

Nevada County Continuum of Care

The Ten Year Plan to End Homelessness in Nevada County

2009 – 2019

November, 2009

Table of Contents

Introduction	3-4
Our Vision and Mission	5
What Does it Mean to End Homelessness?	6
What Will it Look Like?	6-7
What is Required?	7-9
Homelessness in Nevada County	10
By The Numbers	11-12
Our Target Population	13
The Cause of Homelessness	14
Our Continuum of Care System	15-34
Prevention Services	15-16
Outreach, Engagement, & Assessment Services	16
Emergency Shelter Services	17-23
Transitional and Respite Care Services	24-27
Safe Haven Services	27-28
Permanent Housing Services	28-31
Homeless Management Information System	31
Summary of Gaps in Services	32-34
Funding	35-36
Nevada County CoC Collaborative Structure	37-38
Ten-Year Plan Work Group	39
Community Members and Organizations Supporting Nevada County Continuum of Care	40-42

Introduction

After many years of diligently working to assist individuals and families who are either at risk for homelessness or who are, indeed, homeless, the various non profit, faith-based groups, local governments and dedicated individuals in Nevada County have come together to create a collaborative approach to develop a Continuum of Care (CoC) system for homeless people. This has led to the creation of the Nevada County Continuum of Care Collaborative (NCCOCC). The purpose of the NCCOCC is to collaboratively work together to prevent homelessness and to assist homeless individuals and families to move to self sufficiency and permanent housing. The Nevada County Continuum of Care system will consist of seven basic elements:

1. A system of outreach, engagement, and assessment for determining the needs and conditions of individuals or families who are about to be homeless, or are homeless, and necessary support to identify, prioritize, and respond to persons who are chronically homeless;
2. Emergency shelters with appropriate supportive services to help ensure that homeless individuals and families receive adequate emergency shelter and referral to necessary service providers or housing search specialists;
3. Safe Havens with appropriate supportive services to serve hard-to-reach homeless persons with severe mental illness who are on the streets and have been unwilling or unable to participate in supportive services;
4. Transitional housing with appropriate supportive services to help homeless individuals and families prepare to make the transition to permanent housing and independent living;
5. Permanent housing, or permanent supportive housing, to help meet the long-term needs of homeless individuals and families;
6. Prevention strategies to intervene for persons at risk of homelessness or those being discharged from public systems such as corrections, foster care, mental health, and other institutions, so that they do not enter the homeless system; and
7. Implementation of a county wide Homeless Management Information System (HMIS). The HMIS is a computerized data collection application designed to capture client-level information over time on the characteristics of service needs of men, women, and children experiencing homelessness, while protecting client confidentiality.

This collaboration started in 2004 when concerned citizens, faith based organizations and non-profits started to meet to create a community homeless shelter, now know as Hospitality House. In June 2005, Hospitality House decided to do a homeless count. The purpose of the count at that time was to establish the need for an emergency shelter in western Nevada County. Hospitality House staff collaborated with Wayne Brown Correctional Facility, Manzanita Family Center, local governments, The Salvation Army, FREED, Community Recovery Resources, Domestic Violence and Sexual Assault Coalition, the Food Bank, Interfaith Food Ministry, Workforce Connection Career Center and community volunteers. The “point-in-time” count revealed 238 homeless persons in western Nevada County. As a result of the homeless count and the surveys collected, Hospitality House challenged our community, “to actively build a coalition among a broad spectrum of individuals, congregations and community organizations. Through sharing knowledge and experience and working cooperatively with service providers, we can effectively address the problems of homelessness. Through this shared community

participation, organizations can learn to better identify the causes of homelessness and advocate for solutions.”

In the fall of 2005, Hospitality House opened as a nomadic community emergency shelter. After two full seasons of operations, Hospitality House suggested that Nevada County form a CoC to End Homelessness. In September 2008, during the beginning of Hospitality House’s third season, our community started its Continuum of Care planning. Nevada County met with Placer County CoC in November 2008 to determine if it was feasible to join with their CoC. It was determined that it would be better to develop our own CoC. In December and January, the newly formed NCCOCC met to plan our January 23, 2009 Point-In-Time Homeless Count. Between February and November 2009 the NCCOCC met weekly or bi-weekly to create a Ten Year Plan document and to apply for grants to support elements of our Continuum of Care System.

The Collaborative has already been successful in applying for and receiving a Homelessness Prevention and Rapid Re-Housing (HPRP) grant in the amount of \$1,600,000 for the period September 2009 to August 2012 and a Federal Emergency Shelter Grant (FESG) for \$200,000 for the period of September 2009 to August 2011.

The HPRP grant funds are the first steps in funding our CoC System. These funds provide for outreach, engagement, and assessment for determining the needs and conditions of individuals or families who are about to be homeless, or are homeless, and necessary support to identify, prioritize, and respond to persons who are chronically homeless. These funds are highly targeted, with the majority of the funding being allocated for direct financial assistance, including rental assistance and housing relocation and stabilization support. In addition, funds are available for casework services and the implementation of a county wide HMIS.

Undoubtedly, the greatest community-wide benefit to be derived from this grant (apart from being able to offer an increased level of direct support to a targeted population eligible for program assistance), is a very strong commitment to interagency collaboration and the coordination of services.

The commitment of the agencies engaged in this collaborative partnership in Nevada County is to end homelessness in Nevada County by 2019. Our plan exceeds the national challenge to end the chronic homelessness of single adults by expanding our vision to address the needs of families and others who are transitionally or chronically homeless. It is our hope that this plan will assist our community in drawing down additional federal, state and other types of funding to support our efforts.

Our Vision

All individuals and families facing homelessness in Nevada County will have access to safe, decent, affordable housing, supported by the resources and services necessary to sustain them.

Our Mission

To provide leadership and develop effective strategies to address the issues of homelessness in our County.

To operate with a high degree of communication, collaboration and coordination.

To identify and ensure the provision of services required to address basic needs including, but not limited to, food, shelter, transportation, education, legal services, employment and health care.

What Does it Mean to End Homelessness?

What does it mean when we say that our plan is to end homelessness in Nevada County by the year 2019, for us as a county, our various communities, service providers, those people who are homeless or at risk of becoming homeless, businesses and the public at large?

We know that Nevada County is blessed with a tradition of service, volunteerisms and giving. Building on that, what would it take, to implement a plan to fully address the issue of homelessness, especially during a time of economic recession which is making this issue much more obvious and inclusive? We can no longer maintain the stereotypes of the person who is living on the streets or in the bushes by choice, waiting for a handout, when we see hundreds of thousands of people across this nation who are only one pink slip or one doctor's bill or one emotional breakdown away from losing their financial stability, their home, a meaningful and stable relationship and their sense of self-worth.

As you will see from reading this preliminary planning document, we already have a variety of successful social service and support programs in place in our county and a commitment by the key leaders of a wide range of organizations who have formed the NCCOCC to provide leadership, skills and resources required to turn our plan into a reality, so that all citizen of our County will have access to a home and their basic life necessities.

What will it look like?

We have identified some of the elements of our vision and wish to work with others in our community to build on these, so that we can co-create a plan that belongs to all of us and something into which we are prepared to invest our time, energy and financial resources. The following are not in any particular order:

- This issue is not, fundamentally, about homelessness, but about the quality of life in our community.
- Our community operates from a set of agreed upon set of basic social values and we are practicing the 40 Assets which focus on our collective strengths and abilities.
- Social issues are identified, accepted, even embraced, as problems looking for solutions and we believe we have the collective ability to address them in new and innovative ways.
- Our community grows in its sense of safety and security, knowing that we have, collectively, identified solutions and have in place the necessary resources and services.
- Individual and families with presenting issues can feel encouraged rather than discouraged.
- There are no “gaps” in service - there is an attitude of community service, based on the needs of the person, rather than the policies of individual organizations, where each door is a point of access to needed services and support and we have eliminated, at least for the individual needing support, the “silos” that have tended to separate us as service providers.

- There is a high degree of trust, cooperation and coordination between and among service providers and between service providers and their clientele, where the client feels cared about.
- Any public agency will have at their fingertips access to service resource information, flowing from a culture of support and service.
- We adopt a community solution oriented approach, rather than expecting one agency or organization to sort it out.
- There is no stigma attached to having a problem or a need, but a sense of being part of the solution as well.
- As we develop a wide range of housing and housing support options, based on the specific needs of the various populations identified through our planning process, they are designed to be integrated into the fabric of our community, rather than being isolated as something separate and apart.
- We have created a multi-layered diversity training program whereby we are not just addressing ethnic issues, but also attitudes and social stereotypes about people who are labeled as “poor” or “homeless”.
- There are more public/private collaborations which invest in meeting social needs of our community.

What is required to achieve these objectives?

