GLENN COUNTY 10 YEAR PLAN TO END HOMELESSNESS

JULY 2019

Prepared for Glenn County by

HousingTools

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A. INTRODUCTION

The County of Glenn, through its Community Action Department (CAD), in partnership with the Glenn County Health and Human Services Agency (HHSA), has commissioned this 10-Year Plan to End Homelessness (the "Plan") for the purpose of laying out a focused and practical strategy for addressing the issue of homelessness in Glenn County. Glenn County is the lead agency for the Colusa-Glenn-Trinity Community Action Partnership. The CAD is the lead agency for the Dos Rios Continuum of Care and is the county department assigned with tasks relating to homelessness and housing.

The Plan is a threshold requirement of the State Housing and Community Development Department's (HCD) "No Place Like Home" Program (NPLH). This is a new statewide funding program that will allocate funds to counties and housing developers for the development of permanent supportive housing that assists those who are homeless with mental illness. HCD requires that any county that receives NPLH funding must adopt a 10-year homelessness plan, that the Plan incorporates some required data and topics, and that the county consults with proscribed groups to receive input. This Plan follows the HCD requirements in order to position Glenn County for receiving NPLH funds. The County of Glenn, through its Community Action Department (CAD), in partnership with Glenn County Health and Human Services is responsible for applying for and administering the NPLH funds.

The Plan builds and expands upon the previous work of the Dos Rios Continuum of Care (CoC) which previously adopted a 2017-2028 Housing Strategic Plan. Glenn County, as one of three counties in the CoC (Glenn, Colusa, Trinity), functions as the lead agency for the CoC through its Community Action Department. This Plan may be viewed as an addendum to the CoC Strategic Plan specifically for Glenn County.

Most importantly, the Plan addresses the unique challenges and needs of those who are homeless in Glenn County, a small, rural county with limited resources. The Plan is therefore grounded in the reality of what consumers, family caregivers, concerned citizens, governmental and nonprofit stakeholders have identified as the most critical needs and feasible solutions to move individuals and families from being unhoused to becoming stably housed in Glenn County.

B. SUMMARY OF PLANNING

B.1 Previous Homelessness Planning Efforts

Dos Rios Continuum of Care: The Dos Rios Continuum of Care (CoC) is made up of the Counties of Glenn, Colusa and Trinity. Glenn County, through its Community Action

Department, functions as the lead agency for the CoC, overseeing HUD compliance, reporting, and the coordination of funding for various homelessness assistance programs, including the Emergency Solutions Grant (ESG), Homeless Emergency Assistance Program (HEAP), California Emergency Solutions and Housing Program (CESH), and CalWORKS Housing Assistance. Other than a CoC planning grant, the CoC does not currently receive or administer any HUD Continuum of Care program funding. In 2017, the CoC developed and adopted its 2017-2028 Housing Strategic Plan. The purpose of the CoC Strategic Plan is "to guide future funding and policy decisions for developing affordable housing, housing programs and housing services across the region." The CoC Strategic Plan lays out three Strategic Directions for the CoC, and within each Strategic Direction, there are a number of key actionable objectives intended to guide policies, procedures and investments.

Dos Rios Continuum of Care Housing Strategic Plan	
Strategic Direction	**Key Objectives (Summarized)**
Increase Housing and Supportive Services	✓ Create CoC Governance Structure ✓ Create More Affordable Housing ✓ Establish Short-Term Housing Options ✓ Create an Outreach/Engagement Structure for those Experiencing Homelessness ✓ Develop Funding Applications
Promote Healthy Communities	✓ Connect People to Opportunity ✓ Strengthen Community Service ✓ Create and Promote Quality Housing ✓ Link to Mainstream Benefits
Expand Funding Sources and Partnerships	✓ Become Housing Ready by Developing Threshold Documentation for Funding ✓ Address Dual Stigmas of Homelessness and Mental Illness ✓ Expand Communication Efforts ✓ Support Housing Element Programs Implementation ✓ Increase Leadership and Collaboration ✓ Transparent Leadership for Collective Impact

The CoC Strategic Plan represents a community-wide planning approach that encourages communities to move further in the direction of broad-based planning and coordinated program development, but does not contain a prioritized list of action items or a predetermined dollar

amount for projects. The development of the CoC Strategic Plan was an important step in engaging the community and stakeholder groups in a conversation as to how CoC resources should be focused for the coming 10 years.

The two groups described below have been established to address homelessness in Glenn County. They will be the principal vehicles for developing and implementing the 10-Year Plan to End Homelessness, and will ensure that efforts to reduce homelessness are sustained over the next 10 years.

Glenn County Housing and Wellness Committee: The Glenn County Housing and Wellness Committee is a countywide group of service providers and stakeholders dedicated to addressing homelessness. It includes local government, non-profit agencies and community volunteers. The Committee supports and informs the work of the Dos Rios CoC as it pertains to Glenn County. This includes the implementation of HMIS and CES, carrying out the Point-in-Time Count and the development of programs for funding consideration by the CoC.

Glenn County Healthy Housing Coalition: The Glenn County Healthy Housing Coalition is an internal County Committee made up of staff from the County Department of Health and Human Services (Behavioral Health, Public Health, Social Services, Community Action Department), including the Dos Rios Continuum of Care Chairman, who also serves as the County's Social Services Deputy Director. The Committee meets on a monthly basis to discuss, coordinate and strategize County programs, policies and procedures dedicated to meeting the needs of those who are homeless or at risk of homelessness.

B.3 No Place Like Home Planning

With the availability of both non-competitive and competitive funding to support the development of Permanent Supportive Housing through the No Place Like Home (NPLH) program, the County identified the need to develop an NPLH-compliant Homelessness Plan specific to Glenn County that would further develop the ideas laid out in the CoC Strategic Plan.

Community Outreach and Stakeholder Engagement

Community outreach for the development of this Plan was coordinated with the Glenn County Health and Human Services Agency and Community Action Department.

Three community-wide stakeholder meetings were dedicated to developing the Plan in May and June 2019: an introduction and initial brainstorming session on May 9, 2019, a small group workshop to identify more specific goals and activities on May 22, 2019, and a draft Plan Overview for public comment on June 27, 2019.

In addition to these three meetings, the Plan authors conducted focus groups and interviews with individuals as follows:

- A consumer/caregiver Focus Group at Harmony House on May 3, 2019.

- Interviews with: Dos Rios Continuum of Care Chairman, and Housing Authority of the County of Butte (HUD Section 8 Voucher Provider for Glenn County), and Glenn County Probation staff.

Below is a summary list of those who participated in these community discussions:

- County Behavioral Health
- County Public Health
- County Social Services
- County Community Action Department
- County Probation
- County Office of Education
- County Board of Supervisors
- City of Orland
- Orland Unified School District
- County Library (Orland)
- Westside Domestic Violence Services and Shelter
- Service Providers: Unity House, Veteran's Resource Center
- Community Health Care Providers: Glenn Medical Center
- Dos Rios Continuum of Care
- Housing Authority of the County of Butte (administering Housing Authority for Glenn County)
- Interested community members, including business and real estate representatives
- Individuals currently experiencing homelessness and those who were formerly homeless, including those with serious mental illness
- Family members of those currently or previously experiencing homelessness

Through these meetings, focus groups, and interviews, participants provided history and background, described existing programs and resources, identified challenges and needs, and made recommendations for solutions to address current gaps and challenges.

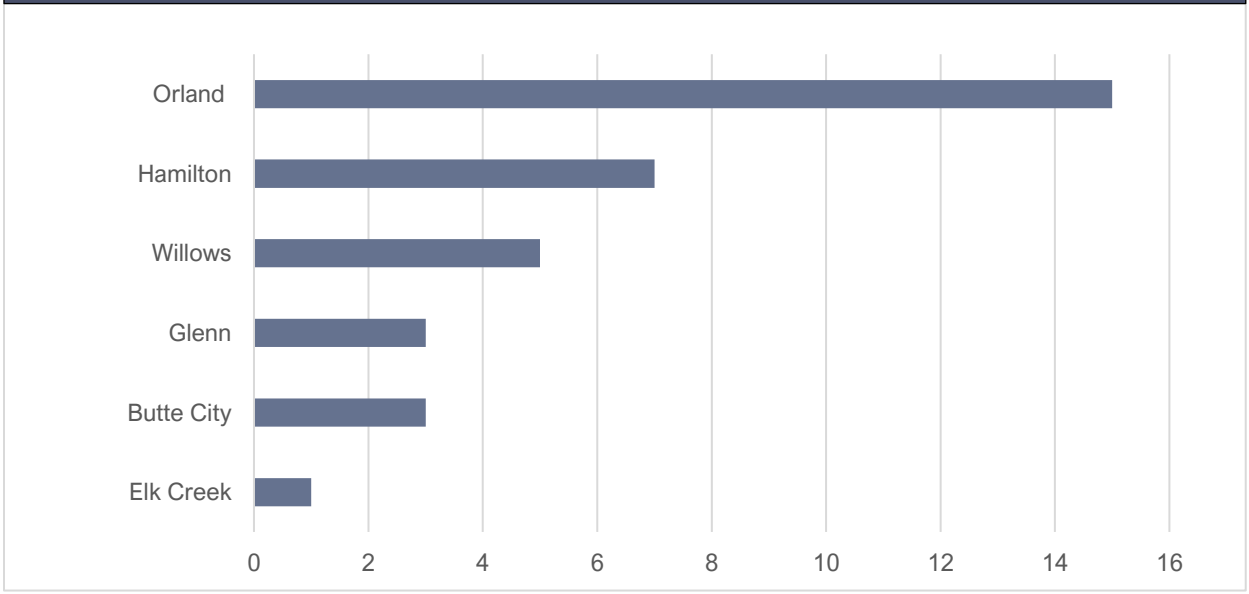
C. HOMELESSNESS IN GLENN COUNTY

This section of the Plan is intended to provide a snapshot of the scope of homelessness in Glenn County, as well as the perspective of those currently experiencing homelessness. Additional supporting information can also be found in the Appendices, which include highlights from the Glenn County Housing Study conducted in 2018 by Housing Tools, and the Colusa, Glenn, Trinity Community Action Partnership 2019 Community Needs Assessment Study.

