



## INTRODUCTION

No one was born with the plan to become homeless. Life situations, life choices, circumstances beyond our control are all reasons why a person or family becomes un-housed. Butte County is not unique in having too many people without shelter on any given night. In some communities you may not see the homeless in the city square or at the river edge, but they are there. Ending homelessness is a wonderful dream; managing and reducing homelessness in our community is possible.

The Butte Countywide Homeless Continuum of Care (BCHCoC) has been a part of the solutions since 2009. We acknowledge, until recently, our efforts focused on development and pilot of a Coordinated Entry System (CES), maintaining a Homeless Management Information System (HIMS), developing a 10-year strategy in 2014, and applying for the annual HUD and Emergency Solutions Grants. With the hiring of the CoC Coordinator the BCHCoC is able to move in a direction of solutions, creating connections, and not just be a data collection and funding pass-through organization.

During the first two weeks of September 2018 the CoC Coordinator held 6 meetings to engage our community, our Cities and Counties, our law enforcement, judicial system, and our CoC members. These brainstorming sessions were held in Chico, Oroville and Paradise. These sessions were well attended with a variety of organizations and people with various background and points of view. See Appendix A for a listing of all organizations who attended.

There were several goals for these meetings:

- Educate our community about the HEAP and CESH funding opportunities
- Bring together organizations who may not know each other to foster collaboration
- Brainstorm results that are important to our communities
- Brainstorm both short and long term solutions / program results
- Listen and let everyone in our community have a voice

This brief is written to assist our communities, our city and county leadership to understand the important of supporting and declaring a Shelter Crisis, in order to receive HEAP funding from the State of California. As of this writing the cities of Oroville and Gridley have both approved Resolutions for a Shelter Crisis Declaration. The BCHCoC is aware of concerns from some leaders about how the money will be spent and what will be the positive outcomes in our communities, given the short amount of time to spend the funding.

If we look back at the 2014 10-Year Strategy we know the community, at that time, had these themes:

- ❖ We are a compassionate community.
- ❖ Homelessness affects ALL members of the community.
- ❖ Let's take ownership of the problem.

The County of Butte and all its jurisdictions has an opportunity to move forward, even with tiny steps and caution, to enhance, develop, support and pilot options to reduce and manage the homelessness in Butte County. The service providers, new and old are thinking outside of the box, collaborating in new ways, and working towards our local priorities together.

The Butte Countywide Homeless Continuum of Care believes the information in this brief will help everyone better understand what is happening, what has happened, and what can happen when we as a community work together.

## LOCAL PRIORITIES

The BCHCoC has taken action in the last few months to establish short-term local priorities. These came from meetings with our BCHCoC members and community members. In July 2018, the BCHCoC council voted to adopt 7 of these priorities, out of 13 identified priorities, to strive and work towards, through December of 2019. Little did we know there would be funding streams available, tied to CoC's around the state. This funding will go towards projects and programs that further the BCHCoC Council's 13 priorities, the current 10-year strategy, and the state goals for reducing and managing homelessness.

The priorities are:

1. House within 30 days or less of becoming homeless, our Families with Children, Youth or TAY (Transition aged youth 18-24) and Domestic Violence Victims/Survivors.
2. Provide Funding For and Have a Coordinated Entry Housing Navigator in Place. This person would be responsible for countywide housing navigation with those on Coordinated Entry.
3. Adopt a Discharge Plan with the 4 hospitals for those who are homeless. This would include a case manager and a housing plan.
4. Have Locations in Chico, Paradise, Oroville and Gridley for Homeless to Be Entered into HMIS and Coordinated Entry.
5. Street Outreach Program – Meet People Where They Are At
6. Implement a Mobile Clinic to Assist Persons with Chronic Conditions and Medicine Management
7. Increase Landlord Participation in Rapid Re-Housing Programs in Oroville, Paradise and Chico
8. Develop and Start an Elderly 60+ with Chronic Illness Homeless to Housing Program
9. Develop a Low Barrier- Seasonal Emergency Shelter in Oroville, Chico, and Paradise for both Winter and Summer Months
10. Take the 20 Persons with the highest vulnerability from Coordinated Entry and have them placed into housing by end of Dec 2019
11. Have all of our Butte County Homeless Entered into Coordinated Entry
12. Significantly Reduce Veteran Homelessness in Butte County
13. Have a Coordinated Discharge Plan with the Butte County Jail, which would include case management and housing for those who are homeless

The 10-Year Strategy:

1. Community Action Goal: 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.
2. Funding Goal: 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
3. Housing Goal: 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
4. Services Goal: 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.
5. Jobs Goal: 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.

## THE WHY

There are several population sub groups who have increasing homeless numbers. These numbers are being shared not as shock value, but to underscore the need to help those who are the most vulnerable.

For our Students in K-12<sup>th</sup> grades in Butte County, in the 2016-2017 school years there were 1434 youth who were considered homeless, with 52 of those living in places not meant for human habitation. In the recently released data for school year 2017-2018, there is an increase in to 1438 total students, with now 72 students living in places not meant for habitation. Paradise Unified School District saw the greatest increase in students going from 19 to 33 students who slept in a car, a bench or a place not meant for human habitation.

From July 2017 to June 2018, we had an unmet request of 238 people who experienced IPV (Intimate Partner Violence) ask for emergency night shelter, be turned away due to lack of shelter vacancies.

In July of 2017, our Chico emergency shelter hit a record of housing 50 under 18 youths in one night. The same shelter has seen an increase in average nightly census from 99 in 2016 to 136 in 2017 and in 2018 the nightly average census continues to increase.

In 2017 we had over 550 unique calls to our Butte 211 system from families with kids from Zero to Five, who were homeless or at risk of homeless, call and ask for specific services. Including 157 requests for Utility Service Payment assistance, 73 requests for diapers, 69 requests for food pantries, plus 11 for baby formula, just to name a few.

This is just some current data of the unmet needs in our community.

## RESULTS IN THE COUNTY OF BUTTE

During the calendar years of 2014-2017 the Butte Countywide Homeless Continuum of Care submitted HUD CoC Program Applications and State HCD Emergency Solution Grant applications. The local agencies have been awarded a combined total of \$2,770,199 for direct support of housing for homeless persons. Since HUD and the State HCD programs as well as our own agencies have different fiscal periods this is an overview of the funding and the number of persons serviced during this time frame, in general terms.

The types of projects funded included:

- Permanent Supportive Housing (PSH) for Chronic Homeless and/or those with mental illness
- Rapid-Rehousing Projects and Programs
- Emergency Shelter Operational Support
- Family Transitional Housing

A portion of the federal money has supported 184 persons in permanent supportive housing. These people need the highest care and support. These 184 came from the street as chronic homeless many with disabilities or mental health issues. Without the federal funding these people would be on the street.

390 more people have been served in transitional family housing. About 100 people have been helped with short term rents or deposits.

## COMMUNITY SERVICE PARTNERS RESULTS

Not all of the service providers in Butte County report their successful assistance results to HUD. Here are statistics from partner entities who have served our homeless populations with non-CoC government funding or donations.

These are only SOME of the agencies who provide services to our homeless and low income Butte County Citizens. (See Appendix B for who provided information)

From January of 2016 to September of 2018 we have a provider who has sheltered 415 women and children, in a sober environment, and housed 102 people in transitional homes.

From December of 2015 to June of 2018 our county has placed in permanent housing around 704 families who were living on the street or in shelters. Without this provider, we would have more families on our streets.

We have a Shared housing partner who has 20 houses and houses around 90 people. These people are now off the street and able to start the process of becoming independent and self-reliant.

Just one of our Outreach partners, from January 2016 to September 2018, has interfaced with 300 people for food or clothing, connected 108 people to shelters/housing, and advocated for 45 people with health concerns. Since March of 2018 this partner has worked with another agency on 27 mental health calls.

While these is not an exhaustive list of services and housing provided, it is meant to show how our community is working together, but most importantly is assisting in placing people into housing and shelters.