- As an overarching issue, appropriate levels of funding are very important, but being able to use funding more flexibly, or at least being very innovative about how to use available funding, is equally important, so that we can create a true *community service* approach.
- In line with that, we need to create a level of trust among service providers and funders to address organizational territoriality issues which can lead to duplication of service or effort, while respecting the fact that every group or organization had its rightful role or mandate and that we do not wish to eliminate choice for the consumers of our services. Thus, communication, coordination and collaboration, as the CoC is designed to achieve, is most important. In light of that, we need to look at which service providers are currently not “at the table” and invite their participation.
- All of our attention needs to be on the needs of the person, rather than focusing primarily on policy.
- Elimination of stigma for the consumers of our services is important, so they feel partners in sorting through their needs and planning for their future.
- Education to the community at large to know what services are available in our county and how to most readily access them, is critically important to achieving a responsive and seamless service focused approach. Through the HPRP grant, we are establishing a one door approach, with a substantial community outreach program.
- There are some basic, and sometimes unique, issues in our county which need to be recognized and addressed in order to fully deal with the issue of homelessness in the next ten years. The following are some of them, but the list is, by no means, complete:
 - Transportation and geography are two very related issues. Since our county is divided by the mountains and the majority of services are based and operated out of Western Nevada County, accessibility for those in the Truckee area is often

difficult, especially since there is no readily available public transportation between the two parts of our county. Given the fact that many of our service consumers do not have access to reliable transportation, this makes access very challenging. Even in Western Nevada County, with rapidly diminishing public transportation to many areas, getting to a possible job, a doctor's appointment, a therapist or getting out of an abusive situation, is very difficult. Transportation ranks very high on the list of basic needs identified by agency clientele.

- The overall cost of living in this area tends to be high, including both food and shelter costs. Combine that with the majority of employment opportunities at this time being relatively low paying jobs in the service sector (when they are available), and we have an unsustainable combination. Working with the business sector in our community, we need to look at innovative grassroots employment development possibilities and improved vocational training. Expanded organized opportunities to purchase, share or barter goods, food and services are essential in order to address both current and longer term needs.
- There just is not enough affordable housing to meet the needs of our current population. Even though the housing elements of our various jurisdictions address the need for affordable housing, the possibility of this happening in the short term is pretty slim, since the incentives for private enterprise to develop these in our current economic climate are probably fairly remote and the planning cycle to approve housing development in this county tend to drag on for long periods of time. The bottom line is that congregate housing which separates off "the poor" for the rest of our community is not a desirable model anyway. It behooves us to look at other more integrative approaches, including a substantial expansion of Habitat for Humanity type programs, and accessing our currently available housing stock in a way that makes it affordable for those we wish to support and serve. This will take a concerted effort by agencies, planners and private sector developers and we might need a substantial attitude adjustment, based on good information and better education about the needs of our county.
- We know that prevention is usually a more desirable option than intervention. This is true for homelessness prevention as well. Through the use of our current three year grant we will be able to introduce a model which combines the best of prevention strategies with a wide range of support services offered throughout our county. Unfortunately, the number of families we can serve through this grant funded approach will be relatively small. Hopefully, in parallel, as we learn from this more integrated approach, we will be able to begin to apply these understandings to the larger issue of homeless in our county, rather than waiting until we have finished the grant funded program. The members of the NCCOCC are all committed to making our service system work better and more cooperatively.
- In the meantime, we need to focus on expanding our emergency shelter capacity, and developing supported transitional housing and Safe Haven opportunities. We also must address the needs of those, who for often very complex reasons, including the fact that they are not sober, are unable to use even the emergency shelter models which are currently available. They need, at a minimum, some very basic shelter in a safe location, whether this means a yurt, some kind of

community tent arrangement with services, or whatever it takes. Too many of our community homeless now live in tents or under tarps on private property, with no access to clean water or toilet facilities and vulnerable to exploitation and violence. In addition, there are people who are currently homeless whose closest companion and confidante might be a dog or other animal. None of our emergency shelter programs currently have the ability to offer accommodation for these companion animals, which usually means that the individual chooses to forgo accommodation in order to stay with their companion.

- Another identified need is the lack of one or more community activities areas or community centers, where need and interest will determine what's being offered, including social activities and peer or other non-professional support. This would eliminate the need for those who are currently being served by emergency shelters or other focused programs to be on the street or in the parks, often being hassled, because they are not allowed to congregate or deemed undesirable in that location while there are no places for them to go for long periods of time during the day.
- An important subset of our target population are young people, often separated from their families, or who have been discharged from foster or group home care, who have lost critical elements of their support system. We need to make sure there are a range of support services available to them as they transition to independence, so that independence doesn't mean homelessness and hopelessness at this critical time in their lives.

As we continue to expand our plan, we will create the time specific short, medium and long term objectives necessary to attain our vision for Nevada County, taking into consideration all of what we have shared above, and recognizing that we have a vision of a compassionate accessible community, where every resident will have access to adequate and appropriate food and shelter to meet their particular needs.

Homelessness in Nevada County

Nevada County is primarily a rural area consisting of 960 square miles. The eastern section of Nevada County, which includes the town of Truckee, is separated from the western section by the Sierra Mountains. According to the 2008 census, the population of Nevada County is just over 97,000 people, the median income is \$24,000, almost 9% of our community survives below the poverty level and 10% of that group are children under eighteen.

Nevada County's unemployment rate has jumped 74% in 12 months. In June 2008, the unemployment rate was 6.4%. It has almost double in the past year to an all-time high of 12.5%. In the last year, Hospitality House served 323 individuals, Booth Family Center helped 94 families (282 people), the Domestic Violence and Sexual Assault Coalition (DVSAC) helped 113 people, and Community Recovery Resources (CoRR) housed 90 individuals. This is a total of more than 800 people who were homeless for some time last year. While there may be a slight duplication of numbers, these shelters tend to target and help different population groups. With the downturn in the economy, all of the emergency shelters have experienced an unprecedented demand.

Nevada County has been aggressive in its attempts to address our homeless population. We currently have a seasonal homeless shelter, Hospitality House, and a homeless shelter for families, Booth Family Center. While these shelters address some of the issues associated with homelessness, our community realizes we need to increase our coordinated services and serve more of our homeless. We realize that homelessness is a complex issue that has no easy, quick solution.

Eastern Nevada County, which consists of the Town of Truckee and surrounding area ("Truckee Region"), is home to approximately 16,000 residents. The Truckee Region is geographically isolated from the more populous Western Nevada County. Most of the county's services tend to be located in western Nevada County, since that is where the bulk of the population resides. The Sierra Mountain Range divides the County into two separate geographic regions, making it difficult for eastern County residents to access services in the west, especially during winter months, when significant snowfall makes travel dangerous and, at times, impossible.

Because of the isolation of the Truckee Region from the rest of the County, its experience with homelessness and services designed to serve the homeless population differs significantly from that of the Western Nevada County/Nevada City/Grass Valley region. For example, the much harsher winter climate in the Truckee Region results in a much greater visible homeless population in Truckee in the summer than in winter. During winter, the severity of the mountain weather forces homeless individuals to move to warmer regions or find temporary housing with friends or families. Further, the Truckee Region has higher overall housing costs, making the lack of affordable permanent housing an even greater problem.

By The Numbers

On January 23, 2009, Nevada County conducted a point-in-time homeless count. Our statistics are based on surveys filled in by those who came to the United Methodist Church in Grass Valley where they were offered food, clothing, legal, and medical care that night and through a street hand tally count. The count identified 438 homeless individuals, with 58% filling out surveys.

Of those who completed the surveys, 53% (232) indicated they had no regular place to stay. The surveys showed that 40% (175) had spent the previous night in either a shelter or a transitional housing; 21% (92) had been on the street, in their car or somewhere else; 5% (22) in either a treatment facility or jail; 1% (4) in their own home; and 33% (145) at a friend's or relative's house.

Almost 24% indicated that they would be forced to leave where they were staying the following week, with 13% indicating they left their last place because of family violence and 63% stating that they did not have a place to stay or the money to get a place to stay.

Gender, age and race:

Of those who filled in the survey, two thirds were men and one third were women, with 29% being between the ages of 16-24. The majority (67%) were between 25 and 59 years of age; and only 3% were over 60 years old. By far the largest group (90%) identified themselves as White, 9% as American Indian and 5% as Hispanic, 3% as Hawaiian, 2% as Black, 1% as Pacific Islanders, and 3% as "other."

Frequency of Homelessness:

Thirty two percent (32%) responded that they had been homeless for a year or more; another 26% for more than three months and 17% for between one and three months. Of the rest, 10% had been homeless for a week or less.

Of this group, more than a third shared that they had been homeless for four or more times in the last three years, another 31% stated that they had been homeless two or three times during that period and for 27% this was their first time being homeless.

Veterans:

Twelve percent (12%) indicated that they had served in the Armed Forces.

Foster Care or Group Home:

Thirty one percent (31%) stated that, as a child, they had spent time in a foster or group home.

Disabling Conditions:

More than half (53%) said they had a disabling condition, with the largest group (31%) stating it was a physical condition; 28% indicated that it was a mental illness; 11% stated that they had either a developmental or learning disability; and 1% stated they were disabled by HIV/AIDS.

Thirty eight percent (38%) stated that they had problems with drugs or alcohol and two thirds of them were currently in a recovery program.

