



Butte Countywide Homeless Continuum of Care

Monday, January 10, 2022, 1:00 p.m. – 3:00 p.m.

Council Member Meeting

Butte County Employment & Social Services

Zoom Link: <https://us02web.zoom.us/j/87927854689?pwd=T0NNZmZEcDZWZjBYZ2dDNnpKdXpZUT09>

Join by Phone: +1 669 900 9128

Zoom Meeting ID: 879 2785 4689 **Passcode:** 239475

COC COUNCIL MEMBERS:

Amber Abney-Bass	Ed Mayer	Keesha Hills	Sarah Frohock
Anastacia Snyder	Emily Bateman	Marie Demers	Steve Culleton
Angela McLaughlin	Eric Smith	Marin Hambley	Tami Ritter
Brad Brunner	John Mitchell	Meagan Meloy	
Don Taylor	Josh Jamison	Michael O'Brien	

CoC Coordinator: Briana Harvey-Butterfield

Recording: Kyle Prieto

AGENDA

1. Convene Meeting and Establish Quorum *A. Snyder*
 - A) Virtual Meeting Format. Recording Meeting.
2. Approval of Minutes – **ACTION** *A. Snyder*
 - A) CoC All Member Meeting of December 13, 2021
3. From Homeless to Housed: *M. Kirk & A. Potter*
 An Evaluation of Permanent Supportive Housing in Butte County – **INFORMATION**
 Presenting: Mia Kirk and Andy Potter
4. Butte Non-Profit Stabilization Program II – **INFORMATION** *D. Taylor*
5. Emergency Housing Voucher Update – **INFORMATION** *E. Mayer*
6. 2022 Point in Time Reminder – **INFORMATION** *B.H. Butterfield*
7. Annual Conflict of Interest Disclosure Statement – **INFORMATION** *B.H. Butterfield*
8. Lead Agency, Collaborative Applicant, Administrative Entity Updates – **INFORMATION** *D. Taylor, B.H. Butterfield*
9. Committee Reports – **INFORMATION** *All*
10. Coalition and Jurisdiction Reports/Updates – **INFORMATION** *All*
11. Announcements *All*
12. Next Meeting – Monday, February 14, 2022
 Butte County Department of Employment & Social Services to host Virtual Meeting

13. ADJOURN



Butte Countywide Homeless Continuum of Care

Continuum of Care Meeting

Virtual Meeting

January 10, 2022 1:00 p.m. – 3:00 p.m.

CoC Agenda Item #2:

Approval of Minutes:

- A) CoC Council Member Meeting of December 13, 2021



Butte Countywide Homeless Continuum of Care

BUTTE COUNTYWIDE HOMELESS CONTINUUM OF CARE COUNCIL MEMBER MEETING MINUTES

Monday, December 13th, 2021

1:00 P.M. to 3:00 P.M.

Zoom Option Hosted by Butte County Employment & Social Services

COUNCIL MEMBERS PRESENT:

Angela McLaughlin, Greater Chico Homeless Taskforce
Tami Ritter, Butte County Board of Supervisors
Josh Jamison, Oroville Hope Center/Alternate
Anastacia Snyder, Catalyst Domestic Violence Services
Don Taylor, Butte County DESS Housing & Homeless
Marie Demers, City of Chico
Keesha Hills, OSCIA
Marin Hambley, Stonewall Alliance/Safe Space
Ed Mayer, Housing Authority of the County of Butte
Meagan Meloy, Butte County Office of Education

COUNCIL MEMBERS ABSENT:

Steve Culleton, Town of Paradise
John Mitchell, Christian Faith Center
Thomas Tenorio, Community Action Agency
Emily Bateman, Youth for Change/6th Street
Joy Amaro, True North Housing Alliance
Michael O'Brien, City of Chico Council Member
Sarah Frohock, Butte County Dept. of Behavioral Health
Eric Smith, City of Oroville

CoC COORDINATOR:

Briana Harvey-Butterfield, DESS Housing & Homeless

RECORDING:

Kyle Prieto, DESS Housing & Homeless

OTHER ATTENDEES:

Wendy Lo, DESS Housing and Homeless
Maisue Thao, Butte College
John Fleming, AMPLA Health Sherisse Allen, Butte
Amber Abney-Bass, Jesus Center
Mike Trolinder,

OTHER ATTENDEES CONT'D:

Debbie Villasenor, Housing Consultant
Kevin Thompson, OSCIA
Shelly Storkan, BCDBH
Lorena Reed, BCDBH
Susan Wilson, Safe Space
Michael Wright, DESS Housing and Homeless
MaryJo Alonzo, City of Chico
Isabel Alaniz-Alverado, DESS Housing and Homeless
Mary Kay Benson, NSST and Butte County Shelter for All
Nancy Jorth, Youth for Change
Melissa Jamison, UWNC
Erin Murray, DESS Housing and Homeless
Tara Sullivan-Hames, Butte-Glenn 2-1-1
Brad Brunner, Caminar
Kayla Davis, DESS Housing & Homeless
Angie Little, HACB
Ana Vicuna, Behavioral Health
Jaymee McLaughlin, CUSD
Cathleen Ouimet, Home & Healthcare Mgmt.
Leslie Johnson, CHAT
Josiah Vasey, Butte- Glenn 211
Theresa Nantor, CHIP
Elisa Rawlinson, DESS Housing & Homeless
Tracy (Stogsdill) Gillihan, Butte-Glenn 2-1-1
Stefan Spirk, Community Action Agency
Pahua Thao, DESS Housing & Homeless
Nick Fashing, DESS Adult Services
Tina Reszler, State Council on Developmental Disabilities
AmyBeth Ahl-Wright, CHAT/CHAMP
Luann Manss, Caring Choices
Tracy Davis, Butte County Administration
Brittany Coleman, OSCIA
Jessica Giannola, CHAT/CHAMP
Amber Benedict, CHAT
Tim Hawkins, Community Action Agency
Crystal Hutchinson, Butte County Children's Services
John Zepeda, Veterans Subcommittee

OTHER ATTENDEES CONTINUED:

Hilary Crosby, Executive Director for Caring Choices
Sarah Frohock, BCDBH
Laura Cootsona, Jesus Center

Codie McCormack,
Lydia Jimenez,
Kristin Cooper, True North Housing Alliance

ORDER OF BUSINESS:

1. **CONVENE MEETING AND ESTABLISH QUORUM:** The meeting was called to order by Anastacia Snyder at 1:04 p.m. This meeting is being recorded. Roll call for Council Members was completed by Anastacia Snyder. It was determined there are enough Council Members for a Quorum. No field introductions were done. If you would like your name listed as an attendee please type your name and agency in the chat box.

2. **APPROVAL OF MINUTES:** A motion was made to approve the CoC meeting minutes for;
A) CoC Council Meeting of November 15th, 2021,

Motion: Ed Mayer
Second: Tami Ritter
Opposed: None
Abstain: None

3. **Butte County Wildfire Reconstruction Assistance Program and the Butte County Septic Project:** Presenting: Tracy Davis, Butte County Administration. This informational presentation is intended to educate not only the committee but the general public as well. The ‘Camp Fire Recovery: Septic Repair and Replacement Grant Program’ aims to assist Camp Fire survivors with grants of up to \$17,000. This grant funding is intended to repair or replace septic tanks and or systems that were damaged for those who may have been uninsured at the time of the Camp Fire. In addition to that program, a second program has been established called the ‘Butte County Wildfire Housing Reconstruction Program’ which has received State CalHome Funding to assist Camp Fire Survivors in reconstructing or rehabilitating their homes that were damaged or destroyed, this program is loan based assistance. This gap funding loan is available for homeowners up to \$150,000 with eligibility requirements in place for applicants. The Regional Housing Authority is the point of contact for this housing reconstruction program. The contact information for the Regional Housing Authority is 1(530)671-0220 ext. 128 or e-mail CommunityDevelopment@buttecounty.net.

4. **Council Officers Nominations Results and Election:** Nominations were made to fill the seats of ‘Chairperson’, ‘First Vice Chairperson’ and ‘Second Vice Chairperson’. It was determined that the Lead Agency/Collaborative Applicant Representative, Don Taylor, can participate as an officer to the CoC as noted in the updates to the Governance Charter. As such the following election action was proposed;

Chairperson: Anastacia Snyder
First Vice Chairperson: Ed Mayer
Second Vice Chairperson: Keesha Hills
Lead Agency/ Collaborative Applicant Representative: Don Taylor

This was put forth to the committee for a vote of approval of the recommendation and was accepted unanimously.

Motion: Marie Demers
Second: Tami Ritter
Opposed: None
Abstain: None

- 5. Approve Committee Chair and Vice Chair Positions:** A) Chronic Homeless Committee is needing to elect both a Chair and Vice Chairperson. For the position of Chair, Shelly Storkan was nominated and for the Vice Chairperson, Erin Murray was nominated. B) Veterans Committee is needing a Vice Chairperson, the nomination for that position went to Kayla Davis. A vote for approval was put forth to the committee and was passed.

Motion: Don Taylor
Second: Ed Mayer
Opposed: None
Abstain: None

- 6. 2022 Point in Time Methodology:** Included in the agenda packet is a memo from Briana Harvey-Butterfield that contains a request to conduct and methodology for a 2022 Point in Time Count and Survey. This survey is intended to obtain a 'census count' of the homeless population in our geographic area, as well as gaining demographic information. The date and time of the unsheltered PIT count will be conducted at sunrise, Wednesday, January 26th, 2022 throughout Butte County. Volunteers will be canvassing the geographical area including identified homeless encampments and there will be HUB locations to assist the volunteers as a meeting place throughout the day. To ensure accurate data quality the Counting Us Application as provided through software company Simtech will be used. A presentation on how to register for the application was presented. Briana put this methodology forth to the committee for approval and was accepted unanimously.

Motion: Meagan Meloy
Second: Angela McLaughlin
Opposed: None
Abstain: None

- 7. Lead Agency, Collaborative Applicant, and Administrative Entity Updates:** Don Taylor started with a follow up for the RFP and the subsequent awarding of the HHAP 1 & 2 rounds, the contracts for those awards will be going out to the Board of Supervisors for approval on December 14th, 2021. Accolades were given to the departing members of the CoC and all of the amazing work they have contributed through the years.
- 8. Committee Reports:** The chairperson for the HMIS/CES committee, Elisa Rawlinson, discussed the latest meeting and informed the group that a review and revision of the priority points system is anticipated to ensure equity for all clients. E-mail communication will be sent out to all those who are going to participating in the community queues and adjustment of priority points. In addition to this, the LSA (Longitudinal Systems Analysis) is being conducted in mid-February. Households with Children will be meeting next in January 2022. Veterans committee, John Zepeda spoke about the last meeting in November where they were able to submit their 2022 meeting schedule

to the CoC for approval. Starting January 5th the Veterans Committee will continue to meet every 6th Wednesday from 2:00-3:00. It was also reported that the final count for the veteran's stand-down event was 187 homeless veterans. Chronically Homeless, Shelly Storkan reported their next meeting will be 12/15/2021 at 1:30 and will continue to meet the third Wednesday of every month going into 2022 if anyone is interested in attending those meetings. Meagan Meloy spoke for Nancy Jorth about the Youth Advisory Council, which is a youth group that works as an advisory board for the Runaway Youth Taskforce, has been working on a community garden project. There was a candlelight vigil that was held in November at the Chico city council chambers for "Runaway & Homeless Youth Awareness Month". Marin Hambley let the committee know that "Youth 4 Change-6th Street Shelter" was nationally recognized for their work in November "Runaway & Homeless Youth Awareness Month". Marin Hambley reported for the LGBTQ+ committee, they will be meeting on December 15th 2021 to further discuss the survey they are working on in partnership with HUD.

- 9. Coalition and Jurisdictional Reports/Updates:** Tami Ritter with Butte County Board of Supervisor's reported that they have some items on their agenda up for approval including the 'No Place like Home' grant contracts. Marie Demers with the City of Chico made a few announcements, related to the HUD annual action plan on January 6th there will be a community workshop via Zoom. They are currently recruiting for the 'Citizen Advisory Committee', those applications are due on January 7th, 2022. Ed Mayer spoke about the two projects for palate shelters in Butte County, one in Chico and the other in Oroville through the Oroville Rescue Mission.
- 10. Announcements:** Briana Harvey-Butterfield spoke about the CoC meeting calendar for 2022, it was brought to her attention that last year the 19th of June was made a holiday and so in observing that there is a need to move the CoC meeting in June to Monday, June 13th, 2022. This would also make the HMIS/CES meeting move up a week.
- 11. NEXT MEETING:** Monday, January 10th, 2022, Butte County Department of Employment and Social Services to host Virtual Meeting.
- 12. Adjourned: 1:48 P.M.**



Butte Countywide Homeless Continuum of Care

Continuum of Care Meeting

Virtual Meeting

January 10, 2022 1:00 p.m. – 3:00 p.m.

CoC Agenda Item #3:

From Homeless to Housed: An Evaluation of Permanent Supportive Housing in Butte County



“Well, that’s like night and day, being homeless, having nothing.”

FROM HOMELESS TO HOUSED: AN EVALUATION OF PERMANENT SUPPORTIVE HOUSING IN BUTTE COUNTY

Mia Kirk
Andy Potter
October 2021

ACKNOWLEDGEMENTS

This report was made possible by the support and encouragement from multiple community partners. Their input was central to the conception and design of this study including development of the survey and interview protocol. The authors are grateful to Brad Brunner, Gordon Matthews, Yvette Snowden, Scott Walker, Keith Husband, and Justin Dunaj.

The authors acknowledge Jennifer Wilking of California State University, Chico for her technical assistance throughout the process, including design of the interview protocol, interviewing, coding transcripts, and review of the final report. We thank Arturo Baiocchi of California State University, Sacramento for his consultation throughout the process and review of the final report. Finally, we acknowledge Cruz Mora, a student at California State University, Chico for his research support during the initial stages of this project.

We thank Sarah Frohock of Butte County Behavioral Health for her consultation throughout the process, offering the authors access to BCBH data, and review of the final report. The authors also acknowledge Craig Wilcox of BCBH for accessing and analyzing the Crisis Services and Psychiatric Hospitalization data for the evaluation. And Melody Robinson of BCBH for her consultation on interpretation of the data.

We thank all the service providers who made the time to be interviewed for this study.

Most importantly, we acknowledge the residents who participated in the survey and shared their experiences with us in the interviews. We are grateful to them. Without them none of this would be possible.

There was no financial support for this study. Both authors held positions at California State University, Chico at the inception of the project. This study was approved by the Institutional Review Board of California State University, Chico.

For more information contact Mia Kirk at miakirk@unr.edu.

ABOUT THE AUTHORS

Mia Kirk is currently a public health doctoral student. She holds the title of Executive Director of Base Camp Village, Inc. and previously taught in the Department of Public Health and Health Services Administration at Chico State. Mia was born and raised in Chico.

Andy Potter recently joined the California Department of Health Care Services as a Research Scientist, after five years as an Assistant Professor in the Department of Political Science & Criminal Justice at Chico State. Andy is a Chico native.

TABLE OF CONTENTS

Executive Summary	1
<i>Key Findings</i>	3
Background	4
Program Description	6
Evaluation Design & Methodology	9
<i>Process Evaluation Questions</i>	9
<i>Outcome Evaluation Questions</i>	9
Findings	12
<i>Process Evaluation Findings</i>	14
<i>Outcome Evaluation Findings</i>	32
Discussion	51
References	55
Appendices	62
<i>Appendix A: What is Housing First</i>	62
<i>Appendix B: Homeless Services Coordination in Butte County</i>	63
<i>Appendix C: Evidence of the PSH Approach</i>	65
<i>Appendix D: Logic Model</i>	72

EXHIBITS

List of Tables

Table 1	13
Table 2	14
Table 3	39

List of Figures

Figure 1	15
Figure 2	18
Figure 3	21
Figure 4	21
Figure 5	22
Figure 6	24
Figure 7	25
Figure 8	37
Figure 9	38
Figure 10	39
Figure 11	40
Figure 12	42
Figure 13	46
Figure 14	46
Figure 15	48

LIST OF ABBREVIATIONS

BCBH	Butte County Behavioral Health
CoC	Continuum of Care
CES	Coordinated Entry System
CJI	Criminal Justice Involvement
ED	Emergency Department
HUD	Housing and Urban Development
MHSA	Mental Health Services Act
PIT	Point in Time
PSH	Permanent Supportive Housing
TAY	Transition Age Youth
VI - SPDAT	Vulnerability Index - Service Prioritization Decision Assistance Tool

EXECUTIVE SUMMARY

As Butte County confronts a homelessness crisis similar to that experienced throughout the state, multiple forms of housing are being scrutinized for their ability to alleviate the crisis. One housing strategy with a proven track record has been permanent supportive housing. Numerous studies have documented the benefits of permanent supportive housing, but most studies have been conducted in larger urban areas, and emphasize quantitative measures (e.g. health care utilization rates). Fewer studies have investigated *how* permanent supportive housing improves these quantitative measures by including the voices of residents or service providers. Further, there is little empirical evidence to demonstrate the effectiveness of different programs at the local level. This report aims to fill these gaps by evaluating three of Butte County's permanent supportive housing sites.

From Winter 2020 through Summer 2021, the researchers conducted a mail survey of residents and follow-up interviews with residents and service providers at Avenida Apartments, Base Camp Village, and Valley View Apartments. This report presents an evaluation of both (a) how these sites are operated and experienced by residents and service providers (process evaluation); and (b) the extent to which measurable outcomes mirror those found in prior research (outcome evaluation). Administrative data were also used to corroborate findings. In total, 26 mail surveys and 24 interviews were analyzed.

Overall, these results present a positive picture of permanent supportive housing in Butte County. After entering permanent supportive housing, residents reported improvements in their quality of life, mental health, and, to a slightly lesser extent, physical health. In the year after move-in, administrative data confirmed that residents used drastically fewer behavioral health crisis services and experienced fewer psychiatric hospitalizations, although emergency department use was unchanged. Residents did not report interacting with the criminal justice system, either before or after entering permanent supportive housing. In short, Butte County's

permanent supportive housing has many of the beneficial impacts seen in earlier studies, with positive outcomes and experiences reported by residents.

Interviews with residents and service providers confirmed that residents had a sense of greater stability after move-in, and that stability permitted these newly-housed people to take other steps toward self-improvement, such as keeping appointments and building relationships with neighbors. Some residents even took much more significant steps toward repairing family relationships and pursuing higher education. While housing stability enabled changes for many residents, interviewees also highlighted the importance of available services and supports – such as supported employment – and identified challenges to service delivery.

The process evaluation also raised some issues for consideration. One issue is how to best utilize permanent supportive housing to meet the needs of a diverse population of people experiencing homelessness, in the context of Butte County's housing continuum. Service providers expressed concerns about those who are not given access to this scarce resource, and residents and service providers expressed frustration that some residents entering permanent supportive housing seem unlikely to succeed, although some appreciated the role of permanent supportive housing in offering a chance to those individuals who are most difficult to house. Also, the process evaluation suggests that existing models may not be the only way to pair housing and services for individuals experiencing homelessness in Butte County, and that other variations might have advantages, and could be explored. Overall, the lessons learned at these three sites can be further used to improve the lives of people experiencing homelessness in Butte County.

KEY FINDINGS

- 92% of respondents reported that their life has changed for the better since moving into their apartment.
- 85% of respondents reported an improvement in their mental health since moving into their apartment.
- 70% of respondents reported that interactions with their Butte County Behavioral Health case worker were very helpful.
- 77% of respondents reported that interactions with their onsite resident managers were highly valuable.
- Over 60% of residents who participated in a work training program found it valuable, regardless of whether it resulted in community employment.
- 73% of respondents reported an improvement in their physical health since moving into their apartment.
- There was a 55% decrease in BCBH psychiatric hospitalizations and an 85% reduction in BCBH crisis service utilization (one year pre and post housing). Seven residents decreased their crisis service use from 4+ times the year prior to entry to zero the year post entry to housing.
- Three residents accounted for 61% of all emergency department visits in the year prior to move-in, and 54% of emergency department visits in the year after move-in.

BACKGROUND

On any given night there are approximately 2,304 people experiencing homelessness in Butte County, according to the 2019 Point in Time (PIT) Count. A third of those individuals are unsheltered, living on the streets, or a place not meant for human habitation, and nearly 20% have a mental health condition (Butte Countywide Continuum of Care, 2019). Butte County shares some features with other parts of California with high rates of homelessness - such as an expensive housing market and low affordable housing and rental stock - but the county has also endured several unique disasters that have disproportionately impacted the most vulnerable residents including the extremely low-income, insecurely housed, and unhoused. The Oroville Dam Spillway crisis in 2017 and the 2018 Camp Fire left many housing-insecure and low-income residents even more precariously housed. Most recently, the COVID-19 pandemic brought new challenges and safety concerns to those living on the streets.

In September 2018, the Butte County Board of Supervisors officially recognized these conditions by approving an emergency shelter declaration (North State Public Radio, 2018). The cities of Chico, Oroville, and Gridley followed suit (City of Chico, 2018; City of Gridley, 2018; City of Oroville, 2018). The shelter crisis declarations allow local municipalities to apply for and receive additional state funding to address homelessness, such as \$4.9 million from the Homeless Emergency Aid Program (Fernandez, 2019). The Butte County Board of Supervisors renewed the emergency shelter crisis declaration in August 2021 (Butte County Board of Supervisors, 2021).

