

PLUMAS & SIERRA COUNTIES PLAN TO ADDRESS HOMELESSNESS

Adopted June 16, 2020

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Prepared for Plumas & Sierra Counties by
 **HousingTools**

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A. INTRODUCTION

The Plumas and Sierra County Behavioral Health Departments have commissioned this “Plan to Address Homelessness” (the “Plan”) for the purpose of laying out a focused and practical strategy for addressing the issue of homelessness in Plumas and Sierra Counties. This Plan builds upon the work of the Plumas-Sierra Counties Continuum of Care (CoC), which functions as the local housing and homelessness advisory board within the larger NorCal Continuum of Care. As contiguous counties within the northern Sierra Nevada mountain range which have a long history of service collaboration and the sharing of resources, this two-county Plan provides a joint response to homelessness, while at the same time describing the unique challenges and resources that each County brings to the issue.

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 and living with a mental illness or co-occurring diagnosis. 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 proscribed groups to receive input. This Plan follows the HCD requirements in order to position both Plumas and Sierra Counties for receiving NPLH funds. The Plumas and Sierra Counties Behavioral Health Departments are 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 Plumas and Sierra Counties, which are geographically large, rural, frontier counties 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 Plumas and Sierra Counties, and to prevent homelessness whenever possible, including situations where those with serious mental illness must leave their family home.

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, child care, 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.”¹

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 the disabled especially affected by the shortage.
- In order to address people’s immediate safety needs, working to open winter shelter options is a necessity.
- 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.

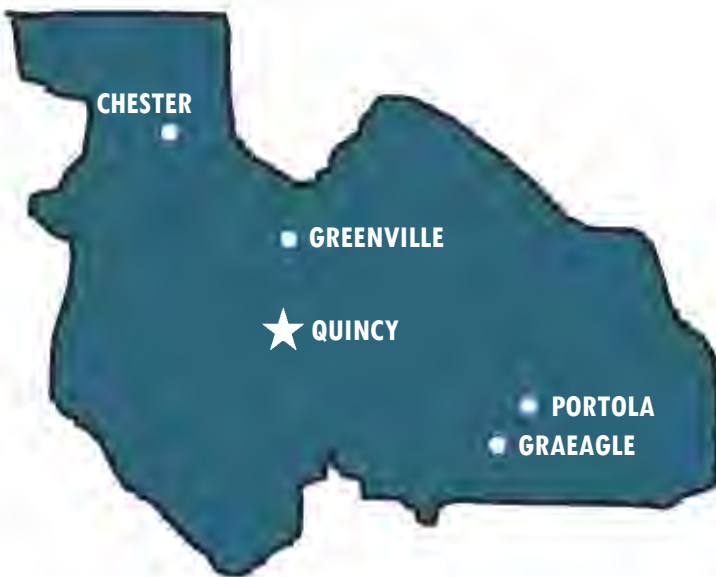
¹ United States Interagency Council on Homelessness, 2018 “Home, Together”, p. 3

A.1 Geographic, Health, and Socio-Economic Conditions that Affect Homelessness in Plumas County

Plumas County is a small, rural county that lies in the far northern end of the Sierra Nevada mountain range. The region's rugged terrain marks the transition point between the northern Sierra Nevada Mountains and the southern end of the Cascade Range. More than 75% of the county's 2,553 square miles is National Forest. The Feather River, with its several forks, flows through the county. Quincy, the unincorporated county seat, is about 80 miles northeast from Oroville, California, and about 85 miles from Lake Tahoe and Reno, Nevada. State highways 70 and 89 traverse the county. Neighboring counties are Lassen, Yuba, Shasta, Tehama, Butte and Sierra. The county's communities are nestled in different geographic areas, such as Chester in the Almanor basin, the communities of Greenville and Taylorsville in Indian Valley, the town of Quincy in American Valley, Blairsden, Graeagle, and Clio in Mohawk Valley, and the town of Portola, which lies west of Sierra Valley on Highway 70. The majority of human support services are centered in Quincy, with limited satellite services provided in other communities. Transit services for those living in outlying communities are infrequent, and travel conditions during the winter can be challenging with snow and icy road conditions.



According to the U.S. Census 2017 American Community Survey, the county's population is approximately 18,724. The City of Portola is home to approximately 2,033 residents. The town of Quincy has an estimated population of 1,936, with the greater Quincy area population at approximately 6,391 people. Chester, which sits at the northern end of Lake Almanor, has a population of approximately 2,274. Greenville has a population of approximately 1,129; three miles east of Greenville, the Greenville Rancheria is a federally-recognized rancheria representing members of the Northern Maidu Tribe, the native inhabitants of the area.



Racially, the County’s population is comprised of 89.6% Caucasian or White – of that number, approximately 8.5% identify as Hispanic or Latino. Those who identify as two or more races are 4.3% of the population, 2.1% of the county’s population is Native American and Alaska Native only, and the balance are from other racial/ethnic groups.

Like many remote rural counties, Plumas County consistently ranks in the bottom tier of California counties for a variety of health and socio-economic indicators. Among some of the notable statistics:

- With 3,020 food insecure individuals in the county, Plumas’ food insecurity rate is 16.1%, higher than the California state average of 11.7%²
- Plumas County ranks 50 out of all 58 counties in California for a suicide rate of 22.6 people per 100,000, which is more than double the state average rate of 10.4 per 100,000.³
- Plumas County ranks 56 out of all 58 counties in California for prenatal care utilization with only 56% of those eligible for care who access it.⁴
- Plumas County’s disabled population represents 20.1% of the total population, almost double the California state average of 10.62%.⁵
- Plumas County ranks in the top 5 counties in California with the highest number of youth in foster care, 11.7 youth per 1,000 students.⁶

An overview of countywide household income and rent data provides a foundation for understanding housing affordability. The principal data source for this information is the U.S. Census 2013-2017 American Community Survey, and 2018 U.S Census estimates. Market and affordable rent information is sourced from HUD.

The median household income in Plumas County is \$50,266. In terms of household income, 26% of all Plumas County households (or an estimated 2,183 households) earn less than \$25,000 annually. These households are generally classified as “Very Low Income” by HUD and typically face challenges affording market housing costs. According to HUD, a Very Low-Income Household earns 50% of Area Median Income, which was \$25,133 for a three-person household in 2018. The Federal Poverty Threshold is a measure of incomes lower than HUD’s Very Low-Income definition, and is \$20,780 for a three-person household in 2018.

An estimated 26% of all households in the county have income below the Federal Poverty Threshold. 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 20.1% of the Plumas County population (or 3,725 individuals), have a disability of some type, whether physical, mental or developmental. By comparison, there are

² Feeding America, Mind The Meal Gap 2018

³ U.S. Census Bureau, American Community Survey 2017

⁴ U.S. Census Bureau, American Community Survey 2017

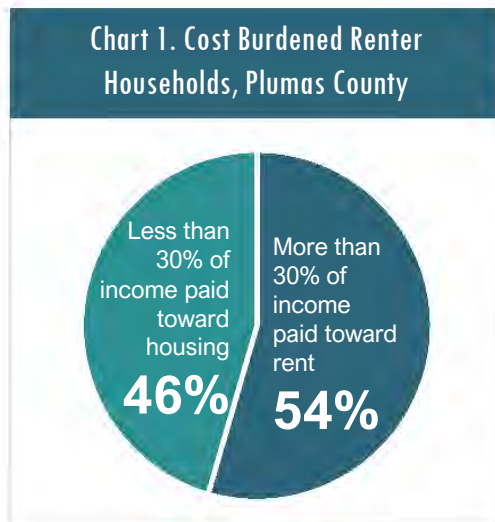
⁵ U.S. Census Bureau, American Community Survey 2017

⁶ Kidsdata.org, Children in Foster Care 2018



fewer than 20 single-occupancy transitional housing units with features and services specifically for disabled persons in the County.

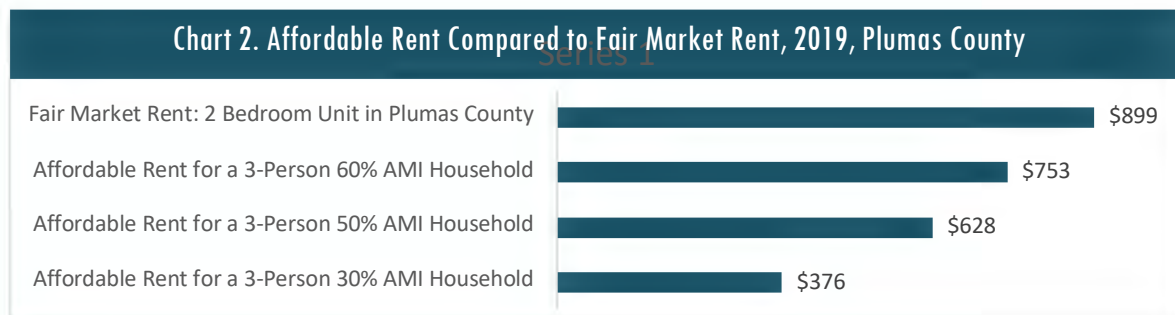
According to the U.S Census, 54% of Plumas County households pay more than 30% of their income toward rent. The housing affordability standard used by HUD for setting Section 8 rents is 30% of income paid toward rent. The housing affordability standard used by the mortgage industry is generally 35% of income paid toward housing costs. Households that pay more than 1/3 of their income toward rent are considered to be housing cost burdened, resulting in a lack of income for other necessities.