Marital Status and Family:

By far the majority of those surveyed were single (71%) with another 19% stating they were either divorced, separated or widowed, and only 7% were married or had a partner currently staying with them.

Only 18% indicated that they had family members staying with them at the time of the survey, with 39% stating that it was only themselves and one other person, while another 33% had between two and five others staying with them.

Children:

Sixty four percent (64%) of children living with their parents were between the ages of 0-15 and 2% were between the ages of 16-24. We had a large number of children that we did not know their ages.

Services Needed:

The respondents listed as many services as they felt they could benefit from, so these categories are not mutually exclusive.

Permanent Housing	70%
Financial Assistance	59%
Food or meals	58%
Health Care	48%
Education/Job Training	47%
Transitional Housing	46%
Clothing	39%
Emergency Shelter	37%
Mental Health Treatment	34%
Drop-in Center	33%
Other	30%
Alcohol/Drug Treatment	17%
Domestic Violence Counseling	08%

Our Target Population

Our County Ten Year Plan will address all four categories of homelessness:

Chronic Homelessness

Those who experience extended episodes of homelessness (generally two or more years). It is the most visible form of homelessness. These are often the people seen on the streets of our neighborhoods and communities and constitute approximately 10% of the homeless population. The characteristics of the chronically homeless generally are unaccompanied individuals, homeless for a year or more or multiple times over a several year period, disabled by addiction, mental illness, chronic physical illness or disability, or developmental disability, frequent histories of hospitalization, unstable employment, and incarceration with an average age in the early 40s.

Episodic Homelessness

This refers to those who experience recurrent periods of homelessness. This population is usually younger, use the shelter system sporadically, often have substance abuse issues, and are resistant to services. However, they are frequent users of emergency room services and often resort to crime to fulfill their needs for food and/or desire for illegal substances.

Transitional Homelessness

This refers to individuals and families who have a single episode of homelessness and for a short time period. This population uses services for a brief time. This category includes the majority of the homeless population during a single year time frame.

Hidden Homelessness

This includes people who live with others, are “couch-surfers”, stay in automobiles, campgrounds, tents and make-shift dwellings. Even though we attempt to include their population in our homeless count, we no doubt miss many of them.

Our Ten Year Plan will be most successful when we have a “buy-in” from our entire community, not just service providers familiar with our homeless situation. We look forward to having this issue addressed as a community priority, whereby we recognize that everyone has the right to a home.

Efforts to include our entire community must include wide ranging information dissemination and education through presentations to civic organizations, religious groups, government agencies, service providers, businesses and schools.

The Causes of Homelessness

A shortage of affordable rental housing

There is a lack of affordable housing in every part of our county. Although the recent updates to the Housing Element in each of the county jurisdictions attempt to address this issue, there is no market driven support for a major initiative at this time and, without major community political support, this will not be effectively addressed by the various level of government, given the current economic situation.

Poverty and low-income jobs

In 2007, almost 13 percent of Californians were “officially” poor. That’s almost five million people who had incomes below the federal poverty level. With the current economic situation, this number will probably have dramatically increased. 2009 statistics show that 31.8 percent of poor families have a household member who is working full-time and in another 36.7 percent, someone is working part-time. Thus, this is a very vulnerable population. As mentioned earlier, we know that in Nevada County the median income is \$24,000 and that 8.8 percent of our community survives below the poverty level.

Mental Illness, substance abuse and disabilities

Mental illness, substance abuse and disabilities increase the risk of displacement for the precariously housed, only to be compounded by the difficulty of finding and keeping housing on a limited income. In the absence of appropriate treatment, securing housing is problematic.

Lack of health care coverage

According to 2008 data, California has over 6.6 million uninsured persons, meaning that more than 20 percent of Californians remain uninsured. Almost 25 percent of California’s uninsured population has a family income below the federal poverty level. Many of these are childless adults who are ineligible for publicly-funded health insurance, such as Medi-Cal.

Lack of training and education

There is an evident relationship between education and the likelihood that an individual will become homeless. Lack of jobs, training and housing are the greatest barriers to self-sufficiency. In a Placer County survey completed in preparation for their Ten Year Plan a few years ago, lack of knowledge about the job market, educational opportunities and training programs were also cited. Of the homeless surveyed, 32 percent left school prior to the 12th grade, 36 percent completed High School and 25 percent completed at least two years of college, five percent completed four years of college, one percent completed graduate school and one percent completed vocational training. Given the somewhat similar demographics between our two counties, these results would probably be relevant for Nevada County as well.

(The categories and much of the generic narrative information in this section was taken from the Placer County Ten Year Plan to End Homelessness.)

Our Continuum of Care System

As a Continuum of Care, it is our intention to offer comprehensive supportive services that assist those who are homeless towards self-sufficiency and stable, permanent housing. This would include a coordinated, collaborative effort in both sections of our county. Nevada County is committed to embracing the challenge of system change and integration necessary to prevent homelessness and to end homelessness for all our community members.

The following are some of the programs and strategies currently in operation and plans to expand services to meet identified needs.

Prevention Services

Prevention of the causes of initial, prolonged or repetitive homelessness will make a significant impact on ending chronic homelessness. Prevention often can be achieved through social service intervention or some form of immediate financial help to serve as a safety net for individual or family resources. Preventive and crisis intervention services can assist individuals and families address crisis housing issues in ways that will prevent homelessness. Local agencies provide a wide range of services that are available to persons at risk of homelessness, including:

- Emergency rental assistance
- Emergency shelters
- Transitional and supportive housing
- Financial Literacy and debt management
- Employment assistance
- Legal Assistance
- Home repairs/rehabilitation
- Utility assistance
- Homeowner education
- Substance abuse and mental health treatment
- Domestic violence education and assistance
- Information and referral services

The focus of the Homelessness Prevention and Rapid Re-Housing (HPRP) grant funding is to assist participating agencies in being able to offer both direct financial support and additional casework services over the next three years, with a high level of attention being paid to coordinated intake services and supportive planning with those potentially eligible for this program.

Rapid Re-Housing

We have access to funds for rapid Re-Housing from the HPRP grant for the next three years. At the conclusion of the HPRP grant, we hope to have in place systems that will have been created during the HPRP grant period. Furthermore, we are looking into negotiating with local motels

for reduced extended stay – weekly or monthly rates – that can be used after emergency shelter services are exhausted and before households move into transitional or permanent housing.

Prevention Services Gap in Services

The NCCOCC will need to develop a strategic plan to support the sustainability of the prevention services provided through the HPRP grant and implement such a prevention sustainability plan.

Outreach, Engagement and Assessment Services

Our initial outreach, engagement and assessment services are as outlined in our Homelessness Prevention and Rapid Re-Housing (HPRH) grant application, which will form the foundation of a more expanded plan and includes, but is not limited to:

- Outreach to the general public, describing the program and detailing how potentially eligible individuals may apply for services. These efforts will utilize local media and the county 211 telephone information and referral services.
- Targeted outreach to providers at "points of contact" with potential homeless/at risk individuals and families. These providers include partner agencies as well as other homeless services providers and collaborating agencies such as county health and human service programs (mental health, CalWORKs, General Assistance, HIV/AIDS, WIC, substance abuse treatment), law enforcement, the jail, faith-based organizations, health clinics and hospitals, food banks and food distribution programs, family resource centers, transitional age youth independent living programs and schools.
- Networking at local meetings and events as a means of building greater community understanding of the need, importance and operations of the program.
- Coordinated efforts for screening, enrollment and coordination between HPRP and existing programs serving homeless and at risk individuals and families. This is essential to avoid duplication of services and ensure the delivery of seamless services. Special procedures are included to ensure that program participants who currently receive CalWORKs homeless assistance and General Assistance benefits will be identified, their information tracked in the Homeless Management Information System (HMIS) and their services coordinated.
- Contact and collaboration with service providers who work with individuals with mental health, substance abuse, low education and skill levels, poor credit and eviction histories. All factors which can contribute to homelessness.

Outreach, Engagement and Assessment Services Gap in Services

The NCCOCC will need to develop a strategic plan to support the sustainability of the outreach, engagement and assessment services provided through the HPRP grant and implement such an outreach, engagement and assessment services sustainability plan.

Emergency Shelter Services

Hospitality House

Foothill House of Hospitality (Hospitality House) is a non-profit corporation dedicated to improving the health and quality of life for homeless persons of all ages regardless of race, color, national origin, religion, disabilities, sex/sexual identification, or ability to pay. Its mission to provide a compassionate place of rest, sustenance and dignity for those who are temporarily without homes is realized at no charge to guests through an extensive, grass-roots collaboration between more than 25 diverse faith-community partners, over 300 volunteers, multiple local governmental agencies, First 5, rural area community clinics, substance abuse providers, community-based services, individual community leaders, and donors.

