

SISKIYOU COUNTY 10 YEAR PLAN TO END HOMELESSNESS

JULY 2019

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A. INTRODUCTION

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

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

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

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

Prior to examining the magnitude of homelessness in Siskiyou County, it is helpful to briefly review some of the geographic, health and socio-economic conditions present in the county which provide context to the issue. Siskiyou County is one of the three counties in California which lie adjacent to the Oregon border. It is bordered to the west by Del Norte County and to the east by Modoc County. Per the 2017 update to the U.S. Census, the County’s population is 43,853. The county covers an area of 6,278 square miles, the fifth largest county in California, nearly the size of Connecticut and Delaware combined, yet sparsely populated with just 7.2 persons per square mile. Interstate 5 divides the County into western and eastern geographies, with the largest population centers of Mt. Shasta (3,394 persons) and Yreka (7,765 persons) located along the interstate. The majority of human support services are provided in these two communities, with County services predominantly located in Yreka, the county seat. Other smaller communities include: Dorris, Dunsmuir, Etna, Fort Jones, Happy Camp, McCloud, Montague, Tulelake and Weed. These communities are separated by large distances from each

other, and some, such as Happy Camp and Tulelake, are quite isolated from the rest of the county. For example, it is a nearly two-hour drive from Happy Camp to Yreka and Tulelake is closer to Klamath Falls in Oregon than it is to Yreka. As a largely mountainous county sitting at elevations above 3,000 feet, Siskiyou County is subject to extended cold winters with significant snowfall and freezing temperatures. These combined conditions of distance and weather causing impassable roads can make travel to services extremely difficult.

Of all counties in California, Siskiyou County consistently ranks in the bottom tier for a variety of health indicators. Among some of the notable statistics:

- With 8,050 food insecure individuals, the County's food insecurity rate is 18.4%, ranking the worst for food insecurity in the state.¹
- Siskiyou County residents are almost three times more likely to have a mental and/or substance use disorder when compared to the State of California and the nation.²
- Siskiyou County residents are almost twice as likely to engage in self-harm and interpersonal violence when compared to the State of California and the nation.³
- Siskiyou County children and youth ages 0-20 in foster care during 2015 was over twice the rate of the State of California.⁴

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

The median household income for Siskiyou County in 2018 was \$51,227. According to HUD, a Very Low-Income Household earns 50% of Area Median Income, which was \$25,613 for a three-person household in 2018. In terms of household income, 10% of all Siskiyou County households (or an estimated 1,885 households) earn between \$20,780 to \$25,000 annually. These households typically face significant challenges affording market housing costs.

The Federal Poverty Threshold is a measure of incomes lower than HUD's Very Low Income definition, and was \$20,780 for a three-person household in 2018. An estimated 20.7% of all households in the county (or an estimated 3,936 households) have income below this Federal Poverty Threshold level. These households are considered to be at a high risk of becoming homeless. Persons with disabilities are another group that 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 19.3% of the Siskiyou County population (or 8,370 individuals), have a disability. By comparison, aside from affordable complexes that are designed for seniors (96 units), there are no housing projects specifically for disabled persons in the County.

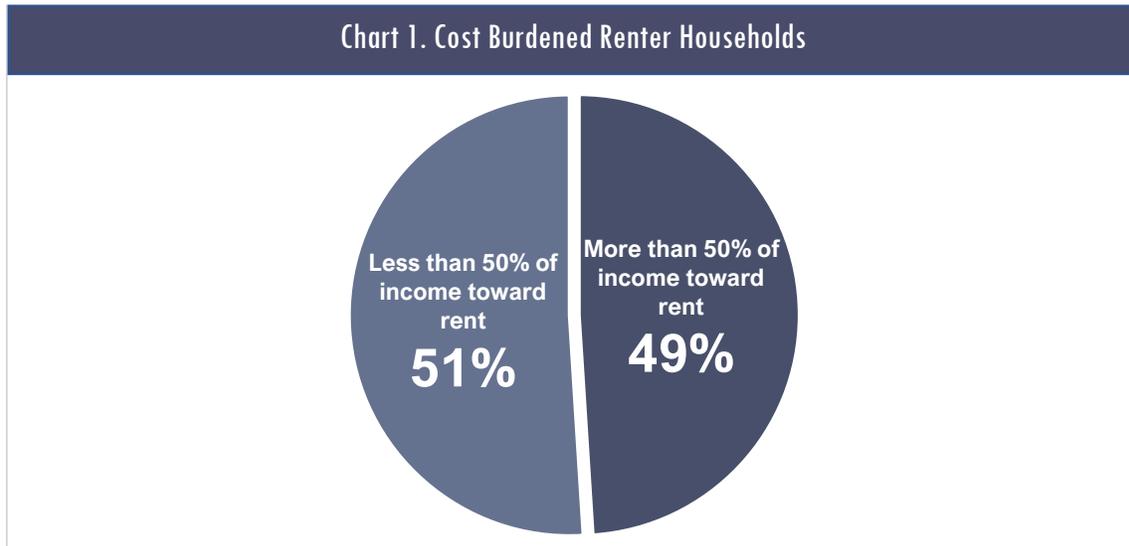
¹ Feeding America, Map the Meal Gap 2018

² Healthdata.org and US County-Level Trends in Mortality Rates for Major Causes of Death, 1980-2014, JAMA

³ Ibid

⁴ KIDSCOUNT Data Center (July 2016), and Child Welfare Services Reports for California U.C. Berkeley Center for Social Services Research (June 2016)

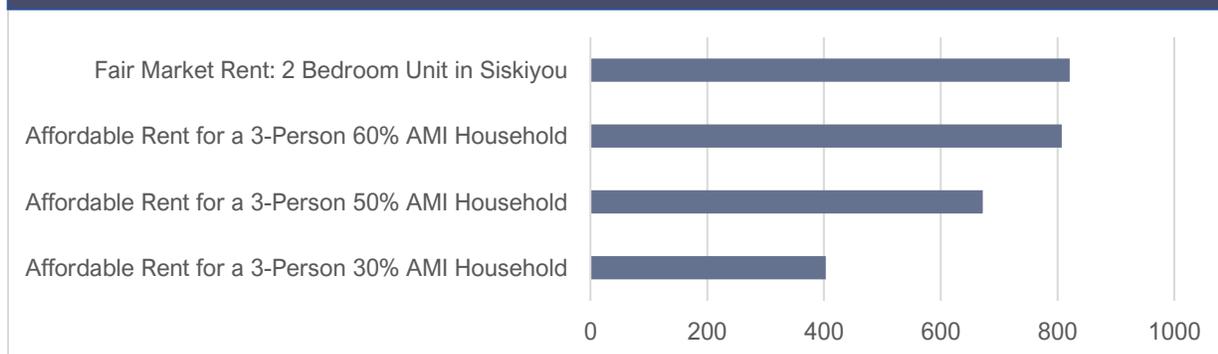
According to the U.S Census, about 49% of Siskiyou County renter households pay more than 50% of their income toward rent, as shown in Chart 1 below. By comparison, the housing affordability standard used by HUD for setting Section 8 rents is 30% of income paid toward rent. The housing affordability standard used by the mortgage industry is generally 35% of income paid toward housing costs.



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 Siskiyou County was \$821 in 2018. 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 \$640, or \$181 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 \$11 per hour, an individual would need to work 74 hours per week, in comparison to the full time equivalent of 40 hours per week, to afford Fair Market Rent.