Source: Department of Housing and Urban Development

Fair Market Rent is set by HUD for each county or Metropolitan Statistical Area to determine typical market rent. The Fair Market Rent for a two-bedroom unit in Plumas County was \$899 in 2019. Affordable rent is determined by taking 30% of monthly household income. Affordable rent for a three-person household earning 50% of Area Median Income is \$628, or \$271 less than Fair Market Rent. Chart 2 below shows Fair Market Rent in comparison to what is affordable to households at various percentages of Area Median Income. As another indicator of housing affordability, one can calculate the number of minimum wage hours per week that would be required to afford a two-bedroom Fair Market Rent unit. At the State of California minimum wage of \$13 per hour, an individual would need to work 53 hours per week, in comparison to the full time equivalent of 40 hours per week, to afford Fair Market Rent. A household would

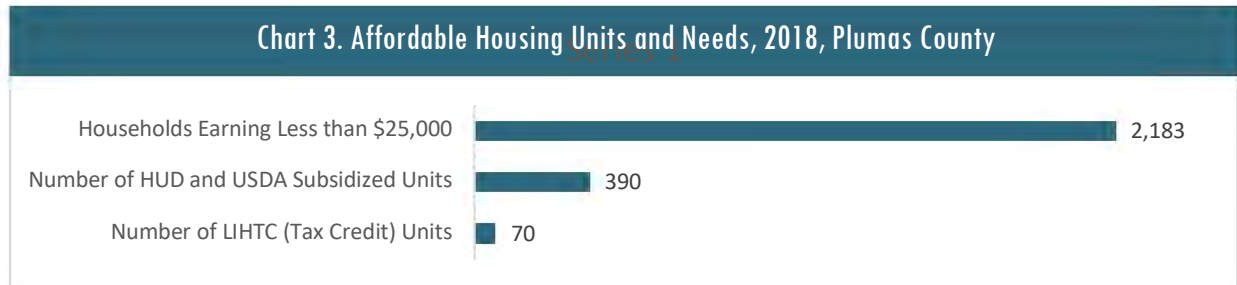
need to make \$35,960 a year to afford fair market rent.



Source: Department of Housing and Urban Development

Publicly subsidized, affordable rental units are typically affordable to Very Low-Income Households, or households earning less than 30% of Area Median Income. As shown in Chart 2, these households typically cannot afford market rents. Very Low-Income households generally earn less than about \$25,000 annually. Chart 3 compares the number of households earning less than \$25,000 to the number of publicly subsidized affordable rental units in the county. The HUD and USDA Subsidized Units category includes public housing, other federally subsidized units, and Section 8 Housing Choice Vouchers. The LIHTC (Tax Credit) Units

category includes 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 3 shows, the number of publicly subsidized, affordable units in the county falls far short of the need.



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

A.2 Geographic, Health, and Socio-Economic Conditions that Affect Homelessness in Sierra County

Sierra County is the second least populated county in the State of California. In the summer months, Sierra Valley supports more cattle than the total number of Sierra County residents. Considered a “Frontier County”, because of remoteness and population density, Sierra County has no stoplights, fast food restaurants, movie theaters, traditional public transportation systems, hospitals, or shopping centers. Most communities are geographically isolated from services and other communities. The county is bisected by the Sierra Nevada Mountain range, one pass (Yuba Pass, elevation 6,701 ft.) provides access between the east and west side communities. Harsh weather and mountain driving conditions make travel during the winter months treacherous and dangerous. Sierra County shares a border with the State of Nevada. Neighboring counties are Plumas, Lassen, Nevada and Yuba. Sierra County’s population of 2,987 people (US Census Bureau 2018 estimate) is spread over 962 square miles (of which approximately 70% is National Forest). The only incorporated city is Loyalton, with 769 persons residing within the city proper. Another 858 residents live within Loyalton’s zip code, associating approximately 50% of Sierra County’s population with the City of Loyalton. While the county seat is located in Downieville, population 282 people, Sierra County Board of Supervisors’ meetings alternate between the locations of Downieville and Loyalton.



Racially, the County’s population is comprised of 93.2%% Caucasian or White. Those who identify as Hispanic or Latino make up 12.1% of the population. Those who identify as two or more races are 2.8% of the population, 2.5% of the county’s population is Native American & Alaska Native only, and the balance are from other racial/ethnic groups.

Like most remote and rural counties in California, Sierra County consistently ranks in the bottom tier for a variety of health and socio-economic indicators. Among some of the notable statistics:

- With 400 food insecure individuals in the county, Sierra’s food insecurity rate is 16.1%, higher than the California state average of 11.7%⁷
- Sierra County ranks 58 out of all 58 counties in California for a suicide rate of 25.1 people per 100,000, which is more than double the state average rate of 10.4 per 100,000.⁸
- Sierra County ranks 58 out of all 58 counties for firearm related deaths, with a rate of 15.8 people per 100,000, compared with the state average rate of 7.9 deaths per 100,000.⁹
- Sierra County ranks 46 out of 58 counties for first trimester prenatal care rates, with a rate of 68.6% compared to the California rate of 83.5%.¹⁰

An overview of countywide household income and rent data provides a foundation for understanding housing affordability. The principal data source for this information is the U.S. Census 2013-2017 American Community Survey, and 2018 U.S Census estimates. Market and affordable rent information is sourced from HUD.

The median household income in Sierra County is \$44,190. In terms of household income, 28.1% of all Sierra County households (or an estimated 339 households) earn less than \$25,000 annually. These households are generally classified as “Very Low Income” by HUD and typically face challenges affording market housing costs. According to HUD, a Very Low Income Household earns 50% of Area Median Income, which was \$22,095 for a three-person household in 2018. The Federal Poverty Threshold is a measure of incomes lower than HUD’s Very Low Income definition, and is \$20,780 for a three-person household in 2018.

At least 16.9% of all households in the county have income below the Federal Poverty Threshold. 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 13.8% of the Sierra County population (or 393 individuals), have a

⁷ Feeding America, Mind The Meal Gap 2018

⁸ U.S. Census Bureau, American Community Survey 2017

⁹ U.S. Census Bureau, American Community Survey 2017

¹⁰ U.S. Census Bureau, American Community Survey 2017

disability. By comparison, there are no beds in housing with features and services specifically for disabled persons in the County.

**Chart 4. Cost Burdened Renter Households,
Sierra County**



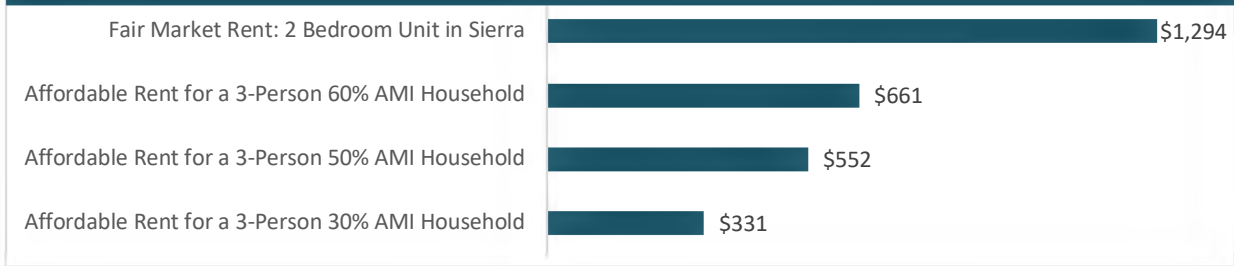
Source: U.S Census

According to the U.S Census, 59% of Sierra County households pay more than 30% of their income toward rent, as shown in Chart 4. The housing affordability standard used by HUD for setting Section 8 rents is 30% of income paid toward rent. The housing affordability standard used by the mortgage industry is generally 35% of income paid toward housing costs. Households who pay more than approximately 1/3 of their income towards housing costs are considered to be housing cost burdened, resulting in a lack of income for other necessities.

Fair Market Rent is set by HUD for each county or Metropolitan Statistical Area to determine typical market rent. The Fair Market Rent for a two-bedroom unit in Sierra County was \$1,294 in 2019. This rate has been especially driven up by those who live in the County but commute to Reno for work. Affordable rent is

determined by taking 30% of monthly household income. Affordable rent for a three-person household earning 50% of Area Median Income is \$552, or \$742 less than Fair Market Rent. Chart 5 below shows Fair Market Rent in comparison to what is affordable to households at various percentages of Area Median Income. As another indicator of housing affordability, one can calculate the number of minimum wage hours per week that would be required to afford a two-bedroom Fair Market Rent unit. At the State of California minimum wage of \$13 per hour, an individual would need to work 76 hours per week, in comparison to the full time equivalent of 40 hours per week, to afford Fair Market Rent. A household would need to make \$51,760 a year to afford Fair Market Rent.

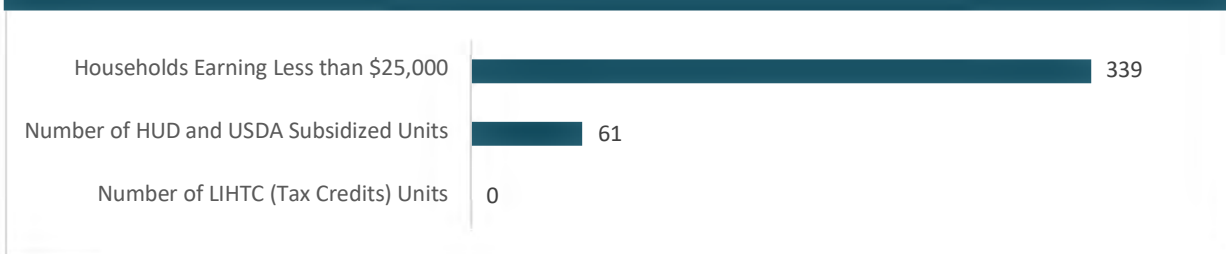
Chart 5. Affordable Rent Compared to Fair Market Rent, 2019, Sierra County



Source: Department of Housing and Urban Development

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 2, these households typically cannot afford market rents. Very Low-Income households generally earn less than about \$25,000 annually. Chart 3 compares the number of households earning less than \$25,000 to the number of publicly subsidized affordable rental units in the county. The HUD and USDA Subsidized Units category includes public housing, other federally subsidized units, and Section 8 Housing Choice Vouchers. The LIHTC (Tax Credit) Units category includes 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 6 shows, the number of publicly subsidized, affordable units in the county falls far short of the need.