Notwithstanding the additional state funding just described, housing and service providers still compete for scarce pools of state funds. In December of 2018, the Butte Countywide Continuum of Care (CoC) created a list of primary and secondary local priorities to guide the allocation of public sources of housing funds. First on the list of primary priorities was

a preference to fund projects that ‘prioritize housing on the spectrum from emergency shelter to permanent housing’ (Butte Countywide Continuum of Care, 2018b).

Public debate over the issue of how to address homelessness in the community has taken center stage at numerous city and county meetings, and in local elections. However, at the local level there is little empirical evidence to demonstrate the effectiveness of different programs. This report aims to fill that gap by evaluating three of Butte County’s permanent supportive housing (PSH) sites.

PROGRAM DESCRIPTION

The approach of PSH guided by Housing First principles has been generally accepted in Butte County as a method to house those who are chronically homeless and have a mental illness, although there are variations in the services offered, admission criteria, and application of Housing First principles at each PSH site. This report focuses on three sites: Avenida Apartments (Avenida), Base Camp Village (Base Camp), and Valley View Apartments (Valley View), which make up a total of 39 resident beds. We estimate that this study examines approximately half of the supply of PSH available for adults in Butte County.¹

	Avenida Apartments	Base Camp Village	Valley View Apartments
Operated by	Caminar	Caminar	Northern Valley Catholic Social Services
City	Chico	Oroville	Chico
Established	2007	2020	2015
Max. number of residents	14	11	14
Participates in CoC / Coordinated Entry	Yes	Yes	No

Avenida Apartments and Base Camp Village are owned and operated by Caminar, a nonprofit organization based in the Bay Area with a history in the Butte County region since the 1970's. Residents of both Avenida and Base Camp are referred from the Coordinated Entry System (see Appendix B). The primary on-site supportive services are provided by Butte County Behavioral Health (BCBH). Additional services are funded through the California Department of Rehabilitation in the form of vocational training.

¹ According to the 2020 US Housing and Urban Development (HUD) Homeless Inventory Count (HIC) there were 56 adult-only PSH beds in Butte County (US Department of Housing and Urban Development, 2021). However, the HIC excluded Valley View (which does not receive funding from the CoC) and Base Camp Village (which was not yet complete).

To be eligible for move-in at Avenida and Base Camp, residents must have a documented serious mental illness (such as severe depression, PTSD, bipolar disorder or schizophrenia) and be experiencing chronic homelessness. Residents who meet these criteria and reach the top of the CES must have a BCBH case manager, or they are offered one in order to be eligible for residency at Avenida or Base Camp. A unique characteristic of these sites are the onsite vocational training programs run by Caminar – Sensible Cyclery, a bicycle repair shop, and Pro-Touch, a janitorial and landscape service, offer supported employment for individuals receiving services from BCBH. Sensible Cyclery is located onsite at Avenida, and Pro-Touch operates from both locations, but are available to anyone receiving behavioral health services, not only to PSH residents.

Valley View Apartments is owned by a multi-entity LLC and operated by Northern Valley Catholic Social Services (*Valley View Apartments*, 2019). On-site supportive services are provided by BCBH. As in the other two sites, residents of Valley View are low-income Mental Health Services Act (MHSA) eligible adults living with serious mental illness who were formerly homeless or at risk of homelessness (Butte County Behavioral Health, 2021; *Valley View Apartments*, 2019). To be eligible for services through the MHSA, clients must meet the definition of serious mental illness as defined by the Welfare and Institutions Code (Community Mental Health Services Act, 2019). Residents are referred to live at Valley View by BCBH. Valley View does not participate in the CES, a significant difference between it and the other two sites in this study.

All three sites charge rent of 30% of the residents' income, come equipped with a laundry room, community room, on-site full-time resident manager,² community garden, and outdoor seating areas. BCBH provides on-site supportive services for all three sites, including

² At the time of this study, the position of on-site resident manager at Base Camp Village was filled.

therapy, medication management, and case management. Lastly, all sites adhere to the foremost Housing First principle of harm reduction³.

³ Harm reduction is an evidence based public health approach for addressing SUD. Managers and service providers do not mandate SUD treatment but 'meet residents where they are at' and find out what would help them best in their unique situation.

EVALUATION DESIGN & METHODOLOGY

The following page displays the process and outcome evaluation questions that guided this study. These questions were developed in parallel with a logic model found in Appendix D. In addition to describing the desired outcomes of PSH, the logic model also depicts the theory of change for Butte County's PSH - the explicit steps by which housing and services should result in immediate and long-term changes for residents and others. To answer these questions, we gathered data in three ways: a survey of PSH residents, interviews with residents and service providers who participate in the program, and existing administrative data from two local emergency departments (ED) and BCBH.

PROCESS EVALUATION QUESTIONS

1. Are PSH programs able to target enrollment to those with the most need?
2. How do residents and service providers experience the process of becoming housed?
3. To what extent are supportive services engaging residents?
 - a. What contributes or detracts from this engagement?
4. Are PSH projects in Butte County able to effectively retain tenants?
 - a. What challenges do PSH projects face in retaining tenants?
 - b. What factors contribute to successfully retaining tenants?

OUTCOME EVALUATION QUESTIONS

1. Does PSH result in increased housing stability for residents experiencing homelessness?
2. How does the stability of housing change residents' daily activities over the short- and medium-term?
3. Does PSH result in decreased contact with the criminal justice system?
4. Does PSH result in increased rates of employment for tenants?
5. Does PSH result in improved health outcomes for tenants?
6. Does PSH result in a reduced amount of health care utilization?
7. Does PSH result in improved quality of life?

Resident survey

A mail-return survey of residents was fielded from January 2021 through March 2021. During that period there were a total of 36 occupied units at Avenida, Base Camp, and Valley View apartments. Of the 36 residents, we received 26 survey responses, for a response rate of 72%. Each survey respondent was compensated for their participation with a \$20 Walmart gift card. See Appendix E for the full survey.

Resident and service provider interviews

Following collection and initial analysis of survey data, the researchers conducted 24 semi-structured interviews with residents of PSH, as well as service providers who play different roles, including on-site resident managers, BCBH case managers, specialized housing staff with BCBH, supported employment staff, and peer advocates. In total, 13 residents and 11 service providers participated in interviews. After interviews were completed, the researchers followed an iterative process to identify themes emerging from the interviews.

Administrative data

Existing data was collected to measure specific outputs and outcomes. Property managers supplied data on the average length of residents' stay in PSH.⁴ BCBH data analysts provided data on the use of crisis services and psychiatric hospitalizations among residents during the year prior to move-in and the year after move-in. Of the 36 residents, 21 did not utilize BCBH crisis services or psychiatric hospitalizations within the window requested. The data reported is on the remaining 15. Finally, survey participants were asked to authorize the release of their ED records from Enloe Medical Center and Oroville Hospital for five years prior to the start of the study. Of 26 survey respondents, 20 submitted valid release forms.

These records permitted the research team to categorize ED visits, using the primary diagnosis listed as an ICD-10 code in the medical record. A commonly-used method, known as

⁴ Found in the table on page 27.

the NYU algorithm, is designed to allow ED visits to be categorized using public or private health insurance claims (Billings et al., 2000). In cases where both researchers agreed a different category was more appropriate, we used that category, rather than the category that would have been assigned based on a strict application of the NYU algorithm. Finally, for each resident with ED use, the researchers wrote a short summary to characterize the nature of that individual's ED use over time. These summaries are not included in the report but were used to help researchers better understand the patterns of PSH residents' ED use. Themes or patterns that emerged are included in this report.

FINDINGS

The findings in this section are a summary of the resident survey, resident and service provider interviews, and administrative data. In total 25 interviews were conducted and 24 interviews yielded usable data. Twenty six surveys were returned and analyzed. BCBH data analysts calculated the use of crisis services and psychiatric hospitalizations among residents during the year prior to move-in and the year after move-in. ED records were analyzed from 20 survey respondents.

Table 1 summarizes survey respondent characteristics. The majority of respondents were over 55 years old (65%) and white (69%). Respondents evenly identified as male and female (50%). Almost all respondents reported having a primary care provider (89%) and a little over half were originally from outside of Butte County (54%). The self-reported average length of stay across all three apartments was 2.5 years, consistent with the administrative data collected. Half of the survey responses (n=13) came from Valley View. This higher response rate may be due to the presence of an on-site peer advocate who aided in the survey distribution.

TABLE 1

Participant Characteristics (n = 26)					
	n	%		n	%
Age (years)			Primary care provider		
55-64	14	54%	Yes	23	89%
45-55	5	19%	No	3	11%
65+	3	12%	Years in supportive housing		
25-34	2	8%	Mean	2.5	
35-44	1	4%	< 1	9	35%
18-24	1	4%	3-4	6	23%
Sex			No response	5	19%
Female	13	50%	5-6	3	12%
Male	13	50%	1-2	3	12%
Nonbinary	0	0%	Place of origin		
Race/Ethnicity			Outside of Butte County	14	54%
White	18	70%	Elsewhere in Butte County	6	23%
Native American/ American Indian	2	8%	Chico	4	15%
Black	2	8%	Chico; Oroville	2	8%
More than one race	2	8%	Residence at time of survey		
Other	1	4%	Valley View	13	50%
No response	1	4%	Avenida Apartments	7	27%
			Base Camp Village	6	23%

PROCESS EVALUATION FINDINGS

ARE PSH PROGRAMS ABLE TO TARGET ENROLLMENT TO THOSE WITH THE MOST NEED?

Both residents and service providers expressed feelings of conflict with the constraints on the current homelessness response system in Butte County while also expressing appreciation for certain aspects of specific programs.

Before moving into their current apartment, residents described living in their vehicles for years, cycling in and out of emergency shelters and transitional housing, staying with friends or family or in motels. Some had experienced homelessness for a majority of their lives. Table 2 demonstrates over a third of respondents indicating that they had stayed in more than one location before moving into their current apartment.

TABLE 2

The most frequent locations among respondents were emergency shelter, street or sidewalk, and with friends/family.

Figure 1 shows that wide variation in the length of time since residents' had a regular home prior to PSH. All respondents indicated that before moving into their current apartment it had been longer than three months since they had a regular home.

Place of residence before PSH	
Location	%
Emergency shelter	31%
Street or sidewalk	31%
With friends/family	19%
Other	15%
Vehicle	15%
Motel/hotel	12%
Transitional housing	12%
Iris House	8%
Jail, hospital, or treatment program	8%
Park	8%
Bus of train station	4%
Woods/outdoor encampment	4%
More than one location	38%

Note that respondents could choose more than one response. Percentages sum to greater than 100%

Before moving into your current home, how long had it been since you last had a regular home?

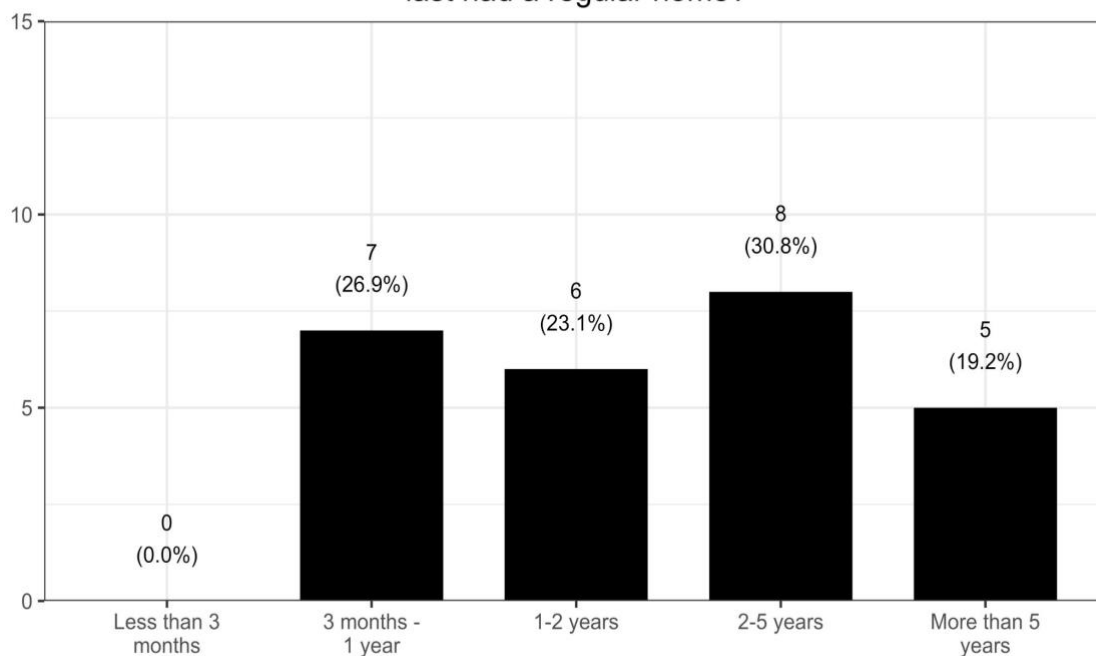


FIGURE 1

Housing Appropriateness

Several service providers expressed frustration at the inability to consider compatibility or appropriateness of PSH for each individual. The three complexes included in this study follow Housing First principles, which are not consistent with requirements or mandates for supportive service engagement, drug testing, or sobriety (Corporation for Supportive Housing, n.d.). All three behaviors were listed by residents and service providers as solutions to some of the greatest threats to the peace and harmony of the complex. Residents expressed that some of their neighbors were not the best fit with the complex and should be “vetted” more before moving in because of the stress and disruption that they bring. There was a particularly strong desire from service providers and some residents for behavioral health services to be required. This desire was based on the belief that those who are engaged will be more successful at maintaining housing.

Coordinated Entry System

Service providers had varied perspectives on the CES. Many service providers described it as an imperfect system, but one that took the decision-making onus off of local service providers when it came to placing residents in available units. A select number of service providers referred back to a time before CES when they had the authority to “be more selective” about who lived in each unit. This method came with its own set of pros and cons.

With the CES, service providers do not interview residents to assess their potential fit in an apartment complex. Instead, when residents reach the top of the CE list based on their VI-SPDAT score (see Appendix B), their case manager then attempts to contact them for an available unit. Service providers shared that this method of placing the highest need person can lead to preventable evictions due to the disruption that one person caused.

“...[COORDINATED ENTRY] IS A NUMBERS THING, NOT A PERSON THING. SO, YOU MIGHT GET SOMEONE WHO’S A REALLY HORRIBLE FIT FOR THE MILIEU OF THE PEOPLE THAT LIVE THERE, BUT BECAUSE THEIR NUMBER FITS, THAT’S WHO YOU’RE SUPPOSED TO PUT IN THERE. AND I DON’T THINK THAT SYSTEM WORKS TOTALLY APPROPRIATELY FOR MENTAL HEALTH, MAYBE FOR THE LOTTERY SYSTEM AND THEN INTO GENERAL HOMES BUT FOR MENTAL HEALTH I THINK IT’S NOT THE BEST WAY.”

- SERVICE PROVIDER

In some cases, the service providers were supportive of the CES nonetheless, arguing that it gives some individuals a chance at housing who might not otherwise get one. Service providers often said that “some people are just more ready than others” for a house.

Conversely, some residents felt they did not belong in PSH as they were too high functioning, and that others with more severe mental health issues or lower social functioning should be in their spot. Residents who expressed feeling like a poor fit for this housing still had income constraints that made it difficult to move out of PSH and into market rate housing.

HOW DO RESIDENTS AND SERVICE PROVIDERS EXPERIENCE THE PROCESS OF BECOMING HOUSED?

It was not uncommon for residents to describe the experience of being placed in an apartment as a bit of a miraculous event - one where they got an unexpected call, and then soon after were brought to their new home. Residents did not have a consistent understanding of how they came to be picked for their apartment. Some residents were aware they were on a waiting list and expressed feeling like they “knew the right person” who was then able to get them an apartment, while others acknowledged working with a BCBH case manager and being placed on a waiting list for an apartment. At least one resident transitioned directly from emergency shelter into PSH while others cycled in and out of emergency shelters before being placed into an apartment.

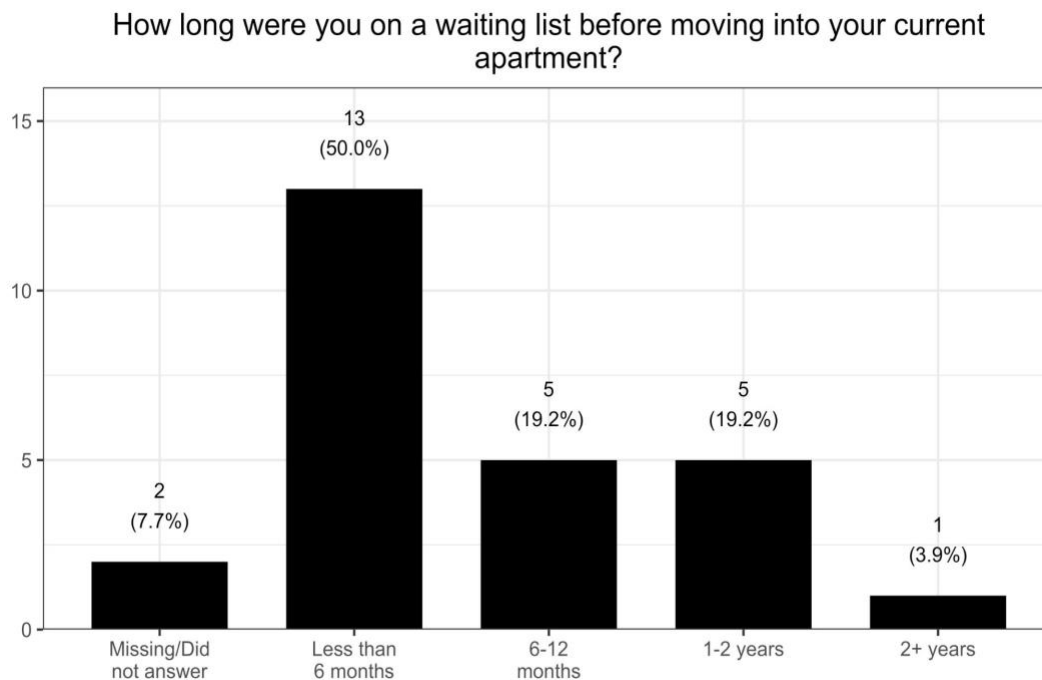


FIGURE 2

Figure 2 shows that for those complexes using the CES (Avenida and Base Camp), the prioritization process is effective in moving clients through the system into an apartment relatively quickly with 50% reporting this happening in under six months.

A common remark among service providers was the need for a landing place between being homeless and placed in PSH, in which formerly-homeless people can be socialized to apartment rules, following a lease, engaging in neighborly behavior, and no longer “acting homeless”. Similarly, a service provider described an apartment unit as a “drug den” when substance use continued unchecked and attracted both residents and nonresidents. Examples included untreated substance abuse treatment, and a need for 24-hour care or a group home environment due to a more severe mental illness.

TO WHAT EXTENT DO SUPPORTIVE SERVICES ENGAGE RESIDENTS?
WHAT CONTRIBUTES OR DETRACTS FROM THIS ENGAGEMENT?

Residents and case managers emphasized the “supportive” component of supportive housing, both the services offered as part of the PSH model, and those to which residents were referred. Nonetheless, challenges at multiple levels make it difficult to effectively engage residents in services.

“THERE'S A LOT OF REALLY FLOWERY DESCRIPTIONS OF THESE PROGRAMS, BUT YOU KNOW, YOU ORDER A HAMBURGER AT MCDONALD'S AND WHAT IT LOOKS LIKE ON THE MENU IS FANTASTIC. BUT WHAT YOU ACTUALLY GET IS A HALFWAY SMASHED THING WITH THE SECRET SAUCE COMING OUT THE SIDE, AND THAT'S WHAT WE HAVE [HERE]. THE RESOURCES, COMMUNITY RESOURCES IN GENERAL, ARE MINIMAL TO NOTHING. AND WE DON'T HAVE ALL THE COMPONENTS OF OUR PROGRAM THAT WE'RE SUPPOSED TO HAVE. THAT MAKES IT TOUGH.”

- SERVICE PROVIDER

Relationships with service providers

Overall, the relationship between residents and various service providers was a positive one. At times residents expressed feeling frustrated that they perceived few consequences for bad behavior on site and felt that more neutral mediation from staff between neighbors during conflict would benefit the complex. There was a recurring theme from residents that they have to do everything just right (follow all rules, keep resident managers happy) in fear of losing their housing. This perspective from the residents was contrary to what we heard from the service

providers, who described going to great lengths to keep each resident housed. Residents felt that having a 24/7 onsite resident manager promoted better behavior among the residents.