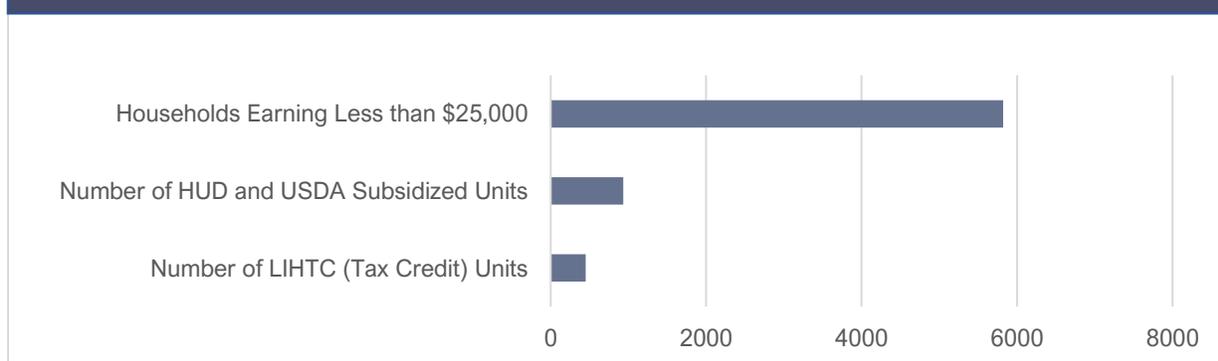
Chart 2. Affordable Rent Compared to Fair Market Rent, 2018



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

Chart 3. Affordable Housing Units and Needs, 2018



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

B. SUMMARY OF PLANNING

B.1 Initial Homelessness Planning Efforts

Siskiyou County Homelessness Coalition: Coordinated efforts to address homelessness in Siskiyou County began in earnest in 2016 when Team Shasta was formed in response to community concerns about homelessness in the City of Mt. Shasta. This first coalition was made up of representatives from public safety, the City of Mt. Shasta, the business community, behavioral health and community services, homeless service providers, and public facilities. After meeting for a year, and planning for the implementation of an initial set of strategic initiatives, it was recognized that the community's response to the issue of homelessness was necessarily one that needed to include the entire county, and the Siskiyou County Homelessness Coalition was thus born out of this effort. The Coalition began meeting as a countywide group in August 2017.

The Siskiyou County Homelessness Coalition is currently made up of staff and elected officials from local governments (cities and the County) in Siskiyou County, the County Department of Health and Human Services (Behavioral Health, Public Health, Social Services), the NorCal Continuum of Care Coordinator, public safety officers from the various cities and the County, nonprofit homeless and other service providers, local hospitals, faith-based groups and concerned citizens. The Coalition meets on a monthly basis, usually in Yreka, the County seat. The Coalition is currently convened by the NorCal Continuum of Care, with administrative support from the Behavioral Health Division of the Health and Human Services Agency. The Coalition functions as an Advisory Board to the NorCal Continuum of Care for issues relating to homelessness in Siskiyou County. During its first year of meetings, the Coalition's work has been focused on:

- the development and execution of agency MOUs to implement a countywide homeless multi-disciplinary team (MDT) approach to coordinate the services, case management and housing provided to homeless individuals and families; and
- coordination of Siskiyou County's HMIS activities with the NorCal Continuum of Care, and improving the utilization of HMIS by provider agencies.

NorCal Continuum of Care: Siskiyou County is a member of the NorCal Continuum of Care (NorCal CoC). The NorCal CoC is a consortium of the seven rural northern California counties of Shasta, Lassen, Plumas, Sierra, Siskiyou, Del Norte and Modoc, which are working together to plan a system of housing and services for those experiencing homelessness in the region. The NorCal CoC is staffed by a designated Coordinator who works for the Shasta County Housing and Community Action Programs Department, which is the same agency that administers the HUD Housing Choice Voucher Program (Section 8) for Siskiyou County. The NorCal CoC plays an important role as a key partner in addressing homelessness in Siskiyou County. As an entity charged by the federal government with prioritizing and administering homeless funding, the CoC reviews and recommends applications for Emergency Solutions Grants (ESG), and CoC grants, and submits an annual Consolidated CoC Funding Application to HUD. More recently,

the NorCal CoC has also been involved in collecting, reviewing and recommending applications for the State’s Homeless Emergency Aid Program (HEAP) and California Emergency Solutions and Housing (CESH) program. The NorCal CoC also maintains the consortium’s Homeless Management Information (HMIS), Coordinated Entry System (CES), and ensures the execution of the Point-in-Time (PIT) Census and Survey and Housing Inventory Counts (HIC). Siskiyou County has a representative who sits on the NorCal CoC Governing Board.

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

The NorCal CoC has adopted an overarching Strategic Plan for the period of 2018-2020, 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. In early 2019, the Siskiyou County Homelessness Coalition identified a set of strategies and outcomes in support of CoC priorities and goals as follows:

NorCal CoC Priority One

Build the Emergency Shelter and Housing System

NorCal CoC Goal 1-A

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

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

Strategy: Using the No Place Like Home (NPLH) Technical Assistance contractor, develop a Siskiyou County housing plan that addresses the needs of the NPLH funds, as well as Siskiyou PSH development opportunities.

Strategy: Collaborate with the Shasta Housing Authority and the NPLH contractor to conduct landlord engagement opportunities, stakeholder focus groups, and local activities for advocating for subsidized units and other housing options.

Outcomes:

- Overall increase in PSH and subsidized housing units in Siskiyou County and the NorCal CoC jurisdiction.

NorCal CoC Goal 1-B

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

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

Strategy: Utilize the California Emergency Solutions and Housing Program (CESH) Funds to expand capacity, homeless services, and develop a housing delivery system throughout Siskiyou County.

Outcomes:

- Increase the # of homeless services.
- Increase the # of homeless individuals served.

NorCal CoC Goal 1-C

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

Strategy: Establish a sub-committee for HMIS/CEP for the coordination of the CoC's housing, service gaps, and needs.

Outcomes:

- Increase # of clients engaged in programs to end homelessness.
- Increase number of agencies participating in CEP.
- Increase Coordinated Entry access points.

NorCal CoC Goal 1-D

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

Note: No Strategy was identified for this Goal at the time the CoC Strategic Plan was developed.

NorCal CoC Priority Two

Develop Leadership and Coordination of Effort to Reduce Homelessness

NorCal CoC Goal 2-A

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

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

Strategy: Develop and implement the countywide homeless multi-disciplinary team (MDT) to coordinate the services, case management, and housing provided to homeless individuals/families.

Strategy: Work with the NPLH contractor to engage community members, homeless individuals, the business community, landlords, local leaders, and other stakeholders to participate in the development of the Siskiyou County homeless plan.

Outcomes:

- Decreased siloed service provision using the homeless MDT.
- Increased # of housing programs that are low/no barrier that use the Housing First Approach.
- Increased access to services and housing.
- Increase # of community partners, advocates, and civic leaders who are engaged in reducing rates of homelessness.

NorCal CoC Goal 2-B

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

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

Strategy: Collaborate with the NPLH contractor and the Shasta Housing Authority to develop and implement strategies to educate community members, the business community, landlords, local leaders, and other stakeholders about issues of homelessness, low-barrier approaches to providing housing services, and reducing negative stereotypes of the homeless community.

Outcomes:

- Increase # of community partners, advocates, and civic leaders who are engaged in reducing rates of homelessness.

NorCal CoC Goal 2-C

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

Note: No Strategy was identified for this Goal.

NorCal CoC Priority Three

Implement Data Tracking and Prioritization of Housing Services

NorCal CoC Goal 3-A

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

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

Strategy: Through the current MOU, Coordinate Siskiyou's HMIS activities with the CoC.

Strategy: Participate in monthly CoC HMIS/CEP meetings on system performance standards, # of users across the CoC, # of provider agencies entering data and participating in HMIS and/or CEP.

Strategy: Participate in the CoC forum for community HMIS education, and assist the larger community in understanding service gaps and needs for future funding.

Strategy: Identify and develop a funding source for local HMIS activities and licenses.

Outcomes:

- A local forum will be held and hosted by the CoC.
- Increased # of HMIS users and licenses.
- Increased financial support for HMIS and the CoC.
- Increased participation in HMIS improving data quality standards.

