

2018 Update:

10 Year Strategy To End Homelessness in Butte County

Addendum to Address No Place Like Home Requirements

*Adopted by the Butte Countywide
Homeless Continuum of Care
December 17, 2018*

*Effective Implementation Date
January 1, 2019*

Note: This document was written prior to the Camp Fire which broke out on November 8, 2018, and has devastated the communities of Paradise, Magalia and Concow in Butte County. This tragic event has completely altered the picture of housing and homelessness in Butte County and will continue to be an on-the-ground emergency for some time. Due to the ongoing efforts to find immediate shelter and housing for those displaced, and uncertainty as to how recovery efforts will occur, no updates have been made to this Plan to account for this changed situation which will be very dynamic for the foreseeable future. This includes references to the Town of Paradise, Feather River Hospital, and SHOR (Sojourner's House on the Ridge), which remain in the Plan.

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● Introduction

The Butte Countywide Homeless Continuum of Care (Butte CoC) has commissioned an update to the 10-Year Strategy to End Homelessness, which was adopted by the Butte CoC in May 2014 (the Strategy). This update to the Strategy will be referred to hereafter as “the Plan.”

The primary purpose of the Plan is to ensure that it meets the threshold requirements needed to apply for No Place Like Home (NPLH) funding, which is discussed in greater detail below. Through those efforts, the Plan also importantly focuses on two key components of ending homelessness not addressed in the original Strategy: health, and mental health needs and solutions. Finally, in the more than four years that have passed since drafting of the original Strategy, the picture of homelessness in Butte County has changed considerably. Therefore, the Plan provides up-to-date information about the magnitude of homelessness, new sources of funding, and developments in community partnerships, conversations, programs and the political environment.

While a brief discussion of the status of the 2014 Strategy’s goals and objectives is provided, the Plan does not include a comprehensive

reexamination or revaluation of those goals and objectives. The Plan identifies the greatest health and mental health needs of people experiencing homelessness, as well as prioritized actions, as drawn from interviews, focus groups, surveys, a countywide summit, and client data.

The Plan also importantly focuses on two key components of ending homelessness not addressed in the original Strategy: health, and mental health needs and solutions.

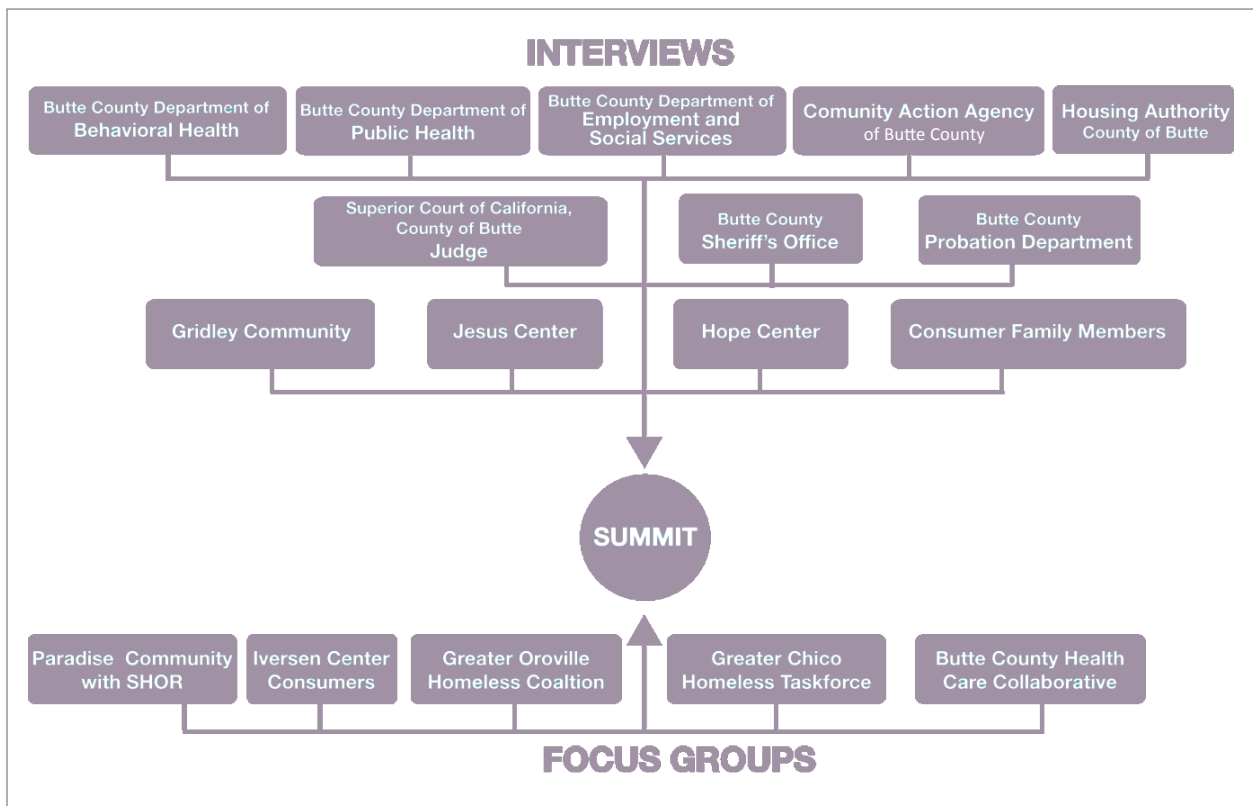
The Plan is a threshold requirement of the State Housing and Community Development Department’s (HCD) No Place Like Home Program (NPLH). This is a new statewide funding program that will allocate funds to counties and housing developers for the development of permanent supportive housing that assists homeless, at-risk of chronic homelessness, and chronically homeless persons with serious

mental illness. HCD requires that any county that receives NPLH funding must adopt and submit to the HCD NPLH program a countywide plan which incorporates some required data and topics, and that the county consults with proscribed groups to receive input. This updated Plan, through this addendum, follows the HCD requirements in order to position Butte County for receiving NPLH funds. The Butte County Department of Behavioral Health (BCDBH) is responsible for applying for and administering the NPLH funds.

Plan Update Development

The process to update the existing 10-Year Strategy to End Homelessness in Butte County occurred over a four-month period, from July to October 2018. The authors of the update, under contract with the Butte County Housing Authority, conducted individual interviews, focus groups, surveys, and a countywide summit in order to ensure a thoroughly collaborative

community-based process in preparing the Plan. The following graphic depicts the groups and individuals who were consulted, and how their input fed into the Butte CoC countywide summit where the final goals, objectives and action steps to address Health and Mental Health needs were arrived at.



The collaborative process insured that all community input was obtained from the following required groups:

- County representatives with relevant expertise from Behavioral Health, Public Health, Probation, Criminal Justice (Superior Court and County Sheriff), and Social Services, through interviews;
- Housing Departments: City of Chico Housing Division and the Housing Programs of the

Butte County Departments of Behavioral Health and Employment and Social Services, through interviews, participation at the CoC Summit, and CoC meetings;

- The Butte CoC, through participation at the CoC Summit and CoC meetings;
- Housing and Homeless Service Providers, including soup kitchens, emergency shelters transitional and permanent supportive housing, domestic violence services,

Veterans' and youth homeless service providers: The Jesus Center, the Hope Center, members of the Greater Oroville Homeless Coalition, members of the Greater Chico Homeless Taskforce, members of the Gridley community who provide homeless services, and a Paradise community group convened by SHOR (Sojourner's House on the Ridge) through focus groups;

- Health Care Providers, including County health plans, community clinics and health centers, and community hospitals, through a focus group with the Butte County Health Care Collaborative;
- The Housing Authority of the County of Butte, through interviews, and participation at the Butte CoC Summit and Butte CoC meetings;
- Representatives of family caregivers of persons living with serious mental illness through interviews.

In addition, a focus group was held with consumers who represent the No Place Like Home target population at the Iversen Wellness and Recovery Center, which is a community-led and -focused center for those dealing with mental health challenges. At the Center, consumers are able to connect with others who experience the same challenges, and participate in a variety of peer support groups, access internet and email services, and get assistance in finding housing and employment. Everyone interviewed in this focus group either is currently homeless or has been homeless in the past, providing a lived experience perspective. The other consumer input was interviews with family members who have a loved one who is mentally ill and homeless. Their insights on the needs of homeless individuals dealing with serious mental health challenges were invaluable in informing the development of objectives and potential actions.

Plan Summary

As described earlier, one of the purposes of the Plan is to add a set of goals, objectives and potential actions around the Health and Mental Health needs of the homeless population. A detailed discussion on this topic can be found beginning on page 26 and is summarized below and for reference in the tables on pages 9 and 10 of this Plan Summary. In addition, while the Plan does not include a comprehensive evaluation and discussion of the status of the existing Strategy’s goals, objectives and potential actions, it does provide feedback from the community and Butte CoC members on the continued relevance of those items adopted in 2014, and where they believe efforts should

be directed over the next 5 years (through 2024), which is the remaining timeframe in the original Strategy. This input was gathered via a written survey provided during the Health & Mental Health Summit and at the October 15, 2018 bi-annual Butte CoC Membership Meeting. Participants were asked for each Objective if they felt it had been “Accomplished,” needed to “Begin Now,” needed to begin “Within 5 Years,” or is “No Longer Relevant.” The percentage of responses each option received is indicated. While not every objective was voted on by the same number of people, 90% of the respondents voted on all of the objectives.