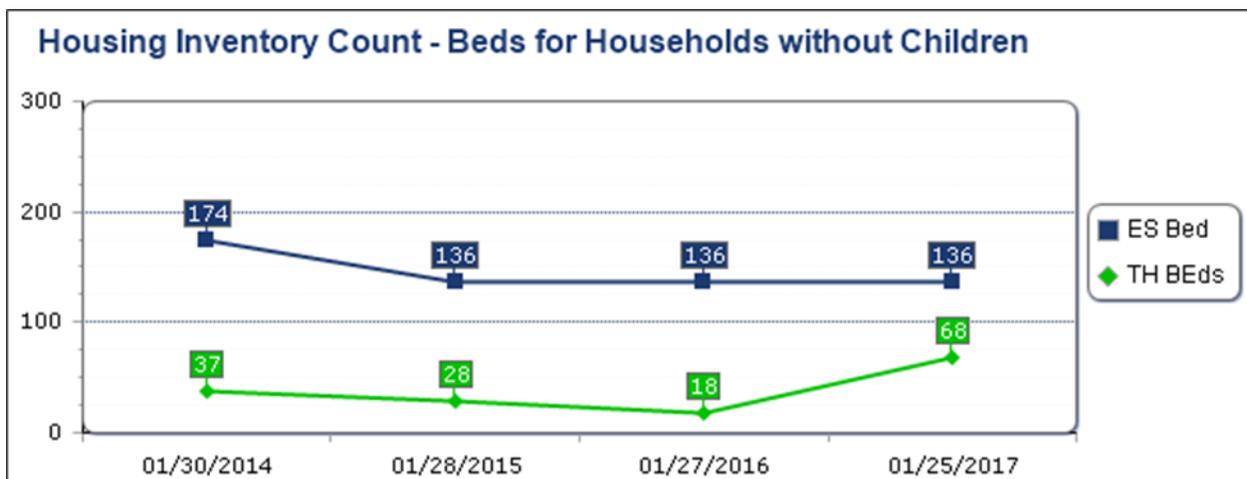
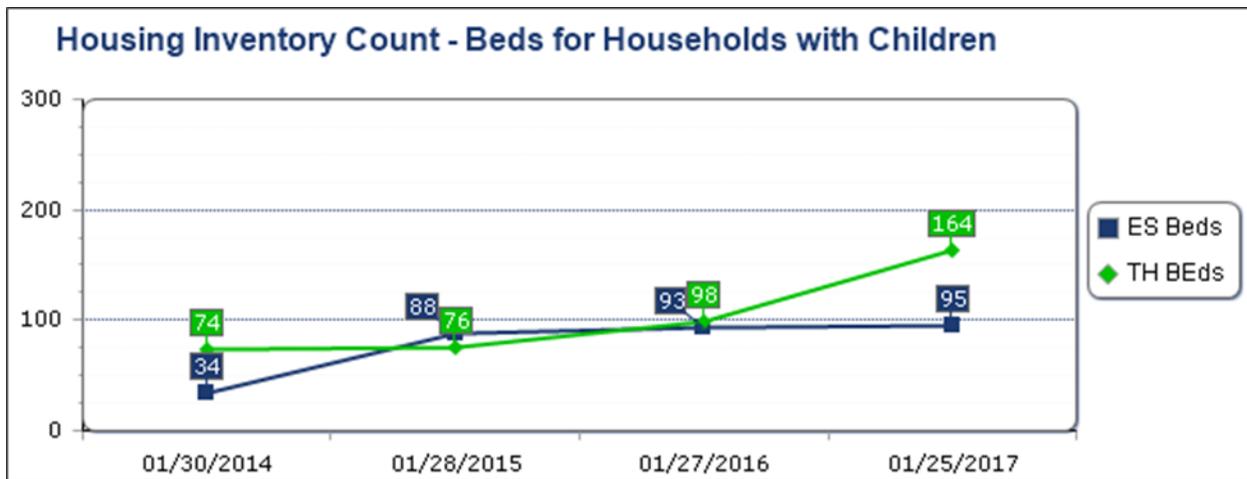
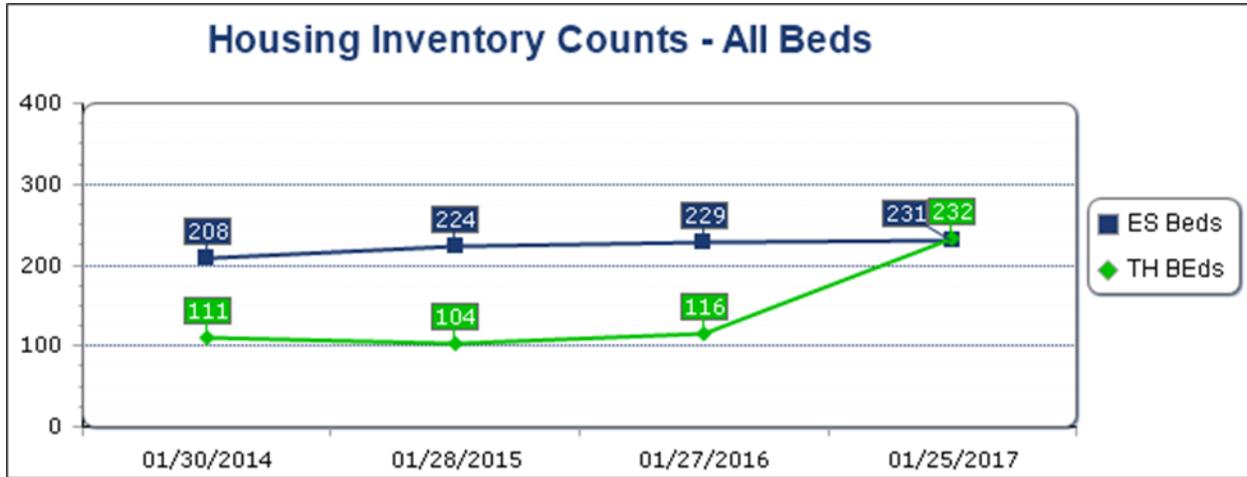
More work can be done with additional resources to our individual partners and to those who are working as partner teams to reduce and manage our county homelessness.

The graphs on the next pages show the results of our efforts as they are reported to HUD on an annual basis. These do not include any of the positive outcomes from our community partners.

The following charts are based from reports submitted to HUD by the service providers in Butte County.

ES = Emergency Shelter

TH = Transitional Housing



ES-FAM = Emergency Shelter for Families

ES-IND= Emergency Shelter for Individuals

PSH-FAM = Permanent Supportive Housing for Families  
 TH-FAM = Transitional Housing for Families

It is important to note, transition housing has been a housing type that has seen a drop in federal funding support.



## **HOMELESS EMERGENCY AID PROGRAM PROCESS:**

The HEAP funded is intended for projects and services that will provide an immediate need to those who are experiencing homelessness. While many of the solutions are greatly needed for our community, our BCHCoC has the responsibility to focus on projects that provide an immediate relief to those who are homeless and living in places not meant for habitation.

The BCHCoC Council has approved the following process to ensure, to the best of our ability, the funding will be used for the intended State Purpose with consideration of our local priorities. The process is also intended to vet organizations to ensure they have the organizational and financial capacity to administer a grant to the satisfaction of the BCHCoC, the designated Administrative Entity, and the State.

The application has three parts that must be completed.

Application Part 1: To Be Submitted by October 11<sup>th</sup>, 2018

Entity Cover Letter: This asks for basic information about the entity, a listing of the projects/programs requesting funding, locations of the projects, and a timeline for when the projects would start.

The purpose of Part 1 is to allow the BCHCoC to determine the eligibility of the projects, based on any/all Declarations of Shelter Crisis. The CoC Coordinator will then notify entities by October 19<sup>th</sup>, 2018 their anticipated projects will be allowed and they should continue with the application process based on the Declaration of Shelter Crisis's.

Application Part 2: To be Submitted By October 31, 2018

Entity Application: The entity will complete an application about the entity processes and systems in place. Regardless of the type of program/project this application must be completed. If an entity has more than one proposal, they still only have to complete one entity application.

Application Part 3: To be Submitted by October 31, 2018

Capital, Service or Rental specific program/project application. For each proposed project/program an application will be required. This application has specific questions about the proposal and includes financial information.

After October 31, 2018 the CoC will perform a Pass/Fail on all applications. Any applications that fail, will not be moved forward in the review and ranking process. Please see Appendix C for the Pass/Fail checklist. This checklist is not verification of the information, simply a check box if it is included.

The week of November 5<sup>th</sup> a review and ranking committee will review and score applications based on the set criteria in the application. The projects will then be ranked based on score, with the highest score ranked first. The projects will then be placed into a spreadsheet and allocation will be based on the ranking and amount requested. If there is a tie in scoring and both/all of same scored projects are not able to be funded, interviews of those entities will take place the week of November 12<sup>th</sup>. After the interviews, the review and ranking committee will make a written recommendation to the BCHCoC council for approval of the projects/programs to be submitted with the HEAP state application.

The BCHCoC is targeting submitting the HEAP application and all required documents by November 30, 2018. It is then anticipated funding will be available to entities around April 2019.

## RESULTS EXPECTED/WANTED

Community meetings were held during the first two weeks of September. During these meeting the attendees were asked to focus on results. The results conversation was hard for many attendees's to grasp and verbalize. Not only is the State of California expecting results from the HEAP and CESH programs, so are our City and County Leadership, and our community as a whole. As a community having a focus on what specific results are needed, requested and wanted will ensure projects are funded to meet these results. Most of these results will not be achieved by June 30, 2021 but it is the anticipated significant progress will be made toward these results.

Based on the meetings, the below list are the most common results that came out of all the meetings. Please see Appendix D for all results stated in the brainstorming session.

