



# LASSEN COUNTY

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**Date:** April 27, 2021

**To:** Aaron Albaugh, Chairman  
Lassen County Board of Supervisors

**From:** Barbara Longo, Director  
Health and Social Services

**Subject:** Lassen County's 10-Year Plan to Address Homelessness

### Background:

In early 2018, the California Department of Housing and Community Development the No Place Like Home (NPLH) Program to assist jurisdictions with the development of permanent supportive housing for persons who need mental health services and are experiencing homelessness, chronic homelessness or are at-risk of chronic homelessness.

To prepare for this complex funding opportunity, HCD allocated technical assistance funds to counties in preparation for NPLH. Lassen County received our technical assistance grant in 2019, and hired Housing Tools to develop the State/NPLH required plan to Address Homelessness.

Among the State's requirements are that the Plan be developed through a collaborative community process designed to ensure participation and input from affected county departments, cities/towns, homeless service providers, healthcare providers, persons with lived experience of homelessness and family caregivers.

The planning process and engagement of required stakeholders was facilitated through the Housing Committee and HSS.

The Housing Committee dedicated three meetings to developing the Plan from June through October 2019, which consisted of an introduction and overview of the planning process on June 12, 2019, a needs/gaps brainstorming session on August 12, 2019, and a goal setting session on October 7, 2019.

In addition to the Housing Committee meetings, Housing Tools conducted focus groups and interviews as follows:

- Focus group with guests at the Crossroads Emergency Shelter on June 11, 2019.

- MHSA Focus Group with Service Providers and Caregivers on August 12, 2019.
- Community Outreach Event with Service Providers and interested community members on November 12, 2019.
- Interviews with the Plumas Community Development Corporation (the regional Housing Authority for Lassen County), the Lassen County Sheriff, City of Susanville Police Chief, and County staff from the HSS, Community Social Services, and Behavioral Health in July 2019.

Below is a summary list of those who participated in the discussions and development of the Plan:

- County Health and Social Services Agency (Behavioral Health, Public Health, Social Services)
- County Probation and Sheriff's Departments
- County Chief Administrative Office
- County Board of Supervisors
- City of Susanville
- Service Providers: Lassen Works, Crossroads, Lassen Aurora Network, Communities United for Children and Families, The Salvation Army, Lassen Family Services
- Banner Lassen Medical Center
- Lassen Community College and Lassen County Office of Education
- NorCal Continuum of Care
- Individuals experiencing homelessness
- Family caregivers
- Faith Based Representatives
- Community Members

The Plan includes a set of Strategies and Goals organized by priority areas, which were identified through the needs assessment portion of the process. These Strategies and Goals provide a framework for the organization of efforts and discussions as the County and its partners continue to work on addressing homelessness in Lassen County.

The Plan was completed in June 2020, Lassen County's Advisory Committee (formerly Housing Committee) approved for the Plan to be submitted to the Board of Supervisors, on November 5, 2020.

**Fiscal Impact:**

There is no impact to County General Fund.

**Action Requested:**


Adopt the plan.

# LASSEN COUNTY 10 YEAR PLAN TO ADDRESS HOMELESSNESS

JUNE 2020



Prepared for Lassen County by

 **HousingTools**

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## A. INTRODUCTION

The Lassen County Health and Social Services Agency has commissioned this 10-Year Plan to Address Homelessness (the “Plan”) for the purpose of laying out a focused and practical strategy for addressing the issue of homelessness in Lassen County. The Plan builds and expands upon the initial work of the Lassen County Housing Committee, which began meeting in early 2018, and which includes a diverse representation of those in the community working to address the needs of those experiencing homelessness, including government, nonprofits, and concerned community members.

The Plan is a threshold requirement of the State Housing and Community Development Department’s (HCD) “No Place Like Home” Program (NPLH). This is a new statewide funding program that will allocate funds to counties and housing developers for the development of permanent supportive housing that assists those who are homeless with mental illness. HCD requires that any county that receives NPLH funding must adopt a 10-year homelessness plan, that the Plan incorporates some required data and topics, and that the county consults with prescribed groups to receive input. This Plan follows the HCD requirements in order to position Lassen County for receiving NPLH funds. The Lassen County Health and Human Services Agency is responsible for applying for and administering the NPLH funds.

Most importantly, the Plan addresses the unique challenges and needs of those who are homeless in Lassen County, a geographically large, rural, frontier county with limited resources. The Plan is therefore grounded in the reality of what consumers, family caregivers, concerned citizens, governmental and nonprofit stakeholders have identified as the most critical needs and feasible solutions to move individuals and families from being unhoused to becoming stably housed in Lassen County, and to prevent homelessness wherever possible.

The Plan is intended to be used as a blueprint by the Lassen County Housing Committee to guide its work. Within the Solutions section, the Plan’s objectives are organized by priority area and have time frames for completion assigned to them. This section can be used to track progress over time. The Plan should be reviewed on an annual basis and any needed changes or updates made during the annual review by the Housing Committee so that the Plan remains relevant and timely.

As noted in “Home, Together, the Federal Strategic Plan to Prevent and End Homelessness”, the causes of homelessness are complex and therefore require solutions across the spectrum of community supports, where everyone works together, contributing their part. “Thriving communities need enough housing that is affordable and equitably available to people across a full range of incomes—from young adults just starting out to seniors who want to spend their remaining years feeling secure. Quality educational and career opportunities, childcare, health care, substance abuse and mental health services, and aging services can help individuals and families build strong social networks, pursue economic mobility, and strengthen their overall well-being. These services, and other federal, state, and local programs must be well-

coordinated among themselves and with the business, philanthropic and faith communities that can supplement and enhance them.”<sup>1</sup>

In alignment with this statement, key findings and themes which emerged during the community engagement and conversations as part of the development of this Plan can be summarized as follows:

- There is a tremendous need for safe, healthy rental housing for all income levels, with those households who are low-income (80% of Area Median Income), seniors and people with disabilities especially affected by the shortage.
- Certain populations, such as seniors and those with disabilities, are increasingly becoming homeless and need immediate shelter options.
- The community must pursue strong and sustainable funding sources in order to provide services to those most in need. Funding is especially needed for staff and operations for local non-profits.
- There are limited options for vitally needed transportation services. Those without cars or the money to fuel them are hampered in accessing the medical, social and financial services they need to support and improve their lives.
- Community partners must work together to identify the key indicators which put families and individuals at risk of homelessness and strengthen collaboration and systems to help avoid homelessness to the greatest extent possible.
- The greater community must be engaged to understand the economic and social factors contributing to homelessness, the current gaps in housing supply and how affordable and supportive housing plays a key role in the greater health of the community.

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<sup>1</sup> United States Interagency Council on Homelessness, 2018 “Home, Together”, p. 3

## A.1 Geographic and Socio-Economic Conditions that Affect Homelessness in Lassen County

**Geography:** Lassen County is located in the northeastern portion of California, with a population of 30,802 (2019 Census Bureau estimate).

The County has been steadily decreasing in population over the last decade, with a nearly 12% loss in population since 2010.

Geographically, it is one of the largest counties in California incorporating 4,547 square miles. The county's terrain consists of forest land and high desert plateaus, with elevations ranging from a low of 3,747 to a high of 8,747 feet above sea level. Neighboring counties are Modoc, Siskiyou, Shasta and Plumas, as well as the State of Nevada to the east. Susanville is the county seat and the primary population center with 17,497 people. Susanville is located near the center of Lassen County and approximately 80 miles north of Reno, Nevada. There are other small communities throughout the county. They include: Bieber, 80 miles north of Susanville, three small unincorporated towns over 70 miles to the northeast of Susanville, Westwood, 23 miles to the west and Herlong, 40 miles to the south. Major highways leading to Susanville include Highway 395 from the south, Highway 36 from the west and Highway 139 leads to the Bieber/Big Valley area.



Severe winter weather frequently impacts travel on these highways, making travel from outlying areas very difficult or impossible. Public transportation is available on a limited basis within the Susanville area, and transportation services to the outlying communities are generally limited to morning and evening service runs. The majority of human support services are located in Susanville, with very limited satellite services available in some other communities.



**Employment:** Lassen County's economy is supported primarily by government services, the community hospital and the community college. Most notably, the county hosts three prisons, High Desert State Prison (population approximately 3,200), California Correctional Center (population approximately 4,000), and Herlong Federal Prison (population approximately 1,100). At times, the combined prison population rises upwards to 11,000 people. At any given time, it is estimated that half of Susanville's employed population works at one of the three prisons. It is also important to note that the U.S. Census data includes the inmates at these facilities which skews Lassen County's data in terms of population, ethnicity and gender. As an example of this, 37.8% of the county's population is female according to the U.S. Census, whereas typically this number would be closer to 50% of the population, a reflection of the prison population being largely male.

The unemployment rate typically peaks in the winter months of January and February. In 2019, the unemployment rate ranged from a low of 3.2% in September to a high of 6.2% in February (EDD, Unemployment Rates and Labor Force, Lassen County).

