7/15/2019

No Place Like Home

Plan to Combat Homelessness

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Background of State Legislation & Funding

In July 2016, Governor Brown signed AB 1618 which established the No Place Like Home Program (NPLH)[i]. The purpose of NPLH is "to acquire, design, construct, rehabilitate, or preserve permanent supportive housing for persons who are experiencing homelessness, chronic homelessness, or who are at-risk of homelessness, and who are in need of mental health services." Funding for the NPLH program will take place through the issuance of $2 billion in bond funds through the State of Housing. Repayment of the bonds will be made using funds available through the Mental Health Services Act (MHSA). [ii]

Introduction

The information in the Plan to Combat Homelessness (Plan) has been developed and is organized using the NPLH program guidelines issued by HCD[iii]. Shasta County Community Action Agency (SCCAA) incorporated significant sections of the Shasta County Mental Health Services Act (MHSA) Expenditure Plan to avoid duplication and to maintain congruity with ongoing efforts and activities of County and community partners.

On July 13, 2016, the Strategic Planning Steering Committee developed the Redding Area Homeless Coalition Project (RAHCP) and developed the "Strategic Plan to Respond to Homelessness in Shasta County" which was presented to over 150 community members[iv]. The Strategic Plan proposes a cohesive set of strategies that will provide a roadmap for our community and decision-makers to address the issue of homelessness in Shasta County with a sense of urgency, and of hope.

A significant step forward in this process happened in July 2018, when a collaborative including representatives from the following 25 public and private stakeholders began meeting to develop real, long-term solutions for unsheltered adults in Shasta County who also experience behavioral health challenges:

- **Chamber of Commerce**
- **City of Anderson**
- **City of Redding**
- **City of Shasta Lake**
- **Community Housing Development Organization**
- **Dignity Health**
- **Empire Recovery/Redding Homeless Day Resource Center**
- **Good News Rescue Mission**
- **Health Alliance of Northern California**
- **Hill Country Health and Wellness Center**
- **Hospital Council of Northern California**
- **No. Cal Homeless Continuum of Care**
- **Northern Valley Catholic Social Service**
- **One Safe Place**
- **Partnership Healthplan of California**
- **Redding Homeless Day Resource Center**
- **Redding Police Department**
- **Shasta Community Health Center**
- **Shasta County Board of Supervisors**
- **Shasta County Health and Human Services Agency**
- **Shasta County Housing and Community Action Agency**
- **Shasta County Sheriff**
- **Shasta Regional Medical Center**
- **Redding Veterans Resource Center**

Section 1. Overview: Local Agencies, Community Partners in Ending Homelessness

Shasta County includes over 3,486 square miles of service area. Due to the large and diverse geographic area ranging from urban to rural, Shasta County has generally organized countywide services around two service regions (valley and intermountain) with the goal of providing services that reflect the needs of the community that each region serves. Shasta County offers a number of specialized outpatient programs across all age groups, each with programs focused on outreach and engagement of the hardest to reach homeless persons experiencing a serious mental health disorder.

The following agencies/partners participated in a collaborative process in development of this plan:

1. Local Government Agencies

a) Shasta County Community Action Agency (SCCAA)

The SCCAA is interested in obtaining input from the public, providers and organizations that engage persons and/or families experiencing homelessness about the identified needs, challenges, and planned strategies included in this draft Housing Plan.

b) Shasta County Housing Authority (SCHA)

The SCHA administers the low-income rental assistance program, Housing Choice Voucher, for Shasta, Siskiyou, Modoc and Trinity counties. Vouchers include Housing Choice Vouchers (HCV), Veterans Affairs Supportive Housing Vouchers (VASH), Mainstream Vouchers and Family Unification Program Vouchers (FUP). Voucher assistance is provided on behalf of the family and assists the family in renting affordable, decent, safe and sanitary housing.

c) Shasta County Health and Human Services Agency (HHSA)

The HHSA offers an array of services, from CalFresh food benefits and employment training, to counseling and immunizations, through the following branches:

- Adult Services
- Business & Support Services
- Children's Services
- Public Health
- Regional Services

HHSA is also responsible for administrative oversight of programs funded through the Mental Health Services Act (MHSA), such as Permanent Supportive Plans for housing[v].

HHSA's Housing, Outreach, Assistance and Behavioral Services (HOABS) Division within Regional Services (RS), provides housing case management and financial housing assistance in the following programs: the Whole Person Care Pilot Program[vi] focusing on high utilizers of emergency services; The Unsheltered Adult Homeless Assistance Program for single adults and the disabled; and the CalWORKs Family Stabilization Program and Housing Support Program provides housing case management and financial assistance to families with children. The housing assistance programs assist clients with barriers to housing, bridging the gap with landlords, assisting with housing placement and providing follow up case management services to include life skills education for 6-12 months.

RS also provides CalFresh, CalWORKs, Medi-Cal, Women, Infants, and Children (WIC) and General Assistance benefits as well as provides CalFresh and CalWORKs Employment and Training Services, Community Health and Disability Advocacy, and Nurse Family Partnership. RS oversees the Opportunity Center which provides supportive employment for people with disabilities including severe and persistent mental illness. RS also oversees the Perinatal Treatment Program; a substance use treatment program focused on pregnant and parenting mothers and Behavioral Health Services for families participating in the CalWORKs Welfare-To-Work program.

d) Shasta County Criminal Justice Departments: Probation and District Attorney

The Probation department operates a Community Correction Center (CCC) which opened in April 2013. The center allows for a coordinated effort to provide adult offenders with re-entry services and an orientation related to their formal supervision requirements, assessment of their criminogenic and other needs, and referrals to treatment services. The CCC has about 650-700 offenders visits each month. The probation department contracts with Northern Valley Catholic Social Services (NVCSS) to provide a housing program and two housing specialists within the CCC. From February 2014 to June 2018, a total of 565 offenders have been referred to the NVCSS housing program and 228 offenders were housed for six months or more.

Since April of 2019, the District Attorney has been facilitating a group that includes representatives from the community, medical care, law enforcement, and HHSA who have been brainstorming ways to develop long-term solutions to help people who are struggling with homelessness, mental health issues, and substance abuse disorders. Input from law enforcement and social services have helped the group get a more comprehensive look at some root causes of these complex problems. For example, the group has discussed collaborating with Shasta County Jail officials to ensure that unsheltered persons have developed a discharge plan to ensure offenders do not return to the streets upon release. In addition, the group has discussed preventative outreach with law enforcement, similar to the Whole Person Care model, which has shown promising results during the pilot phase.

e) City of Redding

City representatives from the Police Department, City Manager's office, Community Development, and Development Services provide community support and expertise in related fields to assist the development of affordable housing and homeless shelters and directing the targeted population to community recourses that may provide assistance that leads to self-sufficiency.

The Homeless Outreach Officer, through the City of Redding Police Department, develops training to assist officers in understanding current legal and socials issues relating to homelessness. This position is also responsible for coordinating with HHSA and other community-based organizations to provide available resources/assistance to individuals experiencing homelessness.

2. The Redding/Shasta, Siskiyou, Lassen, Plumas, Del Norte, Modoc, Sierra Counties Continuum of Care (CA-516)

The Redding/Shasta, Siskiyou, Lassen, Plumas, Del Norte, Modoc, Sierra Counties Continuum of Care (CoC) also known as the NorCal Continuum of Care is a consortium of individuals and organizations with the common purpose of planning a housing and services system for people who are homeless. The CoC serves as a convening entity tasked with the critical mission of ending homelessness in the City of Redding and in the counties of Shasta, Lassen, Plumas, Sierra, Siskiyou, Del Norte and Modoc Counties[vii]. The CoC is responsible for managing Housing and Urban Development funds for homelessness, and are uniquely positioned to identify system needs and take steps to address them with the collaboration and partnership of community stakeholders.

The CoC conducts an annual Point In Time Homeless Count (PIT Count) reflecting efforts to continuously assess the homeless population and to use the data to develop timely and responsive strategies to end homelessness[viii].

Community Partners within the CoC

- **Plumas Crisis Intervention Resource Center (PCIRC)**
- **Hill Country Health and Wellness Center**
- **Shasta Support Services**
- **City of Redding**
- **National Alliance to End Mental Illness**
- **Faithworks' Community Coalition, Inc.**
- **Providence International**
- **Shasta Community Health Center (SCHC)**
- **One SAFE Place**
- **Shasta County Housing and Community Action**
- **Redding Veteran's Resource Center (RVRC)**
- **Lutheran Social Services**
- **California Heritage Youth Build Academy**
- **Redding Homeless Day Resource Center**
- **Shasta County Mental Health Alcohol and Drug Advisory Board**
- **Access Home**
- **Northern Valley Catholic Social Services**
- **The Community Revitalization & Development Corporation (CRDC)**
- **Shasta County Health and Human Services Agency**
- **Bridges to Housing**
- **Life Steps USA Program**
- **Empire Recovery Center**
- **Plumas Rural Services (PRS)**
- **Plumas County Behavioral Health (PCBH)**
- **Siskiyou County Health and Human Services**
- **People of Progress**
- **City of Anderson**
- **Salvation Army**
- **Siskiyou County Health and Human Services**
- **St. James Church**
- **United Way of Northern California**
- **Good News Rescue Mission**
- **Lassen County Health and Human Services**
- **Individuals Homeless or formerly homeless**

3. Housing and Homeless Services Providers

a) City of Redding Community Development

The Redding Community Development Department assists local for profit and nonprofit developers to obtain the necessary resources to build, buy or renovate affordable housing. Such housing may include transitional housing facilities and permanent affordable housing units within the City of Redding.

b) City of Redding Housing Authority (RHA)

The Redding Housing Authority provides long term rental assistance to low income families. The RHA has a preference on the Housing Choice Voucher waiting list for many different types of housing deficient families. The RHA also administers the VASH program in conjunction with the Department of Veteran's affairs for homeless veterans. The total number of baseline units available over all RHA programs is 1,633.

c) Community Housing Improvement Program (CHIP)

CHIP is a private, non-profit 501(c)(3) corporation serving Butte, Glenn, Tehama, Shasta, Sutter, Yuba and Colusa counties. "Helping People Help Themselves" is CHIP's mission. CHIP assists low-income and rural disadvantaged residents, seniors and others who lack financial resources or knowledge to improve or provide adequately for their housing, as follows:

