



Better Together
NEVADA COUNTY

Nevada County – CoC
Joint Homeless
Action Plan

Nevada County Health and Human
Services in Collaboration with Nevada
County Continuum of Care CA 531

June 13, 2022

Homelessness in Nevada County

Background

In 2017 the Nevada County Board of Supervisors made addressing homelessness a top priority, directing staff to develop initiatives and incorporate homelessness in fiscal planning and management of County operations. Since then, County staff, alongside the regional Continuum of Care (CoC) comprised of nonprofits and community stakeholders have made significant strides in coordinating a broad-based response to homelessness. These efforts are coordinated by the County and the CoC, providing a strategic, joint approach towards local homelessness response. Homelessness touches many systems and presents social, political, economic, and environmental challenges that can only be addressed through a strong collaborative approach.

Accomplishments

Although work remains, significant progress has been made through these collaborations with partners, stakeholders, and jurisdictions. The following is a partial list of highlights:

- Implemented the Coordinated Entry System.
- Created the HOME Team, which meets homeless individuals where they are and connects them with services and housing.
- Added 36 additional low barrier beds, recuperative care, and non-congregate beds at Hospitality House.
- Improved data integrity with a quality By-Name List.
- Completed the remodel of Odyssey House to include an additional 6 beds of intensive mental health treatment and to upgrade Odyssey House to a state-of-the-art facility.
- Completed 41 units of affordable housing at Brunswick Commons, including 12 units of permanent supportive housing (PSH).
- Completed 31 units of low-income senior housing at Lone Oak in Penn Valley.
- Awarded No Place Like Home funding to convert the Ranch House into 6 units of permanent supportive housing.
- Established the Western Nevada County Regional Housing Trust Fund in collaboration with Nevada City and Grass Valley to facilitate housing development across jurisdictions.
- Collaborated with the City of Nevada City to develop 51 units of workforce housing at Cashin's Field using funding from the Western Nevada County Regional Housing Trust Fund.
- Used Homekey funding to purchase and convert an existing motel into 21 units of affordable permanent housing.
- Purchased and renovated property through the Community Services Infrastructure Grant for expanded jail diversion housing.
- Implemented the Housing Resource Team (HRT) uniting homeless service providers in a collaborative case management process connected to the By-name list
- Developed an innovative navigation model through the HRT that works to transition people from the streets to shelter and/or permanent housing
- Opted into the Substance Use Treatment Organized Delivery System, vastly increasing the availability of residential and other treatment for substance use disorder.
- Added 30 recovery residence beds.
- Increased emergency shelter utilizing Roomkey and other funding.
- Halved the homeless population in Truckee utilizing navigation strategies and connection to new affordable housing.
- Campaigned to end veteran's homelessness with Built 4 Zero and local service providers.

Understanding the Scope of Homelessness

Since 2011, Nevada County and the CoC have coordinated efforts to collect data on the size and scope of homelessness in the region. Data on the scope of homelessness in Nevada County is collected through the annual Point in Time (PIT) count and through the Coordinated Entry System (CES).

Point in Time Count Administered by staff and volunteers at service agencies, the HUD mandated annual Point in Time (PIT) Count is conducted on one day in January and collects data on the total

What is a CoC?

A Continuum of Care (CoC) is a regional planning body that coordinates housing and services funding for homeless families and individuals. A CoC provides a more strategic localized system by assisting homeless people with housing and services appropriate to their range of needs.