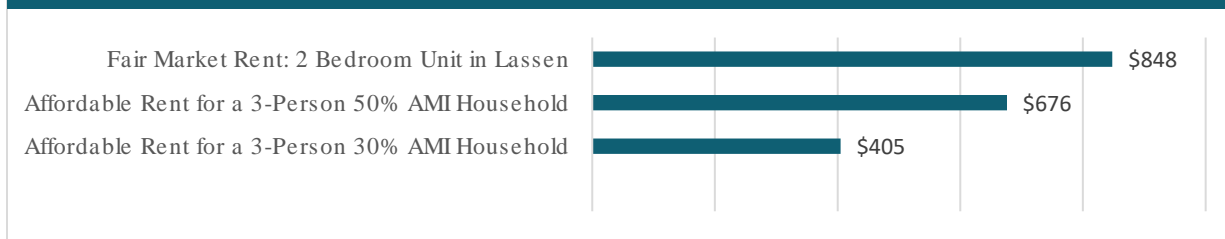
**Income:** The median household income for Lassen County in 2018 was \$56,362 (U.S. Census, 2018 American Community Survey). Nearly 25% of all Lassen County households (or an estimated 2,341 households) earn less than 50% of area median income (\$28,000) annually, and are considered very-low income, extremely low-income and/or in poverty, depending upon how far below this level their household income is. These households typically face challenges affording market housing costs.

The Federal Poverty Threshold is a measure of incomes lower than HUD's Very Low Income definition, and is \$20,420 for a three-person household in 2020. An estimated 15.8% of all households in the county have income below the Federal Poverty Threshold (U.S. Census, 2018 ACS). These households are considered to be at a high risk of becoming homeless. Persons with disabilities often have special housing needs, and also often have fixed, limited incomes. Housing that meets these needs, and housing affordability, are critical issues for this population. An estimated 17% of the Lassen County population (or 3,695 individuals), have a disability. By comparison, aside from affordable complexes that are designed for seniors (39 units) there are no housing projects specifically for people with disabilities in the County.

**Housing Affordability:** The 2019 Fair Market Rent (FMR) in Lassen County for a two-bedroom unit is \$848 per month. To afford this rent, a minimum wage earner at \$12 per hour would have to work 54 hours per week. Conversely, they would have to earn \$16.31 per hour working 40 hours a week to afford FMR. Currently, Mean Renter Wage in the county is \$12.93 and the rent that is affordable at Mean Renter Wage is \$673. The average SSI monthly payment in the county is \$932 per month. The rent affordable to the average SSI recipient is \$280 per month. (National Low Income Housing Coalition, Out of Reach 2019). The housing affordability standard used by HUD for setting Section 8 rents is no more than 30% of income paid towards rent. According to the U.S. Census, 2018 ACS, about 46.9% of all Lassen County renter households pay more than 30% of their income toward rent, with 50% of all very-low income households paying more than 30%, and 82% of all extremely-low income households paying more than 30%. Chart 1 shows the affordable rent levels for very-low (50% AMI) and extremely-low (30% AMI) 3-person households.



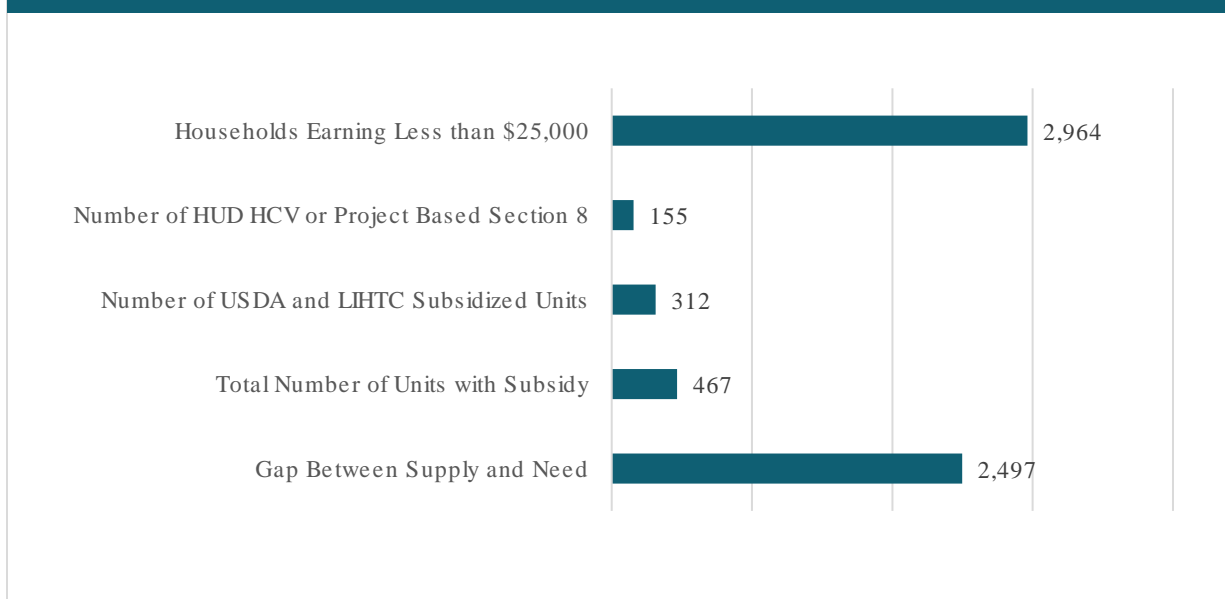
Chart 1. Affordable Rent Compared to Fair Market Rent, 2019



Source: Department of Housing and Urban Development

**Availability:** Publicly subsidized, affordable rental units are typically affordable to Very Low-Income Households, or households earning less than 50% of Area Median Income. As shown in Chart 1, these households typically cannot afford market rents. As these households generally earn less than about \$25,000, Chart 2 compares the number of these households to the number of publicly subsidized affordable rental units in the county. The HUD and USDA Subsidized Units categories includes public housing, other federally subsidized units, and Section 8 Housing Choice Vouchers. The LIHTC (Tax Credit) Units are tax credit financed projects that are generally rent restricted for a shorter period than HUD and USDA subsidized units, and typically with higher, yet still affordable rents. As Chart 2 shows, the number of publicly subsidized, affordable units in the county falls far short of the need.

Chart 2. Affordable Housing Units and Needs, 2018



Sources: U.S Census, Department of Housing & Urban Development, LIHTC, USDA databases

## B. SUMMARY OF PLANNING

### B.1 Initial Homelessness Planning Efforts

**Lassen County Housing Committee:** The Lassen County Housing Committee is made up of staff and elected officials from local governments (Susanville and the County) in Lassen County, including but not limited to the County Health and Social Services Agency (Behavioral Health, Public Health, Social Services), public safety officers from Susanville and the County, nonprofit homeless and other service providers, the local hospital, faith-based groups, and individuals experiencing homelessness. The Committee meets on a monthly basis in Susanville. The Committee is transitioning into an Advisory Board to the NorCal Continuum of Care for issues relating to homelessness in Lassen County. The Housing Committee began meeting in early 2018, and thereafter on a regular monthly basis beginning in the summer of 2019. The Lassen Housing Committee has a representative who sits on the NorCal CoC Governing Board.

**NorCal Continuum of Care:** Lassen County is a member of the NorCal Continuum of Care (NorCal CoC). The NorCal CoC is a consortium of the seven rural northern California counties of Shasta, Lassen, Plumas, Sierra, Siskiyou, Del Norte and Modoc, which are working together to plan a system of housing and services for those experiencing homelessness in the region. The NorCal CoC is staffed by a designated Coordinator who works for the Shasta County Housing and Community Action Programs Department. The NorCal CoC plays an important role as a key partner in addressing homelessness in Lassen County. As an entity charged by the federal government with prioritizing and administering homeless funding, the CoC reviews and recommends applications for Emergency Solutions Grants (ESG), and CoC grants, and submits an annual Consolidated CoC Funding Application to HUD. More recently, the NorCal CoC has also been involved in collecting, reviewing and recommending applications for the State's Homeless Emergency Aid Program (HEAP) and California Emergency Solutions and Housing (CESH) program. The NorCal CoC also maintains the consortium's Homeless Management Information (HMIS), Coordinated Entry System (CES), and ensures the execution of the Point-in-Time (PIT) Census and Survey and Housing Inventory Counts (HIC). Lassen County has a representative who sits on the NorCal CoC Governing Board.

### B.2 Lassen County Strategies and Outcomes in Support of NorCal Continuum of Care Strategic Plan

The NorCal CoC has adopted an overarching Strategic Plan which is focused on a set of Foundational Priorities and Goals to develop the systems and infrastructure necessary to support project implementation and long-term success across the NorCal CoC. These foundational priorities include:

- Increase knowledge and understanding of housing needs and options through the development of Plans to Address Homelessness;
- Increase capacity and availability of housing and homeless services;
- Develop leadership and coordination of effort to reduce homelessness;
- Implement data tracking through HMIS and prioritization of housing services through Coordinated Entry Systems (CES).

Goals that were identified as specific areas of focus across the CoC include:

- Develop low-barrier shelter models, including the use of short-term flexible sheltering options (safe parking, roommate agreements, hostels, seasonal camping);
- Expand landlord recruitment and engagement to provide access to additional housing options;
- Ensure that local Housing Elements identify and include flexible and increased housing options to combat homelessness;
- Seek rural housing funding sources to increase housing inventory;
- Increase the affordable, supportive and transitional units available across the CoC;
- Strengthen and build the capacity of community leadership around homelessness;
- Ensure housing stability through intensive case management and supportive services.