Existing 10 Year Strategy Goals and Objectives

Community Action				
Goal Statement: The citizens of Butte County will take ownership of the homeless problem by creating a Volunteer Support Network, engaging the community in a public awareness campaign, and supporting formation of a homeless court.				
Objectives:	Accomplished	Begin Now	Within 5 Years	No Longer Relevant
Create a Volunteer Support Network to encourage positive interactions among volunteers, and to mentor and assist people that are homeless.	17%	59%	17%	7%
Engage the community through a public awareness campaign to educate people about the homeless crisis and put a human face on the issue.	13%	78%	4%	4%
Form a Homeless Court that will direct homeless offenders to programs that help them rehabilitate their lives, using an approach of restorative justice rather than punitive justice.	0%	76%	20%	4%

Funding				
Goal Statement: The communities of Butte County will identify and develop a sizable sustainable source of funding for all new and existing programs and services to address homelessness in our region through the North Valley Housing Trust, a Nonprofit Resource Center, and a community-wide Marketing and Education program.				
Objectives:	Accomplished	Begin Now	Within 5 Years	No Longer Relevant
Support the North Valley Housing Trust (NVHT), an endowment that will provide a locally generated source of revenue targeted to meet local affordable housing and service needs.	20%	63%	17%	0%
Develop a Nonprofit Resource Center to supplement local nonprofit homeless service providers' fundraising efforts, and to provide grant seeking and writing, marketing and technical assistance free of charge.	5%	60%	26%	9%
Implement a community-wide, multi-media marketing and education campaign to harness the concern and energy of the community, dispel myths about homelessness, share the stories of homeless residents (including success stories), and show people how they can become active.	2%	73%	18%	7%

Housing				
Goal Statement: Butte County housing and service providers will create safe and secure housing options for homeless persons that address gaps in the homeless "continuum of care" and build community.				
Objectives:	Accomplished	Begin Now	Within 5 Years	No Longer Relevant
Institute a Homeless Camp that will provide a safe and secure place for chronically homeless individuals to build community and access services.	0%	67%	23%	9%
Develop a Wet Shelter that will provide safe and secure overnight shelter for persons that cannot enter emergency shelters due to sobriety rules.	2%	88%	10%	0%
Create a Housing-First Program that will proactively outreach to homeless individuals and immediately place them in a home comprehensive supportive services.	4%	73%	23%	0%

Services				
Goal Statement: Community partners will strive to create a network of services, under one roof, that are quick and easy to access, are coordinated between service providers, offer earlier intervention to break the cycle of homelessness, and accommodate pets in services and shelters.				
Objectives:	Accomplished	Begin Now	Within 5 Years	No Longer Relevant
Create a One-Stop Opportunity Center, a place where all homeless individuals and families can go to access a variety of services under one roof.	7%	68%	20%	5%
Strengthen and develop Homeless Prevention Programs—prevent episodes of homelessness by providing short-term assistance with rent and utility bills, offer mediation between tenants and property owners to prevent eviction, increase housing stabilization, and make referrals to community-based services.	7%	81%	9%	2%
Provide Pet Veterinary and Shelter Services—find ways to accommodate pets in shelters and in our network of services; identify low-cost or no cost veterinary services to ensure the pets are healthy and that vaccinations are current.	7%	59%	34%	0%

Jobs				
Goal Statement: Community partners will work together to establish a centralized employment resource center, increase employment programs customized to assist the homeless, and develop social enterprise businesses.				
Objectives:	Accomplished	Begin Now	Within 5 Years	No Longer Relevant
Develop a centrally located employment resource center to provide quick and easy access to a network of employment and job training services.	19%	49%	30%	2%
Provide job training tailored to the specific needs of homeless people, specifically soft skills training, such as communication, interviewing, teamwork, problem solving and critical thinking, and programs that provide participants with a certificate or degree after completion.	5%	59%	36%	0%
Create social enterprise businesses that generate revenue to support shelters and provide jobs for clients—a “double bottom line” business that gives equal importance to income generation and social services.	5%	62%	33%	0%

The new Goal Statement, Objectives, and Prioritized Actions in the areas of Health & Mental Health for the next five years (through 2024) are as follows:

Health and Mental Health
Goal Statement: Butte County health and mental health providers, in collaboration with community programs, will create programs, systems and processes to address gaps in the current system of care for those experiencing homelessness.
Objective 1: Improve hospital discharge planning and support.
<p>Prioritized Actions:</p> <ul style="list-style-type: none"> • Implement community based medical case management, including the assignment of a health navigator who coordinates discharge care and education with shelter and service providers. • Provide hospital-driven housing solutions such as medical respite housing to provide gap options between the hospital and discharge to shelters or the streets. • Implement a paraprofessional and volunteer support system for reminders, appointment accompaniment, and connection to resource and referral systems.
Objective 2: Improve options for infection prevention and hygiene.
<p>Prioritized Actions:</p> <ul style="list-style-type: none"> • Secure funding and a provider to operate a mobile medical unit that brings services to locations throughout the county, including wound and foot care • Provide portable bathrooms, handwashing stations, showers and laundry facilities that can travel throughout the county. • Provide needle exchange and/or addiction harm reduction services including naloxone treatment access.
Objective 3: Improve access to mental health care.
<p>Prioritized Actions:</p> <ul style="list-style-type: none"> • Provide on-site behavioral health collaboration and consultation (at hospitals, clinics, shelters, day centers) throughout the county. • Increase on-going mental health services at shelters, day centers, and jails, combined with finding and funding increased transportation resources for individuals and families.
Objective 4: Expand emergency mental health response.
<p>Prioritized Actions:</p> <ul style="list-style-type: none"> • Provide a mobile mental health unit with outreach team for 24-hour crisis support countywide. • Evaluate and enhance 5150 protocols.
Objective 5: Increase intensive case management capacity within a collaborative system.
<p>Prioritized Actions:</p> <ul style="list-style-type: none"> • Establish a Healthcare for the Homeless Leadership Committee to establish policies across health, mental health and service organizations. • Develop and implement a systematic program for the sharing of information and medical records within HIPAA regulations. • Implement a collaborative, specialized, multidisciplinary and cross-trained case management system, utilizing evidence based practices to improve triage, screening and continuity of care.

Objective 6: Expand accessible day center services and resources.

Prioritized Actions:

- Provide medication support with refrigerated and non-refrigerated storage, funds for prescriptions, and medication administration support.
- Provide a safe and adaptive location for people to rest who have medical conditions.
- Provide a regular location for mobile medical, dental and mental health units.
- Improve transportation options from and to day centers to increase access to services.

Objective 7: Expand detox and addiction services.

Prioritized Actions:

- Provide on-site (shelters, day centers) substance abuse case management.
- Support the development of a regional detox center that serves multiple northern California counties. Work within a regional coalition of Behavioral Health Departments to initiate this .
- Work with hospitals to provide drug and alcohol counselors in emergency rooms, as needed, to provide referrals and follow up with service providers.
- Pursue increased and flexible funding for multiple substance abuse treatment modalities (in-field, on-site, individual treatment, etc.).

Objective 8: Develop and enhance youth and family services.

Prioritized Actions:

- Expand program support for families with youth or adults who have a mental health condition and are struggling to safely function at home.
- Raise awareness of services already available and find ways for increased service provider collaboration. There are many existing parenting support services, including parent education, developmental stages and needs, trauma respite care for parents and children.
- Improve prenatal, postpartum and infant care system of services, to include post-delivery 24- hour supportive housing, delivery follow up, and access to nutritious foods and hygiene support.
- Educate homeless service providers about Adverse Childhood Experiences (ACEs) and Trauma-Informed Care.

Objective 9: Develop specialized transitional and permanent housing with support services.

Prioritized Actions:

- Build more affordable permanent supportive housing units, including single room occupancy (SRO). Include housing for people with mental health conditions along a spectrum.
- Build more permanent supportive housing for seniors with dementia, mental health conditions, cognitive impairment, chronic health issues and mobility impairment.
- Utilize alternative housing options such as master lease programs or board and care.

Objective 10: Increase shelter and temporary housing options.

Prioritized Actions:

- Allow clients of current shelters to stay “in” during the day by becoming 24- hour accessible through day staffing.
- Implement tiny house villages to provide harm reduction, Housing First options for people who can’t stay in shelters or are ready to transition from shelters.
- Provide legal areas for camping. (This is addressed in the existing Plan as Objective 1 under Housing.)

● Homelessness in Butte County

Data from Point-in-Time Census

The Butte Countywide Homeless Continuum of Care (Butte CoC) conducts a Point-in-Time Homeless Census (PIT) every two years in Butte County. On one day in the last week of January, between 100-200 volunteers fan out across the county and conduct interviews with homeless individuals, going to soup kitchens, shelters, libraries and government offices, as well as the streets, camping sites near local creeks, parks, and other public spaces. The most recent survey was conducted in January 2017, with an upcoming survey planned for January 2019.

The census provides valuable information about the characteristics of the homeless population. These characteristics include, but are not limited to: age, gender identification, race, family composition, military service, nighttime residence, length of stay in Butte County, length of homelessness, disability status, participation in foster care, reasons for homelessness, barriers to accessing housing, type of income and educational level. It is important to recognize that all data is self-reported by the individual completing the survey, and that the survey counts those individuals and families who can be found on that one day and are willing to participate in answering the questions.

The Butte CoC uses PIT data to generate two reports – the HUD Report and the Census and Survey Report. The HUD Report is required by the US Department of Housing and Urban Development (HUD) every other year, and includes a portion of the overall data captured

for the Census and Survey Report. The HUD Report monitors progress toward ending homelessness, and determines eligibility and funding levels for certain state and federal grants. A more comprehensive picture of the data captured during the PIT is provided in the Census and Survey Report. The Census and Survey Report's overarching goal is to

help the community to better understand homelessness in their area. It is used by public officials and housing departments to meet reporting requirements and to better understand the priorities for limited public funds. Service providers use the Census and Survey Report to inform their practices, as well as to assist them in developing timely and effective housing and services. Communities access the findings to better understand local homelessness and to

develop common knowledge with their community leaders. The full report is available at www.buttehomelesscoc.com.

The 2017 Butte County Homeless Point In Time (PIT) study collected informational surveys from 1,983 individuals experiencing homelessness on January 25, 2017. This marks a 76% increase from the 2015 PIT which counted 1,127 individuals, and reflects the largest count captured in the county to date. Despite the significant increase, it does not suggest a complete count of those experiencing homelessness in the county, but a base number of people located during a 24-hour period, and represents only one measure of the human and housing crisis facing the county.