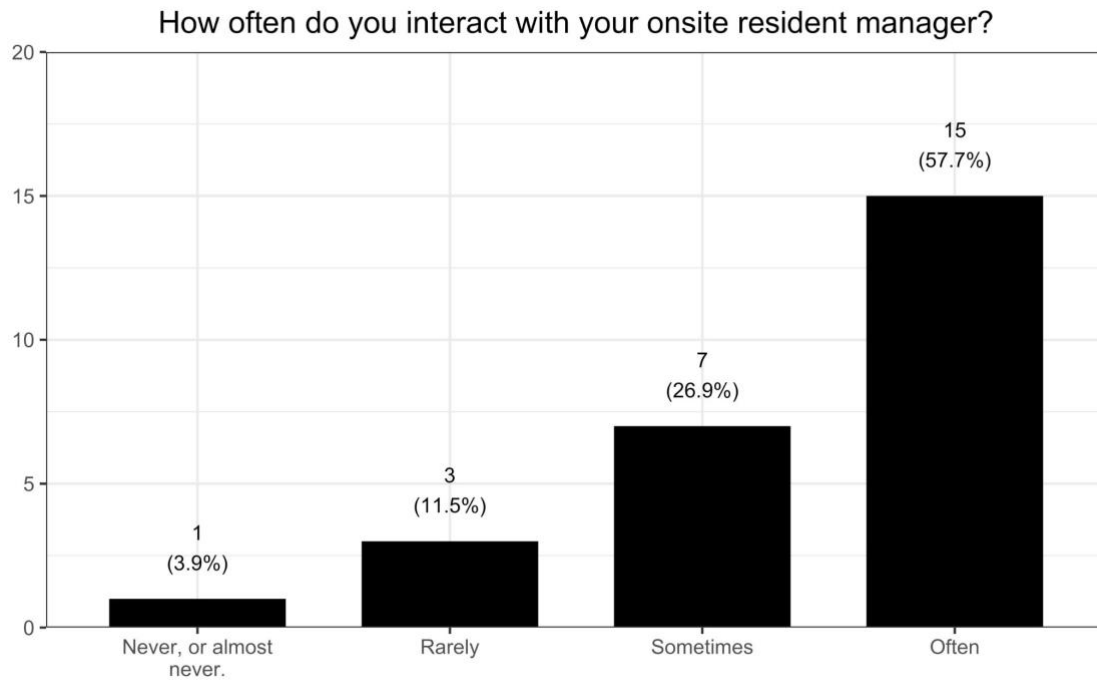


FIGURE 3

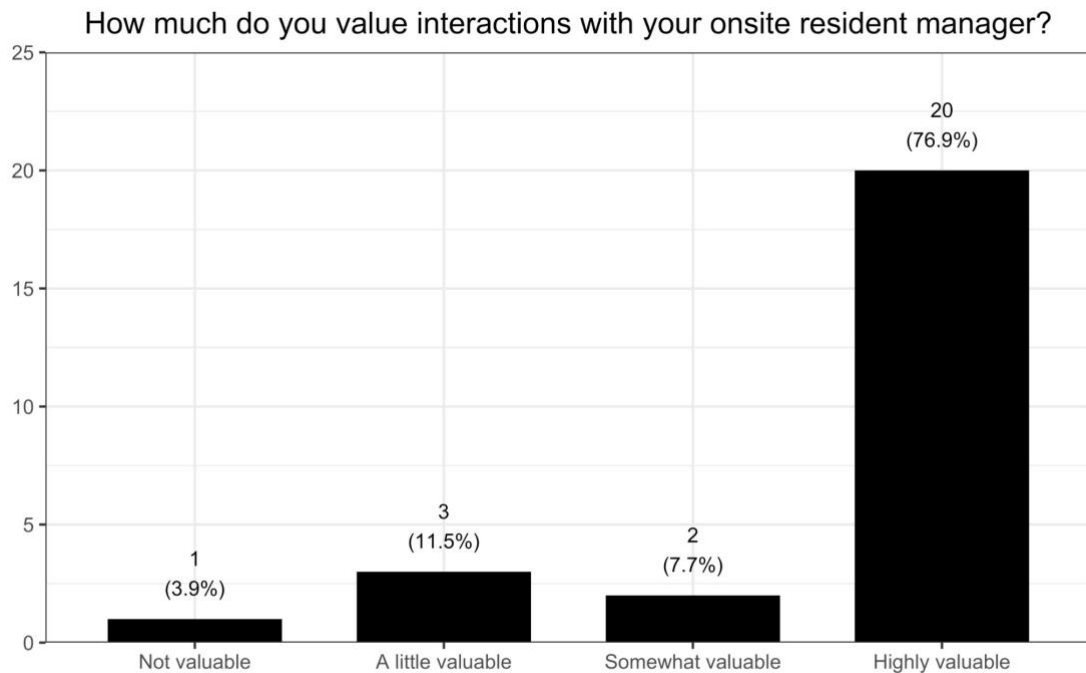


FIGURE 4

Figures 3 & 4 show that respondents reported interacting with their onsite resident manager often and over 75% found those interactions highly valuable. In contrast, attendance at onsite activities was lower.

Challenges with service delivery

Residents expressed frustration not only about the general limits on services and activities during the COVID-19 pandemic - a complaint echoed by service providers - but specifically mentioned parenting, art, and increased access to substance use treatment as desired services or activities. In contrast, service providers expressed the view that residents themselves were reluctant to engage in activities, even when those activities were available. Sometimes service providers attributed this to diverse resident interests, but at other times providers suggested that it was due to a lack of motivation or lack of engagement with the model.

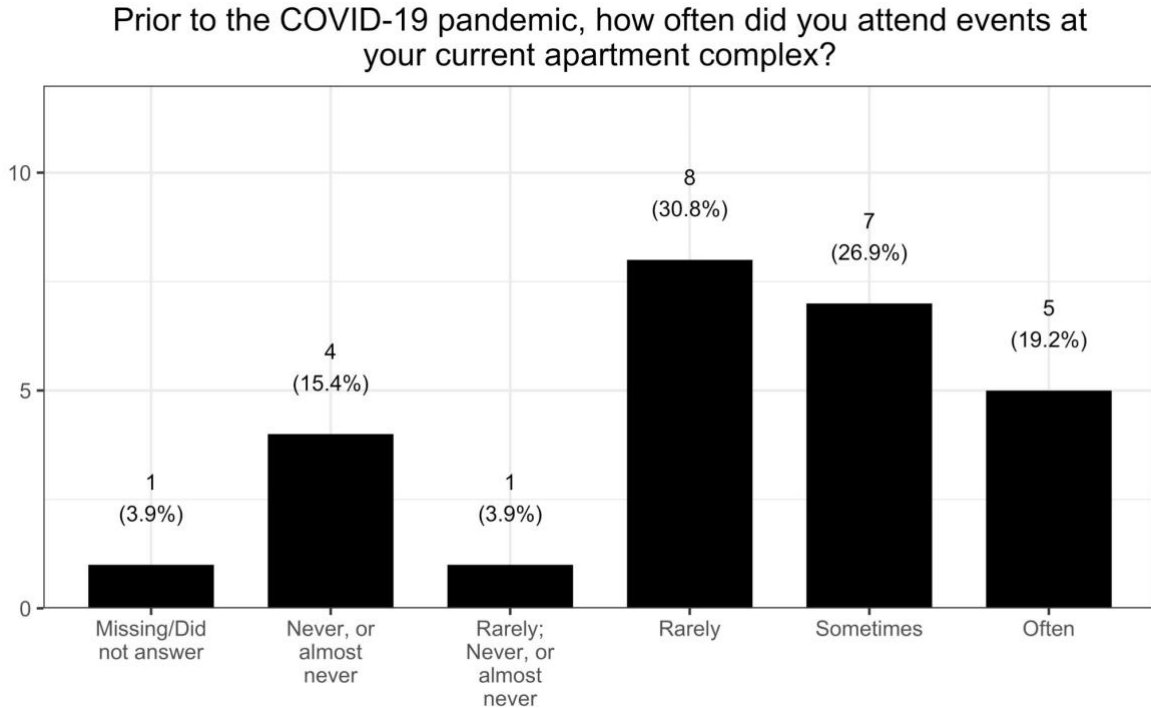


FIGURE 5

The burden of the program ultimately falls on case managers and, especially, on-site managers, who end up plugging unforeseen gaps in resident needs. One resident mentioned getting a ride to recycling from a BCBH case manager on the day of the interview.

The role of on-site managers is particularly expansive; managers deal with anything that happens on-site, at all hours, including situations that might require immediate action to protect safety. One resident complained that an on-site manager was untrained in crisis management/behavioral health – issues that are outside of the manager’s official role, but which inevitably arise. On-site managers’ own views of their role ranged from fully embracing these duties, as a quasi-social worker, to thinking of themselves more as a typical apartment manager would.

“[NAME OF ONSITE MANAGER] APPROACHES IT MORE AS A PROPERTY MANAGEMENT TYPE SITUATION, AND IF IT HAS TO DO WITH ANYTHING BEHAVIORAL AT ALL, THEY WILL REFER TO THE CRISIS LINE OR WHATEVER. AND SO OUR CASEWORKER FROM BEHAVIORAL HEALTH, SHE DOESN'T ANSWER HER PHONE...AND SHE ISN'T ALWAYS AVAILABLE AND SHE CAN'T COME OVER RIGHT AWAY...THERE IS SUPPOSED TO BE THAT LAYER OF EXTRA HELP OR ASSISTANCE, OR, YOU KNOW, JUST SOMEONE CLOSER THAT IS A LITTLE MORE EXPERIENCED WITH WHAT WE'RE GOING THROUGH. SO THAT WE CAN HAVE THAT TYPE OF A PERSON AROUND, SOMEBODY TO LOOK UP TO OR SOMEBODY TO MODEL WHAT WE NEED TO BE DOING.”

- RESIDENT

Butte County Behavioral Health

In surveys, residents overwhelmingly reported interactions with their BCBH case managers as helpful. Figure 6 shows that over half of residents responding saw their BCBH case worker at least 2-3 times a month with the majority reporting weekly visits. Figure 7 shows that nearly 70% of respondents reported that visits from their BCBH case worker are very helpful.

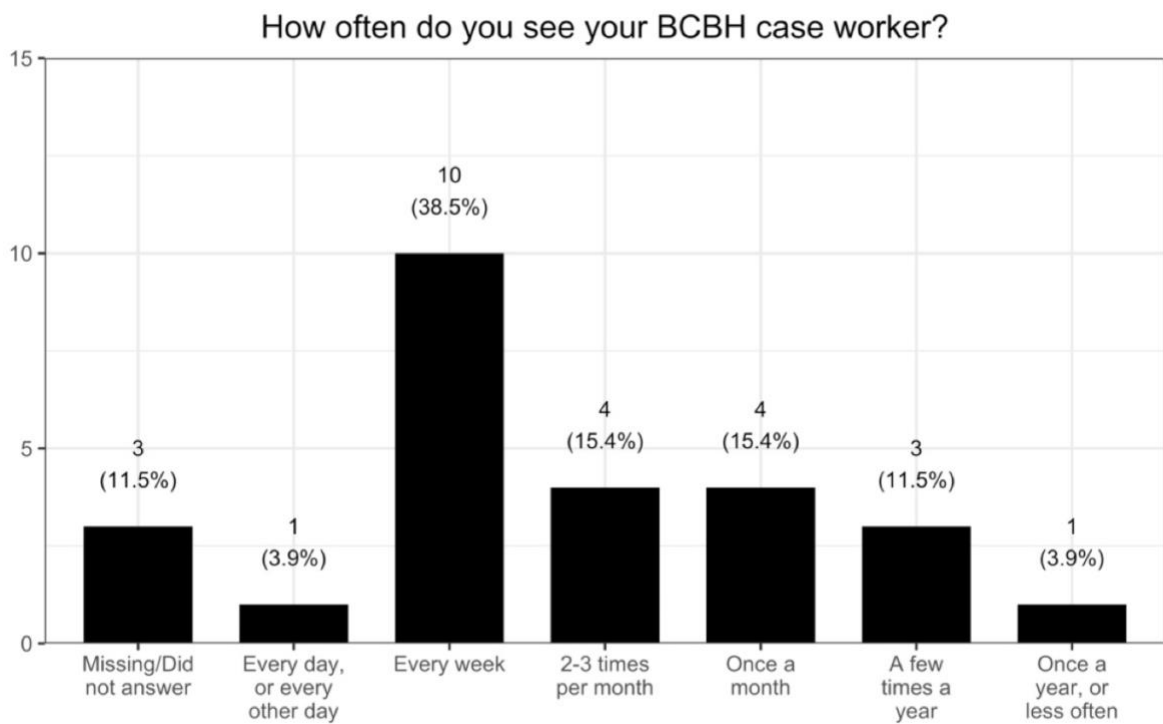


FIGURE 6

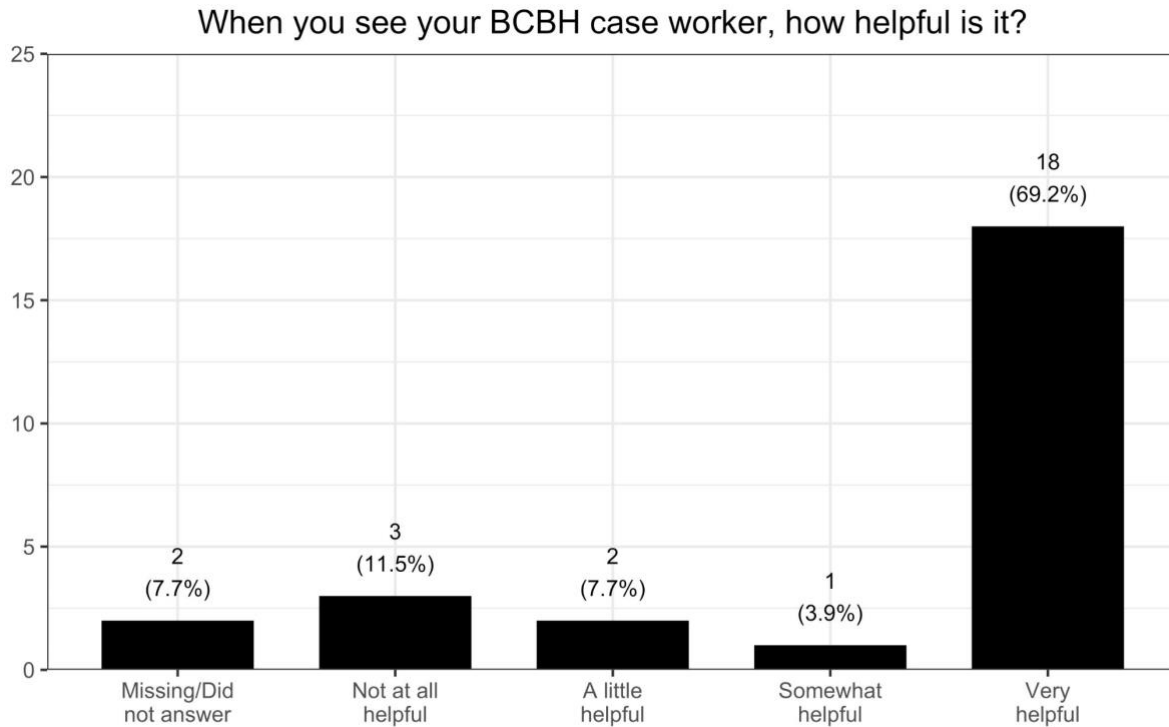


FIGURE 7

At least one resident mentioned not knowing anything about the “supportive” aspect of housing, and claimed not to have a case manager. Although all eligible residents must have a BCBH case manager at entry, there is no requirement to remain in contact with that service provider after move-in. In contrast, residents sometimes have a pre-existing relationship with their BCBH case manager at the time of move-in, and such relationships were considered helpful by several service providers.

Some service providers expressed the view that there are plenty of services available for residents who are motivated to take advantage of them. In these providers’ view, those residents who avail themselves of services can make significant life changes, although not all residents do take advantage of these opportunities.

“WELL, THERE'S A LOT OF HELP OUT THERE. YOU HAVE TO ASK FOR IT. YOU HAVE TO WANT IT. YOU HAVE TO DO YOUR PART. YOU RAISE YOUR HAND, ASK FOR HELP. AND IF YOU DON'T DO ANYTHING, NOTHING'S GOING TO CHANGE.”

- SERVICE PROVIDER

Other Valued Services

Other services offered as part of PSH were also considered valuable by residents and service providers. Supported employment, for example, was mentioned by several service providers and residents as a meaningful service, while service providers also emphasized the importance of medication management and payee services as key to maintaining residents' stability in their housing. Multiple service providers emphasized the importance of activities that served a primarily social function and facilitate resident interactions, such as conversations with the on-site manager or riding bikes with the peer advocate.

In addition to services constituting part of PSH, activities and services available elsewhere in the community were also highly valued by service providers and desired by residents. For example, residents and staff placed a high value on the services offered by community resources such as the Iverson Center.

“IVERSON HAS BEEN A GODSEND, BECAUSE THAT'S HOOKED IN WITH MENTAL HEALTH. SO IT'S MAINLY PEOPLE WITH CO-OCCURRING DIAGNOSES THERE. AND I ALSO FOUND A ZOOM MEETING DUAL DIAGNOSIS ANONYMOUS AT FIVE O'CLOCK. AND THAT'S REALLY GOOD, BECAUSE I WAS DRINKING A LITTLE AT NIGHT. AND THAT'S DANGEROUS.”

- RESIDENT

Unique Advantages to Service Delivery in Permanent Supportive Housing

Several service providers noted the challenge offering services in a pre-housed environment relative to in PSH. When clients are unhoused, it is harder to locate clients, and harder to focus on long-term goals (such as quitting substances, or rebuilding relationships), due to the instability of that living situation. For example, an unhoused client might be unwilling to take medications, knowing that the side effects could be unsafe to experience on the street. On the other hand, BCBH case managers noted that sometimes people in PSH do not require the same frequency of support as unhoused clients or those in board-and-cares⁵ or transitional housing.

⁵ Board and care homes are a form of long term care. They are typically private residences. Rooms may be private or shared. Residents receive some personal care and meals. Nursing and medical care usually are not provided on site (Residential Facilities, Assisted Living, and Nursing Homes, 2017).

ARE PSH PROJECTS IN BUTTE COUNTY ABLE TO EFFECTIVELY RETAIN TENANTS?

WHAT CHALLENGES DO PSH PROJECTS FACE IN RETAINING TENANTS?

WHAT FACTORS CONTRIBUTE TO SUCCESSFULLY RETAINING TENANTS?

While some residents viewed their new apartment as permanent, others viewed it as a temporary landing spot. The average length of stay ranged from 9 months to 3.5 years. Regardless, service providers and resident managers work collaboratively to keep residents housed.

	Avenida Apartments	Base Camp Village	Valley View
Current residents' average length of stay ⁶	3.4 years	9 months	1.8 - 2.4 years

Service Provider Coordination

Service providers appreciated the ability to collaborate with each other in working with the same clients. Because resident managers are on-site 24/7 and are an explicit part of the model, BCBH case managers typically know more about their clients in PSH than clients who reside in other settings, enabling any problems to be addressed earlier. On the other hand, on-site managers appreciated having the ability to call a case manager when behavioral health issues arose. In addition, the contributions of other service providers contributed to an overall sense that the program was more than the sum of its parts. For example, one interviewee mentioned that service providers who are *not* case managers (e.g. on-site managers, peer

⁶ Estimates for average tenure at Avenida Apartments and Base Camp Village were provided by Caminar. The estimate for Valley View was derived from information provided by the on-site resident manager, and based on the researchers' assumption that 5 residents have been at Valley View "since the beginning," (June 2017) and the remainder average between 6 months (low end of range) and 18 months (high end of range) of tenure. It should be noted that Base Camp Village had only been operating since March 2020, limiting the amount of time any one resident could have been present.

advocates, etc.) are more free than case managers to offer services that are not Medi-Cal billable, which can help build community on site and help clients build social skills.

“OH, SO THE MAIN EMPLOYEES FROM [NAME OF HOUSING COMPLEX] OR [NAME OF AGENCY] WOULD BE AT THAT MEETING ONCE A WEEK. AND SO WE COULD TALK ABOUT ISSUES YOU KNOW WHO'S DOING WHAT[...]MAINLY FOR CONTINUITY. SO I COULD EXPRESS, 'THIS CANDIDATE THAT'S BEEN STRUGGLING FOR THIS WEEK, THIS IS THE CHANGE IN BEHAVIOR THAT I SEE, THAT'S DIFFERENT FROM THEIR BASELINE.' SO THEN YOU KNOW THAT THEIR CASEWORKER CAN REACH OUT MAYBE SPEND A LITTLE BIT MORE TIME OR DO A MED CHECK OR SOMETHING LIKE THAT.”

- SERVICE PROVIDER

Challenges to retaining residents

Although residents of PSH were able to make positive changes in many areas of their lives, substance use was mentioned repeatedly by service providers and residents alike, due to unique challenges around recovery and treatment. Residents with substance use disorders (SUD) were perceived by interview participants (both residents and service providers) as more challenging to house. Interviewees noted that residents who are actively using substances often engage in behavior that is dangerous and/or disruptive to neighbors, placing not only their own housing at risk but that of others. Substance use was cited as a common underlying cause of behaviors most likely to lead to eviction. Residents and service providers also noted that residents may feel an obligation to individuals who do not live on-site and may allow those individuals to use their apartment for drug use and drug dealing, which has detrimental effects

on neighbors. One resident described their neighbors allowing others to continuously use their apartment as a “flop house” - letting people from their street families stay for long periods of time.