In 2019, Lassen County identified a set of strategies and outcomes in support of these CoC Foundational Priorities and Goals. The integration of these strategies and outcomes with the solutions identified through this Plan's process are noted in the Proposed Solutions charts which begin on page 24.

## B.3 No Place Like Home Planning

As a result of the availability of both non-competitive and competitive funding to support the development of Permanent Supportive Housing through the No Place Like Home (NPLH) program, the County identified the need to develop an NPLH-compliant Plan to Address Homelessness. This effort was built on the momentum gained through the development of the countywide Housing Committee and identification of a set of strategies to be implemented in coordination with the CoC, as described earlier.

### Community Outreach and Stakeholder Engagement

Community outreach for the development of this Plan was coordinated with the Lassen County Health and Social Services Agency, Behavioral Health Department.

Three meetings of the Lassen County Housing Committee were dedicated to developing the Plan from June through October 2019: an introduction and overview of the planning process on June 12, a needs/gaps brainstorming session on August 12, and a goal setting session on October 7.

In addition to the Housing Committee meetings, the Plan authors conducted focus groups and interviews as follows:

- Focus group with guests at the Crossroads Emergency Shelter on June 11, 2019
- MHSA Focus Group with Service Providers and Caregivers on August 12, 2019
- Interviews with the Plumas Community Development Corporation (the regional Housing Authority for Lassen County), the Lassen County Sheriff, City of Susanville Police Chief, and County staff from the Health and Social Services Agency, Behavioral Health Department in July 2019.

Below is a summary list of those who participated in these community discussions:

- County Health and Social Services Agency (Behavioral Health, Public Health, Social Services)
- County Probation and Sheriff's Departments
- County Chief Administrative Office
- County Board of Supervisors
- City of Susanville
- Service Providers: Lassen Works, Crossroads, Lassen Aurora Network, Communities United for Children and Families, The Salvation Army, Lassen Family Services
- Banner Lassen Medical Center
- Lassen Community College and Lassen County Office of Education
- NorCal Continuum of Care
- Individuals experiencing homelessness
- Family caregivers
- Faith Based Representatives

## C. HOMELESSNESS IN LASSEN COUNTY

### C.1 CoC Point in Time Survey

The primary quantitative data source on homelessness is the CoC Point-in-Time Survey (PIT) that was most recently conducted during the last 10 days of January 2020 in shelters, service organizations, and on the street. The PIT is an effort to learn more about the current extent and conditions of homelessness through the use of a uniform survey instrument with those willing to participate. The survey included questions about demographics, sleeping location, residency, length of time homeless and certain disabling conditions. It is recognized nationally that PIT efforts and the resulting data generally undercounts the number of individuals experiencing homelessness, simply due to the challenges of having enough community volunteers, finding those who are unsheltered on any given day, and their willingness to participate. In addition, not every question was necessarily answered by those who were counted. Sometimes, volunteers only complete a “tally” sheet when they observe someone who appears to be homeless, but do not engage the individual in the completion of a survey. Also, not all individuals necessarily feel comfortable answering all of the questions, or the volunteer may be unable to finish a survey for a variety of reasons. Where such data gaps exist, in some cases, the preponderance of responses provide a fair picture of homelessness, given the community’s demographics. Where such data gaps could affect the conclusions, it is so noted.

Preliminary data from the 2020 PIT shows 121 individuals experiencing homelessness in Lassen County. These numbers will be reviewed by HUD with possible changes to the data represented below. As this effort was led by experienced CoC and community members, it is likely the numbers represented below are close to those HUD will validate and report. Of these individuals:

- 72 individuals were sheltered, 49 were unsheltered
- 64 identified as male, 57 were female
- The majority (72 individuals) of those experiencing homelessness were in the 25-62 years old age range
- 52 individuals reported this being the first time they’ve experiencing homelessness
- 8 individuals reported being a veteran
- 35 individuals reported growing up in Lassen and 40 individuals who have family in the county
- 32% reported living with a mental health condition
- 20% reported they had previously been in foster care
- 15% of those who reported their domestic violence status reported fleeing an abusive environment

Chart 3. Homelessness and Chronic Homelessness by Household Type, 2020				
	Total # Reported in 2020 PIT	Single Adult	Families	Unaccompanied Youth
Homeless	121	67 persons	19 households 54 persons	0 persons
Chronically Homeless	57	39 persons	9 households 18 persons	0 persons

Chart 4. Total Number of Homeless Individuals with Some Form of Serious Mental Illness and Co-Occurring Disabilities			
	Serious Mental Illness	Co-Occurring Disabilities or Disorders	Children with a Serious Emotional Disturbance
Number of Homeless Individuals With:	39 people self-reported having a mental illness in the PIT; there are 8 individuals in the County enrolled in a Full Service Partnership	Data not available	Data on children who are homeless not available. There are no children under the age of 15 enrolled in MHSA Full Service Partnership.

## C.2 Partnership Health Plan Data

Partnership Healthplan of California (PHC) is the managed Medi-Cal provider for Lassen County. They work with their healthcare providers to discern the number of individuals experiencing homelessness who are utilizing their Medi-Cal benefits. In a one day snapshot taken on March 1, 2019, PHC reported 398 individuals in Lassen County who are covered by their health plan who were coded as “homeless”. The reasons why this number is significantly higher than the PIT could include:

- homeless individuals in smaller outlying communities, where PIT efforts were not robust or possible, do seek medical care and are thus counted by their healthcare provider;
- individuals who are couch-surfing or “doubling up” with family and friends may be identified or self-identify as homeless, while the PIT survey is not administered to persons in these living situations;
- those hospitalized at the time of the PIT would not be counted as homeless, but may have come from or will be returning to homelessness after their hospital stay; and
- the general limitations inherent in PIT surveys which may miss individuals on the selected PIT day, due to a variety of uncontrollable factors.

## C.3 Lassen County Department of Education Data

According to the Lassen County Office of Education’s Cal Pads Snapshots report dated August 29, 2019 , there were a total of 112 homeless children through the county, utilizing the McKinney-Vento definition of homelessness, which includes those who are doubled up or couch-surfing with friends or family. The locations for these children were:

- Temporary Shelters: 27
- Hotels/Motels: 15
- Temporarily Doubled Up: 65
- Temporarily Unsheltered: 5

## C.4 Concluding Thoughts About the Scope of Homelessness in Lassen County

The data sources cited above each contribute important information in understanding the varying conditions of homelessness in Lassen County. While the CoC’s PIT count uses HUD’s more restricted definition of homelessness, statistics from the schools use broader definitions, and the health plan data relies on health care providers to ascertain homeless status through their own methodology. This range of data points is helpful in painting a more complete picture of homelessness that includes those that lack housing stability, and those that are at-risk of becoming homeless by the HUD definition. HUD considers households at risk of homelessness

if they are extremely low-income without sufficient resources to prevent them from needing emergency shelter and:

- They are living in the home of another due to economic hardship;
- They have moved 2 or more times in the last 60 days due to economic reasons;
- They live in a hotel or motel;
- They have been given a tenancy termination notice which takes effect in the next 21 days; or
- They are living in overcrowded conditions in an efficiency apartment or Single Room Occupancy (SRO) unit.

Consideration of these individuals and households is important in devising strategies to address the range of their housing and service needs, and prevent chronic homelessness from occurring.

## C.5 The Perspectives of Those with Lived Experience

In order to successfully implement programs for people experiencing homelessness or mental illness, it is important that people with lived experience have meaningful involvement in planning, implementation and evaluation of programs designed to serve them. Directly consulting with people with lived experience is vital to enrich the systems we are building and drive our strategies.

An in-person focus group and interviews of people with lived experience or their caretakers were conducted in June of 2019. Approximately 20 people were engaged through this process.

“  
We want freedom to be  
human and help  
getting back our  
humanity after living  
on the streets.  
”

The goal of the focus group and interviews was to learn more about the primary causes of their homelessness, the specific resources and services they believe will be helpful for them, and what they feel decision-makers should know about the unique challenges of living unhoused in their region.

The quote bubble contains the personal sharing of an individual who has experienced homelessness and/or mental illness. They provide an insight into the complexity of the causes and challenges that those experiencing homelessness face as they attempt to stabilize their lives.



Some of the trends noted in the focus group include:

- The importance of creating opportunities for healthy social ties with peers to regain a sense of connection with the community.
- Many cite the lack of affordable housing and jobs as a contributing factor to their homelessness. Community stigma and lack of support are common barriers.
- There are significant challenges in finding housing. Most landlords wait to rent homes to those working at local correctional facilities for a higher cost.
- Staying in their community is important. Many expressed that they would prefer to be homeless rather than leave their community.
- Those with lived experience want to be included in decisions that affect them to ensure their perspectives are considered.
- The typical transportation challenges for rural areas are exacerbated by limited routes and geographic isolation.
- Specialty care for those with serious mental illness is often housed outside of the county, removing people from their community and family connections.
- Many experiencing homelessness are also experiencing tremendous food insecurity.

