



## California Emergency Solutions and Housing (CESH) Program Annual Report

Last Revised: 06/13/2022

### Instructions

A. This report is subject to the CESH program requirements of Health and Safety Code (HSC) Part 2 of Division 31 Chapter 2.8, commencing with §50490 and including §50490.1, 50490.2, 50490.3, 50490.4, and 50490.5, and the 2018 and 2019 CESH Notice of Funding Availability (NOFA).

B. An Administrative Entity that receives funds pursuant to the 2018 or 2019 CESH NOFA must submit a completed annual report each year by July 31 for the term of the contract with HCD that reports all activities from the previous fiscal year (7/1-6/30).

C. Annual Report Submittal must be in Excel format with all applicable attachments and emailed to CESHNOFA@hcd.ca.gov. Please tab through each worksheet and ensure all four worksheets are completed.

### General Information

<b>HCD Contract #:</b>	18-CESH-12454	<b>Reporting Period:</b>	7/01/2021 - 6/30/2022
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### Contact Information

#### Administrative Entity

<b>Admin Entity Name:</b>	Butte County		
<b>Admin Entity Address (number and street):</b>	P.O. Box 1649		
<b>Admin Entity City:</b>	Oroville	<b>Admin Entity State:</b>	CA
<b>Admin Entity Zip:</b>	95965	<b>Admin Entity County:</b>	Butte

#### Authorized Representative (Per Board Resolution)

<b>Name:</b>	Shelby Boston	<b>Address (Number and Street):</b>	P.O. Box 1649
<b>Title:</b>	Director	<b>City:</b>	Oroville
<b>Email Address:</b>	sboston@buttecounty.net	<b>State:</b>	CA
<b>Phone Number:</b>	(530) 552-6050	<b>Zip:</b>	95965

#### Contact Information (If different from Authorized Representative)

<b>Name:</b>	Erin Murray	<b>Address (Number and Street):</b>	P.O. Box 1649
<b>Title:</b>	Health & Human Services Program Analyst, Sr	<b>City:</b>	Oroville
<b>Email Address:</b>	emurray@buttecounty.net	<b>State:</b>	CA
<b>Phone Number:</b>	(530) 552-6208	<b>Zip:</b>	95965

#### Continuum of Care (CoC)

<b>CoC Service Area:</b>	Chico, Paradise/Butte County CoC	<b>Address (Number and Street):</b>	P.O. Box 1649
<b>CoC #:</b>	CA-519	<b>City:</b>	Oroville
<b>CoC Representative Name:</b>	Briana Harvey-Butterfield	<b>State:</b>	CA
<b>Email Address:</b>	bhbutterfield@buttecounty.net	<b>Zip:</b>	95965

### Certification

State of California

On behalf of the entity identified in the signature block below, I certify that:

The information, statements and attachments included in this report are, to the best of my knowledge and belief, true and correct

I possess the legal authority to submit this report on behalf of the entity identified in the signature block.

In addition, I acknowledge that all information in this report and attachments is public, and may be disclosed by the State

**Note:** You may choose "Certification by Printed Name" from the drop-down below and by doing so you are agreeing to all the information detailed in the above Certification without having to submit a copy of this document with a digital signature. If you select this option, please be sure to type out your name in both the "Name of Authorized Person" and "Signature of Authorized Person" fields. If you select "Certification by Digital Signature," you must submit the following: 1) Copy of the Excel version of this document and 2) PDF copy with digital signature.

<b>Signature Method:</b>	Certification by Signature		
<b>Name of Authorized Person</b>	Title of Authorized Person		
Shelby Boston	Director		
<b>Signature of Authorized Person</b>	Date		

### Expenditure Breakdown

Entity Name: Butte County Contract # 18-CESH-12454

Instructions: Please use the Expenditure Table (arranged by activity) below to provide information on your project's total CESH award amount, amount of the award expended this reporting period, whether the amount was expended by the Administrative Entity or Sub-Recipient (drop-down selection), Name of Sub-Recipient Expending Funds (if applicable), amount of the award previously reported expended and proof of expenditures supplied for this reporting period.