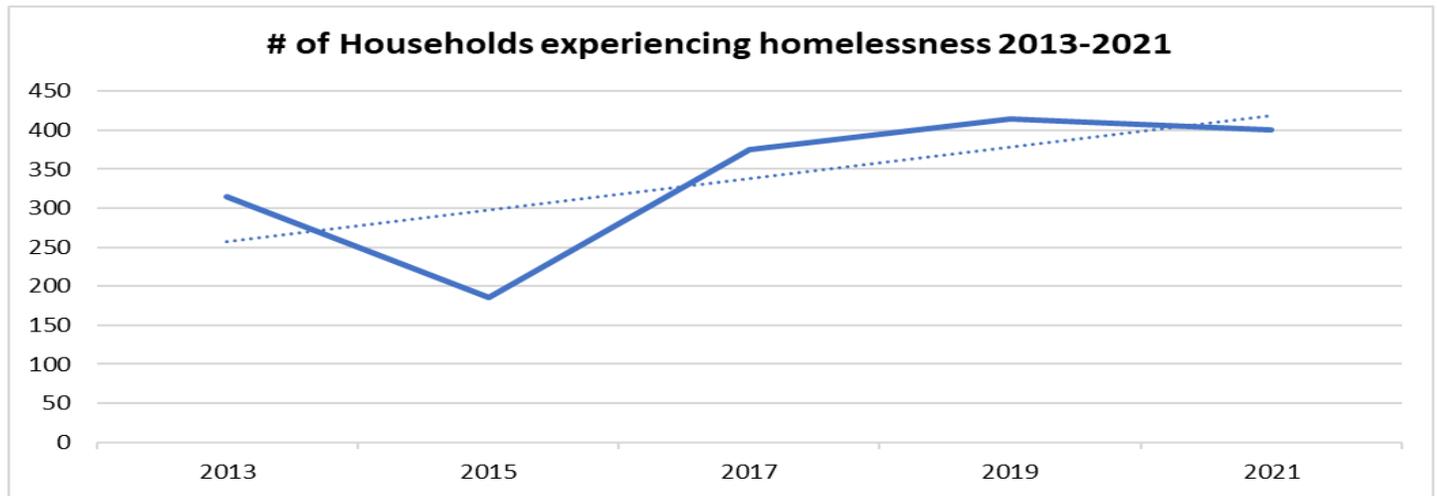
In Nevada County, the CoC (CA 531) has a governing board comprised of shelter providers, County HHSA staff, local law enforcement, housing providers, mental health and substance use providers, the Superintendent of Schools, the Hospital, Veterans Services, and disability organizations .

The governing board is responsible for setting priorities for incoming federal and state funds and is required to support the Coordinated Entry and HMIS systems as means to track its activities and report outcomes to grantors.

number of sheltered and unsheltered homeless. The survey is comprised of questions related to sheltered status, length of time homeless, and demographic information. The survey questions have changed over the years with some changes coming from the Department of Housing and Urban Development (HUD) and some coming from the CoC who seek to better understand local dynamics related to homelessness. HUD requires full unsheltered counts on odd years and only sheltered counts on even years.

Between 2011 and 2017, PIT counts were coordinated by a handful of community partners, including the Nevada County Behavioral Health department. In 2017, the Board of Supervisors prioritized homelessness and more effort was placed into expanding services and coordination across the region, including Truckee. In 2019, the state moved to prioritize significant funding to homelessness and housing. PIT data collected in 2019 is currently used by state and federal grant sources to allocate homelessness and housing funding and establish levels of funding available for competitive grant sources. Due to Federal HUD guidance related to the COVID-19 pandemic, the unsheltered portion of the 2021 count utilized the Coordinated Entry By-Name list as opposed to in-person surveys. The sheltered count used surveys of homeless individuals to collect data. The Coordinated Entry Vulnerability Tool, while similar in many ways to the survey tool used during the PIT count, does not collect all the same information as the survey tool. This means that data presented here for the 2021 count comes from two different data sets: (one) sheltered households who were administered a survey and (two) unsheltered households who, over the course of the year, were entered into Coordinated Entry using the Vulnerability Assessment tool.

Overall, homelessness has been on the rise since 2011, with the recent 2021 count reporting 401 households experiencing homelessness.



Because PIT data collected in January of 2019 remains the basis for how the state and federal government determines allocations of funding and the amount of competitive funding available to CoC's and Counties, this report will look at data collected Between 2019 and 2021.

Sheltered versus Unsheltered Population 2019-2021

	2019	2020	2021
Sheltered	164	136	238
Unsheltered	251	Not collected	163
Total	415	136	401

Between 2019 and 2021 the number of unsheltered homeless households decreased by 19%. In 2019, 40% of those counted resided in shelter or transitional housing. In 2021, 60% resided in shelter or transitional housing. This increase can be attributed to County and CoC efforts to expand access to transitional housing and implement non-congregate operations in response to the COVID pandemic.

During that same time frame, the number of chronically homeless residing in shelter (defined as experiencing homelessness for one year or longer OR 4 or more times in the last three years) more than doubled from 33 to 69, and survey respondents who indicated a mental health disability and/or a substance use disorder increased by 19%.