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The 2017 community PIT provided these highlighted findings:

Households: The 1,983 individuals experiencing homelessness were part of 1,583 households, 85% of which were made up of adults only, another 8% were family households, and 6% were households of minor unaccompanied youth.

Count by Community: Chico had the highest count at 1,096 individuals, a 92% increase since 2015. Oroville had the second highest count with 713 people, an 83% increase. Paradise's count increased to 120 people, a 145% increase, and almost evenly split between Paradise and Magalia. Gridley saw a decrease of 8 people to 26, or 22% decrease.

Residency: The survey data shows that more than three-fourths of the adults and unaccompanied youth had lived in Butte County for more than three years, and more than half of those surveyed had lived in the county for over 10 years. Almost 80% were living in Butte County when they became homeless and nearly 90% confirmed that Butte County is their home. Those not originally from Butte County, moved to the county for reasons analogous to those not in a homeless situation, such as family, college, quality of life, job opportunities, etc.

Chronic Homelessness: Nearly half (47%) of the individuals (929) met the definition of chronically homeless (which is a combination of time spent homeless and the existence of a disabling condition) implying that individuals and families are remaining homeless for long periods of time, and doing so while trying to manage persistent physical, mental, and/or developmental conditions.

Homelessness Prevention: The capacity of local prevention and diversion services were insufficient to prevent 555 people who completed the survey from becoming homeless for the first time.

Nighttime Habitation: Of those surveyed, the largest number of respondents (747 people) reported spending the night of the PIT in a place not meant for human habitation, a 164% increase from 2015. Another 729 respondents stayed in programs specifically designed to house those who are homeless: 351 stayed in emergency shelters, 341 in transitional housing

projects, and 37 in hotels with a subsidized voucher. There were 438 individuals doubled up with friends and family, without onsite support services and relying on community member resources for shelter. Finally, 69 people were in facilities (treatment centers, hospitals or jail) for the night, but were homeless prior to admission and with no home available to them when released.

Causes: The top two causes for homelessness in the county, according to the survey respondents, were family crisis and employment/financial problems.

Barriers: The number one barrier to permanently ending homelessness was the absence of affordable housing. The county's extremely low (1-2%) housing vacancy rate fuels the demand for housing as well as higher rents. The second highest reported barrier was lack of money to pay rent and/or a deposit.

Public Safety: According to the survey data, which is self-reported, ordinances about sitting, lying and storing property in public places have led 181 people who completed the survey reportedly being ticketed, 80 arrested, and nearly 50 incarcerated in the past year.

Healthcare: There is a growing body of evidence that housing is a healthcare need. While about 40% of residents experiencing homelessness accessed clinics and health centers, about 34% accessed hospitals that offer medical care often without payment. This financial burden to hospitals was not distributed across the homeless population but concentrated on a limited number of high frequency users; 36 people who completed the surveys reported using the hospital 12 or more times a year, and 90 people reported staying 12 or more days.

Education: In general, unhoused residents have less education than those who are housed. Local studies by Butte College and Chico State support the local need to bolster educational housing and food support for low income students, especially in light of the growing number of homeless students at both of these institutions.

Income and Housing: For 90% of those surveyed, their income would not cover the (county median) rent, let alone typical household and family expenses.

Veterans: There were 137 veterans who completed the survey, a significant increase from the 2015 count. More than half of the veterans were unsheltered and a third have a physical disability and/or Post Traumatic Stress Disorder.

Domestic Violence: Three hundred people surveyed reported being a victim of domestic violence, with one-third revealing they were homeless for the first time. The data showed that 40% of those identifying as a victim of domestic violence were men. Nearly half reported having Post Traumatic Stress Disorder and/or a mental health condition.

Youth: Surveys were collected from 105 minor, **unaccompanied youth (UY)** and from 145 **Transitional Age Youth (TAY)**, who were 18 to 24 years old. Most of the UY (73%) were interviewed in Oroville and most of the TAY (66%) were interviewed in Chico. Twenty-five of the TAY were parents. Youth were long-term county residents, with 56% living in the county over ten years. Despite their age, 23% of the youth (10% of UY and 32% of TAY) already met the definition of chronically homeless. The chart below summarizes the 2017 PIT statistics on homelessness and chronic homelessness by household type:

Total Homeless Individuals	1,983
Homeless Households	1,583
Single Adults	1,480
Families	398
Unaccompanied Youth	105
Total Chronically Homeless Individuals	929
Chronically Homeless Households	780
Single Adults	793
Families	125
Unaccompanied youth	11

The following table shows the location in which those completing the survey slept on the night of the PIT, including both cities and unincorporated areas. Twenty-six surveys were gathered from individuals who had stayed in smaller Butte County townships, (such as Bangor and Yankee Hill), or neighboring counties, the night of the PIT, but were able to relocate into one of the four larger Butte County communities to complete a survey. The overall percent of residents without homes is 0.88% of the Butte County population.

Communities	Households	People
Gridley/Biggs Area	26	28
Biggs	2	2
Gridley	24	26
Chico Area	849	1096
Oroville Area	611	713
Oroville	607	706
Palermo	3	6
Thermalito	1	1
Paradise/Ridge Area	79	120
Magalia	40	59
Paradise	39	61
Other Areas	18	26
TOTAL	1,583	1,983

Mental Illness and Homelessness

Homeless Experiencing Serious Mental Illness:

The 2017 PIT data provides insight on the disabling conditions of homeless individuals, including mental illness and other co-occurring disabilities. Adults answering the survey identified the existence of disabling conditions from a list of eight broad categories, including having a mental health condition. Each survey respondent was able to identify more than one category.

While the survey question did not specify serious mental illness, and respondents self-identify their disabling conditions, it nonetheless provides a sense of the scope of

homeless individuals dealing with mental health challenges.

The table below lists the number of people who reported the presence of one or more conditions. The top disabling condition was the existence of a mental health condition. Next was the presence of a disabling physical condition (such as diabetes, cancer, heart disease, seizures, limited mobility, blindness). Both Post Traumatic Stress Disorder and Drug Use Conditions were reported on a quarter of the surveys. Alcohol abuse was also a condition for 13% of the people.

Conditions	Number	Percent
Mental Health Condition	461	23%
Physical Condition	446	22%
Post Traumatic Stress Disorder	377	19%
Drug Use	366	18%
Alcohol Abuse	265	13%
Developmental Disability	134	7%
Traumatic Brain Injury	112	6%
HIV+/AIDS	13	.6%

Butte County Department of Behavioral Health client data provides the following information about the number of homeless individuals

who were clients of county Behavioral Health services on a given day in September 2018:

	Adult 18+	Transition Aged Youth (18-24)*	Youth 0-17
Current BCBHD Clients (Mental Health and Substance Abuse) from Behavioral Health and Contractor Programs who were homeless at service admission	406	37	11

**Subset of the adult population*

Chronically Homeless Experiencing Serious Mental Illness:

Of the 461 individuals who reported having a mental health condition in the 2017 PIT, 279 of them met the definition of “chronically homeless,” or 14% of the respondents. Butte County Behavioral Health client data indicates that at least 20% of adults and 24% of transition-aged youth receiving mental health services are chronically homeless.

Homeless and Chronically Homeless Experiencing Co-occurring Disabilities or Disorders:

At the time of the 2017 PIT, 657 individuals (33% of respondents) self-identified as having a co-occurring disability or disorder, with 143 of those individuals also meeting the definition of chronically homeless.

Children with Serious Emotional Disturbances:

Butte County Department of Behavioral Health data indicates that 11 homeless children are receiving services as of September 2018. The Butte County Office of Education has begun to track the number of homeless children and youth who meet the definition of having a serious emotional disturbance; while not available at the time this report was drafted, that data should be available beginning 2019. The State Department of Health Care Services reports that in FY 16-17, 2,502 children and youth in Butte County were receiving Specialty Mental Health Services (Medi-Cal Mental Health Services).

● Service and Outreach Challenges

Staff from the Butte County Department of Behavioral Health Housing Services, will be those charged with implementing the No Place Like Home program. This staff works with persons with serious mental illness who are homeless and/or chronically homeless on a daily basis, doing street and encampment outreach, providing clinical services in outpatient settings, and placing individuals in permanent supportive housing projects funded by the MHSA program, CoC homeless grants and the County with on-going case management. This staff was interviewed to ascertain what they see as the special challenges and barriers to serving the No Place Like Home target population: Adults or older adults with a serious mental disorder; and Seriously emotionally disturbed children or adolescents.

- Mental health conditions often interfere with the person's ability to recognize, understand, and accept their condition, as well as being open to treatment. The symptomology and cognitive impairment that accompanies these conditions is severe. Individuals have a right to refuse treatment, which includes the offer of a supportive housing placement.
- Clients lose hope and are reluctant to engage. This loss may be caused by a bad experience they had in the past with government programs, their own perception of how little available housing there is in the community, and the processes they will need to go through to obtain housing, even with Housing First programs. It was reported this is especially true with adolescents and transition-aged youth, who often have an additional layer of distrust of any system and are hesitant to participate in the Coordinated Entry System.
- Engaging unsheltered clients is especially challenging. It can take months or even years for a mental health professional to establish a relationship of trust with a seriously mentally ill person living on the streets. If that trust is breached, it may never be regained. Implementing safety measures for the staff doing the outreach poses its own barrier to bringing people into the system for services. When doing street outreach, the Behavioral Health Department staff is accompanied by police officers to help mitigate some of the inherent dangers, but the presence of police can be off-putting, resulting in a further reluctance to form the needed trust relationship.
- There are limited locations and opportunities for people who are experiencing homelessness to receive on-site services, which is essential considering how being without a home complicates the ability to access services. Examples offered include:
 - There is nowhere to store your belongings and no one to watch your dog while you go to an appointment. A client can't take bring them into a service provider office.
 - Transportation to services is a constant challenge. Even with a bus pass in hand, clients must then navigate the schedule and bus transfer process to make it to their appointment on time.
 - Due to the timing of other essential community services, such as congregate meals and checking in on time for overnight shelter, individuals will miss appointments or simply not bother scheduling one.
 - The current lack of a comprehensive day center and/or 24 hour a day shelters was cited as a barrier to effectively serving the target population.
- Service providers have difficulty communicating and following through with paperwork, appointments and treatment because of cognitive and emotional disabilities. Logistically, having reliable contact information for follow up is challenging for this population.