C.1 CoC Point in Time Survey

The primary quantitative data source on homelessness in Glenn County is the CoC Point-in-Time Survey (PIT) that was most recently conducted on January 23, 2019. This is a one-day event organized by the CoC in which volunteers reach out to homeless individuals on the street, and in parks, camping areas, libraries and shelters. The PIT is an effort to learn more about the current extent and conditions of homelessness through the use of a uniform survey instrument with those willing to participate. The survey included questions about demographics, sleeping location, residency, length of time homeless and certain disabling conditions. It is recognized nationally that PIT efforts and the resulting data generally undercounts the number of individuals experiencing homelessness, simply due to the challenges of having enough community volunteers, finding those who are unsheltered on any given day, and their willingness to participate. The challenges of sometimes severe winter weather and a lack of shelters in the county further makes an accurate count difficult. In addition, not every question was necessarily answered by those who were counted. Sometimes, volunteers only complete a "tally" sheet when they observe someone who appears to be homeless, but do not engage the individual in the completion of a survey. Also, not all individuals necessarily feel comfortable answering all of the questions, or the volunteer may be unable to finish a survey for a variety of reasons. Where such data gaps exist, in some cases, the preponderance of responses provide a fair picture of homelessness, given the community's demographics. Where such data gaps could affect the conclusions, it is so noted.

Chart 1. Location Where Survey was Administered



The 2019 Point-in-Time Survey counted a total of 58 individuals in 45 households experiencing homelessness in Glenn County. Of these individuals:

- 36 identified as male, 22 identified as female, and no one identified as transgender
- 46 individuals were adults over the age of 24, 3 individuals were ages 18-24, and there were 8 children under the age of 18
- 3 individuals identified themselves as Veterans
- In terms of race, 39 households identified as White, 6 households identified as Native American/Alaskan Native. Two households identified their ethnicity as Hispanic or Latino.
- 2 individuals identified themselves as Victims of Domestic Violence, with both self identifying as women

The charts below depict additional information from the surveys (adjusted for questions not answered) in terms of the sleeping location for those living unsheltered (not in emergency shelter or motel with voucher), the number of times they have been homeless in the last 3 years, and those who identified having a mental health condition as a disability.

Chart 2. Self-Reported Disorders and Conditions

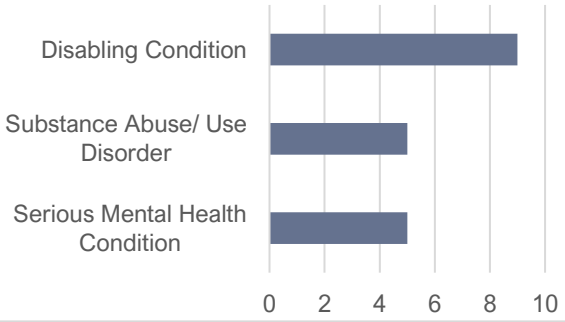


Chart 3. Instances of Homelessness Since January 2014?

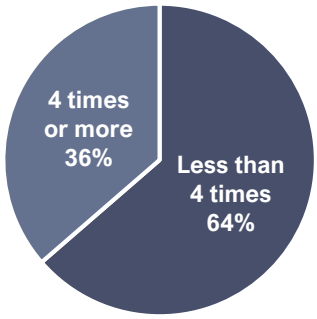


Chart 4. Location of Sleep on January 23, 2019

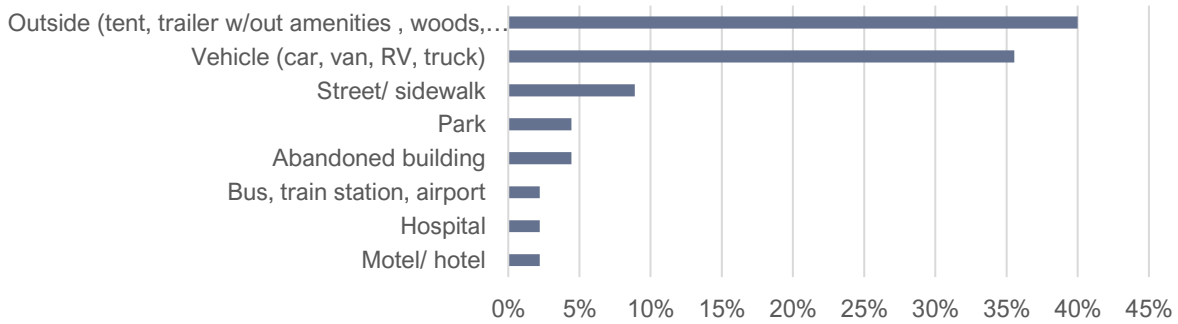


Chart 5. Homelessness and Chronic Homelessness by Household Type, 2019				
	Total # Reported in 2019 PIT	Single Adult	Families	Unaccompanied Youth
Homeless	58	41 persons	3 households 14 persons	3 persons
Chronically Homeless	20	15 persons	1 household 4 persons	1 person

Chart 6. Total Number of Homeless Individuals with Some Form of Serious Mental Illness and Co-Occurring Disabilities			
	Serious Mental Illness	Co-Occurring Disabilities or Disorders	Children with a Serious Emotional Disturbance
Number of Homeless Individuals With:	6	10	Data on children who are homeless not available. There are 28 children under the age of 15 enrolled in an MHSA Full Service Partnership. Some of these children may be included within this category.

It should also be noted that as a result of the Camp Fire in November 2018, Glenn County and its cities have accepted the placement of FEMA trailers to temporarily house some of those displaced by the fire, with 77 trailers in place as of the date of this report. These households are not included in the PIT numbers reported above, but should be considered as individuals who are precariously housed and may become homeless once their FEMA assistance runs out. Of those 77 households, 10 of them have a disability condition and 1 has a serious mental illness.

C.2 Glenn County Department of Education Data

According to the Glenn County Office of Education, there are a total of 422 homeless children throughout the County, utilizing the McKenney-Vento definition of homelessness, which includes those who are doubled up or couch-surfing with friends or family. The locations for these children are:

- 47 in temporary shelter
- 24 in hotels/motels
- 348 temporarily doubled up
- 3 unsheltered

C.3 The Scope of Family Homelessness in Glenn County

While it may seem as though the data sources described above conflict in their findings about the magnitude of family homelessness within Glenn County (households with children), they each contribute important information in understanding the varying conditions of homelessness. Both County staff and consumers reported that there are a significant number of families who are couch-surfing but very much "fly under the radar." While the CoC PIT survey does not consider families that are doubled up, or in hotels or motels as homeless, the Department of Education uses the definition from the McKinney-Vento Act, which includes those living situations as being homeless. Taken together, this is helpful in painting a complete picture of homelessness that includes those that lack housing stability, and those that are at-risk of becoming homeless by the HUD definition. HUD considers families at risk of homelessness if they are extremely low-income without sufficient resources to prevent them from needing emergency shelter and:

- They are living in the home of another due to economic hardship;
- They have moved 2 or more times in the last 60 days due to economic reasons;
- They live in a hotel or motel;
- They have been given a tenancy termination notice which takes effect in the next 21 days;
- They are living in overcrowded conditions in an efficiency apartment or Single Room Occupancy (SRO) unit.

Consideration of these individuals and households is important in devising strategies to address the range of housing and service needs, and prevent chronic homelessness from occurring.

C.4 The Perspectives of Those with Lived Experience of Homelessness and Their Family Members

A focus group was held on May 3, 2019 at Harmony House, a drop-in daytime wellness center operated by Glenn County Behavioral Health for those in recovery from mental illness. Of the 14 individuals who participated in the focus group, all are or have been homeless, many of them chronically homeless. The majority were long-term residents of Glenn County, and those not born in the county indicated overwhelmingly that they moved to the area to be with family, but became homeless after family issues arose. Nearly all of them reported they had struggled with substance use disorders in addition to their mental health condition. They offered a perspective on the challenges of being homeless in a small rural county that has few resources for them, including the lack of an emergency shelter or soup kitchen. Their input included the following:

- Applying for benefits and employment is extremely difficult when you cannot access the documents you need for applications, such as an ID, driver's license, social security card, birth certificate, etc. They are hampered by a lack of transportation and funds to get to appointments and agencies.
- They need one case manager assigned to them who can assist and support them through the various processes and agencies they need to work with in order to get benefits, get a job or an apartment, etc.
- Harmony House is a welcoming environment with great services; many expressed it had saved their lives by enabling them to stay clean and sober, and engage in peer groups that support their mental health recovery. They are able to attend the services at Harmony House because the County operates a van that picks them up wherever they are camping or staying. They feel their situation would improve if the County brought more services to the Harmony House, and if they could meet with a case manager there on a regular basis.
- When the County does develop shelter or permanent housing, it needs to allow for people to bring their animals with them. They all expressed how their animals are a comfort and support to them, and that they would not enter into shelter or housing if they had to leave their animal behind.
- There is a dire lack of affordable housing in the community, and nothing that addresses their barriers to obtaining housing, given poor credit and rental history, and felony records. Housing with services of all kinds, including child care, is desperately needed. People also need help learning how to clean their apartment, what is expected of them as a tenant, etc., because most people who have been homeless don't have these skills or this knowledge.
- Other gap services needed include: food programs or a community kitchen, showers, laundry facilities and a place to receive mail.

D. SERVICE AND OUTREACH CHALLENGES

Data from the 2019 Point-in-Time Count show that the vast majority of homeless individuals in Glenn County are unsheltered: 43 out of 45 households and 53 of the 58 individuals counted were unsheltered. This is not surprising given that Glenn County does not have an emergency shelter for those experiencing homelessness, aside from the Westside Domestic Violence Shelter. Right now, for someone who is experiencing homelessness, their access to services largely depends upon them walking into a County HHSA location where they are connected to one of the two staff persons dedicated to provide intake services for those experiencing homelessness. For homeless individuals who are dealing with a mental illness, who are not close enough to a population center to walk to such services, or who may have a distrust of government services, they may not be engaged at all or are only engaged at the time of crisis.

Studies show that the longer an individual remains homeless, the more difficult it is for them to find housing and participate in programs that develop self-sufficiency. This was echoed by participants in focus group at Harmony House who expressed concerns for their ability to get out of homelessness permanently, the longer they remain unhoused. The high proportion of unsheltered individuals and families points to the need for proactive street outreach to homeless populations. For success, this would require consistent contact and rapport building over time in order to form relationships of trust, and would need to combine professionals trained in mental health along with those who can offer practical services and information that meet immediate needs. While this will admittedly be challenging in a county with limited resources, the existence of Harmony House and its positive acceptance by those experiencing homelessness provides a strengths-based approach from which to begin conducting such outreach. This is a community asset that is already engaging people at the level of mental health support and can be expanded to further engage those who are part of the NPLH target population.