- Construct mutual self-help (sweat equity) housing and affordable multi-family apartment housing
- Manage rental properties built by CHIP and properties owned by others (17 properties total)

- Provide education and services to residents
- Build and enhance communities

CHIP has built more than 2,600 housing units in our seven-county service area and is acknowledged as an innovator and leader in rural housing issues.

d) Faithworks

Faithworks is a non-profit ministry that oversees a transitional supportive housing program for homeless families with children and homeless veterans in Redding. Faithworks consists of two programs: Francis Court for homeless families and House of Cornelius for homeless veterans.

e) Good News Rescue Mission (GNRM)

Founded in 1964 by a group of concerned Christians, the Good News Rescue Mission (GNRM) has since offered a hand up out of emotional, physical and spiritual poverty to thousands in Shasta County. In 2018, GNRM provided approximately 78,052 safe nights of shelter[ix]. The Journey Home Program aims to reunite individuals who have been stranded in Shasta County with friends or family outside Shasta County. Its purpose is to help individuals relocate to a place where they have support to find work and housing. Program pays for transportation via Greyhound Bus. Lutheran Social Services of Northern California (LSS) Programs include money management services, case management in transitional and permanent supportive housing sites, case management and housing services for emancipated former foster care youth, disaster preparedness training, and long-term disaster response services in the event of a local disaster.

f) Redding Homeless Day Resource Center (RHDRC)

Redding Homeless Day Resource Center (RHDRC) supports an inclusive setting where persons experiencing homelessness can meet their basic needs and access a hub of supportive resources and services. RHDRC conducts the Redding Clients' Advocacy Group (R-CAG) where participants may voice their opinions, discuss mutual problems, share solutions, and learn how to be effective advocates. R-CAG participants can also get information on the homeless movement and learn how to effectively contact and lobby State, County, City and Federal politicians. RHDRC also conducts Project Homeless Connect which is a community based effort and a conduit to RHDRC.

g) One Safe Place (OSP)

One Safe Place (OSP) provides legal services, safety, and emotional support to intimate partners, children, and seniors affected by domestic violence and sexual assault. Residents of Shasta County who are victims of domestic and/or sexual abuse identified in imminent danger or who would be homeless without our services are eligible to stay in the residence.

h) People of Progress (POP)

People of Progress (POP) is a nonprofit (501c3) serving the Shasta County community with emphasis on helping low-income persons. Annually, the food bank and resource center serves 11,000 people with food for 180,000 meals, 9,000 clothing items, 500 blankets, countless diapers, 8,000 targeted referrals and 6,000 resource packets. POP helps clients form a game plan and directly connect clients to medical providers and services such as Volunteer Income Tax Assistance (VITA), Supplemental Nutrition Assistance Program (SNAP), CalWORKs, employment centers, etc.

i) Salvation Army

Since 1889, Salvation Army (in Redding) has been serving the community with food pantries, meal programs, enrollment requirements, rental & utility assistance, clothing vouchers, and holiday assistance.

j) Shasta County Housing and Community Action Agency (SCHCAA)

The Shasta County Housing and Community Action Agency (SCHCAA) provides short and long term rental assistance to low income families. The SCHCAA has a preference on the Housing Choice Voucher waiting list that allows families who are housing deficient to come to the waiting list faster. Also, the SCHCAA administers low-income rental assistance vouchers, Mainstream Vouchers, for families who are non-elderly disabled, homeless, at risk of homelessness, transitioning out of an institutionalization or at risk of being institutionalized. The total number of baseline units available over all SCHCAA programs is 1,026.

k) United Way of Northern California (UWNC)

United Way of Northern California (UWNC) operates 2-1-1 in Shasta and Tehama counties. 2-1-1 provides information and referrals to people needing help in any realm of health or human services. In 2018 more than 7,000 Shasta and Tehama county residents called and/or texted 2-1-1 and the website, http://www.211norcal.com, recorded more than 168,000 searches. In 2018, housing related resources were the number one need searched for, with over 2,500 searches. The 2-1-1 information phone line is staffed by live specialists and is available to the public 24 hours a day, 365 days a year.

UWNC has a fiscal sponsorship agreement with Bridges to Housing, an organization that raises and manages funds to supplement homeless citizens in the Redding area as they move off the streets. Bridges to Housing seeks to address a significant obstacle in dealing with the chronic homeless – ensuring funds are immediately available to help move individuals off the street at the same time those individuals are ready to change their circumstances.

4. Health Care Communities & Providers

a) Dignity Health – Mercy Medical Center Redding (MMCR)

Rooted in Dignity Health's mission, vision and values, Mercy Medical Center Redding (MMCR) is dedicated to delivering community benefit with the engagement of its management team, Community Board and other key stakeholders within the community. The Community Board is composed of community members who provide stewardship and direction for the hospital as a community resource. MMCR created a community health needs assessment (CHNA)[x] in order to identify and prioritize significant health needs of the community, meeting the requirements of Senate Bill 697[xi].

On February 1, 2019, Catholic Health Initiatives and Dignity Health combine to form CommonSpirit Health (CommonSpirit). CommonSpirit will need to earmark $20 million over six years for the cause of homelessness and partner with local governments and not-for profit organizations to support individuals who are homeless and co-locate, coordinate and integrate health services with housing across its California footprint[xii].

b) Health Alliance of Northern California (HANC)

The Health Alliance of Northern California (HANC) is a rural Consortia of 13 community health centers and collaborators that serve low-income and uninsured populations in an 11-county region in Northern California. One of HANC's goals is to build partnerships between its members and other key stakeholders to improve health outcomes using a system of care. In Shasta County, HANC is viewed

as a neutral convener and facilitates the Shasta Health Assessment and Redesign Collaborative. HANC facilitated the collaborative to develop real, long-term solutions for unsheltered adults in Shasta County who experience behavioral health challenges.

c) Hill Country Community Clinic (Hill Country)

Hill Country Community Clinic (Hill Country) provides a wide spectrum of primary health care and behavioral health services to residents in both the Redding and Intermountain areas of Shasta County. On January 8, 2019, the Redding Planning Commission approved the use permit for Hill Country's proposal to build a 34,554-square-foot primary care clinic and 16 dorm-style apartments for low-income young adults, aged 18 to 24, who don't have a permanent place to live and are finishing high school or are enrolled at Shasta College[xiii]. Hill Country is piloting a similar program in Round Mountain.

d) Partnership HealthPlan of California (PHC)

Partnership HealthPlan of California (PHC) is a non-profit community based health care organization that contracts with the State to administer Medi-Cal benefits through local care providers to ensure Medi-Cal recipients have access to high-quality comprehensive cost-effective health care. On September 1, 2013 PHC began providing managed health care services in Shasta County. On March 1, 2019, approximately 4,458 PHC members were identified to be experiencing homelessness (Members)[xiv].

PHC has awarded more than $1.7 million in grant funds for the Center of Hope in Redding, a campus that will provide housing and high-intensity primary care to people with complex health and social needs. The funding granted to the Hill Country is one of 25 awards, totaling $25 million, made by PHC for housing-related projects across the Medi-Cal managed care plan's 14-county service area. Through this grant program, PHC seeks to address the critical housing and housing-related needs that affect the health of its more than 560,000 members.[xv]

e) Shasta Community Health Center (SCHC)

Shasta Community Health Center (SCHC), a 501(c) Federally Qualified Health Center, provides quality primary medical and mental healthcare services to the medically underserved populations of our community. Project Health Outreach for People Everywhere (HOPE) Mobile Health Program (also known as the HOPE Van) operates through a system of community health centers in Redding, Anderson, and Shasta Lake which also provide medical and mental health care services, dental, medication assisted therapy, case management, and referrals. In 2018, SCHC provided health care services to approximately 3,155 patients identified as homeless[xvi].

SCHC currently has a mobile health care program for the homeless, part of the State-Wide Pilot Project, Whole Person Care and have a team of Outreach and Enrollment specialists to make sure those who come in contact with SCHC are enrolled in the best health care coverage to meet their needs.

f) Shasta Health Assessment and Redesign Collaborative (SHARC)

The Shasta Health Assessment and Redesign Collaborative (SHARC) is a collaborative that has been meeting for over 10 years to identify ways to improve the healthcare system for Shasta County residents. Members include Federally Quality Health Centers, hospitals, clinics, Partnership Healthplan, county agencies, medical society, community members, etc. One of SHARC's subcommittees, the Integrate Care Committee, has the goal of improving health outcomes of low income and at-risk populations by promoting integration of physical health, mental health, substance

use disorder and social services. Committee activities have included identification of activities to decrease frequent utilizers of community services, serving as the Steering Committee for Whole Person Care Pilot Project and starting as the "think tank" for planning for a homeless navigation center.

g) Shasta Regional Medical Center (SRMC)

Shasta Regional Medical Center (SRMC), a division of Prime Healthcare, is a 226-bed acute care facility providing regional medical services for Northern California. The hospital offers a diverse range of medical services, from Emergency Medicine, Critical Care, General/Specialty Surgery, Cardiovascular Service, Neurosciences and Orthopedic as well as Behavioral Health Services. These services are extended to those individuals who may experience homelessness or at-risk of homelessness and SRMC works with SHARC and other community partners in Shasta County to facilitate safe discharging practices for patients experiencing homelessness.

5. Representatives of Family Caregivers of Persons Living with Serious Mental Illness

a) The National Alliance on Mental Illness (NAMI)

NAMI has a Shasta County chapter which is housed at the Counseling and Recovery Engagement (CARE) Center, an MHSA-funded urgent outpatient mental health center. NAMI is dedicated to improving the quality of lives for individuals living with mental illness and their families through support, education and advocacy. NAMI contracts with Shasta County to facilitate peer support groups and to offer one-on-one mentoring and provide numerous education programs throughout the community.

b) Mental Health, Alcohol and Drug Advisory Board (MHADAB)

MHADAB is appointed by the Board of Supervisors and provides oversight and monitoring of the local mental health, alcohol and drug system. It advocates for people with serious mental illness and/or substance use disorders and advises the Board of Supervisors and the mental health director. Fifty percent of members must be consumers or the parents, spouses, siblings or adult children of consumers who are or have been receiving mental health services. At least 20 percent of the total members must be consumers, and at least 20 percent must be family members of consumers.

c) MHSA Stakeholder Workgroup

This workgroup is open to the public and meets quarterly. Its primary purpose is to advise the Shasta County MHSA coordinator on MHSA-funded programs and initiatives. These meetings usually draw 40-50 people, including numerous clients and family members of people with mental illness.