- HIPAA, California Medical Information Act (CMIA), and other confidentiality requirements make it extremely difficult for professionals from homeless and outreach services, housing, hospitals, clinics, mental health and criminal justice to communicate with each other and provide wrap-around services.
- Drug and alcohol use combined with a serious mental health disorder makes initial diagnosis and treatment very challenging. There are limited options for detox and drug and alcohol treatment in Butte County, resulting in an aspect of their illness which is not being treated.
- Landlords are resistant to house people who are homeless with a mental health condition, when they have abundant other tenant options.
- For families with seriously emotionally disturbed children, the barriers include the parents themselves not wanting to admit their child has an illness and to receive treatment, which is sometimes due to cultural stigma; it is difficult to find landlords willing to rent to these families, especially if they have multiple children and need a larger housing unit; immigrant families are afraid of accessing government programs due to fear of deportation.
- Transition-aged youth experience extreme peer pressure to not engage in services or leave the streets for housing.
- There simply isn't enough affordable housing. There is a very low available rental housing stock (1-2% vacancy) and a lack of funding to development affordable permanent housing. In the rental housing that does exist, most landlords will not allow pets. Homeless individuals will turn down housing, rather than give up their pet which has given them such comfort and security while homeless.
- Leadership is siloed across organizations and sectors, with limited comprehensive coordination to address what are sometimes bureaucracy-driven barriers.
- The current political environment maintains funding associated with criminal justice "solutions", rather than housing and health/mental health solutions.

● County and Community Resources Addressing Homelessness

As defined by the federal Department of Housing and Urban Development (HUD), a Continuum of Care Program “is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.”

At a fundamental level, a Continuum of Care describes the network of resources needed to effectively address homelessness throughout the spectrum, from the point at which individuals and families are at serious risk of homelessness or become homeless, through becoming permanently housed with continued access to resources that will help them to stabilize and improve their lives.

This continuum includes emergency shelters, transitional housing, permanent housing, health and mental health services and a wide array of accompanying support services that are integral to the individual and family’s well-being. As described in the HUD definition, there is also a designated Continuum of Care Program in each community in the United States; in Butte County, this program is administered by the Butte CoC.

The Butte Continuum of Care reviews and approves the funding application and response to HUD’s annual CoC Program for homeless assistance resources, as well as similar funding opportunities from the State. A significant role of the Butte Continuum of Care is to provide a framework for strategic coordination of services, data management and reporting, and local implementation of federal and state homeless policies and systems.

The resources that are briefly described in this section of the Plan are not intended to be exhaustive of all services available in the County. It is rather a focus on housing and services that are targeted to homeless individuals and families, or those at risk of homelessness. There are a number of resources not listed which do serve the homeless, although that is not their exclusive target population. Some types of housing and services may actually fit into multiple categories, but were typically placed in one category that best suits their roles. Many agencies in Butte County provide a wide array of services which span the continuum.

County and City Resources Being Used to Address Homelessness

City of Chico Community Development Block Grant (CDBG) and Home Investment Partnership Grant (HOME) Funds:

The City of Chico is an entitlement grantee for CDBG funds and a Participating Jurisdiction for HOME funds from the federal Department of Housing & Urban Development (HUD). The City annually funds a variety of programs to address homelessness and the prevention of homelessness. While the programs funded may vary from year to year, the City is currently providing CDBG Public Services operational funding for emergency shelter, transitional housing, permanent supportive housing and the domestic violence shelter. Utilizing HOME funds, the City provides a Tenant Based Rental Assistance Program (TBRA) which provides temporary rental assistance for families who are working towards self-sufficiency, including families who have recently been homeless. The City is also currently setting aside a portion of its HOME allocation for a permanent affordable housing complex to serve seniors, which will include those who are homeless or at risk of homelessness.

Town of Paradise Community Development Block Grant (CDBG):

The Town of Paradise is an entitlement grantee for CDBG funds from the federal Department of Housing & Urban Development (HUD). The Town is currently providing CDBG Public Services operational funding for emergency shelter services.

Butte County Department of Behavioral Health Mobile Crisis Unit (in partnership with City of Chico Police Department and Butte County Sheriff’s Department):

This program deploys counselors from the Department of Behavioral Health to police and sheriff’s calls when mental health issues are a concern. The goal is to divert people in crisis away from the criminal justice system and into treatment programs.

Butte County Department of Behavioral Health:

Provides funding and support to help homeless, at risk of homelessness, and chronically homeless persons with severe and persistent mental health problems find permanent housing. Housing options and treatment services are offered through a menu of services available to the client and based on individual case needs. Support services include counseling, medication, employment preparation and training, and supported living. Other services include street outreach, crisis intervention, and drug and alcohol services, including the Stepping Stones Perinatal Drug and Alcohol Recovery program for pregnant women.

Butte County Department of Employment and Social Services:

Provides a rapid rehousing permanent housing program which includes assistance in locating housing and helps pay the initial rent plus rent deposit and utility deposit. Families receive ongoing support services and case management to meet housing and financial needs. Services also include temporary homeless financial assistance and housing. The temporary program will pay for a motel room for up to 16 consecutive days while the recipient is searching for permanent housing. Other services offered

by the Department which homeless individuals and families may avail themselves include the CalWORKS cash aid program, CalFresh food assistance, assistance in signing up for Medi-Cal, County Medical Services Program (CMSP), and General Assistance which provides temporary cash aid to disabled adults.

In addition to the resources described above, the cities of Chico and Oroville, as well as Butte County, have designated representatives which sit on the Butte CoC Council. The City of Chico provides land with no cost leases for the operation of the Torres Community Shelter and the Catalyst Domestic Violence Shelter and Cottages. The City of Chico is also currently in discussions with the Jesus Center regarding the sale of City-owned property for a homeless services center to provide consolidated resources at a location in south Chico.

One of the most significant efforts made in the last year to prevent the criminalization of homelessness has been the initiation of the Behavioral Health Department’s Mobile Crisis Unit.

County efforts to prevent criminalization of homelessness:

As described above, one of the most significant efforts made in the last year to prevent the criminalization of homelessness has been the initiation of the Behavioral Health Department’s Mobile Crisis Unit. The program was rolled out to the City of Chico Police Department in March 2018 and will be further expanded to the County Sheriff’s Department for the south county area in late 2018. It provides a tangible resource needed to address the mental health challenges experienced by homeless individuals which often lead to calls for service by public safety officers. By providing on-site crisis intervention, its intent is to make an immediate connection to further Behavioral Health services

and to divert individuals away from the criminal justice system.

County homeless service and housing providers have consistently communicated their concerns about the detrimental effects of the City of Chico's Sit-Lie Ordinance to the Chico City Council. In addition, several departments at California State University Chico joined together to prepare a report on the Impacts of the City of Chico's Public Safety Approach to Homeless. The report provides an initial analysis to understand the law enforcement implications of Chico's public safety approach to homelessness. Specifically, the report explores how arrest rates and the geography of arrests have changed after enforcement of the sit-lie ordinance. It also estimates the costs to the City of Chico to police the homeless community.

The existing Plan also includes an objective to form a Homeless Court, using a restorative justice approach. While there have been on-going community conversations regarding such an effort, the development of such a program has not yet been realized. In the survey conducted on the current plan objectives, 96% of respondents felt that this was still a relevant task to undertake.

Community Based Resources

Community organizations in Butte County have worked tirelessly to develop shelter, housing and support services to address the wide array of needs of homeless individuals and families. Some of these resources have been in place for 20 years or more, while others have been developed more recently as a response to the increase in the incidence of homelessness in Butte County.

Emergency Shelters (most of these shelters also offer meals, showers, laundry facilities, case management, supportive services and referrals to community resources):

Haven, Catalyst Domestic Violence Shelter: A temporary communal living environment for victims of domestic violence and their children whose safety is at immediate risk, with 28 beds for adults and cribs/toddler beds for children.

Clients may stay up to 6 months. Located in Chico.

Oroville Rescue Mission: Provides both a men's and women's/children's shelter for homeless individuals in Oroville, with 47 beds for men and 17 beds for women and children.

Sabbath House, The Jesus Center: Provides 26 beds of emergency overnight shelter for single women or women with children. Participants can stay up to 6 months. Located in Chico.

Safe Space Winter Shelter, Inc.: A rotating, nightly shelter program which is housed in various Chico churches during the winter months. This program takes the overflow from other shelters and also serves as a "wet" shelter, accepting those with an active addiction disorder or for those who are unable or unwilling to access other shelters.

Torres Community Shelter, Chico Community Shelter Partnership: Provides up to 160 beds of shelter to families with children, and single men and women in separate dorms.

Youth for Change: Provides meals, showers, laundry facilities and case management at the 6th Street Drop In Center for unaccompanied youth. The HEART program provides emergency shelter beds for minors. They also provide referrals to local shelters and housing programs.

Transitional Housing:

Cottages, Catalyst Domestic Violence Shelter: Catalyst offers four two-bedroom cottages next to their Haven Shelter with residency for up to 18 months.

Esplanade House, Community Action Agency of Butte County: A 56-unit apartment complex for homeless families with children, the program provides a two-phased approach to transitional housing, with a stabilization phase followed by preparation for re-entry into the community.

Jesus Center Houses—Birch House, Holly House, House of Hope, Myrtle House, Sage House, St Joseph Lily House: The Jesus Center operates a number of scattered site transitional housing programs, each of which serves a

focused population such as senior women, pregnant/peri-natal women and newborns, and women/men.

Oroville Rescue Mission: In addition to their emergency shelter services, the Oroville Rescue Mission provides a total of 18 beds of transitional housing in 3 houses in Oroville.

Ann and Emmett Skinner Transitional Living Program, The Salvation Army: The program is comprised of a four-unit duplex facility that serves single-parent families who have successfully transitioned out of The Salvation Army's Adult Rehabilitation Program located in Chico.