NorCal CoC Goal 3-B

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

- Develop a system for documenting homelessness and disability within HMIS.
- Develop a local, centralized By Name list in each county of the CoC
- Encourage use of the CEP by all housing providers
- Identify access points and train assessors on HMIS and use of the prioritization tool.
- Reconvene access points to discuss improvements needed to the CEP and to identify gaps.

Strategy: Insure all service providers have the ability to utilize HMIS and CEP systems by developing countywide policies and procedures, which are supported by the CoC.

Strategy: Create a list of housing and service needs that the community can focus on developing or attaining.

Strategy: Develop a list of resources for the Siskiyou CEP database.

Outcomes:

- Reduce the length of time persons remain homeless.
- Assessed list of vulnerable persons who are being case managed.
- Identified homeless have a HIPAA compliant profile in the HMIS/CEP system.
- Compliance with HUD mandates.

B.3 No Place Like Home Planning

Building on the momentum gained through the development of the countywide Homelessness Coalition, and identification of a set of strategies to be implemented in coordination with the CoC as described above, the County identified the need to develop a 10 Year Plan to End Homelessness. Engaging in this effort was further supported by the availability of both non-competitive and competitive funding to support the development of Permanent Supportive Housing through the No Place Like Home (NPLH) program, 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 Siskiyou County Homelessness Coalition, and Siskiyou County Health and Human Services Agency, Behavioral Health Division.

Three meetings of the Homelessness Coalition were dedicated to developing the Plan over the past six months—an introduction and overview of the planning process on February 21, 2019, a goal setting workshop on March 21, 2019, and a draft Plan Overview for public comment on June 20, 2019.

In addition to the Homelessness Coalition meetings, the Plan authors conducted focus groups, written surveys and interviews with individuals as follows:

- Community-Wide Focus Groups: March 19, 2019 in both Yreka (North County) and Mt. Shasta (South County).
- Mental Health Services Act (MHSA) Community Focus Groups Surveys: March 4, 2019 in Mt. Shasta, March 5, 2019 in Yreka, March 6, 2019 in Tulelake, March 7, 2019 in Happy Camp.
- Survey with Guests at Seasonal Emergency Shelter (Beacon of Hope) on March 14, 2019.
- Interviews with: Continuum of Care Coordinator, Shasta County Housing Authority, Partnership HealthPlan of California, Siskiyou County Probation.

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

- County Behavioral Health
- County Public Health
- County Social Services
- County Community Development
- County Probation
- County Sheriff
- County Board of Supervisors
- Cities of Yreka and Mt. Shasta
- Yreka Police Department
- County Library
- Shelter Providers: Beacon of Hope Gospel Rescue Mission (Seasonal Shelter) and Mountain View Inn (Motel Voucher Site)
- Service Providers: Six Stones Wellness Center, First 5, Siskiyou Community Resource Centers, Great Northern Services, Remi Vista, Siskiyou Domestic Violence and Crisis Center

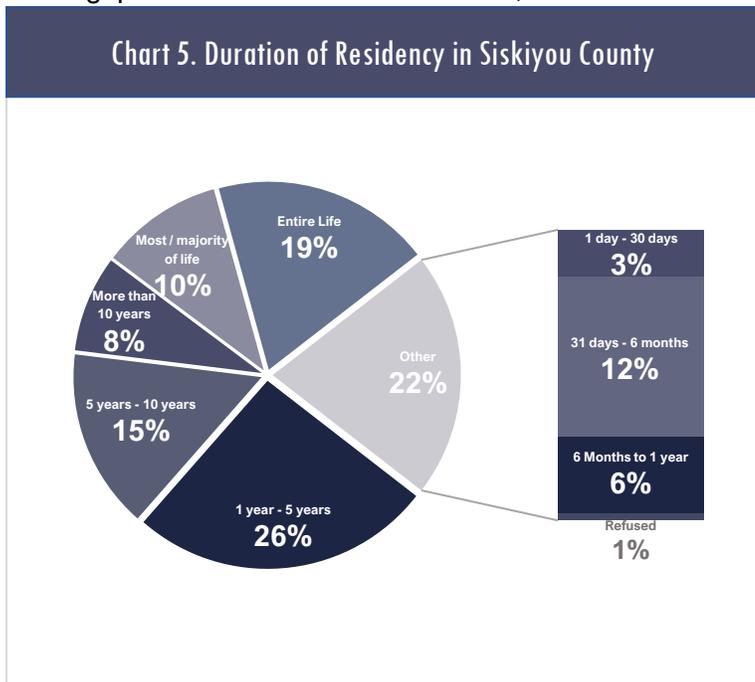
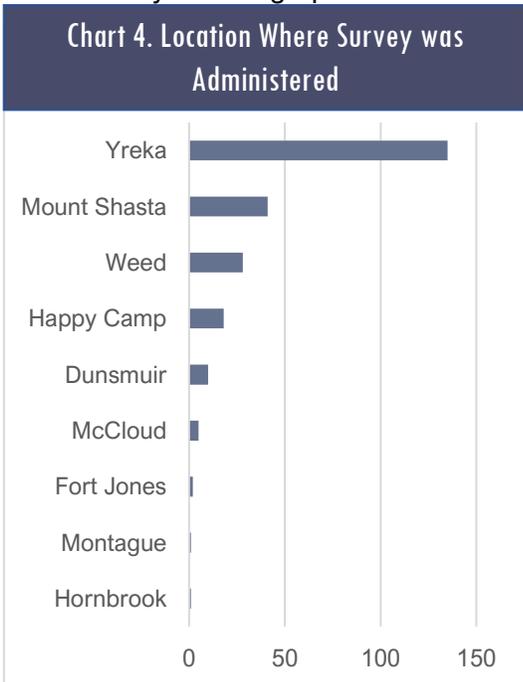
- Community Health Care Providers:
Fairchild Medical Center, Mercy Mt. Shasta
- Managed Medi-Cal Provider:
Partnership Health Plan
- NorCal Continuum of Care
- Shasta Regional Housing Authority
(administering Housing Authority for Siskiyou County)
- Team Shasta (Advocacy Group)
- Volunteers
- Individuals 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 SISKIYOU COUNTY

C.1 CoC Point in Time Survey

The primary quantitative data source on homelessness in Siskiyou County is the CoC Point-in-Time Survey (PIT) that was most recently conducted on January 23, 2019. 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 included questions about demographics, sleeping location, residency, length of time homeless and certain disabling conditions. It is recognized nationally that PIT efforts and the resulting data generally undercounts the number of individuals experiencing homelessness, simply due to the challenges of having enough community volunteers, finding those who are unsheltered on any given day, and their willingness to participate. In addition, not every question was necessarily answered by those who were counted. Sometimes, volunteers only complete a “tally” sheet when they observe someone who appears to be homeless, but do not engage the individual in the completion of a survey. Also, not all individuals necessarily feel comfortable answering all of the questions, or the volunteer may be unable to finish a survey for a variety of reasons. Where such data gaps exist, in some cases, the preponderance of responses provide a fair picture of homelessness, given the community’s demographics. Where such data gaps could affect the conclusions, it is so noted.



The 2019 Point-in-Time Survey counted a total of 242 individuals experiencing homelessness in Siskiyou County. Of these individuals:

- 150 identified as male, 85 identified as female, and 1 person identified as transgender (6 did not answer).
- 191 persons were age 25 or older (46 persons over the age of 55), 33 individuals were ages 18-24, and there were 17 children under the age of 18, with 5 of those children under the age of 5.
- 8 individuals identified themselves as Veterans (93 people did not answer this question).
- Of those who answered the question about race, 80% were white, 11% were Native American and 4% were Black, with the remainder of the population made up of those who are Asian, Native Hawaiian/Pacific Islander or Other (which includes 2 or more races). In terms of ethnicity, 13 individuals self-identified as Hispanic or Latino..
- 13 individuals identified themselves as Victims of Domestic Violence, with 10 of those self-identifying as women (85 people did not answer this question).
- 3 women reported being pregnant at the time of the survey.