Funding Type				Award Amount							
California Emergency Solutions and Housing (CESH)				\$1,002,650.00							
Activity Name	Award Amount	Total Amount Disbursed (All funds disbursed since inception of contract)	Amount of Award Expended this Reporting Period	Amount Expended By	Name of Subrecipient Expending Funds (if applicable)	Amount Expended Prior to this Reporting Period	Proof of Expenditures for this Reporting Period Attached?	Total Amount Disbursed	Total Amount Expended	Percent Expended	Amount of Award Not Yet Disbursed
<b>Activity #1:</b> Rental assistance, housing relocation & stabilization services to ensure housing affordability to individuals experiencing homelessness or who are at risk of homelessness.	\$ 75,000.00	\$ 50,000.00	\$ 44,923.77	Administrative Entity		\$ 30,076.23	Yes	\$ 50,000.00	\$ 75,000.00	100%	\$ 25,000.00
<b>Activity #2:</b> Operating subsidies in the form of 15-year capitalized operating reserves for new and existing affordable permanent housing units for homeless individuals and/or families.				Select One			Select One	\$ -	\$ -	0%	\$ -
<b>Activity #3:</b> Flexible housing subsidy funds for local programs that establish or support the provision of rental subsidies in permanent housing to assist homeless individuals & families.	\$ 50,000.00	\$ 50,000.00	\$ -	Administrative Entity		\$ 50,000.00	N/A	\$ 50,000.00	\$ 50,000.00	100%	\$ -
<b>Activity #4:</b> Operating support for emergency housing interventions including but not limited to: navigation centers, street outreach, and shelter diversion. The AE shall not use more than 40% of any funds allocated in a fiscal year for this activity.	\$ 401,060.00	\$ 320,848.00	\$ 140,605.98	Subrecipient	Catalyst Domestic Violence Services, Oroville Rescue Mission, True North Housing Alliance, Inc.	\$ 107,268.92	Yes	\$ 320,848.00	\$ 247,874.90	62%	\$ 80,212.00
<b>Activity #5:</b> Systems support for activities necessary to maintain a comprehensive homeless services and housing delivery system, including Coordinated Entry System (CES) data, and Homeless Management Information System (HMIS) reporting, and homelessness planning activities.	\$ 426,457.00	\$ 341,166.00	\$ 161,867.20	Administrative Entity		\$ 39,021.48	Yes	\$ 341,166.00	\$ 200,888.68	47%	\$ 85,291.00
<b>Activity #6:</b> Develop or update a CES, if the CoC does not have a system in place that meets the applicable HUD requirements, as set forth in Section II.E.3.b of the NOFA. Eligible costs do not include capital development activities.				Select One			Select One	\$ -	\$ -	0%	\$ -
<b>Activity #7:</b> Development of a plan addressing actions to be taken within the CoC service area if no such plan exists. Plan shall be submitted to HCD prior to expiration of HCD contract.				Select One			Select One	\$ -	\$ -	0%	\$ -
<b>Admin:</b> Administrative costs as defined in Section II.D of the CESH NOFA.	\$ 50,133.00	\$ 40,106.00	\$ 50,133.00	Administrative Entity		\$ -	Yes	\$ 40,106.00	\$ 50,133.00	100%	\$ 10,027.00
<b>Totals:</b>	\$ 1,002,650.00	\$ 802,120.00	\$ 397,529.95			\$ 226,366.63		\$ 802,120.00	\$ 623,896.58	62%	\$ 200,530.00

### Expenditure Narrative

Instructions: Please use the narrative boxes below to explain how the program funds you reported above were used to carry out the relevant activity. Narrative Boxes will only appear if you have entered an amount in the above table in the "Amount of Award Expended this Reporting Period" column.

#### Activity #1

Please explain how the funds for this Activity were expended this reporting period. If funds were expended by multiple Subrecipients, please use the extra rows to provide additional details.