Chart 6. Affordable Housing Units and Needs, 2018, Sierra County



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

B. SUMMARY OF PLANNING

B.1 Initial Homelessness Planning Efforts

Plumas-Sierra Counties Continuum of Care: The Plumas-Sierra Counties Continuum of Care is made up of staff and elected officials from both Plumas and Sierra Counties, including Behavioral Health, Public Health, Social Services, Probation, Planning and District Attorney, the NorCal Continuum of Care Coordinator, the Plumas CDC (regional Housing Authority), nonprofit homeless and other community service providers, Feather River Community College, the County Office of Education, concerned community members, and citizens who are members of the respective Behavioral Health Advisory Boards and Behavioral Health Commission. The Continuum of Care meets on a monthly basis, typically in Quincy. The Coalition functions as an Advisory Board to the NorCal Continuum of Care for issues relating to homelessness in Plumas and Sierra Counties. The Plumas-Sierra Counties Continuum of Care first met in August 2017, and then began meeting on a monthly basis beginning in the summer of 2018. The Plumas-Sierra Counties Continuum of Care has a representative who sits on the NorCal CoC Executive Board.

NorCal Continuum of Care: Plumas and Sierra Counties are members 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 Lead Agency who works for the Shasta County Community Action Agency (SCCAA). The NorCal CoC plays an important role as a key partner in addressing homelessness in Plumas and Sierra Counties. 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), Homeless Housing Assistance and Prevention Grants (HHAP), 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).

B.2 Plumas and Sierra Counties 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, both Plumas and Sierra County each identified a set of goals, strategies and outcomes in support of these CoC Foundational Priorities and Goals, through the adoption of their own Strategic Plans. The integration of these goals, strategies and outcomes with the solutions identified through this Plan's process are noted in the Proposed Solutions charts which begin on page 35.

B.4 No Place Like Home Planning

Building on the momentum gained through the regular meetings of the Plumas-Sierra Counties Continuum of Care, and identification of a set of strategies to be implemented in coordination with the NorCal CoC as described above, the two counties identified the need to develop a two-county Plan to Address Homelessness. Engaging in this effort was further supported by the availability of MHSA Technical Assistance funds, and both non-competitive and competitive funding to support the development of Permanent Supportive Housing through the No Place Like Home (NPLH) program, which requires the submittal of an NPLH-compliant Plan to End Homelessness.

Community Outreach and Stakeholder Engagement

Community outreach for the development of this Plan was coordinated with the Plumas and Sierra County Behavioral Health Departments, and the Plumas-Sierra Counties Continuum of Care.

Three meetings of the Plumas-Sierra Counties Continuum of Care were dedicated to developing the Plan over the past six months—an introduction and overview of the planning process and needs/gaps brainstorming on August 29, 2019, a goal setting workshop on October 24, 2019, and a draft Plan Overview for public comment on December 12, 2019.

In addition to the Continuum of Care meetings, the Plan authors conducted focus groups, interviews, and written questionnaires as follows:

- MHSA Consumer and Caregiver Focus Groups:
 - Sierra County: Loyalton, August 15, 2019 and Downieville, August 22, 2019
 - Plumas County: Portola, September 24, 2019 and Quincy, October 3, 2019
- Interviews and/or written questionnaires with: Plumas County Community Development Corporation (Housing Authority for both Plumas and Sierra Counties), Plumas County Rural Services, Plumas County Public Health, EA Family Services (Transitional Housing Provider), and Feather River College.

Below is a summary list of those who participated in these community discussions, with participants from both Plumas and Sierra counties:

- County Behavioral Health, including Wellness Center staff and clients
- County Public Health
- County Social Services
- County Planning
- County Probation
- County Board of Supervisors
- Transitional Housing Provider: EA Family Services
- Service Providers: Plumas Rural Services, Plumas Crisis Intervention and Resource Center
- NorCal Continuum of Care

- Plumas County Community Development Commission (administering regional Housing Authority for Plumas, Sierra, Lassen and Tehama counties)
- Feather River College and County Office of Education
- Individuals currently experiencing homelessness and those who were formerly homeless, including those with serious mental illness
- Family members of those currently or previously experiencing homelessness, including those with serious mental illness

Through these meetings, focus groups, interviews and surveys, participants provided history and background, described existing programs and resources, identified challenges and needs, and made recommendations for solutions to address current gaps and challenges.

C. HOMELESSNESS IN PLUMAS AND SIERRA COUNTIES

C.1 CoC Point in Time Survey

The primary quantitative data source on homelessness is the most recent CoC Point-in-Time (PIT) survey. This is a one-week event organized by the CoC and local communities in which volunteers reach out to homeless individuals on the street, and in parks, camping areas, libraries, and shelters to capture the status of homelessness on one specific night. 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 includes 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 is necessarily answered by those who are 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.

HUD mandates that PIT counts occur in each community the last week of January. Winter conditions in Plumas and Sierra Counties are very harsh, making a PIT count of unsheltered individuals very challenging. While Plumas County does not have any type of congregate emergency shelter or soup kitchens, they are able to provide motel vouchers, and there is a 9-bed transitional housing program in Quincy and there are multiple transitional housing units in Quincy and other communities which are contracted for through PCBH for their FSP clients. Sierra County has no emergency shelters or soup kitchens whatsoever. There are also no motels to provide shelter vouchers for the winter. This means that individuals experiencing homelessness must either find a way to survive the brutal winters outdoors, or find some form of temporary shelter and housing with community members. Survival is a day-to-day ordeal if you are not securely housed in the winter. Historically, due to these unique conditions, Sierra County has been largely unable to provide a PIT count. However, beginning in 2019, the County was able to enlist the help of a community member who had experienced homelessness, who knew where people could be found, and was trusted by those experiencing homelessness in order to complete the survey.

Plumas County: The most recent PIT completed by the County happened on January 27, 2020. The data from the 2020 PIT count is preliminary, and has not been verified by HUD.

However, these preliminary figures for 2020 are included here to provide a reference point, as compared to 2018 and 2019 data, which is more thoroughly described below.

The 2020 Point-in-Time Survey counted a total of 115 homeless individuals on the night of the count. Of these, 38 individuals were sheltered and 77 were unsheltered. All of the sheltered individuals were in Quincy, and more than half of the unsheltered individuals were also in Quincy.

The 2019 Point-in-Time Survey counted a total of 53 individuals experiencing homelessness in Plumas County. Of these individuals:

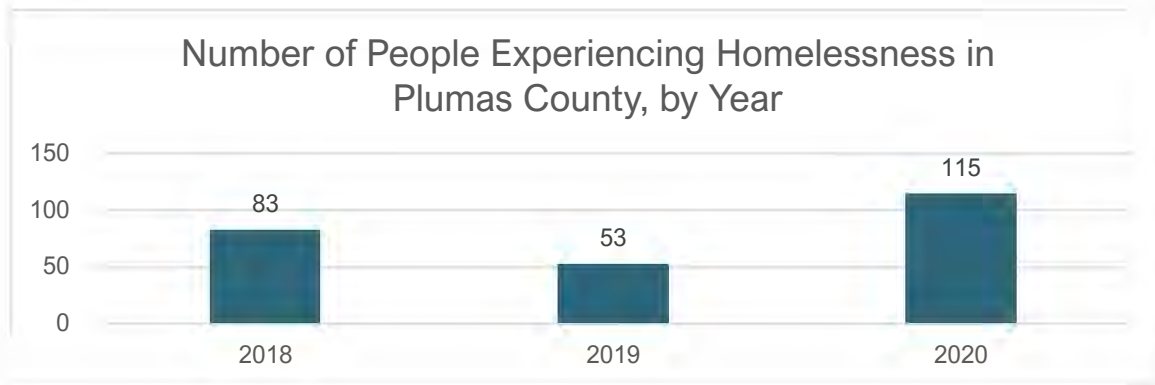
- 35 were sheltered, 18 unsheltered
- 29 were male, 24 were female
- 1 person reported being pregnant
- Most individuals (42%) were ages 25-34; there were 10 children under the age of 17
- 13 individuals reported they have lived in the county all or the majority of their lives
- 2 individuals were veterans
- 61% of individuals self-reported a mental health condition
- 16% of respondents had been in foster care

Chart 7. Homelessness and Chronic Homelessness by Household Type, 2019

	Total # Reported in 2019 PIT	Single Adult	Families	Unaccompanied Youth
Homeless	46	39 persons	3 households 12 persons	2 persons
Chronically Homeless	11	11 persons	0 households 0 persons	0 persons

Chart 8. Total Number of Homeless Individuals with Some Form of Serious Mental Illness and Co-Occurring Disabilities, 2019

	Serious Mental Illness	Co-Occurring Disabilities or Disorders	Children with a Serious Emotional Disturbance
Number of Homeless Individuals With:	23 of the 53 individuals reported have a mental illness during the 2019 PIT.	9 of the 53 individuals reported co-occurring disabilities or disorders	Data on children with such disorders who are homeless is not available.



The 2018 count in Plumas County showed 83 people, which is a number service providers feel was quite accurate, as there were many people living in sober living environments, and were therefore sheltered. The drop to 53 people in 2019 was reflective of the influx of ESG and other funding which directed more people into permanent housing. Despite this funding, in 2020, the number has increased to 115, most of which has been attributed to an increase of single men who are chronically homeless, and transitioning offenders from jail, probation and parole. It has also been noted that in 2020, families experiencing homelessness have also increased, and there is a lack of appropriate housing for them.