Many express the need for supportive housing where services don't back off when people are stable. People need ongoing engagement in services to remain as stable as possible. Even then, for those with a serious mental illness, there will be ups and downs, and phases where they may need to leave the community for a period of time to receive intensive psychiatric support services elsewhere, and then return. They want to ensure that housing is waiting for them in these situations.

“

Not all of us fall in the same category. Social services say they can't help me. I don't have mental health issues or a substance use disorder. Have a disability but I don't qualify for SSI for another year because I'm a senior. I'm in a gap place and I don't fit anywhere.

”

## D. SERVICE AND OUTREACH CHALLENGES

Currently, the Lassen County Behavioral Health Department conducts weekly outreach at the Crossroads Emergency Shelter, and the County has newly dedicated housing staff who conduct outreach to those experiencing homelessness on the street and who are camping by the Susan River. Staff report that finding and reaching the population is not difficult, but engaging them in services has generally been challenging. This is due to hesitancy by some people to take psychotropic medications for mental health disorders and/or to decrease the use of illicit drugs. Staff also reports that starting with the 2017 PIT, they began to see a significant increase in the number of those experiencing homelessness who have a mental health and substance use disorder. Both Behavioral Health staff and public safety officers (Susanville Police and County Sheriff) reported that the most visibly homeless in the community are also those who have not engaged or choose to not reengage with local service providers.

Additional challenges in serving and conducting outreach to those who are homeless, including those who are homeless or chronically homeless with a mental illness, stem from the County's limited staff and financial resources as a "small" county in terms of population, compounded by the fact that the county is "large" in terms of geography and the distribution of population centers. Due to its rural nature, geographic isolation is a constant challenge and/or barrier in receiving services. Transportation options are very limited. The few resources that the County and its partners have are stretched very thin.

Stigma associated with mental health is still a barrier to overcome. Couple this with a relatively small population, and a perceived or real lack of anonymity (due to the close social and family connections which exist in the community), and individuals may choose not to seek help. Housing availability is very limited. This creates a barrier when trying to achieve independent living goals for community members receiving services who know their housing options are limited. Intensive crisis stabilization services and board and care providers are not available in Lassen County. Therefore, costly out-of-county services must be sought that remove people from their community.

## E. PARTNERSHIPS AND RESOURCES DEVOTED TO ADDRESSING AND ENDING HOMELESSNESS

The Lassen County Housing Committee, now in its second year of operation, provides a collaborative community forum for government, service providers and other interested stakeholders to engage in the development of programs and partnerships to address homelessness in Lassen County. Supported by the NorCal CoC, the Housing Committee and its members will be the key driving force behind the execution of the efforts needed to achieve the goals and objectives of this Plan. What follows is a description of the existing community resources (offered by both non-profits and the County) which are devoted to addressing and ending homelessness. Most of the agencies noted offer a wide variety of resources, and thus cross over into multiple service categories. All agencies, for example, offer some form of information and referral to needed community resources that they themselves do not provide.

### E.1 Safety Net Support

**Lassen County Community Social Services:** Referral and resource for a full range of services including financial assistance; supplemental food program; resources for neglected, abused and/or molested children; adult protective services; and services for seniors. Services also include housing case management and housing assistance.

**Lassen Community Resource Centers:** Offers a variety of information and services to meet the needs of families, seniors, and the general public. The focus of the centers is school readiness, senior outreach, literacy, and resource and referral. Their 3 centers are located in the communities of Bieber, Herlong and Westwood. Services offered include resume assistance, internet access, phone access, children's fair, family fun night, emergency food, and diapers.

**Salvation Army:** Emergency assistance for those who qualify. Provides emergency food supplies, on a limited basis, to families in need during crisis situations. Utilities and rent assistance, transportation, gasoline, and lodging.

**Lassen Family Services:** Lassen Family Services, Inc. is the local non-profit domestic violence agency that is committed to ending abuse in the community through prevention, healing, advocacy, safety and education, compassionate intervention, and effective partnerships with local community and social service agencies that will support the victim's journey to empowerment. Services: 24-Hour Crisis Line 530-257-5004; Temporary Restraining Orders, emergency shelter and transitional housing, emergency transportation, food, and clothing, hospital & law enforcement accompaniment, crisis counseling and community referral, legal aid/court advocacy, domestic violence and sexual support groups, parenting classes, teen group, out-of-area transportation, prevention programs and presentations.

**Lassen-Plumas-Sierra Community Action Agency:** The Lassen-Plumas-Sierra Community Action Agency both operates and refers people to assistance programs for energy bills, weatherization, housing, and other aid. Provides federal funds to a broad array of community based organizations in the three counties that specialize in services such as: health, nutrition, childcare and preschool, emergency services (food, shelter, and clothing), youth and family development.

**Communities United for Children and Families:** Westwood Family Resource Center and Fort Sage Family Resource Center: food security, family development, peer to peer support, bridges out of poverty, employment assistance, resource and referral, application assistance and community outreach.

**Alliance for Workforce Development:** Alliance for Workforce Development's corporate mission is to function as a regional nonprofit providing workforce development and human resource services; and enhancing the quality of life throughout our communities, by assisting businesses, organizations and job seekers with their pathways to success.

## E.2 Crisis Intervention

**Lassen Family Services Crisis Line:** Lines are answered 24 hours a day, 7 days a week, by live, trained staff and volunteers, who provide culturally appropriate crisis intervention, counseling, information, resources, and referrals. In addition, a concerned friend, family member, or neighbor can call (530) 257-5004 to receive information about how to safely offer someone help or direct them to resources.

## E.3 Emergency Shelter

**Crossroads Ministries:** Crossroads Ministries provides a spectrum of services including: emergency shelter and housing, daily meals, emergency food boxes, utility help, monthly food boxes, case management, parenting classes, and outreach services. On average, Crossroad's will shelter 13 people each night in their 39 bed emergency shelter.

**Lassen Family Services:** Emergency shelter and transitional housing for victims of domestic violence.

## E.4 Rental Assistance

**Plumas CDC (Housing Authority):** Provides Section 8 Housing Choice Voucher program to eligible residents of Lassen County, which reduces the tenant's share of monthly rent. There are currently 95 Section 8 vouchers allocated for use in Lassen County.

**Susanville Indian Rancheria Housing Authority:** The Susanville Indian Rancheria Housing Authority ("SIRHA") was established by the Susanville Indian Rancheria in the year 2000, to develop, manage and maintain affordable housing and housing programs to benefit the tribal members of the Susanville Indian Rancheria. The SIRHA office accepts housing applications for rental housing, lease to purchase homes and for the various housing improvement programs.

**Lassen County Community Social Services:** Provides rental assistance through the Grants and Loans Department and Lassen Works.

## E.5 Mental Health Counseling and Support

**Lassen County Behavioral Health:** Provides prompt evaluation and care of persons with acute disabling symptoms, especially those considered to be dangerous to self or others; provides continuity of care and treatment for persons disabled as a result of a mental disorder who need assistance in using available mental health or other community resources; and provides programs in the community which enhance the ability of the general population to cope with stressful life situations and prevent the onset of mental disorder. The Behavioral Health department also offers wellness groups and provides therapy, case management, rehabilitation, psychiatric, and Substance Use Disorders (SUD) services.

**Lassen Family Services:** Services for victims of domestic violence: crisis counseling and community referral, legal aid/court advocacy, domestic violence and sexual assault support groups, parenting classes, teen group, out-of-area transportation, prevention programs and presentations.

**Judy's House:** A peer-run drop-in center which operates from 4:00 pm to midnight everyday located at 810 Nevada Street in Susanville. A place for all members in the community who want to talk and connect with others. Judy's House also offers a warm line which is answered during the same hours for anyone who wants to talk to a peer on the phone.

**Lassen Intervention:** Provides educational services to prevent or intervene in individual or family violence. Classes offered include Anger Management, Batterers Intervention Prevention Program, Child Endangerment Prevention Program, Parenting Education Classes, and support for CFS/CPS clients.

## E.6 Wrap Around Services

**Lassen County Behavioral Health:** The Full Service Partnership (FSP) program is best defined as a collaborative relationship between the county and community members of all ages who live with severe mental illness (SMI) or live with a severe emotional disturbance (SED), and when appropriate the community member's family, by expanding mental health services and supports and providing the full spectrum of community services so that the community member can achieve their individualized identified goals. Behavioral Health staff serve as active partners to FSP partners increasing the coordination of care within the community or need-based, appropriate services which are not offered in Lassen County. The team composed of County Behavioral Health staff and individuals identified by the FSP partner offers strength-based, client/family-directed, individualized mental health and wrap-around services and supportive funding.

**Lassen County Community Social Services:** Through the Family Solutions program, community members can access wraparound services to provide an individualized and strengths-based approach to support children to live successfully in the community.