Founded in 2004, Hospitality House serves rural Western Nevada County and surrounding areas where transportation (access, cost and rural roads), weather (particularly freezing temperatures in winter), poverty, gentrification, ability to camp in forested areas and river access result in a hard-to-serve, high risk, homeless population estimated at 500. Using HUD survey formularies, community members of all denominations and affiliations surveyed people who self-identified as homeless. As a result of survey findings, a nomadic shelter model providing seasonal overnight shelter and year-round services, born from need, was created from existing community resources, local grants, and locally unprecedented collaborations, to address the issues of this vulnerable and underserved population. An estimated 80% of Hospitality House guests were born and raised in Nevada County.

During the months of October through April, Hospitality House offers shelter to homeless individuals on a nightly basis.

- At 1:00 pm people seeking shelter for the night gather at the Welcome Center. A shelter monitor fills out an intake form for each person. This form includes sections for TB testing, dates of screening/results, which is provide free to all shelter guests. The intake form also includes a section that asks questions regarding health and family issues, legal issues and supportive service needs.
- Each guest receives personal hygiene products, a sleeping mat, a sleeping bag and a pillow. Personal belongings are locked up and stored at the Welcome Center. A bus transports guests to the host site. Shelter volunteers greet the guests and help them settle in. Evening volunteers provide dinner, support for the monitors and friendship to the guests.
- The shelter monitors are responsible for supervising all guests and volunteers and for making sure all policies and rules are carried out.
- Guests receive a light breakfast before returning to the Welcome Center in the morning, where they pick up their personal belongings.

During the last winter shelter season, from October 15, 2008 through April 30, 2009 (183 nights), Hospitality House provided 5,652 shelter nights for an average of 30 shelter guests per

night. Hospitality House had 2,632 drop-ins during its summer drop-in program, which is open 113 days during the summer, for an average of 23 guests per day.

The Welcome Center where guests meet, lunch, shower, do laundry and obtain supplies, is centrally located in downtown Grass Valley with public transportation access. Onsite, or during the evening at host facilities, Hospitality House and its collaborative partners provide:

- 3 meals daily (Food to go for those unable to attend the group meals)
- Voluntary medical care and limited pharmacy services weekly
- Annual dental screenings and off-site emergency dental care
- TB testing and immunizations
- Mental health and substance abuse services
- Case management/Referrals (Hospitality House Case Manager and staff)
- Eligibility Worker/SSI Applications (Nevada County Department of Social Services)
- Hot showers, laundry, bedding, change of clothes, coats etc.
- Community events such as the popular “Empty Bowl” dinner where local potters create bowls to keep and local restaurants fill the bowls with their soups and bread. Recreation and community-building such as daily house meetings, and movies, games, and cards
- Bus passes, cab fare and disabled/medical transport if eligible
- Life skills and personal life-enhancing activities/plans
- Crisis support and, of course,
- Shelter

Hospitality House Gaps in Services

The economic downturn in our area is increasing the number of homeless in our community. Hospitality House served approximately 60% more guests in its first three months of operation last shelter season than it did the prior year during the same period of time. The program is currently averaging approximately 20% more guests each month and is operating at capacity.

Hospitality House has outgrown the current Welcome Center and its program model and is currently unable to transport additional guests to the overnight shelters, which are basically at capacity every day. Additionally, they do not provide any transportation to or from the Truckee region, so no emergency housing shelter services are available to eastern Nevada County.

Hospitality House is committed to securing a facility that will allow it to create a residential facility with the ability to increase its capacity to 60 guests and provide shelter services 12 months a year. This facility will allow for expanded services aimed at moving guests into transitional and permanent housing. (See the section on Eastern County Services for more information on emergency shelter solutions for the Truckee area.)

Booth Family Center

The Booth Family Center, formerly known as Manzanita House, is a nine-unit motel-style emergency shelter facility operated by The Salvation Army which allows families to stay for 90-180 days. Each family stays in their own room, which has furniture and linens, and cooks their own meals in a community kitchen.

Case management is provided to each family, helping them to find employment, continue their education, find housing, childcare, etc. They are expected to save 33% of their income, which is given back to them at the time of exit. If they are in need of recovery, they are connected with recovery resources and meetings.

There is a Day Drop-In Center, where families can go to during the day and explore community resources which can help them find options to escape the cycle that people often find themselves in when they become homeless. They can use computers to learn budget counseling, go to parenting classes or just pick up bus passes. Staff is actively engaged with the client to find stable housing. Booth residents will have access to the HPRP grant services which will be available from 2009-2012.

Booth Family Center Gaps in Services

There are more families in need than what the Booth Family Center can provide services for. They have an ongoing waiting list of families to enter their facility. Booth Family Center also does not provide for transportation for clients from the Truckee region so this resource is not available for eastern Nevada County. (See the section on Eastern County Services for more information on emergency shelter solutions for the Truckee area.)

Emergency Assistance Coalition

The Emergency Assistance Coalition (EAC) provides assistance to people needing emergency shelter, food or gasoline. The system is easily assessable, and does not duplicate services. Since its inception in 1989, EAC has served 7,846 adults and 5,161 children to date, providing food and shelter for them. EAC has provided 4,522 nights of lodging, 2,763 meals and 1,778 gasoline vouchers.

Until earlier this year, access to EAC services was provided by volunteers from our community's churches. The volunteers manned the phones from 3:00-9:00PM Monday through Friday and 9:00AM-9:00PM weekends and holidays. The Sheriff's department took over responsibilities after 9:00PM. The lack of a sufficient number of volunteers resulted in Nevada County Human Services taking over responsibilities for EAC. Currently, the county is seeking an agency to assume these responsibilities. To date, no agency has been identified.

Emergency Assistance Coalition Gaps in Services

Funding has always been a challenge. In our current economy, funding and donations for EAC have decreased by almost 50% while the requests for services have increased approximately 80%. We also need to identify an agency to assume this function.

Domestic Violence and Sexual Assault Coalition (DVSAC)

The Domestic Violence and Sexual Assault Coalition (DVSAC) shelter, a leased facility, offers 12-15 beds for stays of up to 60 days, as well as staffing to provide supportive services during those stays. Limited emergency shelter for victims in the western Nevada County is also available through hotel vouchers paid for by the two domestic violence agencies (the DVSAC and Women of Worth) and some occasional social services through CalWORKs funding. Supportive services to domestic violence victims – adult and children's counseling, legal assistance and advocacy, referrals to medical and social services, and assistance with more permanent housing – are offered both at the shelter as well as from DVSAC's office location.

DVSAC Gaps in Services

Emergency shelter resources for victims of domestic violence in Nevada County have recently been threatened by the elimination of California's Battered Women's Shelter funding, which helped to fund 94 shelters statewide. The western county's only 24 hour domestic violence shelter had to temporarily close its doors in mid-2009, and even with the recent resumption of temporary alternative funding faces an uncertain future. DVSAC is working through grant-writing and community fundraising to re-establish a sounder financial footing for its 24 hour shelter.

Finding transitional and permanent housing for victims and children leaving emergency shelter has also been a challenge. There is often a waiting list for the Booth Family Center's nine units (still considered emergency shelter), and similar waiting lists for low income housing. There are at times some financial resources available to qualifying domestic violence survivors and their children for relocation, deposit and rental expenses through Victim Compensation Funds and the CalWORKs program. Assistance has also come from the faith community and Women of Worth, a largely volunteer domestic violence agency in the western county.

The goal for the domestic violence subgroup of the homeless population is to maintain and strengthen the financial support for a staffed 24 hour shelter with on-site services, and to establish a transitional facility for those moving out of the shelter that are unable to immediately find permanent housing. Too often victims return to their perpetrators following their time in emergency shelter, trading safety for a home and financial support.

Women of Worth

Women of Worth assists families in crisis, especially those escaping domestic violence and sexual assault. They work to increase self-reliance and improve the quality of life for individuals and families by assisting them in rebuilding their lives. Women of Worth was founded in 2001 by Sandy Schmidt, a survivor of domestic violence with a passion to see the lives of abused women and children restored. Services are designed with this question in mind: “What would have helped to escape and start a safe, new life?” Women of Worth (WOW) assists victims of domestic violence and families in crisis with the following resources: shelter, furniture and household items, educational and career assistance, transportation, mentoring, referrals for legal assistance, counseling, and other services.

Women of Worth’s highest priority is the establishment of a transitional facility for women and children leaving emergency shelter, but such a facility does not yet exist. The most encouraging recent development with respect to more permanent housing has been the acquisition of the Homelessness Prevention and Rapid Re-Housing stimulus grant recently awarded to the county, which includes financial resources and case management to victims wishing to relocate from a violent environment.

Women of Worth Gap in Services

The top priority project for Women of Worth (WoW) is to open a transitional home that will accommodate women and their children who have been the victims of domestic violence and abuse.

These women and their children will be able to live in this home for up to 12 months. During that time, a number of wrap-around services will be provided to these clients. These services will include, but are not limited to: counseling, employment assistance, permanent housing assistance (including help with rent/deposit payments), basic subsistence assistance (food, clothing, hygienic, etc.), transportation, medical and legal facilitation. WoW will also assist clients moving into permanent housing with furniture and other household necessities.

Wrap-around services may be provided via WoW’s resources (financial, material and volunteers) or through a partner agency in the community.