The charts below depict additional information from the surveys (adjusted for questions not answered) in terms of the sleeping location for those living unsheltered (not in emergency shelter or motel with voucher), the number of times they have been homeless in the last 3 years, and those who identified having a mental health condition as a disability.

Chart 6. Self-Identified Mental Health Condition



Chart 7. Times Homeless in the Past Three Years

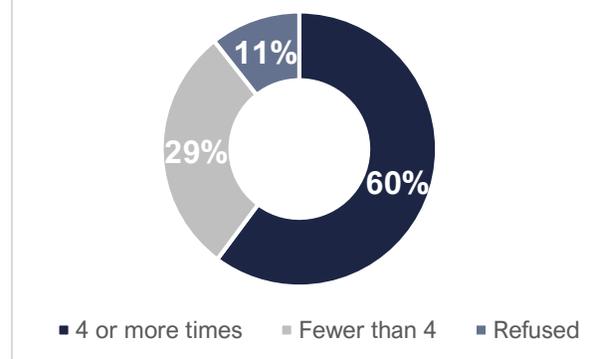
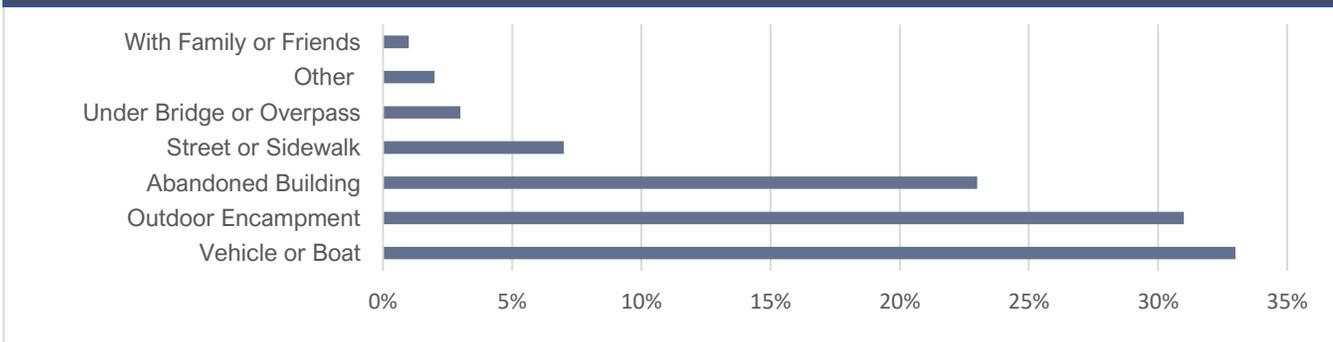


Chart 8. If Unsheltered, Location of Where You Slept Last Night



The charts below summarize:

- the 2019 PIT statistics on homelessness and chronic homelessness by household type; and
- the total number of homeless individuals (both homeless and chronically homeless) with some form of serious mental illness and co-occurring disabilities based upon the 2019 PIT survey and data from the Siskiyou County Behavioral Health Division. Chronic homelessness is defined by HUD as:
 - Experiencing homelessness for 12 consecutive months; or
 - Experiencing homelessness on 4 or more occasions over the last 3 years, with total time homeless of 12 months or more.

The status of those determined to be chronically homeless was identified through survey questions asking the respondents the length of time and number of episodes of homelessness, in accordance with the HUD definitions.

Chart 9. Homelessness and Chronic Homelessness by Household Type, 2019				
	Total # Reported in 2019 PIT	Single Adult	Families	Unaccompanied Youth
Homeless	242	186 persons	10 households 32 persons	24 persons
Chronically Homeless	35	31 persons	1 household 4 persons	3 persons

Chart 10. 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:	31	13	Data on children who are homeless not available. There are 89 children under the age of 15 enrolled in Mental Health Services Act (MHSA) Full Service Partnership.

C.2 Partnership HealthPlan Data

Partnership HealthPlan of California (PHC) is the managed Medi-Cal provider for Siskiyou County. They work with their healthcare providers to discern the number of individuals experiencing homelessness who are utilizing their Medi-Cal benefits. In a one day snapshot taken on March 1, 2019, PHC reported 804 individuals in Siskiyou County who are covered by their health plan who were coded as “homeless”. The reasons why this number is significantly higher than the PIT could include:

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

C.3 Siskiyou County Department of Health and Human Services Data

In 2019, the Siskiyou County Social Services Division identified 1,008 households who self-reported their status as homeless. Through conversations with the heads of household, staff have determined that the majority are experiencing housing instability for reasons that include, but are not limited to: couch-surfing, shared and crowded housing arrangements, and substandard housing, including lack of heating and cooling, lack of access to cooking and/or bathroom facilities, and exposure to allergens or pests.

Through the County’s CalWORKs Program, in addition to cash assistance payments, the County provides a variety of assistance to low-income households with children, including those who are homeless or at risk of homelessness. This assistance includes payments for temporary shelter or permanent housing benefits, as well as a specialized program, “Housing Support Program” or HSP. This program provides rapid re-housing with a Housing First approach, along with a wide range of financial and case management services to CalWORKS eligible families. The chart below depicts the number of households served in these programs in 2017 and 2018, as well as the first quarter of 2019:

Program Assistance Type		2017	2018	1 st Qtr. 2019
Homeless Assistance Requests	Temporary Housing Benefits	132	162	35
	Permanent Housing Benefits	17	15	4
	Both Temporary and Permanent Housing Benefits	8	2	1
Days Authorized for Temporary Shelter		1130	1453	263
Housing Support Program (HSP)-- # of families served		139	132	35

C.4 Siskiyou County Department of Education Data

According to the Siskiyou County Office of Education's Cal Pads Snapshot report dated May 15, 2019, there were a total of 323 homeless children throughout the County, utilizing the McKenney-Vento definition of homelessness, which includes those who are doubled up or couch-surfing with friends or family. The locations for these children were:

- 21 in temporary shelter
- 45 in hotels/motels
- 232 temporarily doubled up
25 unsheltered

C.5 Concluding Thoughts About the Scope of Homelessness in Siskiyou County

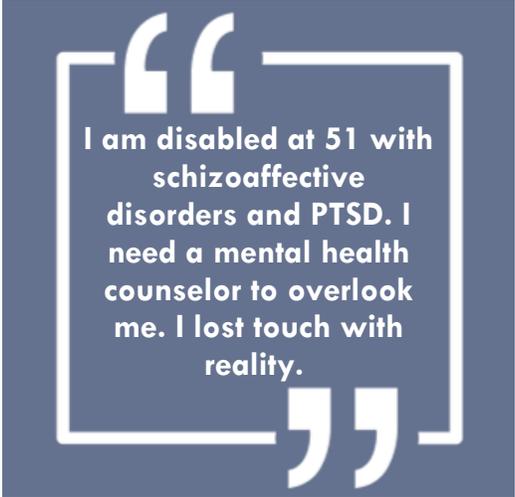
While it may seem as though the data sources described above conflict in their findings about the magnitude of homelessness within Siskiyou County, they each contribute important information in understanding the varying conditions of homelessness. While the CoC's PIT count uses HUD's more restricted definition of homelessness, statistics from PHC, the County Department of Health and Human Services, and SCOE use broader definitions. This range of data points is helpful in painting a 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.

C.6 The Perspectives of Those with Lived Experience of Homelessness and Their Family Members

Survey at Emergency Shelter in Yreka: A written survey was administered to individuals staying at the Beacon of Hope shelter in Yreka on the night of March 14, 2019. Twenty-two anonymous surveys were completed. The goals of the survey were to find out more about what caused people’s homelessness and what types of housing and services they feel would best meet their needs. The survey also provided an opportunity for individuals to share other information they thought would be important for the community to know about their challenges.



The charts and graphs below summarize their answers to the questions, and the quote bubbles contain the personal sharing of the shelter guests in the open-ended offering of additional information. They provide an insight into the complexity of the causes and challenges that those experiencing homelessness face as they attempt to stabilize their lives.