Jerry L. Knight House, VECTORS: A transitional housing program for up to 15 homeless veterans located in Chico. Housing and Services are designed to help veterans re-integrate into the community with stays limited to no more than two years.

Permanent Supportive Housing:

Avenida Apartments, Caminar: Featuring fourteen single occupancy housing units, Avenida Apartments are designed for people with a disability who have experienced homelessness. Case management and support services for residents are provided by the Butte County Department of Behavioral Health. Employment opportunities are also onsite to assist residents in their recovery process to become productive members of the community.

Villa Serena Apartments, Northern Valley Catholic Social Services: Villa Serena offers nine one-bedroom apartments for persons with a persistent mental illness. Case management and supportive services are offered by Butte County Behavioral Health and Northern Valley Catholic Social Services.

Valley View Apartments, Northern Valley Catholic Social Services: This is a 14-unit apartment complex for MESA-eligible adults with serious mental illness who are homeless or at-risk of homelessness. Case management and supportive services are provided by Butte County Behavioral Health and Northern Valley Catholic Social Services.

Campbell Commons, Community Housing Improvement Program: Campbell Commons is a 55-unit single room occupancy (SRO) apartment complex for one-person households, many of whom are formerly homeless individuals. Clients receive case management services through the Butte County Behavioral Health and Employment and Social Services Departments.

Shelter Plus Care, Butte County Housing Authority: A HUD CoC rental subsidy and case management program that serves unaccompanied adults with severe mental illness who are chronically homeless and are referred by the Butte County Behavioral Health Department.

Housing Now, Chico Housing Action Team (CHAT): A scattered site, master lease program currently providing housing for 85 people in 21 houses, with the provision of case management services by CHAT staff.

Friend's House, Chico Community Shelter Partnership: Friends House provides permanent housing to up to 6 men who have demonstrated stability while at the Torres Community Shelter, and who are ready to take the next step towards self-sufficiency.

Butte County Department of Behavioral Health—Five HUD CoC Homeless Grants (Scattered Sites): Provides tenant based rental subsidies with case management that serves 18 unaccompanied adults with severe mental illness who are homeless and/or chronically homeless. A sixth CoC grant, SEARCH Shelter PlusCare, is administered by the Housing Authority of Butte County and serves 5 unaccompanied adults with severe mental illness who are chronically homeless.

Rapid Re-Housing: In addition to shelter or transitional housing services, these agencies also currently provide a rapid re-housing program which makes connections with local landlords and property management companies to quickly re-house individuals or families who have become homeless. Due to the fluctuating nature of funding and resources, this list is subject to change. Support services include

a landlord liaison, case management, tenant education, and financial assistance help to ensure the success of the housing placement:

- ***Catalyst Domestic Violence Services***
- ***Chico Community Shelter Partnership***
- ***Community Action Agency of Butte County***
- ***Greater Oroville Homeless Coalition***
- ***Veterans Resource Center of America***

Housing Assistance:

Housing Authority of the County of Butte, Section 8 Housing Choice Voucher Program:

Administered at the local level by Public Housing Authorities, the Section 8 voucher program is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Each household that is issued a housing voucher is responsible for finding a suitable housing unit of their choice where the owner agrees to rent under the program. Rental units must meet minimum standards of health and safety. A housing subsidy is paid to the landlord directly by the Housing Authority on behalf of the participating household. The household then pays the difference between the actual rent charged by the landlord and the amount subsidized by the program.

Housing Authority of the County of Butte, HUD VASH (Veteran's Affairs Supportive Housing) Voucher Program:

The HUD VASH program provides rental assistance vouchers for privately owned housing to Veterans who are eligible for VA health care services and are experiencing homelessness. VA case managers may connect these Veterans with support services such as health care, mental health treatment and substance use counseling to help them in their recovery process and with their ability to maintain housing in the community.

Case Management Support. These agencies all provide on-going case management support to their homeless clients who are also accessing other agency services:

- ***Catalyst Domestic Violence Services***
- ***Community Action Agency of Butte County***

- ***Crisis Care Advocacy Triage***
- ***Department of Veteran Affairs***
- ***Iversen Center***
- ***Torres Community Shelter***
- ***The Jesus Center Houses***
- ***Veterans Resource Center***
- ***Youth for Change, 6th Street Center for Youth and HEART***

On-Site Service Support:

Youth for Change, 6th Street Center for Youth:

A drop-in center for homeless teens and young adults. Services include meals, clothing, showers, hygiene items, laundry, and birth control; also socialization, counseling, tutoring, employment search, case management, and support connecting to shelter, transitional housing, mail/computer/phone/locker use and other community services.

The Hope Center: A resource center in Oroville which provides meals, food boxes, clothing, recovery groups, expungement classes and referrals to community resources.

Iverson Wellness and Recovery Center, Northern Valley Catholic Social Services: a community-led and -focused drop in center for those dealing with mental health challenges. At the Center, consumers are able to connect with others who experience the same challenges, and participate in a variety of peer support groups, access internet and email services, and get assistance in finding housing and employment.

The Jesus Center: Provides two daily meals, showers, laundry, mailboxes, and a resource center where clients can obtain assistance with all aspects of obtaining public benefits, continuing education and job search. They also offer a vocational internship program that offers placement at either Bloomin' Hope Flower Cart or the Jesus Center Farm.

Sojourner's House on the Ridge (SHOR): Provides hygiene items, food, winter items (blankets, coats), computer access, job search assistance, assistance in applying for public benefits, housing search assistance and transportation to shelters.

Crisis Intervention and/or Street Outreach:

Butte County Behavioral Health SEARCH and Mobile Crisis Intervention: Street outreach to mentally ill homeless individuals by Behavioral Health clinicians who provide in-field counseling, referrals, and work to bring the client into structured, on-going mental health services. Also includes the Mobile Crisis Unit which works with the Chico Police Department and Butte County Sheriff's Department to respond to public safety calls where mental health issues are a factor.

Catalyst Domestic Violence Services: 24 hour a day, 7 days per week crisis hotline which provides counseling, intervention and support services for victims of domestic violence.

Crisis Care Advocacy and Triage: A community-based advocacy group that works to intervene on behalf of homeless individuals experiencing mental health crises and connect them with needed community resources.

Youth for Change, Homeless/Runaway Emergency Action Response Team (HEART): Crisis intervention, individual and family counseling, rehabilitation services, case management, care coordination for youth and families. Intensive clinical case management for youth and their families who are in need of longer term services.

Rehabilitation/Drug and Alcohol Treatment:

George Walker Center Adult Rehabilitation Program, The Salvation Army: The George Walker Center Adult Rehabilitation Program in Chico provides a 6-month residential treatment program including components of counseling, work therapy, 12-step recovery coursework, as well as classes in chemical dependency, parenting, anger management and addiction studies to men and women who could not otherwise afford rehabilitation services.

Information Outreach and Referral:

Butte 2-1-1, provided by Help Central: Help Central is a local nonprofit organization established to facilitate and improve public access to essential health and human services. Help Central provides three ways that residents of Butte County can receive immediate

information and support: (1) Call the 2-1-1 helpline 24 hours/day for live help; (2) Text your zip code to 898211 for live help; or (3) Search the free public database at HelpCentral.org. Butte 2-1-1 has worked closely with local service providers and hospitals to improve referrals of homeless individuals to 2-1-1 and thus improve their connection to community resources.

Butte County Library: All library staff at the various branch locations have been trained to work specifically with homeless individuals who access the library as a daytime place to rest, read and access information. Over time, individuals develop a rapport and trust relationship with staff which may allow them to be more open to receiving services.

Butte County Public Health: The Public Health Department provides a communicable disease outreach program at homeless shelters and day centers. Services include flu vaccinations, TB testing, and rapid testing for syphilis, HIV and Hepatitis C.

Butte County Veteran's Service Office: The County Veterans Services Office works as an advocate for those who have served in U.S. Army, Marines, Navy, Air Force, Coast Guard, Reserves and National Guard and their family members in receiving the benefits and services earned through military service. These benefits and services include; pension, service connected compensation, aid and attendance, housing, employment, counseling and other needed services.

Northern Valley Talk Line, Northern Valley Catholic Social Services: Based on the Recovery Model, the Northern Valley Talk Line (NVTL) provides non-crisis peer to peer telephone service to the community 7 days a week from 4:30 pm—9:30 pm. Includes referral to countywide resources, and works in partnership with Butte County Behavioral Health.

Project Homeless Connect (sponsored by the Butte CoC): Designed specifically for homeless individuals and families, this one-stop resource fair provides one-day direct services and information in the areas of: shelter, housing, health, mental health, drug and alcohol services,

children's and family services, job training and employment, public benefits, California IDs, birth certificates, veteran's needs, haircuts, clothing, and showers. This event has taken place twice at the Silver Dollar Fairgrounds in Chico, in 2012 and 2016. Participants were bused in from all areas of the county. The feedback as to the benefits received have been extremely positive, so the goal is to make this resource fair a regular occurrence.

Meals and Food Staples. These agencies provide hot prepared meals, pantry staples, fresh produce, and sack lunches:

- **Hope Center**
- **The Jesus Center**
- **Oroville Rescue Mission**
- **Salvation Army**
- **Torres Community Shelter**
- **Youth for Change, 6th Street Center for Youth**
- **California State University, Chico and Butte College Basic Needs Food Pantries**

Health and Dental Care. The following are the primary providers of healthcare and dental services to homeless individuals:

Federally Qualified Health Centers and/or Tribal Health Centers: Ampla Health, Feather River Tribal Health, Northern Valley Indian Health

Hospitals and Affiliated Clinics: Enloe Medical Center, Enloe Prompt Care, Feather River Hospital, Feather River Health Center, Orchard Hospital, Oroville Hospital

College Health Centers: California State University Chico and Butte College Student Health Centers (for homeless students attending those institutions).