Women of Worth is seeking a property with a minimum of 3,500 square feet, has 5 bedrooms and 3 baths with a large kitchen. WoW is open to renting this property and, over time, possibly constructing a building that would also include office space for the agency. The target date for establishing this home is in the Spring of 2010.

Tahoe Women's Services

Tahoe Women's Services (TWS) is a community-based organization providing direct services to victims of domestic violence, sexual assault, child abuse and other individuals in crisis. Incorporated as an independent non-profit, 501(c)(3) public benefit corporation in 1985, the agency maintains three office sites, one shelter and has 16 staff members and two AmeriCorps Volunteers.

TWS is currently the only agency providing assistance to victims of domestic violence and sexual assault in the North Lake Tahoe/Truckee region of California and Nevada. In California, TWS serves the Truckee community in Nevada County and several Placer County communities along the north shore portion of Lake Tahoe. In Nevada, TWS serves the Incline Village and Crystal Bay communities along the north shore portion of Lake Tahoe. All information and services are available in English and Spanish.

TWS provides a three-bedroom (6-bed capacity) family shelter for women who are victims of domestic violence. Women and their children can stay for 60 days. They also provide individual, group and peer counseling for survivors of domestic violence and sexual assault, as well as a Kid's Time Program for child survivors of domestic violence. Other services provided to survivors of domestic violence, sexual assault, and child abuse include: accompaniment to area hospitals and to court, emergency transportation, therapy, children's services, rental, utility, and food assistance, interpretation services for Spanish speakers.

Tahoe Women's Services Gaps in Services

Emergency shelter resources for victims of domestic violence in Nevada County have recently been threatened by the elimination of California's Battered Women's Shelter funding, which helped to fund 94 shelters statewide. Tahoe Women's Services is working through grant-writing and community fundraising to re-establish a more sound financial footing for its 24 hour shelter.

Finding transitional and permanent housing for victims and children leaving emergency shelter has also been a challenge. There is no other emergency shelter facility in the Truckee region, which means a family has to relocate out of the area if they cannot find permanent housing. Even if the family wants to stay in the Nevada County there is often a waiting list for the Booth Family Center's nine units (still considered emergency shelter), and similar waiting lists for low income housing. There are, at times, some financial resources available to qualifying domestic violence survivors and their children for relocation, deposit and rental expenses through Victim Compensation Funds and the CalWORKs program. Assistance has also come from the faith community and Women of Worth, a largely volunteer domestic violence agency in the western county.

The most encouraging recent development with respect to more permanent housing has been the acquisition of the Homelessness Prevention and Rapid Re-Housing stimulus grant recently awarded to the county, which includes financial resources and case management to victims wishing to relocate from a violent environment.

The goal for the domestic violence subgroup of the homeless population is to maintain and strengthen the financial support for a staffed 24 hour shelter with on-site services. Too often victims return to their perpetrators following their time in emergency shelter, trading safety for a home and financial support.

Eastern County Gap in Emergency Services

Other than a three-bedroom family shelter provided by Tahoe Women's Services for women who are victims of domestic violence, there are no emergency shelters in Eastern Nevada County and neither Hospitality House nor The Booth Family Center provide transportation for residents of the Truckee area to Grass Valley. The Tahoe Women's Services shelter can house three women and their families for a maximum of two months.

There are also very few viable alternative options for emergency shelter. Several local Churches will provide one or two nights of housing in a local motel, but there is no centralized system for referral or intake to these churches. Nevada County has a program which can provide emergency housing vouchers for hotels, food, or a Greyhound ticket, but only for non-residents. Residents can receive a bus ticket to Nevada City or Reno in order to stay at an emergency shelter there. But in the winter, the shelters in those locations are usually full by the time a Truckee resident arrives. Additionally, because these shelters are not local, if the individuals needing emergency shelter have school-age children or are working in Truckee, they will be forced to take their children out of school or lose their job in order to have safe shelter.

Truckee has established a working group on homelessness issues, comprised of representatives from County agencies, the Town of Truckee, local nonprofits, the hospital, the police department, members of the faith-based community, and residents, some of whom are currently homeless. This working group will continue to meet to discuss options for an emergency shelter and transitional living and to bring in representatives from other regions that have programs that could be replicated in Truckee. Filling the gap in emergency shelter service is a high priority for the working group.

Transition and Respite Care Services

Odyssey House

Nevada County currently has a ten bed live-in rehabilitation/transition program dedicated to meeting the needs of people with serious mental health issues who either need the housing to avoid acute psychiatric hospitalization or are stabilizing following such hospitalization. Odyssey House offers a residential setting for social rehabilitation, where possibilities exist to empower the resident to restore individual functioning skills and to integrate him or her into the community. Residents are linked with the services of multiple county departments. Many of the residents are open to services offered by Behavioral Health and attend the Behavioral Health Wellness and Recovery program. Odyssey House also offers a day program to provide more intensive individual supervision and structure for those residents whose symptoms are so severe that they are not ready to participate in the Wellness and Recovery Program. These residents are often taken on outings during the day. This housing is limited and is almost always for people with Medi-Cal. Many of the residents are homeless.

Odyssey House Gap in Services

Nevada County needs a similar 10 bed transitional house for homeless seriously mentally ill people without Medi-Cal.

Services for Transition Age Youth (ages 18-22)

Nevada County youth transitioning into independence at age 18 face particularly difficult obstacles to becoming successful and self-supporting. The cost of living is high compared to the average pay a person in this age group would earn. Due to the rural geography of the county and minimal public transportation, many transition age youth in Nevada County lack transportation needed to obtain employment. The average young person, living in an area where public transportation was available, would enter the world of employment in their teens and begin saving money for their own apartment. Most of the young people in Nevada County must wait to begin working until they are over the age of 18, therefore decreasing the likelihood that they have amassed the financial resources necessary to move out on their own. Hence, a cycle of despondency builds - they don't have transportation to a job, and therefore don't have a job. Since they don't have a job, they don't have the financial resources necessary to locate or secure housing including a security deposit and first/last month's rent.

Transition age youth (particularly youth emancipating from the foster care or probation system) may also lack the connection to a supportive adult who would be willing to act as a co-signor for a housing rental agreement. In fact, 40-50% of California's foster youth become homeless within 18 months of emancipation¹. That number is even higher in Nevada County.

¹ League of Women Voters Life after Foster Care. League of Women Voters of California Education Fund, Juvenile Justice Study Committee, 2002. Available at <http://www.ca.lwv.org/ijds/chap6.html>).

Those crucial months following the emancipation of a foster youth are crucial. Statewide, an astounding 65% of youth leaving foster care need immediate housing upon release².

In the period from October, 2007 to September, 2008, 31 of the 38 youth who emancipated from the foster care or probation systems in Nevada County did not emancipate into safe and affordable housing. These youth face homelessness in a county that historically has been blind to the needs of transition age youth.

To begin to address the problem of homelessness among youth exiting the foster care system, Nevada County has recently implemented a transitional housing program. This program is funded for only six beds at any given time. The number of former foster youth who risk homelessness or are homeless is at least ten times greater than that. The transitional housing program delivers key supportive services to their participants, including meaningful case management with focused goals on becoming self-sufficient. Former foster youth are also eligible for transition services through the Foster Youth Independent Living Program (ILP). ILP exists to teach life skills, help eliminate road blocks to completing high school education and prepare youth for employment.

Gap in Services for Transition Age Youth

Despite these support systems, the majority of young people exiting foster care in Nevada County experience homelessness soon after their dismissal from the system. We need to dramatically increase the number of affordable housing options open to serving this particularly vulnerable age group.

Respite Care

Respite care, or crisis alternative, is a humane solution to those undergoing emotional distress in the community. It offers a safe place to stabilize and regain balance, to center and connect with the outside environment. Assessment of the living situation for those in crisis must be done in such a way to not create the same level of stress that helped cause their difficulties.

Respite care acts as a cushion for those in difficult times – for those in trouble who do not fit within 5150 parameters but need help. It can also prevent people from getting to a point of breaking which can lead to expensive and traumatic hospitalization.

It must be understood that an individual in this situation is in a fragile state and must be treated accordingly. The traditional model is illness based. A person comes in with a psychotic break, is run through the emergency room and then moved into a locked facility. The person is diagnosed, medicated, spends time there and is then released back into the same environment from which they came, or might be warehoused in a board and care facility.

The dignity and respect for the individual is compromised by the system that says it is treating them. Words like “mentally defective” may be used to describe those who have gone through

² *Report on the Survey of the Needs of Emancipated Foster/Probation Youth*, June 2002.

this process. The end result is people we call chronically mentally ill and who continue to feel less than ordinary citizens. The stigma to self is the strongest.

Respite care is a radical shift from that approach. It recognizes individuals and treats them as equals going through a difficult time. Whatever illness they experience, is only part of the whole self. The emphasis is on the health of the individual and their personal progress. Emotions like love and caring outweigh the clinical approach. Instead of a break, there is a constancy of care that doesn't require a diagnosis and where psychiatric treatment is not forced. The rights of the individual within their reality are to be respected and their recovery nurtured. Interconnection between the inside and outside environment is encouraged. There are no walls separating the inside and the outside.