Expenses				Expense Amount
Subrecipient or Administrative Entity?	Administrative Entity	If Subrecipient, please provide name:	Type of Expenses (Description): This funding helped 8 households with security deposits and/or first month rent to move from being unhoused into permanent housing.	\$14,407.00
Subrecipient or Administrative Entity?	Administrative Entity	If Subrecipient, please provide name:	Type of Expenses (Description): This funding allowed 20 households to remain housed and prevented them from becoming homeless.	\$30,131.25
Subrecipient or Administrative Entity?	Administrative Entity	If Subrecipient, please provide name:	Type of Expenses (Description): This funding allowed a household to purchase a bed for the child. There was no suitable bed available and without one the child may have been removed by Children's Services. The	\$385.52
Subrecipient or Administrative Entity?	Select One	If Subrecipient, please provide name:	Type of Expenses (Description):	

#### Activity #4

Please explain how the funds for this Activity were expended this reporting period. If funds were expended by multiple Subrecipients, please use the extra rows to provide additional details.

Expenses				Expense Amount
Subrecipient or Administrative Entity?	Subrecipient	If Subrecipient, please provide name:	Type of Expenses (Description): Catalyst Domestic Violence Services has used funding to expand capacity at HAVEN Emergency Family Shelter to serve three additional families at risk of or experiencing	\$55,468.88
Subrecipient or Administrative Entity?	Subrecipient	If Subrecipient, please provide name:	Type of Expenses (Description): Oroville Rescue Mission was able to add three positions using a combination of CESH 1 and HEAP funds. They have added an Intake Coordinator, Case Manager, and Shelter	\$72,983.36
Subrecipient or Administrative Entity?	Subrecipient	If Subrecipient, please provide name:	Type of Expenses (Description): True North Housing Alliance, Inc. has used the funds they were awarded to pay a portion of their payroll, taxes, and benefits for employees at Aurora North Emergency Shelter, a low	\$12,153.74
Subrecipient or Administrative Entity?	Select One	If Subrecipient, please provide name:	Type of Expenses (Description):	

If your total is highlighted red, amount does not match what was entered in "Amount of Award Expended this Reporting Period." Please use the narrative box below to explain any discrepancies. If more funds were expended than were awarded, provide details on what funding sources are covering the difference.

<b>Total</b> (Should match amount entered in "Amount of Award Expended this Reporting Period" above) : \$ 140,605.98	

**Activity #5**

Please explain how the funds for this Activity were expended this reporting period. If funds were expended by multiple Subrecipients, please use the extra rows to provide additional details.

Expenses				Expense Amount
Subrecipient or Administrative Entity?	Administrative Entity	If Subrecipient, please provide name:	Type of Expenses (Description):	The Administrative Entity utilized these funds to support a portion of the salaries of the Program Manager and Housing and Homeless Administrator that provide support for HMIS.
				\$161,867.20
Subrecipient or Administrative Entity?	Administrative Entity	If Subrecipient, please provide name:	Type of Expenses (Description):	
Subrecipient or Administrative Entity?	Select One	If Subrecipient, please provide name:	Type of Expenses (Description):	
Subrecipient or Administrative Entity?	Select One	If Subrecipient, please provide name:	Type of Expenses (Description):	
<b>Total</b> (Should match amount entered in "Amount of Award Expended this Reporting Period" above) : \$				161,867.20

If your total is highlighted red, amount does not match what was entered in "Amount of Award Expended this Reporting Period." Please use the narrative box below to explain any discrepancies. If more funds were expended than were awarded, provide details on what funding sources are covering the difference.

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**Admin**

Please explain how the funds for this Activity were expended this reporting period. If funds were expended by multiple Subrecipients, please use the extra rows to provide additional details.

Expenses				Expense Amount
Subrecipient or Administrative Entity?	Administrative Entity	If Subrecipient, please provide name:	Type of Expenses (Description):	The Administrative Entity utilized these funds to support a portion of the salary of the Housing and Homeless Administrator. This Administrator provides the necessary program
				\$50,133.00
Subrecipient or Administrative Entity?	Select One	If Subrecipient, please provide name:	Type of Expenses (Description):	
Subrecipient or Administrative Entity?	Select One	If Subrecipient, please provide name:	Type of Expenses (Description):	
Subrecipient or Administrative Entity?	Select One	If Subrecipient, please provide name:	Type of Expenses (Description):	
<b>Total</b> (Should match amount entered in "Amount of Award Expended this Reporting Period" above) : \$				50,133.00

If your total is highlighted red, amount does not match what was entered in "Amount of Award Expended this Reporting Period." Please use the narrative box below to explain any discrepancies. If more funds were expended than were awarded, provide details on what funding sources are covering the difference.