## E.7 Substance Use Treatment

**Lassen County Behavioral Health Substance Use Disorders (SUD):** Help and treatment plans for substance use disorders including:

- Out-patient Services: Individual, group, and family counseling; adult and juvenile referrals; structured out-patient program; adult education, PC 1000, PC 1210, codependent program and relapse prevention. Public lending library of video and audio tapes. Dual diagnosis for adults and juveniles. Community Adolescent NA / AA meeting; Teen Live program.
- PROMISES Perinatal Program: Structured outpatient program, relapse prevention, recovery program referrals, in home visitation, and childcare referrals.
- Community Services: Public speaking, educational classes, school presentations, public information, pamphlets, crisis intervention, and referrals.
- Continuing Care Program: Detox referrals; recovery program referrals (residential treatment); drop-in center for supportive atmosphere; re-entry services

**Lassen Indian Health Center Family Services:** Individual, group, and family therapy to treat alcohol and drug abuse and mental health disorders for American Indians and non-Indian members of Indian households. Comprehensive youth program for prevention of these problems. Staff includes: mental health therapist, clinical psychologist, substance abuse counselor, and youth counselor.

- Perinatal Services for Substance Use Recovery: Individual and couples therapy, domestic violence and safety, child welfare, living in balance, life skills development,

relapse prevention, family recovery, building partners, interactive parenting, women's whole health, and trauma recovery. Offering a women's specific treatment program that includes daily discussion and support groups, programs for criminal justice or CFS involved clients, referrals to residential treatment, case management, transportation to medical appointments, recovery activities, baby bonding, and after care.

**Alcoholics Anonymous:** Alcoholics Anonymous is an international mutual aid fellowship with the stated purpose of enabling its members to "stay sober and help other alcoholics achieve sobriety." AA is nonprofessional, self-supporting, and apolitical. Its only membership requirement is a desire to stop drinking.

**Crystal Meth Anonymous:** Crystal Meth Anonymous is a California-based non-profit, public-benefit corporation working as a twelve-step program of recovered and recovering crystal meth addicts. Participants in local groups meet in order to help others recover from methamphetamine addiction.

**Narcotics Anonymous:** Narcotics Anonymous is a nonprofit fellowship or society of men and women for whom drugs had become a major problem. Narcotics Anonymous uses a traditional 12-step model that has been expanded and developed for people with varied substance abuse issues and is the second-largest 12-step organization.

## E.8 Health Care Services

There are a number of community-based health care providers in the County who provide for the medical needs of those experiencing homelessness:

**Partnership Health Plan:** 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. PHC now provides services to 14 Northern California counties, including Lassen County. Among the initiatives funded by PHC in Lassen to serve those who are experiencing homelessness:

- **PHC Local Innovation Grants on Housing:** PHC has provided each county in their service area with one-time funding to support projects that will expand access to housing (permanent housing and/or structured transitional housing) for Medi-Cal members enrolled with PHC. Projects must reflect a collaborative process involving community support and where possible, leverage existing local funds or other resources. PHC has provided Lassen County with a grant of \$323,225 which has been used to provide rental vouchers and a tenant-based housing rehabilitation program.

### Hospitals:

- **Banner Lassen Medical Center, Susanville:** Banner Lassen Medical Center is a 25-bed critical access hospital that provides heart care, infusion therapy services, maternity care, medical imaging, laboratory services, physical therapy, sleep studies, surgical services, and emergency room services to those with MediCal and private insurance.



**Federally Qualified Health Centers (FQHCs) and Tribal Health Organizations:** All of these providers offer primary care services through a network of clinics throughout the region, including specialty clinics such as dental and women's health:

- **Northeastern Rural Health:** Complete medical care for all ages, walk in urgent care, dental care, family planning, childbirth education, health education, nutrition education, smoking cessation, sports physicals, immunizations, women's care, obstetrical care (including hospital delivery), STD/HIV testing, referrals to specialists, nursing visits, preventative medicine, well child visits, and tele-med programs.
- **Veterans Affairs Diamond View Outpatient Clinic:** Provides a variety of medical and health care services to veterans.
- **Lassen Indian Health Center:** Complete medical and dental services for Native Americans and non-Native Americans. Staff includes physicians, dentists, registered and licensed vocational nurses, and community health representatives. The Family Services Department includes mental health therapists, clinical psychologists, and substance abuse counselors

**Lassen County Public Health Department:** Lassen County Public Health provides extensive outreach programs including; nutrition education, STD education, preconception health, perinatal guidance, handwashing education, flu prevention, disaster preparedness, oral health, physical activity, childhood lead poisoning prevention, and tobacco use reduction and prevention. Clinic services provided include: childhood immunizations, annual flu vaccinations, blood pressure checks, testing for pregnancy, tuberculosis, STDs, and lead poisoning, as well as free condoms anytime.

## E.9 Financial and Vocational Assistance

**Cooperative Agencies Resources for Education:** CARE is a state funded program with the purpose of assisting single parents who receive cash aid and attend Lassen Community College. The program provides financial, educational, and emotional assistance and support with the aim of keeping single parent students in school by helping remove obstacles that hinder their success. CARE students receive assistance with childcare expenses, book grants, uniforms relating to major, \$100 with minor automobile repair, awards and scholarships, and gas vouchers.

**Lassen Business and Career Network:** Job search assistance, computer lab, keyboarding assessment, career assessment and guidance, resource library, youth program with job placement, free job related telephone and fax and copying service, job search informational seminars, small business counseling, Cal-Jobs.



## F. COUNTY EFFORTS TO PREVENT CRIMINALIZATION OF HOMELESSNESS

The County offers a Drug Court diversion program, which provides a restorative justice alternative to traditional sentencing. Efforts are made to ensure that those individuals experiencing homelessness which may have committed crimes while affected by addiction are offered alternative sentencing. Individuals who are camping within the unincorporated areas of the county, such as in national forest campgrounds or on BLM land, are allowed to stay within the usual time limits and are simply asked to move to another site when the time limit has been reached.

However, most individuals experiencing homelessness in the County are located within the city limits of Susanville, and the vast majority of unsheltered homeless individuals have traditionally camped along the Susan River which is the jurisdiction of the City of Susanville. In October 2019, the Susanville City Council adopted an ordinance regulating camping within 100 feet of the Susan River and any city-owned parks or property.

## G. SOLUTIONS TO HOMELESSNESS IN LASSEN COUNTY

As a result of the collaborative community process which took place to develop this Plan, a set of Priority Areas for focus were developed. The Priority areas are described below with sub-sections for: identified needs and gaps; community challenges; and a set of goals with targeted objectives to implement or achieve by time frame. In some cases, these Priority Areas, Goals or Objectives directly align with and are supportive of the NorCal Continuum of Care Strategic Plan as follows:

Lassen County Priority Area	CoC Strategic Plan Goal(s)
<b>Priority Area 1:</b> Homeless Management Information System (HMIS) and Coordinated Entry	<b>Goal 3-A:</b> Implement a CoC-wide Homeless Management Information System for data collection and system performance measurement; and Goal 3-B: Implement a Coordinated Entry Process (CEP) for prioritizing and accessing available housing and supportive services
<b>Priority Area 2:</b> Continuum of Housing Solutions	<b>Goal 1-A:</b> Increase the Permanent Support Housing (PSH) and Affordable Housing units available across the CoC; and Goal 2-A: Strengthen and Build the Capacity of Community Leadership around Homelessness.
<b>Priority Area 4:</b> Emergency Shelter and Day Services	<b>Goal 1-D:</b> Expand the low barrier emergency shelter capacity in the NorCal CoC region to reduce the number of individuals experiencing homelessness that are unsheltered.

# Lassen County Strategies and Goals

## Priority Area 1: Homeless Management Information System (HMIS) and Coordinated Entry

**Needs and Gaps:**

- There is currently no Coordinated Entry System in use among service providers in order to prioritize the most vulnerable experiencing homelessness

### Goal 1-A: Implementation and Use of HMIS

**Goal 1-A:** The County will implement the use of the NorCal Continuum of Care’s HMIS system

**Objectives by Timeframe:**

**Years 1-2:**

- The County will execute a contract with the NorCal CoC to provide one license to each key homeless service provider in the community, as identified by the County.
- The County will identify key homeless service providers to receive a license.
- The County will engage community partners in a discussion of the purpose of HMIS and the role it plays in effectively assisting those experiencing homelessness.
- Coordinate with the NorCal CoC to provide training on the use of the HMIS system to homeless service provider staff.

### Goal 1-B, Coordinated Entry System (CES)

**Goal 1-B:** The County will develop an infrastructure and train service providers in a Coordinated Entry System (CES), including 211

**Objectives by Timeframe:**

**Years 1-2:**

- Explore funding options for the purchase of a 211 system to use for Coordinated Entry.

## Priority Area 2: Continuum of Housing Solutions

### Needs and Gaps:

- Overall lack of affordable rental housing
- No supportive housing units for those with special needs
- Housing and shelter options for those stuck between jail discharge and sentencing, with support services

### Challenges:

- There are only a few property management companies in the County, so if tenants have a poor rental history, they are unable to find any place willing to take them.
- A high percentage of individuals with felonies and other convictions bar them from federally-assisted housing.

### Goal 2-A, Support Services to Maintain Housing

**Goal 2-A:** Ensure that supportive services intended to help people maintain stable housing are easily accessible and targeted to address the specific needs of people in the community

#### Objectives by Timeframe:

##### Years 1-3

- Continue conversations between Behavioral Health, Probation, Sheriff, DA, HSS and CSS, in the development of an adult WRAP program.
- Evaluate the effectiveness of the newly implemented CalWorks Housing Support programs.

##### Years 4-5

- Subject to available funding, implementing Housing Navigator services.