“THERE WAS (NEIGHBOR RESIDENT) WHO LIVED RIGHT IN THE APARTMENT RIGHT NEXT TO ME ON THE RIGHT. AND SHE WAS NOT ONLY A DRUG ADDICT, BUT SHE WAS ALSO THEIR DEALER, AND AT THAT TIME WHEN SHE WAS HERE, THERE WERE 10 METHAMPHETAMINE DRUG ADDICTS ON THIS PROPERTY, AND THEY CAME IN AND OUT, DAY IN AND DAY OUT, SLAMMING THAT GATE ALL NIGHT LONG, SO YOU COULDN'T SLEEP. NONE OF US COULD SLEEP.”

- RESIDENT

Treatment

Service providers also made comments about the challenge of engaging residents in substance abuse treatment. Service providers - and a couple residents - who completed interviews considered most residents with substance use disorders to be uninterested in treatment, which was a major barrier to successful housing. This was in contrast to the few residents who mentioned treatment, who generally found resources helpful.

“YOU KNOW YOU TREAT THE MENTAL ILLNESS BUT THEY DON'T EVER WANT TO TREAT THEIR ADDICTION. IT'S VERY HARD TO GET THEM TO DO IT AND WE CAN'T MAKE THEM TREAT THEIR ADDICTION. YOU KNOW, IT'S EASIER TO MAKE SOMEBODY TREAT THEIR MENTAL ILLNESS BECAUSE THEY CAN BECOME CONSERVED [...] SO WE FIGHT THAT CONSTANTLY AND WE'RE LIKE, 'WE'D REALLY LIKE YOU TO GO TO THAT DRUG TREATMENT PROGRAM,' BUT THEY'RE LIKE, 'I DON'T WANT TO DO THAT.'”

- SERVICE PROVIDER

Service providers discussed system-level barriers to substance abuse treatment, but were not unanimous in their assessment. While some service providers discussed challenges finding appropriate treatment and problematic hurdles, others expressed that they are typically able to link motivated residents with substance abuse treatment.

“I MEAN DRUG MEDI-CAL ITSELF IS VERY RESTRICTIVE, SO THEY CAN ONLY DO GROUPS, THEY CAN ONLY DO CERTAIN THINGS. IT'D BE GREAT IF WE COULD HAVE DRUG COUNSELORS THAT COULD GO IN THE HOME. THAT'S NOT HOW THE FUNDING FOR DRUG MEDI-CAL WORKS. SO, THAT IS MORE OF A BUREAUCRATIC PROBLEM[...] THERE'S NO DETOX, RESIDENTIAL IS EXTREMELY EXPENSIVE. SO IT'S ALMOST LIKE WE'RE SET UP FOR PEOPLE TO CONTINUE TO USE.”

- SERVICE PROVIDER

OUTCOME EVALUATION FINDINGS

DOES PSH RESULT IN INCREASED HOUSING STABILITY FOR RESIDENTS EXPERIENCING HOMELESSNESS?

Residents expressed a general sense of stability, security, and peace of mind due to their housing. In general, residents were able to worry less and to focus on other things like building a routine, pursuing their own goals and needs, working, or managing health conditions. Residents described sobriety and keeping appointments in particular as being very challenging in the absence of housing. A number of residents and service providers pointed to one facet of the program or another – ranging from site rules to substance abuse treatment – as a source of stability.

Service providers noticed an improvement in residents' moods right after move-in, credited to the basic safety and stability their own housing unit gives them. Feeling respected and protected by the resident managers and complex security as a whole contributes to a feeling of safety for the residents; waking up and feeling safe instead of worrying about their person or property. Residents appreciated the security at the units (gate, cameras) and said it contributed to them waking up feeling safe and stress free.

Some residents did not envision themselves remaining in PSH, including a Camp Fire survivor looking to return to Paradise, but many felt stable at their current residence, stating that they felt more comfortable and secure than in prior living situations. A number of service providers stated that stability was the primary goal of the services they provide.

“INITIALLY I WAS FOCUSING MORE ON MY HEALTH AND GETTING MY MEDICATION AND EVERYTHING STABILIZED. AND SO IT TOOK AWHILE FOR THAT TO HAPPEN. AND THEN I WAS ABLE TO GET A JOB. I’VE BEEN SOBER FOR 49 DAYS. SO THAT’S BEEN THE NEXT STEP. SO NOW I’M JUST TRYING TO WORK AS MUCH AS I CAN AND SLOWLY START ACCUMULATING SOMETHING. WHEN I MOVED IN HERE I JUST HAD A BACKPACK, I DIDN’T HAVE ANYTHING. SO JUST TRYING TO WORK AS MUCH AS I CAN AND ACCUMULATE A FEW THINGS, FURNITURE AND THAT KIND OF THING OF MY OWN SO THAT I CAN MOVE OUT. SO THAT’S MY NEXT GOAL. MOVING. MOVING ON.”

- RESIDENT

HOW DOES THE STABILITY OF HOUSING CHANGE RESIDENTS' DAILY ACTIVITIES OVER THE SHORT- AND MEDIUM-TERM?

Finding a safe place to sleep while homeless was a constant struggle. Residents spoke of needing to protect themselves from thieves, being woken up by law enforcement, and being preyed on by men. Before moving in, residents constantly feared for their safety and were “on guard all the time.” They did not take their psychiatric medication in fear of sleeping too deeply and used stimulants to stay awake at night to protect themselves. A number of residents (and some service providers) described substance use as an integral part of their experience of homelessness. Unsheltered individuals may have a higher prevalence of mental illness and co-occurring substance abuse, but many people experiencing homelessness also use substances intentionally, as a strategy for staying safe at night or to deal with the stress of homelessness.

“I WOULD SAY THAT I THINK MY HOMELESSNESS WAS A BIG PART OF MY MENTAL ILLNESS. AND CAUSE ALONG WITH THE, YOU KNOW, DEPRESSION, ANXIETY, WHICH I DO BELIEVE I'VE HAD ALL MY FREAKIN' LIFE. AND CONSEQUENTLY, I'VE MADE A LOT OF BAD DECISIONS, ESPECIALLY SURROUNDING DRUGS AND ALCOHOL THROUGH MY LIFETIME. YEAH, AND I DO BELIEVE THAT BEING HOMELESS WAS A BIG PART OF THAT - WHEN I WAS OUTSIDE. DURING THOSE TIMES, I WOULD DRINK EVERY DAY. HAD TO.”

-RESIDENT

Residents and service providers indicated that PSH enables some residents to stop using substances by removing the underlying reason for their substance use (i.e.

homelessness). On the other hand, some residents report using substances to deal with the relative boredom in PSH, especially during the COVID-19 pandemic. Residents often suggested more activities might be a solution to this problem of boredom.

“I THINK THE CHALLENGE HERE TO THE COMMUNITY AS A WHOLE IS THAT NO ONE WORKS. AND SO EVERYONE HAS SOMEONE ELSE HERE IN THE COMPLEX TO EITHER HATE, TALK ABOUT, COMPLAIN ABOUT, OR GET A FIXATION ON.”

- RESIDENT

A sense of purpose for the residents - such as owning small personal house-hold things, having a friend, regularly talking to a neighbor, or working in supported employment - was seen as an end in and of itself. Having this sense of purpose has the ability to shift a resident's focus off of their mental illness. Conversely, when residents have too much unstructured time, they get bored, lose their sense of purpose and may turn to harmful behaviors like drug use.

“I DRINK BECAUSE I GET BORED. I DRINK. YOU KNOW, I'M AN ALCOHOLIC. I DRINK FOR NO REASON. I JUST MAKE UP EXCUSES.”

- RESIDENT

Relationships

Multiple residents spoke about how their family members were not able to be a part of their lives while they were homeless due to circumstances including addictions, living situation, and unhealthy or harmful behavior. Once housed, some residents were able to reconnect with their children and families again. Joining in an interview, an adult child of one resident said: “She was getting in trouble. She was in jail a couple times. And she hid a lot more stuff from us too. Relationships with at least three of her kids have gotten better since she’s been here because she is more stable.”

Relationships with neighbors

Both residents and service providers talked about a spectrum in terms of levels of interaction with other residents on site. At one end of the spectrum are residents who fail to maintain boundaries, and allow neighbors and others to use their apartment, sometimes in harmful ways. At the other end are residents who isolate themselves, possibly hindering their recovery or skill development. Residents can be easily influenced by other residents - both positively and negatively and this is challenging for those working on sobriety and exposed to substance use on site. A goal of the service providers is to create a middle ground on site that fosters a sense of community among residents.

How often do you interact with your neighbors in your current apartment complex?

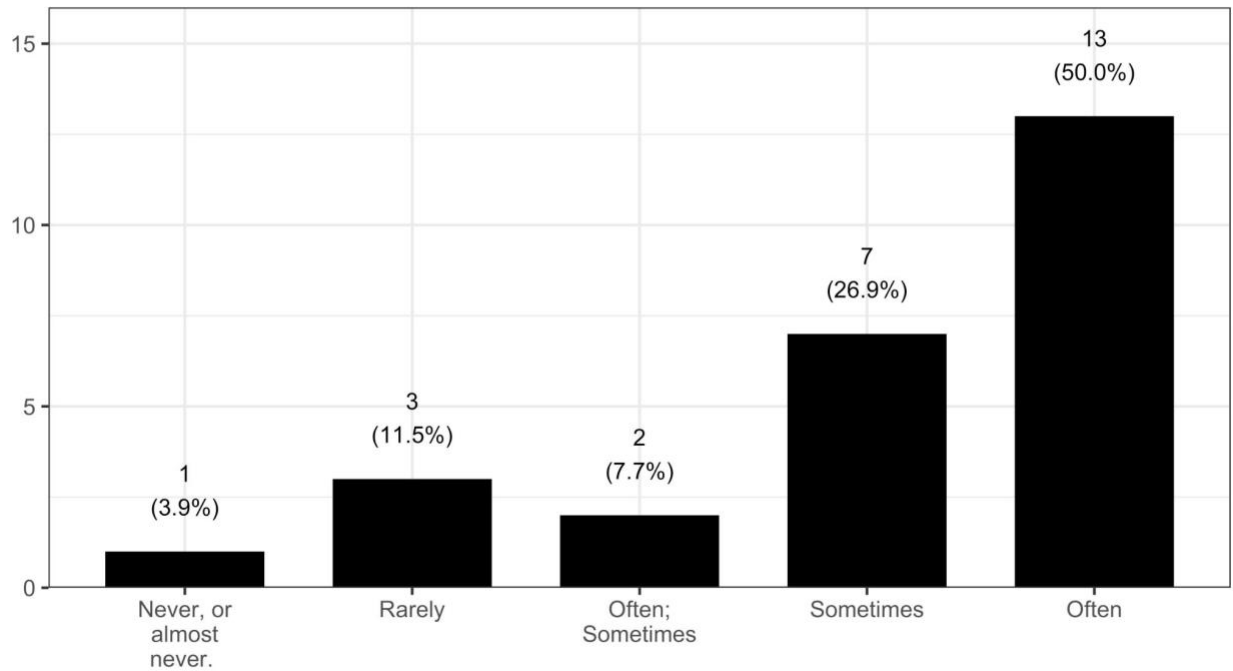


FIGURE 8

Figure 8 shows that over 75% of respondents reported interacting with their neighbors either sometimes or often.

Relationships with neighbors vary. Some residents do not get along with neighbors, either because of personality differences or unmanaged mental illness. Alternatively, others expressed feeling a sense of community because they see the same people every day and say hello to each other. This created a sense of accountability, for example, to know if your neighbor was not home but was expected back later in the evening.

DOES PSH RESULT IN DECREASED CONTACT WITH THE CRIMINAL JUSTICE SYSTEM?

There was a minimal decrease in the amount of arrests and citations pre and post housing. Most notably, the amount of respondents indicating 3-5 arrests/citations a year after housing decreased to zero. However, the vast majority of residents did not report any criminal engagement in either the year before or the year after move-in, and residents did not discuss criminal justice involvement in their interviews.

Number of arrests or citations by police one year prior and post move-in to current apartment.

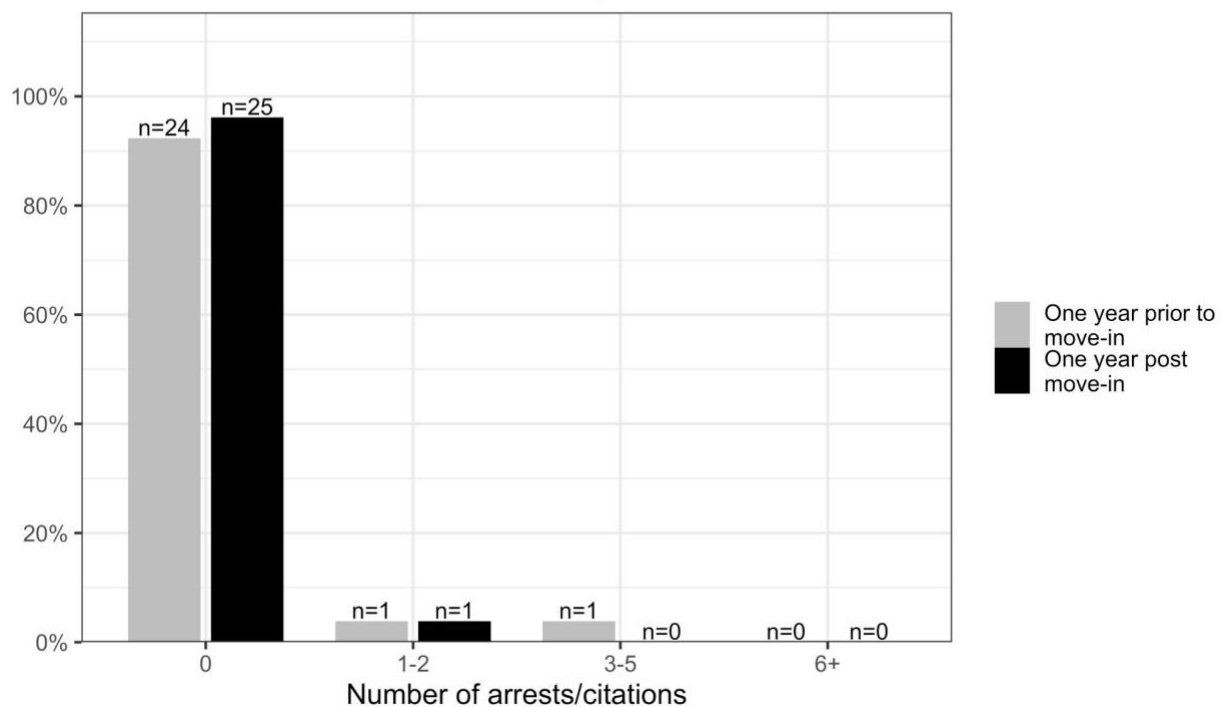


FIGURE 9

DOES PSH RESULT IN INCREASED RATES OF EMPLOYMENT FOR TENANTS?

Table 3 shows a modest decrease in employment post housing. While vocational training programs are not offered exclusively to residents of the three sites, a third of the survey respondents did report participating in a work training program.

Of the respondents who reported participating in a work training program, over half found the program very helpful. Service providers spoke about the sense of purpose and self-worth that some supported employment participants derive from the program, even if participation does not ultimately result in community employment.

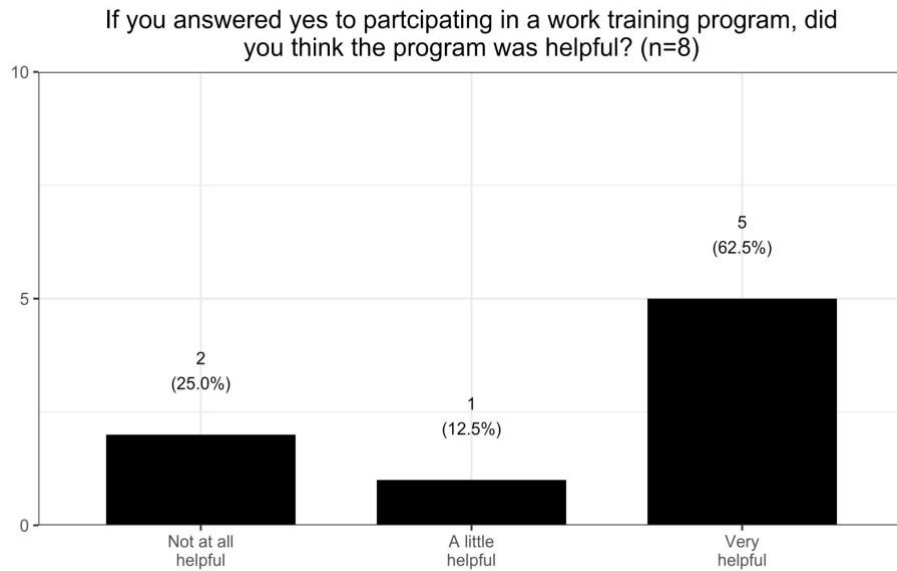


FIGURE 10

TABLE 3

Employment status among participants		
	n	%
Currently employed	3	12%
Employed pre-PSH	4	15%
Have participated in work training program	8	31%

Percentages sum to less than 100% due to missing responses.

DOES PSH RESULT IN IMPROVED HEALTH OUTCOMES FOR TENANTS?

“I’M A DIABETIC AND I HAVE TO ATTEND TO MY DIABETES CONTINUALLY. AND I’M ABLE TO DO THAT HERE. BEFORE, I WAS VERY MUCH DISTRACTED AND WOULD FORGET THINGS MORE. BEING SETTLED DOWN, I CAN WORK MYSELF INTO A RHYTHM, WHICH YOU REALLY NEED AS A DIABETIC. SO YEAH, BEING SETTLED HERE HAS HELPED WITH THAT HEALTH CONDITION.”

- RESIDENT

Physical health

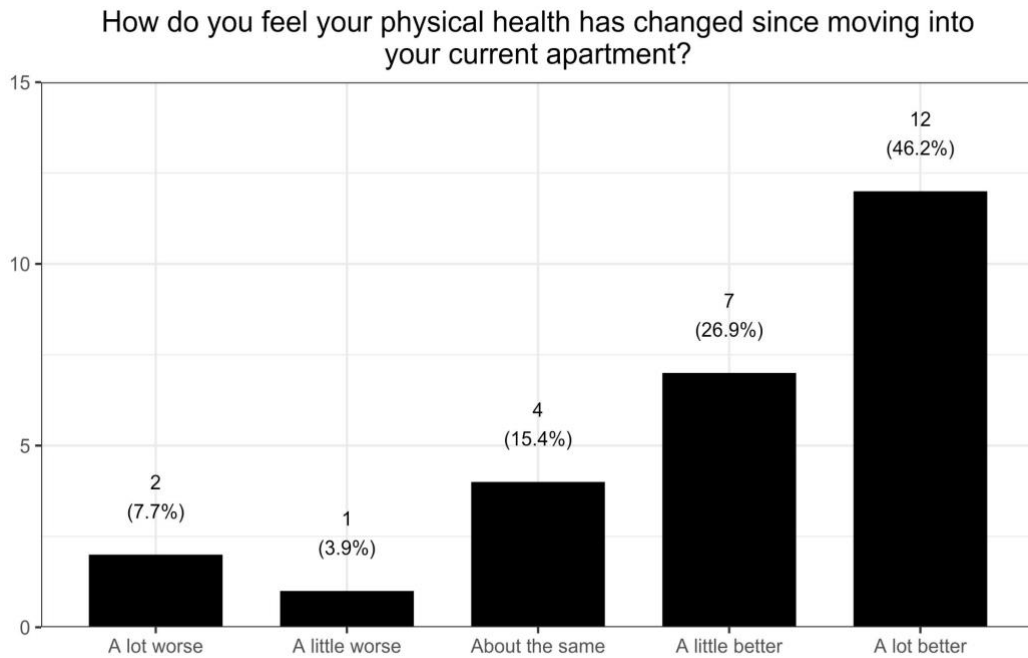


FIGURE 11

About three quarters (73%) of the respondents reported that their physical health has improved since moving into their apartment. Conversely, about 10% of respondents indicated their health has worsened since moving into their apartment. Respondents included the

following explanations for the change or status quo of their physical health⁷: I'm not exposed to the elements. There is less stress in my current environment; I am doing a lot less physical work; I have the ability to electively exercise; I am in a new town; I am able to walk, exercise, and take better care of myself to provide for my meals; I have less pain in my knee; I sort of don't care.

Residents report that their physical health improves simply by having a daily routine in place of sleeping and waking in the same place. Some residents move into their apartment with very poor physical health. For those residents with multiple unmanaged chronic conditions such as diabetes and Hepatitis C, getting connected to health care is a primary goal for service providers.

As a whole, improvement in physical health was not emphasized by resident interviewees. When it came to health, residents' emphasis was on a reduction in mental health symptoms and overall stability.

Mental health

“MY MENTAL HEALTH BEFORE WAS VERY CHAOTIC. HIGHS AND LOWS. UPS AND DOWNS. VERY CHAOTIC. I LIVED ONE MOMENT AT A TIME, ONE MINUTE AT A TIME. AND LIVING LIKE THAT'S NOT A WAY TO LIVE. HERE I DON'T HAVE TO LIVE LIKE THAT. I HAVE A ROUTINE EVERY DAY AND I STICK TO THAT ROUTINE, AND WITHOUT ROUTINE, I'M LOST. AND WHEN I WAS HOMELESS, I WAS LOST.”