6. Community Stakeholders

On February 27, 2019, HHSA and its partners organized a Homeless Shelter Discussion at the Redding Library, and more than 60 unsheltered adults shared their input. They provided information about why people remain unsheltered despite a variety of available resources in the community, and what services would be helpful to them that currently do not exist. Participants also described the logistical challenges that even the most motivated people face in overcoming homelessness.

On April 9, 2019, an informational meeting was held where community leaders were invited to provide input on a Homeless Navigation Center to address the concerns involving unsheltered adults living with behavioral health challenges[xvii]. Over 70 community stakeholders attended the meeting and provided approximately 213 written comments addressing three questions: (1) What do you like about the proposed model? (2) What other ideas do you have? (3) What questions do you have? The stakeholders is preparing responses to comments, where applicable, for all community stakeholders who attended the meeting.

Section 2. Goals, Objectives and Activities for Homeless Prevention

The NorCal Continuum of Care (CoC)

The CoC envisions a homeless response system that uses resources effectively, quickly connecting our neighbors with services to regain and retain housing or to prevent homelessness from occurring. By reducing homelessness, we will improve the quality of life and well-being of everyone in our region. Shasta County, along with the six other counties within the CoC as identified in Section 1.2., participated with the CoC by collectively developing goals, outcomes and corresponding priorities, as follows:

1. Priority One: Build the Emergency Shelter and Housing System

a) Goal 1-A: Increase the Permanent Supportive Housing (PSH) and Affordable Housing units available across the CoC.

- Evaluate the need and feasibility for new development or conversions to PSH.
- Identify housing units available and negotiate for PSH placements among existing multi-family housing stock.
- Engage landlords as partners, developers, and banks to increase housing units available for subsidized programs.
- Increase private development of low-rent housing

Strategy: Establish Shasta County specific workgroups to identify resources to increase PSH housing stock and Affordable Housing Units and develop housing plans that addresses the needs of the various funding sources, as well as identifies targets for housing capacity growth. This Shasta County workgroup will review shared housing models.

Outcomes: Establish a current baseline., identify various models, and identify various funding sources to increase PSH and subsidized housing units in Shasta County.

b) Goal 1-B: Expand the capacity for housing providers across the CoC.

- Expand the number of entities with staffing and capacity to administer housing programs.
- Ensure housing stability through case management and supportive services.

Strategy: Evaluate Shasta County impact and effectiveness of Rapid-Rehousing and Emergency Solutions Grant (ESG) funding. Increase the number of entities that receive ESG and other funding resources. Identify matching funds for smaller entities to access ESG funds through collaborative partnerships.

Outcomes: Shasta County compliance with the U.S. Department of Housing and Urban Development (HUD) outcome measures.

c) Goal 1-C: Implement the Coordinated Entry Process (CEP) as a means of prioritizing PSH and other housing services for chronically homeless persons with the highest need.

Strategy: Explore best practice options for street outreach. Hold regular Homeless Management Information System (HMIS)/CEP meetings to share information and communicate about Shasta County's housing and service gaps and needs.

Outcomes: Improve the use of HMIS to increase the number of agencies eligible to apply for housing funding in Shasta County.

d) Goal 1-D: Expand the low barrier emergency shelter capacity in the NorCal CoC region to reduce the number of individuals experiencing homelessness that are unsheltered.

Strategy: Support workgroup collaboration with hospital development of protocols to address appropriate discharge.

Outcome: Reduction in Shasta County unsheltered PIT count.

2. Priority Two: Develop Leadership and Coordination of Effort to reduce Homelessness

a) Goal 2-A: Strengthen and Build the Capacity of Community Leadership around Homelessness

- Engage community partners, executive directors, board members, landlords, civic leaders, public officials, public agencies, the business community and other stakeholders in the need for community engagement and coordination of resources
- Advocate for local housing element compliance

Strategy: Develop a regular report that tracks the progress of the CoC towards strategic plan priorities and goals. Convene a Shasta County leadership forum and invite California Housing and Community Development Department staff to speak on community leadership and engagement and other important topics such as low-barrier housing, leveraged funding, meeting compliance with regard to the city/county housing element, capital development, and strategic planning. Develop a workgroup for outreach.

Outcomes: Hold a Shasta County leadership and public forum. The CoC is the lead agency or convener for coordinating strategies to address housing/homelessness issues. Increased number of housing programs that are low/no barrier and use Housing First principles. Public Outreach to announce Shasta County CoC and partner agency events and strategic accomplishments.

b) Goal 2-B: Address the need for low-barrier housing across the system

- Engage executive directors around low-barrier approaches to providing housing services

Strategy: As identified in Goal 2-A.

Outcomes: As identified in Goal 2-A.

c) Goal 2-C: Progress is made with regard to the CoC's Strategic Plan

Strategy: As identified in Goal 2-A.

Outcomes: As identified in Goal 2-A.

d) Goal 2-D: Explore staffing alternatives to promote NorCal CoC infrastructure stability

Strategy: Executive Board will consider pros and cons of a minimum of three options for staffing to best meet the needs of the CoC. The options will provide for building and sustaining continuity, cost and emerging needs and resources.

Outcome: Selection of a new staffing option.

3. Priority Three: Implement Data Tracking and Prioritization of Housing Services

a) Goal 3-A: Implement a CoC-wide Homeless Management Information System (HMIS) system for data collection and system performance measurement

- Engage local stakeholders in each county and inform them of the benefits of data collection as a means to support the need for housing and funding
- Provide informational updates to the full CoC on data measures and data integrity

Strategy: Develop a workgroup for Shasta County HMIS. The HMIS Administrator will report out at monthly CoC and HMIS/CEP meetings on system performance standards, number of users across Shasta County, and of provider agencies entering data and participating in HMIS and/or CEP. Workgroup to prove 1:1 support to local stakeholders and service providers to educate them on the importance of HMIS to the greater community, and understanding gaps and needs and for future funding. Review and revise the HMIS application process based on user feedback. The workgroup will define what the CoC is reporting. Workgroup will establish a dashboard and data report of users and licenses.

Outcomes: Increased number of HMIS users and licenses. Increased financial support for HMIS and the CoC. Improved HMIS data quality in accordance with HUD standards.

b) Goal 3-B: Implement a Coordinated Entry Process (CEP), administered at a local level, for prioritizing and accessing available housing and supportive services

- Develop a local, centralized By Name list in each county of the CoC
- Encourage use of the CEP by all housing providers
- Expand identification of CEP access points and train agency staff on use of HMIS and the prioritization tool
- Regularly convene agencies providing CEP access points to discuss improvements needed to the CEP and to identify gaps

Strategy: HMIS Administrator will generate regular "By Name Lists", sorting by jurisdiction, to determine prioritization for housing placement. Agencies providing CEP access points will meet to coordinate resources and referrals. Identify housing and service gaps for Shasta County to inform future focus for development. Start CEP multi-disciplinary team meetings that meet monthly for all HMIS participating entities. HHSA will complete a draft of a multi-disciplinary team CEP and present to Shasta County CoC.

Outcomes: Reduce the average length of time persons remain homeless. Develop Shasta County Homeless Multidisciplinary Teams. Identified individuals who are homeless and have a profile in the HMIS/CEP system. Compliance with HUD Coordinated Entry Process mandates.

Additional Goals & Outcomes for Future Consideration

The HHSA is currently proposing additional goals & outcomes to the CoC for future consideration. If considered, the following goals will be developed (collaboratively with the CoC) with expanded strategies, achievable outcomes, and reprioritized with the list of existing goals above, which will be incorporated in a revised version of this plan (at a later date):

a) Goal A: Identify Tenants "in trouble" with Rent Payments

- Early intervention to prevent loss of housing

b) Goal B: Reduce Housing Insecurity

- Increase voucher lease up through more project based vouchers and case management

Section 3. County and Community Partners: Resources & Services Addressing Homelessness

1. Housing

The City of Redding and the County of Shasta have many affordable housing developers that provide over 1500 site specific affordable housing units that provide decent, safe and sanitary places for income-eligible citizens to call home in addition to the Woodlands project listed below.

a) Case Management

HHSA Regional Services Unsheltered Adult, Whole Person Care and CalWORKs Housing Support Programs all provide housing case management. All potential clients are placed in HMIS under Coordinated Entry and a Vulnerability Index – Service Prioritization Decision Assistance Tool and comprehensive intake. Participants are selected based on acuity and the chronically homeless tend to rise to the top of the coordinated entry list as some of the most vulnerable. Once a participant is enrolled, then a Care Plan is developed with the client's choice and input and case management services begin. The focus is on getting the participants housed and overcoming barriers to housing.

Community Care Fund

The Community Care Fund provides financial assistance for homeless or at risk of homelessness households participating in case management programs. The fund pays for application fees, security and utility deposits, and other expenses preventing the household from moving into a home. The program is managed by a committee made up of community members. NVCSS is the fiscal manager assisting with the application process and payments to those companies needing payment for move-in expenses.

b) CalWORKs Homeless Assistance

Lead Agencies	Funding Sources
• HHSA	• CA Dept. of Social Services

CalWORKs Homeless Assistance is available to families with children who are currently enrolled in, or eligible for, a CalWORKs program. The purpose is to remove the barriers of homelessness so participants can get and keep employment, in order to get off or remain off public assistance.

c) Home Safe Program

Lead Agencies	Funding Sources
• HHSA (Adult Protective Services)	• CA Dept. of Social Services

The Home Safe Program, created by Assembly Bill (AB) 1811 (Chapter 35, Statutes of 2018), is intended to support the safety and housing stability of individuals involved in Adult Protective Services (APS) by providing housing-related assistance using evidence-based practices for homeless assistance and prevention.

Adult Protective Services (APS) is committed to helping seniors (65 and older) and dependent adults (ages 18-64) live in a safe environment free from abuse and exploitation. Over the last year there were 1,661 reports to APS and 508 reports of self-neglect, 65 percent of which were confirmed. 324 cases of financial abuse reported over the last year, 56 percent of those were confirmed. That is a monthly average of 42 confirmed cases for self-neglect and financial abuse.