Free Volunteer Operated Clinics: Shalom Free Clinic

HIV, TB and Sexually Transmitted Diseases: Butte County Department of Public Health

Community Based Adult Health Services and Case Management: Peg Taylor Center (Innovative Health Care Services)

Reproductive Care: Planned Parenthood, Women's Health Specialists

Managed Medi-Cal Plan Providers: Anthem Blue Cross, California Health and Wellness

Legal Services:

Legal Services of Northern California: Provides free legal services to low income individuals in the areas of housing, public benefits, health care, education, family stability and civil rights.

Children's Services:

School Ties, Butte County Office of Education:

The School Ties Program serves homeless and foster youth through a variety of focused services including: educational case management, assistance with records transfer, enrollment assistance, special education advocacy, transportation arrangement, provision of school supplies, health and education passports, tutoring and mentoring.

Other Services:

Chico Homeless Animal Outreach: Provides veterinary care, food and supplies for animals who are homeless with their human companion.

Oroville Southside Community Improvement Association. This group is working to launch a mobile hygiene trailer "Haven of Hope on Wheels" to serve homeless individuals throughout the county; would provide showers and laundry facilities.

Partners in Ending Homelessness

Within Butte County, there are a number of collaborative groups who have come together to focus on both long-term solutions to homelessness, as well as addressing the acute human needs of those experiencing homelessness today. Most of the service providers described earlier participate in at least one of these collaborative groups. In addition to the Butte CoC, which acts as the planning body and administrative entity for the

receipt of federal and state homeless funding, the following collaborative groups are partners in ending homelessness in Butte County, and participate in the Butte Continuum of Care:

The Greater Chico Homeless Taskforce: The Greater Chico Homeless Task Force acts as a regular venue for civic collaboration and the exchange of information concerning issues related to homelessness. It provides a space where health and social service professionals, interested community members, and people experiencing homelessness can come together to assess the current services available and fill in the gaps by joining with other committed local partners including law enforcement, nonprofit and philanthropic organizations, churches, and housing providers.

The Greater Oroville Homeless Coalition: The Greater Oroville Homeless Coalition is housed in the Hope Center, and is made up of service providers and community members who work to end homelessness one individual or family at a time. They address immediate needs through the provision of rental assistance, payment of utility bills, and connection to services.

Gridley Community Members: While not a formal organization, there is a group of dedicated residents in the City of Gridley who work to address homelessness in their community. They provide meals, clothing, sleeping bags, and referrals to services in Chico and Oroville.

North Valley Housing Trust (NVHT): This is a nonprofit 501(c)(3) local housing trust formally established in 2015. The idea for the

NVHT was born through the process of creating the City of Chico Housing Element, adopted in August 2009. Through a broad public outreach process involving the participation of about 140 community members from the nonprofit, for-profit and government sectors, in addition to a number of reviews by the City Planning Commission and City Council, it was determined that the creation of a flexible, local housing trust fund was the highest priority goal.

To date, NVHT has raised a total of \$1.2 million. This includes \$650,000 in bank investments, \$500,000 from the State Local Housing Trust Fund grant, and \$50,000 in community donations. A majority of this funding was provided to the Valley View Apartments Project, which provides 14 units of permanent supportive housing to MHSA-eligible adults with serious mental illness who are homeless or at-risk of homelessness. The goal of NVHT is provide a locally-controlled, flexible source of on-going funding to address the most pressing needs of homeless individuals and families, as well as other very-low income residents.

Butte County Healthcare Collaborative: This collaborative is made up of medical and mental health providers, including hospitals, clinics, nonprofit agencies, the Butte County Public Health Department, Butte County Behavioral Health, the county's managed Medi-Cal plans, and interested parties. The collaborative has recently initiated discussions regarding the need for a Homeless Services sub-group, in order to proactively improve planning and coordination of healthcare services and address gaps in the current system of care for homeless individuals.

● Solutions to Homelessness in Butte County

In addition to addressing the No Place Like Home requirements, one of the other purposes of this update was to add a set of goals, objectives and potential actions around the Health and Mental Health needs of the homeless, at-risk of chronic homelessness, and chronically homeless population. Therefore, this Plan specifically addressed the solutions to homelessness identified in the realm of Health and Mental Health. The Plan Summary starting on page 6 provides a discussion of the existing Strategy solutions in the areas of Community Action, Funding, Housing, Services and Jobs.

Health and Mental Health

The collaborative process to gather community input on this topic was extensive. Input was gathered via five focus groups, interviews with seven county agencies, an interview with the Housing Authority, and interviews with consumers and their family members. This input consisted of identification of problems and potential solutions. This data was sorted, coded and organized in such a way that what had been identified as problems were translated into thematic objectives, and potential solutions were grouped accordingly.

The Butte Continuum of Care members were then asked to vote on their top ten objectives and their preferred solutions to those objectives. The top ten objectives, with a complete list of solutions was then brought forward to a special Continuum of Care Health and Mental Health Summit held on October 8, 2018. At that summit, with over 100 community members in attendance, participants had the opportunity to work in groups on two objectives and to help narrow the focus on the range of potential actions to be included in the Plan.

In some cases, the objectives and accompanying actions touch on the same issues addressed in

the 2014 plan, especially as it relates to housing and shelter. With the recognition that “housing is healthcare,” these were included where it was clear they were not completely duplicative of existing objectives or actions. The results of this effort have resulted in the identification of an over-arching Health and Mental Health Goal Statement, followed by the top ten Objectives identified through the process. Each Objective then has a Need Statement which further describes why the Objective is important, followed by a number of prioritized actions to be considered in addressing the need and meeting the objective. A list of some of the **potential** partners and/or resources is identified. Finally, three model programs or best practices that are representative of the ideas expressed during interviews, focus groups, and the Summit are included as a way to stimulate further conversation and action.

Similar to the existing Strategy, this new section of the Plan on Health and Mental Health provides a recipe book of solutions that the community has prioritized as most needed and appropriate for our localities. It does not prescribe who will implement the objectives, nor does it spell out step-by-step instructions. As entities determine what elements they can take on after assessing their capacity, more strategic initiatives and partnerships ready to tackle a specific objective or action will emerge. Because there are five years left in the Plan horizon at the time of this update, it is anticipated that a minimum of one prioritized action within each objective will be initiated between 2019 and 2024.

Health and Mental Health Goal Statement

Butte County health and mental health providers, in collaboration with community programs, will create programs, systems and processes to address gaps in the current system of care for those experiencing homelessness.

Top Ten Objectives:

1. Improve hospital discharge planning and support
2. Improve options for infection prevention and hygiene
3. Improve access to mental health care
4. Expand emergency mental health response
5. Increase intensive case management capacity within a collaborative system
6. Expand accessible day services and resources
7. Expand detox and addiction services
8. Develop and enhance youth and family services
9. Develop specialized transitional and permanent housing with support services
10. Increase shelter and temporary housing options

Objective 1	Improve Hospital Discharge Planning and Support
Identified Need	Homeless individuals discharged from the hospital need wraparound community services in order to effectively heal, address chronic health conditions, and be able to take advantage of transitional or permanent housing opportunities.
Top Prioritized Actions	<ul style="list-style-type: none"> • Implement community based medical case management, including the assignment of a health navigator who coordinates discharge care and education with shelter and service providers. Include integration with the CoC’s Coordinated Entry System as a goal. • Provide hospital—driven housing solutions such as medical respite housing to provide gap options between the hospital and discharge to shelters or the streets. • Implement a paraprofessional and volunteer support system for reminders, appointment accompaniment, and connection to resource and referral systems.
Potential Partners and/or Resources	<ul style="list-style-type: none"> • Hospitals: Enloe Medical Center, Feather River Hospital, Oroville Hospital, Orchard Hospital • Ampla Health Centers • Anthem Blue Cross and California Health and Wellness • Shalom Free Clinic • Shelters and Day Centers • Butte County Behavioral Health and Public Health Department • Butte County CoC Coordinated Entry System • Peg Taylor Center (Innovative Health Care Services)

Objective 2	Improve Options for Infection Prevention and Hygiene
Identified Need	Homeless individuals have limited options to take care of basic hygiene needs, wounds, and engage in basic harm reduction services.
Top Prioritized Actions	<ul style="list-style-type: none"> • Secure funding and a provider to operate a mobile medical unit that brings services to locations throughout the county, including wound and foot care. • Provide portable bathrooms, handwashing stations, showers and laundry facilities that can travel throughout the county. • Provide needle exchange and/or addiction harm reduction services including naloxone treatment access.
Potential Partners and/or Resources	<ul style="list-style-type: none"> • Butte County Public Health and Behavioral Health • Ampla Health Center • Oroville Southside Community Improvement Association • Tribal Health Centers • Nonprofit service providers • North Valley Harm Reduction Coalition • National Healthcare for the Homeless Council (grant funding) • State of California Department of Public Health, Office of AIDS, Syringe Exchange Programs funding

Objective 3	Improve Acces to Mental Health Care
Identified Need	The mental health needs of the homeless population are not being adequately addressed through the current service model.
Top Prioritized Actions	<ul style="list-style-type: none"> • Provide on-site behavioral health collaboration and consultation (at hospitals, clinics, shelters, day centers) throughout the county. • Increase on-going mental health services at shelters, day centers, and jails combined with finding and funding increased transportation resources for individuals and families.
Potential Partners and/or Resources	<ul style="list-style-type: none"> • Butte County Behavioral Health • Hospitals: Enloe Medical Center, Feather River Hospital, Oroville Hospital, Orchard Hospital • Ampla Health Centers • Tribal Health Centers • Local shelters and Day Centers • Butte County Jail • Nonprofit Mental Health Service Providers • Outreach Programs

Objective 4	Expand Emergency Mental Health Response
Identified Need	Mental health crisis situations are not adequately addressed through the current service model.
Top Prioritized Actions	<ul style="list-style-type: none"> • Provide a mobile mental health unit with outreach team for 24-hour crisis support countywide. The Behavioral Health Mobile Crisis Unit which was launched in 2018 could be the potential building block for expansion of outreach services. • Evaluate and enhance 5150 protocols.
Potential Partners and/or Resources	<ul style="list-style-type: none"> • Butte County Behavioral Health • Local Law Enforcement: City/Town Police Departments; Butte County Sheriff's Department; Probation Department • Local nonprofit mental health service providers • Department of Health Care Services, Homeless Mentally Ill Outreach and Treatment Program (funding allocated to Butte County Behavioral Health)