- RESIDENT

⁷ Responses edited for clarity.

How do you feel your mental health has changed since moving into your current apartment?

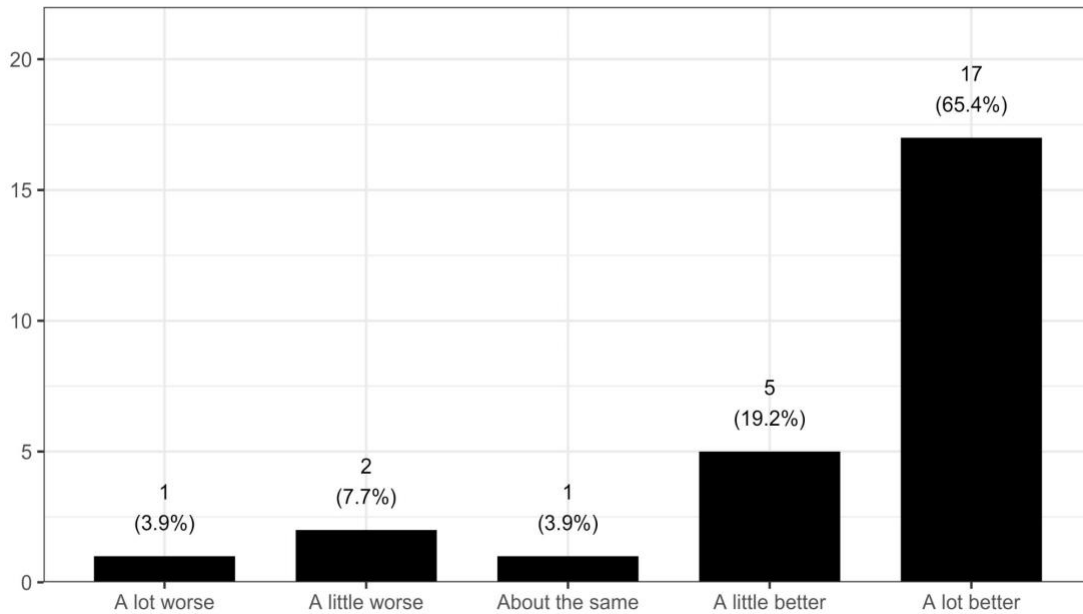


FIGURE 12

85% of respondents indicated that their mental health has improved since moving into their current apartment. Conversely, about 10% of respondents indicated their mental health has gotten worse since moving into their apartment.

Numerous service providers said that the experience of being homeless exacerbates existing mental health conditions. This sentiment was confirmed by multiple residents who stated their mental health conditions worsened while they were homeless, and that they were able to stabilize their mental health once being housed. Having their own place allows residents the mental space to address their mental illness and focus on mitigating other issues in their life. A handful of residents expressed feeling stigmatized because of their status as being a BCBH client and having a mental illness.

Residents working with BCBH case managers acknowledge that this work is helpful for them and that their mental health has improved since moving in, including a reduction in suicidal

thoughts. While homeless, keeping appointments and staying actively engaged with behavioral health was very difficult.

Both service providers and residents stated that getting the dosage right of psychiatric medications is a delicate balance that takes time to get right. During this trial and error process, some residents felt they were tired and unmotivated, likely due to their medications. Medications make a big difference for how much each resident can participate and be present with others. Service providers continued to stress that if engaging in BCBH services were required, residents would be more successful in maintaining housing.

DOES PSH RESULT IN REDUCED HEALTH CARE UTILIZATION?

“NOW THAT I’M STABLE I’VE SEEN A DOCTOR. WHEN I WAS HOMELESS, WHY SEE A DOCTOR WHEN I CAN’T EVEN KEEP AN APPOINTMENT? BECAUSE YOU MIGHT HAVE LOST YOUR PHONE, OR YOU DON’T HAVE A PHONE TO TELL YOU WHEN YOUR APPOINTMENT IS. WHEN YOU’RE HOMELESS YOU DON’T GET TO DO THINGS LIKE THAT. YOU DON’T GET TO MAKE YOUR APPOINTMENTS ALL THE TIME. BUT NOW THAT I’M HERE, I CAN MAKE MY APPOINTMENTS AND DO EVERYTHING I THINK NORMAL PEOPLE DO.”

- RESIDENT

Overall, residents had little change in their ED use after moving into PSH. Nine residents had the same number of ED visits in the year before and the year after move-in, while six residents saw an increase and five saw a decrease. However, residents visited the ED more frequently for non-emergency issues and injuries after move-in than before, while fewer ED visits were emergencies that could not have been prevented through primary care. Note that some visits remained unclassified.

A very small number of residents account for the vast majority of ED visits. In fact, the same three residents accounted for 61% of all ED visits in the year prior to move-in, and 54% of ED visits in the year after move-in. Summaries of each patient's visits to the ER reveal that residents commonly use the ED for issues that could be resolved through outpatient care, and sometimes in apparent attempts to obtain pain medication. However, researchers also noted that residents have a number of serious health and psychological issues that contribute to a need for health care. Beyond the three residents who account for most ED use, several other

residents appear to have both physical and behavioral health issues, and in many instances, both types of conditions might contribute to the rationale for an ED visit in a way that is even difficult for ED clinicians to disentangle.

	One Year Prior to Move-In	One Year After Move-In
Total ED Visits	36	37
Non emergencies	11	17
Emergencies, but preventable or avoidable	1	1
Emergencies, not preventable	10	3
Injury	1	5
Psychiatric	7	6
Substance (Alcohol/Drug)	2	0

Butte County Behavioral Health Psychiatric Hospitalization and Crisis Service Use

BCBH data analysts calculated the use of crisis services⁸ and psychiatric hospitalizations⁹ among residents during the year prior to move-in and the year after move-in. The Crisis Services division within BCBH is home to several crisis teams, including a Mobile Crisis Team, a Crisis Response Team, and a Crisis Triage Connect Team. The BCBH psychiatric health facility is a 16-bed facility for adults who require acute care for a mental illness.

⁸ The Mobile Crisis Team that co-responds to acute crises with law enforcement and provides outreach; a Crisis Response Team that responds to our local hospitals, schools, and sees walk-ins at Crisis Services, this team also answers the 24/7 Access/Crisis Line; and a Crisis Triage Connect Team which provides intensive case management up to 60 days after a psychiatric hospitalization.

⁹ The average length of stay in the PHF is 3-5 days. Patients may be admitted if they are a danger to themselves or others or are gravely disabled due to a mental illness and cannot provide food, clothing, or shelter. BCBH contracts with PHF's in neighboring counties and patients are transported to an 'outside county' PHF when; patients present with serious physical health co-morbidities, the BCBH PHF is at capacity, or for insurance related purposes. The data collected for this report included these 'out of county' hospitalizations.

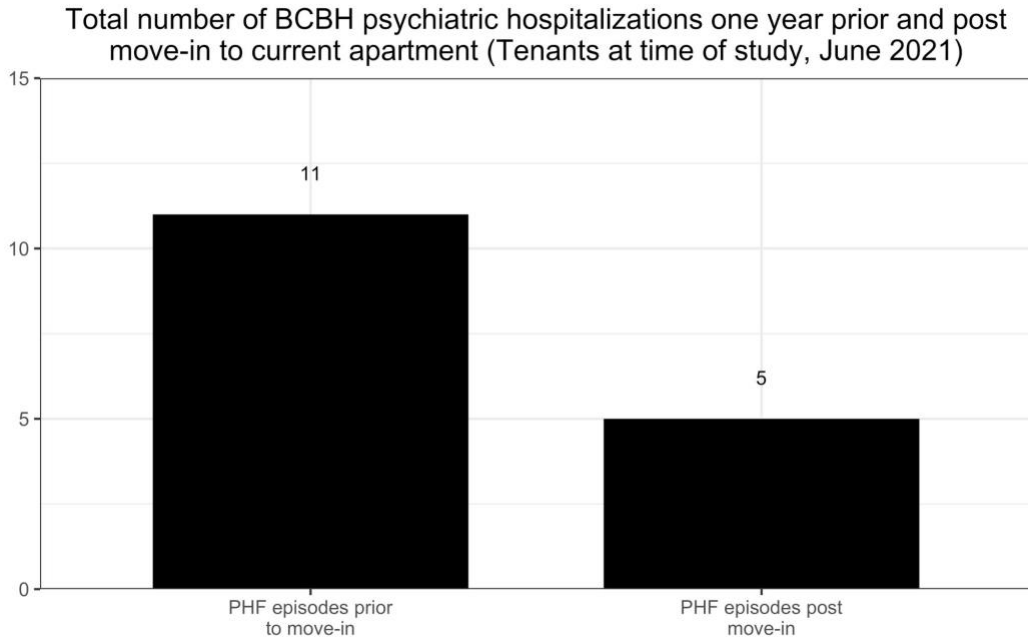


FIGURE 13

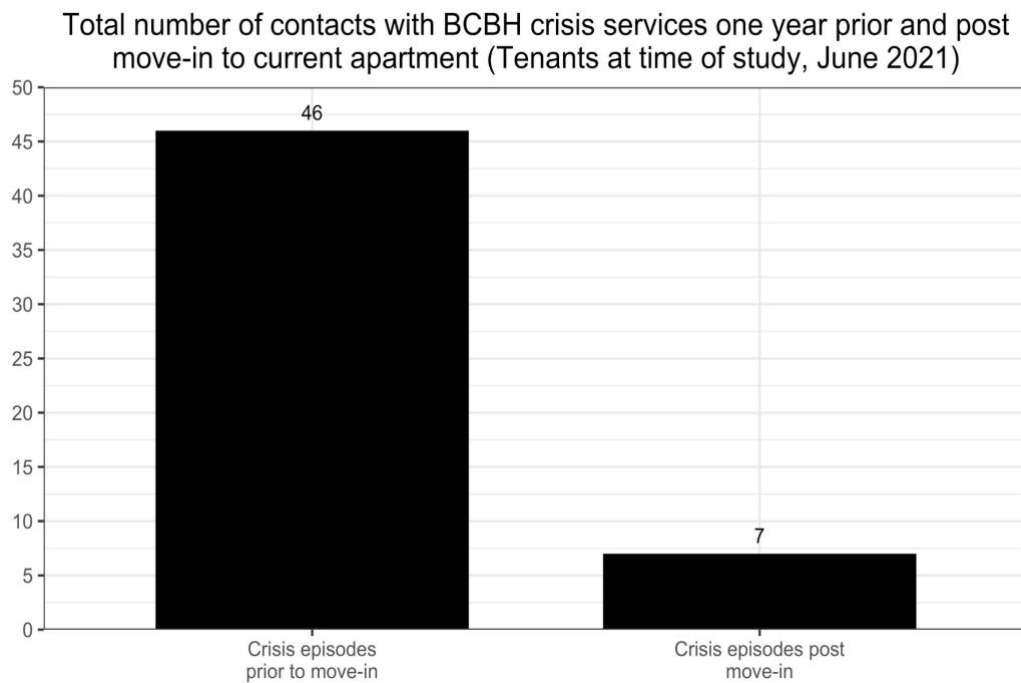


FIGURE 14

Figure 13 demonstrates a 54.5% reduction in PHF hospitalizations from one year before and one year after entry to PSH. Figure 14 shows an 84.8% reduction in BCBH crisis service utilization from one year before entry and one year after entry to PSH.

Notably, seven residents decreased their crisis service use from 4+ times the year prior to entry to zero the year post entry to housing. It should be noted that the majority of residents did not access crisis services or a PHF. Twenty-four residents had zero crisis episodes the year prior and post entry to housing. Twenty residents had zero psychiatric hospitalizations the year prior and post entry to housing.

DOES PSH RESULT IN IMPROVED QUALITY OF LIFE?

“WELL THAT'S LIKE NIGHT AND DAY, BEING HOMELESS, HAVING NOTHING. NO SECURITY, NO SUPPORT OR ANYTHING. AND ONCE I MOVED IN HERE, EVERYTHING FLIPPED OVER. I HAVE SUPPORT. I GOT A PLACE TO LIVE. I GOT INCOME. I GOT MY HEALTH BACK. I'M SEEING DOCTORS, GETTING THINGS TAKEN CARE OF MEDICALLY.”

- RESIDENT

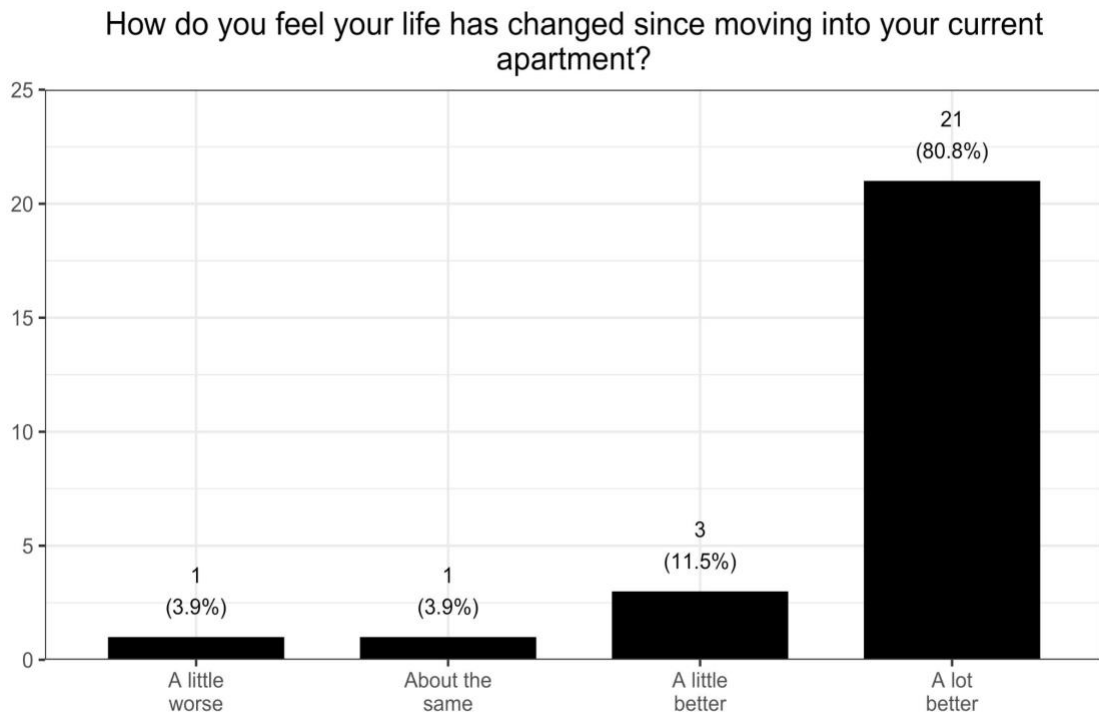


FIGURE 15

80% of respondents reported that their life is ‘a lot better’ since moving into their current apartment.

The changes resulting from safe, affordable, supportive housing range from subtle improvements in day to day functioning to complete transformation in the lives of people

experiencing homelessness. Before moving into their current apartment, residents' lives focused on meeting their day-to-day basic needs like safety, food, water and shelter. It was very difficult to make or keep appointments for community services and the concept of starting and progressing through substance use treatment or counseling to address a history of trauma was unimaginable for many. All residents came in with a different 'ceiling' on how they can function autonomously, and many are successfully independently living in their units without much daily support while others are intensively case managed by BCBH. Either way, working towards greater independence was a primary goal of service providers.

“I'VE SEEN PEOPLE THAT HAVE GONE TO COLLEGE, TAKE CLASSES, I'VE SEEN PEOPLE GET SOME PART TIME JOBS AND REUNITE WITH THEIR CHILDREN. SO THERE'S BEEN SOME WONDERFUL THINGS, WHEN THEY'VE HAD A PLACE TO CLEAN UP AND GET BACK ON TRACK AND GET THE SUPPORT AND STOP USING, GET THEIR MENTAL HEALTH UNDER CONTROL, TO REALLY GET PART OF THEIR LIFE BACK.”

- SERVICE PROVIDER

Transformation among residents took many forms. Several service providers and a couple residents shared anecdotes of dramatic, far-reaching life changes. Some residents have moved out of PSH after achieving broader life changes, including employment, reconnection with family, financial stability, behavioral health improvements, etc. For one of the more severely mentally ill residents, it is living autonomously in PSH. More than one resident said they would have been dead by now if it wasn't for their current apartment. For residents engaged in support

employment, although they may not gain permanent employment, they may build skills and self-esteem. Each resident brings with them a different goal and a different story of transformation.

“...THE HOMELESS POPULATION IS NOT ONE BIG PROBLEM, IT'S A MILLION SMALL PROBLEMS. AND WHEN YOU START TO LOOK AT IT AS ONE BIG PROBLEM, YOU MISDIAGNOSE EVERYONE. IT'S NOT ONE BIG JOB, IT'S A MILLION LITTLE JOBS.”

- SERVICE PROVIDER

DISCUSSION

This study evaluated three PSH sites in Butte County, making up approximately 50% of the PSH beds in the county. Overall, the experiences and outcomes of participants were positive, mirroring the larger body of literature on the effects of PSH. The process evaluation findings support the basic philosophy of Housing First, insofar as residents were able to make positive life changes after entering housing, changes that would have been very difficult while experiencing homelessness. However, these findings also suggest some challenges and considerations unique to the context and nature of PSH in Butte County.

Positive resident transformation occurred at all complexes and was recognized by service providers, resident managers, and residents themselves. While interviewees talked about the stability that being housed provided, they also emphasized service use and activities as a way to build a meaningful life. The resident survey showed that residents are satisfied with many aspects of the PSH model. High rates of housing stability, large reductions in psychiatric hospitalizations and crisis care, and improvements in self-reported physical health, mental health, and quality of life are also consistent with a large body of literature on the benefits of PSH. The reductions in psychiatric hospitalizations suggest that BCBH is effective at replacing crisis care with ongoing mental health treatment and case management in a non-crisis setting, corroborated by resident reports of improved mental health.

Significant findings were not seen in three key areas: criminal justice, employment, and ED use. It should be noted that none of these three areas was a common theme identified in the resident interviews. These outcomes may be of greater interest to researchers, service providers, and taxpayers, but are of secondary importance for residents themselves. Nonetheless, it is worth considering the reasons why greater change in those three areas might not have occurred.

The literature on PSH's impact on criminal justice involvement is mixed, and the population in this study did not report much criminal justice involvement either before or after move-in. This lack of involvement with the criminal justice system may be explained by the fact that over half of the population in this study was 55 years or older.

The older age of residents may also explain the fact that employment remained low for the residents of these three complexes, despite participation in supported employment. Residents may not have a goal of permanent community employment, and those who reported participating in a supported employment program generally found it very helpful. As noted by several interviewees, expanding supported employment or vocational training programs may help provide a sense of purpose, or address the issue of boredom raised by residents, service providers, and on site resident managers. Experiencing boredom after exiting homelessness has been seen in previous literature and is worth noting due to its potential negative consequences. Engaging residents in meaningful activities may help reduce social isolation and exclusion, prevent harmful behaviors, and promote community integration (Marshall et al., 2020).

The low percentage of residents who reported participating in events or activities hosted by the housing complex (Figure 8) could be attributed to a variety of factors including a lack of onsite programming, time conflict with resident schedules, medication adjustments, interpersonal conflict among residents, and a lack of interest from residents and the tendency to isolate. This finding contrasts with the desire expressed by numerous residents for more onsite programming. Additionally, this may indicate the programming offered is not relevant or seen as valuable to residents, not offered at convenient times for residents, or not adequately incentivized.

The bulk of the ED use was by three residents who appear to have mental health conditions, chronic health conditions and substance use disorders - potentially explaining their need for high ED utilization. While co-occurring mental and physical illness is common among

individuals with a history of homelessness and high rates of ED utilization, physical health conditions seemed particularly severe for the residents whose ED use remained high after move-in. This finding is balanced by resident surveys indicating that almost 90% of residents have a primary care physician; interviewees suggested it would have been very difficult to maintain a relationship with a primary care provider while homeless. All residents of the three complexes were at one point (or still are) connected with a BCBH case manager and it is likely that all residents are eligible for Medi-Cal, Medicare, both, or some other insurance, allowing them access to no/low cost health care.

The greatest challenge to each housing complex in this study was substance use. In discussing this issue, service providers, on site resident managers and residents offered solutions likely to run afoul of federal and state law, and the Housing First Principles of harm reduction, including mandatory substance abuse treatment and requiring abstinence from substances before move-in. Others emphasized the lack of available treatment in the community, although there was not consensus on this issue. Regardless, a systematic effort to ensure the availability of substance abuse treatment for interested residents - or even at a community level - could benefit not only those individuals who use substances on site, but also their neighbors.