APS has served 75 clients with short-term housing assistance (rental arrearages and rental support), housing-related case management (eviction protection/legal aid and housing navigation), 50 clients with coordinated entry (client referrals for long term assistance) and 30 clients with emergency financial assistance during the referral process.

d) HOME Tenant-Based Rental Assistance (TBRA)

Lead Agencies	Funding Sources
• SCCAA	• The HOME Investment Partnerships Program (HOME)

TBRA is a twelve-month rental assistance program through the Shasta County Housing and Community Action Agency. The TBRA program is available for clients who are referred from an eligible agency. TBRA rental assistance vouchers can only be used in Shasta County, outside the city limits of Redding. The client will pay 30% of their income towards their monthly rent and utilities, making housing affordable for families.

e) Housing Choice Voucher (HCV)

Lead Agencies	Funding Sources
• SCHA • RHA	• HUD

The HCV program is a tenant based rental assistance program administered through both the Shasta County Housing Authority and the Housing Authority of the City of Redding. Programs offered through SCHA include Housing Choice Vouchers, Family Unification Program Vouchers (FUP), Veterans Assisted Supportive Housing vouchers (VASH) and Mainstream Vouchers. Programs offered through the RHA include Housing Choice Vouchers, and VASH vouchers. Both Housing Authorities offer referred Housing deficient families a preference on the HCV waiting list.

f) Housing Disability Advocacy Program

Lead Agencies	Funding Sources
• HHSA	• CA Dept. of Social Services (CDSS)

The Housing Disability Advocacy Program is for individuals who have a disability and are working towards obtaining long term disability benefits. Case managers and Disability Advocates work together to provide temporary and permanent shelter options while working towards their disability eligibility hearing. Clients are assisted with budgeting, household management and other living skills to assist them in obtaining permanent housing.

g) Housing Support Program

Lead Agencies	Funding Sources
• HHSA	• CDSS

The Housing Support Program is for families with children who are homeless. Applicants should also be enrolled in (or eligible for) a CalWORKs program. Three full-time case managers work closely with approximately 35 landlords in Shasta County. They help clients with budgeting and other skills necessary to get and keep housing, so they can get and keep a job.

h) Linden Apartments

Lead Agencies	Funding Sources
• CHIP • SCHA • RHA	• HCD

A 30-unit low-income apartment complex, made up of two and three-bedroom town homes, with a minimum occupancy of two people and a maximum of seven. Section 8 vouchers are accepted. Amenities include an on-site manager, a community room with use of computers with internet access, and monthly resident services.

i) Partners II *(formerly called the New Path Housing Program)*

Lead Agencies	Funding Sources
• HHSA • NVCSS • SCCAA	

NVCSS has been providing assistance and case management services to Shasta County residents as part of the Supportive Housing Program since 2006. In addition to being chronically homeless, more than 70 percent of individuals assisted also have alcohol and/or drug issues as well as persistent mental health challenges. Since program inception, NVCSS has assisted 139 chronically homeless individuals, of which 85 percent were staying in places not meant for human habitation, in qualifying for and obtaining rent subsidies. Of these, 64 individuals were referred by Shasta County Mental Health, and Alcohol and Drug Services staff. At this time, there are 14 individuals maintaining their independent living situation. The average length of stay for those assisted has been approximately two and a half years, although some have exceeded five years. Participants are referred to NVCSS by various community agencies and health care/psychiatric facilities.

This program has now been restructured to incorporate tenant based rental assistance (similar to the Section 8 voucher program).

j) Participants Actions to Housing (PATH)

Lead Agencies	Funding Sources
• Probation • NVCSS • HHSA	• AB 109

The PATH Program is dedicated to assisting offenders with finding and keeping safe and affordable housing. PATH provides workshops aimed at teaching offenders in areas such as how to find safe and affordable housing, how to be a good tenant, and how to budget their income. NVCSS keeps a current list of available housing resources and work with local landlords to develop more. Offenders who are compliant with their supervision can be evaluated for participation in the rent subsidy program aimed at assisting offenders with payment of rents and deposits, as well as some moving costs.

PATH provided housing to 276 people since its inception. The program assists homeless probation referrals to locate housing, make applications, and provides case management for no less than 6 months to ensure a successful housing experience.

k) Project Stay in Your Home – Rental Assistance[xviii]

Lead Agencies	Funding Sources
• Salvation Army	• Private Donations • ESG (CoC)

In January 2018, The Salvation Army—Redding began a homelessness prevention program called Project Stay in Your Home.

- Keeps individuals and families in their homes.
- Introduced budgeting and goal setting.
- Strives for long term success for both the owners/landlords and the renters/leaser/home owners.

l) Sober Living

Lead Agencies	Funding Sources
• Probation (STOPP) • NVCSS • VOTC • Empire Recovery	• U.S. Department of Veterans Affairs (VA)

Sober Living is a housing program which provides living environments for individuals attempting to maintain abstinence from alcohol and drugs. They offer no formal treatment, but either mandate or strongly encourage attendance at 12-step groups. These programs have been important resources for individuals completing residential treatment, attending outpatient programs, leaving incarceration or seeking alternatives to formal treatment.

m) Supportive Services for Veteran Families (SSVF)

Lead Agencies	Funding Sources
• Shasta County Veterans Services Office	• VA

SSVF is designed to rapidly re-house homeless Veteran families and prevent homelessness for those at imminent risk due to a housing crisis. SSVF helps stabilize Veteran families, once their crisis is resolved, with short-term financial assistance, case management, and linkages to the VA, community-based services and housing assistance. SSVF success is dependent on the use of a Housing First approach. This proven model focuses on helping Veteran individuals and families access and sustain permanent rental housing as quickly as possible and without precondition, while facilitating access to needed health care, employment, legal services, and other supports to sustain permanent housing and improve their quality of life. This broad range of services are offered both to address barriers to housing placement and to sustain Veteran families in housing once the presenting housing crisis has been addressed.

n) The Woodlands Apartment Complex

Lead Agencies	Funding Sources
• HHSA • PC Redding Apartments LP	

The Woodlands is a 55-unit apartment complex, located on Polk and Ellis Streets in Redding, that was built by the HHSA and its partners. About 140 people currently live there, and the apartments are affordable for low-income residents. Nineteen of the apartments are dedicated for eligible HHSA clients who have a severe mental health challenge (or children with serious emotional disturbance). They also must be homeless or be at risk of homelessness to qualify to live there.

To help tenants adjust to having a stable home, a case manager and peer support specialist work on site. A variety of classes are offered to help provide support and build community so tenants can maintain wellness and their recovery.

o) Transitional Housing: Francis Court and House of Cornelius

Lead Agencies	Funding Sources
• Faithworks	• Donations

Francis Court program is designed for homeless families with children. The main goal is to help families become more self-sufficient, productive citizens. This program consists of 16 units, with an average of 24 adults and 40 children housed there. The family can stay at Francis Court for up to 24 months.

Once a family is accepted they are given a furnished apartment and supplies, such as dishes, silverware, sheets, cups, etc.

The House of Cornelius program is designed for homeless veterans. The main goal is to help homeless veterans become healthier, more self-sufficient, productive citizens. This program consists of 4 units, with an average of 8-10 veterans housed at a time. The veterans can live at House of Cornelius for up to 24 months.

p) Unsheltered Adult Homeless Assistance Program (UA)

Lead Agencies	Funding Sources
• HHSA	• ESG • Housing and Disability Advocacy Program (HDAP) - State • WPC • PATH (SAMHSA)

The Unsheltered Adult Homeless Assistance program targets clients who are chronically homeless. Social Workers work with clients to overcome barriers to housing and learn life skills to obtain and retain housing, with the goal to become permanently housed. The program utilizes various funding sources for clients including the Emergency Solutions Grant (ESG), and the Housing Disability Advocacy Program (HDAP)

2. Health Care & Nutrition Assistance

a) Emergency Food and Senior Brown Bag Programs[xix]

Lead Agencies	Funding Sources
• Dignity Health Connected Living	• USDA: Employees and Families Assistance Program (EFAP)

Qualified low-income families may receive a three-day supply of food based on family size. Families are helped on an emergency basis and may receive this assistance once a month. Distributions are held the first and third Friday of the month from 8-9 a.m.

The Brown Bag Program serves low-income seniors aged 60 or older. Each month bags of nutritious food are distributed at eight distribution sites located throughout Shasta County.

b) Intensive Outpatient Case Management Program

Lead Agencies	Funding Sources
• SCHC • Hill Country • HHSA	• WPC • PHC

Both SCHC and HCCC, through the Whole Person Care Pilot, develop care coordination that identify adult clients (ages 18-64) who have three or more emergency department (ED) visits or one inpatient stay in the last 12 months, including adults who are experiencing homelessness or at risk of being homeless. As a result of the screenings, clients receive coordinated care and connected/linkage to resources such as: goal setting, medication education, mental health, and travel for medical appointments, etc.

c) Other Health Care Resources & Linkage Services

When clients who are experiencing homelessness are admitted for inpatient service as well as general emergency room visits, Shasta Regional Medical Center ensures they are provided with food, clothing and other linkage services as necessary before they are safely discharged from the hospital. For patients who struggle with addiction issues, SRMC assists them with the Bridge Program, which facilitates access to treatment in the outpatient environment.

d) Medical Respite – *In development*

Lead Agencies	Funding Sources
• SCHC • HHSA • GNRM • PHC • MMCR • SHARC	• Dignity Health/MMCR • Homeless Emergency Aid Program (HEAP) • County Medical Services Program (CMSP) • SCHC

SCHC is actively looking at the feasibility of developing a medical respite program that would have up to 12 beds that hospitals could utilize for the safe discharge of unsheltered individuals who are in the Emergency Rooms and Hospitals and need a lower level of care than skilled nursing or rehabilitation centers can provide. SCHC's mission is to "Serve the underserved", providing healthcare to the homeless and those who are economically disadvantaged for over 20 years. This project is a collaborative project and is supported by Dignity Health, SHARC, PHC, The GNRM and HHSA.

e) Medication Assisted Treatment (MAT)

Lead Agencies	Funding Sources
• Aegis • SCHC • Hill Country • Empire Recovery • Redding Opioid Recovery Clinic	• WPC • HRSA • SAMHSA • SCHC

Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders, including adults experiencing homelessness.