E. PARTNERSHIPS AND RESOURCES DEVOTED TO ADDRESSING AND ENDING HOMELESSNESS

E.1 Safety Net Support

Community Action Partnership of Colusa, Glenn, and Trinity Counties: Community Action Partnership, which serves Colusa, Glenn, and Trinity Counties, works to reduce poverty in its local community by helping to ensure that available local, state, private and federal resources assist low-income individuals and families to acquire useful skills and knowledge, gain access to new opportunities and achieve economic self-sufficiency. Services include: rental

housing assistance programs, utility assistance payments, referral to local food programs, housing rehabilitation, income tax assistance and help in finding a job or accessing job training.

Harmony House: Harmony House is a community-focused center which encourages and promotes health and wellness by offering a variety of groups and activities. Services include: Drop-in center for those 18 and older offering educational, wellness and recovery services, counseling and recreational activities, including peer counseling, recreational activities, showers, laundry facilities and counseling services. This consumer-driven program is designed to promote health, recovery and wellness for adults and older adults. It also provides an opportunity for individuals to receive comprehensive mental health services. Several adult coaches were also trained in the WRAP evidence-based curriculum to support others to develop a personal Wellness Recovery Action Plan (WRAP).

The Transition Age Youth (TAY) Drop in Center: The Transition Age Youth Center is a youth-run, youth friendly environment offering a drop-in center for those 14 to 25 years old, offering peer support, expressive arts, mentoring and counseling as well as other healthy activities. Youth often access services at the TAY Center in Orland, which provides individuals ages 13-25 with a safe, comfortable place to receive services and participate in age-appropriate activities. The TAY Center is located in a comfortable house that welcomes youth to participate in healthy activities. Youth are involved in activities to reduce stigma, depression, and suicidal behavior, and to develop strength-based skills.

E.2 Crisis Intervention

Glenn County Behavioral Health: Mental health crisis intervention services are available 24 hours a day, 7 days a week by calling 1-800-507-3530.

Westside Domestic Violence Shelter: Westside Domestic Violence Shelter aims to break the cycle of violence through services, education and advocacy. Services include: crisis intervention, emergency shelter, peer support, court accompaniment, safety planning and referrals. Due to limitations in funding, services are currently not provided after-hours or typically on weekends.

E.3 Emergency Shelter

Motel Vouchers: Motel vouchers for homeless individuals and families are currently provided by Glenn County Social Services and Behavioral Health. Due to the extremely low permanent housing unit availability, motels are used as temporary housing. Motel vouchers are provided to clients on a short-term basis, staff works with clients to secure more permanent housing.

Glenn County Behavioral Health, in partnership with Butte County, Iris House: Through a contract with Butte County, consumers who are homeless or at risk of homelessness

can be referred for a bed at Iris House in Chico. Iris House is a home-like residential facility with 10 beds providing psychiatric treatment and psycho/social rehabilitative services to individuals diagnosed with mental illness. Individuals can stay for up to 30 days after discharge from an inpatient hospital. Services include access to a psychiatrist and a case manager. Iris House is owned by Butte County Behavioral Health.

Referrals to Out-of-County Shelters: Referrals are made to emergency shelters located in other adjacent counties, including the Torres Community Shelter in Chico and the PATH Shelter in Red Bluff. Placement depends upon available beds in these shelters, which is not predictable or guaranteed. Since the Camp Fire in November 2018, the Torres Community Shelter has been especially impacted.

E.4 Rental Assistance

Housing Authority of the County of Butte: Provides Section 8 Housing Choice Voucher program to eligible residents of Glenn County, which reduces the tenant's share of monthly rent. There are currently 87 Housing Choice vouchers allocated for use by Glenn County residents who may use their vouchers in either county, and on average, 65% of the allocated vouchers are used at any given time. The Housing Authority has a Homeless Voucher set-aside program which can be allocated to agencies working within the Butte County CoC, but Glenn County does not currently receive a portion of those vouchers as they operate under the Dos Rios CoC. The Butte County Housing Authority has also recently begun to offer a Project Based Section 8 program, although there are no rental complexes receiving this assistance in Glenn County at this time.

Housing and Community Services Unit, Community Action Department: The Housing and Community Services Unit, Community Action Department provides homelessness prevention and rapid re-housing services through three programs:

- Rental assistance to homeless individuals and families through the Emergency Solutions Grant (ESG);
- Rental assistance designed to prevent eviction or provide move-in assistance with first month's rent;
- CalWorks Housing Support program which provides rental assistance for families enrolled in CalWorks who are homeless or at risk of homelessness.

Glenn County Behavioral Health, MHSA Program: Provides mental health consumers who are homeless or at risk of homelessness with assistance with security deposits and first month's rent, as well as PG&E payments.

Glenn County Behavioral Health:

Mental Health Services:

Provides services to children, youth and families, adults, and older adults who are experiencing severe and persistent mental health problems. These services include clinical assessment, medication assessment and management, individual, family, or group counseling outpatient counseling services, case management services, outreach, therapeutic behavioral services, crisis intervention and referrals for acute hospitalization for inpatient psychiatric crisis.

Outpatient Services:

- Medication Services: Assessment and medication management services to alleviate symptoms of mental illness.
- Outpatient Counseling Services: Individual, family, or group counseling to help resolve problems. EPSDT (Early Periodic Screening, Diagnosis, and Treatment) services are available for children and youth who have Medi-Cal.
- Case Management Services: Provides assistance with connections to needed medical, educational, social, vocational, rehabilitative, and other community services.
- Therapeutic Behavioral Services (TBS): TBS is an intensive, short-term mental health service available to children and youth who have serious emotional problems and are at risk of out- of-home placement. TBS is available to persons under 21 who have full-scope Medi-Cal.
- Crisis Intervention: A 24-hour response service to help resolve mental health crisis situations by calling 1-800-507-3530.
- Acute Hospitalization: Inpatient psychiatric hospital services to treat an acute psychiatric crisis.

Facilities:

Orland : Community Recovery and Wellness Center

Willows : Willows Mental Health

Drop in and Wellness Centers:

- Harmony House is a community-focused center which encourages and promotes health and wellness by offering a variety of groups and activities. Their services: Drop-in center for those 18 and older offering educational, wellness and recovery services, counseling and recreational activities, including peer counseling, recreational activities, showers,

laundry facilities, and counseling services. This consumer-driven program is designed to promote health, recovery, and wellness for adults and older adults. It also provides an opportunity for individuals to develop a Wellness Recovery Action Plan and receive comprehensive mental health services. Several adult coaches were also trained in the WRAP evidence-based curriculum to support others to develop a personal WRAP.

Youth and Family Services:

- Provides services to children & youth, ages 0-21, including case management, individual, family and group therapy, home based services and 24/7 crisis intervention services. Each client receives an individualized treatment plans to address their needs. Primarily serves individuals who have Medi-Cal; special funding through the Office of Victims of Crime called CHAT funds counseling services to youth, 0-18 who have been a victim of a crime, who don't have Medi-Cal or have other barriers to find counseling services. When needed for treatment, staff collaborates with community partners through Child & Family Team (CFT) meetings to provide consistency and client driven treatment. Services are provided at offices in Orland & Willows.
- The Transition Age Youth Center (TAY) is a youth drop-in center that serves community youth and youth who receive mental health services, ages 13-25. The TAY Center focuses on wellness and discovery in order to facilitate the unique changes, challenges, and transitions youth commonly experience in the TAY age range. The TAY focuses heavily on providing youth with a safe place to be themselves, receive mentorship, and to practice the fundamental skills needed to transition into adulthood and achieve wellbeing during adolescent years. TAY Center services are primarily provided in a group format, focusing on life skills, social skills, community service, cultural competency, and creative expression. Peer Mentors staff the center. These are youth and young adults in the TAY age range who provide a peer to peer atmosphere, mentorship, and engage youth in sharing their voices in our program and in mental health services in the county. The TAY also provides community and school-based mental health prevention and stigma education.

E.6 Wrap Around Services

Glenn County Behavioral Health, MHSA Full Service Partnerships (FSP): Provides a broad array of services for individuals (both adults and children) with serious mental illness who are at risk of becoming or already homeless. Services include: case management, clinical therapy, rehabilitation, medication support, crisis support, housing assistance, board and care support and employment assistance, as directed by a Full Service Partnership Treatment Plan. At any given time, there are an average of 80-92 FSP partnerships in place.

E.7 Substance Use Disorders Treatment

Glenn County Health Services Agency:

- Adult Outpatient Program: Assessment; treatment planning; individual and group counseling; services for family; crisis intervention; and discharge planning. Individual and group counseling helps you to identify attitudes and behaviors connected to your substance use problems.

- Perinatal Program (Discovery House): Intensive day treatment and individual and group counseling for mothers and pregnant women who have substance use issues. Services focus on education; counseling for issues that are important to you, including parenting skills; and linking you and your children to other needed services, such as health care and dental services. Childcare and transportation are available to help participants.

- Behavioral Health Treatment Court Programs: Drug Court is available to some drug offenders as an alternative to incarceration. Placement is made through probation and the courts. Clients are responsible for attending groups, individual services, community support meetings, and drug testing with probation.

- Youth Program: Services include drug and alcohol education; relapse prevention; and individual and group counseling.

- Services for Co-Occurring Disorders: A close collaboration with Glenn County Mental Health was formed to ensure an integrated approach to treating co-occurring substance use and mental health disorders.

Unity in Recovery: A non-profit organization providing a community outreach center which is host to counseling for recovering substance users in addition to their men's and women's sober living environments. Services are provided for free or are income-based.

E.8 Health Care Services

There are a number of community-based health care providers in the County who provide for the medical needs of those experiencing homelessness:

Hospitals:

- Glenn Medical Center, Willows: Glenn Medical Center is a Critical Access Hospital offering inpatient, outpatient and rural health clinic services. They accept Medicare, Medi-Cal and most insurance company referrals.