Subpopulation Information 2019-2021

Sub population	2019 Unsheltered	2019 Sheltered	2020 Sheltered	2021 Sheltered Survey	2021 Unsheltered Coordinated Entry
Chronically Homeless	88	33	24	69	Not Collected
Veterans	22	14	12	15	13
Mental Health Disability	51	22	36	58	82
Substance Use Disorder	39	11	25	34	76
HIV/AIDS	3	2	2	4	0
Domestic Violence Survivor	21	19	14	21	66
Unaccompanied Youth	17	11	8	12	0

Coordinated Entry and the “By-Name-List”: In 2018, Nevada County and the CoC implemented a HUD-mandated Coordinated Entry System (CES). Referred to as the “no-wrong door” approach, the CES is designed to streamline access and entry into homeless services such as shelter and domestic violence programs. In Nevada County, households experiencing homelessness can enter the CES at any homeless service location or by simply calling 2-1-1 to be assessed and referred over the phone.

The information collected by Coordinated Entry is used to create a By-Name list. Unlike the annual PIT count, coordinated entry collects data year-round, provides direct

The “By-Name List”

- A comprehensive list of every person in the community engaged in services and experiencing homelessness.
- The list allows for case managers and service providers to know, in real time, each household living without a home and what support they need to get back into housing.
- Providers know the length of time each household has been homeless and what specific challenges are keeping them out of housing, like not having a driver’s license or birth certificate, for example.
- The By-Name list data gives a view of homelessness across the entire community – and allows teams of providers with specific services to work toward ending it.

referral to specific services based on eligibility, and data can be updated over time as households engage with case management services and new information is available.

The CES is also connected to a data base of households experiencing homelessness called the Homeless

Management Information System (HMIS). HMIS contains valuable information about households experiencing homelessness including veterans’ status, services that have been provided, location of households, service programs they are currently working with, and notes from providers on the status of each household. In this way, CES and HMIS provide real-time data to all providers connected to the system and

Coordinated Entry

- Provides household with a standardized assessment, called a Vulnerability Index tool (VI) that asks questions aimed at establishing eligibility for specific services (i.e. services available only to families with children or veterans etc.) and prioritizes those assessed based on factors that contribute to the households vulnerability (i.e. age, medical conditions, length of time spent homeless etc.)
- Collects important demographic information and service needs for each person
- Collects a release of information from that households that allows for service providers to begin services coordination and streamline referrals.
- Expedites connection to services that the household may be eligible for.

allows for those providers to work together to address the needs of common client households. Because this data is captured year-round, CES data can be analyzed for additional data points. Both PIT Count information and CES/HMIS information can be used together to analyze how the homeless response system is functioning, assess for gaps in the system, and coordinate joint response among service providers.

People Served and Intervention Types

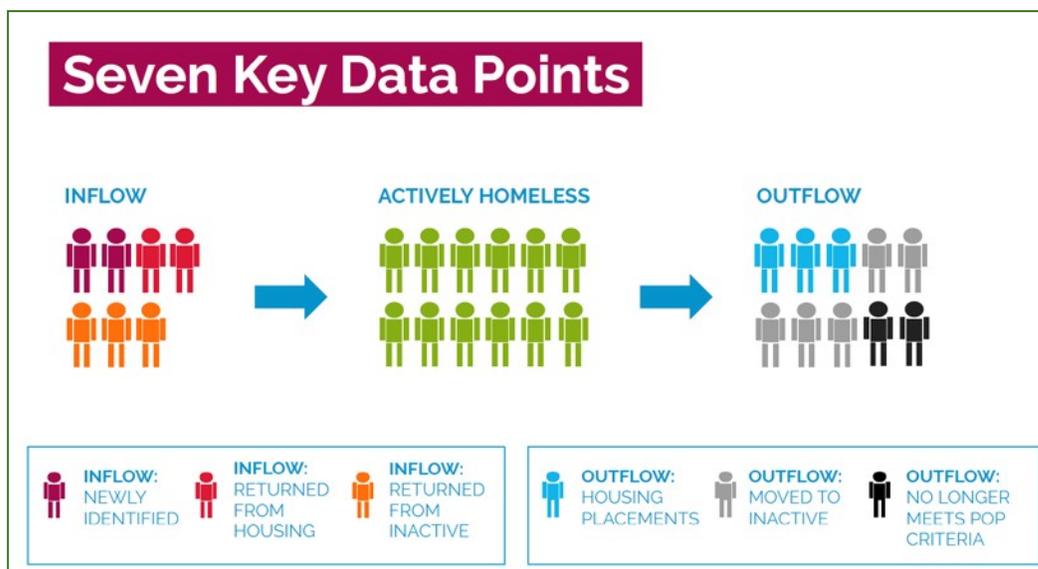
The analysis of people served that are experiencing homelessness and the housing services received is based on CES data. Services are entered by local homeless service providers providing prevention, outreach, emergency sheltering, rapid rehousing, transitional housing, permanent housing, and permanent supportive housing. Data is de-duplicated. The data in this section is for fiscal year 2020-2021.