Objective 5	Increase Intensive Case Management Capacity Within a Collaborative System
Identified Need	Service providers need a more proactive and structured system to collaboratively provide effective services to the homeless population.
Top Prioritized Actions	<ul style="list-style-type: none"> • Establish a Healthcare for the Homeless Leadership Committee to establish policies across health, mental health and service organizations. • Develop and implement a systematic program for the sharing of information and medical records within HIPAA regulations. • Implement a collaborative, specialized, multi-disciplinary and cross-trained case management system, utilizing evidence-based practices to improve triage, screening and continuity of care. Integrate with the CoC's Coordinated Entry System.
Potential Partners and/or Resources	<ul style="list-style-type: none"> • Butte 2-1-1 • Butte County Public Health, Behavioral Health and Probation Departments • CoC Coordinated Entry System • Hospitals: Enloe Medical Center, Feather River Hospital, Oroville Hospital, Orchard Hospital • Ampla Health Centers • Tribal Health Centers • Anthem Blue Cross and California Health and Wellness • Local nonprofit homeless service providers, including shelters and day centers • Specialized Service Providers: Peg Taylor, Passages, Caring Choices, DAC, Stonewall, African American Family Cultural Center, Hmong Cultural Center, Veterans, NVCSS, FNRC

Objective 6	Expand Accessible Day Services and Resources
Identified Need	Those who are homeless need one place in each jurisdiction to receive an array of needed health support services.
Top Prioritized Actions	<ul style="list-style-type: none"> • Provide medication support with refrigerated and non-refrigerated storage, funds for prescriptions, and medication administration support. • Provide a safe and adaptive location for people to rest who have medical conditions. • Provide a regular location for mobile medical, dental and mental health units. • Improve transportation options to and from day centers to increase access to services.
Potential Partners and/or Resources	<ul style="list-style-type: none"> • Butte County Public Health and Behavioral Health Departments • Hospitals: Enloe Medical Center, Feather River Hospital, Oroville Hospital, Orchard Hospital • Ampla Health Centers • Tribal Health Centers • Anthem Blue Cross and California Health and Wellness • Local nonprofit homeless service providers • Municipalities

Objective 7	Expand Detox and Addiction Services
Identified Need	There are limited options available for residential in-patient detox and addiction services, especially for those with limited or no resources to pay for such treatment.
Top Prioritized Actions	<ul style="list-style-type: none"> • Provide on-site (shelters, day centers) substance abuse case management. • Support the development of a regional detox center that serves multiple northern California counties. Work within a regional coalition of Behavioral Health Departments to initiate this. • Work with hospitals to provide drug and alcohol counselors in emergency rooms, as needed, to provide referrals and follow up with service providers. • Pursue increased and flexible funding for multiple substance abuse treatment modalities (in-field, on-site, individual treatment, etc.).
Potential Partners and/or Resources	<ul style="list-style-type: none"> • Butte County Behavioral Health • Hospitals • Local Shelters and Day Centers • Managed Medi-Cal Plan Providers • Criminal Justice Partners: Butte County Sheriff, Police Departments, Probation • Aegis Treatment Centers • Sober Living Environment (SLE) Residential Providers

Objective 8	Develop and Enhance Youth and Family Services
Identified Need	Homeless families with children and youth experience unique risks and challenges that would benefit from more proactive services
Top Prioritized Actions	<ul style="list-style-type: none"> • Expand program support for families with youth or adults who have a mental health condition and are struggling to safely function at home. • Raise awareness of services already available and find ways for increased service provider collaboration. There are many existing parenting support services, including parent education, developmental stages and needs, trauma support and respite care for parents and children. • Improve prenatal, postpartum and infant care system of services, to include post-delivery 24-hour supportive housing, post delivery medical follow up, and access to nutritious foods and hygiene support. • Educate homeless service providers about Adverse Childhood Experiences (ACEs) and Trauma-Informed Care.
Potential Partners and/or Resources	<ul style="list-style-type: none"> • Butte County: Behavioral Health, Public Health and Employment and Social Services • Butte County Office of Education School Ties Program; child development services • The Child Abuse Prevention Council • Butte First 5 • Hospitals: Enloe Medical Center, Feather River Hospital, Oroville Hospital, Orchard Hospital • Northern Valley Catholic Social Services • Youth for Change

Objective 9	Develop Specialized Transitional and Permanent Housing with Support Services
Identified Need	Housing is healthcare, especially supportive housing with services, and we don't have nearly enough in Butte County. People's physical and mental health conditions become worse when they are not housed.
Top Prioritized Actions	<ul style="list-style-type: none"> • Build more affordable permanent supportive housing units, including single room occupancy (SRO). Include housing for people with mental health conditions along a spectrum. • Build more permanent supportive housing for seniors with dementia, mental health conditions, cognitive impairment, chronic health issues and mobility impairment. • Utilize alternative housing options such as master lease programs or board and care.
Potential Partners and/or Resources	<ul style="list-style-type: none"> • Butte County Criminal Justice Partners (Sheriff, Probation, District Attorney, Superior Court) • Butte County Behavioral Health • Hospitals • Municipalities • Community Action Agency of Butte County • Community Housing Improvement Program • Housing Authority of the County of Butte • North Valley Housing Trust • Specialized Service Providers: Disability Action Center, Passages, Peg Taylor Center, Northern Valley Catholic Social Services • Local Homeless Service Providers • No Place Like Home Program Funding for construction of permanent supportive housing for seriously mentally ill adults and seriously emotionally disturbed children • Future SB 2 "Building Homes and Jobs Act" housing allocations to local jurisdictions <p style="text-align: right;"><i>(continued on next page)</i></p>

Potential Partners and/or Resources	<ul style="list-style-type: none"> • Homeless Emergency Aid Program (HEAP): Funding of Capitalized Operating Reserves for permanent supportive housing projects. • California Emergency Solutions & Housing Program (CESH): Funding of Capitalized Operating Reserves for permanent supportive housing projects. • Veteran’s Housing and Homelessness Prevention Funding: Capital for construction of permanent supportive housing for veterans. • HOME Investment Partnership Act (HOME): Funding for the construction of permanent affordable housing. The City of Chico receives an entitlement allocation and other jurisdictions may apply to the State to receive funds, which are then allocated to developers of affordable housing. • Federal and State Low Income Housing Tax Credits (LIHTC): program administered by the California Tax Credit Allocation committee which manages the State’s allocation of federal LIHTC and State tax credits. Investors are able to receive tax credits in return for providing cash equity for the construction of affordable housing projects. • Federal Tax Exempt Bonds: Program managed by the California Debt Limit Allocation Committee (CDLAC) which administers the allocation of federal tax-exempt bonds. Tax exempt bonds are issued for affordable housing projects that can be purchased by banks. The banks use the tax-exempt status of the bonds to loan funds to projects at below market interest rates. • State of California Multifamily Housing Program: Not currently funded, but may be funded in the next two years if Ballot Initiative SB 3 passes. Funds permanent affordable housing, including extremely low-income households.
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Objective 10 Increase Shelter and Temporary Housing Options	
Identified Need	Existing shelters need to expand their hours and range of services, and different types of shelters are needed to address the spectrum of consumers.
Top Prioritized Actions	<ul style="list-style-type: none"> • Allow clients of current shelters to stay “in” during the day by becoming 24-hour accessible through day staffing. • Implement tiny house villages to provide harm reduction, Housing First options for people who can’t stay in shelters or are ready to transition from shelters. • Provide legal areas for camping (this is addressed in the existing Plan as Objective 1 under Housing).
Potential Partners and/or Resources	<ul style="list-style-type: none"> • Existing Shelter Providers • Cities/Towns/County of Butte • Local community driven funding • Emergency Solutions Grant: funding for shelter operations allocated by the State to local CoCs, and granted to shelter operators. • City of Chico and Town of Paradise CDBG Public Services funding (for shelter operations)

Models in Healthcare, Homeless Services and Housing

The models described below are a few examples of innovative collaboration across community sectors in the areas of healthcare, housing and homeless services. These programs have all demonstrated success in improving health outcomes and housing stability while decreasing costs. The intention in providing these descriptions is not to suggest that these models can be exactly replicated in our community, but are intended to inform the development of locally appropriate strategies, and provide encouragement that solutions to our most difficult and pressing homelessness issues are available.

Using Hospital Community Benefits to Provide Equity for Supportive Housing Development, Central City Concern, Portland, Oregon:

“In September 2016, five hospital systems and a nonprofit healthcare plan in Portland, Oregon agreed to donate \$21.5 million to support development by Central City Concern (CCC) of 379 new affordable housing units, including supportive, respite care and transitional housing. This housing is being developed in conjunction with a 35,337-square foot healthcare facility and 1,346 square feet of commercial space/coffee shop for additional services. CCC’s long history of integrating housing and clinical services to stabilize and advance the lives of its patients was a key factor in its ability to attract this level of investment. The funding helped to fulfill the Hospital Community Benefit Obligations (HCBO) required of nonprofit hospital systems and is one of the largest single donations in the United States to a nonprofit housing developer. The hospital systems leveraged \$21.5 million in capital contributions into an \$81.25 million affordable and supportive housing project linked with on-site clinical and mental health services while fulfilling their nonprofit missions and meeting their obligations under the federal tax code. In addition to providing critical financial leverage, the use of HCBO as the funding mechanism overcame the problems created by differing investment horizons that can arise when the health and housing sectors attempt to collaborate. The nature of the investments as charitable donations meant that

the success of the project was not dependent on documenting savings. Previous hospital system collaboration built the relationships that enabled the systems to respond quickly to the CCC investment opportunity. Helping traditional hospital systems to embrace housing as a means of addressing healthcare occurred over many years of discussion, including the CEO of CCC successfully developing relationships with the healthcare CEOs so their strategic orientation could include housing. It is important to note that use of HCBO for housing development may be impacted if the ACA is repealed and Medicaid coverage is reduced, resulting in increased need for charity care.”