Federally Qualified Health Centers (FQHCs) and Tribal Health Organizations: All of these providers offer primary care services through a network of clinics throughout the County, including specialty clinics such as dental and women's health:

- Ampla Health, Hamilton City: Ampla Health is a 501 (c)3 non-profit network of community-based FQHCs offering comprehensive medical, dental, mental health, and specialty healthcare services in Northern California. Service available at this clinic include: Medical services, physical examinations, family planning, women's health, immunizations, health education, mental health counseling, nutritional counseling, and laboratory services. Ampla Health accepts most insurance plans including Medi-Cal Managed Care options, California Health and Wellness and Anthem Blue Cross Partnership Plans, Medicare, and private pay on a sliding pay scale.

- Ampla Health, Orland: Ampla Health is a 501 (c)3 non-profit network of community-based FQHCs offering comprehensive medical, dental, mental health, and specialty healthcare services in Northern California. Service available at this clinic include: Adult health exams, physical examinations, geriatrics, pediatrics, perinatal services, CHDP school entry, women's health, family planning, immunizations and dental services.

- Northern Valley Indian Health, Willows: Northern Valley Indian Health is a network of community-based FQHCs offering comprehensive medical, dental, mental health, and specialty healthcare services in Northern California specializing in care for native populations. Services available at this clinic include: Behavioral health, community health, outreach, medical, and dental. NVIH accepts most insurance plans including Medi-Cal Managed Care options, California Health and Wellness and Anthem Blue Cross Partnership Plans, Medicare, Native American Covered California, and private pay on a sliding pay scale.

E.9 Financial and Vocational Assistance

Glenn County One Stop (America's Job Center of California): Job search online, information about filing for Unemployment Insurance and California Training Benefits, assistance with CalJOBs registration and online resumes, computer access for resume, cover letter and other business correspondence, career assessment programs and referral to partner agencies for additional services

Glenn County Adult Education Program: nurturing parenting classes, adult ESL classes, GED/diploma services, and continuing education.

Glenn County Public Libraries: In addition to reading materials and access to computers, the libraries offer one on one assistance, educational classes, tutoring, workshops, etc.

Glenn County Faith-based Organizations: Distribute donated food and clothing and offer self-reliance classes.

Weatherization Unit, Community Action Division: Low-interest loans and deferred payment programs for housing rehabilitation, energy-savings assistance program.

F. COUNTY EFFORTS TO PREVENT CRIMINALIZATION OF HOMELESSNESS

In the past, the County offered a Mental Health Court, which provided a restorative justice alternative to traditional sentencing for those who may have committed crimes while affected by mental illness. This program may be reinstituted if funding from MHSA Innovation Grant is approved for a second year.

The County Sheriff's Department has a process by which they include Behavioral Health professionals in their outreach to those who are homeless and unsheltered, in an effort to engage them in services before behaviors result in engagement with law enforcement.

While the City of Orland does proactively enforce curfew hours in parks, they do not have a clear no-camping ordinance nor does it have any emergency shelters, so sleeping in other public right of way is not proactively enforced, and persons are not cited or arrested for homelessness.

G. SOLUTIONS TO HOMELESSNESS IN GLENN COUNTY

As a result of the collaborative community process which took place in May and June 2019, a set of Priority Areas for focus were developed and ranked in order of priority. The Priority Areas are described below with sub-sections for: identified needs and gaps; community challenges; resources to address the needs; and a set of goals with targeted objectives to implement or achieve in the short-term (1 to 3 years), medium-term (3 to 5 years) or long-term (5 to 10 years). Where a Priority Area, Goal or Objective aligns with and is supportive of the Dos Rios Strategic Plan, it is so noted.

Priority Area #1: Coordinated Entry

Identified Needs and Gaps:

- Community service providers are not yet fully engaged in the use of the Homeless Management Information System (HMIS) and Coordinated Entry process.
- Increase in the number of agencies utilizing HMIS and agreements executed for its use.

Challenges:

- Service provider awareness of the system, and understanding of its purpose and benefits. Hesitancy to use due to perception that it duplicates their work with their own databases
- Getting enough people trained
- Internet access for some providers is inconsistent

Resources:

- California Emergency Solutions and Housing Program (CESH)
- Homeless Emergency Assistance Program (HEAP)
- Use of free Technical Assistance from State HCD to Improve the Delivery of Homelessness Programs
- On-line resources from HUD: https://www.hudexchange.info/programs/coc/toolkit/responsibilities-and-duties/#coordinated-entry

Goal Statement for Coordinated Entry:	Objectives by Timeframe:
Coordinated Entry Goal Statement #1: Glenn County will fully develop its service provider infrastructure for the CoC Coordinated Entry System (CES)	Short-Term Years 1-3: • Identify key players for using the system • Purchase 6 additional HMIS licenses using HEAP funds • Engage community partners in a discussion of the purpose of HMIS and CES and the role it plays in effectively assisting those experiencing homelessness • Provide training to service provider staff with new licenses

Alignment and Support of CoC Strategic Plan Key Objectives:

Establish a Governance Structure that enables strategic implementation and complies with HEARTH Act requirements.

Priority Area #2: Multidisciplinary Approach to System of Care

Identified Needs and Gaps:

- Service provision can tend to be "siloed," often due to lack of knowledge and opportunities to communicate about shared clients

Challenges:

- Limited staff with large caseloads
- Funding and knowledge are siloed
- Confidentiality requirements
- Multiple service locations throughout the county

Resources:

- Use of authority in Assembly Bill 210, Homeless Multidisciplinary Personnel team
- Community Partnerships
- Use of 2-1-1 System
- HHSA Adult Systems of Care

Goal Statement for Multidisciplinary Approach to System of Care:	Objectives by Timeframe:
Multidisciplinary Approach to System of Care Goal Statement #1: The County and community partners will work together to provide coordinated case management	**Short-Term Years 1-3:** • Engage with community service providers to coordinate and leverage resources across the county in an effort to make referrals a "warm handoff" and easier for community members to navigate the system • Through the Healthy Housing Committee, continue to develop an updated Resource Guide and meet regularly to educate each other about what services each organization can offer and ensure staff are provided this information • Provide training and facilitate a service provider conversation to ensure data collection and services are carried out with a Trauma-Informed lens and approach • Continue to improve and expand services for AB 109 clients

Medium-Term Years 3-5:

- Expand community-based services such as Harmony House and services for transition-aged youth (TAY)

Alignment and Support of CoC Strategic Plan Key Objectives:

Address Dual Stigmas of Homelessness and Mental Illness

Priority Area #3: Crisis Intervention and Outreach

Identified Needs and Gaps:

- While most of those who are homeless in the community are unsheltered, there is no structured and proactive outreach program. Most response is activated at times of acute crisis.
- People are shuffled around and need a consistent person to assist them in navigating benefit systems.
- Must consider that many families and transition aged youth are living doubled up or couch surfing. These households and individuals need a different type of outreach.

Challenges:

- Limited County staff and resources
- Since the November 2018 Camp Fire and other natural disasters, can no longer refer people to crisis and short term resources in Butte County, as they are overwhelmed

Resources:

- 2-1-1 Glenn
- Homeless Youth and Exploitation Program
- Emergency Solutions Grant (ESG)
- Intra-County Partnerships
- Future Innovation plan 2019 – Crisis Response Community Connection (CRCC)

Goal Statement for Crisis Intervention and Outreach:	Objectives by Timeframe:
Crisis Intervention and Outreach Goal #1: Develop outreach programs that address critical needs for those who are homeless with a proactive approach	**Short-Term Years 1-3:** • Utilize existing locations and programs to proactively engage people in case management, such as Harmony House and the HHSA One Stop Centers. Provide each person one case manager who assists them in navigating the various systems of benefits and in obtaining documents. • Develop teams of law enforcement and Behavioral Health staff that proactively engage those individuals living unsheltered who are typically the subject of calls for service, rather than waiting to respond to a crisis. • Collaborate with community partners to host a “Project Homeless Connect” event

where a variety of service providers come together in one location on one day to offer needed services, such as ID Cards, assistance in applying for benefits, etc.
- Collaborate with the Glenn County Office of Education to discuss how to better serve families who are doubled up or couching surfing (at risk of literal homelessness)
- Develop a program whereby community members have a phone number to call, other than the police, for engagement with those who are homeless.
- Provide education on community resources to staff working with those who are homeless or at risk of homeless

Alignment and Support of CoC Strategic Plan Key Objectives:

Outreach and Engagement, Link to Mainstream Benefits

Priority Area #4: Continuum of Housing Solutions

Identified Needs and Gaps:

- Diminishing stock of rental units, and those in place are mismatched to household needs (# of bedrooms)
- Long wait lists for affordable housing complexes
- No Permanent Supportive Housing units
- Workforce housing that is affordable on local wages
- Emergency rental units that can function as transitional housing
- Supportive housing for an aging and special needs homeless population

Challenges:

- Disadvantaged households displaced by the Camp Fire are also vying for housing and services in a very constrained housing market
- Difficulties in housing individuals with prior evictions or poor credit history due to strict landlord screening processes

Resources:

- No Place Like Home Program (NPLH)
- Permanent Local Housing Allocation (PLHA)
- Multi-Family Housing Program (MHP)
- Low Income Housing Tax Credit Program (LIHTC)
- HOME Program (Home Investment Partnership Program)
- Partnerships with Affordable Housing Developers

Goal Statement for Continuum of Housing Solutions:	Objectives by Timeframe:
Continuum of Housing Solutions Goal Statement #1: Increase the Permanent Supportive Housing and Affordable Housing units available in the county so that all Glenn County residents have access to safe and stable living environments	**Short-Term Years 1-3:** • Identify and select a Development Sponsor to partner with the County on a selected Permanent Supportive Housing model utilizing NPLH funds • Work with local planning departments to look at local policies to encourage the construction of accessory dwelling units (ADUs)

- Develop a collaborative forum with stakeholders invested in housing, such as the County, Cities, developers, realtors, etc.
- Support the implementation of Housing Element policies and encourage decision makers to support the development of different types of housing
- Develop an Affordable Housing Strategy which lays out a vision and action plan for the future development of affordable rental housing
- Develop Permanent Supportive Housing units utilizing NPLH and other funding sources
- Ensure that housing projects include accessible and adaptive units with on-site support for those with physical as well as mental health disabilities

Alignment and Support of CoC Strategic Plan Key Objectives:

Create more affordable housing, Create and Promote Quality Housing, Become Housing Ready

Priority Area #5: Emergency Shelter

Identified Needs and Gaps:

- Other than the Westside Domestic Violence Shelter, the County has no structured emergency shelter options.
- Overall, the community would prefer to have Transitional Housing options as a way to bridge people from living unsheltered to being in permanent housing.