### Goal 2-B, Community Support for Housing Development

**Goal 2-B:** Create a community education campaign to create buy-in for building permanent supportive housing and affordable housing

#### Objectives by Timeframe:

##### Year 1:

- Work with NPLH consultant to deliver community education materials and in person session regarding the need for affordable and supportive housing.
- Invite the City of Susanville and County Planning Departments' staff to participate in the Housing Advisory Board meetings to share information about the need for affordable and supportive housing.
- Housing Advisory Board members participate in public meetings where local jurisdictions' Housing Elements/General Plan are being discussed to support the implementation of policies that will incentivize the development of housing.

## Goal 2-C, Expand Supply of Housing Units

**Goal 2-C:** Expand the supply of and access to affordable housing, as well as supportive housing for those with special needs

### Objectives by Timeframe:

#### Year 1:

- Identify and select a Development Sponsor to partner with the County on a selected Supportive Housing model.
- Collaborate with the Veteran's Service Office to leverage and maximize the use of Veteran's funding for housing.

#### Year 3:

- Develop Supportive Housing units utilizing NPLH and other funding sources.
- Develop an Affordable Housing Strategy which lays out a vision and action plan for the future development of affordable rental housing.

## Goal 2-D, Landlord Engagement

**Goal 2-D:** Develop a comprehensive landlord engagement and education program

### Objectives by Timeframe:

#### Years 1-3:

- Work with Plumas CDC to provide a series of forums regarding the Section 8 voucher program and County rental assistance programs.
- Develop a database of landlord and property management companies and conduct outreach via the County's Housing Coordinator and Housing Specialist positions.

## Goal 2-E, Eviction Prevention

**Goal 2-E:** Examine eviction prevention programs to determine whether more can be done locally to ensure households facing eviction have access to legal representation, mediation services, and financial assistance that can help them remain stably housed

### Objectives by Timeframe:

#### Years 2-4:

- Explore how the existing Lassen Works program may be expanded to provide similar services to all residents.
- Collaborate with Legal Services of Northern California (Redding Office) to offer training on Landlord/Tenant Law and the Fair Housing Act.
- Where appropriate, participate in CoC funding opportunities which provide funding for homelessness prevention.

#### Years 5-10:

- Subject to available funding, implement Housing Navigator services.

## Goal 2-F, Transitional Housing

**Goal 2-F:** Transitional housing beds are available for individuals and families with an individualized spectrum of support

### Objectives by Timeframe:

#### Years 1-3:

- Continue conversations between Behavioral Health, Probation, Sheriff, DA, HSS, CSS, in the development of an adult WRAP program, with the goal being a mixture of transitional housing and a day center.

## Priority Area 3: *Multidisciplinary Approach to Outreach and Crisis Intervention*

### Needs and Gaps:

- Domestic Violence shelter runs a crisis call line but their staff can't address behavioral health issues
- Peers with lived experience of homelessness have no structured way to lend support to others, which is an evidence-based model of service
- Currently no structured multidisciplinary teams for either proactive engagement or crisis intervention

### Challenges:

- Trust is often broken with homeless clients. Despite best efforts they often don't see solutions or results. This results in too much bouncing around from service provider to service provider.
- Our community doesn't have enough skilled people to provide mental health services.
- Judy's House and other similar types of services may not be accepted in the neighborhood or community – there is great stigma around homelessness.

### Goal 3-A, Multidisciplinary Teams

**Goal 3-A:** Explore options that include or consider, Multi-Disciplinary Outreach Teams (Public Safety, Behavioral Health, Public Health, etc.) for both crisis situations and to proactively engage unsheltered individuals and families

#### Objectives by Timeframe:

##### Years 1-3:

- Explore and implement coordinated law enforcement and Behavioral Health outreach program based upon funding availability.
- Utilize existing 5150 meetings between community crisis responders as a platform for proactive planning regarding crisis situations.
- Research mobile system for GrandCare (telemed) integration to be used as a tool to connect clients with health and behavioral health services in the field.

### Goal 3-B, Coordination and Collaboration

**Goal 3-B:** Improve coordination and collaboration among homeless providers to meet the needs of underserved populations, including those living outside of Susanville, as resources are available

#### Objectives by Timeframe:

##### Years 1-3:

- Hold on-going professional development meetings via the Housing Advisory Board to educate members about services being provided by the member agencies and to support collaboration.
- Develop a Resource Packet which addresses homeless services, housing and emergency services to share with community partners.

##### Years 3-5:

- Implement a 211 system which provides both a live operator and on-line resource guide for those seeking information about resources. Ideally the 211 system will also be used for Coordinated Entry.

### *Goal 3-C, Peer Support*

**Goal 3-C:** Peer support is integrated into crisis prevention

#### **Objectives by Timeframe:**

##### **Years 1-3:**

- Continue to provide mental health first aid education to community.
- Recruit and train individuals with lived experience of homelessness to provide peer support as part of crisis prevention teams and pay for their state certification.

### *Goal 3-D, Improved Discharge Planning*

**Goal 3-D:** Homelessness is prevented wherever possible through improved discharge planning and on-going coordination among local criminal justice, health care, and social service agencies

#### **Objectives by Timeframe:**

##### **Years 1-3:**

- Assess current systems and processes being used for discharge planning and explore new ideas.

### *Goal 3-E, Community Education and Awareness*

**Goal 3-E:** The stigma of homelessness is addressed through on-going community and provider education efforts

#### **Objectives by Timeframe:**

##### **Years 1-10:**

- Use Housing Advisory Board members to provide community and service provider education.
- Invite individuals with lived experience of homelessness to share their stories at Housing Advisory Board meetings.
- Provide community members with education on “knowing the signs” of someone at risk of, or experiencing homelessness, and how to help them engage in services.

## Priority Area 4:

### *Emergency Shelter and Day Services*

#### **Needs and Gaps:**

- Shelter options to serve people who fall between the gaps of the Domestic Violence shelter and Crossroads Shelter target populations, such as seniors with limited income, those with serious ongoing health needs, the very mentally ill who need supportive sheltering, people with animals
- Emergency Shelter options for those residing outside of Susanville

#### **Challenges:**

- Everyone is spread across the county, making it hard to provide services.
- Motels "bridge" the gaps but are blacklisting clients with behavioral issues which leaves them on the streets again.
- There is a stigma around homelessness from motel property managers where vouchers are being used for shelter purposes.

#### *Goal 4-A, On-Going Assessment of Shelter Needs and Resources*

**Goal 4-A:** There is a responsive coordinated community-wide approach to sheltering, as needs change over time

#### **Objectives by Timeframe:**

##### **Years 1-3:**

- Assess current countywide sheltering options and complete shelter needs assessment, as guided by District Court decision in Idaho (United States Court of Appeals for the Ninth Circuit).

##### **Years 4-10:**

- Participate in CoC funding opportunities which support shelter development and operations, as appropriate.

#### *Goal 4-B, Homeless Services Day Center Programs*

**Goal 4-B:** The community has a homeless services day center with programs and connection to services to provide a space for people to be during the day when not sheltered

#### **Objectives by Timeframe:**

##### **Years 1-3:**

- Continue conversations between BH, Probation, Sherriff, DA, HSS, CSS, in the development of an adult WRAP program, with goal to have a mixture of transitional housing and a day center.
- Assess current countywide day service options and complete a needs assessment parallel to the shelter needs assessment.

#### *Goal 4-C, Use of Motel Vouchers as Emergency Shelter*

**Goal 4-C:** Motel owners who accept vouchers are engaged and have buy-in for serving those who are homeless, as evidenced by:

- Rooms meeting state and local health and safety standards
- Homeless individuals and families are not stigmatized, and receive equal access to rooms which meet the same standards as those afforded to the rest of the community

#### **Objectives by Timeframe:**

##### **Years 1-3:**

- Hold meetings and conversations with property managers which support stigma reduction and provide education and tools to successfully manage clients using motels. Meetings will provide language translation and cultural competency support, as needed.



- The County will explore the option to execute contracts for rooms rather than using the voucher system.

#### *Goal 4-D, Capacity of Crossroads Shelter*

##### **Goal 4-D**

Expand the bed capacity of Crossroads shelter, which currently has a 25-bed maximum capacity.

##### **Objectives by Timeframe:**

###### **Years 1-3:**

- Investigate sites with greater capacity that are also within walking distance of needed services.
- Consider applying for funding from ESG, HHAP and other applicable future funding sources to support shelter development.

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## Priority Area 5: *Health, Mental Health and Substance Use Disorder Services*

### Needs and Gaps:

- Lack of on-demand and flexible transportation options which acknowledge rural conditions
- People need to be enrolled in Medi-Cal and established with a primary care provider
- Detox services are out of county/state, away from local supports so people are hesitant to use them
- No dual diagnosis (mental health/substance use) treatment is available with existing out of county providers
- No local residential substance use rehabilitation is available, and cost of out of county options is unrealistic for most people
- Transitional and supportive housing program or stepdown to ensure the client is housed after discharge from detox and returning to county

### Challenges:

- MTM provides transportation for appointments, but is only for Medi-Cal/Partnership clients and has many restrictions, such as a 5-business day notice to schedule a transport, will not drive in the snow or on dirt roads, and bus tickets are only provided to individuals who are within walking distance of a bus stop.
- There is great community stigma and lack of understanding regarding mental health and substance use disorder challenges.
- State and federal regulations restrict the easy sharing of information about common clients.
- Telehealth is good for individuals already established with a primary care medical provider, but it takes 4 or 5 months to become established. Therefore, even if the person is interested, not all telehealth services can start immediately.
- Staffing for both health care and behavioral health services is diminishing due to retirement/attrition and lack of interest in those professions in Lassen County. This results in long wait times for primary care appointments.
- Vulnerable populations are open to be exploited by others who steal or take advantage of them.
- Infrastructure logistics and broadband issues can cause delays in receiving life-saving services from out of county providers.