Sierra County: The 2020 Point-in-Time Survey counted a total of 9 individuals experiencing homelessness in Sierra County. All 9 individuals were unsheltered, as Sierra County does not have any emergency shelter options.

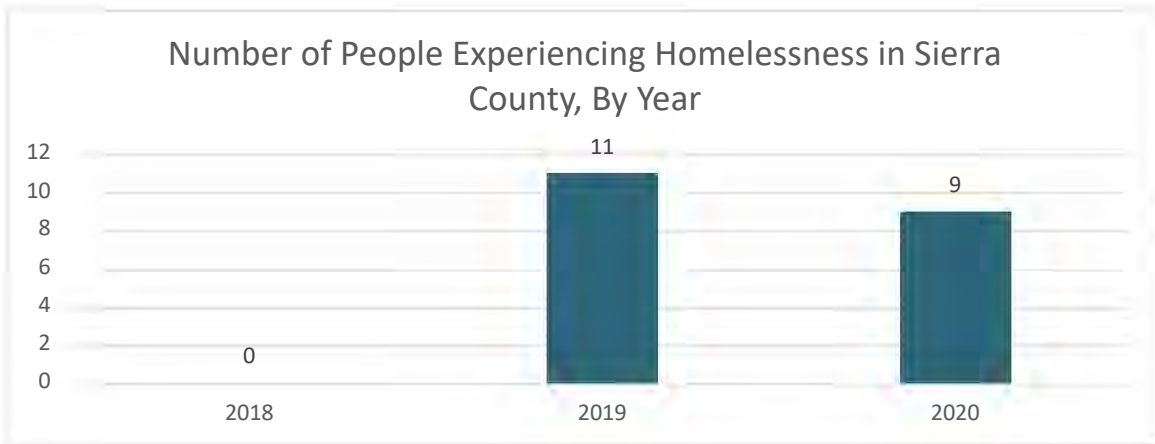
The 2019 Point-in-Time Survey counted a total of 11 individuals experiencing homelessness in Sierra County. Of these individuals:

- All were unsheltered
- All were white, non-Hispanic or Latino
- 7 were male, 4 female
- 2 people had lived their entire life in the County, 5 people from from 5-10 years
- There was one child, ages 5-12 and one person reported being a veteran
- Based on the number of times homeless in the past 3 years and number of months homeless, 8 of the 11 were chronically homeless, a rate of nearly 73%.

	Total # Reported in 2019 PIT	Single Adult	Families	Unaccompanied Youth
Homeless	11	9 persons	1 households 2 persons	0 persons
Chronically Homeless	8	8 persons	0 households 0 persons	0 persons

Chart 10. Total Number of Homeless Individuals with Some Form of Serious Mental Illness and Co-Occurring Disabilities, 2019

Number of Homeless Individuals With:	Serious Mental Illness	Co-Occurring Disabilities or Disorders	Children with a Serious Emotional Disturbance
	This number is difficult to estimate. Only 2 of the PIT respondents self-reported having a mental illness	This number is difficult to estimate. Only 1 of the PIT respondents self-reported both a mental illness and substance use disorder.	Data on children with such disorders who are homeless is not available.



As noted earlier, Sierra County, prior to 2019, had not been able to carry out a Point-in-Time survey, so the chart above for 2018 shows a baseline of zero. This should not be construed to mean that in 2018 and the years prior, there were not individuals experiencing homelessness in Sierra County. The drop from 11 persons in 2019 to 9 persons in 2020 has been noted to be a result of County staff’s efforts to find people housing.

C.2 Department of Education Data

Plumas County: According to the Plumas County Office of Education, there were between 120-150 homeless children throughout the County in 2018, utilizing the McKinney-Vento definition of homelessness, which includes those who are doubled up or couch-surfing with friends or family. The data from 2019, which showed 50-70 homeless students, is not deemed to be reliable or accurate due to a change in staffing and the method used to collect the data.

Sierra County: According to the Sierra County Office of Education, there were a total of 12 homeless children throughout the County in 2019, utilizing the McKinney-Vento definition of homelessness, which includes those who are doubled up or couch-surfing with friends or family.

D. HOMELESSNESS IN SIERRA COUNTY Plumas and Sierra Counties

Both the PIT and Office of Education data each contribute important information in understanding the varying conditions of homelessness in Plumas and Sierra Counties. While the CoC's PIT count uses HUD's more restricted definition of homelessness, statistics from the schools use broader definitions. 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;
- 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.

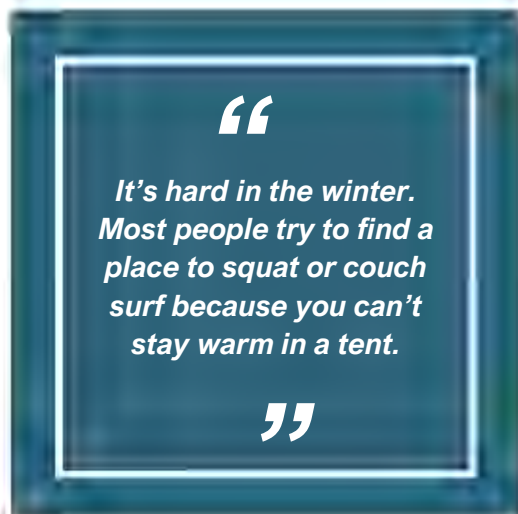
D. PERSPECTIVE OF THOSE WITH LIVED EXPERIENCE

MHSA Consumer Focus Groups: Plumas and Sierra Counties conduct focus groups throughout the county on an annual basis with consumers, family caregivers, and service providers involved in Behavioral Health programs funded through the Mental Health Services Act (MHSA).

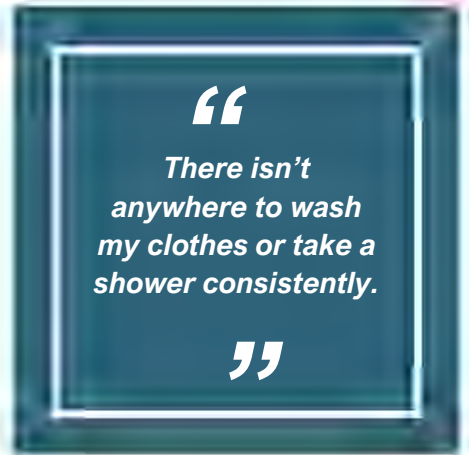
In order to successfully implement programs for people experiencing homelessness or mental illness, it is important that people with lived experience have meaningful involvement in planning, implementation and evaluation of programs designed to serve them. Directly consulting with people with lived experience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

of people with lived experience or their caretakers were conducted in September and October of 2019. Approximately 20 people were engaged through this process. The goal of the focus groups 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 un-housed in their region.

The quote bubbles contain the personal sharing of those who have experienced homelessness and/or mental illness in Plumas or Sierra County. They provide an insight into the complexity of the causes and challenges that those experiencing homelessness face as they attempt to stabilize their lives.



- In Sierra County, access to laundry services and showers are not reliable.
- Low income housing options, like trailer parks or studio apartments, have been closed down or there isn't enough to meet the need. People would like their own space, even if it's small.



Some of the trends noted in interviews:

- Many cite the lack of affordable housing and jobs as a contributing factor to their homelessness.
- There are significant challenges in finding housing. Most landlords only rent out by word of mouth. Much of affordable housing stock is being used as vacation homes.
- Community is important. Many expressed that they would prefer to be homeless than leave their community. While there is not a formal shelter, community members sometimes take people in when the weather is harsh.

- The typical transportation challenges for rural areas are exacerbated by lack of public transit in Sierra and very limited routes in Plumas.
- 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 become more 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.
- Families lose income from SSI or IHSS when their family members go to jail or must be hospitalized, putting them at risk of homelessness.

E. SERVICE AND OUTREACH CHALLENGES

Many of the challenges in serving and conducting outreach with those who are homeless, including those who are homeless or chronically homeless with a mental illness, stem from both counties' limited staff and financial resources as “small” counties (in terms of population), compounded by the fact that the counties are “large” in terms of geography and the distribution of population centers. Very small, rural ‘Frontier’ counties often lack the infrastructure and capacity that is needed to be able to offer every client living with SMI, SUD, or both, every acuity level of service in-county. That is why the County Behavioral Health Department must place some clients, based on need, in out-of-county treatment facilities, when appropriate. Due to the rural nature of both counties, geographic isolation is a constant challenge and/or barrier in receiving services. Transportation options are very limited. Right now, for someone who is experiencing homelessness, their access to services largely depends upon them walking into a location where services are offered to the entire community, such as one of the Plumas County Behavioral Health Wellness Centers (located in Greenville, Chester and Portola), Plumas Crisis Intervention and Resource Center (located in Quincy, Portola, and Loyalton), Plumas Rural Services (located in Quincy), or County Behavioral Health Services (located in Quincy). The establishment of the Plumas County Behavioral Health Wellness Centers was a huge step in the efforts to address the needs of community members who would otherwise not be able to access services. However, for homeless individuals who are dealing with a mental illness, who are not close enough to a population center to walk to such services, or who may have a distrust of government services, they may not be engaged at all or are only engaged at the time of crisis.

Stigma and discrimination associated with mental health are still barriers to overcome. Couple this with the small population in both counties and a perceived or real lack of anonymity (due to the close social and family connections which exist in these communities), 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 either Plumas or Sierra County. Thus, costly out-of-county services must be sought that remove people from their community.

F. PARTNERSHIPS AND RESOURCES DEVOTED TO ADDRESSING AND ENDING HOMELESSNESS

The Plumas-Sierra Counties Continuum of Care 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 both Plumas and Sierra counties. As an Advisory Body to, and supported by the NorCal CoC, the Continuum of Care 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 Counties) which are devoted to addressing and ending homelessness in both counties. 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.