Ultimately, the success of PSH suggests that it could be expanded locally, but also raises the issue of who should benefit from this housing. Some service providers discussed the tradeoffs between a rigid allocation of housing units such as the CES, and a system in which service providers could pick and choose residents likely to be a good fit at their site. Prior research has identified similar dynamics, noting that the CES sometimes places residents “inappropriately,” but also suggesting that when providers are allowed to choose residents, there is a tendency to choose those residents who represent “the cream of the crop,” while others may never get a chance at housing (Byrne et al., 2014; Dickson-Gomez et al., 2020). Both situations were acknowledged as unfair by provider interviewees, even while others

emphasized the unfairness of using mental health units for people who are disengaged from treatment. While providers and the continuum of care are constrained by federal and state law in allocating units, attention should be paid to these issues in developing future housing sites. For example, scattered sites may have some advantages in reducing the extent to which one resident's substance use is a threat to the well-being of others. In addition to PSH that uses a CES, the success of PSH suggests other models could be considered, such as models that aim to serve different populations than those prioritized under CES, and models that combine housing, services, and Housing First principles in different ways.

Finally, it should be noted that this study was conducted during the COVID-19 pandemic. The impact of the pandemic on this study may include residents reporting poorer mental or physical health, or expressing more frustration with housing complex rules related to COVID-19, and others.

In sum, this report highlights the strengths and limitations of three PSH sites in Butte County. Residents reported improved mental and physical health and improved quality of life post housing. Administrative data demonstrated a drastic reduction in both inpatient and outpatient acute psychiatric care, but no change in use of the ED. Substance use was the primary challenge at each complex for service providers and residents alike. This report suggests that PSH - or similar housing paired with programming - could be expanded in a thoughtful way in Butte County's housing continuum.

REFERENCES

- Billings, J., Parikh, N., & Mijanovich, T. (2000). Emergency department use: The New York Story. *Issue Brief (Commonwealth Fund)*, 434, 1–12.
- Butte County Behavioral Health. (2021). *Mental Health Services Act Program and Expenditure Annual Update* (p. 223). https://www.buttecounty.net/Portals/5/Administration/MHSA/21-22/21-22_MHSA_Annual_UpdateFINAL.pdf?ver=2021-06-08-092040-377
- Butte County Board of Supervisors. (2021, September 14). *Butte County Board of Supervisors Meeting Results*. <https://www.buttecounty.net/Portals/7/MeetingResults.pdf?ver=2020-03-10-164441-093>
- Butte Countywide Continuum of Care. (2018a, January). *Coordinated Entry Policies and Procedures*.
http://www.buttehomelesscoc.com/uploads/1/1/7/5/117500423/butte_ce_procedures_v2.0__final__02_05_18.pdf
- Butte Countywide Continuum of Care. (2018b, December). *Updated Local Priorities*.
https://www.buttehomelesscoc.com/uploads/1/1/7/5/117500423/updated_local_priorities_from_dec_2018.pdf
- Butte Countywide Continuum of Care. (2019). *Report of 2019 Point in Time Survey Sheltered and Unsheltered Conducted March 28, 2019*.
http://www.buttehomelesscoc.com/uploads/1/1/7/5/117500423/coc_-_2019_pit_survey_report_07-17-19.pdf
- Butte Countywide Continuum of Care. (2020a, February). *Butte Countywide Homeless Continuum of Care-Coordinated Entry System (CES)*.
https://faast.waterboards.ca.gov/attachments/proposal_45609/attachment_308441.pdf
- Butte Countywide Continuum of Care. (2020b, October 19). *Butte CoC Governance Charter*.
<https://www.buttehomelesscoc.com/governance1.html>

- Byrne, T., Fargo, J. D., Montgomery, A. E., Munley, E., & Culhane, D. P. (2014). The Relationship between Community Investment in Permanent Supportive Housing and Chronic Homelessness. *Social Service Review, 88*(2), 234–263.
<https://doi.org/10.1086/676142>
- California Department of Housing and Community Development. (n.d.). *People Experiencing Homelessness*. Retrieved September 1, 2021, from <https://www.hcd.ca.gov/community-development/building-blocks/housing-needs/people-experiencing-homelessness.shtml>
- Cheng, A.-L., Lin, H., Kaspro, W., & Rosenheck, R. A. (2007). Impact of Supported Housing on Clinical Outcomes Analysis of a Randomized Trial Using Multiple Imputation Technique. *The Journal of Nervous and Mental Disease, 195*(1), 83–88.
<https://doi.org/10.1097/01.nmd.0000252313.49043.f2>
- City of Chico. (2018, October 2). *Regular Chico City Council Meeting—October 2, 2018 Minutes*. https://docs.google.com/gview?url=https%3A%2F%2Fchico-ca.granicus.com%2FDocumentViewer.php%3Ffile%3Dchico-ca_8773d6c7a1ee1de0606b194773393875.pdf%26view%3D1&embedded=true
- City of Gridley. (2018, September 17). *Gridley City Council – Regular City Council Meeting Agenda*. http://gridley.ca.us/public/uploads/pdfs/9-17-18_agenda.pdf
- City of Oroville. (2018, September 4). *Regular Meeting Closed Session*.
<https://www.cityoforoville.org/home/showpublisheddocument/17799/636712298335130000>
- Clifasefi, S. L., Malone, D. K., & Collins, S. E. (2013). Exposure to project-based Housing First is associated with reduced jail time and bookings. *The International Journal on Drug Policy, 24*(4), 291–296. <https://doi.org/10.1016/j.drugpo.2012.10.002>
- Community Mental Health Services Act, 5600.3 Welfare and Institutions Code § Chapter 1. General provisions (2019).

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=5600.3.

Corinth, K. (2017). The impact of permanent supportive housing on homeless populations.

Journal of Housing Economics, 35, 69–84. <https://doi.org/10.1016/j.jhe.2017.01.006>

Corporation for Supportive Housing. (2006). *Supportive Housing Research FAQs: Are Housing*

First Models Effective? [http://www.csh.org/wp-](http://www.csh.org/wp-content/uploads/2011/11/HousingFirstFAQFINAL.pdf)

[content/uploads/2011/11/HousingFirstFAQFINAL.pdf](http://www.csh.org/wp-content/uploads/2011/11/HousingFirstFAQFINAL.pdf)

Dickson-Gomez, J., Quinn, K., McAuliffe, T., Bendixen, A., & Ohlrich, J. (2020). Placement of chronically homeless into different types of permanent supportive housing before and after a coordinated entry system: The influence of severe mental illness, substance use disorder, and dual diagnosis on housing configuration and intensity of services. *Journal of Community Psychology*, 48(7), 2410–2427. <https://doi.org/10.1002/jcop.22428>

Fernandez, B. (2019, May 24). County approves \$4.2 million HEAP grant. *Chico Enterprise-Record*. <https://www.chicoer.com/2019/05/24/county-greenlights-4-million-heap-grant>

Senate Bill No. 1380, California Legislature (2016) (testimony of Homeless Coordinating and Financing Council).

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160SB1380

Hunter, S. B., Harvey, M., Briscoe, B., & Cefalu, M. (2017). *Evaluation of Housing for Health Permanent Supportive Housing Program*. RAND Corporation.

https://www.rand.org/pubs/research_reports/RR1694.html

Larimer, M. E., Malone, D. K., Garner, M. D., Atkins, D. C., Burlingham, B., Lonczak, H. S., Tanzer, K., Ginzler, J., Clifasefi, S. L., Hobson, W. G., & Marlatt, G. A. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *JAMA*, 301(13), 1349–1357. <https://doi.org/10.1001/jama.2009.414>

- Linkins, K. W., Brya, J. J., & Chandler, D. W. (2008). *Frequent Users of Health Services Initiative: Final Evaluation Report* (p. 77).
- Marshall, C. A., Keogh-Lim, D., Koop, M., Barbic, S., & Gewurtz, R. (2020). Meaningful Activity and Boredom in the Transition from Homelessness: Two Narratives. *Canadian Journal of Occupational Therapy, 87*(4), 253–264. <https://doi.org/10.1177/0008417420941782>
- Massachusetts Housing and Shelter Alliance. (2016). *Home & Healthy for Good Progress Report* (Home and Healthy for Good, p. 13).
<https://archives.lib.state.ma.us/bitstream/handle/2452/806107/ocn887735103-2016-03.pdf?sequence=1&isAllowed=y>
- Mondello, M., Bradley, J., McLaughlin, T. C., & Shore, N. (2009, May). *Cost of Rural Homelessness Rural Permanent Supportive Housing Cost Analysis*.
https://www.mainehousing.org/docs/default-source/housing-reports/cost-of-rural-homelessness-5-2009.pdf?sfvrsn=af65d015_7
- National Academies of Sciences, E. (2018). Evidence of Effect of Permanent Supportive Housing on Health. In *Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness*. National Academies Press (US). <https://www.ncbi.nlm.nih.gov/books/NBK519591/>
- National Alliance to End Homelessness. (2015, June 30). *Permanent Supportive Housing Cost Study Map*. National Alliance to End Homelessness.
<https://endhomelessness.org/resource/permanent-supportive-housing-cost-study-map/>
- National Alliance to End Homelessness. (2017). *Ending Chronic Homelessness Saves Taxpayers Money*. <http://endhomelessness.org/wp-content/uploads/2017/06/Cost-Savings-from-PSH.pdf>
- National Center on Addiction and Substance Abuse at Columbia University & Corporation for Supportive Housing. (2012). *Unlocking the Door: An Implementation Evaluation of*

- Supportive Housing for Active Substance Users in NYC*. https://www.csh.org/wp-content/uploads/2012/07/report_casafullreport_712.pdf.pdf
- North State Public Radio. (2018, September 25). *Butte County Board Of Supervisors Declare Shelter Crisis*. NSPR. <https://www.mynspr.org/news/2018-09-25/butte-county-board-of-supervisors-declare-shelter-crisis>
- Oliva, A. M. (2014, July 25). *SNAPS In Focus: Why Housing First*. HUD Exchange. <https://www.hudexchange.info/news/snaps-in-focus-why-housing-first>
- Olson, J., MacDonald, S., & Rankin, S. (2015). Washington's War on the Visibly Poor: A Survey of Criminalizing Ordinances & Their Enforcement. *Homeless Rights Advocacy Project*. <https://digitalcommons.law.seattleu.edu/hrap/9>
- OrgCode Consulting. (2020). *Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) Version 3 Workbook*. https://www.kshomeless.com/uploads/1/2/9/8/129825788/single_adults_vi-spdat_v3_workbook.pdf
- Rog, D. J., Marshall, T., Dougherty, R. H., George, P., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2014). Permanent Supportive Housing: Assessing the Evidence. *Psychiatric Services*, 65(3), 287–294. <https://doi.org/10.1176/appi.ps.201300261>
- Sirotych, F., & Rakhra, K. (2021). Examining the need profile of supportive housing applicants with and without current justice involvement: A cross-sectional study. *Psychiatric Rehabilitation Journal*. <https://doi.org/10.1037/prj0000441>
- Tsemberis, S., & Asmussen, S. (1999). From Streets to Homes: The Pathways to Housing Consumer Preference Supported Housing Model. *Alcoholism Treatment Quarterly*, 17(1–2), 113–131. https://doi.org/10.1300/J020v17n01_07
- US Department of Housing and Urban Development. (n.d.). *Housing First in Permanent Supportive Housing Brief*. HUD Exchange. Retrieved September 27, 2021, from

<https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

US Department of Housing and Urban Development. (2021, January 13). *HUD 2020 Continuum of Care Homeless Assistance Programs Housing Inventory Count Report*. HUD Exchange. https://files.hudexchange.info/reports/published/CoC_HIC_CoC_CA-519-2020_CA_2020.pdf

US Interagency Council on Homelessness. (2019). *The Evidence Behind Approaches That End Homelessness* [Brief]. https://www.usich.gov/resources/uploads/asset_library/Evidence-Behind-Approaches-That-End-Homelessness-Brief-2019.pdf

USI Center for Applied Research. (2013). *Impact of Indiana Permanent Supportive Housing Initiative* (p. 65). University of Southern Indiana. https://www.in.gov/ihcda/files/IPSHI_Study.pdf

Valley View Apartments. (2019). Palm Communities. <https://www.palmcommunities.com/affordable-housing-communities-california/valley-view-apartments-chico-ca/>

Watson, D. P., Orwat, J., Wagner, D. E., Shuman, V., & Tolliver, R. (2013). The housing first model (HFM) fidelity index: Designing and testing a tool for measuring integrity of housing programs that serve active substance users. *Substance Abuse Treatment, Prevention, and Policy*, 8, 16. <https://doi.org/10.1186/1747-597X-8-16>

Weiland, A. (2016). *Homelessness to permanent supportive housing: Promoting housing as healthcare in rural communities* [Humboldt State University]. <https://scholarworks.calstate.edu/downloads/2v23vx009?locale=en>

Wise, C., & Phillips, K. (2013). Hearing the Silent Voices: Narratives of Health Care and Homelessness. *Issues in Mental Health Nursing*, 34(5), 359–367. <https://doi.org/10.3109/01612840.2012.757402>

APPENDICES

APPENDIX A: WHAT IS HOUSING FIRST

The foremost principle of Housing First is to reduce the harms associated with experiencing homelessness. The Housing First model asserts that housing is a fundamental right and acknowledges that other issues cannot be addressed until this most basic human need is provided.

Additional Housing First principles are that a) homelessness is a housing crisis and can be addressed through safe and affordable housing and b) requirements to complete before obtaining housing such as maintaining sobriety, compliance in treatment, securing employment, and income requirements, only act as barriers to entry and are not necessary in order to succeed in housing (US Department of Housing and Urban Development, n.d.). In 2013 the US Department of Housing Urban Development (HUD) began prioritizing the Housing First model for all federally funded housing programs targeted at people experiencing homelessness (Oliva, 2014). Soon after, in 2016 the California Legislature passed Senate Bill 1380 (SB 1380) which required all State funded housing programs targeted at people experiencing homelessness to adopt the Housing First approach (*Senate Bill No. 1380*, 2016).

APPENDIX B: HOMELESS SERVICES COORDINATION IN BUTTE COUNTY

Butte Countywide Continuum of Care

Since it was established in 2009, the primary entity in Butte County tasked with addressing homelessness has been the Butte Countywide Homeless Continuum of Care (CoC). The CoC is a multi-agency planning body that receives administrative support from the Butte County Department of Employment and Social Services. A CoC is a federal designation by HUD and is the mechanism in which local communities apply and distribute federal funding to homeless programs. The Butte CoC coordinates the Homeless Prevention and Response System in the County which encompasses: (1) outreach, engagement, and assessment; (2) shelter, housing, and supportive services; and (3) homelessness prevention and diversion strategies (Butte Countywide Continuum of Care, 2020b).

Coordinated Entry System

CoCs allocate housing services via a CES, as a condition of federal funding. The goal of a CES is to ensure people experiencing homelessness are served in an order of priority. After assessment individuals are placed on the CES Permanent Housing Community Queue (Butte Countywide Continuum of Care, 2020a). A detailed explanation of the Butte CoC CES process can be found in the Coordinated Entry Policies and Procedures (Butte Countywide Continuum of Care, 2018a). In summary, the CES process includes the following phases:

- Phase 1 (Screening): the client is screened for potential housing needs.
- Phase 2 (Diversion/Emergency Services): attempts are made to divert the client from entering the homeless system.
- Phase 3 (Initial Assessment and Referral): the client's profile is created and enrolled into the CES which will then be used as the Community Queue, or Prioritization List.
- Phase 4 (Agency Program Enrollment): the shelter staff/homeless provider completes their standard client intake process.
- Phase 5 (Vulnerability Index - Service Prioritization Decision Assistance Tool, or VI-SPDAT): VI-SPDAT is conducted with the client and their score is entered into the CES.

- Phase 6 (Agency Housing Barrier Assessment): the assessment is conducted by shelter staff/homeless provider to categorize the client into a high, medium or low housing barrier level.
- Phase 7 (Prioritization and Community Queue): program, shelter and coordinated entry staff attempt to contact eligible candidates for an offer of housing up to 3 times.
- Phase 8 (Entry into Permanent Housing): after a client accepts a housing placement they are exited from the CES.

Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT)

The VI-SPDAT was developed as a pre-screen and triage tool to assist service providers in quickly prioritizing people experiencing homelessness for potential housing support (Butte Countywide Continuum of Care, 2018a). It is used widely across the US and can be completed in under 10 minutes (OrgCode Consulting, 2020). The VI-SPDAT includes the following sections:

- Demographics
- Section One: Presenting Needs (eg. Most days can you find a safe place to sleep?)
- Section Two: Housing History & Chronic Homelessness Determination (eg. How long has it been since you lived in stable, permanent housing?)
- Section Three: Vulnerabilities and Housing Support Needs (eg. In the last 6 months, how many times have you gone to the ER?)

APPENDIX C: EVIDENCE OF THE PSH APPROACH

Permanent Supportive Housing on the Continuum

The range of housing options available in a community are often referred to as housing on a continuum, or spectrum (California Department of Housing and Community Development, n.d.). The housing continuum is not a linear, step-up model, but represents the different types of housing programs to address different populations in the community.

PSH is subsidized housing without a designated length of stay, paired with supportive services intended for the most vulnerable and difficult to house, often those who are chronically homeless with a mental illness or substance use disorder (US Department of Housing and Urban Development, n.d.). PSH is typically paired with a “Housing First” approach (see Appendix A). In other cities, the PSH model has been proven to reduce homelessness, increase housing tenure, and decrease emergency room visits and hospitalizations (Rog et al., 2014).

Effects of Homelessness

The connection between housing, health, and stability is clear. Individuals experiencing homelessness have worse outcomes compared to those who are housed including: poorer mental and physical health, higher rates of substance use disorder, less stable family relations, more tenuous employment status, more frequent involvement with the legal system, and greater safety concerns (Rog et al., 2014). Living unsheltered decreases the likelihood of future educational attainment, employment opportunities, and health stability (US Interagency Council on Homelessness, 2019).

For many, the experience of living on the streets requires a day-to-day ‘survival mode’ mentality that can exacerbate existing mental illness and substance abuse disorders, worsen physical health, and in general, contribute to feelings of instability (Fazel et al., 2014). Further, the societal cost of homelessness is tremendous; straining public resources such as emergency services, law enforcement, and health care (National Alliance to End Homelessness, 2015).

In addition to the direct deleterious impact of living on the streets, people experiencing homelessness face barriers accessing services that housed people take for granted such as difficulty to make and keep appointments (medical, behavioral health, employment, social services, etc.) due to a lack of transportation, no access to a telephone, inclement weather, and other circumstances due to a lack of resources and the experience of being unhoused. Many people experiencing homelessness do not have a primary care provider and due to the stigma often associated with experiencing homelessness they may not feel comfortable accessing services in a traditional way. Instead many people experiencing homelessness rely on mobile outreach teams or word of mouth, and may self medicate or delay seeking help. All these factors can result in an increase in services such as shelter, emergency departments, detox programs, psychiatric institutions, jails, prisons, and juvenile justice, and the child welfare system (US Interagency Council on Homelessness, 2019; Wise & Phillips, 2013).

Effects of Permanent Supportive Housing

The positive outcomes from PSH have repeatedly been demonstrated in large metropolitan areas like Chicago, New York City, Los Angeles, Salt Lake City, Seattle and others (Watson et al., 2013). The stable environment allows residents to address their basic needs, improve their social networks, and reduce risky and harmful behaviors (National Center on Addiction and Substance Abuse at Columbia University & Corporation for Supportive Housing, 2012).

Decreased Rates of Homelessness

Communities with more units of PSH have a steeper decline in the rate of chronic homelessness compared to communities with fewer units of PSH (Byrne et al., 2014; Corinth, 2017). While PSH is intended for those who are chronically homeless, at times people who do not meet the definition of chronically homeless are placed in PSH units. This can be for a variety of reasons, including service providers placing tenants who they believe will have the best

outcomes (i.e. those most likely to remain housed). The rates of decline in chronic homelessness would be higher if PSH units were filled with only people who meet the definition of chronically homeless (Byrne et al., 2014).

Housing Retention & Stability

Existing evaluations indicate that permanent supportive housing programs increase likelihood of maintaining housing, even for those with the most complex needs (US Interagency Council on Homelessness, 2019). A 2017 study of Los Angeles' Housing for Health Permanent Supportive Housing program showed more than 96% of residents remained housed for at least one year. The majority of the residents were formerly chronically homeless and had a co-occurring medical or mental health condition and substance use disorder (Hunter et al., 2017).

One evaluation from New York City compared retention rates of residents in a Housing First program with residents of a program with sobriety and other 'housing readiness' requirements. At a 24-month follow-up, residents of the housing first model spent almost no time homeless while residents of the comparison group spent about a quarter of their time homeless. A second study looking at Housing First projects in both New York City and the San Francisco Bay Area found 83% of formerly chronically homeless residents remained housed after one year and 77% after two years (Corporation for Supportive Housing, 2006).

Mental and Physical Health/Health Care Utilization

The literature is mixed on whether PSH has a long term effect on the mental or physical health of residents. While initially (6months, 12months, 18months post-housing) residents report an improvement in mental and physical health symptoms, few studies have followed residents past that duration. Studies that have followed individuals longer term are inconclusive (National Academies of Sciences, 2018; Rog et al., 2014).

When evaluating the impacts of PSH on mental health, researchers often measure the number of inpatient mental health services, outpatient visits and crisis stabilization services.

Physical health is measured in similar ways by emergency department visits, inpatient hospital days, and outpatient medical visits. Studies of PSH across the US show a decrease in these rates with residents of PSH (Hunter et al., 2017).