The result of such a different approach is a redefinition of mental illness. Every person's journey is sacred to them and should be respected no matter what space they are in.

Soteria House is such a crisis alternative care center. Fifty percent of people in crisis were supported in the Soteria program while another fifty percent were hospitalized. By the next year, there was a marked decrease in recidivism by those in the Soteria program. Such centers have spread throughout the U.S. and Europe.

The optimum plan would have a psychiatric technician manage the center with crisis trained peers covering the shifts. The stay would be up to fourteen days. It would be housed in whatever the community can support. For example, it could be a four bedroom house, a combined effort with Hospitality House, or an extension of Odyssey House. This is our chance to transform the system and make meaningful change.

Respite Care Gaps in Service

A Community Respite Care Peer Program is necessary to support people in crisis, hopefully avoiding a breakdown and unnecessary hospitalization. It could be the first peer run center in the state, but to date we have no such facility.

Community Recovery Resources

Community Recovery Resources (CoRR) has five transitional houses-four in Western Nevada County and one in Truckee. The one in Truckee is for women with no or up to two children under 18 years of age. Grass Valley transitional houses are designated as follows:

- 1 for men - no children
- 2 for women with children (up to 2)
- 1 for women with no children

Eligibility for residing in a transitional house requires the client to be clean and sober and actively participating in a CoRR recovery program. There are curfews, contracts, rules and regulations. The women clients pay rent based on their income-their rent is 1/3 of their income. The men's rent is \$500 monthly. (CoRR doesn't own this house). Clients are required to have a

case plan that sets goals for them to achieve during their stay at the transition house. Their case plan also includes some requirements, in addition to actively participating in a CoRR recovery program and attending groups. One of their requirements is to be seeking employment. Clients are also required to meet weekly with CoRR's social worker, who assists clients to work through any barriers that may impede their recovery. Assistance is given to clients for obtaining employment, housing, transportation, education if applicable. Any other assistance needed such as help with applying for benefits, and interpreting/completing court papers. Community resources and references are provided for any services available that may assist the client during their recovery. As the client obtains goals, their meetings with the social worker may become less frequent.

Western Nevada County Community Recovery Resources Gaps in Services

There is no transitional housing available for men who are the primary caretakers of their children.

Community Recovery Resources in Truckee

Currently, Truckee has one transitional house run by CoRR which can house and provide supportive services to six women (and their children) who are in recovery from substance abuse. The maximum stay is up to six months. For clients without funding, their rent is one-third of their income.

Community Recovery Resources in Truckee Gaps in Services

There is no transitional housing available in Truckee for men.

Additional Information about Transitional Housing in Truckee

Truckee has established a working group on homelessness issues, comprised of representatives from County agencies, the Town of Truckee, local nonprofits, the hospital, the police department, members of the faith-based communities, and residents, some of whom are currently homeless. This working group will continue to meet to discuss options for an emergency shelter and transitional living and to bring in representatives from other regions that have programs that could be replicated in Truckee.

Safe Haven Services

Homeless individuals with mental illness and or behavioral/emotional problems are among the most vulnerable populations living on the streets, and are considered to be "hard core homeless." Any trust or willingness to become involved with the "system" is generally absent, which makes this subpopulation a difficult population to serve. The purpose of a Safe Haven is to engage the individuals in this subpopulation to effect positive changes in critical life areas such as

stabilization of psychiatric condition, increase skill levels, housing, and working towards greater self determination.

Engagement is attained through the availability of a supportive residential housing program as well as an Empowerment Program. The Safe Haven would operate 24 hours a day, seven days a week, 365 days a year. The Empowerment Program would be available five days a week. Immediate basic needs are addressed including three meals daily, showers, washers and dryers, personal care items and areas to be comfortable away from the streets. A variety of services such as mental health, substance abuse, medical issues, housing, livelihood, life skills, social skills and recreation activities are offered on and off site.

Safe Haven Gap in Services

Currently there are no Safe Haven Services offered in Nevada County. SPIRIT Mental Health Peer Empowerment Center (SPIRIT) is planning on applying for a Continuum of Care Grant and SAMHSA Grant to fund a SPIRIT Safe Haven facility.

Permanent Housing Services

New Directions

Nevada County Behavior Health (NCBH) operates a Scattered Site Independent Living Program which is a permanent supportive housing program for adult clients in the Nevada County Behavioral Health New Directions Wellness and Recovery Program.

There are two types of programs available within the Scattered Site Independent Living Program to support clients in their living environments. The goal of the program is to remove barriers and encourage each client to be as independent as possible. Rental agreements and utilities are held in the resident's name. The program strives for Single Room Occupancy (SRO) and permanent housing.

Level 1 - Self-Sufficient Support (S³)

Residents who are capable of successfully living independently with minimum support are classified as "self-sufficient." Residents receive support on an "as needed" basis from Individual Service Coordinators. These residents are able to handle and problem solve most basic daily situations of independent living. Residents at this level are not tracked by the Program Coordinator.

Level 2 - Supported Independent Living (SIL)

Residents who need regularly scheduled support to successfully remain living independently. Identified shared houses are supported by NCBH in the following manner:

- The deposits are paid by NCBH flex funds for the purpose of stability if the residency changes

- A list of “basic needs” is organized by NCBH through either the client’s resources, donations, or flex funding
- Individual Service Coordinators provide support with medication, housemate conflict resolution, money management and bill paying, meal planning and budget shopping, leisure skill planning, and other daily living skills
- The Program Coordinator works with the landlord to ensure support for both the resident and the landlord

Nevada County currently has five shared housing units supporting 13 clients and 4 clients in individual apartments in the SIL program.

The gap in the program is the need for funding for two dedicated beds for level 2 clients at Odyssey House and emergency housing for “at risk” clients in the program who do not meet the Odyssey House criteria. Additional funds for security deposits for housing and basic needs are also needed. Although ongoing client rent is not paid using “flex” funds from Behavioral Health, flex funds are used to get people into housing and to support other basic one-time needs.

Permanent Housing Gaps in Services

There is a definitive need for a permanent housing facility staffed 24/7 with oversight staff to support clients with challenges to their independent living skills. This structure would include a focus on single room occupancy that will assist residents in achieving their maximum level of independence. This Vision House will enable clients to keep their current community support network intact.

It would be necessary to fund a ***Program Coordinator*** to oversee the expansion of the housing program to include the Vision House and increased expansion of the SIL program to include two more houses. Responsibilities of the Program Coordinator would include:

- Coordinating all Level 2 placements with programs
- Communicating with landlord
- Keeping files for copies of lease agreements
- Keeping a copy of the keys available for emergency purposes
- Coordinating furniture and Basic Needs inventory
- Maintaining the master list of participating Level 2 SIL residents, addresses, payee status, resident’s program affiliation, Individual Service Provider, deposits, monthly rent, who pays what utilities and account numbers
- Contacting landlords for needed repairs and coordinating access to houses, including contacts with landlord regarding any emergency services called to the address.

With the expansion of this program, it would also be necessary to fund a ***House Program Manager*** to be responsible for:

- Initial house set-up and assisting residents in completing rental agreements, signing release of information for landlord regarding housing issues, signing memo of understanding acknowledging NCBH payment of deposit and coordinating with Project Coordinator and Behavioral Health accountant
- Assisting residents in creating House Rules and Code of Conduct
- Coordinating and completing Basic Need Requirement list for each house
- Creating an inventory list of program-owned items and forward to Program Coordinator
- Creating protocols to intervene early in situations that could compromise housing such as behavioral issues, non-payment of rent and the use of emergency resources
- In addition the House Program Manager would be a liaison between residents and landlord, submit flex funding requests to Behavioral Health Program Manager and assists residents with obtaining and paying for utilizes.

A full time *Personal Service Coordinator* would be required for the expansion of this program in order to provide on-going support to clients in the following ways:

- Once a week staff availability (or house meeting) on site for each house
- Assisting residents with budgeting, bill paying, and money management
- Assisting residents with meal planning, healthy food choices and budget shopping
- Assisting residents in accessing Food Bank and Interfaith Food Ministry
- Assisting residents in community integration and accessing services
- Following up monthly to ensure rent payments
- Notifying Program Coordinator of flex fund requests
- Supporting landlord and residents in rules of conduct
- Notifying Project Coordinator of any physical house problems
- Assisting residents with independent living goals
- Notifying Project Coordinator of any emergency services called to the house

Other gaps in services for permanent housing services for other subpopulations exist. Additionally, Western Nevada County has few affordable low income housing units to provide permanent housing to our target population.

Truckee Permanent Housing

Because it is a resort town with a large second-home population, Truckee lacks sufficient affordable housing. Housing prices are higher than average. Further, the current economic downturn has exacerbated the existing problems. California has the third-highest foreclosure rate and an increasing number of Truckee households are facing foreclosure and losing their homes. These families often cannot afford rental housing and frequently relocate from Truckee to an area with a less expensive housing market.