F.1 Safety Net Support

Plumas County Community Development Commission and Housing Authority: Serves both Sierra and Plumas Counties. The agency's programs include: Section 8 Housing Choice Voucher rental assistance, public housing, weatherization, utility payments, water and sewer assistance, economic development, and community and historic site restoration.

Plumas Crisis Intervention & Resource Center (PCIRC): PCIRC operates two family resource center/homeless day shelter sites located in Quincy & Portola. Sierra County programs are located in Loyalton, called Sierra SAFE, and only provides rape crisis/domestic violence services/supports. PCIRC in Quincy is the point of Coordinate Entry for all homeless in Plumas County and offers an array of emergency and permanent housing options along with intensive case management, access of food supplies-hygiene supplies-diapers/wipes-clothing-and other household items. PCIRC provides homeless prevention services to assure households are stable. The agency operates Ohana House Emergency & Transitional Shelter and three Sober Living Homes.

Behavioral Health Plumas County Wellness Centers: With locations in Greenville, Chester, and Portola, each center offers services that can lead to greater self-sufficiency and stability. These service programs can include emergency lodging and food assistance, utilities assistance, Medi-Cal, CalFresh, and HEAP applications support and more, depending upon the local needs and available resources.

Plumas Rural Services: Provides the Women, Infants and Children (WIC) nutrition program and childcare subsidies for disadvantaged households in addition to domestic violence and emergency sheltering program available to residents in both Plumas and Sierra Counties.

California Tribal Temporary Assistance for Needy Families (TANF) Partnership: Provides assistance in the form of monthly financial grants to all eligible families referred from the State TANF Program and all eligible families who apply for assistance that reside within the designated service delivery areas.

Regional Food Pantries and Commodities:

- Quincy Food Bank (Community Assistance Network) Located at St. John’s Catholic Church, Monday through Friday. Perishables the 3rd Friday of every month and Commodities on the 3rd Tuesday of every month.
- PCIRC Quincy Resource Center: Limited satellite Food Bank available Monday through Friday.
- Quincy Community Supper: Every Wednesday at the United Methodist Church
- Portola Food Bank (Eastern Plumas Community Assistance Network) Every Monday, Tuesday, Wednesday at 120 Nevada Street, Portola
- PCIRC Portola Family Resource Center: Limited satellite Food Bank available Monday through Friday.
- Salvation Army, Portola: Monday through Friday emergency food and vouchers
- Indian Valley Wellness and Family Resource Center Open first four Fridays
- Chester Wellness Center: Limited satellite Food Bank available Monday through Friday.
- High Sierras Family Services: distribution at Catholic Church in Loyalton on 1st and 3rd Fridays
- Western Sierra Food Bank: Food available for Sierra County residents by request
- North State Food Bank: Distribution tailgate events held quarterly with monthly emergency food assistance program distribution in Greenville, Quincy, Portola, Chester, Arbuckle, Grimes, Loyalton, Downieville, Sierra City, Sattley, Calpine, and Allegahany.

F.2 Crisis Intervention

Plumas-Sierra Crisis Line and Emergency Services: Plumas Crisis Intervention & Resource Center (PCIRC) utilizes community volunteers and staff to maintain the Crisis Line who are available 24/7. Crisis Line services are provided to residents seeking program support, peer counseling, resource and referral information and guidance to help solve their individual or family emergencies. Residents may call the Plumas-Sierra Crisis Line at: 530-283-4333 or 1-877-332-2754.

Sierra Crisis Stabilization Unit (CSU): Sierra County Behavioral Health has contracted with Nevada County Behavioral Health so that Sierra County community members have access to a Crisis Stabilization Unit provided by the Sierra Mental Wellness Group. The four (4) bed CSU is located in Grass Valley, California, adjacent to the entrance of the Emergency Department of

Sierra Nevada Memorial Hospital (SNMH). The CSU is part of a crisis continuum of care for residents of Sierra County. Individuals receive psychotherapy, medication services, and psychiatry for up to 23 hours per client event.

Domestic Violence Services, Plumas Rural Services: Plumas Rural Services' Domestic Violence services include safe, confidential assistance for anyone who is a victim of domestic violence. A confidential 'Safe House' is available for short-term housing. PRS also provides assistance with restraining orders and referrals to appropriate support services.

Sierra SAFE, Plumas Crisis Intervention & Resource Center: Services for victims of sexual assault and domestic violence in Plumas and Sierra Counties. The crisis line offers a 24-hour, seven day a week response to callers in Sierra and Plumas Counties and is operated by PCIRC through the use of trained volunteers. Other services include counseling, advocacy, accompaniment, and access to the domestic violence shelter, as well as restraining orders. Sierra SAFE also serves as the Rape Crisis Center for Sierra County. Staff members and volunteers are on call to support victims of rape (through a forensic exam or counseling), accompany clients to appointments or court, advocate for the survivor, and provide peer counseling. Presentations to schools, businesses, organizations and other agencies are made on topics such as rape prevention, sexual harassment, and self-defense. A lending library of books and videos is available on a wide variety of subjects.

F.3 Emergency Shelter and Transitional Housing

Ohana House, Plumas Crisis Intervention & Resource Center: Ohana House is a 12-bed emergency and transitional housing program for young adults age 18 and over, and is open to Plumas and Sierra County residents. Ohana House, located in Quincy, provides an on-site 24/7 house manager and mentor and utilizes a comprehensive case management plan with wraparound services to assist youth in achieving their educational goals to graduate high school, navigate college and career plans, and achieve permanent and independent housing. Each participant receives assistance in accessing needed health, mental health and wellness services and assistance with program eligibility and needed paperwork to access social service and financial benefit programs. All program participants are required to take part in weekly life skills classes, budgeting workshops and community service activities to further increase their knowledge and abilities for successful transition. Ohana House residents have the opportunity to participate in a plethora of experiential learning opportunities to help support their journey.

Plumas Commons, Environmental Alternatives Family Services: Plumas Commons consists of two transitional housing sites in Quincy which provide housing for up to 12 Full-Service Partner clients in a Housing First model. All clients are living with a severe mental illness and all are enrolled in the MHSA Full-Service Partnership Program. Clients are provided with intensive case management and access clinical therapy from either Behavioral Health or EA Family Services. Intensive Case management and therapeutic services are offered to all EA clients during and after their transition to independent, permanent housing. Plumas County Behavioral Health contracts with Plumas Rural Services to offer a lower intensity transitional housing program to Full-Service Partner clients who are homeless or at risk of chronic

homelessness. PCBH provides case management and therapeutic services while they stabilize in this TH program for up to two years prior to transitioning to permanent housing and receiving continued mental health, recovery, and case management services while living independently. There are no specific time limits on tenancy, this is dictated by the clients' readiness and ability to access permanent housing in the community.

Pathways Home, Plumas Crisis Intervention & Resource Center: Uses a Housing First model for transitioning offenders.

Plumas House, Plumas Crisis Intervention & Resource Center: Transitional sober living environment for men.

Motel Vouchers: Motel vouchers for homeless individuals and families are currently provided by the Plumas Crisis Intervention and Resource Center (PCIRC) and Plumas County Health and Human Services Agency. Plumas County Behavioral Health provides emergency lodging services in motel sheltering throughout the county to homeless clients through its MHSA Community Services and Supports Outreach and Engagement program. New and ongoing clients who are homeless may be housed up to 30 days during the period of treatment plan development and housing stabilization planning. Many clients who seek emergency lodging are recently discharged from psychiatric hospitals and the county jail.

F4. Rental Assistance

Plumas County Community Development Commission and Housing Authority: This is a four-county regional housing authority which provides the Housing Choice Voucher (Section 8) program for Plumas, Sierra, Lassen and Tehama counties. Vouchers are not allocated by county, there is one open waiting list for all 4 counties, with a total allocation of 632 Housing Choice Vouchers, as well as 5 Veteran's Affairs Supportive Housing (VASH) and 25 Family Unification Program (FUP) vouchers. As of this writing of this Plan, there were 175 active vouchers in Plumas County and 12 active vouchers in Sierra County. The waiting list is continually open, with applications ranked by which preferences they meet and date of application. The Plumas CDC has not historically provided Project-Based Section 8 rental assistance, but is interested in working with developers to provide such assistance.

Plumas County Behavioral Health: Plumas County Behavioral Health supports individuals living with SMI and families of children receiving services for SED with move-in deposit and utilities assistance or rental assistance through Full-Service Partnership (FSP) enrollment and, in a limited manner, rental and utility assistance to non-FSP clients.

Plumas County Public Health, Housing Opportunities for Persons with AIDS (HOPWA) and Ryan White Part B Funds: These funds are administered by Plumas County for a 5-county region (Plumas, Sierra, Siskiyou, Modoc and Lassen). Funds are used for rental assistance, mortgages or utilities for a limited time. In Fiscal Year 2018-19, 5 Plumas County residents were

assisted through HOPWA and 4 Plumas County residents were assisted with Part B funds. No Sierra County residents were served.

F.5 Mental Health Counseling and Support

Plumas County Behavioral Health Department: Adult and Children Outpatient Centers provide assessment, diagnosis, and treatment to individuals requiring mental health or dual diagnosis treatment. The outpatient treatment team consists of trained professionals including psychiatrists, licensed therapists, psychiatric technicians, case management specialists, peer advocates, substance use counselors, and support staff. Focus areas include mental health and substance abuse assessment, psychiatric assessment and evaluation for medication, medication monitoring, limited individual counseling, group counseling, telepsychiatry, bilingual counseling services, interpreter services, benefits services, MHSA Outreach and Engagement, Client Support, and FSP programs and community services referral.