Shasta County MAT providers prescribe medications to help patients cope with the cravings and withdrawal that occur when recovering from alcohol, substance, and opioid abuse. These are most often prescribed in conjunction with substance use education, outpatient, intensive outpatient, and/or residential treatment.

f) Sharps Disposal and Exchange (Needle Disposal/Exchange)

Lead Agencies	Funding Sources
• HHSA • City of Redding • Mayers Memorial Hospital • SCHC (HOPE Van)	• California Department of Public Health (CDPH)

In Shasta County, about 5,000 residents (approximately 1,000+ illegal injection drug users (IDU's) and approximately 4,000+ legal medication syringe users) use between 265,000 and 1.9 million needles, syringes, and lancets per year outside of health facilities to inject medications and other substances.

This program is designed to ensure proper disposal of contaminated needles, syringes, and lancets to prevent accidental exposure to disease-causing pathogens such as Hepatitis B, Hepatitis C, and HIV.

g) Transitions Clinic Network

Lead Agencies	Funding Sources
• Hill Country	

Hill Country Community Clinic recently implemented the Transitions Clinic Network program. This national program is designed to support re-entry of recently released offenders who have chronic medical conditions or are over 50 and have served long sentences. Hill Country serves as their medical home and provides case management services which include help in finding housing and employment.

3. Outreach

a) Mobile Crisis Team

Lead Agencies	Funding Sources
• Hill Country • HHSA	• WPC

The Mobile Crisis Outreach Team provides on-the-spot urgent mental health services to people suffering severe mental illness. The team responds to crisis situations in many locations, from people's homes to the streets.

A clinician and case manager team work closely with law enforcement, emergency rooms, as well as businesses and agencies to provide direct, face-to-face support for those in crisis.

The Mobile Crisis Outreach Team is a program of Hill Country Health and Wellness Funded through the Whole Person Care Pilot Project.

b) HHSA Community Outreach

HHSA Community Health Advocates provide outreach to the homeless population to assist them with obtaining CalFresh and Medi-Cal and to inform them about shelter resources.

4. Transportation

Transportation assistance reduces barriers for homeless individuals and encourages connections to community resources.

a) Bus Passes

Lead Agencies	Funding Sources
• Redding Area Bus Authority (RABA) • HHSA • PHC • SCHC • Hill Country	• HHSA • PHC

HHSA will coordinate with RABA to purchase bus passes for adults living unsheltered, as necessary. PHC (through MTM Transportation) and SCHC offer transportation for all medical appointments as well as Drug and Alcohol program classes, as necessary.

b) Journey Home

Lead Agencies	Funding Sources
• GNRM	• Donations

Journey Home is for those who are (about to be) homeless and have family or friends in another city or state. This family member or friend must be willing to host and help the traveler get back on their feet.

5. Whole Person Care

In Shasta County, the Whole Person Care Program helps PHC members who are homeless or at risk of homelessness. They must have visited the emergency department at least two times or been hospitalized once in the last three months. People may have one or more of these issues as well: a diagnosed serious mental illness, a diagnosis of substance use disorders (SUD), or an undiagnosed opioid addiction.

> *51% of participants have established permanent housing; most of the participants are helped with finding temporary shelter or sober living.*

When somebody is eligible for Whole Person Care they are connected with a small team made up of a housing case manager, a medical case manager and a Registered Nurse. This "teamlet" works closely with the participant to create a Comprehensive Care Plan. This plan guides efforts to get or keep housing and the highest possible levels of physical, mental and social wellbeing. The Whole Person Care Pilot is a collaborative effort between HHSA, SCHC, Hill Country and PHC.

Section 4. Homeless Data Analysis

In 2018, the CoC reported 1,142 homeless persons across the seven-county service area. Upon further analysis of the data, each county received charts based on their individual county counts. Shasta County homeless data from 2018 is recorded in the tables below.

1. Residents Experiencing Homelessness or Chronic Homelessness

a) Gender

Of the 692 unsheltered homeless people, 443 of these individuals were men, and 247 of these individuals were female. The gender distribution between 2017 and 2018 relatively remains the same. See Table below for full details.

Gender	Emergency Shelter	Transitional Housing	Unsheltered	Total
Female	68	54	125	247
Male	140	106	197	443
Transgender	0	2	0	2
Don't identify as male, female or transgender	1	0	0	1

b) Race and Ethnicity

Approximately 83% of the homeless population were white, while 4% were Black or African American. Only 2% of the unsheltered were Asian, while 5% were American Indian or Alaskan Native and nearly 2% were Native Hawaiian or Pacific Islander.

Race	Emergency Shelter	Transitional Housing	Unsheltered	Total
White	169	123	280	572
Black or African-American	6	9	13	28
Asian	4	6	1	11
American Indian or Alaska Native	15	9	12	36
Native Hawaiian or Other Pacific Islander	1	3	7	11
Multiple Races	13	11	9	33
Ethnicity	**Emergency Shelter**	**Transitional Housing**	**Unsheltered**	**Total**
Non-Hispanic/Non-Latino	188	141	303	632
Hispanic/Latino	20	21	19	60

c) Age

Households & Individuals	Emergency Shelter	Transitional Housing	Unsheltered	Total
Total number of households	189	119	278	586
Total number of persons	208	162	322	692
Number of children (under age 18)	15	39	8	62
Number of young adults (age 18 to 24)	16	0	0	16
Number of adults (over age 24)	177	123	314	614

d) Youth

Due to the hidden nature of youth homelessness, there is limited data on unaccompanied children and transitional age youth experiencing homelessness. Young people experiencing homelessness may have a more difficult time accessing services, including shelter, medical care, and employment due to the stigma of their situation and the lack of knowledge of available resources targeted to young people. The CoC implemented youth count in 2018 to gather additional data on unaccompanied children and youth.

During the 2018 PIT count, among the unsheltered homeless population, 4% were considered homeless youth under the age of 25 using HUD's "literally homeless" definition. The total reflects the number of accompanied homeless youth who were not in the physical custody of a parent or guardian. The table below provides a breakdown of these unsheltered youth subpopulations.

Households & Individuals	Emergency Shelter	Transitional Housing	Unsheltered	Total
Total number of unaccompanied households	16	2	8	26
Total number of unaccompanied persons	16	2	8	26
Number of children (under age 18)	0	0	0	0
Number of young adults (age 18 to 24)	16	2	8	26
Gender				
Female	2	0	5	7
Male	14	2	3	19
Transgender	0	0	0	0
Don't identify as male, female, or transgender	0	0	0	0
Ethnicity				
Non-Hispanic/Non-Latino	13	2	7	22
Hispanic/Latino	3	0	1	4
Race				
White	12	2	6	20
Black or African-American	1	0	0	1
Asian	2	0	0	2
American Indian or Alaska Native	1	0	1	2
Native Hawaiian or Other Pacific Islander	0	0	0	0
Multiple Races	0	0	1	1
Chronically Homeless				
Total number of households	13	1	5	19
Total number of persons	13	1	5	19

e) Veterans

Since 2014, the CoC continues to strategically link veterans with appropriate housing. Grants such as Supportive Services for Veterans and Families (SSVF) and specialized housing vouchers have been successful in Shasta County to reduce the number of homeless veterans.

Among the 2018 unsheltered homeless population, approximately 10% self-reported as Veterans. Of those Veterans, 75% were chronically homeless. It is important to recognize that the PIT methodology includes the self-reporting of information from individuals experiencing homelessness. No verification was completed to determine actual veteran status.

Households & Individuals	**Emergency Shelter**	**Transitional Housing**	**Unsheltered**	**Total**
Total number of households	17	20	30	67
Total number of persons	17	20	30	67
Number of young adults (age 18 to 24)	0	0	0	0
Number of adults (over age 24)	17	20	30	67
Gender				
Female	2	1	7	10
Male	15	19	23	57
Transgender	0	0	0	0
Don't identify as male, female, or transgender	0	0	0	0
Ethnicity				
Non-Hispanic/Non-Latino	16	19	28	63
Hispanic/Latino	1	1	2	4
Race				
White	12	17	25	54
Black or African-American	1	2	3	6
Asian	0	0	0	0
American Indian or Alaska Native	4	1	0	5
Native Hawaiian or Other Pacific Islander	0	0	2	2
Multiple Races	0	0	0	0
Chronically Homeless				
Total number of households	13	16	21	50
Total number of persons	13	16	21	50

2. Subpopulations

The table below identifies the 2018 subpopulation counts.

Households & Individuals	Emergency Shelter	Transitional Housing	Unsheltered	Total
Adults with serious mental illness	54	21	85	160
Adults with substance abuse disorder	42	58	76	176
Adults with HIV/AIDS	0	0	0	0
Victims of Domestic Violence	62	94	87	243

Section 5. Homelessness Challenges and Barriers

Resolving the issues that contribute to homelessness for persons with disabling mental health and substance abuse issues and disorders presents a number of challenges.

> *"In our experience people with a mental illness who have been homeless are dysregulated. They have social attachments to the homeless community which they usually break and they have either been following the [Good News Rescue] Mission's schedule, or no schedule at all. If they don't get intensive support after being housed they often fail."*
>
> - Susan Powers, President of NAMI Shasta County

The following system-wide issues and barriers have been identified:

1. Housing Supply
   - There are inadequate levels of affordable housing stock in Shasta County, including single occupancy dwellings, bridge housing, licensed assisted living homes for adults and shared housing, but mostly affordable low-income permanent supportive housing.
   - The Carr and Camp Fires in Shasta and Butte counties have reduced the available housing supply. The disastrous fires destroyed over 12,000 homes and displaced families and businesses. Numerous families who were displaced applied for the Housing Choice Voucher Program in Shasta County.
   - There are long waiting lists for many of the affordable housing options especially permanent supportive housing

2. Economic Barriers
   - Miscellaneous housing costs related to housing entry such as high rental deposits for persons with poor credit histories, landlords requiring three times the rent in income, credit checks/applications fees and resolution of past utility debt and associated high reinstatement deposits.
   - Not enough landlords accept HUD Vouchers.
   - Low wage jobs.

3. Legal and System Barriers
   - Landlords may be hesitant to rent to individuals who have active or historical contact with the criminal justice system.
   - Gaps in the single, system-wide entry system that impedes timely and equal access to all types and levels of housing.
   - Transportation – The large geographical, and large rural area, coupled with the target population's limited transportation resource present significant access barriers to services and support. These barriers contribute to poor fiscal and healthy life skill stability and increases the risk for loss of housing.
   - Many people experiencing homelessness have poor or no rental history.
   - Lack of Transitional Support – Some members of NAMI have experienced their family members struggle going from homelessness to being housed. These members, and all those who are experiencing homelessness, or at-risk of homelessness need transitional support by having people checking regularly to make sure they are not isolating, able to follow the rules where they are housed, are getting groceries and preparing food, and have meaningful activities and attachments in the community.