The Town of Truckee’s 2007-2014 Housing Element notes that “Housing available to working families is limited and getting worse.” “Substandard and overcrowded trailers are the most

common residences of families who are poor.” Truckee has five Mobile Home Park complexes housing more than 1,500 residents. Truckee also has six subsidized apartment developments with a total of 385 units, reserved primarily for households earning between 45-55% of area median income. Most of these apartment developments are full and have lengthy waiting lists. The only units which are regularly vacant are three-bedroom units because there has not been sufficient demand for larger units.

The Town of Truckee has two ordinances designed to increase its stock of affordable housing. Its Inclusionary Housing ordinance requires new residential projects to build a certain percentage of units that are “affordable” or pay an “in-lieu” fee to the Town instead. The Workforce Housing ordinance requires new commercial projects to provide affordable housing for a percentage of their employees. Further, the Town Planning Division is looking at additional incentives that they can provide to developers to encourage the construction of additional rental and for-purchase housing. The Town has a Housing Advisory Workgroup which meets regularly in order to review the Town’s housing policies and provide guidance regarding affordable housing.

Homeless Management Information System

A Homeless Management Information System (HMIS) is a computerized data collection application designed to capture client-level information, over time, on the characteristics of the service needs of men, women, and children experiencing homelessness, while also protecting client confidentiality. The HMIS is designed to aggregate client-level data to generate an unduplicated count of clients served within a community’s system of homeless services. The system also will provide data on client characteristics and services utilized. Nevada County will be implementing a HMIS system in our County beginning in November 2009. We included the cost of purchasing, training and implementing a HMIS in our HPRP grant application. It is our goal to have all homeless service providers have at least one license to enter data into the system or complete forms to allow another service provider to enter their client’s information into the system. The Salvation Army is our lead HMIS agency.

Homeless Management Information System Gaps

Because Nevada County has never used an HMIS there will be implementation problems to be worked out. It is not know if we have included enough licenses in our HPRP application. If not, then funding additional service providers will be an issue. Another potential problem is the training of a local individual to be an expert on exporting required data from the system to be used to guide our future planning process. During the HPRP grant period we have contracted with an individual to do this for us. To continue this contract after the grant period would be an additional fiscal cost.

Summary of Gaps in Services

The following are the initial gaps in services and some preliminary action items identified by the Continuum of Care Ten Year Plan Work Group and will be the basis for the next stage of our planning activities:

Prevention Services

Focus on the need to sustain the prevention services developed and provided through the HPRP grant by creating and implementing a comprehensive prevention services sustainability plan.

Outreach, Engagement and Assessment

Focus on the need to sustain the outreach, engagement and assessment services developed and provided through the HPRP grant by creating and implementing a comprehensive outreach, engagement and assessment services sustainability plan.

Hospitality House

Hospitality House has outgrown its Welcome Center and its program model and is currently unable to transport additional guests to the overnight shelters, which are basically at capacity every day. Additionally, they do not provide any transportation to or from the Truckee region, so no emergency housing shelter services are available to eastern Nevada County.

Hospitality House needs to secure a location that will allow it to create a residential facility with the ability to increase its capacity to 60 guests and provide shelter services 12 months a year. This facility will allow for expanded services aimed at moving guests into transitional and permanent housing.

Booth Family Center

There are more families in need than what the Booth Family Center can provide services for and additional emergency family residential support services must be made available. They have an ongoing waiting list of families to enter their facility.

Emergency Assistance Coalition

Additional Emergency Assistance Funding is necessary to support those in need and an appropriate agency must be selected to continue to provide these services.

Domestic Violence and Sexual Assault Support Services

Emergency shelter resources for victims of domestic violence in Nevada County have recently been threatened by the elimination of California's Battered Women's Shelter funding and funding

needs to be secured to ensure 24 hour emergency shelter and on-site support services are available to all victims of domestic violence.

In addition, there is a need to create transitional and permanent housing for victims and children leaving emergency shelter, with Women of Worth being in the initial stages of securing a 12 month transitional facility in western Nevada County.

We also need to create expanded emergency shelter facilities and support services in the Truckee Region along with transitional and permanent housing for victims and their children leaving emergency shelter.

Eastern County Emergency Shelter Services

Other than a three-bedroom family shelter provided by Tahoe Women’s Services for women who are victims of domestic violence, there are no emergency shelters in eastern Nevada County and neither Hospitality House nor The Booth Family Center provide transportation for residents of the Truckee area to Grass Valley and there are limited viable alternative options for emergency shelter.

The Truckee Region working group on homelessness issues, comprised of representatives from County agencies, the Town of Truckee, local nonprofits, the hospital, the police department, members of the faith-based community, and residents, some of whom are currently homeless, is to be supported in searching out options for an emergency shelter and transitional living in that area of our County.

Odyssey House Gap

Nevada County needs to develop a 10 bed transitional house for homeless seriously mentally ill people, similar to Odyssey House, for those without Medi-Cal coverage.

Services for Transition Age Youth

Despite the support systems currently in place, the majority of young people exiting foster care in Nevada County experience homelessness soon after their dismissal from the system. We need to dramatically increase the number of affordable housing options open to serving this particularly vulnerable age group.

Respite Care

A Community Respite Care Peer Program is necessary to support people in crisis, hopefully avoiding a breakdown and unnecessary hospitalization. It could be the first peer run center in the state.

Community Recovery Resources

There is absolutely no transitional housing available anywhere in Nevada County for men who are the primary caretakers of their children making their circumstances very tenuous, with potentially serious consequences for the family.

Safe Haven Services

Currently there are no Safe Haven Services offered in Nevada County. SPIRIT Mental Health Peer Empowerment Center (SPIRIT) is planning on applying for a Continuum of Care Grant and SAMHSA Grant to fund a SPIRIT Safe Haven facility.

Permanent Housing

There is a definitive need for at least one permanent supportive housing facility staffed 24/7 with oversight staff to support clients with challenges to their independent living skills. Ideally, there would be at least one located in eastern county and another in western county. This program would include a focus on single room occupancy to assist residents in achieving their maximum level of independence. Such a Vision House would enable clients to keep their current community support network intact.

Homeless Management Information System

Because Nevada County has never used an HMIS there may be implementation problems to be worked out when the system is put in place later this year. For example, we do not know if we have included enough licenses in our HPRP application. If not, then funding additional service providers will be an issue. Another potential problem is the training of a local individual to be an expert on exporting required data from the system to be used to guide our future planning process. During the HPRP grant period we have contracted with an individual to do this for us. We need to plan for ongoing support beyond the grant period.

Funding

Community service providers, non-profits and government agencies are working collaboratively to support and fund the different elements of our plan. We anticipate seeking funds for capital improvements, operations and service financing to support outreach, engagement, and assessment services, emergency shelters, safe havens, transitional housing, permanent housing, permanent supportive housing, supportive services, preventative services and HMIS. The NCCOCC will seek funds from federal, state, and local public funding, philanthropic foundations and organizations, and donations of time and money from local groups, churches, and individuals.

To date, the NCCOCC has supported two successful grant applications: Homeless Prevention and Rapid Re-Housing Program (HPRP) for \$1.6 million and the Federal Emergency Shelter Grant (FESG) for \$200,000.

It is anticipated that we will seek funding for the following:

Capital Financing

“Capital financing” sources are those sources that may be used to fund the costs associated with acquiring, creating, and/or rehabilitating housing units, costs sometimes referred to as “bricks and mortar” costs. Eligible uses of these sources generally fall into two broad categories: hard costs and soft costs:

- Hard costs include items such as land acquisition, construction and rehabilitation work, and offsite improvements such as sewers or utilities.
- Soft costs include such items as architectural services, appraisals, engineering, legal costs, fees and permits, rent-up costs, and other costs

A significant portion of capital financing originates at the federal government level, including funding administered by the U.S. Department of Housing and Urban Development (HUD). Other significant sources of financing for housing development that originate at the federal level include the Federal Home Loan Bank (FHLB), Affordable Housing Program (AHP), and Low Income Housing Tax Credits (LIHTC). Primarily administered by state housing finance agencies, these are competitive programs.

In addition to administering federal block grant funds for housing development, most states have developed their own locally generated housing sources. Typically, state governments attempt to develop dedicated revenue streams to fund housing programs, rather than tapping into state general funds. The majority of state programs for housing development are access by developers for a specific project through competitive application process, announced through Request for Proposals (RFP). At city and county levels, government agencies also administer a variety of capital financing programs, many of which use funding that originated at either the federal or state level.

It is anticipated that we will pursue capital financing from the following sources: Continuum of Care, Corporation for Supportive Housing Financial Products, Home Investment Partnerships Program (HOME), Housing Opportunities for Persons with AIDS (HOPWA), Community Development Block Grant (CDBG), Supportive Housing Program (SHP), Supportive Housing for Persons with Disabilities (Section 811), Supportive Housing for the Elderly (Section 202), Low Income Housing Tax Credits, Federal Home Loan Bank (FHLB) Affordable Housing Program (AHP), Veterans Programs, Mental Health Service Act (MHSA), foundations, and corporate grant opportunities.