Plumas County Behavioral Health Drop-In Center: The Drop-In Center in Quincy is a place for clients to meet in a warm and supportive environment. The purpose is to provide a place for self-improvement, peer-support, education, socialization, engaging and sober activities. The center has ongoing, no cost activities including: weekly groups, finding support from others with similar life issues, opportunities for becoming a working member and socialization and recreation. In addition, the Drop-In Center offers nutrition and cooking classes and support in learning daily living skills such as household management and budgeting.

Plumas County Behavioral Health Wellness Centers: Plumas County Wellness Centers are located in Greenville, Chester and Portola. While each site may offer a unique menu of services, in general, all of the Wellness Centers provide a wide array of services such as emergency lodging and food assistance, utility assistance, Medi-Cal, CalFresh, and HEAP applications support, assistance with Section 8 applications, laundry and shower facilities, access to public computers, clinical assessments and case management, as well as monthly wellness classes and groups.

Sierra County Behavioral Health Department: The Behavioral Health Department offers a broad range of mental health, alcohol, and other drug (AOD) services to all residents of Sierra County. Their goal is to offer services in a supportive environment that focuses on recovery. Regardless of ability to pay, the Behavioral Health Department provides emergency crisis assessments and other services. Services include: priority perinatal drug and alcohol treatment, alcohol and other drug assessments, case management services and referrals, individual and group alcohol and other drug counseling, medication management and services, mental health assessments, mental health individual and family counseling, nursing support, peer support services, psychiatric consultation, residential rehabilitation and/or detoxification services and veteran's peer support.

Sierra County Behavioral Health Wellness Centers: Sierra County Wellness Centers, located in Loyaltton and Downieville, are wellness-focused and provide integrated services that are

supportive, alternative and unique to support community members on their recovery path. The Wellness Center strives to be culturally competent, member-driven, and wellness-focused. Peer Support Specialist staff is made up of peers with lived, personal experience. Peer Support Specialists are available to provide support, education, advocacy and hope to individuals during their unique wellness and recovery path. The Veterans' Peer Support Specialist is also housed at this site. Peer support staff provide services via the phone, home visits, and on-site. In general, the Wellness Center provides opportunities to find ways to increase the persons' served ability to live life at its fullest. Services focus on: Wellness & Recovery Action Plans (WRAP®), supportive conversation, independent living skills, veterans peer support, connection with Workforce Alliance, art and meaningful activities, social activities, living with challenges of mental illness, and collaboration with other entities to provide identified individualized services not offered through the Wellness Center.

F.6 Wrap Around Services

Plumas Crisis Intervention & Resource Center: PCIRC operates two family resource center/homeless day shelter sites located in Quincy & Portola. Sierra County programs are located in Loyalton, called Sierra SAFE, and only provides rape crisis/domestic violence services/supports. PCIRC in Quincy is the point of Coordinate Entry for all homeless in Plumas County and offers an array of emergency and permanent housing options along with intensive case management, access of food supplies-hygiene supplies-diapers/wipes-clothing-and other household items. PCIRC provides homeless prevention services to assure households are stable. The agency operates Ohana House Emergency & Transitional Shelter and three Sober Living Homes.

Plumas and Sierra County Behavioral Health Departments: 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) for adults or live with a severe emotional disturbance (SED) for children, and when appropriate the community member's family, by expanding mental health services and supports and providing the full MHSA 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 Sierra 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.

Plumas County Veterans Service: The Plumas County Veterans Service Office assists veterans and dependents of living and deceased veterans in filing claims for benefits with the Veterans Administration and the California Department of Veterans Affairs. These benefits include: pensions for veterans or widows of veterans; compensation for service connected disabilities; Medical care at V.A. facilities; rehabilitation programs; respite services; counseling; referrals; educational benefits for veterans and qualified dependents; burial benefits and death

pensions for veterans' widow(er)s and children. Veteran's Service Office offers many miscellaneous services such as assisting veterans in upgrading of military discharges, obtaining necessary documents to process claims, obtain copies of lost reports of separation, referral to other agencies and assist in any other possible way. Cal-Vet Loan packages are also available in this office.

F.7 Substance Use Treatment

Plumas County Behavioral Health Department: Adult and Children Outpatient Centers provide assessment, diagnosis, and treatment to individuals requiring mental health or dual diagnosis treatment. The outpatient treatment team consists of trained professionals including psychiatrists, licensed therapists, psychiatric technicians, SUD counselors, and support staff. Focus areas include mental health and substance abuse assessment, psychiatric assessment and evaluation for medication, medication monitoring, limited individual counseling, group counseling SUD intensive outpatient services, bilingual counseling services, interpreter services, benefits services, and community services referral.

Plumas County Public Health Department: Medication assisted treatment is the use of medications in combinations with counseling and behavioral therapies for the treatment of opioid dependence or substance use disorders.

Sierra County Behavioral Health Department: The Behavioral Health Department offers a broad range of mental health, alcohol, and other drug (AOD) services to all residents of Sierra County. Services include: priority perinatal drug and alcohol treatment, alcohol and other drug assessments, case management services and referrals, Individual and group alcohol and other drug counseling, medication management and services, residential rehabilitation and/or detoxification services.

Alcoholics Anonymous and Narcotics Anonymous: Alcoholics Anonymous and Narcotics Anonymous are international fellowships of people who struggle with managing their substance use. It is nonprofessional, self-supporting, multiracial, apolitical, and available almost everywhere. There are no age or education requirements. Membership is open to anyone. Led and hosted by Orchard Housing and the Methodist Church.

F.8 Health Care Services

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

Hospitals:

- ***Plumas District Hospital:*** Hospital located in the community of Quincy and clinics in Greenville and Quincy in Plumas County. Available services include: 24/7 Emergency Department and general surgery services, Care Flight ambulance services, laboratory, x-ray, CT scanning, mammography, physical therapy, respiratory therapy, ultra sound, endoscopy, and dietitian & nutritional consultation. Lamaze training, a rural health clinic located in the medical office building, acute in-patient care and swing bed skilled nursing care, ambulances, obstetrics.
- ***Seneca Healthcare District:*** Located in the community of Chester in Plumas County. Available services include: 24/7 Emergency services; acute care services (medical/surgical/swing); respiratory care services; laboratory services; radiology services (CT, Dexa, ultrasound, limited MRF); hospice; skilled nursing facility; dietary/nutritional counseling; 5 F.P.; Primary care; OMT; specialty care; general surgery; Telemedicine services; and physical therapy.
- ***Eastern Plumas Health Care:*** EPHC has a small, 9-bed acute care hospital located in Portola in Plumas County. Patients who will benefit from hospital care close to home and family are admitted here, while many patients who need a higher level of specialty care are evaluated, stabilized, and transported by ambulance or CareFlight to a larger hospital in Reno, NV or beyond. Available services include: 24 hour ambulance service, 24 hour, physician staffed stand by emergency room, 9-bed acute care hospital, Outpatient procedures, Comprehensive imaging department, Respiratory therapy, Pulmonary function testing, Smoking cessation program, 12 lead EKG and Arterial Blood Gas (ABG), Telemedicine program, Rehabilitation services, skilled nursing facilities.

Clinics:

- ***Eastern Plumas Health Care:*** EPHC has clinics in Portola, Loyalton, and Graeagle that provide primary care and referrals to specialists when necessary.
- ***Western Sierra Medical Clinic:*** Located in the community of Downieville in Sierra County, WSMC offers Monday-Thursday same-day health care to patients without a primary health provider — or patients whose primary health provider is not immediately available. Dental services are only offered on Thursdays.
- ***Seneca Healthcare District:*** Clinical services include the Rural Health Clinic, Lake Almanor Clinic, hosts four private physician offices, a walk-in clinic, a specialty clinic and Telehealth services.
- ***Plumas County Public Health Clinic:*** The Public Health Clinic provides a variety of services including immunizations (child and adult), blood pressure checks, family

planning, AIDS/HIV testing and counseling, Hepatitis C testing, pregnancy testing, WIC evaluations, and more.

- **Sierra County Public Health Clinic:** The public health clinic offers family planning and immunization services.
- **Greenville Rancheria Tribal Health Program:** Health services provided include: immunization, physical exams, sports physicals, dental services, vision & hearing screening, blood pressure screening, pregnancy testing, TB testing, family planning, health education, marriage and family counseling.
- **Plumas Health District Rural Health Center:** Clinical services include outpatient primary and specialty services in Quincy and at the Indian Valley Clinic located in Greenville.

G. COUNTY EFFORTS TO PREVENT CRIMINALIZATION OF HOMELESSNESS

G.1 Plumas County Efforts

The Behavioral Health Department is working closely with the Sheriff's Office, Probation Department, and the Alternative Sentencing Program in the community to collaborate in situations where a person in crisis needs mental health services and not necessarily to be engaged with the criminal justice system, including those experiencing homelessness. Wherever possible, the goal is to provide the necessary services and interventions to avoid arrest and incarceration. This will be an on-going area of development and growth in partnership across multiple county agencies and non-profit organizations. Additionally, their Drug Court provides opportunities to collaborate in situations where a person with drug related offences participate in a comprehensive treatment and supervision. Drug Court offers individuals facing criminal charges for drug use and possession an opportunity to enter a substance abuse recovery program in lieu of straight jail time.

G.2 Sierra County Efforts

The County currently offers a Drug Court Diversion program, which provides a restorative justice alternative to traditional sentencing. Efforts are made to ensure that individuals experiencing homelessness who are also dealing with substance use addiction are directed through this program.

Due to the extremely rural and geographically dispersed nature of the county, unhoused individuals are generally allowed to camp without being subject to citation.

H. PROPOSED SOLUTIONS TO HOMELESSNESS

Two meetings of the Plumas-Sierra Counties Continuum of Care were devoted to brainstorming the current Needs/Gaps and Challenges, as well as identifying Goals and Objectives to address those Needs/Gaps. These were grouped by Priority Areas of focus. The Priority Areas are described below, with sub-sections for:

- Identified needs and gaps;
- Community challenges;
- Resources to address the needs;
- Potential solutions; and
- A set of goals with targeted objectives to implement or achieve over the next one, three, five and ten years.