Funding Sources for the Project:

Health system contributions:	\$21.5 million
Low Income Housing Tax Credits:	\$20.4 million
New Market Tax Credits:	\$7.9 million
Central City Concern contribution:	\$3.3 million
Grants/Soft Sources:	\$16.4 million
Permanent Debt:	\$11.75 million
Total Cost:	\$81.25 mill.

Source: “*Innovative Models in Health and Housing*”, Prepared by Mercy Housing and The Low Income Investment Fund for The California Endowment and The Kresge Foundation 2017. Full report available at: <http://www.liifund.org/wp-content/uploads/2017/08/Health-and-Housing-LIIF-Mercy-Report-2017.pdf>

Community Information Exchange, 2-1-1 San Diego/Imperial, San Diego and Imperial County:

“A Community Information Exchange (CIE) is an ecosystem comprised of a multi-disciplinary partner network that uses a shared language and an integrated technology platform to deliver enhanced community care planning. By focusing on these three core components, a CIE enables communities to shift away from a reactive approach to providing care to one that enables partners to integrate data from multiple sources and make bi-directional referrals to create a longitudinal record that promotes a proactive, holistic, person-centered system of care. The

CIE presents a holistic view of a client's needs through a series of evidence-based assessments that were created with a variety of their partners. These assessments holistically identify the nature and severity of a client's needs across 14 different domains (social determinants of health) including employment development, housing stability, nutrition and food security, transportation, and health management. The platform includes a Risk Rating Scale which measures a client's vulnerability in accessing services. It also creates a data-rich longitudinal record on each client's ability to obtain more informed and tailored services.

The data captured includes:

Person History: Inclusive profile, which includes personal and household information, benefits, and healthcare summary. Historical continuum of 14 social determinants of wellness, including housing, food, health, transportation, and employment.

Program History: A comprehensive view of a person's referrals to programs, enrollments, current status, outcomes, and concrete data on barriers and unmet needs.

Care Teams: Ability to collaborate with agencies who are also working with the person, including their role, contact info and program details.

Alerts: Real-time integration of data and e-mail alerts for care team, including arrest notifications and emergency transports.

Care Coordination: Shared feed on the person's profile to collaboratively communicate about shared clients and care plans.

Benefits of a CIE:

Improvement in Health Outcomes: Cohort studies have shown CIE results in a reduction of healthcare utilization, increase in housing stability and the partner collaboration yields better outcomes. These indicators directly impact the health and wellbeing of individuals and in time impacts the health of the entire community.

Improved Quality of Life and Care: Expanding the network with health and social service partners, prevents individuals from falling through the cracks and creates a structure for improved quality for all.

Enhance Quality of Life and Care, Address Inequities: CIE creates a social safety net that builds mechanisms to understand how racism, poverty and adversity are translated through our systems of care."

Source: 2-1-1 San Diego/Imperial, <https://ciesandiego.org/>

Mobile Medical Unit, Shasta Community Health Center, HOPE Van, Redding, California:

The Health Outreach for People Everywhere (HOPE) provides comprehensive primary health care, case management, street/shelter outreach, and referral services for individuals who are homeless or at-risk through Shasta Community Health Center in Redding. Comprehensive medical, dental, and mental health services are provided at the main clinic site in Redding and at various locations throughout Shasta County through the HOPE mobile clinic, which has two exam rooms and both medical and dental equipment. HOPE offers a full range of primary care services, including STD and HIV/AIDS testing, radiology, lab, pharmacy services, and referral services to partner agencies in the area of housing, substance abuse counseling, legal assistance, job services, and government assistance.

Since its initial inception in 2004, the HOPE Mobile Clinic has served 4,000 individuals. Funding support has come from the federal Healthcare for the Homeless Program, Far Northern Regional Center, State of California Department of Health Care Services Whole Person Care, a variety of other grant sources, and private donations.

A team of individuals from Butte County Public Health, The Jesus Center, and Butte 2-1-1 visited the HOPE mobile clinic in April 2018 and came away inspired by what they saw.

Source: Shasta Community Health Center website: <https://www.shastahealth.org/hope> and National Healthcare for the Homeless website: <https://www.nhchc.org/directory/shasta-community-health-center/>

● No Place Like Home Data Collection in Butte County

The Butte County Department of Behavioral Health has systems in place to provide regular reports to its various federal and state funders, as required by regulations and contractual relationships. Because the development and management of permanent supportive affordable housing utilizing No Place Like Home funds will necessitate a partnership with a project sponsor, the County will execute an MOU with the project sponsor that describes each partner's roles and responsibilities. Given this, the following systems will be developed in order to meet the data collection requirements of the No Place Like Home program:

- To ensure that an independent audit is submitted for NPLH funded projects by the project sponsor, Butte County will include provisions regarding the submission of an independent audit in its MOU with the project sponsor.
- To ensure that annual compliance reports are submitted for NPLH funded projects by the project sponsor, Butte County will include provisions regarding the submission of annual compliance reports in its MOU with the project sponsor.
- To ensure that NPLH project-specific data outlined in Section 214 of the Guidelines is submitted by the project sponsor, Butte County will include provisions regarding the submission of this data in its MOU with the project sponsor. The Butte County Behavioral Health Department will coordinate with lead service providers, property management, and the CoC's HMIS. The CoC's HMIS uses Clarity Data Services, a certified HUD HMIS vendor. Clarity Data Services collects all HUD required data, and will be set up on all of the data points listed in Section 214 of the NPLH Guidelines. In addition, the following efforts will be made to collect the data in Section 214(g) of the Guidelines regarding changes to health care

outcomes and utilization and incarceration outcomes and utilization:

- For individuals within the Butte County Behavioral Health System of Care, the department collects and analyzes data at 3 points: initial assessment, quarterly reports, and key events such as arrests, and psychiatric and medical hospitalizations. In addition, fields to capture NPLH-specific data will be added to the Behavioral Health electronic health record, with data analyzed through the Systems Performance and Evaluation Report.
- For individuals not with the System of Care, the Behavioral Health Department will work to obtain the necessary information from partner agency service providers, such as public arrests, or within Behavioral Health for psychiatric hospitalizations, wherever possible. This will require close collaboration and development of further relationships and systems to track this data.

The anticipated barriers to obtaining this data are:

- HIPAA Protected Health Information patient-confidentiality rules. For example, it may be challenging to obtain information about emergency room utilization if the client does not provide authority under HIPAA for their medical records to be released to Behavioral Health.
- Differing systems for data collection among health care providers, the criminal justice system and the CoC, including methodology, terminology and software.
- The capacity of all entities involved in data collection to layer additional data collections system on top of systems already in use.

Coordinated Entry System

The Butte Continuum of Care has been developing its Coordinated Entry System (CES) under the guidance of a CES sub-committee through and the development and adoption of a CES Policies and Procedures Manual, in adherence to HUD guidelines for the purpose of efficiently matching homeless individuals to appropriate housing and services, and prioritizing care for individuals with the greatest needs. The CES data is entered into a housing queue by service providers that are members of the CES committee, including all sheltering agencies receiving HUD or ESG funding, day centers, and Butte 2-1-1. Specifically, the Butte 2-1-1 partnership allows 24-hour, 7 day a week operation of the CES system. These agencies record client information, enroll participants in the Homeless Management Information System (HMIS), and rank their needs according to their administration of the VI-SPDAT universal assessment tool. The data is collectively managed, and independent agencies determine who in the housing queue will be offered housing when it becomes available.

The CES data system is monitored and managed by the HMIS lead agency. The CoC uses Clarity Data Services, a HUD-approved vendor, for its HMIS system. The HMIS lead agency has taken steps to ensure incorporation of NPLH program guidelines into the CoC's HMIS and CES. Specific updates either completed or in progress:

- Update Clarity Software to include NPLH target population “at risk of chronic homelessness” and add questions to collect data for this subset of target population;
- “At Risk of Chronic Homelessness” and their respective definitions were added to the HMIS Policies and Procedures Manual, as well as the inclusion of the NPLH Program Guidelines to the list of HMIS Data Standards.

- The definitions of “At Risk of Chronic Homelessness” and a “Serious Mental Disorder” were added to the CES Policies and Procedures Manual.

In addition, the CoC's HMIS technical consultant has prepared a training video for CES users on how to use the enrollment screen in CES for NPLH referrals.

The CES Policies and Procedures Manual outlines both the assessment and referral and intake process for NPLH units in order to fill the NPLH-assisted units based on the use of the VI-SPDAT standardized assessment tool, prioritizing persons with the highest need for permanent supportive housing and the most barriers to housing retention. Prioritization of At Risk of Chronic Homelessness involves an additional allocation of bonus points that places people matching that definition in the housing queue one level below Chronic Homelessness and above all other priority subpopulations. Unit availability will be communicated through the NPLH Property Manager and Butte County Department of Behavioral Health (BCDBH). BCDBH staff will review the queue in the CES system and refer those in most need to the NPLH Property Manager.

All referrals to NPLH-funded units will be made on a non-discriminatory basis for all federal and state protected classes, consistent with CoC referrals to all shelter, housing and services. The CES Policies and Procedures Manual provides these standards for non-discrimination. Furthermore, it is the CoC's policy that Transitional Housing and Permanent Housing providers will not deny admission or separate family members based on age, sex or gender.

Conclusion:

This Plan provides an updated framework which builds upon the existing 10 Year Strategy through the inclusion of Health & Mental Health needs and potential initiatives. It also addresses the Homeless Plan requirements of the No Place Like Home program. This document is intended to be a resource to stimulate discussion and action for the CoC, its membership and the

wider community interested in and dedicated to ending homelessness in Butte County. Butte County has a solid foundation of local resources and long-term partnerships. As can be seen from the Plan, there was tremendous rich input received as a response to this Plan effort. The community is active, engaged and ready to do this important work.