Add Transitional Housing for seniors

All Agencies and Non-Profits who provide services and housing to homeless participate in HMIS/CES

All On-the-Street Youth who attend school are housed (Approx. 52)

Community Court / Homeless Court

Comprehensive Diversion System in place throughout the county

Create "Help Line" – So Police Departments and EMS are not responding to Non-Emergencies

Create 100-300 – 2/3 bedroom housing units

Create 500-700 – SRO's in Butte County

Create Housing for Expectant Youth Mothers

Create Safe Place for Families to Stay During the Day

Day Center in Chico, Paradise and Oroville

Detox and/or Sobering Center

Have at least 4 street outreach teams – Multi-Sector teams

Have Safe and Secure Place for Youth and TAY to go at night

Improved Public Education

Increase Emergency Shelter Beds by at least 100 per community for individual use

Increase Emergency Shelter Housing for Families to accommodate at least 100 families countywide

Increase in income by 50% to 85% for homeless through legal means (Employment / CASH AID)

Increase Landlord Participation/willingness to rent to homeless

Increase transportation city to city and Return Home Program

Increased infrastructure for assisting homeless to navigate through the continuum of care

Mobile Medical Support – Safe Storage for Meds, Safe Needle Disposal/Exchange, In field Medical Staff

Life Skills, Financial Literacy, Good Tenant, Parenting – Broad Spectrum of Education for Rewards

Reduction by 50% of Emergency Room Visits – These are visits that could be handled via other methods.

Specific Discharge Plan from Hospitals for those who will be sent back to the streets or shelter

As these results were being discussed, it was noted these are long term solutions. It is also noted the words like collaboration, multi-agency, outreach, education and data were all common words interjected with these results.

It should also be noted the service providers for the homeless have been working in collaboration with each other for many years. There are many MOU's in place with agencies for various programs and services. The service provider community knows there are some segments of the public whose perception is one of non-collaboration, or non-support, or duplication of all services. While there is neither 100% collaboration nor zero duplication of services the norm is our community partners work together.

These public meetings have fostered further conversations among entities to strengths collaborations and even create new collaborations.

## **SOLUTIONS BRAINSTORMED**

Solutions for managing and reducing the homeless population in Butte County reached the hundreds. To see a complete list of the solutions proposed, see Appendix D. The below solutions are the common ones from the community meetings. This does not mean all these common solutions are doable, at all, or even doable by June 30, 2021. These solutions are the starting point for the service providers to collaborate, expand their current offering, and pilot programs to reduce the local homeless population.

These solutions also create collaborative dialog to secure additional funding sources to continue successful pilot programs and continue to meet and exceed the results our community wants.

Basic Needs/Supplies for Youth and TAY  
Bathrooms and Showers  
Community Education and PR  
Community Homeless Court / Criminal Justice Deferral  
Detox Inpatient and Non-Medical Detox  
Financially Support Existing Homeless Service Operations  
Increased Data Sharing and CES and HMIS Capacity  
Landlord Mitigation Fund/ Make Whole/Incentive Program  
Medical Respite Beds  
Mobile Medical – Physical, Mental, Behavioral and Dental  
Outreach Teams – Multi-Sector  
Overnight Winter Shelter  
Permanent Supportive Housing  
Police – behavioral Health Teams County Wide  
Purchase Property to Support Transitional Housing and Support services  
Safe Parking with Security and Hygiene Amenities  
Small Apartment / Motel Units with Common Area for Families  
Stipend/Incentive Employer Program  
Storage Lockers for Medicine and Personal Belongings, Night and Day  
Systems Coordinator/Navigator/Resource Connect Guide  
TAY housing in each community  
Tiny Home Village

## PROJECTS – PROGRAMS – SERVICES PROPOSED

The BCHCoC sent out a request for interest to our CoC membership via email, public meetings and social media. This was a non-mandatory letter. The CoC Coordinator also engaged in conversations with entities who did not submit a letter, but who had project/programs which would be explored during the next 30 days.

Here is the summation:

In any or all of the jurisdictions:

- Rental Assistance in the form of Deposits for Disabled
- Hotel Vouchers for Disabled
- Emergency Aid Supplies for Youth (Gas Cards, Clothing, Hygiene, Food etc.)
- Van/s Purchase to Transport Youth to Afterschool Programs
- Purchase a 3-4 Bedroom House for use as TAY transitional housing with wrap around services
- Mobile Medical Unit – RV Conversion for All Types of Medical and Dental Care

In City of Oroville City Limits:

- Purchase and remodel an existing building (Like a Motel) to be used for SRO housing for both longer term and short term. Would have services, and possibly a medical respite component.
- Purchase Property for the Hope Center to ensure the Services are able to continue
- Prevention of Evictions via Cash Assistance
- Motel Vouchers for Emergency Stays
- Cash Assistance for Rental Applications and Deposits
- Purchase of Property and build PSH housing with services
- Staffing, Capital Property Purchase and Operational support for a Resource Center
- Staffing, Operational Cost and equipment costs for mobile hygiene unit/s

In City of Chico City Limits:

- Rental Subsidizes with wrap around support services
- Expansion of an existing PSH project – Adding additional beds
- Low Barrier Day Center in Northern Chico
- Multi-Sector Street Outreach – Meet People Where They Are At
- Building of a 100 bed low barrier shelter
- Building a transitional housing project
- Purchase or rental of land and construction of 34 small dwelling units to house persons aged 55+ with wrap around services
- Develop a Safe Parking Program
- Rental of Motel Rooms for 29 day stay for stabilization and wrap around services

In the Town of Paradise City Limits:

- Purchase of Building for the Current Homeless Resource Center on the Ridge
- Purchase of a Mobile Shower Unit (Stationed at SHOR)
- Develop and Implement a Skills Building Program

## CONCLUSION

Many want a world where there was no one living on the streets, no one without a full tummy, no child sleeping on the floor of a friend of a friend. Many are also saying give a hand up but not a hand out, people must be held accountable, why should we do more when there are enough services. Both of these trains of thought are valuable and each of us should take the time to understand the other “side”.

The truth of the matter is stable housing is out of reach for far too many in Butte County. Some of our county residents are precariously housed and may be only a crisis away from experiencing homelessness. With little disposable income and too much income going towards housing, a family is forced to make difficult decisions, often sacrificing meals, medicine, or safe child care for a place to live. Even with careful planning, a single health, employment, or transportation crisis could result in homelessness.

Butte County citizens need stable homes to sustain health, employment, connection to community, and overall well-being. In short, stable housing provides a critical platform for success. Without it, children, adults, families, and communities suffer.

With HEAP funding we have a chance to enhance and support our current network of service providers, assist grass-roots nonprofits, provide capital for buildings or renovations, and start to establish community performance measures so we can manage and reduce our homelessness. Homelessness will not be managed by service providers alone, each citizen in Butte County should play a role. These roles can include volunteering time and talent, donating money and materials to organizations who wish to renovate existing property, or simply taking a moment to speak to a person or family that is experiencing homelessness to understand how it happened and what hand up they might need.

The Butte Countywide Homeless Continuum of Care urges all our community leaders to support a Shelter Crisis Declaration and support the efforts of all of those working to reduce and manage homelessness. Remember, together we are moving forward, separate we will fall behind.

## Appendix A – ORGANIZATIONS ATTENDED PUBLIC MEETINGS

Adventist Health Feather River Hospital	Community Action Agency of Butte County, Inc.
Anthem Blue Cross	Craig Memorial Congregational Church
Base Camp Village	Enloe Medical Center
BCOE - School Ties	Greater Chico Homeless Task Force
BCOE - Table Mountain School	Greater Oroville Homeless Coalition
Boys and Girls Club of the North Valley	Gridley-Biggs Police Department
Butte 211	Hope Center
Butte College Veterans Service Office	Housing Authority of the County of Butte
Butte County Behavioral Health	Housing Tools
Butte County CAO	Jesus Center
Butte County Child Abuse Prevention Council	Jordan Crossing
Butte County District Attorney	Living X Elements
Butte County Employment and Social Services	North Valley Housing Trust
Butte County Probation	Northern Valley Catholic Social Services
Butte County Public Defender	Oroville Rescue Mission
Butte County Sheriff's Office	OSCIA - Oroville Southside Community Improvement Assoc.
Butte County Superior Court	Paradise Police Department
Caminar	Property Owner - Landlord
Catalyst Domestic Violence Services	RGA - Russell Gallaway Associates Inc.
CCAT - Crisis Care Advocacy & Triage	Safe Space
Century 21 Select Group Commercial Real Estate	SHOR - Sojourner's House on the Ridge
CHAT - Chico Housing Action Team	St Nicholas Church
Chico Chamber of Commerce	Threebooks, LLC
Chico First	Torres Board Member
Chico Police Department	Torres Community Shelter
City of Chico	Without a Roof
City of Oroville	Youth for Change
City of Oroville Council Member	Youth for Change - HEART and 6th Street Programs

## **Appendix B – ORGANIZATIONS WHO PROVIDED DATA**

Butte County Department of Behavioral Health  
Butte County Department of Employment and Social Services  
Butte County Office of Education  
Caminar  
Catalyst Domestic Violence Services  
CCAT -Crisis Care Advocacy & Triage  
CHAT - Chico Area Action Team  
Community Action Agency of Butte County  
Help Central - Butte 211  
Housing Authority of the County of Butte  
Jesus Center  
Torres Shelter

## Appendix C – PASS / FAIL CHECKLIST

### **These must be provided with the application:**

Application Cover Sheet

One completed Entity Application

One completed Project Application for each proposed project

Proposed Project Budget and Proposed Personnel Detail for each proposed project

Entity Budget for 2018, not required if City or County

Board of Directors' Roster

Verification of legal entity status

A copy of the Entity's current fiscal year's financial statements reports, consisting of the Balance Sheet, Income Statement and Statement of Cash Flows, certified by the Entity's CFO, Finance Officer, or Board Treasurer, not required if City or County