### *Goal 5-A, Access to Mental Health Services*

**Goal 5-A:** Improve access to mental health services and supports for those experiencing homelessness

#### Objectives by Timeframe:

##### Years 1-3:

- Provide outreach and enrollment in locations where people are already accessing services, such as the shelter.
- Explore development of a peer support program, and fund the certification for individuals willing to participate.
- Engage local faith-based organizations to help provide support and include them in conversations/planning about mental health support needs.

##### Years 3-5:

- Develop a strategy to recruit more therapists over time, with outreach to local schools and colleges to promote the mental health therapy profession.

### *Goal 5-B, Access to Healthcare Services*

**Goal 5-B:** Improve access to healthcare for those experiencing homelessness and improve care coordination

**Objectives by Timeframe:**

**Years 1-3:**

- Develop partnership with Healthcare Collaborative since housing is connected to health.
- County and service providers will further develop coordination with hospitals on discharge of homeless patients.
- Fully implement the use of the GrandCare system to deliver telehealth services.
- Provide more proactive client/community education on Medi-Cal eligibility and enrollment.

**Years 3-5:**

- Hire a Health Navigator to follow up on appointments, medications, etc. (Research funding through Partnership Health).

**Goal 5-C, Substance Use Disorder Detox Services**

**Goal 5-C:** Explore and promote options for substance use detoxification services

**Objectives by Timeframe:**

**Years 1-3:**

- Find a local medical provider “Champion” to advocate for and work toward a solution.
- Continue to devote resources to intervention/prevention efforts to reduce the need for detox services.
- Continue to advocate within statewide professional organizations for a systemic solution.

**Years 3-5:**

- Work with neighboring counties to develop a regional solution for detox services.

**Goal 5-D, Opioid Use Treatment**

**Goal 5-D: Goal 6-C:** Increase access to medication assisted treatment for opioid use disorders

**Objectives by Timeframe:**

**Years 1-3:**

- Educate community and providers about MAT services and its realities.
- Coordinate mentoring opportunities for local physicians with MAT providers in neighboring counties.
- County jail will work with contracted medical services to provide MAT and meet new standards being set statewide for jails.

**Goal 5-E, Harm Reduction Services**

**Goal 5-E:** Educate community about the importance of harm reduction

**Objectives by Timeframe:**

**Years 1-3:**

- Join the Northern Sierra Harm Reduction Taskforce/Coalition.
- Educate community about the myths and facts around harm reduction.

## H. SYSTEMS IN PLACE OR BEING DEVELOPED TO COLLECT NPLH DATA

The Lassen County Health and Social Services Agency (HSSA) has a number of systems in place to provide regular reports to its various federal and state funders, as required by regulations and contractual relationships. Within this infrastructure, it is likely that the HSSA Behavioral Health Division's Intensive Case Management Program, part of the Full Service Partnership (FSP) offerings for those who are homeless, will be responsible for completing annual compliance reports. The Intensive Case Management Team will coordinate with lead service providers, property managers, and the NorCal CoC's HMIS. The HMIS system used is Service Point, a certified HUD HMIS vendor. Service Point collects all HUD required data, and will be set up on all of the data points listed in Section 214 (e) of the NPLH Guidelines. The NorCal CoC is currently analyzing the system for NPLH compliance and will make modifications as needed.

The County will also make all efforts to work with Partnership Healthplan and their public safety partners (Sheriff and Police Departments) to track data on health care outcomes and utilization, and incarceration outcomes and utilization, per Section 214 (g) of the NPLH Guidelines. In particular, an understanding of housing as a key factor in addressing social determinants of health was a primary driver in the housing grants awarded by Partnership Healthplan in their region, so PHC will be actively involved in monitoring this data from their service providers. This will also support the County's efforts to reduce incarceration and calls for service for homeless individuals. The data will also be an evaluation tool for improving shelter and services. Collection of the data will require close collaboration with these partners, and strong relationships are already in place to help achieve this. However, there will be inherent challenges in collecting and reporting the data which include:

- Differing systems for data collection among health care providers, the criminal justice system, and the CoC, including definitions, methodology, terminology and software; and
- HIPPA privacy rules.

# I. COORDINATED ENTRY SYSTEM AND REFERRAL TO NPLH

The NorCal CoC has begun development of a Coordinated Entry System (CES) in adherence to HUD guidelines for the purpose of efficiently matching homeless individuals to appropriate housing and services, and prioritizing care for individuals with the greatest needs. A draft set of CES Policies and Procedures were developed in June 2018, with continued work and refinement in process. This on-going work includes amendments needed to ensure data is captured for referrals to NPLH units, as well as tracking those who are at risk of chronic homelessness. The Service Point HMIS system is adequately flexible to include these required data points for collection and reporting. The NorCal CoC hopes to complete this work in early 2020. Lassen County is exploring the use of a 2-1-1 system to function as the CES in the long-term.

At the time of the drafting of this Plan, the County has negotiated a contract with the NorCal CoC to pay for HMIS licenses for key service providers, and training began in late 2019 on the use of the system. The County Health and Human Services Agency plans to begin use of the HMIS system in early 2020, which will be necessary for the success of the NPLH program.

All referrals to NPLH-funded units will be made on a non-discriminatory basis for all federal and state protected classes, consistent with NorCal CoC referrals to all shelter, housing and services. The NorCal CoC has established non-discrimination organizational policies that govern all of its work, which includes its policies and procedures for operating Coordinated Entry.

## J. CONCLUSION

This 10 Year Plan provides a framework which will inform the workplan, schedule, funding and budgeting for activities and initiatives for Lassen County, its Housing Committee and community partners in their efforts to address homelessness. The Plan is intended to be focal point for discussions to initiate partnerships and new strategies over time, so that the Plan remains vibrant and relevant. Lassen County has made good progress in its efforts to address homelessness with the development of the Housing Committee, their active participation in the NorCal Continuum of Care, and the hiring of two full-time housing staff. These efforts have demonstrated and enhanced the community's capacity to collaborate around a shared vision. The next steps are, over time, to build a solid foundation of local resources upon these planning efforts. This Plan is a starting point to capitalize on efforts to attract new resources that will help the community realize its goals.

# APPENDIX 1. TERMS & DEFINITIONS

California Emergency Solution and Housing (CESH) provides funds that may be used for five primary activities: housing relocation and stabilization services (including rental assistance), operating subsidies for permanent housing, flexible housing subsidy funds, operating support for emergency housing interventions, and systems support for homelessness services and housing delivery systems. In addition, some administrative entities may use CESH funds to develop or update a Coordinated Entry System (CES), Homeless Management Information System (HMIS), or Homelessness Plan.

Chronically Homeless Individual refers to an individual with a disability who has been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless in those occasions is at least 12 months.

Chronically Homeless People in Families refers to people in families in which the head of household has a disability and has either been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless in those occasions is at least 12 months.

Continuums of Care (CoC) are local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, county, metropolitan area, or an entire state.

Emergency Shelter is a facility with the primary purpose of providing temporary shelter for people experiencing homelessness.

Coordinated Entry System (CES) means a centralized or coordinated process developed designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

Emergency Solutions Grant The ESG program provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly rehouse homeless individuals and families, and (6) prevent families/individuals from becoming homeless.

Federally Qualified Health Centers (FQHC) are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients.

Home Investment Partnership Program (HOME) assist cities, counties, developers, including Native American Entities, and nonprofit Community Housing Development Organizations to create and retain affordable housing by providing grants to cities and counties in addition to low-interest loans to developers

Homeless describes a person who lacks a fixed, regular, and adequate nighttime residence.

Homeless Emergency Aid Program (HEAP) was established by California statute to provide localities with flexible block grant funds to address their immediate homelessness challenges.

Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

Housing Inventory Count (HIC) is produced by each CoC and provides an annual inventory of beds that assist people in the CoC who are experiencing homelessness or leaving homelessness.

Homeless Individual refers to a person who is not part of a family with children during an episode of homelessness. Individuals may be homeless as single adults, unaccompanied youth, or in multiple-adult or multiple-child households.

Low-Income Housing Tax Credit (LIHTC) program, created in 1986 and made permanent in 1993, is an indirect federal subsidy used to finance the construction and rehabilitation of low-income affordable rental housing.

Multifamily Housing Program (MHP) assists with the new construction, rehabilitation and preservation of permanent and transitional rental housing for lower income households.

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).

Other Permanent Housing is housing with or without services that is specifically for formerly homeless people but that does not require people to have a disability.