Nevada County had a total of 178 households with no children, 58 households with at least one adult and one child, and 2 households with only children. Of the households provided services through the Nevada County's coordinated entry system, emergency shelter and rapid re-housing were the most common service types provided to all households.

Households and Service Types for Fiscal Year 2020-2021

	Permanent Supportive Housing (PSH)	Rapid Rehousing (RR)	Transitional Housing (TH)	Interim Housing or Emergency Shelter (IH/ES)	Prevention Services and Assistance (HP)	Outreach and Engagement Services (O/R)
Household Composition						
Households without Children	44	70	15	243	14	202
Households with At Least 1 Adult & 1 Child	2	11	5	5	3	0
Households with Only Children	0	0	0	1	0	1

County and CoC involvement with Built for Zero: The Homeless Action Plan aims to significantly reduce homelessness measured by the Outcome Goals included in the plan. The County and the local Continuum of Care have joined Built for Zero, a nationwide campaign of over 80 communities who are pioneering changes in how communities use data and collaboration to tackle homelessness. The County and the CoC are working closely with Built for Zero staff to track all elements of the local Homeless Action Plan and to make available an easy-to-understand online portal for stakeholder access and see the plan's progress. Data will be tracked monthly through seven key data points:



1. Inflow (newly identified): Individuals and families who have entered the homeless system for the first time
2. Inflow (returned from housing): individuals and families who were housed but lost that housing and have returned to homelessness
3. Inflow (Returned from inactive): individuals and families who were moved to “inactive status” but have now reentered the system
4. Actively Homeless: Everyone on the current By-Name list and/or identified through outreach and engagement as in the process of being assessed and included on the By-Name list.
5. Outflow (Housing Placements): the number of individuals and families exiting the homeless system to housing.
6. Outflow (moved to inactive): individuals and families who have not been located by outreach, received a service by any provider or have not sheltered in over 90 days.
7. Outflow (no longer meets population criteria): individuals whose current status changes in ways that remove them from the active list. Examples included entering institutions for long periods of time, re-unification with families, or other situations that resolve their homelessness.

The Nevada County and Continuum of Care Joint Homeless Action Plan Strategies and Outcomes

A. Prevention and Diversion - Reduce Inflow	
A1 - Increase availability of rental and mortgage assistance funding to prevent individuals, youth, and families from slipping into homelessness and implement a CoC-wide diversion strategy	A2 – Expand services and housing opportunities to transition aged youth and families with children to prevent entry into the adult homeless system and long-term homelessness
B. Provide Outreach and Supportive Services - Reduce Time Spent Homeless and Return to Homelessness	
B1 – Continue to support and strengthen outreach, engagement, and case management.	B2 – Strengthen housing focused case management and post housing supportive services
C. Expand Shelter - Increase Capacity	
C1 – Expand Year-Round shelter capacity	C2 – Expand and strengthen non-congregate, navigation-based, interim housing options
D. Increase Housing Stock - Increase Outflow	
D1 – Facilitate and promote partnerships for the development of affordable housing and supportive housing	D2 – Implement a centralized Landlord Liaison Program
E. Collaborate	
E1 – Support system wide improvement to data collection measures, collaboration on funding opportunities, and implementation of the County-CoC joint strategic Homeless Action Plan	E2 – Strengthen the coordinated multi-disciplinary case conferencing team (Homeless Resource Team)

A. Prevention and Diversion

Highlights from Phase One of the Homeless Plan

- Increased mental health services by adding slots for youth and intensive services in Eastern Nevada County.
- Hired a therapist to provide mental health and substance use disorder assessments and facilitate discharge planning in the jail.
- Increased wraparound services for foster youth or youth at risk of entering foster care.
- Implemented the Brief Mental Health Screening for all people booked into jail.
- Integrated client services for those at risk of homelessness with CalWORKS through collaboration with community partners to strengthen the Family Stabilization Program, assistance, and by strengthening the Housing Resource Team by including a Welfare to Work lead worker.