A copy of the Entity's most recent fiscal year-ending Form 990 report, or City or County Equal

A copy of the Entity's most recent Auditors Report

A current certificate of liability insurance

# Appendix D – RAW RESULTS and SOLUTIONS COMMENTS

## Youth Meeting

- **Results:**

- One TAY (Transitional Age Youth) house per community
- Drop-in Center for families w/ children ages 0-5
- Daycare for homeless families
- Specific Programs for families to move into rentals
- Incentives
- 52 unsheltered families find/get homes
- Place 155 temporary shelter kids in stable housing
- Housing for 100-225 pregnant young teens
- Parenting youth
- Income based rental complexes set aside 5-10% of unites for TAY/Homeless
- 100% of agency's serving homeless in HMIS/Coordinated Entry

- **Solutions:**

- Mitigation fund for Landlords
- Life skill classes
- Mental Health & Substance Abuse Residential Program
- Allows youth/child to remain with parent
- Up to 2 weeks Emergency Shelter/Housing for families specific to “get life together”
- Paradise/Ridge
- Oroville
- Opposite gender child/parent community housing
- Treatment for drug addicted
- Inpatient
- Allow for babies to stay
- Basic Needs Program
- Clothing
- Support Services
- Life Skills
- Food
- Hygiene
- DACA youth/undocumented families
- Multi-language information
- Solutions
- Care
- Support
- Youth Medical Respite
- “Grand Parent” Program to get/receive support/monitoring
- Passages
- Youth peer monitoring
- Long term
- Transportation and Gas cards
- BCAG
- Starting the conversation about working together
- Collaboration
- Better communication
- Day passes
- More routes

- Other services
- Develop service rotations to go to local rural location
- BH (Behavioral Health)
- PH
- Dental
- Dental care for TAY
- Certifications
- Incentive program to promote (\$25 gas card)
- Good tenant
- Financial Literacy (Morgan Stanley)
- Employment
- Typing
- Uniforms
- Fingerprints
- Self-Advocacy
- Co-signer program for working youth
- Must have services
- Lease guarantee program to youth
- Houses with pets
- Gap help between ages 17-19

### **Paradise Meeting**

- **Results:**

- 25% Reduction of ER visits
- Increase Landlord engagement
- To allow barriers
- Not as much of an issue
- Less squatting/trespassing
- Less people sleeping in cars
- Increase night-time shelter beds
- Transportation to shelter beds
- More Low Income Housing
- SSI - \$900 or below
- Develop Supportive Housing units
- Job feature
- Housing for TAY youth
- And provide services
- Work for Food Program
- Community garden
- Fewer people in substandard housing
- Safe parking spaces
- Increase medical respite beds
- Increase mental health patient beds
- Money for Landlords for housing rehab
- Requirements to house Section 8/ Homeless
- Assurances to Landlords to be solvent of tenant issues

- **Solutions:**

- Increase money to SHOR to increase hours of operation
- Overnight shelter
- Winter time
- Regional shelter w/ transportation options
- “Target Team/BH” team up with Police
- Formal street outreach
- BH search
- Housing in Paradise
- Master lease program
- Liability/Guarantee Program

### **Chico Meeting**

- **RESULTS**

- Reducing the number of unsheltered people in the community...use percentage from PIT results?
- 52 school age - youth homeless that have been unsheltered find homes (from Cal Pads)
- Reduce percent of calls to PD for mental health issues.
- Result – physically disable should be getting into shelters
- Increase our patients to have a discharge plan when medical fragile or mental illness
- Increase number of slots at Iris House (etc.)
- Increasing the capacity to keep women safe (including their children)
- Increase landlord participation (willingness to participate in programs)—Education programs available to landlords
- Care coordination for medical – reducing return to medical care
- Reduce emergency medical visits (partner with Enloe)
- Physically disabled in shelters
- Increase in the number of rental units available (750 units Of 2,000)
- Increase the number of low barrier shelter beds – increase by 100 beds year round
- Increase capacity of vulnerable women and children
- Increase street outreach by 100% -- increase street outreach team by 100%
- Holding team accountable
- Navigator
- Coordinated systems and are agencies using them
- Made heating and cooling centers in our communities, which reduce weather related health issues
- Increase rental assistance and utility assistance
- At risk of homelessness
- More mental health inpatient beds
- Board and care homes for mentally ill
- Coordinated Entry needs a navigator
- Community court to reduce the number in jail
- Detox – result 16 beds
- Create a share client software system
- Provides information for mutual clients for different agencies

- **SOLUTIONS**

- Build more housing

- Single units (SRO's) w/ support services built in
- Social workers downtown
- 13<sup>th</sup> & park – permeant SRO's
- Dedicated capacity motel beds
- Nurse sharing program
- Concierge (different than a navigator)
- Working out with the homeless
- Providing a smooth transition into services and housing
- Help with finding services
- Mobile sanitary units (could be permanent too)\*\*
- Showers
- Mobile medical unit
- Street outreach
- Possible concierge
- 221 (possible dispatching to street outreach)
- Save space/parting for mobile units (vans, mobile homes, etc.)
- Multi agency outreach
- PD, Behavioral Health, DESS, other mental health services, Public Health, Block by Block, Court System, hospitals, shelters, manage care plans (CHW) insurance
- Not currently participating w/ CoC: hospitals, court system, PD, and Public Health
- Key that we would like to increase participation or engage w/ CoC
- Fragmented when it comes to outreach
- Focus needs to be on the community (all cities with in Butte County)
- Central plan for leadership
- Stay connected
- Day center
- Example Catalyst
- Resource center
- Life skill development programs offered
- Transportation
- To and from day center
- Private or public
- Animal Vet care
- Enloe Psys. ward unit – utilize beds
- Landlords
- Give them incentives
- Work with property management companies
- Incentives for yards or mother-in-law units
- Local funds for landlords
- Co-signing
- Reduces landlords money risk in renting
- Employment Outreach for employing the homeless in the community
- Medical Respite
- Emotional support for children and youth
- Mental
- Trauma
- Loving support
- Landlord mediation team
- Skills to work with landlords when problems arise

- Increase number of Section 8 participants getting housing
- Buy housing
- Housing families
- Buy a motel
- Tiny homes
- Elderly
- Rapid Rehousing
- Beyond just rent
- Housing stock
- Flexible funding
- Pull funds with another CoC to create a detox program
- Do these fit into our Local Priorities?
- Add a statement on diversion
- Add creating housing stock
- Detox center
- Go back to the list of 13 and make them our list of goals and priorities
- How are we going to continue the program after 2021? – no requirement to keep them after 2021.
- Find programs that we can sustain after 2021
- Capital Money?
- Wasn't not a ligament priority prior to finding out that we have received 4.8 million

## **2<sup>nd</sup> Chico Meeting**

### **• Brainstorming-Results**

- 25% reduction in ER visits from Homeless
- Make it 50%
- Increase the number of harm reduction by 150%
- Low barrier
- Day center
- Clean up downtown
- 100 very low income housing units available
- Clean up downtown
- Reduce the number of referrals to DA
- Detox center
- Inpatient
- 40%of homeless have access to detox centers
- Veterans treatment court
- Integration opportunities
- Increase wrap around program and services for turning for people being released by hospitals and jails
- Increase services by 90%
- Increase medical respite beds in Chico, Oroville, and Paradise
- Provide multi-sector outreach by 300 people county wide
- Renewal center
- Increase health care for homeless by 50%
- Increase access to mental health treatment
- Provide 100 spaces of safe parking
- Provide infield medical support

- Medical mobile unit
  - Increase by 400
  - Decrease number of needles found on the street
  - Needed transfer program
  - Increase inpatient behavioral health beds by 100
  - Mental health
  - Increase search therapist at Behavioral health
  - Many homeless do not have therapists available
  - Create transitional housing for seniors
  - 50 units
  - Increase job training for youth
  - Life cycles training
  - Increase meals by 100% for youth
  - Increase youth mentorship opportunities
  - Start/Add comprehensive trauma and parenting support
  - Increase number of kids for re-enrollment in school
  - Drops outs from school
  - Provide 100% of food and housing for Chico and Butte College students who are on the boarder of becoming homeless or are homeless
  - Students within the community
  - Support services for youth
  - Sex trafficking
  - Add a program or support services
  - Affecting the youth (high school and college)
  - Prevention programs
  - Education in schools
  - Parent/Community education programs
  - Increase public awareness on sex trafficking
  - Possibly expand to Human Trafficking
  - Increase support of LGBTQ youth
- **Solutions**
    - Medical respite and mobile medical units
    - Tiny home villages
    - Permanent supportive housing
    - Community/homeless court
    - Integrated services center
    - Medical case management
    - Laura's Law – medical health court
    - Wrap around services
    - Legalized camping
    - Year round shelter
    - Outreach program
    - Inpatient drug treatment facilities program
    - Detox
    - Could be short or long term depending on needs
    - Plus a service to move them along to promote continuous health
    - Mental health treatment facilities program
    - Location offering services for youth