The upfront cost of providing housing with supportive services is partially offset by the reduction in utilization of crisis services, shelters, jails, and other public resources (US Interagency Council on Homelessness, 2019). This has been demonstrated for nearly two decades in over a dozen states (National Alliance to End Homelessness, 2017). One study conducted in the Sacramento area found a 34% reduction in emergency department visits and 27% decrease in inpatient charges in those who were housed compared to those who remained homeless (Linkins et al., 2008). A 2009 evaluation of PSH in Maine showed a 58% reduction in psychiatric hospital admissions 6 months post-housing (Mondello et al., 2009).

Substance Use

Research shows that a Housing First harm reduction model has a complex pattern of effects on substance use. The literature is mixed with some reports of no change in substance use and some reporting a reduction in use initially. Research does show that PSH with a Housing First approach does not increase rates of substance use. However, in the majority of studies, long-term rates of substance use have not been shown to decrease either (National Academies of Sciences, 2018; Rog et al., 2014). While substance use is not measurably affected by PSH, rates of treatment for SUD do increase for residents of PSH (National Academies of Sciences, 2018). In all, the evidence on substance use and PSH is inconclusive; one study in Seattle, Washington found a decrease in alcohol consumption among residents of PSH with severe alcohol problems (Larimer et al., 2009). Another study on veterans housing (the federal HUD-VASH program) yielded positive substance abuse outcomes (Cheng et al., 2007).

Criminal Justice

The few studies that have examined the effects of PSH on levels of criminal justice involvement have found mixed results, but some have found benefits (Sirotych & Rakhra, 2021). PSH reduces the frequency of arrests and citations by law enforcement of people formerly experiencing homelessness and reduces the amount of days spent in jail or prison (Clifasefi et al., 2013). Further, the cost of police engagement with people experiencing homelessness is substantial especially in municipalities with ordinances that criminalize the behaviors necessary to survive while homeless, such as prohibitions against loitering in public spaces, panhandling, camping in public places, residing in vehicles, storing personal property in public, and urinating in public (Olson et al., 2015).

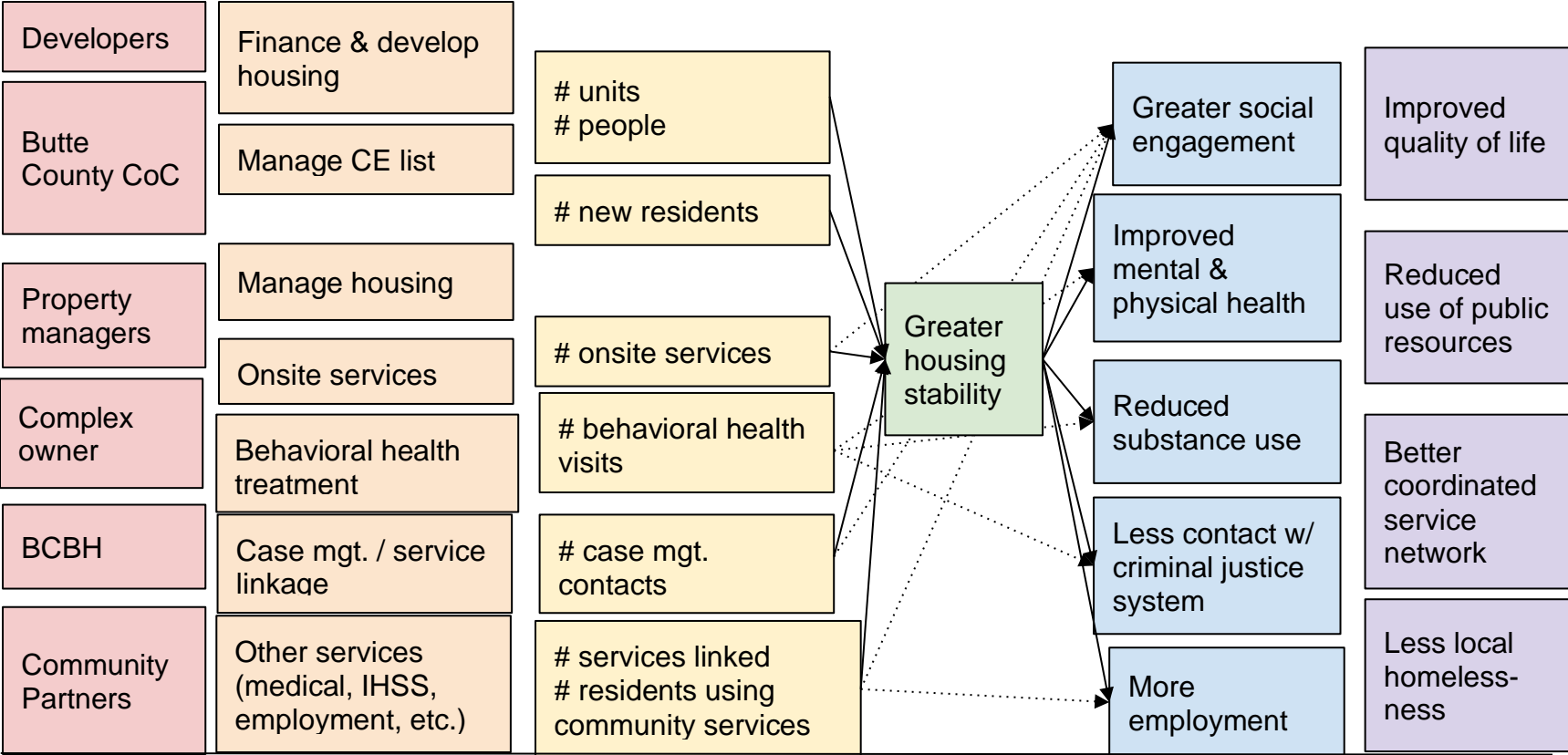
Quality of Life and General Well-Being

Residents of PSH report that their lives have improved since moving into their home. A Massachusetts study found that 93% of residents indicated an improvement in their quality of life (Massachusetts Housing and Shelter Alliance, 2016). Quality of life and general well-being have been measured by level of community functioning, social integration, and amount of leisure and volunteer activities (National Academies of Sciences, 2018). Residents report feeling safer than on the streets, being better able to work or study, reconnect with family, and focus on personal life goals. Additionally, an evaluation of PSH in the state of Indiana showed that 76% of residents reported a decrease in domestic violence and 72% reported better school attendance for their children, post housing (USI Center for Applied Research, 2013).

Since the first PSH site, Pathways to Housing in New York City, was founded in 1992, the adoption of PSH and Housing First slowly spread across the United States (Tsemberis & Asmussen, 1999). Over the past three decades, the merits of PSH have been demonstrated in the literature, with benefits to the community and on an individual level. However, rural communities have largely been excluded from these studies, and little is known about the

impact of PSH on rural communities (Weiland, 2016). Additionally, qualitative studies with the voices and perspectives from the residents themselves, in urban or rural communities are far less documented. Given the range of housing and service options under consideration in Butte County, there is value in understanding not only the local impacts of PSH, but also the details of the way the program operates locally. These findings might inform the region's approach to homelessness.

Permanent Supportive Housing in Butte County



Inputs

Activities

Outputs

Short-term Outcomes

Medium-term Outcomes

Long-term Outcomes

APPENDIX D: LOGIC MODEL

The preceding page displays a logic model of PSH in Butte County. A logic model is a visual representation of the way a program or intervention is supposed to create change in the world, consisting of two halves. The first half of the logic model includes inputs, activities, and outputs, which collectively describe the program itself and how it is conducted - i.e., who does what as part of this program. PSH in Butte County consists not only of housing and services (behavioral health, supported employment) provided by BCBH and management companies, but also relies on additional services available elsewhere in the community. Program activities can be measured by outputs, which are indicators of the extent to which planned activities are actually occurring. For example, case management conducted by BCBH case managers is a key activity, and can be measured by the frequency of interactions between residents of PSH and their respective case managers (output).

The second half of any logic model presents the “theory of change” - the changes (outcomes) that should result if the activities described in the left half are conducted as intended. These changes are divided into short-term, medium-term, and long-term outcomes to indicate that some changes are expected to be immediate, but also will lead to more significant, lasting change over time. In the case of Butte County’s PSH programs, the theory of change is founded on the fundamental concept of Housing First. The logic model underlying this evaluation mirrors the Housing First philosophy, displaying housing stability as the first short-term outcome, and noting that stable housing should directly improve other outcomes, bolstered by supportive services. Such outcomes include better health, greater likelihood of employment, and other improvements in well-being. In the long-term, individuals may achieve broader transformations in life, up to and including transitions out of PSH. In addition, the PSH should ideally impact service providers whose regular collaboration with other service providers strengthens the safety net for all, not limited to the PSH program. Similarly, PSH is intended to

reduce public expenditures for a chronically homeless population that uses many services while also reducing homelessness.

For this evaluation, the logic model was used to guide the research questions and to help with interpretation of results. Effectively, this evaluation is a test of the logic model and theory of change. The report includes a process evaluation to determine if activities are taking place as planned, and also a preliminary outcome evaluation to determine if activities are successfully leading to desired changes. To the extent that the evaluation identifies any disappointing results with respect to outcomes, this may reflect either deviations from the planned activities or a flaw in the underlying theory of change, interpretations that would lead to very different possible solutions.



Butte Countywide Homeless Continuum of Care

Continuum of Care Meeting

Virtual Meeting

January 10, 2022 1:00 p.m. – 3:00 p.m.

CoC Agenda Item #4:

Butte Non-Profit Stabilization Program II



Employment and Social Services

Shelby Boston, Director
Anna Loughman, Assistant Director

Administration

P.O. Box 1649
Oroville, California 95965

T: 530.538.7572
F: 530.534.5745

buttecounty.net/dess

Invitation to Apply

Butte Non-Profit Stabilization Program II

Butte Non-Profit Stabilization Program II Purpose

The Butte Non-Profit II Stabilization Program II will provide a maximum of \$49,999 one-time grant awards to non-profit organizations located within Butte County and who serve Butte County residents. These grant funds will assist Butte County non-profit organizations with costs associated with the impacts of business closures, the costs associated with adherence to local requirements for safe business re-openings, and the financial impacts because of COVID-19. The department will choose grantees via lottery from a pool of applicants determined to be eligible local non-profit organizations after a four-week open application window.

Geographic Focus

The applicant non-profit organizations MUST be located within Butte County and serve Butte County residents.

Eligibility

- Organizations must demonstrate tax exempt 501(c)(3) status.
- Non-profit organizations physically located and operating in Butte County with a demonstrated economic need as a direct result of COVID-19.
- Non-profit organizations located within a local jurisdiction that is enforcing the State guidance related to COVID-19.
- Additional documentation will be required as part of the grant application process.
- Expenditures must be incurred from the date of grant issuance through December 31, 2022.
- Funds can be used for direct services to the public in response to COVID-19.
- Successful applicants will be required to enter into a contract with Butte County and provide a final summary report demonstrating acceptable use of funds in the community.

Use of Grant Funds

Grantees may NOT use the Grant for the following:

- Re-granting to other organizations
- Endowment
- Lobbying – IRS defined lobbying activities are prohibited by federal law

Grant Range

Applicants are strongly encouraged to request the specific amount needed to fund their effort and proposed needs. The department will fund the final selected grantees based on their requests up to the provided limit.

Grant Awards

Total grants committed will not exceed \$950,000 through this program. The maximum amount per individual grant will not exceed \$49,999.

Grant funds must be committed or expenses incurred from the date of the grant issuance through December 31, 2022.

Grant Application Questions

Please submit any questions related to the Grant Application process to DESSNonProfitGrant@buttecounty.net.

Grant Application Instructions

The application packet is available at <http://www.buttecounty.net/dess>. The packet includes grant information, an application form and FAQs. Complete applications should be emailed to DESSNonProfitGrant@buttecounty.net. If you are unable to access the internet, please contact staff at (530) 552-3213.

Grant applications must include the following:

- A completed and signed Butte Non-Profit Stabilization Program II Application
- Organization financial statement and budget
- Project budget
- Most recently filed IRS Form 990
- A completed W-9
- Proof of IRS federal tax exempt status, 501(c)(3)

Deadlines:

Please submit your grant application packet no later than **5:00pm PST on January 31, 2022** to the following email DESSNonProfitGrant@buttecounty.net.

Timelines

1. Invitation for grant application release – January 3, 2022
2. Grant application and required documents are due – January 31, 2022
3. Grant recipients notified – estimated February 28, 2022
4. All reporting must be submitted to the Department of Employment and Social Services by **January 14, 2023**.

Questions:

Please visit <http://www.buttecounty.net/dess> to review general grant guidelines or Frequently Asked Questions (FAQs) page prior to contacting us.



Employment and Social Services

Shelby Boston, Director
Anna Loughman, Assistant Director

Administration

P.O. Box 1649
Oroville, California 95965

T: 530.538.7572
F: 530.534.5745

buttecounty.net/dess

Butte Non-Profit Stabilization Program II Application

Organization Information		Date of Application: _____	
Full Legal Organization Name: Address: City, State: Zip:		Contact Name: Contact Phone: Contact Email: Organization Status: <input type="checkbox"/> 501 (c)(3) <input type="checkbox"/> Tax Exempt with Valid EIN <input type="checkbox"/> Accredited Educational Institution	
Project Information			
Project/Program Name:		Total Requested Amount: \$ (maximum \$49,999):	
Project Documentation			
Is your organization located in Butte County and serving Butte County residents? <input type="checkbox"/> Yes <input type="checkbox"/> No Will the funds you are applying for cover COVID-19 related expenditures that will occur from the date of the grant approval and can be fully expended by December 31, 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you understand that successful applicant organizations must provide a final summary report demonstrating acceptable use of the funds in the community at the end of the grant period? <input type="checkbox"/> Yes <input type="checkbox"/> No Checklist of required documents and forms: <input type="checkbox"/> Completed and signed Butte Non-Profit Stabilization Program II Application <input type="checkbox"/> Organization financial statement and budget <input type="checkbox"/> Project budget <input type="checkbox"/> Most recently filed IRS Form 990 <input type="checkbox"/> Completed W-9 <input type="checkbox"/> Proof of IRS federal tax exempt status, 501(c)(3)			

Declarations

I declare under penalty of perjury (under the laws of the United States of America) that the foregoing is true and correct.

Signature

Date

Name and Title: _____

Department Use – ONLY

Application Received By January 31, 2022: Yes No

Application Reviewed By: _____ Date Reviewed: _____

Approved: Yes No

Approved Amount: \$

Required Documents:

- A completed and signed Butte Non-Profit Stabilization Program II Application Yes No
- Organization financial statement and budget Yes No
- Project budget Yes No
- Most recently filed 990 Yes No
- A completed W-9 Yes No
- Proof of IRS federal tax exempt status, 501(c)(3) Yes No

Butte Non-Profit Stabilization Program II Grant

The Butte County Board of Supervisors approved the Butte Non-Profit Stabilization Program II Grant to provide up to \$950,000 in grants to assist non-profit organizations that have suffered financially due to the COVID-19 pandemic. Individual grants up to \$49,999 will help Butte County non-profits cover expenses due to the COVID-19 pandemic.

Frequently Asked Questions

1. How do I apply for the Butte Non-Profit Stabilization Program II Grant?

The application packet is available at <http://www.buttecounty.net/dess>. The packet includes grant information, an application form and FAQs. Complete applications should be emailed to DESSNonProfitGrant@buttecounty.net. If you are unable to access the internet, please contact staff at (530) 552-3213.

2. What classifications of non-profits are eligible for the Grant?

Only 501(c)(3) nonprofit organizations, in good standing with IRS, with a minimum of one (1) year of operations, and have the ability to maintain and submit comprehensive supporting documentation of dollars spent. In addition, the non-profit organization must be physically located and operating in Butte County and serve the residents of Butte County.

3. What is the Butte Non-Profit Stabilization II Grant limit?

Non-Profits may apply one time for a grant up to \$49,999. Eligible local non-profit organizations who apply will be chosen to receive the grant funds on a lottery basis after a four-week open application window.

4. My non-profit organization has received federal emergency fund through another source of federal funds, such as the Paycheck Protection Program (PPP) or the Economic Injury Loan (EIDL), are we eligible to apply for this grant?

All local non-profit organizations are welcome to apply.

5. Does my non-profit organization have to provide documentation for eligible expenses?

Yes, Butte County requires documentation to show how the funds were used. This can include receipts documenting eligible expenses that were incurred any time after the date of the grant disbursement through the end of the grant reporting cycle on December 31, 2022. An itemized summary will be required with the initial grant application. All reporting must be submitted to the Department of Employment and Social Services by January 14, 2023.

6. How will the funds be disbursed?

Non-profit organizations that receive approval will be contacted when the funds are available.

7. How long is the application period?

Applications will be accepted during a four-week period, January 3, 2022 through January 31, 2022.

8. How long do we have to spend the funds?

Grant funds can be used for eligible expenses incurred from the date of the grant disbursement through December 31, 2022. Funds will be disbursed for the approved amount, up to \$49,999, in eligible reimbursements submitted with the grant application or in subsequent reporting forms as approved by Butte County.

9. Can churches apply?

Churches can apply and are eligible for assistance with COVID-related expenses and assisting their congregations with their human service needs.

10. Who will be reviewing and approving the applications?

A review committee from the Department of Employment and Social Services will evaluate the applications, including all attached documents, for eligibility to make sure they are accurate and complete. Applicants will be notified by e-mail if their application has been approved, denied or if they are required to provide additional information.

11. Who can I contact if I have any questions?

If you have any questions that are not covered in these Frequently Asked Questions or applicant instructions, you can contact us by e-mail: DESSNonProfitGrant@buttecounty.net.

12. What type of expenses will the grant funds cover?

Grant funds can be used for the following payroll and operating expenses:

- Payroll costs of diverting any staff from their normal, routine duties that are substantially dedicated to mitigating or responding to the COVID-19, including:
 - Compensation to employees
 - Payments for vacation, parental, family, or medical or sick leave, severance payments.
 - Payment required for group healthcare benefits
- Commercial rent
- Commercial mortgage payments
- Utility bills
- Costs associated with safely reopening and/or modify business operations to accommodate social distancing.
- Continue appropriate cleaning/sanitation/protection protocols, and establish other operational and communications changes for workers and customers.
- Other similar business expenses incurred any time from the date of the grant approval through December 30, 2022, during business interruptions due to COVID-19.

13. What happens if I do not spend all my funding?

Any grant fund unexpended or uncommitted at the end of the grant period must be promptly returned to Butte County Employment and Social Services within 30 days.



Butte Countywide Homeless Continuum of Care

Continuum of Care Meeting

Virtual Meeting

January 10, 2022 1:00 p.m. – 3:00 p.m.

CoC Agenda Item #7:

Annual Conflict of Interest Disclosure Statement



Conflict of Interest Policy

What is the Purpose of this Policy?

Conflicts of interest can raise governance, tax, and regulatory issues for a CoC. They can also raise concerns in the minds of the public and members of the media, potentially undermining the organization's reputation and good standing.

Generally speaking, a conflict of interest is a situation in which any BCHCoC Member or one of their family members has a personal or financial interest that compromises or could compromise the individual's independence of judgment in exercising their responsibilities to the CoC.

CoC Members are required to minimize conflicts of interest; disclose ethical, legal, financial, and other conflicts; and remove themselves from decision-making if they would otherwise be called on to act on a conflict involving themselves, their family members or entities with which they or their family members are closely associated.

Under this policy, all Members including applicants to the Council, sitting Council Members and Committee Members are all required to disclose actual or potential conflicts of interest, as well as certain relationships and transactions. Depending on the circumstances, a relationship and/or transaction disclosed under this policy may not be a conflict of interest, may be a conflict that is permitted provided that certain procedures are followed, or may be a conflict that is prohibited altogether.

The policy is not a comprehensive list of all potential conflict of interest issues and ultimately the CoC will abide by §578.95 of CoC Interim Rule and § 576.404 of the ESG Rule. The CoC reserves the right to amend the policy as needed.

Who is Covered by this Policy?

This policy covers all the members of the Butte Countywide Homeless CoC.

Who is Responsible for Implementing this Policy?

The CoC has primary responsibility for implementing this policy. The policy will be disseminated to members upon joining the CoC and annually thereafter. The Council may delegate the responsibility for disseminating the policy and collecting disclosure statements to CoC staff.

Definitions:

- a. **Council:** means the Butte Countywide Homeless Continuum of Care (CoC) Council
- b. **Council Member:** means any individual currently serving as a member of the Council.
- c. **Committee Member:** means any individual currently serving as a member of a BCHCoC Committee.
- d. **Member:** as defined in the BCHCoC Charter including but not limited to Council Members and Committee members.
- e. **Closely Associated:** means that an individual:
 - i. Has a Compensation Arrangement with an entity;
 - ii. Has an Ownership Interest in an entity; or
 - iii. Is negotiating, applying for or considering acquiring a Compensation Arrangement with or ownership interest in an entity.
- f. **Compensation Arrangement:** is an arrangement involving direct or indirect compensation for services.
- g. **Conflict of Interest:** means a situation in which a Member or their Immediate Family Member has, directly him or herself or indirectly through an entity or an organization which employs or is about to employ any of the parties indicated herein, a personal or financial interest that compromises or could compromise the Member's independence of judgment in exercising their responsibilities to the CoC.
 - i. **Prohibited Conflict of Interest:** means a Conflict of Interest that would prevent a Member from serving on/as the Council, Committee, or general membership.
 - ii. **Issue-Specific Conflict of Interest:** means a Conflict of Interest that would prevent a Member from voting on or being present during the discussion of a specific issue.
- h. **Conflicted Member:** means a Member with a Conflict of Interest
- i. **Immediate Family Member:** means a Member's
 - i. Spouse or partner in a civil union recognized by state law;
 - ii. Domestic partner or partner in a committed, personal relationship;
 - iii. Parent
 - iv. Child;
 - v. Sibling;
 - vi. Father-in-law, Mother-in-law;
 - vii. Brother-in law, Sister-in-law;
 - viii. Son-in-law; Daughter-in-law;
 - ix. Grandparent; or
 - x. Grandchild

The term includes individuals related by blood, adoption, or marriage (i.e., step family members).