Key Learnings from Phase 1

Reducing inflow to homelessness means preventing households from ever becoming homeless. This requires early identification of households at risk of losing housing and flexible resources, deployed rapidly, to stave off loss of a home. Phase 1 brought focus to increasing services for youth and strengthening existing programs to better identify and mitigate factors that could lead to homelessness.

County staff and CoC members have identified the need to build on “upstream” systems for early identification and prevention particularly among youth and households with children and incorporate the implementation of robust and resourced diversion strategy. Diversion is an intervention designed to immediately address the needs of someone who has just lost their housing or will become homeless. It is intended to ensure that the homelessness experience is as brief as possible, to prevent unsheltered homelessness, and to avert stays in shelter. Phase two also brings new focus for the need to ensure youth at-risk of homelessness have service enriched housing opportunities as they get started in their adult lives so that they don’t experience homelessness in the first the place.

Gap Analysis

- Prevention and diversion funding represents a smaller portion of available funding and can be inflexible and difficult to access. Also, County and CoC funding levels support current projects that are difficult to pivot and can come at the expense of funding support for foundational homeless systems (shelter, housing etc.).
- The Coordinated Entry System (CES) process currently is not set up to facilitate quick identification of people entering the system for the first time resulting in a delayed response to newly homeless households. There is a gap of dedicated staffing for quick follow up after CES assessment to quickly implement prevention/diversion.
- No dedicated, services enriched housing program for Transitional Age Youth and foster youth aging out of foster placement.
- Lack of comprehensive system-wide data on youth and family data results in challenges for service providers in accessing more flexible state and federal funding.

FY 22-FY 25 Strategic Goals

A1. Increase availability of rental and mortgage assistance funding to prevent individuals, youth, and families from entering homelessness and Implement a CoC wide diversion strategy.

- Develop an eviction/foreclosure prevention plan to stem entry into homelessness particularly due to COVID related unemployment/illness.
 - Expand rental assistance and mortgage assistance and continue to support County residents in accessing Housing is Key for state level assistance.
 - Improve coordinated entry practices to quickly identify households on the verge of homelessness or becoming homeless for the first time.
 - Fully utilize CoC funding, Family Stabilization funds, HOME funding, and Tenant Based Rental Assistance (TBRA) to bolster prevention efforts.
- Implement a resourced diversion strategy aimed at early identification of households at risk of homelessness and households that are recently homeless.
 - Work with the CoC to implement diversion practices into the Coordinated Entry System to ensure that households indicating housing instability and or recent first-time homelessness are rapidly connected to prevention/diversion services.
 - Expand availability of funding for diversion training to all CoC and county providers.

A2. Expand services and housing opportunities to transition aged youth and families with children to prevent entry into the adult homeless system and long-term homelessness.

- Increase availability of intensive mental health services for foster youth, youth at risk of entering the foster care system, and youth in unstable family situations to prevent homelessness.
 - Prevent out of home placements and reduce trauma through collaborative Rapid Response Team comprised of partnership between Child Welfare Services and Behavioral Health.
 - Increase number of children aged 0-5 receiving behavioral health services, particularly those involved with Child Welfare Services.
 - Implement hub and spoke early psychosis program with UC Davis as funded by \$2.5 million grant from the Mental Health Oversight and Accountability Commission to intervene at the onset of serious mental illness.
- Gather data, assess gaps, determine strategies, and apply for funding to prevent homelessness among families and youth.
 - Increase availability of interim housing for TAY youth not eligible for foster care programs and PSH for youth with severe and persistent mental illness.
 - Identify a provider(s) and contract for service enriched and permanent supportive housing for young adults at-risk of experiencing homelessness.
 - Work with Superintendent of Schools and youth and family providers to coordinate yearly youth and families PIT Counts and develop a youth and families action plan.
 - Leverage youth set-aside funding to apply for state and federal funding to support expansion of services benefiting youth and families utilizing a data-informed, collaborative process to identify service gaps to be addressed.