- Rehab with no religious tries
- Safe parking places
- Rest stops
- SROS
- Partnership with law enforcement
- Community court
- 24 hour restrooms and showers
- North end of town – in need
- downtown
- Day/resource center
- Preventative program
- At resist of homeless
- Diversion program
- Rental assistance
- Vetting process for landlords
- In and out
- Increasing landlords in our programs
- Making sure landlords maintain the properties
- Expanding 6 street model
- Location/Model in Oroville
- Acquisition of City and county land
- Expanding transitional housing beds for youth
- Medicine storage center
- Secure lockers
- Requires nurse and guard
- Available to homeless to prevent people stealing meds
- Storage belongs centers
- For free or cheap
- Home repair grant
- Mobile shower unit
- With washing machines and dryers
- Transportation to provider hubs
- Dumpsters/ trash services
- Partnership with local business to get homeless transition into the work force
- Individual doing outreach to promote hiring homeless
- Call center with messaging
- Not being able to connect with homeless has been a challenge
- Expansion of 211
- Collaborated entry program
- Food pantry
- Distribution center
- Perishable and non-perishable
- Working with business to get left over or unused food to programs to give to the homeless.
- Expand business who already do this
- Centralized/Collocated service center
- Coordinating sectors that works with outreach
- Collaboration
- Leadership

- Possible Behavioral Health, Jesus Center, Public Works, etc.
- Homeless leadership board
- How do these fit into our local goals?
- Community Court
- Agency would be the City of Chico
- Detox Center
- Adding of beds
- Agencies already in place
- Tiny home villages
- CHAT
- 24/7 Restrooms and Showers
- Mobile-County
- Permeant-City
- Respite Care programs
- Managed care programs helping??
- Hospitals could be a support partner
- Outreach
- Laura's Law
- Round About from Jail
- Courts
- Food Services
- Reaching out to local organizations within the community
- Grocery stores and restaurants
- Salvation Army
- Jesus Center
- CAA Food solutions
- Torres Shelter (possibly taking the lead)
- Utilizing kitchen
- Permeant support housing
- Housing Trust Fund
- Home repair
- Landlord outreach
- Conversion
- Loans or matching
- Not managing program, but providing funds
- Safe parking
- CHAT
- Camping Spots
- Possibly CHAT
- Medical Case Management
- Behavioral Health or Public Health
- Targeted case management
- Through Public Health
- Be the main point of contact and navigation for the homeless person
- Collaboration of street out reach
- Behavioral, CPAT , and Public Health
- Call Center
- 211 could take on and promote
- Expand their services

- Invest in 211
- Do coordinated entry
- Join outreach program
- Top Solutions to Explore More
- Simplicity building
- Detox
- Impatient for Drug Abuse
- Mobile Medical Unit
- Included mental health
- Criminal justice deferral
- Integration
- A system that functions together
- Lead agency to promote and create integration
- Referral/Renewal agencies
- Navigator program
- Expanding Avante Apartments units
- Outreach\*
- Need more of it
- Youth Services Center
- Landlord managers for CHAT---move to solutions
- Master lease support
- Food Center or service
- 24/7 bathrooms and showers
- Safe parking

## Oroville

- Results

- Increased housing/increased affordable housing/all types
- Increase all housing
- Increase in outreach efforts/collaboration between organizations
- More beds – we need at least 200% more than what we have right now – men and women 42-44 people – increase by 1000 beds
- Computer access/help with employment/additional day center to serve 100 people
- 85% increase in economic opportunity (jobs) for youth/veterans/all homeless
- Eliminate 100% people from living on the river and in the parks
- 85% increase in community officer training/law enforcement soft skills training for dealing with homeless
- 100% of homeless will have ability to shower/clean up/job search/work
- At least 50% Increase in access to mental health counselors/addiction counselors Q: does county get funding for employing more for services? Traditionally for housing, no services – but DESS does

- Solutions:

- Peer coaching/mentoring from those who have been homeless and gotten out of it/they need someone who's going to believe in them and be their life-sponsor
- More money

- Utilize the people who are already doing the work, get behind them, and network – beef up Rescue Mission, Hope Center, get everyone on the same team and strengthen what's already working, empower to work better with county agencies, have monthly meetings on how to work together better/those who already have the relationships with the homeless
- Make room for those who are seeing what's not being done – make a way/make room for new folks like Haven of Hope, come alongside and help get them what they need, stepping up to fill gaps in service
- Glaring need for PR, we need to get the information out there to the people in this city, they don't comprehend, a lot of people don't understand the pathway to homelessness, actual stories of what happened, humanize for the people who live in the city, create success stories, pull the veil back debunk the myth of what the face of homelessness is (25% of homeless in our area are 24 & under)
- Master plan/leverage assets/attack liabilities
- Comprehensive plan to provide assistance for people to move back to where they came from if that's what they want/reunification during the holidays/sent back to their families, connected with family first to make sure they had the support, connection, plane ticket back home sometimes is all it takes
- Job training
- Pet motel
- Space for beds/we have space but we can't put people in there
- Transitional housing
- Free medical clinic/get triaged and take the load off community hospital
- Update point in time weekly, would be a component of Coordinated Entry/data improvement and sharing
- Diversion court – take minor infractions and have people go to a separate panel, protects their rights and streamlines so courts are not bogged down, all at cost to the taxpayer/infractional near misdemeanor
- Oroville is county seat – we have criminal court which does not make money, chico gets the civil court which does – urban legend? Arresting homeless in chico, send over here, released here – need for increased transparency in coordination of law enforcement – you have to be booked and released and you have to come to Oroville to do it – and now you're homeless in Oroville
- We have a need for a North county jail – going to be a real negative hit when prison gets built here
- Wooden Sandwich tokens – 4 years, 88,000 sandwiches – connecting in a safe way, how about a community tab now inspired coat tokens, will custom fit and the dignity that comes along with the warmth, business connections
- More community members involved in the PR – what if we were a magnet for folks getting their life together and back on track, we could attract them, we should want to do a good job, put our city to work helping the least of these to get on track, PR get stigma, get people jumping on the bandwagon, look what's happening in Oroville! Those folks become some of the best workers to help more homeless
- Let's come up with the best design, own it, and share it with other cities and counties, let's spread the load – we're in a position to be the example
- 30 day transitional process to move from streets Q: food? Hope Center gave out over 300,000 lbs of food to 37 different organizations, works with CAA NSFB and FoodLink, good nutritional food we supply from Sacramento to Corning, not just Oroville Q: any farm? Hope center we do not at this point, farms will call us out to harvest or pick things

up – Lundberg for example, another rice company collaborative not allowed to give name out, mandarin farm – we tried to do a community garden and we couldn't get the help

- Food farm – if you're homeless and hungry in Oroville, you're stupid. Our CAA NSFB engaging farmers all up and down the state, we work in 6 county area trying to address part of what was described Q: gleaners? Yes they've been a part, they've built their own niche we try to complement what they're doing Q: cold storage? Going as we speak, partnering with JC expanding composting opportunities for providers of food waste (individuals and restaurants) we're building capacity for food rescue distribution
- Renovation of Oroville Rescue Mission
- Marysville set up has kennels for dogs, there is a need for people with pets which is a majority, stay transitionally with pets they have comfort from their companions
- Large enough building with many separate rooms (like a motel) allowing to have pets and barriers removed
- Safe space – night parking 7p to 7a for those living in their cars or RVs
- Lockers in a building, given a padlock, store their belongings there during the day – people will choose not to come to services because they don't want anyone going through their belongings
- Device to use in lieu of a shopping cart – business owners are upset because they're taken and/or damaged
- 16th street mall in Denver – buses go up and down the street all day compressed gas buses – something that everybody can use

## Appendix E – Common Acronyms

AHAR	Annual Homeless Assessment Report
APR	Annual Performance Report
CAP	Community Action Plan
CoC	Continuum of Care
DV	Domestic Violence
ES	Emergency Shelter
ESG	Emergency Solutions Grant
FMR	Fair Market Rent
HEARTH Act	Homeless Emergency Assistance and Rapid Transition to Housing Act
HIC	Housing Inventory Count
HMIS	Homeless Management Information System
HOPWA	Housing Opportunities for Persons with AIDS
HPC	High Performing Community
HQS	Housing Quality Standards
HRE	Homelessness Resource Exchange
HUD	U.S. Department of Housing and Urban Development
IDIS	Integrated Disbursement and Information System
NOFA	Notice of Funding Availability
OAG	Outside Agency Grant
PBRA	Project Based Rental Assistance
PH	Permanent Housing
PHB	Permanent Housing Bonus
PIT	Point In Time
PRN	Pro Rata Need
PSH	Permanent Supportive Housing
RHYMIS	Runaway and Homeless Youth Management Information System
RRH	Rapid Re-Housing
SPC	Shelter Plus Care
SH	Safe Haven
SHP	Supportive Housing Program
SOAR	SSI/SSDI Outreach, Access, and Recovery
SRO	Single Room Occupancy
TA	Technical Assistance
TBRA	Tenant Based Rental Assistance
TH	Transitional Housing
UFA	United Funding Agency

## Appendix F - Glossary of Terms

**AFFORDABLE HOUSING:** housing costs (including utility costs) that make up no more than 30%-50% of a household's income which reduce incidences of homelessness among the working poor.