The objectives are intended to:

- Move those currently experiencing homelessness to being housed;
- Over time, to reduce the number of individuals and families becoming homeless for the first time; and to
- Shorten the length of time any person or household experiences homelessness.

These Priority Areas are not ranked by level of importance. Where a Priority Area, Goal or Objective aligns with and is supportive of each county's portion of the NorCal CoC Strategic Plan, it is so noted.

Priority Area 1:

Homeless Management Information System (HMIS) and Coordinated Entry

Needs and Gaps:

- More formally establish and embed the use of HMIS into agencies serving the homeless. The only current provider using HMIS is Plumas Crisis Intervention and Resource Center.

Resources:

- California Emergency Solutions and Housing Program (CESH)
- Homeless Emergency Assistance Program (HEAP)
- Use of free Technical Assistance from State HCD to improve the delivery of homeless services
- On-line resources from HUD: <https://www.hudexchange.info/programs/coc/toolkit/responsibilities-and-duties/#coordinated-entry>

Goal 1-A, Implementation and Use of HMIS

Goal 1-A: Plumas and Sierra Counties will implement the use of the NorCal Continuum of Care's HMIS System.

Objectives by Timeframe:

Years 1-2:

- Coordinate with the NorCal Continuum of Care to provide training on the use of the HMIS system to the counties and homeless service provider staff—Plumas BH has 10 licenses, PRS and EA will gain access. Sierra—2 licenses at Wellness Center and Family Resource Center.
- Identify other community partners to gain access and work toward implementation.

Goal 1-B, Coordinated Entry System (CES)

Goal 1-B: Plumas and Sierra Counties will develop an infrastructure and train service providers in the use of a Coordinated Entry System (CES).

Objectives by Timeframe:

Years 1-2:

- Continue to work with PCIRC and NorCal CoC to develop standardized procedures for implementation.

Alignment and Support of Strategic Plans:

NorCal Continuum of Care Strategic Plan: Implement data-tracking through HMIS and prioritization of housing services through Coordinated Entry Systems (CES).

Plumas County Strategic Plan: Implement and expand a CoC-wide Homeless Management Information System (HMIS) for data collection and system performance measures; Implement a Coordinated Entry Process (CEP) for prioritizing and accessing available housing and supportive services.

Sierra County Strategic Plan: Implement a CoC-wide Homeless Management Information System (HMIS) for data collection and system performance measurement; Implement the Coordinated Entry Process as a means of prioritizing PSH and other housing services for chronically homeless persons with the highest need.



Priority Area 2: Continuum of Housing Solutions

Needs and Gaps:

- All types of affordable rental housing
- Supportive Housing for individuals with special needs, including homeless individuals living with a serious mental illness
- Senior Housing/Assisted Living
- Sustainable funding sources to provide services for supportive housing residents
- Alternative housing other than returning to home of origin for those who are criminal justice involved with co-occurring disorders

Challenges:

- Housing units in both counties increasingly being turned into vacation rentals
- Feather River College students from out of the area move here for school and impact existing housing shortages
- Exits from Transitional Housing are delayed due to poor tenant rental history and lack of available housing
- Potential capacity issues for water and sewer
- Restrictiveness of Housing Choice Eligibility based on criminal background. Local guidelines stipulate that any drug-related or violent charges on client record within the last three years make applicant ineligible for voucher. This precludes much of our homeless population from eligibility

Resources:

- No Place Like Home Program (NPLH)
- Permanent Local Housing Allocation (PLHA)
- Homeless Housing and Assistance Program (HHAP)
- Multi-Family Housing Program (MHP)
- Low Income Housing Tax Credit Program (LIHTC)
- Partnership with Plumas CDC (Housing Vouchers and Project-Based Section 8)
- Continuum of Care (CoC) Funds
- Partnerships with affordable housing developers
- Mental Health Services Act Full Service Partnership (MHSA FSP)

Goal 2-A, Support Services to Maintain Housing

Goal 2-A: Access on-going and sustainable funding to provide the necessary support services.

Objectives by Timeframe:

Years 1-5:

- Work with county Planning Departments to consider how on-going SB 2 Permanent Local Housing Allocation (PLHA) funds might be used to capitalize support services reserve accounts.
- Explore the need for more dedicated staffing for housing.
- Continue efforts within professional organizations to advocate for rural needs.
- Collaborate with Housing Authority and the NorCal CoC.

Goal 2-B, Community Support for Housing Development

Goal 2-B: Community members and local jurisdictions understand the complex causes of homelessness and dynamics of development process, and support new housing development for those needing affordable and supportive housing.

Objectives by Timeframe:

Years 1-5:

- Work with NPLH consultant to deliver community education materials and sessions regarding the need for affordable and supportive housing.
- Invite county and cities' Planning Department staff to participate in Continuum of Care meetings to share information about the need for affordable and supportive housing.
- Continuum of Care members participate in public meetings where local jurisdictions' Housing Elements are being discussed to support policies and implementation measures that 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 populations with specialized needs.

Objectives by Timeframe:

Years 1-2:

- Identify and select a Development Sponsor(s) to partner with the counties on a selected supportive housing model(s).
- Explore implementing a housing market study to help with development process.

Years 3-5:

- Develop Supportive Housing units utilizing NPLH and other funding sources.
- Partnering with the Plumas CDC, develop an Affordable Housing Strategy which lays out a vision and an action plan for the future development of affordable rental housing in both counties.

Goal 2-D, Landlord Engagement

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

Objectives by Timeframe:

Years 1-2:

- Work with the Plumas CDC to design a proactive landlord outreach program regarding the Section 8 HCV program.
- Implement training and education on compliance with Health and Safety Standards in rental units.
- Investigate a non-profit community-based property management program.
- Investigate grants and funding sources for a Lease Guarantee program to assist clients with poor rental

histories or those who don't meet eligibility criteria for Section 8 HCV program.

Years 3-5:

- Implement a non-profit community-based property management program.
- Implement a Lease Guarantee Program.

Goal 2-E, Eviction Prevention

Goal 2-E: There is a client and community understanding of tenancy rights and responsibilities, and training and mediation services to help avoid evictions.

Objectives by Timeframe:

Years 1-2:

- Develop a program which addresses the tenancy skills and understanding needed to prevent eviction. The program should involve multiple agencies.
- Work with Legal Services of Northern California to provide Tenant/Landlord education workshops.

Goal 2-F, Transitional Housing

Goal 2-F: Transitional housing beds are available for individuals and families in both counties.

Objectives by Timeframe:

Years 1-2:

- County Planning Departments to implement zoning code changes to recongize "by right" transitional housing in all zones that permit residential uses and inventory vacant and under-used sites appropriate for transitional housing.
- Initiate conversations with potential service providers of transitional housing.

Years 3-5:

- Implement projects to provide 50 beds of transitional housing in Plumas County and 10 beds in Sierra County.

Alignment and Support of Strategic Plans:

NorCal Continuum of Care Strategic Plan: Increase the affordable, supportive and transitional units available across the CoC; ensure that local Housing Elements identify and include flexible and increased housing options to combat homelessness; expand landlord recruitment and engagement to provide access to additional housing options; seek rural housing funding sources to increase housing inventory.

Plumas County Strategic Plan: Increase the transitional housing, senior supportive, Permanent Supportive Housing (PSH), transitional sober living environment (TSLE), and affordable housing inventory available across Plumas County

Sierra County Strategic Plan: Increase the Permanent Supportive Housing (PSH) and affordable housing units available across the CoC

Priority Area 3: *Outreach and Crisis Intervention*

Needs and Gaps:

- No psychiatrists in either county, so must rely on tele-psych services. Consumers find this challenging to use and to connect with professionals in a meaningful way.
- Limited beds (no dedicated beds) in emergency room for individuals with a psychiatric crisis.

Challenges:

- Due to the very rural nature of the counties, people often live a great distance from crisis services. Counties must expend tremendous time and effort to get people in crisis the resources they need.
- In Plumas County, the Sheriff's Department has adopted a policy of not responding to welfare checks for a suicidal individual who is believed to be alone.

Resources:

- Intra-County Partnerships
- Homeless Mentally Ill Outreach and Treatment Initiative Grant Funds

Goal 3-A, Coordination and Collaboration

Goal 3-A: Develop coordinated outreach programs that address critical needs for those who are homeless with a proactive approach.

Objectives by Timeframe:

Years 1-5:

- Continue to strengthen and expand existing collaboration efforts and explore new models as funding and resources allow.

Goal 3-B, Peer Support

Goal 3-B: Crisis intervention includes peers with lived experience, whenever possible and appropriate.

Objectives by Timeframe:

Years 1-5:

- Support the creation of recovery communities.
- Continue the use of peers in 5150 calls with the Sheriff's Department.
- Establish a peer-run program to provide crisis care in a home after discharge from the hospital or to prevent admission to the hospital.

Alignment and Support of Strategic Plans:

NorCal Continuum of Care Strategic Plan: Ensure housing stability through intensive case management and supportive services.

Plumas County Strategic Plan: Develop a specific county Homeless Multidisciplinary Team and schedule monthly meetings to review case plans and coordinate care while addressing gaps in service.

Priority Area 4: Emergency Shelter and Day Services

Needs and Gaps:

- No existing emergency shelters, not even during the winter months

Challenges:

- Churches are stretched to capacity and overwhelmed by the needs
- Motels are not dependable—will not secure a block of rooms, available rooms are prioritized for emergency services or utility company workers and contractors from out of the area. Motels tend to stigmatize those who are experiencing homelessness, and put people on a “do not serve” list which is shared with other motel operators.