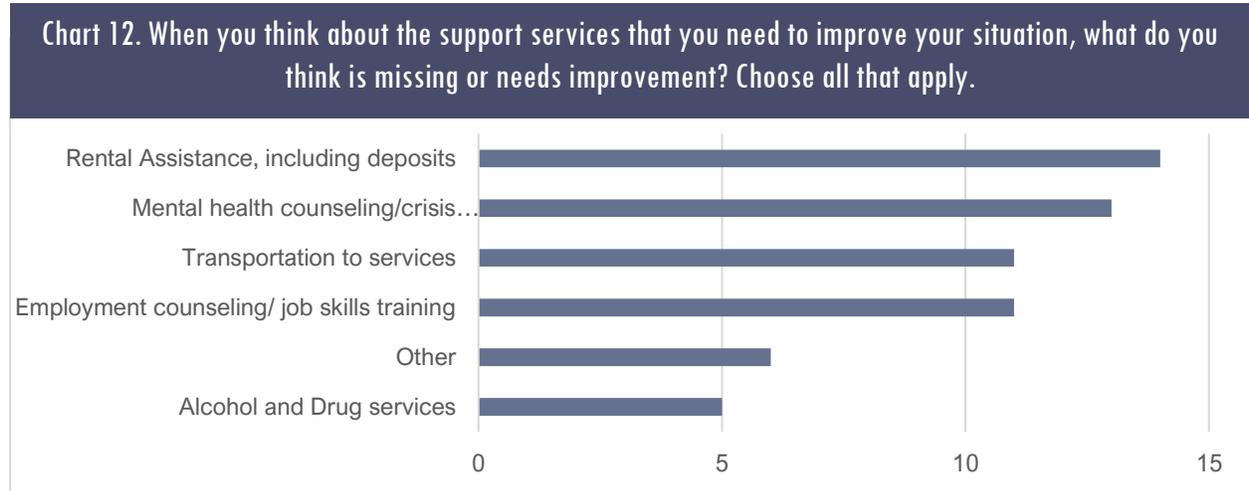
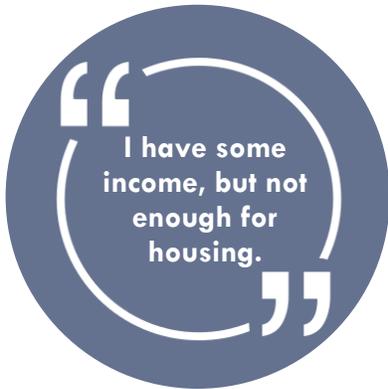


Chart 13. What kind of housing would best fit your needs?



Some of the findings from the survey include:

- A family crisis was the most often cited cause of people’s homelessness.
- Nineteen of the respondents said they would take advantage of affordable housing with support services if it was offered to them.



- Rental assistance and mental health counseling were cited as the top needed support services to help individuals improve their situation.

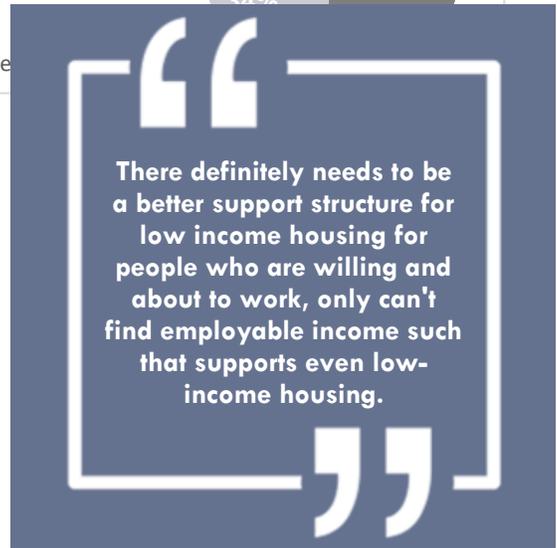


Chart 14. What do you think were the primary causes of your homelessness? Choose all that apply.

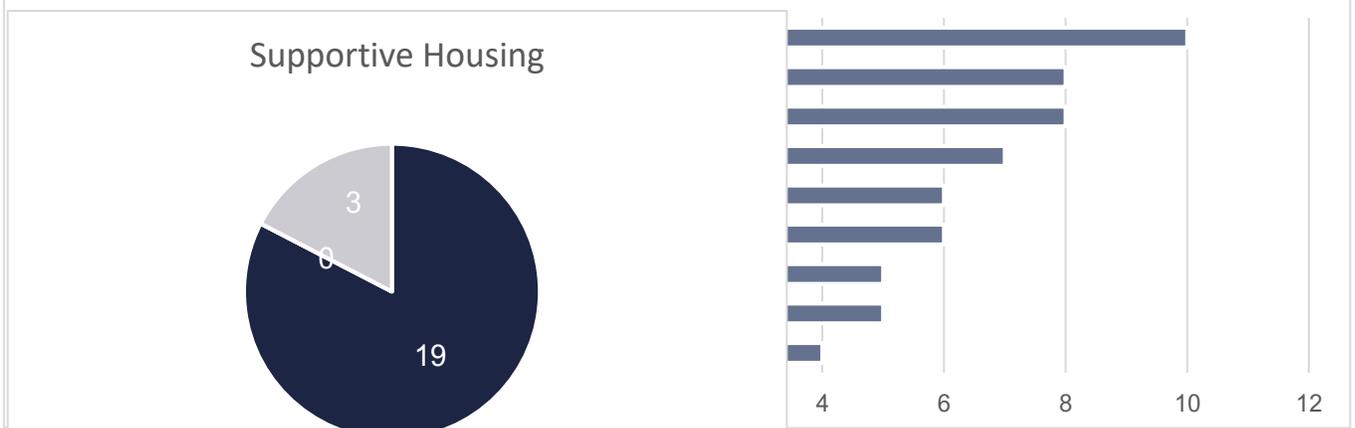


Chart 15. If there was more housing made affordable to you with supportive services, would you take advantage of it?

Surveys at MHSA Consumer Focus Groups: Siskiyou County conducts 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). Focus groups were held the week of March 4-7, 2019 in four locations throughout the county. Questions were added to the MHSA focus group written survey to ascertain information from this consumer and family caregiver group about homelessness, housing and support services. Ninety people participated in the written survey. Of those who answered these questions:

- 53 individuals reported that they, a member of their family or a friend has been homeless, and 35 of these individuals were either MHSA services consumers or family members of a consumer.
- The top 5 reasons cited for their homelessness were lack of affordable housing, a health condition (including mental illness), alcohol/substance use disorders, financial crisis, and unemployment.
- Support services cited as missing or needing improvement were mental health counseling/crisis intervention, transportation to services, alcohol/substance use services, case management, rental assistance (including deposit assistance), and employment counseling/job skills training.
- When asked about how their or a family member's mental health and physical health affect the ability to get and maintain stable housing, typical responses were:
 - Affects ability to obtain and keep employment.
 - I get behind on paying my bills regularly and on time.
 - My daughter's challenges make it hard to even get the traction needed to sustain the necessary on-going responsibilities in maintaining housing.
 - Behaviors caused by mental illness cause evictions, friction with neighbors and landlords.
 - One person noted that when they were housed in a healthy environment, it improved their mental health. Another person noted that having housing helped them get clean and sober, and then their mental health improved, as did their overall functioning.

D. 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 the County's limited staff and financial resources as a "small" county (in terms of population), compounded by the fact that the county is "large" in terms of geography and the distribution of population centers. The few resources that the County and its partners have are stretched very thin. 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 Community Resource Centers, or County Health and Human Services. 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. One of the highest priority needs identified during the planning process was the development of a formal, structured outreach program, which provides a proactive and continuous relationship approach to needs assessment and engagement in services. The County has applied for and received a \$100,000 grant from the State Department of Health Care Services through the Homeless Mentally Ill Outreach and Treatment Program (HMIOT). The creation of a program structure to effectively utilize this grant will be developed out of the collaboration of various partners engaged in these discussions through the Homeless Coalition.