**ADMINISTRATIVE ENTITY:** means a unit of general purpose local government (city, county or a city that is also a county) or a nonprofit organization that has (1) previously administered federal Department of Housing and Urban Development (HUD) Continuum of Care funds as the collaborative applicant pursuant to Section 578.3 of Title 24 of the Code of Federal Regulations, and (2) been designated by the CoC to administer program funds. For this application, Continuum of Care (CoC) and administrative entity are used interchangeably.

**ANNUAL HOMELESS ASSESSMENT REPORT (AHAR):** (as defined by HUD) uses collective Homeless Management Information System (HMIS) data from communities across the country, as well as the CoC applications to produce an annual report to U.S. Congress on the extent and nature of homelessness. It provides nationwide estimates of homelessness, including information about the demographic characteristics of homeless persons, and the capacity to house homeless persons.

**ANNUAL PERFORMANCE REPORT (APR):** (as defined by HUD) Report that tracks program progress and accomplishments in HUD's competitive homeless assistance programs. The APR provides the grantee and HUD with information necessary to assess each grantee's performance.

**APPLICANT:** an entity that applies for funds. If selected the applicant becomes the grantee and is responsible for the overall management of the grant, including drawing grant funds and distributing them to project sponsors. The applicant is also responsible for supervision of project sponsor compliance with grant requirements. The applicant may also be the project sponsor.

**BASIC NEEDS:** physiological needs such as hunger, thirst, bodily comforts, etc. associated with the lowest level of human need on Maslow's Hierarchy of Needs.

**BRIDGE HOUSING:** is a hybrid of emergency shelter and transitional housing to serve the population that requires short term housing and supportive services to achieve self-sufficiency or to access available Permanent Supportive Housing.

**CENTRALIZED OR COORDINATED ASSESSMENT SYSTEM:** (as defined by HUD) means a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

**CHRONIC HOMELESSNESS:** HUD defines a chronically homeless person as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not

meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter during that time.

**CLIENT INTAKE:** The process of collecting client information upon entrance into a program.

**COLLABORATIVE APPLICANT:** (as defined by HUD) means the eligible applicant that has been designated by the Continuum of Care to apply for a grant for Continuum of Care funds on behalf of the Continuum.

**CONSUMER:** An individual or family who has or is currently is experiencing homelessness.

**CONTINUUM OF CARE (CoC)** – A community with a unified plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. HUD funds many homeless programs and HMIS implementations through Continuums of Care grants.

**COVERED HOMELESS ORGANIZATIONS (CHO)** – Any organization (including its employees, volunteers, affiliates, contractors, and associates) that records, uses, or processes data on homeless clients for an HMIS. The requirements of the HMIS Final Notice apply to all Covered Homeless Organizations.

**CURRENT INVENTORY:** a complete listing of the community’s existing beds and supportive services, reflecting a certain point in time.

**DATA QUALITY** – The accuracy and completeness of all information collected and reported to the HMIS.

**DE-IDENTIFICATION:** The process of removing or altering data in a client record that could be used to identify the person. This technique allows research, training, or other non-clinical applications to use real data without violating client privacy.

**DEVELOPMENTAL DISABILITY:** (as defined by HUD) as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002):

1. A severe, chronic disability of an individual that—
  1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  2. Is manifested before the individual attains age 22;
  3. Is likely to continue indefinitely;
  4. Results in substantial functional limitations in three or more of the following areas of major life activity:
    1. Self-care;
    2. Receptive and expressive language;
    3. Learning;
    4. Mobility;
    5. Self-direction;
    6. Capacity for independent living;
    7. Economic self-sufficiency.

5. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
2. An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (1)(i) through (v) of the definition of "developmental disability" in this section if the individual, without services and supports, has a high probability of meeting these criteria later in life.

**DISABLING CONDITION:** A disabling condition in reference to chronic homelessness is defined by HUD as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living.

**DISCHARGE PLANNING / PLACEMENT PLANNING:** the case plan which identifies client needs when transitioning from one type of setting or service to another and connects the client to appropriate community resources to ensure stability once discharged or placed.

**DIVERSION:** is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

**DOMESTIC VIOLENCE (DV):** Occurs when a family member, partner or ex-partner attempts to physically or psychologically dominate another. Includes physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation, and threats of violence. Violence can be criminal and includes physical assault (hitting, pushing, shoving, etc.), sexual abuse (unwanted or forced sexual activity), and stalking. Although emotional, psychological and financial abuse are not criminal behaviors, they are forms of abuse and can lead to criminal violence. There are a number of dimensions of DV. Including: mode – physical, psychological, sexual and/or social; frequency – on/off, occasional, chronic; and severity – in terms of both psychological or physical harm and the need for treatment, including transitory or permanent injury, mild, moderate, and

**ELIGIBLE APPLICANT:** (as defined by HUD) a private nonprofit organization, State, local government, or instrumentality of State and local government.

**EMERGENCY HOUSING:** is immediate night time shelter with the additional option of short-term extended stay.

**EMERGENCY SHELTER (ES):** Any facility whose primary purpose is to provide temporary shelter for the homeless in general or for specific populations of the homeless.

**ENHANCED PROPERTY MANAGEMENT:** base operating expenses (typical property management related activities such as repairs, maintenance, rent payment collection, lease issues), plus the costs of "enhanced" or "enriched" management that may include, for example, 24 hour front desk coverage, security, and/or resident services coordination.

**FAIR MARKET RENT (FMR):** (as defined by HUD) is the gross rent estimate set by U.S. Department of Housing and Urban Development (HUD) to determine the eligibility of rental housing units for Section 8 Housing Assistance Payment Program. Section 8 Rental Certificate program participants cannot rent units whose rents exceed the FMRs. HUD sets FMRs to assure that a sufficient supply of rental housing is available to program participants.

**FAITH-BASED ORGANIZATION:** (As defined by the Federal Office of Faith Based Initiatives)

- A religious congregation (church, mosque, synagogue, or temple)
- An organization, program, or project sponsored/hosted by a religious congregation (may be incorporated or not incorporated)
- A nonprofit organization founded by a religious congregation or religiously-motivated incorporators and board members that clearly states in its name, incorporation, or mission statement that it is a religiously motivated institution • a collaboration of organizations that clearly and explicitly includes organizations from the previously described categories.

**GOALS OF THE MCKINNEY VENTO ACT:** three primary goals of all HUD-funded homeless projects; namely, to support programs and service that help homeless persons (1) achieve residential stability, (2) increase their skill levels and/or income and (3) obtain greater self-determination.

**GRASSROOTS ORGANIZATION:** an organization that is headquartered in the local community in which it provides services; and:

- has social service budget of \$300,000 or less which does not include salaries and expenses not directly expended in the provision of social services, or
- Have six or fewer full-time equivalent employees. Local affiliates of national organizations are not considered “grassroots.”

**GREATER SELF-DETERMINATION:** increases in a participant’s ability to make decisions that affect their lives. Those increases may result from such actions as involvement in the development of his/her individual housing and supportive services plan (including developing personal goals), participating in resident advisory council meetings or other involvement in the development of program rules and procedures, involvement in program implementation through such activities as employment and volunteer services, and choice in selecting services providers.

**Health Insurance Portability and Accountability Act of 1996 (HIPAA)** – U.S. law designed to provide privacy standards to protect patients’ medical records and other health information provided to health plans, doctors, hospitals, and other health care providers. Developed by the Department of Health and Human Services, these standards provide patients access to their medical records and give them more control over how their personal health information is used and disclosed.

**HMIS LEAD ORGANIZATION:** The central organizations that will house those individuals who will be directly involved in implementing and providing operational, training, technical assistance, and technical support to participating agencies.

**HOMELESS:** a person sleeping in a place not meant for human habitation (e.g. living on the streets) or in an emergency shelter; or a person in transitional housing for homeless persons who originally came from the street or an emergency shelter. Also, a person may be considered homeless if, without assistance from a service-provider, they would be living on the streets. This includes persons being evicted within a week from a private dwelling with no subsequent residence identified and lacks the resources and support networks needed to obtain housing; or being evicted within a week from an institution in which the person has been a resident for more than 30 consecutive days with no subsequent residence identified and he/she lacks the resources and support networks needed to obtain housing.

**HOMELESS EMERGENCY ASSISTANCE AND RAPID TRANSITION TO HOUSING ACT (HEARTH Act) :** (as defined by HUD) On May 20, 2009, President Obama signed into law a bill to reauthorize HUD’s McKinney-Vento Homeless Assistance programs. It consolidates three of the separate homeless assistance programs administered by HUD under the McKinney-Vento Homeless Assistance Act into a single grant program, and revises the Emergency Shelter Grants program and renames it the Emergency Solutions Grants program. The HEARTH Act also codifies in law the Continuum of Care planning process, a longstanding part of HUD’s application process to assist homeless persons by providing greater coordination in responding to their needs. The HEARTH Act also directs HUD to promulgate regulations for these new programs and processes.