4. Personal Barriers
    - Residents who obtain housing but remain un-engaged in any behavioral health and/or substance use recovery efforts present supportive service challenges and remain a high risk for housing failure.
    - People experiencing homelessness may lack knowledge of the rental process and how to find available rentals.
    - People experiencing homelessness may have poor credit history, sporadic employment history, lack education, or may have serious health problems.

5. Stigma
    - Landlords may be hesitant to rent to the target population under a Housing First model due to what is perceived as unstable behavioral health symptoms and behaviors.
    - Stigma surrounding mental illness and substance use disorders may prevent landlords from being willing to rent to this population.
    - Landlords are hesitant to rent to homeless domestic violence victims because of the added safety concern of their past abuser showing up and becoming violent, law enforcement having to be called, or that the victim will decide to get back together, move the past abuser in, and in addition to the aforementioned concerns, new concerns of damage to walls/property and problems with neighbors hearing fighting and having to evict.

Section 6. County Efforts to Prevent the Criminalization of Homelessness

The conditions surrounding homelessness make interaction with the criminal justice system more likely for people on the streets. Lack of private spaces for essential human behaviors often lead to citations and misdemeanors, which people on the streets are unable to pay or appear for due to transportation and financial challenges.

Homelessness and incarceration are not mutually exclusive and often correspond with one another. Individuals, who are young, Veterans, or those experiencing mental health issues are often struggling to financially sustain themselves, and may also be more likely to participate in criminal activity. Statistics have been gathered since 2013 with our County's two city police departments. The statistics show that approximately 4,450 arrests were made in 2017 for persons who provided an address such as homeless, transient, general delivery, or 3100 South Market Street, Redding, CA.

Type of Call for Service	2013	2014	2015	2016	2017
Illegal Campers	1233	1643	2273	2082	3432
Loitering	0	263	1025	851	1022
Public Intoxication	1710	1601	1475	1257	1272
Trespassing	221	191	163	238	190
Arrests	2421	3141	3913	3372	4499
Citations	418	963	1935	1399	2287
Booked	2003	2178	1978	1793	2212
Misdemeanor	1416	2067	3160	2497	3496
Felony	1005	1074	753	795	1003

1. Justice Programs for Homeless Individuals with Behavioral Health Challenges

a) Addicted Offender Program (AOP)

In January 1995, the Superior Court of California, Shasta County (Court) began the Addicted Offender Program, also known as AOP. AOP is designed for repeat offenders who are substance abusers not able to overcome their addiction utilizing other community resources. It is for non-violent offenders, who have entered a plea to a felony and are on or about to be placed on formal supervision. The purpose of AOP, which utilizes a team approach, is to assist offenders who sincerely want to break the cycle of addiction and become responsible, productive members of our community.

The Probation Department, through its Drug Court Coordinator, evaluates and assesses the appropriateness of individuals applying to the program. The Drug Court Advisory Committee, consisting of the judge overseeing the program and a team of professionals, assess the suitability of the applicant for participation in the program. Once accepted into the program, the Drug Court Coordinator provides the necessary intensive supervision and case management of these individuals, reporting to the Court and the Drug Court Advisory Committee on the progress and status of each participant on a weekly, semi-monthly, and monthly basis.

The Drug Court Coordinator works closely with the Treatment Team assigned to the program by HHSA. Through their efforts and the efforts of the Drug Court Advisory Committee, the participant is provided with the necessary resources, skills, and knowledge to lead a productive life without drugs. The program is, on average, eighteen months to two years in length.

b) Behavioral Health Court (BHC)

The Shasta County Behavioral Health Court (BHC), one of the Shasta County Collaborative Court Programs, is part of the problem-solving court movement. It is viewed as a promising approach in bringing stability, sobriety, and safety to offenders with behavioral illnesses while helping to ensure the security and well-being of the entire community. BHC is an intensive program designed to evaluate, monitor, and provide offenders access to comprehensive and coordinated behavioral health services, integrated treatment for behavioral health and substance use disorders, and ancillary services. The goal of the BHC is to increase public safety, while reducing recidivism, the abuse of alcohol and illegal drugs, and the burden on law enforcement and other county resources. This court is a collaborative effort with representatives from the Court, the Shasta County Offices of the District Attorney and Public Defender, the Shasta County Probation Department, the Shasta County Health and Human Services Agency/Adult Services Mental Health (HHSA/ASMH), the Shasta County Sheriff's Office and other local law enforcement agencies, local advocacy and support agencies, and private providers of behavioral health, substance abuse, and ancillary services. The core BHC Team consists of representatives from the Court, District Attorney, Public Defender, Probation, and HHSA/ASMH. BHC is a voluntary program, which lasts a minimum of one year and is designed for offenders who have a persistent serious mental health illness (SMI) and who may also have a co-occurring substance use disorder. Offenders will progress through the multiple phases of the program attending court and treatment programs on a regular basis as determined by the offender's treatment plan and the BHC Team.

c) Day Reporting Center (DRC)

The Day Reporting Center (DRC) provides intensive services to offenders to address their top criminogenic needs in order to create lasting change in offender behavior, thereby reducing recidivism. The DRC is open seven days a week and offenders progress through three phases and aftercare in order to complete this program.

d) Successful Transitions on Probation and Parole (STOPP)

A monthly event, conducted by the Probation Department in conjunction with the California Department of Corrections and Rehabilitation, Parole Division, to provide access to treatment and services for those offenders being placed on formal probation, post-release community supervision (PRCS), mandatory supervision (MS), and parole. Offenders being released from custody and under the supervision of either agency are required to attend this mandatory monthly meeting within 30 days of release to expose offenders to necessary treatment and services in one-location as quickly as possible. During the STOPP meeting, offenders are required to meet with a minimum of five service providers and sign up for a minimum of one treatment program or service. The community support for STOPP has been significant and this event allows offenders quick access to local treatment and services.

2. Community Corrections Partnership (CCP)

The Community Corrections Partnership (CCP) was initially established in 2010 as part of a State program to provide funding to improve felony probation services, Penal Code Section 1230, pursuant to SB 678. Effective October 1, 2011, Public Safety Realignment (AB 109/AB 117) shifted authority over most individuals convicted of lower-level, non-violent offenses and non-high-risk sex offenders from the state to counties. Public Safety Realignment expanded the CCP and created the Executive Committee, Penal Code Section 1230.1(b). Public Safety Realignment also provided that each county CCP shall establish and recommend a local Public Safety Realignment Implementation plan to the county Board of Supervisors for implementation (Penal Code Section 1230.1(a)).

a) Crisis Intervention Training for Law Enforcement

To expand education and training among law enforcement patterns, the CCP has funded two series of Crisis Intervention Training (CIT). In September 2017, the CCP hosted a Sequential Intercept Mapping workshop with the goal of identifying cross systems mapping, five key points for interception and identifying potential area of improvement for individuals in the criminal justice system with mental illness.

3. Jail Diversion Programs

a) Sobering Center

In March 2019, Empire Recovery Center opened a pilot program, funded by Whole Person Care, to address the critical overcrowding of the emergency departments due to housing of intoxicated individuals who require time to sober up before being discharged. The Sobering Center provides services for individuals who are intoxicated but are not in need of further medical attention or evaluation. The Sobering Center also provides an alternative to local law enforcement in handling of individuals who are intoxicated but don't otherwise require incarceration.

Services include hydration, light meals, personal hygiene facilities, needs assessments, and monitoring and management of symptoms of intoxication. Referrals to the Sobering Center are accepted from County designated referral sources; primarily local hospital emergency rooms and local law enforcement. Individuals who receive services at the Sobering Center are also given referrals to resources appropriate to the individual's needs and encouraged to seek treatment from appropriate drug and alcohol services.

4. Other Resources

a) Education on Adverse Childhood Experiences (ACEs)

Thirty agencies in Shasta County joined forces to address Adverse Childhood Experiences (ACEs) in a systematic, deliberate and collaborative way. "Adverse Childhood Experiences (ACEs) are a serious issue for Shasta County and, as such, demand a community effort," said Strengthening Families Collaborative Steering Committee Chair Susan Wilson. "Shasta County has a high number of Adverse Childhood Experiences (ACEs) for many reasons including poverty, drug use, lack of employment opportunities and access to health care. These issues have been a challenge for a long time and are not easily solved. That is why it is so encouraging to see public and private agencies working together to help our families."

Questions about eight of the ten Adverse Childhood Experiences (ACEs) – all but the two types of neglect – were included as an optional supplementary module to a larger survey that was conducted with Shasta County residents between the ages of 18 and 64 in spring 2012. The responses given by Shasta County residents revealed significantly higher rates of Adverse Childhood Experiences (ACEs) than California, in fact double and nearly triple (incarceration and mental illness) the state average for the various ACEs.

The goal is to educate the Shasta County community about how ACE's and trauma impact the developing brain of children, so that people will begin to understand why people may develop poor coping skills which can result in substance use disorders and often homelessness. The ACE's training also educates the community about resiliency and what helps people to improve their lives. By educating law enforcement and community members about how trauma impacts the brain and a person's ability to cope, they may then learn some new ways to perceive, view, and interact with the homeless population. In regards to teaching the community about resilience, the goal is that the community will recognize the importance of human connection as a path toward healing and helping the homeless to be able to live housed in the community.

Section 7. NPLH Data Collection in Shasta County

1. Independent Audits/Annual Compliance Report

Per California's Code of Regulations Title 25 section 7325, all government-funded rental housing developments must submit an independent audit prepared by a certified public accountant within 90 days after the end of each project's fiscal year. These audits serve as an "annual compliance report" by ensuring each program continues to engage in eligible activities and costs according to their grant requirements. NPLH Program Guideline Sections 214(a) and 214(b) makes this requirement applicable to all units funded by NPLH.

To fulfill this requirement, developers will submit their compliance reports to SCCAA for all NPLH-Assisted units. By the last day of the fiscal year, SCCAA will submit this data to the California Department of Housing and Community Development, including all items listed in Section 214 (e) of the NPLH Program Guidelines.

Projects that have not correctly completed their annual compliance reports will receive technical assistance and more intensive monitoring.