The partners in the Homelessness Coalition are committed to working together from a strengths-based approach to improving or expanding existing community resources, while seeking appropriate opportunities to create new resources to address homelessness. The section which follows describes these resources and partnerships.

E. PARTNERSHIPS AND RESOURCES DEVOTED TO ADDRESSING AND ENDING HOMELESSNESS

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

E.1 Safety Net Support

Siskiyou Community Resource Centers: There are 8 Family and Community Resource Centers in the County, located in Dunsmuir, Mt. Shasta, Weed, Yreka, Montague, Happy Camp, Tulelake and Scott Valley. Services are based on the Strengthening Families™ framework, a research-based approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. In addition to serving families and individuals who are housed with children, the Community Resource Centers also offer a wide array of support services to those experiencing homelessness, including food, clothing, hygiene kits, diapers, formula, motel vouchers, computer lab, assistance with rental and utility deposits, blankets and sleeping bags. Referral is made to community partners for medical, legal, transportation and domestic violence needs.

Great Northern Services: Great Northern Services is designated by the State of California and the Siskiyou County Board of Supervisors to distribute USDA Commodities and emergency food to Siskiyou County, including most food pantries. Programs include: Produce Party events, “Donate Don’t Dump” Foodlink program, bringing a semi-truck full of fresh produce for free distribution to multiple Siskiyou County locations every month from May through October, and a USDA Summer Food Service Program. Bag lunches are distributed Monday through Friday from June to August. Meals are provided to all children ages 18 and under without charge and are the same for all children regardless of race, color, national origin, sex, age or disability, and there is no discrimination in the course of the meal service.

Siskiyou County Health and Human Services: Provides a number of assistance programs which homeless families and individuals may access, including CalWORKS cash aid program, CalFresh food assistance, assistance in signing up for Medi-Cal, County Medical Services Program (CMSP), and General Assistance which provides temporary cash aid to disabled adults.

E.2 Crisis Intervention

Siskiyou Domestic Violence and Crisis Center: SDVCC assists victims of domestic violence by providing confidential emergency shelter, advocacy and support services. The organization also works to influence public policy and attitudes towards domestic violence crimes.

Siskiyou County Behavioral Health: Crisis intervention services are available 24 hours a day, 7 days a week by calling 1-800-842-8979. Walk-ins are also welcome at either of the Behavioral Health offices at 2060 Campus Drive in Yreka or 1107 Ream Avenue in Mt. Shasta during working hours. Crisis counselors also respond to the emergency rooms at Fairchild Medical Center or Mercy Medical Center Mt. Shasta Hospital.

E.3 Emergency Shelter

Beacon of Hope Gospel Rescue Mission: This non-profit organization was formed in 2014 and is the only provider of congregate shelter in the County, which provides emergency seasonal shelter from approximately November 1 through March 31 each winter. Temporarily located in the Grange in Yreka, the organization has acquired a one-acre piece of property and is currently engaged in raising funds for the construction of a shelter building on this site. An average of 30 individuals per night are sheltered during the winter months.

Motel Vouchers: Motel vouchers for homeless individuals and families are currently provided by the Siskiyou Community Resource Centers, Siskiyou County Probation, Siskiyou Domestic Violence and Crisis Center, and Siskiyou County Health and Human Services Agency.

E.4 Rental Assistance

Shasta County Housing Authority: Provides Section 8 Housing Choice Voucher program to eligible residents of Siskiyou County, which reduces the tenant's share of monthly rent. There are currently 200 Section 8 vouchers allocated for use in Siskiyou County. For the first

time in its history, the Housing Authority is considering the allocation of Project Based Section 8 assistance to rental projects in their service region, which includes Shasta, Siskiyou, Trinity and Modoc counties.

Great Northern Services: Provides security deposit assistance to low-moderate income households in Mt. Shasta, subject to the availability of funds.

E.5 Mental Health Counseling and Support

Siskiyou County Behavioral Health:

Adult System of Care: Provides services to adult individuals suffering from severe and persistent mental health problems. These services include crisis intervention, psychiatric assessments, individual and group therapy, medication service, and case management. Outreach to homeless mentally ill individuals and other underserved populations, housing assistance and intensive ‘whatever it takes’ case management services are also available through the Full-Service Partnership (FSP) Program.

Children’s System of Care: Provides services to children with severe emotional and behavioral problems. Services include: therapeutic assessments; individual, and family therapy; case management/rehabilitation services; full service partnerships through the Mental Health Services Act; crisis services and coordination for psychiatric and medication services. Staff members work collaboratively with schools and other agencies throughout Siskiyou County to promote family unity and strengthen community support systems.

Fairchild Medical Center and Health Clinic: Provide mild to moderate behavioral health services, including two psychiatric mid-level practitioners.

Anav and Karuk Tribal Health Clinics: Provide mild to moderate behavioral health services.

Shasta Cascade Health Centers and Mountain Valleys Health Centers: Provide mild to moderate behavioral health services.

Six Stones Wellness Center: Operated by Northern Valley Catholic Social Services, Six Stones Wellness Center in Yreka provides a member directed wellness program that fosters wellness recovery and resiliency to those living with mental illness, including those currently or formerly experiencing homelessness. Members share their ideas to create a setting that is peer led and agency supported. Six Stones is a “stigma free” environment offering activities, groups, and social support opportunities, including 12-Step, Life Skills and Wellness Recovery Action Plan (WRAP) groups and classes.

E.6 Wrap Around Services

Siskiyou County Behavioral Health, MHSA Full Service Partnerships: Provides a broad array of services for individuals (both adults and children) with serious mental illness who are at risk of becoming or already homeless. Services include: case management, clinical therapy, rehabilitation, medication support, crisis support, housing assistance, board and care support and employment assistance, as directed by a Full Service Partnership Treatment Plan.

Siskiyou County Behavioral Health, MHSA Innovations: An integrated program between Behavioral Health and Fairchild Medical Clinic for clients with severe mental illness and chronic health conditions to help them navigate the healthcare system, follow up on appointments, and get labs and prescriptions. Includes case management, streamlined access to nurses, mental health clinician, and integrates the entire healthcare team in a multi-disciplinary approach.

Siskiyou County Probation Department: The Probation Department works with individuals who have been released from jail or prison for misdemeanor crimes, including those who are homeless. They provide temporary housing through motel vouchers, as well as bus passes, food, hygiene kits, and sleeping bags and tents. In conjunction with the Behavioral Health Department, they have applied for funding under Proposition 47 to provide housing and substance use services for individuals who are mentally ill and criminally involved.

E.7 Substance Use Treatment

Siskiyou County Behavioral Health Substance Use Disorders (SUD): Substance Use Disorder Services provides a continuum of care including prevention through intensive outpatient treatment programs for youth and adults.

Substance Use Peer Support Groups: These groups include Alcoholics Anonymous and Narcotics Anonymous meetings in Yreka, Mt. Shasta, Weed, Ft Jones, Dunsmuir, Lake Shastina, Montague and Greenview.

E.8 Health Care Services

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

Partnership Health Plan: Partnership HealthPlan of California (PHC) is a non-profit community-based health care organization that contracts with the State to administer Medi-Cal benefits through local care providers to ensure Medi-Cal recipients have access to high-quality comprehensive cost-effective health care. PHC now provides services to 14 Northern California counties, including Siskiyou County. Among the initiatives funded by PHC in Siskiyou to serve those who are experiencing homelessness:

- PHC Local Innovation Grants on Housing: PHC has provided each county in their service area with one-time funding to support projects that will expand access to housing (permanent housing and/or structured transitional housing) for Medi-Cal members enrolled with PHC. Projects must reflect a collaborative process involving community support and where possible, leverage existing local funds or other resources. PHC has committed to providing Siskiyou County with a grant of \$560,000 to support the development of permanent supportive housing for their members.
- Transportation services to assist members without other viable options, keep medical appointments. Services may include bus passes, taxi services, fuel reimbursement.
- Medication Assisted Treatment for substance use disorders, working in partnership with local hospitals and FQHCs.