**HOMELESS MANAGEMENT INFORMATION SYSTEMS (HMIS):** a computerized data collection application designed to capture client-level information over time on the characteristics and service needs of men, women and children experiencing homelessness, while also protecting client confidentiality. It is designed to aggregate client-level data to generate an unduplicated count of clients served within a community’s system of homeless services.

**HOUSING INVENTORY CHART (HIC)** – Consists of three housing inventory charts for: emergency shelter, transitional housing, and permanent supportive housing.

**HOUSING INVENTORY COUNT (HIC):** (as defined by HUD) Collects information about all of the beds and units in each Continuum of Care homeless system, categorized by Emergency Shelter, Transitional Housing, HPRP Homeless Assistance, Safe Haven and Permanent Supportive Housing.

**HOUSING SERVICES:** agency or organization providing housing related services which may include: recruitment of housing units for homeless clients and site monitoring, mediation between landlord and tenant, tenant rights and responsibility education, and inform caseworker of any major issues i.e. eviction notices, criminal activity, etc. This may include positions such as: Housing Recruiter, Housing Harvester, Housing Specialist, etc....where individual persons are responsible for part or all of the functions mentioned above.

**HUMAN TRAFFICKING:** Is the illegal trade of human beings through abduction, the use of threat or force, deception, fraud, or sale for the purpose of forced labor and/or commercial sex. As defined under U.S. federal law, victims of human trafficking include children involved in the sex trade, adults age 18 or over who are coerced or deceived into commercial sex acts, and anyone forced into different forms of “labor or services,” such as domestic workers held in a home, or farmworkers forced to labor against their will.

**INFORMED CONSENT:** A client is informed of options of participating in an HMIS system and then specifically asked to consent. The individual needs to be of age and in possession of all of his faculties (for example, not mentally ill), and his/her judgment not impaired at the time of consenting (by sleep, illness, intoxication, alcohol, drugs or other health problems, etc.).

**INTENSIVE CASE MANAGEMENT:** a more comprehensive application of the activities and skills of case management, which include:

- **Outreach and client identification:** to attempt to enroll clients not using normal regular or mainstream services
- **Assessment:** to determine a person's current and potential strengths, weaknesses and needs
- **Planning:** to develop a specific, comprehensive, individualized treatment and service plan
- **Linkage:** to transfer clients to necessary services and treatments provided in the community
- **Monitoring:** to conduct ongoing evaluation of client progress and needs
- **Client Advocacy:** to intercede on behalf of a specific client or a class of clients to ensure equity and appropriate services
- **Direct Service:** provision of clinical services or financial assistance to overcome barriers
- **Crisis Intervention:** assisting clients in crisis to stabilize through direct interventions and mobilizing needed supports and services
- **System Advocacy:** intervening with organizations or larger systems of care in order to promote more effective, equitable, and accountable services to a target client or group
- **Resource Development:** attempting to create additional services or resources to address the needs of clients
- **Discharge Planning:** implementing many of the above functions again to help client plan to transition from one type of setting or service program to another. Intensive case management requires a higher level of commitment of an agency's and case worker's resources and time, and the majority of activities typically occur with the client in the field.

**LEVERAGING:** a written commitment documented on letterhead stationery, signed and dated by an authorized representative, which must contain the following elements: • the type of contribution (e.g. cash, child care, case management, etc.) • the value of the contribution • the name of the project and its sponsor organization to which the contribution will be given • the date the contribution will be available

**MAINSTREAM SERVICES:** government funded programs that provide services, housing and income supports to poor persons, whether homeless or not. They include programs providing welfare, health care, mental health care, substance abuse treatment, veteran' assistance, housing subsidies and employment services.

**MOBILE CRISIS INTERVENTION:** work done in the field, providing needed intervention, assessment, treatment referrals and other related services to address the immediate crisis facing those in need. Mobile outreach teams will respond quickly to emergency actions by local municipalities and provide coordinated outreach efforts to homeless individuals in response to interventions and clean up efforts. These teams may also respond to requests for assessment and

**OPERATING COSTS:** the costs associated with the day-to-day operation of the shelter or supportive housing facility and includes payment for shelter management (including salaries), maintenance, operation, supplies, rent, repairs, security, fuel, equipment, insurance, utilities, food and furnishings.

**OUTCOMES:** showing how a project benefits the community or people it serves; or, stated another way, how is the person or community changed as a result of the activity of the project? One chooses an outcome based on the purpose for the activity; it may help to answer the question “Why would the CoH fund this activity?” The outcome is designed to capture the nature of the change or expected result of the objective that the project seeks to achieve. It is possible that a particular project activity could be categorized in different ways, depending upon the intent.

**PERMANENT HOUSING:** (as defined by HUD) is the community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid rehousing. To be permanent housing, the program participant must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for cause.

**PERFORMANCE MEASURES:** A process that systematically evaluates whether your program’s efforts are making an impact on the clients you are serving.

**PERMANENT SUPPORTIVE HOUSING:** Long-term, community-based housing that has supportive services for homeless persons with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or coordinated by the applicant and provided by other public or private service agencies. Permanent housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites. There is no definite length of stay.

**POINT IN TIME (PIT):** (as defined by HUD) is a snapshot of the homeless population taken on a given day. It provides a count of sheltered and unsheltered homeless persons from either the last biennial count or a more recent annual count. This count includes a street count in addition to a count of all clients in emergency and transitional beds.

**PREVENTION:** financial assistance and other services that directly results in the maintenance of housing and/or prevention of eviction. Consumers are not homeless prior to coming into the program. This includes housing provided to those discharged from an institution (i.e. hospital, jail, mental health facility).

- **One time financial assistance:** utilities, rent, mortgage assistance
- **Short term housing subsidy:** up to 6 months of mortgage, rental or utility assistance
- **Payee services:** program that manages a consumer’s entitlement benefits (i.e. SSI, SSA, VA, TANF) to ensure their needs for housing are met consistently
- **Legal services:** non-financial legal advisement or representation that assists consumers with eviction prevention or fair housing advocacy
- **Crisis intervention:** non-financial mediation and negotiation between landlords and/or client which facilitates the maintenance of housing

**PRIVATE NONPROFIT ORGANIZATION:** (as defined by HUD) means an organization:

1. No part of the net earnings of which inure to the benefit of any member, founder, contributor, or individual;
2. That has a voluntary board;
3. That has a functioning accounting system that is operated in accordance with generally accepted accounting principles, or has designated a fiscal agent that will maintain a functioning accounting system for the organization in accordance with generally accepted accounting principles; and
4. That practices nondiscrimination in the provision of assistance. A private nonprofit organization does not include governmental organizations, such as public housing agencies.

**PRIVATE NONPROFIT STATUS:** status that is documented by a copy of the Internal Revenue Service (IRS) ruling proving tax-exempt status under Section 501(c)(3) of the IRS Code; and

1. no part of the net earnings of which may inure to the benefit of any member, founder, contributor, or individual;
2. that has a voluntary board of not less than five (5) unrelated persons;
3. that has a functioning accounting system that is operated in accordance with generally accepted accounting principles, or has designated an entity that will maintain a functioning accounting system for the organization in accordance with generally accepted accounting principles;
4. that practices nondiscrimination in the provision of assistance; AND
5. has all required licenses and certifications to do business in the State

**PROGRAM PARTICIPANT:** (as defined by HUD) is an individual (including an unaccompanied youth) or family who is assisted with Continuum of Care program funds.

**PROJECT:** (as defined by HUD) Is a group of eligible activities, such as HMIS costs, identified as a project in an application to HUD for Continuum of Care funds and includes a structure (or structures) that is (are) acquired, rehabilitated, constructed, or leased with assistance provided under this part or with respect to which HUD provides rental assistance or annual payments for operating costs, or supportive services under this subtitle.

**PUBLIC NONPROFIT STATUS:** a letter or other document from an authorized official stating that the organization is a public nonprofit organization.

**QUALITY:** a degree of excellence or superiority in kind. The degree to which services and supports for individuals and populations increase the likelihood for desired housing and quality of life outcomes and are consistent with current professional knowledge.