Challenges:

- No existing non-profit agency or group to take on responsibility for running a shelter
- Motel vouchers are currently used, but with limited funds, the number of nights people can be sheltered isn't adequate to the need.

Resources:

- Emergency Solutions Grant (ESG)
- Homeless Emergency Assistance Program (HEAP)
- California Emergency Solutions Housing Program (CESH)
- Local Churches and Civic Groups

Goal Statements for Emergency Shelter	Objectives by Timeframe:
Emergency Shelter Goal #1: Develop a system for expanding emergency shelter services in the short-term that doesn't require developing a stand-alone permanent shelter	**Short-Term, Years 1-3:** • Set up a meeting with ministers of local churches to discuss the development of a mobile low barrier model, similar to Safe Space in Chico, where churches rotate responsibility for sheltering people, especially during the winter. • Develop an Emergency Housing Resource Center (Navigation Center) which is staffed by case managers familiar with local community services and partners.
Emergency Shelter Goal #2: Develop Transitional Housing that is tiered and offers an individualized spectrum of support, with most services provided on-site.	**Short-Term Years 1-3:** Identify potential Transitional Housing models, sites appropriate for the development of Transitional Housing and

available funding sources, as well as potential partners and program operators.

Medium-Term Years 3-5:

Develop Transitional Housing units at a scale appropriate for the community

Alignment and Support of CoC Strategic Plan Key Objectives:

Establish Short-Term Housing Options.

Priority Area #6: Mental Health and Substance Use Disorders

Identified Needs and Gaps Substance Use Disorders:

- Detox Center
- Involvement of consumers in the development of programs
- Transitional and Sober Living Environments (SLEs)
-

Identified Needs and Gaps for Mental Health:

- Supported Living Environments for individuals and families experiencing severe mental illness
- Emergency Housing pre and post crisis that include low barrier options using Housing First principles for those with substance use disorders

Challenges Substance Use Disorder:

- Finding a service provider with a financially feasible model for a Detox Center

Challenges Mental Health:

- Stigma about Mental Illness
- Lack of safe and structured environments for individuals experiencing severe mental illness
- Lack of centralized transportation resources
- Lack of housing inventory in the county
- Lack of housing opportunities for people recovering from and dealing with substance use disorders

Resources:

- Behavioral Health Advisory Board
- Partnerships: Adjacent County Behavioral Health Departments
- Glenn County Alliance for Prevention (GCAP)
- Community Corrections Partnership (CCP-Probation and AB 109)

Goal Statement for Mental Health and Substance Use Disorders:	Objectives by Timeframe:
Mental Health and Substance Use Disorders Goal Statement #1: Include consumers in the development of their own recovery plan and county programs	**Short-Term Years 1-3:** • Continue training staff on Trauma-Informed approaches and the importance of consumer choice • Create opportunities to include more people with lived experience in planning discussions

	• Expand the use of the Behavioral Health Consumer Advisory Board to help build programs. • Convene meetings with adjacent counties to discuss alternative approaches to detox services • Train staff on tools that promote recovery and help them to understand structures that support the mental health substance use disorder consumer to be successful in housing
Mental Health and Substance Use Disorders Goal Statement #2: Individuals and/or families will have access to service provider teams (Adult Systems of Care (ASOC) and or Full Service Partnership wellness teams) to support a successful housing placement	Short-Term Years 1-3 • Train staff on housing resources and financial assistance available to support housing placement • Develop Policies and Procedures to guide staff in the use of these resources • Implement multidisciplinary team meetings through ASOC team meetings and FSP wellness meetings

Alignment and Support of CoC Strategic Plan Key Objectives:

Strengthen Community Service, Address Dual Stigmas of Homelessness and Mental Illness

Priority Area #7: Financial and Legal Support Services

Identified Needs and Gaps:

- Lack of legal assistance for tenant and landlord law; Self-Help Assistance Resource Program (SHARP) only focuses on family law
- Assistance in repairing credit issues
- Financial and good tenant literacy

Challenges:

- Lack of providers that offer these services in Glenn County
- Lack of funding
- Lack of local access to legal services

Resources:

- Legal Services of Northern California
- Local Banks
- Community Housing Improvement Program-NeighborWorks America
- Faith-based organizations

Goal Statement for Financial and Legal Support Services:	Objectives by Timeframe:
Financial and Legal Support Services Goal Statement #1: Clients will have access to the support services and guidance they need to repair damaged legal records as well as classes on budgeting and how to maintain tenancy in a rental unit	**Short-Term Years 1-3:** • Develop relationships with regional service providers that may expand their area to Glenn County for these services

Alignment and Support of CoC Strategic Plan Key Objectives:

Connect People to Opportunity, Link to Mainstream Benefits

H. SYSTEMS IN PLACE OR BEING DEVELOPED TO COLLECT NPLH DATA

Glenn County, as part of the Dos Rios CoC, contracts with the NorCal CoC for its HMIS system services. The NorCal CoC oversees the operations of the system and produces the reports. The HMIS system used is Service Point, a certified HUD HMIS vendor. Service Point collects all HUD required data, and will be set up on all of the data points listed in Section 214 (e) of the NPLH Guidelines. The NorCal CoC is currently analyzing the system for NPLH compliance and will make modifications as needed. This analysis is anticipated to be completed by the end of 2019.

The Glenn County Health and Human Services Agency (HHSA) has a number of systems in place to provide regular reports to its various federal and state funders, as required by regulations and contractual relationships. The Community Action Department (CAD) provides the staffing and resource support for housing and homelessness programs within Glenn County and fulfills the reporting functions for the grants administered by the Dos Rios CoC. While final decisions on responsibility have not yet been made, it is likely that a team of staff from the CAD and the Mental Health Services Act (MHSA) program will be responsible for completing annual compliance reports similar to reports required in 25 CCR Section 7300, et. seq. This team will coordinate with the housing provider, lead service providers, property managers, and the Dos Rios CoC's HMIS to ensure that all reporting requirements are being met. The roles and responsibilities for the collection, tracking and reporting of data will be included in an operational Memorandum of Understanding (MOU) between the partners.

The County will also make all efforts to work with healthcare partners (Glenn Medical Center, Ampla Health and North Valley Indian Health) and their public safety partners (Sheriff and Police Departments) to track data on health care outcomes and utilization, and incarceration outcomes and utilization, per Section 214 (g) of the NPLH Guidelines. Collection of the data will require close collaboration with these partners, and strong relationships are already in place to help achieve this. However, there will be inherent challenges in collecting and reporting the data which include:

- Differing systems for data collection among health care providers, the criminal justice system, and the CoC, including definitions, methodology, terminology and software;
- HIPPA privacy rules.

I. COORDINATED ENTRY SYSTEM AND REFERRAL TO NPLH

The Dos Rios CoC has begun development of a Coordinated Entry System (CES) in adherence to HUD guidelines for the purpose of efficiently matching homeless individuals to appropriate housing and services, and prioritizing care for individuals with the greatest needs. The implementation of the CES is also being aligned with the NorCal CoC, which is the provider of their HMIS system. A draft set of CES Policies and Procedures were developed in June 2018, with continued work and refinement in process. This on-going work includes amendments needed to ensure data is captured for referrals to NPLH units, as well as tracking those who are at risk of chronic homelessness. The Service Point HMIS system is adequately flexible to include these required data points for collection and reporting. The NorCal CoC hopes to complete this work by early autumn 2019 and the Dos Rios CoC will fall in line behind this timeline. The primary focus at this time is determining how any community partner can make a referral in a timely fashion to one of the two intake centers operated by the Community Action Department. At the time of the drafting of this Plan, only the Glenn County Community Action Department is utilizing the HMIS system in Glenn County, with 3 licenses allocated to that Department. The County plans to use CESH funds to purchase additional licenses to be used within the County, and the Healthy Housing Coalition is working to strategize the placement of those licenses and to build capacity and understanding of the system. This is a Priority Area within this Plan.

The Dos Rios CoC has established non-discrimination organizational policies that govern all of its work, which includes its policies and procedures for operating Coordinated Entry. All referrals to NPLH-funded units will be made on a non-discriminatory basis for all federal and state protected classes, consistent with Dos Rios CoC referrals to all shelter, housing and services.

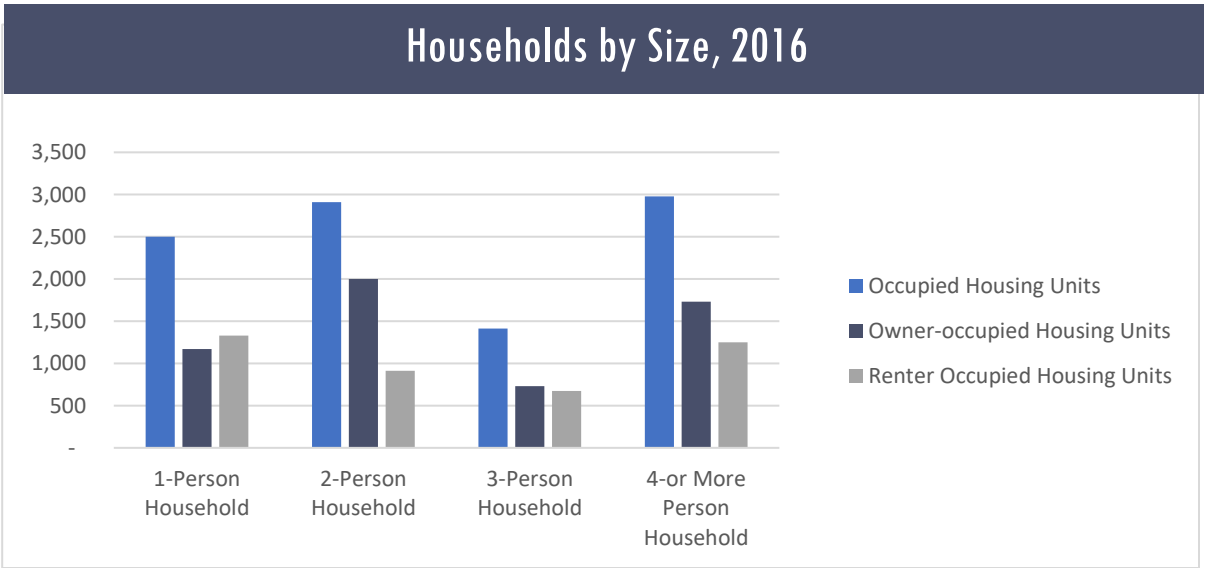
J. CONCLUSION

This 10 Year Plan provides a framework which will inform the workplan, schedule, funding and budgeting for activities and initiatives for Glenn County in their efforts to end homelessness. The Plan is intended to be focal point for discussions to initiate partnerships and new strategies over time, so that the Plan remains vibrant and relevant. As the lead agency for the Dos Rios CoC and with the development of the 2017-2028 Strategic Plan for the CoC, Glenn County has made concerted efforts to address homelessness within the region. These efforts have demonstrated and enhanced the community's capacity to collaborate around a shared vision. Glenn County and the CoC can build a solid foundation of local resources upon these planning efforts, and can now capitalize on their efforts to attract new resources that will help them realize their goals.