PHC also works closely with the Siskiyou County Health Collaborative to plan for the physical and mental healthcare needs of individuals in Siskiyou County.

Hospitals:

Fairchild Medical Center, Yreka. Services include: Emergency department services, and Fairchild Medical Clinic serving those with Medi-Cal/Denti-Cal, which provides Primary Care, Women's Health, Dental Clinic and Medication Assisted Treatment for substance use disorders.

Dignity Health Mercy Mt. Shasta Hospital, Mt. Shasta. Services include: Emergency Department Services (including Medication Assisted Treatment for substance use disorders) and Primary Care Community Clinics in Mt. Shasta and Lake Shastina for those receiving Medi-Cal.

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

Shasta Cascade Health Centers: Siskiyou Medical Group in Weed and Mt. Shasta, Dunsmuir Community Health Center, McCloud Healthcare

Mountain Valleys Health Centers: located in Weed, Mt. Shasta, Butte Valley (Doris), Tulelake

Tribal Health Organizations:

Karuk Tribal Health (Yreka, Happy Camp, Orleans)

Anav Tribal Health, Quartz Valley Reservation (Ft. Jones)

Public Health Outreach Van:

The County’s Public Health van travels throughout the County four days per week, and provides HIV and Hepatitis C testing, flu shots, condoms, assistance with signing up for Medi-Cal and Cal-Fresh benefits, along with information and referral to community resources. The Public Health Department recently received approval from the California Department of Public Health (CDPH) to carry out a syringe exchange program, and those services will also be offered from the van.

E.9 Financial and Vocational Assistance

Siskiyou County Social Services Division, CalWORKS Temporary Homeless Assistance Program and Housing Support Program: Through the County’s CalWORKS Program, in addition to cash assistance payments, the County provides a variety of assistance to low-income households with children, including those who are homeless or at risk of homelessness. This assistance includes payments for temporary shelter or permanent housing benefits, as well as a specialized program, “Housing Support Program” or HSP. This program provides rapid re-housing with a Housing First approach, along with a wide range of financial and case management services.

Siskiyou Training and Employment Program (STEP): STEP is the contracted service provider of Workforce Innovation and Opportunity Act (WIOA) funded programs and services in Siskiyou County. Customers can access WIOA employment services through the One-Stop Center. Services include computerized literacy training, GED preparation, resume writing, interview preparation, career exploration, vocational assessment and funding for training.

F. COUNTY EFFORTS TO PREVENT CRIMINALIZATION OF HOMELESSNESS

The County currently operates a Drug Court diversion program and is in the process of developing a Mental Health Court, which provide a restorative justice alternative to traditional sentencing. Efforts will be made to ensure that those individuals experiencing homelessness which may have committed crimes while affected by addiction and mental illness are routed through these diversion programs. In addition, sworn Public Safety Officers in the community (include the Sheriff’s Department and City/Town Police departments) are working closely with County Behavioral Health staff to develop systems to proactively conduct outreach, engagement and intervention with homeless individuals whose behaviors may cause them to be involved with the criminal justice system. 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, especially with the Crisis Intervention and Outreach goals established in this Plan.

G. SOLUTIONS TO HOMELESSNESS IN SISKIYOU COUNTY

As a result of the collaborative community process which took place in the first 3 weeks of March 2019, the Homeless Coalition met on March 21, 2019 to review the input received, identified needs, and current services gaps to develop a set of Priority Areas for focus. These were further refined at the Coalition meeting of June 20, 2019. The Priority Areas are described below, with sub-sections for: identified needs and gaps; community challenges; 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 the NorCal CoC Strategic Plan, it is so noted.

Priority Area: Emergency Shelter (ES)

Identified Needs and Gaps:

- Funding to construct a year-round shelter, buy supplies and hire trained staff.
- No shelter aside from winter months, and those that are not in Yreka have no options.
- Day Center Services: laundry, showers, program services, case management.
- No low barrier shelters.

Challenges:

- There is a concern about the external impacts of the existing shelter, in terms of impacts to the neighborhood.
- Community churches previously took people in and provided temporary shelter, but discontinued due to problems with destructive behavior. This has influenced community attitudes about providing congregate shelter.

Goal Statement for ES1:

Goal Statement:

Augment shelter options to include:

- Shelter located on permanent site (Beacon of Hope).
- Year-round shelter.
- Day Center Services.
- Low-barrier options.
- Shelters in both north and south county.
- Sheltering options to address a spectrum of housing needs, like children, families, etc., within existing systems.

Objectives for ES1 by Timeframe:

Year 1:

- Recruit individuals to assist in writing funding applications.
- Develop a written plan for wrap-around services at the shelter, including funding.
- Research best practices to lessen impacts of shelter on community. Continue conversations at Homelessness Coalition and define what “success” means.
- Approach Wal Mart for donations, especially to address hygiene needs of guests.

- Identify grants and foundation funding for year-round shelter operational costs.
- Engage in data collection and research about successful models for day centers. Explore conversation with NVCSS/Six Stones Wellness Center about their capacity/interest to provide those services and what funding would be needed.
- Explore low-barrier shelter options.
- Research the shelter needs of diverse populations and best practices to address those needs.

Year 3:

- Open a year-round shelter option.
- Open a day center.

Year 5: Develop a spectrum of shelter options, including sober living environments, low-barrier and family sheltering.

Year 10: Develop emergency shelter options in north and south county.

Alignment and Support of CoC Strategic Plan: Priority One, Build the Emergency Shelter and Housing System.

Priority Area: Crisis Intervention and Outreach (C10)

Identified Needs and Gaps:

- Structured, formal outreach program.
- Drop-in, crisis intervention center for teens (like Six Stones Wellness Center).
- Law enforcement needs Behavioral Health Crisis Response team to accompany them on calls related to homelessness, and need a space for de-escalation with those in crisis.
- Case Management through a Multi-Disciplinary Team (MDT) approach.
- Community culture of understanding about homelessness, and information about county efforts to be proactive to help people for the long-term and not “just make the problem go away.”

Challenges:

- There are only 3 County Behavioral Health after-hours counselors.
- When Behavioral Health has to place someone on a 5150 Involuntary Psychiatric Hold, they must transport to Sacramento or the Bay Area, and transportation options to those psychiatric hospitals are very limited.

Goal Statement for C101

Goal Statement (C101):

The County and community partners will establish a structured homeless outreach program with coordinated case management based on a continuous relationship model.

Objectives for C101 by Timeframe:

Year 1:

- Utilize existing Homeless Mentally Ill Outreach Program funding.
- Complete execution of Multi-Disciplinary Team (MDT) MOUs and begin joint case management meetings.
- Implement coordinated law enforcement and Behavioral Health team outreach program based on funding.
- Hold on-going professional development meetings to educate Homelessness Coalition members about what services each organization can offer, including development of “homeless resource packet” with descriptions for services available.

Goal Statement for C102

Goal Statement (C102):

Crisis intervention is multi-disciplinary, includes peers with lived experience, and includes a structured system for follow up.

Objectives for C102 by Timeframe:

Year 1:

- Start a community volunteer and mentor program, which would include peers as part of crisis intervention teams and to assist with follow up.
- Provide mental health first aid training to community.
- Respond to hospital emergency rooms with “peer support” counselors, along with Behavioral health staff, including follow up.
- Research models being used in Trinity and Nevada counties.

Year 3: Staff involved with implementation of Permanent Supportive Housing receive de-escalation and mental health first aid training.

Goal Statement for C103

Goal Statement (C103):

There is a community culture of understanding and inclusivity for those experiencing homelessness.