B. Provide Outreach and Supportive Services

Highlights from Phase One of the Homeless Plan

- Received Proposition 47 Grant, which funded an embedded Personal Services Coordinator at the Public Defender's Office to assist those with mental health and substance use disorder (SUD) needs, with a priority on those experiencing homelessness.
- The HOME Team continued to exceed targets for engagement and case management. In fiscal year 20/21, the HOME Team engaged 252 unique homeless individuals, which is 68% over the target of 150. Individuals receiving intensive case management numbered 132, which is 65% over the target of 80.
- The HOME Team worked closely with Behavioral Health, Housing and Community Services, and Nevada City Law Enforcement to implement a "navigation strategy" designed to rapidly connect households to housing options and services.

Key Learnings from Phase 1

The County and CoC have strived to make outreach and engagement a priority. Engaging people *where they are*, on the street, in hospitals, shelters, jail, or walking through the door of any office in the County can make the difference in rapidly connecting people to housing. To facilitate this, the County and the CoC have expanded outreach staff on the street level and through specialized embedded outreach and case management in the shelter, substance use treatment system, jail, public defender's office, and in other law enforcement settings. The County established Housing Resource Teams (HRT), which focus on specific populations (youth and families, Veterans, chronically homeless), meet weekly, and include case managers from across the CoC. The team works to coordinate case planning and remove barriers to housing for engaged households. The first year of HRT saw streamlined access to eligible services, expanded capacity across the CoC to collaborate on specific needs for clients, and a deeper knowledge base for case workers.

While outreach and engagement work to bring people to the services they need and connect them to housing, the County and the CoC recognize the need to provide more supports for longer periods of time *after* a household is successfully housed. A key learning from the last phase is the need for more permanent supportive housing units and more system wide capacity to provide long term supports (up to two years) for households exiting the homeless system into permanent housing. After a household is housed, resources are needed to prevent returns to homelessness.

Gap Analysis

- Contracted outreach and case management poses challenges to consistent supervision and support for case managers across multiple organizations.
- Constrained capacity at Nevada County Behavioral Health to serve all referrals from case managers and outreach workers primarily related to physical space at the current behavioral health center and general proximity to where people are located.
- No dedicated day services center open when the shelter is closed (8am-4pm).
- No meaningful feedback tool for homeless individuals to inform service delivery.
- Challenges remain in implementing effective programs and expanding services such as medical outreach/case management.

FY 22-FY 25 Strategic Goals

B1. Continue to support and strengthen outreach, engagement, and case management.

- Strengthen case management practices by training HOME team members and relevant CoC stakeholders in Critical Time Intervention (CTI) and continue to use Housing Resource Team (HRT) meetings to facilitate weekly use of CTI navigation strategies to expedite linkage to services.
- Strengthen the outreach system in partnership and collaboration with expanded outreach capacity at Hospitality House and Sierra Roots.
 - Delineate roles and responsibilities between engagement and initial linkage and intensive case management activities.
- Connect the justice system to HMIS, Coordinated Entry and the HRT meetings.
 - Collaborate with criminal justice systems to develop referral and diversion process for individuals experiencing homelessness in justice settings.
- Increase use of peers within the system of care to improve quality and quantity of care and case management capacity.
- Implement Nevada County Behavioral Health CalAIM Enhanced Care Management (ECM) team to serve individuals experiencing homelessness with mental illness and/or substance use disorder.
 - Improve referral pathways to NCBH treatment services.
 - Centralize case management staffing and supervision through NCBH-staffed ECM team.

B2. Strengthen housing focused case management and post housing supportive services.

- Continue to utilize Full-Service Partnership and Behavioral Health case management services to support individuals with serious mental illness in maintaining stable housing.
- Implement the Housing Support Team (HST), a cross system post-housing support team established to support current permanent supportive housing (PSH) residents, households that need expanded services yet are not eligible for PSH, and households in the recovery residency system.
 - Integrate HST post-housing case management for individuals who do not have behavioral health challenges with the landlord liaison and rapid rehousing programs.
 - Link individuals in Recovery Residences to housing navigation support and post housing services, including in Truckee.
 - Explore using the Housing Support Team to support newly homeless as well as actively homeless individuals.
- Ensure Full-Service Partnership (FSP) providers participate in HRT meetings to access housing resources for FSP clients.
- Expand capacity of supportive housing units, including in Eastern County.

C. Expand Shelter

Highlights from Phase One of the Homeless Plan

- Leveraged COVID funding for non-congregate hotel placements providing non-congregate shelter for over 300 households since March of 2020.
- Strengthened emergency cold weather shelter including implementation of COVID protocols.
- Utilized Homekey funding to purchase and renovate a hotel to provide interim housing to households working with case managers. Units will be transitioned to permanent housing in FY 22/23.