2. Systems in Place to Collect Section 214 Data

a) HMIS: Service Point

Most data points listed in Section 214 of the NPLH Program Guidelines will be collected by HHSA and SCCAA using HMIS. In some cases, HHSA and SCCAA do not currently track the following data points in HMIS, but will do so by the end of the fiscal year 2020:

- The number of tenants who continue to have a Serious Mental Disorder or the number who are Seriously Emotionally Disturbed Children or Adolescents, as defined in Welfare and Institutions Code Section 5600.3; and
- For tenants who leased or remained in NPLH Assisted Units during the reporting period: changes in employment income during the reporting period; changes in non-employment cash income during the reporting period; and changes in total cash income during the reporting period.

b) Data Requests to Project Site Management

In some cases, HHSA and SCCAA are unable to track data required by Section 214 in HMIS. HHSA and SCCAA will collect these mandatory data points through individual data requests by SCCAA to project sites. This includes the following data points:

- Project occupancy restrictions;
- Average Project vacancy rate during the reporting period (12-month average); and
- Average vacancy rate of NPLH Assisted Units during the reporting period (12-month average).

3. Barriers to Collecting Data

HHSA and SCCAA have been making strides to improve data integration, which will enable the County to collect the data required by NPLH. HHSA has data related to the number of children treated for behavioral health and substance use disorders, which is data that can be integrated with HMIS information about housing status.

While HHSA and SCCAA have made progress on data integration, other barriers still remain, including:

- Definitions of different disorders (e.g., emotional disturbance) can vary with the definitions held by the Mental Health Services Act (Welfare and Institutions Code section 5600.3). As a result, it is a challenge to be certain that the correct population is being considered during analysis; and
- Confidentiality requirements can further complicate access to needed data.

In order to overcome these and other obstacles, SCAAA and HHSA are engaging partners to increase the availability and quality of data for the NPLH target population.

Section 8. Coordinated Entry System

In early 2018 the CoC launched the Coordinated Entry System (CES) to centralize and coordinate the homeless services provided by the County and community-based organizations. The CoC, which includes many of the housing and homeless service providers in Shasta County, uses Coordinated Entry (CE) to engage individuals and families in housing and services.

1. Key Principles of Our Coordinated Entry System

Shasta County identified the following key principles for its Coordinated Entry system:

- **Quality Assurance**: The Coordinated Entry System must have a mechanism for ongoing, regular quality assurance to ensure rigor and consistency in tools, standards, and staff trainings.
- **Access**: Should be easy, fast, and offer immediate engagement (i.e., assessment and connection to needed services).
- **Interdependency**: CES will promote interdependency
    - **Between programs**, by promoting trust about assessments, referrals, and warm handoffs, and
    - **Between programs and clients**, as clients are connected to the right intervention with consideration for their preferences.
- **Streamlined Process**: For clients and front line staff by reducing the number of times clients are asked redundant questions throughout the system of care, improving efficiency.
- **Address Barriers**: Promote Housing First approach, ensuring that clients with the highest level of acuity are provided the most intensive housing and service interventions available.

2. Coordinated Entry Implementation

Coordinated Entry is designed to serve anyone in Shasta County who is experiencing a housing crisis. This includes those who are:

- **Unsheltered** (e.g., living outside, in a car, on the streets, or in an encampment);
- **Sheltered** (e.g., in emergency shelter or transitional housing); or
- **At imminent risk of homelessness** (e.g., being evicted, unable to pay rent, doubled up, or in an unsafe living situation).

Shasta County's Coordinated Entry system includes the following work flow:

- **Access**: Consumers can connect to CE through calling or texting 211, when applying for public benefits, and through other Access Points in the community.
- **Assess**: Depending on type and severity of needs, a variety of tools may be used to assess need. These tools include the:
    - **VI-SPDAT**: The Vulnerability Index – Service Prioritization Decision Assistance Tool, which is an evidence-based tool that prioritizes individuals, Transition Age Youth (TAY), and families for available permanent housing based on acuity and chronicity.

- **HMIS Intake**: Collects basic information about a client, including information to determine eligibility and prioritization for emergency shelter.
- **Diversion Conversations**: This is a method of case management that works to help connect individuals and families at-risk or experiencing homelessness with personal or community resources to achieve stable housing.

- **Assign**: Clients are matched to available resources based on their need and vulnerability. The most vulnerable clients are prioritized for available housing navigation and location services. The full continuum of homeless housing and services are available through the CoC including:
  - **Assign**: Rapid Resolution: financial assistance or case management to achieve stable housing.
  - **Basic Needs and Services**: Showers, food, laundry, benefits enrollment, referrals, etc.
  - **Emergency Shelter**: Short-term, temporary place to stay.
  - **Housing Navigation Services**: Assistance with locating and obtaining housing.
  - **Rapid Re-housing**: Time-limited rental assistance with case management.
  - **Permanent Supportive Housing**: Long-term housing assistance with services.

3. Coordinated Entry for Referring Individuals to NPLH Units

Shasta County will utilize its existing CES to assess and place those experiencing homelessness, chronic homelessness, and those "at risk" of chronic homelessness with serious mental illness or co-occurring disorders into the NPLH specified units. Shasta County will screen the top names on the housing waiting list when NPLH units are made available. If the client is open to and eligible for the NPLH unit, the CES housing placement process will operate as usual. the client is not interested in the NPLH unit and attached services, they will be referred to the Mental Health Transition team for assessment.

After receiving an assessment, those experiencing or at-risk of homelessness will continue to be prioritized and identified for case management conferencing through the County's HMIS, before being matched with and placed in the appropriate and available housing units. Shasta County will be using case management conferencing to help match eligible individuals and families with available permanent supportive housing. The County will utilize these case management conferences to help match clients to the NPLH units.

4. Coordinated Entry System Marketing and Outreach

NorCal CoC is committed to operating coordinated entry so that all individuals and families experiencing housing instability have knowledge and access to homeless and housing services with as few barriers as possible.

The CoC will affirmatively market coordinated entry as the access point for available housing and supportive services to those who are least likely to apply in the absence of special outreach, as determined through a regular review of the housing market area and the populations currently being served to identify underserved populations. This may include an evaluation of HMIS service data, the PIT Count, and County demographics and census data.

For identified populations, marketing will be conducted at least annually, and may be in the form of the following media: Brochures / Flyers; Announcements at Community Events; Newspapers / Magazines; Radio; Television; and/or Social Media / Websites.

The marketing campaign will be designed to ensure that the CES is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Similarly, the marketing campaign will be designed to ensure that people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the CES.

All physical access points in the CES must be accessible to individuals with disabilities, including individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. Marketing materials will clearly convey that the access points are accessible to all sub-populations.

No one will be screened out of the CE process due to perceived barriers to housing or services. This includes, but is not limited to, individuals and families having: too little or no income, active or past substance abuse, domestic violence history, resistance to receiving services, a disability (type or extent), the services or supports that are needed because of a disability, a history of evictions or of poor credit, a history of lease violations, a history of not being a leaseholder, or a criminal record.

All participants in the Coordinated Entry process will be free to decide what information they provide during the assessment process and may refuse to answer assessment questions. Although participants may become ineligible for some programs based on a lack of information, a participant's refusal to answer questions will not be used as a reason to terminate the participant's assessment, nor will it be used as a reason to refuse to refer the participant to programs for which the participant appears to be eligible. The CoC does not tolerate discrimination on the basis of any protected class (including actual or perceived race, color, religion, ancestry, national origin, sex, age, familial status, disability (mental or physical), sexual orientation, gender identity or gender expression, marital status, genetic information, or source of income) during any phase of the Coordinated Entry process.

Section 9. Conclusion

Unless comprehensive, coordinated efforts are undertaken, homelessness in Shasta County will continue to harm our community, those who are homeless will continue to suffer and the public's concern will continue to crescendo. The scope of the problem is massive, and ending homelessness will require, as this plan details, launching multiple interventions and reforms in tandem with myriad county departments and partner organizations. However, the good news is the foundation exists to achieve the seemingly impossible. Many agencies and organizations are working diligently to address homelessness, many sources of data exist to help us understand our unique homeless population, and there are many identified areas of improvement that could quickly improve outcomes and conditions for vulnerable residents.

This document outlines an ambitious plan to create a community where everyone has a home, and with increased coordination, cooperation and investment, it is a dream that can become a reality.

Section 10. Terms & Definitions

1. **CalFresh** – Known federally as the Supplemental Nutrition Assistance Program or SNAP, provides monthly food benefits to individuals and families with low-income and provides economic benefits to communities. CalFresh is the largest food program in California and provides an essential hunger safety net. CalFresh is federally mandated and in California, is state-supervised and county-operated.
2. **CalWORKs (California Work Opportunity and Responsibility to Kids)** – provides temporary cash aid and employment services to needy families with children. The program offers supportive services, including child care, transportation and other services necessary for a successful transition from welfare to work.
3. **Chronic Homelessness** – 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.
4. **Chronic(ally) Homeless Individual** – A homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility, if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the "chronically homeless" definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last three years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least seven nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.
5. **Community Development Block Grant Program (CDBG)** – Created under the Housing and Community Development Act of 1974, this federal program provides grant funds to local and state governments to develop viable urban communities by providing decent housing with a suitable living environment and expanding economic opportunities to assist low- and moderate-income residents. CDBG replaced several categorical grant programs, such as the Model Cities program, the Urban Renewal program, and the Housing Rehabilitation Loan and Grant program.
6. **Continuum of Care (CoC)** – A collaborative funding and planning approach that helps communities plan for and provide, as necessary, a full range of emergency, transitional, and permanent housing and other service resources to address the various needs of homeless persons. HUD also refers to the group of service providers involved in the decision-making processes as the "Continuum of Care."
7. **Coordinated Entry System (CES)** – A process developed to ensure that all people experiencing a housing crisis have fair and equal access, and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.
8. **Emergency Solutions Grant (ESG) Program** – A federal Community Planning and Development(CPD) Program designed to help improve the quality of existing emergency shelters for the homeless, to make additional shelters available, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness. ESG also provides short-term homeless prevention assistance to persons at imminent risk of losing their own housing due to eviction, foreclosure, or utility shutoffs.
9. **Full Service Partnership (FSP) Program** – A community-based program that provides intensive mental health services, using a "whatever it takes" approach so the client can move forward on a path to recovery and wellness. People eligible for partnership are those with severe and persistent mental illness or children with severe emotional disturbance, who are homeless or at risk of homelessness and/or incarceration, have an increased risk of hospitalization, and who may also have a substance use disorder. Services include individual and group therapy, rehabilitation activities, case management, medication support, transportation, supports for housing, employment or employment preparation, peer relations, social activities and education.
10. **Homeless** – An individual who lacks a fixed, regular, and adequate nighttime residence; as well an individual who has a primary nighttime residence that is a supervised publicly or privately-operated shelter designed to provide temporary living accommodations, an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