Objectives for C103 by Timeframe:

Year 1:

- Execute an education and awareness campaign about the causes and solutions to homelessness.
- Organize a sub-committee to develop public outreach and education campaign, including Facebook, newspaper, etc.
- When community members report concerns to law enforcement about homeless community members, it will be used as an opportunity to make the reporting party aware of the partnership with Behavioral Health and other social service agencies when responding.

Alignment and Support of CoC Strategic Plan: Priority Two: Development Leadership and Coordination of Effort to Reduce Homelessness.

Priority Area: Transportation (TN)

Identified Needs and Gaps:

- Funding to provide bus passes to get people to shelter and services.
- Unrestricted funding to help with family reunification.

Challenges:

- Many services, including the seasonal shelter, are in Yreka. The county is large and population centers are spread out.
- The Greyhound bus only operates out of Weed, so individuals must have a way to get to Weed if they want to leave the county for services or to reunite with family and friends.
- People released from the County jail in Yreka often have no means to return to their community within Siskiyou County, and then become part of the homeless population in Yreka.
- When it is necessary to place an individual on a 5150 hold, Behavioral Health must transport out of the County, as far away as the Bay Area. The closest hospitalization choices are Chico or Redding.

Goal Statement for TN1

Goal Statement (TN1):

Service providers will have access to adequate amounts of funding, including unrestricted funds, to address immediate transportation needs for those who are homeless so that they can access needed services.

Objectives for TN1 by Timeframe:

Year 1:

- Work within Homelessness Coalition to expand the use of phone interviews and on-line applications for benefits so that travel need is reduced.
- Explore the use of a Uber or Lyft driver system to provide on-demand transportation for urgent needs.
- When writing grants, Behavioral Health, Public Health and Social Services will include funding requests for incentives, to include bus passes.
- Improve community education and awareness of availability of Managed MediCal transportation options.
- Coordinate with the local Veterans Service Office to meet veteran's transportation needs.

Year 3:

- Develop a transportation demand analysis and assign funding as appropriate.
- Continue collaboration with STAGE and the Siskiyou County Local Transportation Commission to ensure stops are located near homeless services and housing.

Alignment and Support of CoC Strategic Plan: Priority One, Build the Emergency Shelter and Housing System (Increase number of clients engaged in services).

Priority Area: Permanent Supportive Housing and Affordable Housing (PSH/AH)

Identified Needs and Gaps:

- More affordable housing
- Permanent Supportive Housing units
- Short-Term options, such as Tiny Homes, places to park RVs or trailers
- Rental Assistance (deposits, vouchers)
- Landlords willing to accept Section 8 vouchers

Challenges:

- Tiny Homes are not currently allowed by zoning codes in local jurisdictions.
- High rental costs in the county sometimes preclude the use of Section 8 vouchers.
- Landlords don't understand how the Section 8 voucher program really works.

Goal Statement for PSH/AH1

Goal Statement (PSH/AH1):

Develop Permanent Supportive Housing and Affordable Housing units available in the county.

Objectives for PSH/AH1 by Timeframe:

Year 1:

- Identify and select a Development Sponsor to partner with the County on a selected Permanent Supportive Housing model.
- In collaboration with the Shasta County Housing Authority, organize a series of meetings with property rental management companies and provide training and education on effective use of the Section 8 Housing Choice Voucher Program, and other vouchers.
- In collaboration with city and county planning staff, research options for people to live in trailers, RVs, tiny houses, ADUs, etc. Address needed zoning modifications to provide flexible housing options.
- Collaborate with the Veteran's Service Office to leverage and maximize the use of Veteran's funding for housing.

Year 3:

- Develop Permanent Supportive Housing units utilizing NPLH and other funding sources.
- Work in collaboration with Environmental Health, Fire, Planning, and Agriculture Commissioner, to develop a process to consistently identify substandard living conditions in unincorporated areas and seek funding to address housing rehabilitation needs.

Year 5: Develop an Affordable Housing Strategy which lays out a vision and action plan for the future development of affordable rental housing.

Alignment and Support of CoC Strategic Plan: Priority One, Build the Emergency Shelter and Housing System.

Priority Area: Health and Mental Health Services, Including Substance Use Disorders (HMH)

Identified Needs and Gaps:

- Structured Medi-Cal enrollment outreach.
- Health Navigators to help with appointments, follow up, medication.
- Mental Health counseling services.
- Immediate/emergency dental needs services.
- Storage of prescription medications.

Challenges:

- More demand for dental services than dentists accepting Denti-Cal.
- Lack of healthy food options at shelters and feeding programs exacerbates health conditions like diabetes.
- Attracting medical providers to the county.

Goal Statement for HMH1

Goal Statement (HMH1):

Improve access to care for those experiencing homelessness, and improve care coordination.

Objectives for HMH1 by Timeframe:

Year 1:

- Continue to coordinate with hospitals and local law enforcement agencies on discharge of homeless individuals.
- Collaborate with Health Care Collaborative to determine what building healthcare provider capacity looks like—is it a funding issue or being able to attract providers?
- Discuss importance of harm reduction with the community.
- Continue implementation of Medication-Assisted Treatment (MAT) in county jail and through local healthcare providers (Fairchild clinics, Mercy Mt. Shasta and Tribal Health), as well as the County Public Health outreach van.
- Continue active Narcan distribution to local law enforcement, fire departments, health centers, and the public.
- Coordinate with the Veteran’s Service Office to help homeless veterans access health and mental health benefits and treatment.

Year 3:

- As part of day center, include secure lockers to store prescription medications.
- Work with healthcare providers to develop a health navigation system targeted to consumers’ needs.
- Provide a “Project Homeless Connect” service fair, potentially in coordination with a similar event such as Armed Forces Day.

Year 5:

- Use Public Health outreach van to provide wellness checkups and telehealth services

Alignment and Support of CoC Strategic Plan: Priority Two, Develop Leadership and Coordination of Effort to Reduce Homelessness.

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

The Siskiyou County Health and Human Services Agency (HHS) has a number of systems in place to provide regular reports to its various federal and state funders, as required by regulations and contractual relationships. Within this infrastructure, it is likely that the HHS Behavioral Health Division's Intensive Case Management Program, part of the Full Service Partnership (FSP) offerings for those who are homeless, will be responsible for completing annual compliance reports 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 County will also make all efforts to work with Partnership Healthplan and their public safety partners (Sheriff and Police Departments) to track data on health care outcomes and utilization, and incarceration outcomes and utilization, per Section 214 (g) of the NPLH Guidelines. In particular, an understanding of housing as a key factor in addressing social determinants of health was a primary driver in the housing grants awarded by Partnership Healthplan in their region, so PHC will be actively involved in monitoring this data from their service providers. This will also support the County's efforts to reduce incarceration and calls for service for homeless individuals. The data will also be an evaluation tool for improving shelter and services. Collection of the data will require close collaboration with these partners, and strong relationships are already in place to help achieve this. However, there will be inherent challenges in collecting and reporting the data which include:

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

I. 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 by early autumn 2019.

At the time of the drafting of this Plan, there are two providers in Siskiyou County utilizing the HMIS system, Siskiyou Community Resource Centers and Beacon of Hope Emergency Shelter. Both have been using the system for approximately 18 months. The County Health and Human Services Agency plans to begin use of the HMIS system by Summer 2019, which will be necessary for the success of the NPLH program.

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

J. CONCLUSION

This 10 Year Plan provides a framework which will inform the workplan, schedule, funding and budgeting for activities and initiatives for Siskiyou County and its Homelessness Coalition in their efforts to end homelessness. The Plan is intended to be focal point for discussions to initiate partnerships and new strategies over time, so that the Plan remains vibrant and relevant. Siskiyou County has made good progress in its efforts to address homelessness with the development of the Homelessness Coalition and their active participation in the NorCal Continuum of Care. These efforts have demonstrated and enhanced the community's capacity to collaborate around a shared vision. The County, the Homelessness Coalition and the CoC can build a solid foundation of local resources upon these planning efforts, and can now capitalize on their efforts to attract new resources that will help them realize their goals.