APPENDIX 1. HIGHLIGHTS OF GLENN COUNTY HOUSING STUDY, 2018

The purpose of the Glenn County Housing Study, completed by Housing Tools in 2018, was to describe overall housing market conditions and identify development opportunities. To provide context, the authors initiated the study with research on base market conditions, including geography and proximity to job centers, local economic indicators, demographics, and household characteristics. Housing submarkets were then analyzed, including housing characteristics, residential construction trends, for-sale market statistics, and rental market statistics. Based on an assessment of this data, the report identifies housing needs and opportunities within the county. Important key findings of the study which relate to conditions contributing to homelessness:

- The majority of homeowner households have incomes over $50,000, while the majority of renter households have incomes under $50,000.
- There is a clear shortage of smaller units for smaller households, with an oversupply of three-bedroom units. Along with this, it is notable that no multi-family units have been built in the County in the last four years.
- About 55% of Glenn County households consist of one or two persons, with 5,414 households between those two categories. The next highest category is four-person households, with 1,669 (17%). Households that own their homes are most likely to have two, or four or more, persons. Renter households are most likely to have one person.



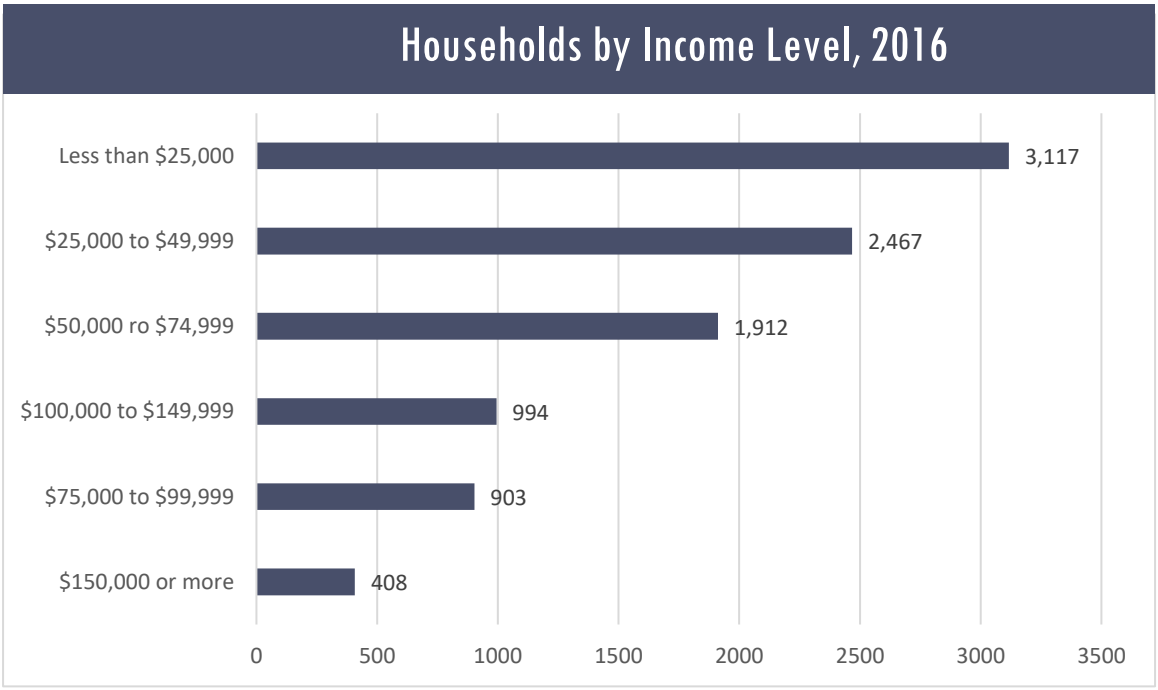
Source: U.S. Census, 2012-2015 American Community Survey

- The table below shows that Glenn County has a low median income compared to the State of California and the nation.

Median Household Income, 2016	
Glenn County	$41,699
State of California	$63,783
United States	$55,322

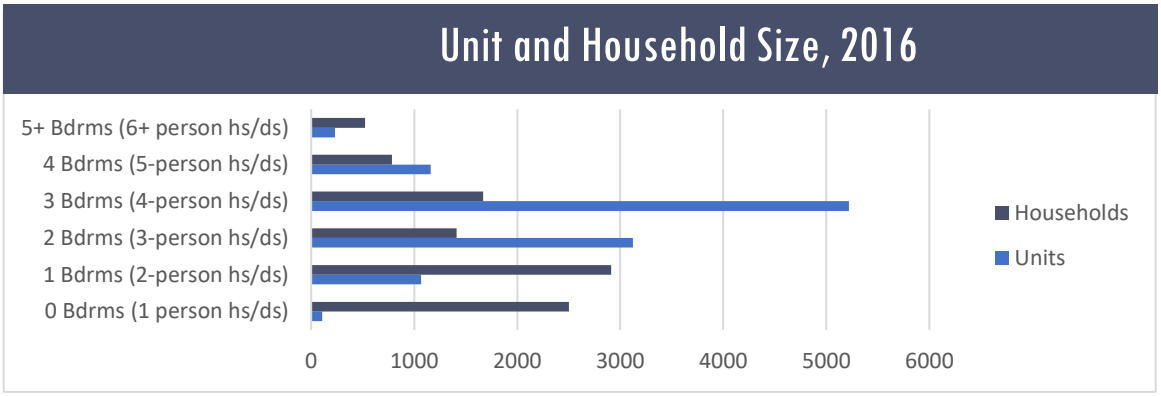
Source: U.S. Census, 2012-2016 American Community Survey

- The chart below shows the number of Glenn County households by income level.



Source: U.S. Census, 2012-2015 American Community Survey

- The chart below compares unit sizes with household sizes to determine the match of supply to demand by unit size. It illustrates that there is a clear shortage of smaller units for smaller households, and an oversupply of larger units. Even if all three-person and four-person households moved into three- bedroom units, there would still be an oversupply of three-bedroom units.



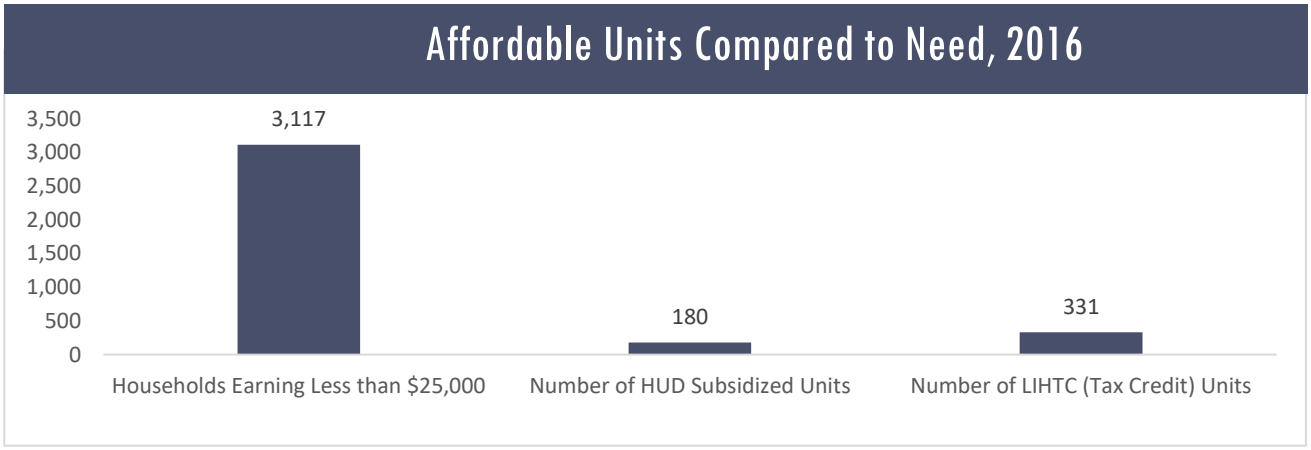
- The table below shows the results of the affordable, rent-restricted survey. Of the 423 units surveyed, there were 12 vacant units, for a vacancy rate of 2.8%. Average rent ranged from $551 for a one-bedroom unit to $933 for a three-bedroom/two-bath unit. Average rent for affordable, rent-restricted two- bedroom/two-bath and three-bedroom/one-bath units is much lower than comparably sized market-rate units. On the other hand, there is not a large difference between affordable, rent-restricted one-bedroom and two-bedroom/one-bath units and comparably sized market-rate units. There are 318 households on wait lists for affordable, rent restricted units in the county, for an average of 29 households per apartment complex.

Rental Market Survey, Affordable Rent Restricted Units

	Total Units	Total Vacancies	Vacancy Rate	Average Unit Size	Average Rent	Average Wait List
1 bed / 1 bath	236	1	0.4%	559	$551	
2 bed / 1 bath	130	8	6.2%	810	$667	
2 bed / 2 bath	10	0	0.0%		$525	
3 bed / 1 bath	23	3	13.0%	1,231	$731	
3 bed /2 bath	18	0	0.0%	1,245	$933	
4 bed / 2 bath	6	0	0.0%	1,229	$866	
Total Units	423	12	2.8%			
Households on Wait List	318					29

Sources: Survey conducted by Housing Tools, August 2018; Geographical Information Center, CSU, Chico Research Foundation

- The chart below shows the number of affordable housing units in the County compared to need. Affordable, rent-restricted housing is generally restricted to, and priced affordably for, households with incomes less than 50% of Area Median Income. This chart shows that there are an estimated 3,117 households in the County with incomes less than $25,000. By comparison, there are 180 HUD-subsidized units (including 65 Section 8 vouchers), and 331 tax credit units, for a total of 511 affordable, rent-restricted units in the County. As illustrated, there is a significant shortfall of about 2,606 units that are affordable to Low Income households.