11. **Homeless Management Information System (HMIS)** – An HMIS is 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. An HMIS may also cover a statewide or regional area, and include several CoCs. The HMIS can provide data on client characteristics and service utilization. HMIS is an eligible budget activity and also a Supportive Housing Program (SHP) component that allows applicants to request SHP assistance for dedicated or shared projects.
12. **Housing and Urban Development (HUD)** – Established in 1965, 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, accountability, and forge new partnerships — particularly with faith-based and community-based organizations — that leverage resources and improve HUD's ability to be effective on the community level.
13. **Housing Choice Voucher (HCV)** – The housing choice voucher program is the federal government's major program for assisting very low-income families, the elderly, and people with disabilities to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses, and apartments.
14. **Housing Disability Advocacy Program (HDAP)** – Established by Assembly Bill (AB) 1603 (Chapter 25, Statutes of 2016) to assist individuals with disabilities who are experiencing homelessness apply for disability benefit programs while also providing housing assistance.
15. **Housing First** – A recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed.
16. **Housing Support Program (HSP)** – Established by SB 855 (Chapter 29, Statutes of 2014) to assist homeless CalWORKs families in quickly obtaining permanent housing and to provide wrap-around supports to families to foster housing retention. HSP offers financial assistance and several wrap-around supportive services, including, but not limited to, rental assistance, security deposits, utility payments, moving costs, hotel and motel vouchers, landlord recruitment, case management, housing outreach and placement, legal services, and credit repair.
17. **Medical Respite** – Acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets, but who are not ill enough to be in a hospital. Most medical respite program participants are referred by hospitals and health centers.
18. **Mental Health Services Act (MHSA) Program** – California passed Proposition 63 which has been designed to expand and transform California's county mental health service systems. The MHSA is funded by imposing an additional one percent tax on individual, but not corporate, taxable income in excess of $1 million. These funds are earmarked to provide better coordinated and more comprehensive care to those with serious mental illness, particularly in underserved populations.
19. **Homeless Navigation Center** – Provides temporary room and board with limited barriers to entry while case managers work to connect homeless individuals and families to income, public benefits, health services, permanent housing, or other shelter.
20. **No Place Like Home (NPLH)** – On July 1, 2016, Governor Brown signed landmark legislation enacting the No Place Like Home program to dedicate up to $2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness. The bonds are repaid by funding from the Mental Health Services Act (MHSA). On November 6, 2018, the public voted to support this program.
21. **Point-in-Time (PIT) Counts** – Unduplicated one-night estimates of both sheltered and unsheltered homeless populations. The one-night counts are conducted by Continuums of Care nationwide and occur during the last week in January of each year.
22. **Permanent Supportive Housing (PSH)** – A nationally recognized, proven, and cost-effective solution to the needs of vulnerable people with disabilities who are homeless, institutionalized, or at greatest risk of these conditions. The PSH approach integrates permanent, affordable, rental housing with the best practice community-based supportive services needed to help people who are homeless and/or have serious and long-term disabilities - such as mental illnesses, developmental disabilities, physical disabilities, substance use disorders, and chronic health conditions - access and maintain stable housing in the community.

23. **Rapid Re-Housing (RRH)** – An intervention, informed by a Housing First approach, that is a critical part of a community's effective homeless crisis response system. Rapid Re-Housing rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.
24. **Substance Abuse and Mental Health Services Administration (SAMHSA)** – The agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families.
25. **Supplemental Nutrition Assistance Program (SNAP)** – Formerly and commonly known as the Food Stamp Program, provides food-purchasing assistance for low- and no-income people living in the United States. It is a federal aid program, administered by the United States Department of Agriculture, under the division of Food and Nutrition Service (FNS), though which benefits are distributed by each state's Division of Social Services or Children and Family Services.
26. **Supportive Services for Veteran Families (SSVF) Program** – Provides eligible Veteran families with outreach, case management, assistance obtaining VA benefits, other supportive services, and financial assistance.
27. **Temporary Assistance for Needy Families (TANF) Program** – Provides temporary financial assistance for pregnant women and families with one or more dependent children. TANF provides financial assistance to help pay for food, shelter, utilities, and expenses other than medical.
28. **Tenant-Based Rental Assistance (TBRA)** – HUD assists low- and very low-income families in obtaining decent, safe, and sanitary housing in private accommodations by making up the difference between what they can afford and the approved rent for an adequate housing unit.
29. **Transitional Housing** – A project whose purpose is to facilitate the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months). Transitional Housing includes housing primarily designed to serve deinstitutionalized homeless individuals and other homeless individuals with mental or physical disabilities, and homeless families with children.
30. **VI-SPDAT** (Vulnerability Index – Service Prioritization Decision Assistance Tool) – A survey administered both to individuals and families to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons.
31. **VITA** (Volunteer Income Tax Assistance) – Offers free tax help to people who generally make $55,000 or less per year, persons with disabilities, and limited English speaking taxpayers who need assistance in preparing their own income tax returns. The Internal Revenue Service (IRS-)certified volunteers provide free basic income tax return preparation with electronic filing to qualified individuals.
32. **Whole Person Care (WPC) Pilot/Program** – The coordination of health, behavioral health, and social services, as applicable, in a patient-centered manner with the goals of improved beneficiary health and wellbeing through more efficient and effective use of resources. WPC Pilots/Programs will provide an option to a county, a city and county, a health or hospital authority, or a consortium of any of the above entities serving a county or region consisting of more than one county, or a health authority, to receive support to integrate care for a particularly vulnerable group of Medi-Cal beneficiaries who have been identified as high users of multiple systems and continue to have poor health outcomes.
33. **Workforce Innovation and Opportunity Act (WIOA)** – Designed to strengthen and improve our nation's public workforce system and help get Americans, including youth and those with significant barriers to employment, into high-quality jobs and careers and help employers hire and retain skilled workers.

Citations

[i] California Legislative Information: Assembly Bill No. 1618 Chapter 43
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB1618

[ii] California Department of Housing and Community Development
http://www.hcd.ca.gov/grants-funding/active-funding/nplh.shtml

[iii] California Department of Housing and Community Development
http://www.hcd.ca.gov/grants-funding/active-funding/docs/NPLHGuidelines082519-v1.pdf

[iv] *Strategic Plan to Respond to Homelessness in Shasta County* (Rep.). (2016, July 8). Retrieved May 30, 2019, from HomeBase & United Way of Northern California website: https://www.norcalunitedway.org/sites/norcalunitedway.org/files/Strategic Plan to Respond to Homelessness in Shasta County_7.8.16.2.pdf

[v] Shasta County HHSA: MHSA Three-year Program and Expenditure Plan. (2017, October 18). Retrieved May 29, 2019, from https://www.shastamhsa.com/site/assets/files/1/webthree-year_program_and_expenditure_plan_2017-2019.pdf
Section 7, Housing Continuum, pg. 20

[vi] Shasta County HHSA: Whole Person Care (WPC) Pilot Program
https://www.co.shasta.ca.us/index/hhsa_index/Health_and_Safety/whole-person-care

[vii] NorCal Continuum of Care: Community Partners
http://norcalcoc.org/community-partners/

[viii] 2018 Comprehensive Point-in-Time Report. (2019, January). Retrieved May 29, 2019, from http://norcalcoc.org/wp-content/uploads/2019/01/2018-Point-in-Time-Report.pdf

[ix] Good News Rescue Mission - Emergency Shelter Services. (n.d.). Retrieved May 29, 2019, from https://gnrm.org/services/emergency-shelter/

[x] 2018 Community Health Needs Assessment. (2018). Retrieved May 29, 2019, from https://www.dignityhealth.org/-/media/cm/media/documents/CHNA/CHNA-Mercy-Redding.ashx?la=en&hash=622C442C8594331563197D933D2560BC69ECFEAC
Dignity Health - Mercy Medical Center Redding (MMCR)

[xi] California Legislative Information: Senate Bill No. 697
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB697

[xii] Kacik, A. (2019, February 1). Catholic Health Initiatives, Dignity Health combine to form CommonSpirit Health. *Modern Healthcare*. Retrieved May 30, 2019, from https://www.modernhealthcare.com/article/20190201/NEWS/190209994/catholic-health-initiatives-dignity-health-combine-to-form-commonspirit-health

[xiii] Chandler, M. (2019, January 8). Green light for Hill Country's 'Center of Hope' wellness campus & youth housing in Redding. Record Searchlight. Retrieved May 30, 2019, from https://www.redding.com/story/news/2019/01/08/redding-hill-country-center-hope-must-build-fence-wall-between-homeless-youth-dorms-adventist-school/2517223002/

[xiv] [PHC Membership Data - Identified Experiencing Homelessness]. (2019, March 1). Unpublished raw data.

[xv] Lyda, D. (2018, April 11). PHC Awards Over $1.7 Million For Housing at Redding Center Of Hope. Retrieved June 25, 2019, from http://www.partnershiphp.org/About/Documents/Press Release/HousingGrants_PressRelease_NE_Final.pdf
Partnership HealthPlan of California

[xvi] [Health Resources & Services Administration (HRSA) - 2018 USD Reporting Data]. (n.d.). Unpublished raw data.
Special Populations No. 17 - 23 for Total Homeless Patients

[xvi] Schmieding, G., & Zelidon, E. (Eds.). (2019, April 10). Shasta County is Consdering Opening a New Homeless Shelter. Action News Now. Retrieved June 10, 2019, from https://www.actionnewsnow.com/content/news/Shasta-County-to-open-a-new-homeless-shelter--508394331.html

[xviii] Project Stay in Your Home. (n.d.). Retrieved June 14, 2019, from https://redding.salvationarmy.org/redding/project-stay-in-your-home
Salvation Army

[xix] Food Bank Programs. (n.d.). Retrieved June 14, 2019, from https://www.dignityhealth.org/north-state/locations/connected-living/about-us/programs/nutrition/food-bank
Dignity Health Connected Living