Parenting Youth are people under age 25 who are the parents or legal guardians of one or more children (under age 18) who are present with or sleeping in the same place as that youth parent, where there is no person over age 24 in the household.

Parenting Youth Household is a household with at least one parenting youth and the child or children for whom the parenting youth is the parent or legal guardian.

People in Families with Children are people who are homeless as part of a household that has at least one adult (age 18 and older) and one child (under age 18).

Permanent Local Housing Allocation (PLHA) was part of a 15-bill housing package aimed at addressing the state's housing shortage and high housing costs. Specifically, it establishes a permanent source of funding intended to increase the affordable housing stock in California. The revenue from SB 2 will vary from year to year, as revenue is dependent on real estate transactions with fluctuating activity.



Point-in-Time Counts are unduplicated one-night estimates of both sheltered and unsheltered homeless populations. The one-night counts are conducted by CoCs nationwide and occur during the last week in January of each year.

Permanent Supportive Housing (PSH) is a housing model designed to provide housing assistance (project- and tenant-based) and supportive services on a long-term basis to formerly homeless individuals and families.

Rapid Rehousing is a housing model designed to provide temporary housing assistance to people experiencing homelessness, moving them quickly out of homelessness and into permanent housing.

Scattered Site Housing means a Rental Housing Development that includes noncontiguous parcels.

Safe Havens provide temporary shelter and services to hard-to-serve individuals.

Shared Housing means a 1- to 4-Unit structure providing Supportive Housing shared by two or more households, where each household is in a separate bedroom in each Unit. Single-family homes, condominiums, half-plexes, duplexes, triplexes and fourplexes qualify as a Shared Housing provided that they have a minimum of two bedrooms per Unit.

Sheltered Homelessness refers to people who are staying in emergency shelters, transitional housing programs, or safe havens.

Supportive Housing means housing with no limit on length of stay, that is occupied by a special needs population, and that is linked to onsite or offsite services that assist the supportive housing resident in retaining the housing, improving their health status,

and maximizing his or her ability to live and, when possible, work in the community.

California Tax Credit Allocation Committee (CTCAC) administers the federal and state Low-Income Housing Tax Credit Programs. Both programs were created to promote private investment in affordable rental housing for low-income Californians.

Transitional Age Youth (TAY) are young people between the ages of sixteen and twenty-four who are in transition from state custody or foster care and are at-risk. Once they turn 18 years old they can no longer receive assistance from the systems of care that previously provided for many of their needs.

Transitional Housing Programs provide people experiencing homelessness a place to stay combined with supportive services for up to 24 months.

Unaccompanied Homeless Youth (under 18) are people in households with only children who are not part of a family with children or accompanied by their parent or guardian during their episode of homelessness, and who are under the age of 18.

Unaccompanied Homeless Youth (18-24) are people in households without children who are not part of a family with children or accompanied by their parent or guardian during their episode of homelessness, and who are between the ages of 18 and 24.

Unsheltered Homelessness refers to people whose primary nighttime location is a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for people (for example, the streets, vehicles, or parks).

Veteran refers to any person who served on active duty in the armed forces of the United States. This includes Reserves and National Guard members who were called up to active duty.

Please note: Definitions of these terms may differ in some ways from the definitions in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act and in HUD regulations.

DRAFT

## APPENDIX 2. LASSEN COUNTY POINT IN TIME ANNUAL COMPARISONS

Note: 2019 data represented below only includes sheltered individuals.

	2020	2019	2018	2017
Total Number of Individuals	121	46	82	102
Total Number of Households	49			

	2020	2019	2018	2017
Total Number of Unsheltered Individuals:	49	11	39	29
Total Number of Unsheltered Households:	34			

	2020	2019	2018	2017
Total Number of Sheltered Individuals:	72	35	43	73
Total Number of Sheltered Households:	25			

Location				
Annual Comparisons	2020	2019*	2018	2017
Susanville	91		69	
Janesville	0		1	
Westwood	6		9	
Beiber/Nubieber	0		0	
Herlong/Doyle	9		3	

Living Situation: Unsheltered				
Annual Comparisons	2020	2019	2018	2017
Unsheltered total	38			
Street or Sidewalk	4			
Vehicle/Boat	11		17	
Abandoned Building	7		2	
Under Bridge/Overpass	1			
Outdoor Encampment	15			
Outside (Includes Street/Sidewalk, Under Bridge and Outdoor Encampment)	20		16	
Living Situation: Sheltered				
	2020	2019	2018	2017
Sheltered	72			
Motel w/Voucher	29		22	29
Emergency Shelter	29		2	26
Transitional Housing	14		19	18

Primary Cause of Homelessness				
	2020	2019	2018	2017
Child/Elder Abuse/Neglect	1			
Family Break-Up	15			
Incarceration	13			
Medical Issues	7			
Overcrowded	1			
Sudden Loss of Income	3			
Domestic Violence	17			
Fire	5			
Mental Health	7			
Relocation	8			
Loss of Employment	16			
Gender Identification	1			
Lack of Job Skills	0			
Natural Disaster	1			
Stranded Traveler	2			
Eviction	7			
Illness	0			
Alcohol Abuse	10			
Drug Abuse	16			
Other	13			
Refused/DK	1			

Connection to Lassen County				
	2020	2019	2018	2017
Grew Up Here	35		20	
Family Here	40		15	
Good Social Services	1			
Affordable Housing	3		2	
Friends Here	7		4	
Other	24			
Did not Disclose	11		30	
Other	25		11	
How Long Have You Lived in This County				
	2020	2019	2018	2017
Less than 6 months	15			
6 months to 1 Year	19			
Less than a Year	34		3	
1-5 Years	16			
6-10 Years	23			
1-10 Years	39		20	
Over 10 Years	35		25	
Refused/DK	12		34	
Other	1		0	

Household Type				
	2020	2019	2018	2017
HH w/child(ren)	12			
HH w/o child(ren)	56			
Unaccompanied Youth (under 18)	0			
Unaccompanied Youth (18-24)	0			
Parenting Youth (under 18)	0			
Parenting Youth (18-24)	0			
Veteran w/child(ren)	0			
Veteran w/o child(ren)	8			

Relationship to Head of Household				
	2020	2019	2018	2017
Self	77			
Spouse	7			
Other-Family	25			
Non-Married Partner	1			
Other Non-Family	0			

Gender				
	2020	2019	2018	2017
Female	57		35	50
Male	64		47	52
Transgender	0		0	0
Gender Non-Conforming	0		0	0

Age Range				
	2020	2019	2018	2017
Under 18	21		18	
18-24	13			
25-62	72			
63+	4			
25+	85		57	
Refused	0			

Race				
	2020	2019	2018	2017
White	92			
Black or African American	0			
Asian	0			
Native Hawaiian or Other Pacific Islander	11			
American Indian or Alaskan Native	5			
Refused	0			
White/American Indian	7			
White/African American	1			

Hispanic or Latino				
	2020	2019	2018	2017
Yes	12			
No	107			

First Time Being Homeless				
	2020	2019	2018	2017
Yes	52			
No	57			
Refused/DK	1			

Length of Current Homelessness				
	2020	2019	2018	2017
Less than 1 month	10			
1-6 months	45			
6 months to 1 year	24			
1-5 Years	23			
Over 5 years	8			

Homeless 12 Months Over the Last 3 Years				
	2020	2019	2018	2017
Yes	53			
No	57			
Refused/DK	0			

Number of Times Homeless in the Last 3 years				
	2020	2019	2018	2017
Less than 4	83			
4 or More	27			
Refused/DK	1			

	2020	2019	2018	2017
Chronically Homeless	57		36	17

Homeless Due to Natural Disaster				
	2020	2019	2018	2017
Yes	7			
No	102			
Refused/DK	0			

If yes, Which Natural Disaster?				
Fire prior to 2017	0			
Wildfires in 2017	0			
2018 Camp Fire	0			
2018 Hill/Woolsey	0			
2018 Thomas Fire	0			
2018 Carr Fire	0			
Hurricane Harvey	0			
Hurricane Michael	0			
Hurricane Florence	0			
Other	7			

	2020	2019	2018	2017
Veteran	8			2

Health Insurance				
	2020	2019	2018	2017
Yes	96			
No	13			
Refused/DK	1			

Diagnosed with Following Conditions				
	2020	2019	2018	2017
Alcoholism	18			
Substance Abuse	32			
HIV/Aids	0			
Mental Illness	39			
Other Disability	29			
None	36			

Has Any of Above, Prevented Stable Housing				
	2020	2019	2018	2017
Yes	36			
No	69			
Refused/DK	1			



Felony Conviction				
	2020	2019	2018	2017
Yes	32			
No	74			
Refused/DK	1			
If yes, Denied Housing Due to Felony Conviction				
Yes	5			
No	36			
Refused/DK	3			

Fleeing Domestic Violence				
	2020	2019	2018	2017
Yes	17			
No	93			
Refused/DK	0			

Foster Care/Group Home				
	2020	2019	2018	2017
Yes	22		11	
No	86			
Refused/DK	1			
If Yes, Exit Age				
Under 15	6			
15-18	8			
Over 18	5			
Refused/DK	2			

Disability Benefits				
	2020	2019	2018	2017
Yes	18			
No	92			
Refused/DK	0			