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## Reporting Requirements

<b>Entity Name:</b>	<b>Butte County</b>	<b>Contract #</b>	18-CESH-12454
<p><i>Instructions: Please review each Reporting Requirement, confirm whether relevant documentation is attached, list any supporting documentation and provide any necessary comments.</i></p> <p><b>1. Provide the Administrative Entity's program or project selection process performed to allocate available funds to subrecipients qualified to carry out the eligible activities.</b>  <i>Standard Agreement: Exhibit D, Section 6, Part B(1)</i></p>			
<b>Documentation Attached?</b>	Yes	<b>Title of Attached Documentation:</b>	Attachment 2 - Final Super NOFA for ES and RRH June 2019, Attachment 3 - Addendum 1 Super NOFA July 2 2019
<b>Have changes been made to project selection process since last submission?</b>			No
<b>If changes have been made to project selection process since last submission, is a copy of the updated process attached with this report?</b>			N/A
<p>List supporting documentation and any comments. If "No" or "N/A" was selected above, please clarify.</p> <p>The Butte Countywide CoC released a combined NOFA on June 17, 2019 which included \$401,000 in CESH Round 1 funds for Operating Support and Emergency Interventions. Proposals were</p>			
<p><b>2. Provide amounts awarded to subrecipients, with the activity(ies) identified.</b>  <i>Standard Agreement: Exhibit D, Section 6, Part B(2)</i>            AE must issue award letters to any subrecipients within 24 months of the date of an HCD award letter. If no subrecipient will be awarded, select "N/A." If subrecipient will be awarded, but has not been yet, select "No" and clarify.            Note: Supporting documentation may include award letters or subrecipient agreements that demonstrate proposed activities.</p>			
<b>Enter the date of the CESH Award Letter from HCD:</b>		1/11/2019	
<p><i>Instructions: If program funds were awarded to subrecipients, please use the boxes below to provide the name of the subrecipient, amount awarded to the subrecipient and the date of the subrecipient award letter. Using the drop-down below to select the number of subrecipients that have received funds will reveal rows that will need to be completed. Be sure to complete all fields for each subrecipient.</i></p>			
<b>Select the Number of Subrecipients Awarded Funds:</b>		3	
<b>Subrecipient #1 Name:</b>	Catalyst Domestic Violence Services	<b>Award Amount:</b>	\$207,000.00
		<b>Enter the date of your Subrecipient Award Letter award(s):</b>	7/15/2019
<p><i>Using the drop-downs below, select which activities funds were awarded to sub-recipient for and provide the amount awarded for that specific activity. In the event that a subrecipient received an award for multiple eligible activities, please use the extra rows to select all that apply. Note: Descriptions of Activities can be found on the "4. HMIS Data" tab.</i></p>			
<b>Select Awarded Activity:</b>	Activity #4	<b>Activity Award Amount:</b>	\$207,000.00
<b>Select Awarded Activity:</b>	Select One	<b>Activity Award Amount:</b>	
<b>Select Awarded Activity:</b>	Select One	<b>Activity Award Amount:</b>	