- j. **Nonconflicted Member:** means a Member without any Conflict of Interest.
- k. **Quorum:** means majority of the Members. Refer to Butte CoC Governance Charter for Quorum details. Quorum is required to convene a meeting. Once quorum is established, quorum is not lost simply because a Member must abstain from a vote due to a Conflict of Interest.
- l. **Recusal:** means Members will excuse themselves as needed to avoid a conflict of interest. This includes leaving the room for any discussion of a conflicted or potentially conflicted transaction. However, a conflicted member may be present to present for clarifying questions. All Members including conflicted Members may be present for the Council vote.
- m. **Related Party:** means an Immediate Family Member or an entity with which a Member or their Immediate Family Member is Closely Associated.
- n. **Transaction:** means any financial agreement or relationship, including but not limited to those involving:
 - i. The sale, lease, purchase, transfer, or provision of goods, services, equipment, facilities, or rights of any kind;
 - ii. The provision or receipt of a loan or grant;
 - iii. A joint venture, partnership or collaboration or
 - iv. An investment.

What Types of Conflicts of Interest Are Prohibited by this Policy?

- a. **Prohibited Conflict of Interest:** Prohibited Conflicts of Interest may prevent a person from serving on the CoC Council or Committee or participating in any of the CoC activities. A Council or Committee Member who has a potential or actual Prohibited Conflict of Interest must resign from the Council or Committee. Prohibited Conflicts of Interest include, but are not limited to:
 - i. Compensation and Employment: A Council Member may not be compensated for their service on the CoC Council. A Council Member is subject to resignation from the Council upon hire as an employee of CoC.
 - ii. Provision of Professional Services. CoC Council Members may not be paid, outside of their approved salary and benefits, for any professional or consulting services provided to the CoC.
 - iii. Diversion of CoC Resources: Council Members and Council Members' Related Parties are prohibited from using CoC equipment, facilities, assets, or staff time for non-CoC purposes.
 - iv. Gifts: Except where an exchange of gifts is reciprocal and of a personal nature, Council or Committee Members are prohibited from soliciting or accepting gifts, gratuities, favors, or anything of monetary value from
 - 1. Persons receiving benefits or services under any CoC program;
 - 2. Persons or organizations performing services for or providing goods or space to CoC; or
 - 3. Persons who are otherwise in a position to benefit from the actions of a CoC employee or Council Member.

- v. A Conflicted Member who purposefully conceals a Conflict of Interest, refuses to recuse him- or herself from voting, or engages in other conduct that violates this policy will be subject to removal from the CoC.
- b. **Issue-Specific Conflicts of Interest:** Some Conflicts of Interest arise only when the CoC is voting on a specific issue. An Issue-Specific Conflicts of Interest requires that the Conflicted Member recuse him- or herself from voting or discussing a particular issue, but do not require resignation or removal of a member. Issue-Specific Conflicts of Interest include, but are not limited to:
 - i. **Participation in Contracts:** Members shall not participate in the selection, or award of a contract if a real or apparent conflict of interest would be involved. Such a conflict would arise when the Member, any of their Immediate Family Members, or an organization that employs or is about to employ any of the parties indicated herein, is or has a financial or other interest in the individual or firm selected for the award.

Are There Exceptions to What Is Considered a Conflict of Interest Under This Policy?

The situations listed below are not considered to be Conflicts of Interest under this policy:

- c. **Provision of Services/Benefits:** Provision of services/benefits by the CoC to a Member or an Immediate Family Member solely because the individual is a member of a charitable class that the CoC intends to benefit as part of the accomplishment of its charitable purposes, provided that:
 - i. The individual meets all applicable eligibility criteria for the services/benefits, including funding source rules on the provision of services/benefits to individuals with a close connection to the organization;
 - ii. The individual does not receive preferential treatment in receiving the services/benefits due to their connection with the CoC as a Member or as an Immediate Family Member;
 - iii. The services/benefits are provided on terms similar to services/benefits provided to individuals who are neither Members nor Immediate Family Members; and
 - iv. The Member is not involved in the decision about whether to provide services/benefits to the individual.
- d. **Expense Reimbursements:** Unless required by the CoC in a particular circumstance, receipt of reimbursements reasonable, necessary and documented expenses need not be disclosed under this policy.

What Information Must Be Disclosed Under This Policy and How Should It Be Disclosed?

- e. **Disclosures by Candidates for Council Seats:** The Council shall require each individual applying for a position on the Council to disclose on their application Conflicts of Interests involving him- or herself or any of their Related Parties.
- f. **Disclosures by Council, Committee Members and General Membership:**

- i. **Obligation to Disclose:** Each Council and Committee Member has a continuing obligation to disclose promptly and fully any actual or potential Conflicts of Interest of which they are aware.
- g. **Form and Frequency of Disclosure:** Each Council and Committee Member shall complete and sign on an annual basis and update at such times as Conflicts of Interest arise, a Conflict of Interest disclosure statement, in the form attached to this policy, fully and completely disclosing the material facts about any actual or potential Conflicts of Interest of which they are aware.

How Are Conflicts of Interest to Be Addressed Under This Policy?

- h. **Council Review:** The Council shall review and determine, with the assistance of staff if necessary, how to address situations involving Conflicts of Interest. In determining whether a Conflict of Interest exists and what action, if any should be taken, the Council shall consider the fact that the situation could subject the CoC to criticism, embarrassment, litigation or administrative proceedings. The Council shall apply a reasonableness standard in determining whether a conflict exists. If the CoC Council has reason to believe that a Member has failed to disclose a Conflict of Interest or otherwise violated this policy, it shall inform the Member of the basis for this belief and afford him or her an opportunity to explain the alleged failure or violation. If, after hearing the response of the Conflicted party and making such further investigation as may be warranted in the circumstances, the Council determines that the Member has in fact failed to disclose an actual or possible Conflict of Interest or otherwise violated this policy, it shall take appropriate disciplinary and corrective action, which may include removal from the CoC.
 - i. **Voting and Quorum:** The Council shall act on actual or potential Conflicts of Interest situations by affirmative vote of a majority of Nonconflicted Council Members present at the meeting at which a quorum has been established. In the event that less than three Council Members are Nonconflicted and are available to vote on a resolution, the issue must be assigned to a Committee of Nonconflicted community members for a vote. The CoC staff will be responsible for assembling the Nonconflicted Committee, which must include at least four (4) members. The Committee's decision is final.
- i. **No Conflict of Interest:** If the Council determines that no Conflict of Interest exists, it shall inform any Members involved in the situation of its determination and take any other actions it deems prudent.
- j. **Conflict of Interest Not Prohibited:**
 - i. **Generally.** If the Council concludes that a Conflict of Interest exists, it will first notify the Conflicted-Member and provide them the opportunity to withdraw. If the Conflicted-Member chooses to withdraw, there is no further action. If the Conflicted-Member chooses not to withdraw, then the Council shall inform all Members of the situation, of the Council's

determination and take any other actions it deems prudent to address the Conflict of Interest, including excluding Conflicted Members from deliberations and decision-making.

- ii. **Proposed Transaction.** Where a Conflict of Interest is not prohibited and involves a proposed Transaction between CoC and a Member or Related Party, the Council shall gather and review appropriate data, including appropriate data as to comparability, to determine whether the terms of the Transaction are fair and reasonable to and in the best interests of CoC.
- k. **Issue-Specific Conflict of Interest:** A Conflicted Member shall not be present during the deliberations and decision-making with respect to an actual or potential Conflict of Interest in which s/he or their organization is involved. Conflicted members may be present for clarifying questions and for Council votes.
Example: The Council is considering whether to approve a grant to a nonprofit. Council Member A serves as a Council member of that nonprofit. Council Member A is a Conflicted Council Member and must disclose that an Issue-Specific Conflict of Interest exists and recuse him-or herself from deliberations and decision making on the proposed grant. If the Conflicted Council Member does not voluntarily recuse him-or herself, the Council must exclude him or her from deliberations and decision making on the grant.
- l. **Prohibited Conflict of Interest:** If the Council determines that a potential Council Member has a Prohibited Conflict of Interest, the Council shall reject the nomination. If the Council determines that a current Council or Committee Member has engaged in an activity that creates a Prohibited Conflict of Interest, or that a proposed Transaction would result in a Prohibited Conflict of Interest, the Council shall decide either:
 - i. to decline to enter into the proposed Transaction, if applicable; and/or
 - ii. to request the resignation of the Conflicted Member(s) and, if the Conflicted Member(s) do(es) not resign, follow appropriate procedures to remove the Conflicted Member(s).
- m. **Delegation to Committee:** The Council may establish or designate a committee of the Council to review any conflicts of interest questions raised by this policy, to determine whether a particular situation involves a Conflict of Interest, and to make recommendations to the Council about how to address Conflicts of Interest.
- n. **Monitoring:** During annual monitoring of subrecipients, the CoC will include the monitoring of Conflict of Interest documentation and ensure that procurement standards are met (§578.95(a) and § 576.404 (b)). Conflicts of Interest that are deemed non-compliant with the policy will be reviewed by the Council who will follow the abovementioned procedure.

How Should the Council's Decisions about Conflicts of Interest Be Documented?

- o. The Council or committee shall document its decisions about a Conflict of Interest in its meeting minutes (and attachments to the minutes, if applicable). The minutes shall include: material facts regarding the Conflict of Interest; the basis

for the Council's decision; the names of Council Members present and of those who voted on the matter; and any actions taken with respect to Conflicted Council Members with respect to the matter (for example, whether they were excluded from discussion and voting on the matter). The minutes must be prepared before the latter of the next Council or committee meeting or 60 days after the final action is taken on the matter. Once prepared, the minutes must be reviewed and approved by the Council or committee (whichever is applicable) within a reasonable time.

Conflict of Interest Disclosure Statement for BCHCoC Council, Committee Members and General Members

Your Name:

Date:

Annual or Other Disclosure (Circle One)

Reason for Policy. Conflicts of Interest may raise governance, tax and regulatory issues for the Butte Countywide Homeless Continuum of Care (BCHCoC). They also raise concerns in the mind of the public and members of the media, potentially undermining a CoC reputation and good standing. For these reasons, CoC Council or Committee Members should avoid Conflicts of Interest, disclose ethical, legal, financial and other such conflicts, and remove themselves from deliberations and decision-making on matters in which they have a Conflict of Interest.

Reason for this Statement. The BCHCoC is committed to the highest ethical standards in how a CoC conducts its business and operations. Completing this statement helps the Council and management identify and evaluate situations and relationships that could be problematic for a CoC, including ones that could jeopardize its tax-exempt status or ability to obtain grants or other funding.

Completing this Statement. Each Council and Committee Member is required to complete and sign this statement annually and update it at such times as they become aware of actual or potential Conflicts of Interest. This statement should take no more than 10 to 15 minutes for most Council and Committee Members to complete. It asks intentionally broad questions, with the hope of identifying all relevant actual or potential Conflicts of Interest.

Defined Terms Used in this Statement. Capitalized terms used in this statement are defined in the Conflict of Interest Policy for CoC Council and Committee Members. Identifying a conflict or relationship does not necessarily mean there is a problem. In some instances, you may need to reveal a conflict or relationship when responding to a question.

This does not necessarily mean that you have done something improper or violated the Conflict of Interest Policy for CoC members. By identifying conflicts and relationships, you permit the CoC and the CoC management to make an informed judgment, further permitting them to address issues through appropriate action or safeguards. Being forthright now is the best approach.

If you have questions about the Conflict of Interest Policy for Council and Committee Members or this Statement, ask the Council or Committee Chair or email CoC Coordinator.

Your Name:

Date:

Annual or Other Disclosure (Circle One)

Please base your answers to the questions below on facts that exist now or that have arisen since you last completed this form.

Do any of your Immediate Family Members serve as a CoC Council Member or employee? **Yes No (circle one)**

If yes, please identify the individual, his or her position and your relationship to him or her:

To the best of your knowledge, are you or any of your Related Parties currently engaged in any Transactions with a CoC Council/Committee Member or employee or the CoC itself? For this purpose, a Transaction does not include a transaction between an attorney and client, or a medical professional (including psychologist) and patient. **Yes No (circle one)**

If yes, please identify the individuals or entities involved and the Transactions in which they are involved:

To the best of your knowledge, are you, any other Council/Committee Members, or any Immediate Family Members of Council/Committee Members (including your own Immediate Family Members) engaged in or considering engaging in a Transaction with the CoC (including providing professional or consulting services to CoC)? **Yes No (circle one)**

If yes, please identify the individuals or entities involved and the Transactions in which they are involved:

Your Name:

Date:

Annual or Other Disclosure (Circle One)

To the best of your knowledge, are you, any other Council/Committee Members, or any Immediate Family Members of Council/Committee Members (including your own Immediate Family Members) Closely Associated with any entity that is engaged in or considering engaging in a Transaction with CoC? **Yes No (circle one)**

If yes, please identify the Council/Committee Member and/or Immediate Family Member, the entity and the Compensation Arrangement or Ownership Interest, and describe the Transaction:

To the best of your knowledge, have you or any other Council/Committee Members solicited or accepted gifts, gratuities, favors, or anything of monetary value (other than token gifts of low-cost promotional items, such as pens, note pads, caps, calendars, and coffee mugs) from: (a) persons receiving benefits or services under any CoC program; (b) persons or organizations performing services for or providing goods or space to CoC; or (c) persons who are otherwise in a position to benefit from the actions of a CoC employee, officer, or Council Member? **Yes No (circle one)**

If yes, please identify the Council/Committee Member, the item that was solicited or accepted, and the person or entity from whom the item was solicited or accepted:

To the best of your knowledge, have you or any other Council/Committee Members participated in the selection or award of a contract supported by state or federal funds if a real or apparent conflict of interest was involved? Such a conflict would arise when the Council/Committee Member, any of their Immediate Family Members, their partner, or an organization which employs or is about to employ any of these parties, is or has a financial or other interest in the individual or firm selected for the award. **Yes No (circle one)**

If yes, please identify the Council/Committee Member, the contract and the conflict of interest:

Your Name:

Date:

Annual or Other Disclosure (Circle One)

To the best of your knowledge, have you, any other Council/Committee Members or Council Members' Related Parties (including your own Related Parties) used CoC equipment, facilities, assets, or staff time for non-CoC purposes? **Yes No (circle one)**

If yes, please identify the Council/Committee Member or Related Party, the CoC equipment, facilities, assets or staff used, and the purpose for which it was used:

To the best of your knowledge, are you aware of any other Conflicts of Interest not already disclosed above? A Conflict of Interest is a situation in which a Council/Committee Member or their Immediate Family Member has, directly him- or herself or indirectly through another individual or entity, a personal or financial interest that compromises or could compromise the Council/Committee Member's independence of judgment in exercising their responsibilities to the CoC. **Yes No (circle one)**

If yes, please identify the Council/Committee Members and any other parties involved and Describe the situation:

By signing this form, I certify that:

I have received a copy of the Conflict of Interest Policy for CoC Council and Committee Members, that I have read and understand it; and I agree to abide by it; and to the best of my knowledge, my responses on this statement are accurate, true and complete.

Signature: _____

Print Name: _____

Date: _____



Conflict of Interest Disclosure Statement for BCHCoC Council, Committee Members and General Members

Your Name:

Date:

Annual or Other Disclosure (Circle One)

Reason for Policy. Conflicts of Interest may raise governance, tax and regulatory issues for the Butte Countywide Homeless Continuum of Care (BCHCoC). They also raise concerns in the mind of the public and members of the media, potentially undermining a CoC reputation and good standing. For these reasons, CoC Council or Committee Members should avoid Conflicts of Interest, disclose ethical, legal, financial and other such conflicts, and remove themselves from deliberations and decision-making on matters in which they have a Conflict of Interest.

Reason for this Statement. The BCHCoC is committed to the highest ethical standards in how a CoC conducts its business and operations. Completing this statement helps the Council and management identify and evaluate situations and relationships that could be problematic for a CoC, including ones that could jeopardize its tax-exempt status or ability to obtain grants or other funding.

Completing this Statement. Each Council and Committee Member is required to complete and sign this statement annually and update it at such times as they become aware of actual or potential Conflicts of Interest. This statement should take no more than 10 to 15 minutes for most Council and Committee Members to complete. It asks intentionally broad questions, with the hope of identifying all relevant actual or potential Conflicts of Interest.

Defined Terms Used in this Statement. Capitalized terms used in this statement are defined in the Conflict of Interest Policy for CoC Council and Committee Members. Identifying a conflict or relationship does not necessarily mean there is a problem. In some instances, you may need to reveal a conflict or relationship when responding to a question.

This does not necessarily mean that you have done something improper or violated the Conflict of Interest Policy for CoC members. By identifying conflicts and relationships, you permit the CoC and the CoC management to make an informed judgment, further permitting them to address issues through appropriate action or safeguards. Being forthright now is the best approach.

If you have questions about the Conflict of Interest Policy for Council and Committee Members or this Statement, ask the Council or Committee Chair or email CoC Coordinator.

Your Name:

Date:

Annual or Other Disclosure (Circle One)

Please base your answers to the questions below on facts that exist now or that have arisen since you last completed this form.

Do any of your Immediate Family Members serve as a CoC Council Member or employee? **Yes No (circle one)**

If yes, please identify the individual, his or her position and your relationship to him or her:

To the best of your knowledge, are you or any of your Related Parties currently engaged in any Transactions with a CoC Council/Committee Member or employee or the CoC itself? For this purpose, a Transaction does not include a transaction between an attorney and client, or a medical professional (including psychologist) and patient. **Yes No (circle one)**

If yes, please identify the individuals or entities involved and the Transactions in which they are involved:

To the best of your knowledge, are you, any other Council/Committee Members, or any Immediate Family Members of Council/Committee Members (including your own Immediate Family Members) engaged in or considering engaging in a Transaction with the CoC (including providing professional or consulting services to CoC)? **Yes No (circle one)**

If yes, please identify the individuals or entities involved and the Transactions in which they are involved:

Your Name:

Date:

Annual or Other Disclosure (Circle One)

To the best of your knowledge, are you, any other Council/Committee Members, or any Immediate Family Members of Council/Committee Members (including your own Immediate Family Members) Closely Associated with any entity that is engaged in or considering engaging in a Transaction with CoC? **Yes No (circle one)**

If yes, please identify the Council/Committee Member and/or Immediate Family Member, the entity and the Compensation Arrangement or Ownership Interest, and describe the Transaction:

To the best of your knowledge, have you or any other Council/Committee Members solicited or accepted gifts, gratuities, favors, or anything of monetary value (other than token gifts of low-cost promotional items, such as pens, note pads, caps, calendars, and coffee mugs) from: (a) persons receiving benefits or services under any CoC program; (b) persons or organizations performing services for or providing goods or space to CoC; or (c) persons who are otherwise in a position to benefit from the actions of a CoC employee, officer, or Council Member? **Yes No (circle one)**

If yes, please identify the Council/Committee Member, the item that was solicited or accepted, and the person or entity from whom the item was solicited or accepted:

To the best of your knowledge, have you or any other Council/Committee Members participated in the selection or award of a contract supported by state or federal funds if a real or apparent conflict of interest was involved? Such a conflict would arise when the Council/Committee Member, any of their Immediate Family Members, their partner, or an organization which employs or is about to employ any of these parties, is or has a financial or other interest in the individual or firm selected for the award. **Yes No (circle one)**

If yes, please identify the Council/Committee Member, the contract and the conflict of interest:

Your Name:

Date:

Annual or Other Disclosure (Circle One)

To the best of your knowledge, have you, any other Council/Committee Members or Council Members' Related Parties (including your own Related Parties) used CoC equipment, facilities, assets, or staff time for non-CoC purposes? **Yes No (circle one)**

If yes, please identify the Council/Committee Member or Related Party, the CoC equipment, facilities, assets or staff used, and the purpose for which it was used:

To the best of your knowledge, are you aware of any other Conflicts of Interest not already disclosed above? A Conflict of Interest is a situation in which a Council/Committee Member or their Immediate Family Member has, directly him- or herself or indirectly through another individual or entity, a personal or financial interest that compromises or could compromise the Council/Committee Member's independence of judgment in exercising their responsibilities to the CoC. **Yes No (circle one)**

If yes, please identify the Council/Committee Members and any other parties involved and Describe the situation:

By signing this form, I certify that:

I have received a copy of the Conflict of Interest Policy for CoC Council and Committee Members, that I have read and understand it; and I agree to abide by it; and to the best of my knowledge, my responses on this statement are accurate, true and complete.

Signature: _____

Print Name: _____

Date: _____