Key Learnings from Phase 1

No plank of the strategic plan was put to the test during COVID more than the provision of basic shelter. While shelter providers rose to the challenge, COVID required quick adjustments to ensure social distancing that threatened capacity, operations, and the health and safety of staff. It also exposed that homelessness has a direct impact on public health and that shelter remains a vital aspect of a robust homeless response system. While the County and CoC partners were able to utilize pandemic funding to expand shelter through hotels and other non-congregate settings, shelter bed inventory before, during, and after the pandemic does not meet the immediate need particularly for households that need specialized services such as the elderly, families with children, and transition age youth. The use of non-congregate settings provided an opportunity to explore new collaboration and innovative practices to rapidly move unsheltered households into non-congregate settings, alleviating the basic need for shelter while wrapping supportive services around these households to remove barriers to housing and increase positive housing outcomes.

Gap Analysis

- Low barrier shelter options are insufficient for people with unique challenges who have never sought shelter-based services or are ineligible to stay in shelter. Based on an analysis of 2019, 2020 and 2021 CES and PIT data, it is estimated that an additional 100 bed units of interim year-round shelter is needed to meet the need. Replacement for the ESG funding will need to be identified for shelter beds.
- Shelter options for families with children are low. Currently there are only 9 units of dedicated family shelter. Based on the 2019, 2020 and 2021 PIT count and CES data, there is a need for an estimated 18 family shelter units.
- Truckee currently has no year-round shelter options. The Truckee region had 32 homeless individuals in the 2019 PIT.
- Shelter options for youth aged 18-25 is insufficient or non-existent. While annual counts of unaccompanied minors and transition age youth are low, 6-8 shelter bed units or interim options dedicated to serving young people and keeping them out of the adult homeless system are needed.
- Hotel and motel rooms available for non-congregate sheltering are less available as COVID restrictions have lifted and normal hotel operations resume. Use of these rooms has become restrictive and there are not enough to go around.

FY 22-FY 25 Strategic Goals

C1. Expand year-round shelter capacity.

- Maintain and support current shelter capacity.
- Work with shelter providers to develop a process to move shelter stayers in the final stages of their housing case plan into non-congregate options to reduce long term shelter stays and build emergency bed capacity.
- Work with Housing Support Program (HSP) provider and other family orientated service providers to expand family shelter options.
- Work with the youth services providers to explore development of interim shelter options for unaccompanied youth, Transitional Age Youth (TAY), and youth aging out of foster care.
- Partner with Community Beyond Violence to expand available shelter for households fleeing domestic violence.
- Facilitate and participate in conversations in Eastern County for expanded shelter options.
- Continue to support seasonal shelter operations to respond to increased shelter needs during extreme seasonal weather conditions including during PSPS events where risk of wildfire is severe.

C2. Expand and strengthen non-congregate, navigation-based, interim housing options.

- Develop a request for proposal to secure a provider or providers able to stand up non-congregate shelter to reduce the number of unsheltered households by 2025.
- Work closely with shelter providers to ensure non-congregate operations work hand in hand with congregate shelter operations.
- Utilize HMIS to collect data on non-congregate shelter placement outcomes.
 - Adopt standardized processes aimed at moving people through the homeless system collaboratively and efficiently.
 - Ensure that real-time data is input into the Homeless Management Information System (HMIS) system and that HMIS is fully utilized by all case managers.
 - Fully utilize the Coordinated Entry process to quickly identify newly homeless households.
 - Regularly engage providers in the process of reviewing the By-Name List to ensure its accuracy.
 - Fully incorporate the navigation strategy into the substance use treatment and transitional housing programs to ensure that households in recovery do not return to homelessness.

D. Increase Housing Stock

Highlights from Phase One of the Homeless Plan

- Awarded \$1,412,000 of No Place Like Home 2 to expand permanent supportive housing.
- Completed construction of Brunswick Commons, 28 units of affordable housing and 12 units of new permanent supportive housing.
- Completed the acquisition and rehabilitation of the Brunswick House, 6 beds of supportive housing for justice involved clients.
- Coordinated with development partners to fund and begin construction on Cashin Field (51 units of workforce housing).
- Established the Western Nevada County Regional Trust Fund in partnership with Grass Valley and Nevada City using Permanent Local Housing Allocation funds as well as a State Housing Trust Fund match award.