Source: U.S. Census, 2012-2016 American Community Survey

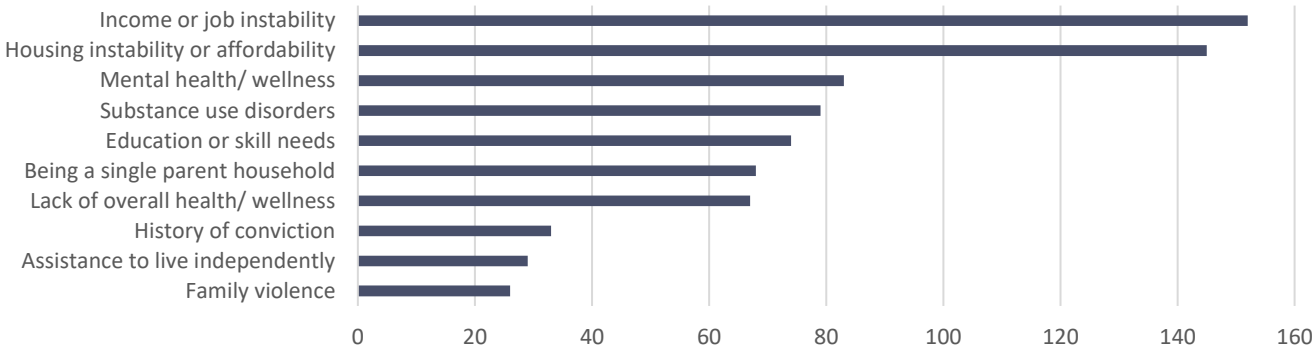
APPENDIX 2. SUMMARY OF HOUSING DATA FROM CGTCAP COMMUNITY NEEDS ASSESSMENT

The Colusa, Glenn, Trinity Community Action Partnership (CGTCAP) conducted a study of the needs of low-income people in its communities. Results from the study will be considered by the Glenn County Board of Supervisors, CGTCAP Board and the Glenn County Community Action Department for planning, developing, and delivering community activities, services and initiatives. Of the 494 individuals who indicated the community they live in, about 55% or 272 individuals reported living in Glenn County. Data was collected in early 2019 using Survey Monkey. To prioritize the input of those who reside in Glenn County, survey respondents that indicated they lived outside of the county or were under the age of 18 were excluded from analysis. The data set was audited to ensure data integrity and remove anomalies. Statistical significance of this dataset was verified through determining the confidence interval (also called margin of error) and confidence level. The confidence interval is the plus-or-minus figure usually reported in newspaper or television opinion poll results. The confidence level is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The survey had 272 respondents, with a confidence level of 95%, and a confidence interval of ±5.91%.

Report highlights:

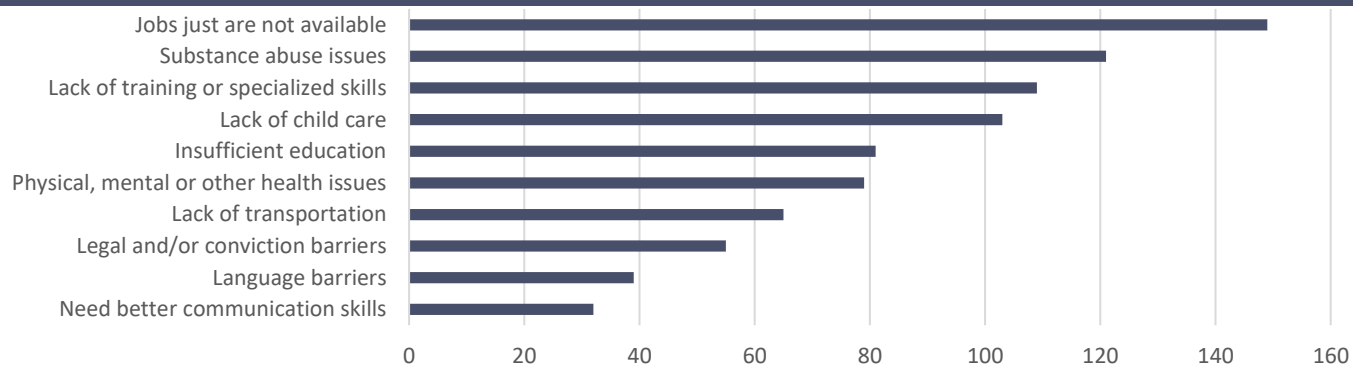
- The majority of those who completed the survey were between the ages of 25 and 54. Eighty-six percent of those surveyed spoke English most often with Spanish representing the majority of those speaking a language other than English.
- The majority of those who completed the survey and reported their race and/or ethnicity identified themselves as White/Caucasian (181 individuals), with the next highest Hispanic/Latino (78 individuals) being followed by American Indian or Native American (18 individuals), Asian American or Asian, including Southeast Asian and Pacific Islander (8 individuals), Other (3 individuals) and Black or African including Somali, Oromo and other African Natives (2 individuals).
- When asked “how many times have you been concerned about being homeless, been homeless, or face eviction in the past three years,” 74% of those surveyed indicated they have never been concerned. Nineteen percent (47 individuals) indicated 1 to 2 times and the remaining 7% or 19 individuals, indicated 3 or more times.
- The majority of those who completed the survey (54%) indicated that they currently own their own home, with the remaining individuals renting (42%) or experiencing homelessness (4%).

When you think about your family, neighbors, colleagues, and community members, what are the most pressing issues they face? (Check all that apply.)



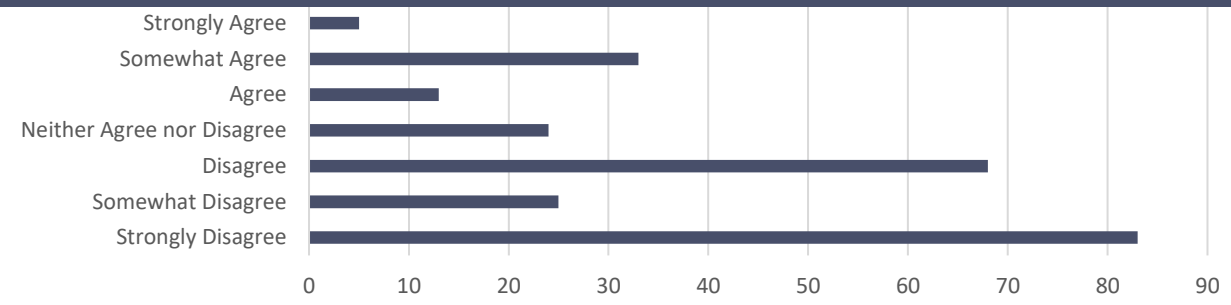
	Family violence	Assistance to live independently	History of conviction	Lack of overall health/ wellness	Being a single parent household	Education or skill needs	Substance use disorders	Mental health/ wellness	Housing instability or affordability	Income or job instability
When you think about your family, neighbors, colleagues, and community members, what are the most pressing issues they face? (Check all that apply.)	26	29	33	67	68	74	79	83	145	152

What do you think is the main reason for poverty in your community? Select the top THREE that apply.



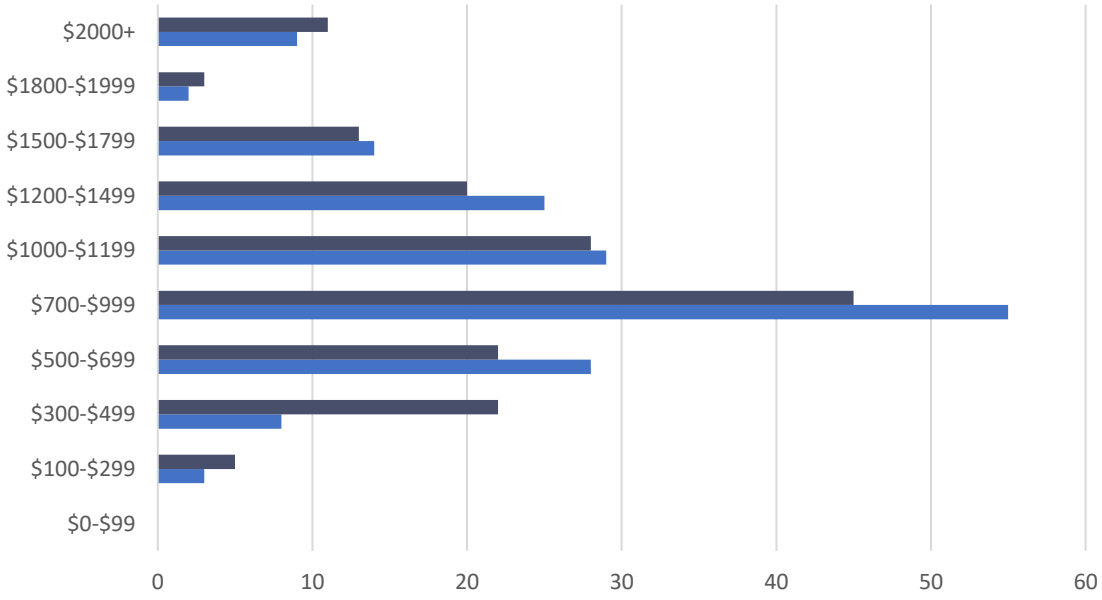
	Need better communication skills	Language barriers	Legal and/or conviction barriers	Lack of transportation	Physical, mental or other health issues	Insufficient education	Lack of child care	Lack of training or specialized skills	Substance abuse issues	Jobs just are not available
What do you think is the main reason for poverty in your community? Select the top THREE that apply.	32	39	55	65	79	81	103	109	121	149

Do you agree or disagree that housing costs are affordable to people living in this county?