<b>Subrecipient #2 Name:</b>	Oroville Rescue Mission	Award Amount:	\$167,857.00	Enter the date of your <b>Subrecipient Award Letter</b> award(s):	7/15/2019
Using the drop-downs below, select which activities funds were awarded to sub-recipient for and provide the amount awarded for that specific activity. In the event that a subrecipient received an award for multiple eligible activities, please use the extra rows to select all that apply. Note: Descriptions of Activities can be found on the "4. HMIS Data" tab.					
<b>Select Awarded Activity:</b>	Activity #4	Activity Award Amount:	\$167,857.00		
<b>Select Awarded Activity:</b>	Select One	Activity Award Amount:			
<b>Select Awarded Activity:</b>	Select One	Activity Award Amount:			
<b>Subrecipient #3 Name:</b>	True North Housing Alliance, Inc	Award Amount:	\$26,203.00	Enter the date of your <b>Subrecipient Award Letter</b> award(s):	7/15/2019
Using the drop-downs below, select which activities funds were awarded to sub-recipient for and provide the amount awarded for that specific activity. In the event that a subrecipient received an award for multiple eligible activities, please use the extra rows to select all that apply. Note: Descriptions of Activities can be found on the "4. HMIS Data" tab.					
<b>Select Awarded Activity:</b>	Activity #4	Activity Award Amount:	\$26,203.00		
<b>Select Awarded Activity:</b>	Select One	Activity Award Amount:			
<b>Select Awarded Activity:</b>	Select One	Activity Award Amount:			
<b>Documentation Attached?</b>	Yes	<b>Title of Attached Documentation:</b>		Attachment 4 - All Super NOFA Awards Approved July 15 2019	
List supporting documentation and any comments. If "No" or "N/A" was selected above, please clarify.					
3. Provide projected performance measures (this can include projections for individuals served in the next reporting period, projections of number of supportive services performed or offered in the next reporting period, or any other performance measures your project has identified). Standard Agreement: Exhibit D, Section 6, Part B(3)					
<b>Documentation Attached?</b>	Yes	<b>Title of Attached Documentation:</b>		Attachment 5 - X23705 Catalyst Subrecipient Contract, Attachment 6 - X23707 ORM Subrecipient Contract, Attachment 7 - X23706	
List supporting documentation and any comments. If "No" or "N/A" was selected above, please clarify.					
All included contracts list projections of services performed as well as expectations of clients served - Attachment 5 - X23706 TNHA Subrecipient Contract, Attachment 6 - X23707 ORM Subrecip					
4. Provide a copy of any income the AE or subrecipient received from funded activities (program income) earned from the CESH FUND, such as interest earned. CESH NOFA: Section II, F(6) consistent with the requirements of the CESH program for the eligible activities described in Section II.B. Note: Supporting documentation may include bank statements, general ledger, etc.					
<b>Documentation Attached?</b>	Yes	<b>Title of Attached Documentation:</b>		Attachment 8 - CESH 1 Interest Earned	
List supporting documentation and any comments. If "No" or "N/A" was selected above, please clarify.					

<b>5a. Program Income earned during this reporting period:</b>	<b>\$2,858.08</b>	<b>5b. Approximate Number of Households to be assisted with this period's Program Income (including interest earned):</b>	<b>Pending</b>
<b>6. Have you performed an onsite monitoring visit of subrecipients and/or any other services providers?</b> <i>Standard Agreement: Exhibit D, Section 5, Part A</i> One site visit is required at least once during the grant period. Submit proof of site visit and outcome of site visit.			<b>No</b>
<b>Documentation Attached?</b>	<b>N/A</b>	<b>Date of most recent site visit (MM/DD/YYYY):</b>	
List supporting documentation and any comments. If "No" or "N/A" was selected above, please clarify.			
Due to the Coronavirus and State of Emergency declared by Governor Newsome on March 4, 2020, the County discontinued site visits for the safety of the all involved entities. As there is still a			
<b>7. Please share any success stories you've had from CESH funded projects. Be sure to include both project-level and client-level successes.</b>			
Stories from Activity 1: 1. An individual called in requesting help with a deposit for a place to live for herself and her elderly disabled mother. The person who called in was legally blind and physically disabled. She required a lot of around the clock care which mostly had been provided by her brother and sister-in-law but they couldn't continue caring for both the caller and the applicant's mother. At the time, they were living at a women's shelter and found place that would accept them but required a deposit they couldn't afford to move in. CESH was able to cover the cost of the security deposit. After the individual and their mother moved into their new housing, they reported being more independent and a dramatic improvement in their health.			