Operations Financing

“Operating funding sources” are defined as those sources that may be used to pay for the costs of operating and/or maintaining the housing or physical component of supportive housing. Operating costs in a project owned by a housing sponsor include all costs of maintaining the project once it is ready for occupancy, such as property management, utilities, maintenance, insurance, security, debt servicing or other loan payments and operating and replacement reserves. In projects leased by the sponsor, operating costs generally include the cost of leasing the units and any maintenance that is not covered by the owner/landlord. Another Operating source is operating subsidies, rent subsidies, or rental assistance. Operating subsidies supplement the difference between what the tenant can afford to pay and the rent the sponsor could charge under market-rate conditions

It is anticipated that we will pursue operating financing from the following sources: Continuum of Care, Home Investment Partnerships Program (HOME), Housing Opportunities for Persons with AIDS (HOPWA), HUD, Section 8 Housing Voucher Program, Shelter Plus Care (S+C), Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program, Mainstream Housing Opportunities, Supportive Housing Program (SHP), state programs, Mental Health Services Act (MHSA), foundations, and corporate grant opportunities.

Supportive Services Funding

“Supportive Services” refers to voluntary, flexible services designed primarily to help tenants maintain housing. The type of services needed comes from the variety of needs of the people who live in the housing. These services may address mental health issues, substance use issues, employment, life skills, physical health and HIV/AIDS.

It is anticipated that NCCOCC will pursue supportive service financing from the following sources: HUD, Department of Health and Human Services, Department of Education, Department of Labor, Veterans Administration, Continuum of Care, Supportive Housing Program (SHP), Shelter Plus Care (S+C), Housing Opportunities for Persons with AIDS (HOPWA), State programs, Mental Health Services Act (MHSA), foundations and corporate grant opportunities.

Nevada County Continuum of Care Collaborative Structure

Advisory Council

A 20-member Advisory Council provides the knowledge, expertise and community influence necessary to support the implementation of the Ten Year Plan. The Council includes representatives from organizations such as nonprofit service providers, the faith communities, local government, law enforcement, business, public housing officials, health care officials, educators, employment services, social services, veterans, behavioral health workers, formerly or currently homeless and others. The Council will vote by a majority rule. Minutes will be kept and shared with the Continuum of Care Community Group by e-mail. The Advisory Council will meet monthly. The Advisory Councils functions are:

- Plan implementation, assessment and amendment
 - Determine the specific actions that will be taken to implement the strategies presented in this Plan and determine the components of these actions. This includes the prioritization of the strategies.
 - Monitor the implementation of the Plan.
 - Build a strong advisory council that is diverse and works effectively together.
 - Recruit and assign individuals to work groups.
 - Convene bi-annual Community Group forums to discuss progress in implementing the Plan.
 - Track homeless needs and trends, and recommend any Plan modifications needed due to changed homeless circumstances.
- Information, Education, and Community Engagement
 - Establish centralized public information and media relations to publicize the successful work of the NCCOCC.
 - Serve as a resource for the Board of Supervisors and City/Town Councils on existing and proposed policies that affect people who are homeless or at-risk.
 - Speak out in public forums on issues of affordable housing, supportive services and general homelessness.
- Coordination and Collaboration
 - Provide a forum for communication and coordination about overall operation of homeless services system and of agency specific program operation, fund-raising and program development efforts.
 - Actively collaborate with regional efforts to end homelessness.
- Advocacy
 - Advocate on federal, state, county and city policy and funding issues that affect people who are homeless or at-risk of homelessness.
- Fiscal and Staff Resources
 - Coordinate volunteers to staff the Advisory Council and the Work groups.
 - Coordinate the Continuum of Care application and requirements.
 - Participate in regional, state and national events relating to homelessness.
 - Identify resources for implementing and sustaining the work of the Plan and facilitate access to those resources.

- Facilitate coordination among funding applicants, and among funders, to eliminate duplication and to target Plan strategies. This includes a coordinated grant-making process and fundraising.
- Advise public funders on the allocation of federal, state and local funds for homeless-related projects in order to ensure coordination with Plan priorities.

Work Groups

The Advisory Council will establish Work Groups to research and develop recommendations that support the development, implementation, and update of the Ten Year Plan. Work Groups will convene to address issues that need specific attention. The Work Groups will report back to the Advisory Council. The Work Groups meet as needed for the projects they are assigned.

Continuum of Care Community Group

The Continuum of Care Community Group consists of representatives of the community at large who are interested in being members of the Continuum of Care. Members can choose to work in the Work Groups or to provide concerns or interest by e-mail or at the bi-yearly meetings.

Ten Year Plan Work Group

The following agencies and their representatives collaboratively worked together to create the Nevada County Continuum of Care Ten Year Plan to End Homelessness in Nevada County.

Ann Cullinan Heather Peterman Guy Kerr	Spirit Center
Laura Ferree	Family Resource Center, Truckee
Alison Schwedner	Community Collaborative of Tahoe Truckee
Kerri Fulton	Foster Youth, Nevada County Superintendent of Schools
Mary Lowe	Nevada County Behavioral Health
Liz McKay Nancy Ramsey	Domestic Violence and Sexual Assault Coalition
Joyce Peterman	Nevada County Housing Development Corporation Community Recovery Resources
Sandy Schmitt	Women of Worth
Martha Shepherd	Salvation Army
Michele Violet Jeffrey Brown	Nevada County Health and Human Services Agency
Lael Walz	EMQ Families First, Nevada County National Alliance on Mentally Ill Sierra Family Medical Clinic
John Zwerver Cindy Maple	Hospitality House

We also wish to recognize the role of Terry Winters who, among many other things, was the Executive Director of the Nevada County Housing Development Corporation. Terry worked diligently for many years in support of programs to address homelessness in our county and provided the leadership for the NCCOCC until his passing in October 2009.

List of Community Members and Organizations Supporting the Nevada County Continuum of Care

Nevada County Board of Supervisors:

Nate Beason
Ted Owens
John Spencer
Ed Scofield
Hank Weston

Judges:

Anderson
Dowling
Heidelberger
Holmer
McManus
Tamietti

District Attorney:

Cliff Newell

County Legal Services:

W.H. Whitaker

Family Law Center:

Gretchen Serrata

Public Defender:

Richard Wilcox

Law Enforcement:

Sheriff Keith Royal
Nevada City- Chief Lou Trovato
Grass Valley- Chief John Foster & Capt.Rex Marks

Probation Services:

Doug Carver

Victim Witness Program:

Rod Gillespie

Juvenile Hall:

Carol Frazier

Health and Human Services Agency Staff (Includes Department of Social Services, Public Health and Behavioral Health Staff):

Michael Heggarty
Alison Lehman
Jeff Brown
Glen Harelson (Placer/Nevada County)
Kim Honeywell
Michele Violet
Mary Lowe
Pam Davinson

Treatment Centers:

CoRR: Warren Daniels
Common Goals: Joe Festerson
Progress House: Fred Jefferson

Medical Services:

Miners Family Health Center
Sierra Medical
Chapa De Indian Health Program

Transportation:

Gold Country Stage Transit Services: Susan Healy-Harmon
Telecare: Glen Bob Bumcrot

Superintendent of Schools:

Holly Hermansen
Kerri Fulton

Community Agencies:

Dial 211	Lori Burkhart-Frank
CAPC	Lenda Welz
FREED	Itita Warner
Women of Worth	Sandy Schmitt
The Salvation Army	Martha Shepherd
EMQ FamiliesFirst	Lael Walz
Nevada County National Alliance on Mental Illness	Lael Walz
Sierra Family Medical Clinic	Lael Walz
Hospitality House	Cindy Maple, John Zwerver
Alta Regional	Karen Parch
Charris Youth Center	Carol Fuller-Powell
Milhous School	George Moody
Drug Free Coalition	Tasha Meyer
Big Brothers/Sisters	Dena Valin
Veterans	Pam Davinson
Truckee Tahoe Community Collaborative	Alison Schwedner

Sierra Nevada Children's Services
Victor Youth Services
Washoe TANF
Touched by a Child
Foster Youth
Truckee Family Resource Center

First 5
Family Resource Center (NSJ)
KARE
United Way
NC Youth United
A New Day
Gold Country Senior Center
Helpline
Domestic Violence and Sexual Assault Coalition
Nevada County Housing Development Corporation
Community Recovery Resources

SPIRIT Empowerment Center

Cori Bruce
Debi Scott
Rose Wood
Kathleen MCVicker
Mary Jane Ryan-Connelly
Adela Gonzales del Valle,
Laura Ferree
Lindsay Duncel
Diana Malley
Lynn Woerner
Megan Timpany
Vicki Downs
Barbara Ramey
Bette Worth
Susan Stratman
Liz McKay, Nancy Ramsey
Joyce Peterman
Warren Daniels,
Joyce Peterman
Ann Cullinan, Guy Kerr,
Heather Peterman,

Community Members:

Mary Folck- Truckee
Bill Schultz
Joan Buffington

Churches:

List still being compiled

Please note that this is a preliminary list, with others to be added as we receive their intention to support the Nevada County Continuum of Care.