	Strongly Disagree	Somewhat Disagree	Disagree	Neither Agree nor Disagree	Agree	Somewhat Agree	Strongly Agree
Do you agree or disagree that housing costs are affordable to people living in this county?	83	25	68	24	13	33	5

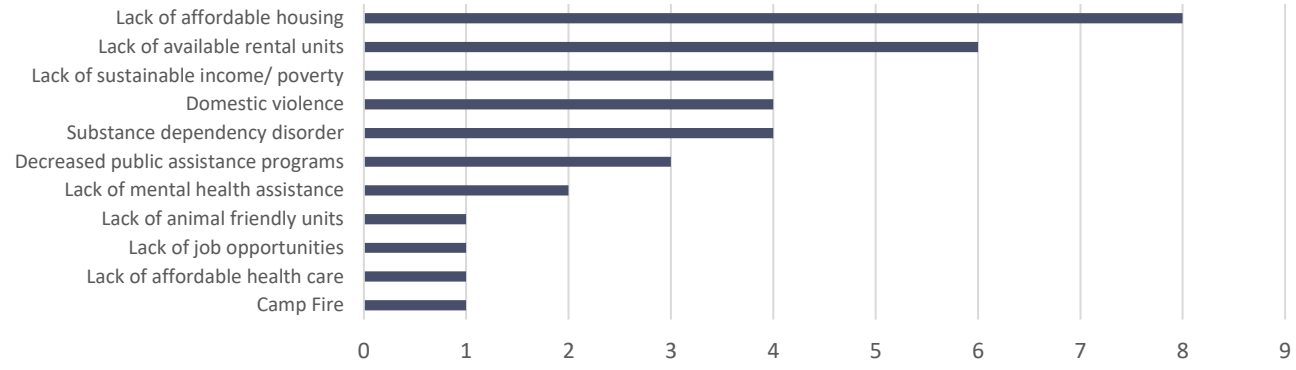
Current and Affordable Housing Costs



	$0-$99	$100-$299	$300-$499	$500-$699	$700-$999	$1000-$1199	$1200-$1499	$1500-$1799	$1800-$1999	$2000+
How much can you comfortably afford for housing each month?	0	5	22	22	45	28	20	13	3	11
How much are you currently paying for housing each month?	0	3	8	28	55	29	25	14	2	9

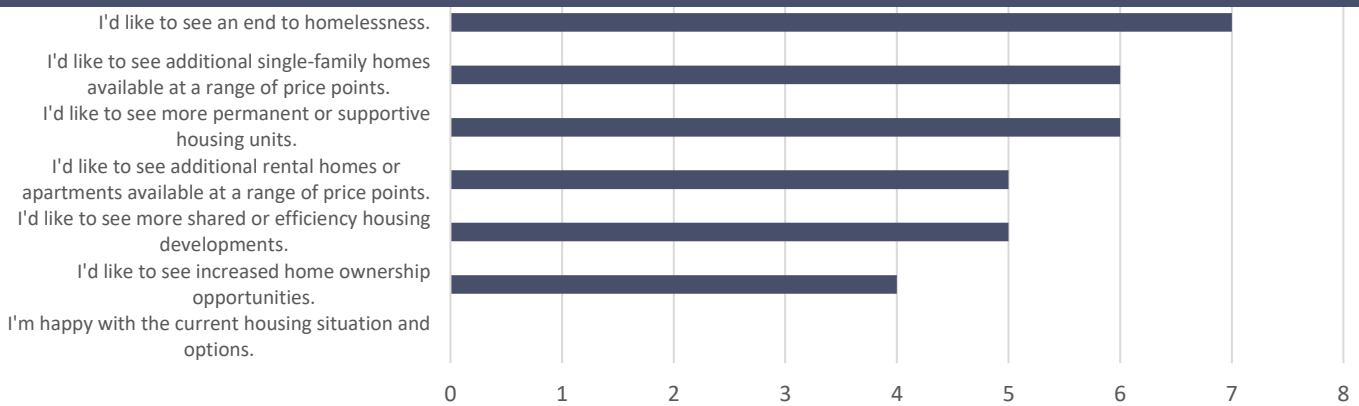
Those who identified themselves as homeless or living an emergency shelter (9 individuals) were pulled from the dataset for further analysis. The following charts only represent their responses.

If you are homeless, or have had times of homelessness, what do you think are the reasons for your homelessness? (Please check all that apply.)



	Camp Fire	Lack of affordable health care	Lack of job opportunities	Lack of animal friendly units	Lack of mental health assistance	Decreased public assistance programs	Substance dependency disorder	Domestic violence	Lack of sustainable income/ poverty	Lack of available rental units	Lack of affordable housing
If you are homeless, or have had times of homelessness, what do you think are the reasons for your homelessness? (Please check all that apply.)	1	1	1	1	2	3	4	4	4	6	8

What best describes your hope or vision for housing in the county? (Check all that apply.)



	I'm happy with the current housing situation and options.	I'd like to see increased home ownership opportunities.	I'd like to see more shared or efficiency housing developments.	I'd like to see additional rental homes or apartments available at a range of price points.	I'd like to see more permanent or supportive housing units.	I'd like to see additional single-family homes available at a range of price points.	I'd like to see an end to homelessness.
What best describes your hope or vision for housing in the county? (Check all that apply.)	0	4	5	5	6	6	7

APPENDIX 3. TERM AND DEFINITIONS

California Emergency Solution and Housing (CESH) provides funds that may be used for five primary activities: housing relocation and stabilization services (including rental assistance), operating subsidies for permanent housing, flexible housing subsidy funds, operating support for emergency housing interventions, and systems support for homelessness services and housing delivery systems. In addition, some administrative entities may use CESH funds to develop or update a Coordinated Entry System (CES), Homeless Management Information System (HMIS), or Homelessness Plan.

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

Chronically Homeless People in Families refers to people in families in which the head of household has a disability and has either been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless in those occasions is at least 12 months.

Continuums of Care (CoC) are local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, county, metropolitan area, or an entire state.

Emergency Shelter is a facility with the primary purpose of providing temporary shelter for people experiencing homelessness.

Coordinated Entry System (CES) means a centralized or coordinated process developed designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

Emergency Solutions Grant The ESG program provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly rehouse homeless individuals and families, and (6) prevent families/individuals from becoming homeless.

Federally Qualified Health Centers (FQHC) are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients.

Home Investment Partnership Program (HOME) assist cities, counties, developers, including Native American Entities, and nonprofit Community Housing Development Organizations to create and retain affordable housing by providing

grants to cities and counties in addition to low-interest loans to developers

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

Homeless Emergency Aid Program (HEAP) was established by California statute to provide localities with flexible block grant funds to address their immediate homelessness challenges.

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 Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

Housing Inventory Count (HIC) is produced by each CoC and provides an annual inventory of beds that assist people in the CoC who are experiencing homelessness or leaving homelessness.

Homeless Individual refers to a person who is not part of a family with children during an episode of homelessness. Individuals may be homeless as single adults, unaccompanied youth, or in multiple-adult or multiple-child households.

Low-Income Housing Tax Credit (LIHTC) program, created in 1986 and made permanent in 1993, is an indirect federal subsidy used to finance the construction and rehabilitation of low-income affordable rental housing.

Multifamily Housing Program (MHP) assists with the new construction, rehabilitation and preservation of permanent and transitional rental housing for lower income households.

No Place Like Home (NPLH) On July 1, 2016, Governor Brown signed landmark legislation enacting the No Place Like Home program to dedicate up to $2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness. The bonds are repaid by funding from the Mental Health Services Act (MHSA).

Other Permanent Housing is housing with or without services that is specifically for formerly homeless people but that does not require people to have a disability.

Parenting Youth are people under age 25 who are the parents or legal guardians of one or more children (under age 18) who are present with or sleeping in the same place as that youth parent, where there is no person over age 24 in the household.

Parenting Youth Household is a household with at least one parenting youth and the child or children for whom the parenting youth is the parent or legal guardian.

People in Families with Children are people who are homeless as part of a household that has at least one adult (age 18 and older) and one child (under age 18).

Permanent Local Housing Allocation (PLHA) was part of a 15-bill housing package aimed at addressing the state's housing shortage and high housing costs. Specifically, it establishes a permanent source of funding intended to increase the affordable housing stock in California. The revenue from SB 2 will vary from year to

year, as revenue is dependent on real estate transactions with fluctuating activity.

Point-in-Time Counts are unduplicated one-night estimates of both sheltered and unsheltered homeless populations. The one-night counts are conducted by CoCs nationwide and occur during the last week in January of each year.

Permanent Supportive Housing (PSH) is a housing model designed to provide housing assistance (project- and tenant-based) and supportive services on a long-term basis to formerly homeless individuals and families.

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

Scattered Site Housing means a Rental Housing Development that includes noncontiguous parcels.

Safe Havens provide temporary shelter and services to hard-to-serve individuals.

Shared Housing means a 1- to 4-Unit structure providing Supportive Housing shared by two or more households, where each household is in a separate bedroom in each Unit. Single-family homes, condominiums, half-plexes, duplexes, triplexes and fourplexes qualify as a Shared Housing provided that they have a minimum of two bedrooms per Unit.

Sheltered Homelessness refers to people who are staying in emergency shelters, transitional housing programs, or safe havens.

Supportive Housing means housing with no limit on length of stay, that is occupied by a special needs population, and that is linked to onsite or offsite services that assist the supportive housing resident in retaining the housing, improving their health status, and maximizing his or her ability to live and, when possible, work in the community.

California Tax Credit Allocation Committee (CTCAC) administers the federal and state Low-Income Housing Tax Credit Programs. Both programs were created to promote private investment in affordable rental housing for low-income Californians.

Transitional Age Youth (TAY) are young people between the ages of sixteen and twenty-four who are in transition from state custody or foster care and are at-risk. Once they turn 18 they can no longer receive assistance from the systems of care that previously provided for many of their needs.

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

Unaccompanied Homeless Youth (under 18) are people in households with only children who are not part of a family with children or accompanied by their parent or guardian during their episode of homelessness, and who are under the age of 18.

Unaccompanied Homeless Youth (18-24) are people in households without children who are not part of a family with children or accompanied by their parent or guardian during their episode of homelessness, and who are between the ages of 18 and 24.

Unsheltered Homelessness refers to people whose primary nighttime location is a public or private place not designated for, or ordinarily used as, a regular sleeping

accommodation for people (for example, the streets, vehicles, or parks).

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

Please note: Definitions of these terms may differ in some ways from the definitions und in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act and in HUD regulations.