## HMIS Data

Entity Name: Butte County Contract # 18-CESH-12454

*Instructions: Identify the project or system performance measured based on HMIS data from the CoC service area for only this reporting period. Please ensure that if you have reported on certain persons on a previous report, you are not reporting them again. Report outcomes in whole numbers only. BE SURE TO REFERENCE ANY ASTERISKS (\*) AS THEY WILL PROVIDE MORE DETAILS ON THE PROPER WAY TO COMPLETE THE REPORT. Certify that each activity is administered consistent with Housing First as described in §II.G of the NOFA. Refer to "Expenditure Breakdown" tab for Activity descriptions and corresponding #. If you have an identified performance measure other than the one's listed, please utilize the "Other Identified Performance Measure" sections and provide a short description of the measure and its numerical outcome.*

### Activity Descriptions

<b>Activity #1</b>	Rental assistance, housing relocation & stabilization services to ensure housing affordability to individuals experiencing homelessness or who are at risk of homelessness.	<b>Activity #2</b>	Operating subsidies in the form of 15-year capitalized operating reserves for new and existing affordable permanent housing units for homeless individuals and/or families.
<b>Activity #3</b>	Flexible housing subsidy funds for local programs that establish or support the provision of rental subsidies in permanent housing to assist homeless individuals & families.	<b>Activity #4</b>	Operating support for emergency housing interventions including but not limited to: navigation centers, street outreach, and shelter diversion. The AE shall not use more than 40% of any funds allocated in a fiscal year for this activity.
<b>Activity #5</b>	Systems support for activities necessary to maintain a comprehensive homeless services and housing delivery system, including Coordinated Entry System (CES) data, and Homeless Management Information System (HMIS) reporting, and homelessness planning activities.	<b>Activity #6</b>	Develop or update a CES, if the CoC does not have a system in place that meets the applicable HUD requirements, as set forth in Section II.E.3.b of the NOFA. Eligible costs do not include capital development activities.
<b>Activity #7</b>	Development of a plan addressing actions to be taken within the CoC service area if no such plan exists. Plan shall be submitted to HCD prior to expiration of HCD contract.		

### Performance Measures

Activity	Total Number of Homeless Persons Served this Reporting Period (in whole numbers)*	Number of Unsheltered Homeless Persons Served this Reporting Period (in whole numbers)**	Number of persons at risk of homelessness served in this reporting period (in whole numbers)	Average length of time, in days, spent as homeless before entry into program or project in this Reporting Period (in whole numbers)	Number of homeless persons exiting the program or project into permanent housing in this Reporting Period (in whole numbers)	Number of persons that return to homelessness after exiting the program or project within this Reporting Period (in whole numbers)	Other Identified Performance Measures						Total Number of Homeless Persons Served Since Inception of Program	Housing First AE or subrecipient administered activity consistent with Housing First?
							Other Identified Performance Measure #1	Numerical outcome (in whole numbers)	Other Identified Performance Measure #2	Numerical outcome (in whole numbers)	Other Identified Performance Measure #3	Numerical outcome (in whole numbers)		
1	7	8	39	393	15	0							29	Yes
2														Select One
3	0	0	0	0	0	0							24	Yes
4	262	43	4	266	58	107							2107	Yes
5														Select One
6														Select One
7														Select One
<b>Totals:</b>	269	51	43	659	73	107		0		0		0	2160	

\*This figure should represent the total number of participants served with program funds this reporting period.

\*\*This figure should represent a SUBSET of "Total Number of Homeless Persons Served this Reporting Period (in whole numbers)."

*Instructions: If your project collects data on the following sub-populations, please provide figures number of individuals served this reporting period.*

If your project served Transitional Aged Youth "TAY" (16-24 years of age), please provide the number of TAY individuals served with CESH funds this reporting period: 13

If your project served Seniors (65 years of age or older), please provide the number of Seniors served with CESH funds this reporting period: 38

If your project served families with minor children (below 16 years of age), please provide the number of minor children housed with CESH funds this reporting period: 44

*Instructions: Please use the comment box below to elaborate on Other Identified Performance Measure(s) or to provide any other additional information.*