**RACE:** Identification within five racial categories: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White

**RECIPIENT:** (as defined by HUD) is an applicant that signs a grant agreement with HUD.

## RENOVATION/REHABILITATION/CONVERSION OF BUILDING:

- **CONVERSION:** a change in the use of a building to a shelter for the homeless, where the cost of conversion and any rehabilitation costs exceed 75 % of the value of the building before conversion. If such costs do not exceed 75 % of the value of the building before conversion, they are to be considered rehabilitation. The conversion of any building to shelter the homeless must meet local government safety and sanitation standards. For projects of 15 or more units where rehabilitation costs are 75 % or more of the replacement cost of the building, that project must meet the requirements of 24 CFR 8.23(a) concerning accessibility requirements of Section 504 of the Rehabilitation Act of 1973, as amended.
- **MAJOR REHABILITATION:** rehabilitation that involves costs in excess of 75% of the value of the building before rehabilitation. Major rehabilitation must meet local government safety and sanitation standards. In addition, for projects of 15 or more units where rehabilitation costs are 75% or more of the replacement cost of the building, that project must meet the requirements of 24 CFR 8.23(a) concerning accessibility requirements of Section 504 of the Rehabilitation Act of 1973, as amended.
- **REHABILITATION:** labor, materials, tools, and other costs of improving buildings, including repair directed toward an accumulation of deferred maintenance; replacement of principal fixtures and components of existing buildings; installation of security devices; and improvement through alterations or incidental additions to, or enhancement of, existing buildings, including improvements to increase the efficient use of energy in buildings, and structural changes necessary to make the structure accessible for persons with physical handicaps. Rehabilitation also includes the conversion of a building to shelter for the homeless, where the cost of conversion and any rehabilitation costs do not exceed 75% of the value of the building before conversion. Rehabilitation must meet local government safety and sanitation standards. In addition, for projects of 15 or more units where rehabilitation costs are 75 % or more of the replacement cost of the building, that project must meet the accessibility requirements of the Americans With Disabilities Act of 1991, or where rehabilitation costs are less than 75% of the replacement cost of the building, that project must meet the requirements of 24 CFR 8.23(b) concerning accessibility requirements of the Americans With Disabilities Act of 1991.
- **RENOVATION:** rehabilitation that involves costs of 75% or less of the value of the building before rehabilitation. Renovations must meet local government safety and sanitary standards. In addition, for projects of 15 or more units where rehabilitation costs are less than 75% of the replacement cost of the building, that project must meet the requirements of 24 CFR 8.23(b) concerning accessibility requirements of Section 504 of the Rehabilitation Act of 1973, as amended.
- **VALUE OF THE BUILDING:** the monetary value assigned to a building by an independent real estate appraiser, or as otherwise reasonably established by the grantee.

**RESIDENT SERVICES COORDINATION:** refers to apartment complexes or property owners who arrange for provision of basic services to help connect residents to needed assistance to support stable tenancy. Staff can be an employee of the landlord/property owner or the employee of a non-profit agency through a partnership agreement.

**RESIDENTIAL STABILITY:** access to, and length of stay in, stable affordable housing. Achieving residential stability involves not only the availability of affordable, permanent housing, but also the success of the program in addressing the problems that led to the person or household becoming homeless. Those problems may involve mental illness, substance abuse, physical disabilities, unemployment, or other factors.

**SAFE HAVEN:** (as defined by HUD) means, for the purpose of defining chronically homeless, supportive housing that meets the following:

1. Serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services;
2. Provides 24-hour residence for eligible persons for an unspecified period;
3. Has an overnight capacity limited to 25 or fewer persons; and
4. Provides low-demand services and referrals for the residents.

**SELF-SUFFICIENCY:** a self-sufficient individual or family that ultimately lives with minimal, if any, public or private assistance. SF 424: the applicant cover sheet required to be submitted by applicants requesting HUD Federal Assistance.

**SHELTER:** any type of agency-sponsored housing activity whereby the agency provides temporary housing accommodations for clients. Shelter activities may include: • Emergency Shelter where placement is based on the client's emergent need and duration is typically less than 90- 120 days

- Program Shelter where placement is based on a client's emergent need and duration is contingent upon participation in a program (sobriety, work or other)
- Transitional Shelter where placement is based on client's eligibility and appropriateness for the program and duration does not exceed 24 months.

The term shelter encompasses buildings, facilities and accommodations paid for by the agency, thus including any apartment living arrangements paid by the tenant-based rental assistance vouchers provided by an agency or participation in an agency's program.

**SUPPLEMENTAL SECURITY INCOME (SSI):** A monthly stipend provided to aged (legally deemed to be 65 or older), blind, or disabled persons based on need, paid by the U.S. Government.

**SUPPORTIVE SERVICES:** Services that may assist homeless participants in the transition from the streets or shelters into permanent or permanent supportive housing, and that assist persons with living successfully in housing.

**SUPPORTIVE SERVICES ONLY (SSO) –** Projects that address the service needs of homeless persons. Projects are classified as this component only if the project sponsor is not also providing housing to the same persons receiving the services. SSO projects may be in a structure or operated independently of a structure, such as street outreach or mobile vans for health care.

**ROOM OCCUPANCY (SRO):** the SRO Program provides rental assistance for homeless persons in connection with the moderate rehabilitation of SRO dwellings. SRO housing contains

units for occupancy by one person. These units may contain food preparation or sanitary facilities, or both. For SRO projects funded from the federal HUD CoC Homeless Funding, rental assistance for SRO units is provided for a period of 10 years. Owners are compensated for the cost of some of the rehabilitation (as well as the other costs of owning and maintaining the property) through the rental assistance payments. To be eligible for assistance, a unit must receive a minimum of \$3,000 of rehabilitation, including its prorated share of work to be accomplished on common areas or systems, to meet housing quality standards (HQS).

**SUBRECIPIENT:** (as defined by HUD) is a private nonprofit organization, State, local government, or instrumentality of State or local government that receives a subgrant from the recipient to carry out a project.

**SUPPORTIVE SERVICES:** (also know as essential services) address the service needs of homeless persons, such as employment, health, drug abuse treatment, or education, to help homeless persons meet three overall goals: (1) achieve residential stability; (2) increase their skill levels and/or incomes and (3) obtain greater self-determination. Staff costs associated with case management or provision of supportive services is considered a supportive service. Supportive Services may include, but are not limited to:

- Assistance in obtaining permanent housing
- Assistance in obtaining other Federal, State or local assistance, including but no limited to;
  - Public assistance such as food stamps, TANF, medical cards, child support enforcement, child care subsidies, home energy assistance, etc.
  - Employment training and placement programs provided through the Department of Employment, Training and Rehabilitation or the Workforce Investment Act.
- Medical counseling and supervision
- Mental Health and psychological counseling and supervision
- Employment counseling
- Substance abuse treatment and counseling
- Other services such as child care payments, transportation assistance, job placement or job training. HUD funds cannot be used to supplant mainstream or other funding for these essential services.

## SUPPORTIVE SERVICES DEFINITIONS

- **Outreach:** services and information about the availability of community resources delivered to people wherever they may reside. Common examples include: Street Outreach, Mobile Unit or Law Enforcement responses.
- **Employment Services:** education related to job skill development, on-the-job-training, referral, job placement, sheltered workshop, job coaching/shadowing, employment testing, and employment evaluation, as well as support and coaching provided after employment placement, to assist client in adjusting and maintaining a job
- **Case Management:** assessment, crisis intervention, linkage to services, monitoring client progress, system advocacy and discharge/placement planning. Case plan in chart required
- **Substance Abuse Care:** assessment, diagnosis, evaluation, treatment, aftercare. Requires licensed personnel CADAC, LADC, LCSW, Psychologist, MFT, MD

- **Mental Health Care:** assessment, crisis intervention, therapy, medication, diagnosis. Requires licensed personnel LCSW, Psychologist, MFT, MD. Medical Care: assessment, diagnosis, treatment, referral, medication. Requires licensed personnel APN, MD, RN
- **Housing Search/Placement:** determining eligibility for specific housing programs and providing the means to access housing, assistance in completing housing applications.
- **Life Skills:** education and training on: hygiene, time management, parenting, financial literacy, health and wellness, job readiness, transportation, communication, cooking, and nutrition.
- **Childcare:** subsidy or program that cares for minor children or children with a disability.
- **Education:** formal education that leads towards a high school diploma, GED, college diploma, or professional/continuing education. Also include stipends and scholarships.
- **Transportation:** bus/van services, taxi vouchers, gas vouchers, bus tickets/passes, financial assistance to repair a vehicle, car registration fees Deposit Assistance: financial assistance to pay for an apartment/home deposit.

**TECHNICAL ASSISTANCE (TA):** the facilitating of skills and knowledge in planning, developing, and administering activities under a grant program for entities that may need, but do not possess, such skills and knowledge.

**TRANSITIONAL HOUSING:** housing coupled with supportive services that are provided for a maximum of 2 years. The primary purpose is to provide temporary housing (lasting at least three months, but not to exceed 24 months) with supportive services used to facilitate the movement of homeless individuals and/or families to permanent housing. The supportive services may be provided by the organization managing the housing, or coordinated by them and provided by other public or private agencies. The program rules, in turn, are designed to enhance the residents' self-sufficiency. Case management services are provided, as are other direct services designed to remove the obstacles individuals or families face when attempting to return to self-sufficiency.

**TRANSPORTATION:** the method of arriving at a desired destination. For the most part, homeless individuals and families rely on the Citizens Area Transit public transportation system, but many still own cars. Homeless clients need a variety of assistance with transportation, including financial assistance (with bus passes or gas vouchers), repairs, or sometimes accompaniment.

**UNDUPLICATED COUNT:** The number of people who are homeless within a specified location and time period. An unduplicated count ensures that individuals are counted only once regardless of the number of times they entered or exited the homeless system or the number of programs in which they participated. Congress directed HUD to develop a strategy for data collection on homelessness so that an unduplicated count of the homeless at the local level could be produced.

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD):** HUD's mission is to increase homeownership, support community development and increase access to affordable housing free from discrimination. To fulfill this mission, HUD will embrace high standards of ethics, management and accountability and forge new partnerships—particularly with faith-based and community organizations—that leverage resources and improve HUD's ability to be effective on the community level.

**VICTIM SERVICE PROVIDER:** a nonprofit, nongovernmental organization including rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking