving home economic recovery: how workforce housing boost jobs and revenues in Marin.
- <sup>vii</sup> U.S. Census Bureau. (2005-2009) American Community Survey. S1701 Poverty Status in Last 12 months. Retrieved July 22, 2011, from <http://www.census.gov/>.
- <sup>viii</sup> 2011 Federal Poverty level <http://aspe.hhs.gov/poverty/11poverty.shtml>, Insight: Center for Community Economic Development. (2008). *How much is enough in Marin County?* [www.insightcced.org](http://www.insightcced.org). Oakland, CA
- <sup>ix</sup> U.S. Census Bureau. (2005-2009) American Community Survey. S1701 Poverty Status in Last 12 months. Retrieved October 4,2011, from <http://www.census.gov/>.
- <sup>x</sup> Ibid
- <sup>xi</sup> Affordable Housing Standard, Retrieved 4/4/2012 <http://www.hud.gov/offices/cpd/affordablehousing/>
- <sup>xii</sup> National Low Income Housing Coalition (2011) Out of reach 2011, renters await the recovery.
- <sup>xiii</sup> Department of Housing and Urban Development (2011) FY2011-Final Fair Market Rents for Existing Housing. [www.huduser.org/portal/datasets/.../fmr2011f/FY2011F\\_ScheduleB\\_rev2.p. ..](http://www.huduser.org/portal/datasets/.../fmr2011f/FY2011F_ScheduleB_rev2.p...)
- <sup>xiv</sup> Non-profit Housing Association of Northern California. Driving Home Economic Recovery: How workforce housing boosts jobs and revenues in Marin. (Marin Community Foundation) 2011.
- <sup>xv</sup> Ibid
- <sup>xvi</sup> Abt. Associates (2007) The Applicability of Housing First Models to Persons with Severe Mental Illness, U.S. Department of Housing and Urban Development, Office of Policy Development and Research.



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<sup>xvii</sup> National Alliance to End Homelessness (2011) Closing the front door: Creating a successful diversion program for homeless families. Retrieved October 19, 2011 from <http://www.endhomelessness.org/content/article/detail/4155>

<sup>xviii</sup> National Alliance to End Homelessness (2009) Rapid Rehousing: Creating programs that work. Retrieved on October 19, 2011 from <http://www.endhomelessness.org/content/article/detail/2450>

<sup>xix</sup> National Alliance on Mental Illness. Critical Time Intervention with Homeless Families, Retrieved on October 19, 2011 from [www.nami.org](http://www.nami.org)

<sup>xx</sup> National Alliance to End Homelessness (2011) One way in: The advantages of introducing a system-wide coordinated entry for families. Retrieved on October 19, 2011 from <http://www.endhomelessness.org/content/article/detail/3974>

<sup>xxi</sup> Homelessness Resource Center. Trauma informed care 101. Retrieved October 19, 2011 from <http://homeless.samhsa.gov/resource/trauma-informed-care-101-46857.aspx>

<sup>xxii</sup> Bristol, K. (2010) Marin county housing study: Analysis of best practices to meet the housing needs of homeless and precariously housed people in Marin county.