Resources:

- Emergency Solutions Grant (ESG)
- Homeless Emergency Assistance Program (HEAP)
- California Emergency Solutions Housing Program (CESH)
- Homeless Housing, Assistance and Prevention Program (HHAP)
- Permanent Local Housing Allocation (PLHA)
- Continuum of Care funds
- Local churches and civic groups
- MHPA Outreach and Engagement Program funds

Goal 4-A, Address Emergency Shelter Needs

Goal 4-A: Augment shelter options to include congregate winter shelters, and ultimately year-round shelters.

Objectives by Timeframe:

Years 1-2:

- Develop a program to provide congregate winter shelter options in Plumas and Sierra Counties.
- Work with County Planning Department to identify zoning code amendments and potential sites to consider for emergency shelters, as discussed in each County’s Housing Element.
- Work with local RV Parks to explore putting emergency housing trailers in some of their spaces.

Years 3-5:

- Investigate funding options for year-round shelter operations and potential non-profit partners.

Alignment and Support of Strategic Plans:

NorCal Continuum of Care Strategic Plan: Develop low-barrier shelter models, including the use of short-term flexible sheltering options.

Plumas County Strategic Plan: Develop low-barrier emergency shelter models for individuals, transition-age youth and families in Plumas County to reduce the number of unsheltered homeless.

Sierra County Strategic Plan: Although Sierra County has no emergency shelter, the County will utilize the PIT data and the homeless plan to determine needs for low-barrier shelter.

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

Needs and Gaps:

- Substance Use Disorder-only population does not have access to the same resources as those with co-occurring disorders
- Drug Medi-Cal Treatment Program is being pursued with the State Department of Health Care Services, but is taking time to implement.
- Lack of qualified Behavioral Health service providers
- Private insurance will not pay for services provided by County Behavioral Health Departments

Challenges:

- Distance to care due to rural nature of counties
- Difficulty for clients with both chronic physical health needs and serious mental illness to get their chronic illness addressed by primary care providers
- Stigma within community about mental illness and substance use disorders
- Very difficult to retain qualified Behavioral Health service providers
- Integrated systems of care—primary care and behavioral health
- Criminalization of serious mental illness and substance use disorders
- Difficulty implementing Medication Assisted Treatment (MAT) in rural areas

Resources:

- Behavioral Health Advisory Boards
- Sierra Health Foundation grants
- Community partnerships
- MHSA Community Services and Supports funding

Goal 5-A, Access to Mental Health Services

Goal 5-A: Conduct outreach to underserved populations to identify and prevent crisis.

Objectives by Timeframe:

Years 1-3:

- Develop Early Psychosis Care (First Episode of Psychosis) program in Plumas, similar to the successful Sierra County model.
- Work closely with hospital and school partners to identify those at risk and in need of services.

Priority Area 6:

Other Community Supports: Transportation, Legal Services, Education

Needs and Gaps:

- Medical gas vouchers for adults
- Transportation services to Susanville (Social Security Office), Chico and Reno (both medical and non-medical appointments)
- No options for last minute transportation needs (existing resources require reservations well in advance)
- Budgeting and financial literacy classes
- Computer literacy
- Local walk-in legal clinics

Challenges:

- Limited transit services days and times
- Transportation arranged through Medi-Cal requires significant advanced planning
- Uber no longer willing to provide contracted services due to geographic distances being too difficult to accommodate
- Training and classes not offered at times when people can access or when transit can accommodate them

Resources:

- Legal Services of Northern California
- Plumas County Behavioral Health client transportation services, gas assistance, and bus passes

Goal 6-A, Transportation Services

Goal 6-A: Encourage the development of a strategic transportation plan for the greater Plumas-Sierra area.

Objectives by Timeframe:

Years 1-2:

- Initiate contact with Plumas Transit to foster communication and collaboration around transit needs in both Plumas and Sierra counties.

Goal 6-B, Legal Services

Goal 6-B: Provide the necessary legal support services to help those with credit, public benefit or tenancy issues which impact their ability to get or maintain housing.

Objectives by Timeframe:

Years 1-2:

- Form a relationship with Legal Services of Northern California in order to provide workshops on issues relevant to those at risk of or experiencing homelessness.

Priority Area 7: Funding

Needs and Gaps:

- Sustainable funding for staffing and operations for service providers
- Project Based Section 8 assistance for affordable housing projects

Challenges:

- Plumas County has previously had negative experience with Community Development Block Grant (CDBG), leaving Board of Supervisors hesitant to access this funding source.

Goal 7-A,

Goal 7-A: The counties will work with the Plumas CDC and selected housing developers to provide Project Based Section 8 assistance to affordable housing projects.

Objectives by Timeframe:

Years 1-3:

- The counties will meet with Plumas CDC staff to develop an understanding of the PB Section 8 process.
- Selected developer(s) will meet with the Plumas CDC early in the pre-development process to discuss project financial assistance needs.

Goal 7-B

Goal 7-B: The counties will access new forms of funding for housing from the State, such as the Permanent Local Housing Allocation and Homeless Housing, Assistance and Prevention Program, and consider applications for CDBG under new State guidelines.

Objectives by Timeframe:

Years 1-5:

- A standing item on funding opportunities will be added to each CoC agenda.
- The CoC will designate staff to sign up for NOFA notices from HCD.
- Expand agency staffing capacity and explore funding to increase systems' building within agencies providing services.

Goal 7-C

Goal 7-C: The counties will apply for appropriate funding opportunities through the NorCal Continuum of Care to support the development of emergency shelters, transitional housing, and permanent housing.

Objectives by Timeframe:

Years 1-5:

- The two-county CoC representative will report out on funding opportunities as they arise through NOFAs and other announcements from the NorCal CoC.

Goal 7-D,

Goal 7-D: The counties will have funding to support a position for grant research and grant writing

Objectives by Timeframe:

Years 1-2:

- Explore funding options through the Sierra Health Foundation.

I. SYSTEMS IN PLACE OR BEING DEVELOPED TO COLLECT NPLH DATA

I.1 Plumas County and Sierra County Efforts

The Plumas and Sierra County Behavioral Health Departments have a number of systems in place to provide regular reports to their various federal and state funders, as required by regulations and contractual relationships. For each County, it will be the Behavioral Health Departments Intensive Case Management Program, part of the Full Service Partnership (FSP) offerings for those who are homeless, which will be responsible for completing annual compliance reports similar to reports required in 25 CCR Section 7300, et. seq. The Intensive Case Management Team will coordinate with the housing provider, lead service providers, property managers, and the NorCal CoC's HMIS to ensure that all reporting requirements are being met. The roles and responsibilities for the collection, tracking and reporting of data will be included in an operational Memorandum of Understanding (MOU) between the partners.

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. This analysis is anticipated to be completed by the end of 2019.

The Counties will also make all efforts to work with managed Medi-Cal Providers (currently Anthem Blue Cross and California Health and Wellness) and their local law enforcement partners to track data on health care outcomes and utilization, and incarceration outcomes and utilization, per Section 214 (g) of the NPLH Guidelines. This will also support the County's efforts to reduce incarceration and calls for service for homeless individuals. Additionally, county staff are engaged in an interagency effort at criminal justice partnership as part of an MHSa multi-county Innovation Project entitled, "the Data-Driven Recovery Project." Sequential Intercept Mapping.

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;
- HIPAA privacy rules.

J. COORDINATED ENTRY SYSTEM AND REFERRAL TO NPLH

The NorCal CoC has begun development of a Coordinated Entry System 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 2020.

J.1 Plumas County Efforts

At the time of the drafting of this Plan, Plumas Crisis Intervention and Resource Center (PCIRC) is the intake point and lead agency for the Coordinated Entry system. Plumas County Behavioral Health has been allocated up to 10 HMIS licenses to use throughout the County, and is working to provide access to its staff and other contracted providers, including Plumas Rural Services and EA Family Services. The goal is to continue expanding the use of HMIS, and thus Coordinated Entry, to increasing numbers of locations where homeless individuals may seek or connect with services. As described above, Plumas County will implement a formalized Coordinated Entry System in conjunction with the NorCal CoC.

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.2 Sierra County Efforts

At the time of the drafting of this Plan, Sierra County Behavioral Health has 2 HMIS licenses, with intake conducted at the Wellness Center in Loyalton and Family Resource Center in Loyalton. As described above, Sierra County will implement a formalized Coordinated Entry System in conjunction with the NorCal CoC.

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.

K. CONCLUSION

This Plan to Address Homelessness provides a framework which will inform the workplan, schedule, funding and budgeting for activities and initiatives for Plumas and Sierra Counties and their Continuum of Care in the efforts to end homelessness. The Plan is intended to be a focal point for discussions to initiate partnerships and new strategies over time, so that the Plan remains vibrant and relevant. The counties have made a good start in their efforts to address homelessness with the development of the Plumas and Sierra Counties Continuum of Care and their active participation in the NorCal Continuum of Care. These efforts have demonstrated and enhanced both 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 for Plumas and Sierra Counties to capitalize on their efforts to attract new resources that will help them realize their 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.

Community Development Block Grant (CDBG) is a source of funding available to local governments through the State Department of Housing and Community Development. It is designed to meet the community development and housing needs of low-income populations and neighborhoods.

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.

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

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 Housing, Assistance and Prevention Program (HHAP) is a one-time block grant provided to local jurisdictions to support regional coordination and expand or develop local capacity to address immediate homelessness challenges. Both counties and the NorCal Continuum of Care are eligible to receive grants.

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 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.

Temporary Assistance for Needy Families (TANF) is a time limited program, assisting families with children when the parents or other responsible relatives cannot provide for the family's basic needs. The Federal government provides grants to States to run the TANF program.

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 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 and in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act and in HUD regulations.