Key Learnings from Phase 1

The development of housing remains a central challenge for communities across California. Housing development requires multi-jurisdictional coordination, multiple interwoven funding sources, and collaboration between state and local entities to ensure compliance with an array of federal, state, and local guidelines and priorities. Nevada County has committed to the development of housing, particularly, affordable housing targeting low income and workforce housing set at 30-60% Area median income. Key to affordable development is the identification of suitable sites located near amenities and access to municipal water and sewage. Nevada County has been successful working with development partners and jurisdictions to identify sites; key challenge for increasing affordable housing and supportive housing stock is acquiring sites prior to submitting applications for development funding or tax credit financing.

Gap Analysis

- Funding to secure site control for identified projects early in the process is not currently available.
- Limited number of dedicated local development partners for the development of affordable housing projects. As funding becomes available, deadlines for funding opportunities are hard to meet without additional development partners available to take on new projects.
- Nevada County lacks a collaborative policy advocacy effort joining local jurisdictions, Community Development Agency staff, Housing and Community Services staff and other stakeholders in efforts to review local building practices and needs and to advocate for state level policy changes that impact local housing development.
- Low inventory of affordable rental housing is a challenge; identifying new units for homeless residents results in longer time spent homeless. The rising costs of rents often exceed Fair Market Rents, making units ineligible for ongoing subsidy. Additional flexible rental assistance will be needed to provide higher rent amounts for longer.
- The continuum of housing in the county has key gaps in housing types. These include board and care facilities, expanded permanent supportive housing units for Transitional Age Youth, and legal sites for trailers and mobile homes, an affordable option for many living on fixed incomes.

FY 22-FY 25 Strategic Goals

D1. Facilitate and promote partnerships for the development of affordable and supportive housing

- Facilitate and promote partnerships for the development of affordable and supportive housing.
- Leverage local PLHA funding to seek state housing trust fund match to expand support for the Western Nevada County Regional Housing Trust Fund (WNCRHTF).
 - Issue annual Request for Proposal solicitations seeking development partners in need of local financing through the WNCRHTF.
 - Collaborate locally to continue supporting WNCRHTF activities.
- Provide support to development projects that include units at or below 60% AMI and/or with set asides of supportive units.
- Identify shovel ready partners for State Homekey funding to expand interim and permanent housing for families with children and permanent supportive housing for chronically homeless households.
- Complete the 6-unit Ranch House permanent supportive housing project.
- In collaboration with Behavioral Health, explore the development of a board and care facility in Nevada County.
- Develop a standing collaborative housing policy and advocacy effort to build consensus around housing development needs, explore recommendations for changes to local housing development ordinances and codes, and to advocate for state and local policy changes that impact local housing development.

D2. Implement a centralized Landlord Liaison Program (LLP)

- Support the Landlord Liaison Program (LLP) in providing centralized services to landlords and coordinating placement with service providers across the CoC.
 - Work with the LLP provider to develop and implement an outreach, messaging, and media campaign highlighting to potential landlords the services offered by the LLP.
 - Connect the LLP to the Housing Resource Team to assist in recruiting new landlords, connect clients to new units, and ensure rapid follow up to landlords when issues after placement arise.
 - Work to develop standardized tools and processes to ensure that landlords receive services to mediate tenant issues and coordinate service response for tenants.
 - In partnership with the LLP, regional housing authority, and CoC partners, maximize utilization of vouchers in new units and to preserve affordability of existing units.
- Maximize utilization of federal housing subsidies to promote a moving on strategy for highly stable permanent supportive housing participants.
 - Fully utilize allocation of 30 Emergency Housing Vouchers and seek additional vouchers through the recapture process.
 - Explore use of Mainstream Housing Choice Vouchers to subsidize housing for vulnerable CalWORKS families.

E. Collaborate, Coordinate, and Communicate

Highlights from Phase One of the Homeless Plan

- Collaborated with the Nevada Regional Continuum of Care to expand funding for homeless services, including funding related to COVID-19.
- Implemented HMIS across all providers.
- Expanded Coordinated Entry through Connecting Point and Hospitality House adding staff to coordinate HMIS services and provide daily technical support.
- Refined the By-Name List to be used as an accurate tool to address homelessness of specific individuals.
- Hosted weekly Housing Resource Team (HRT) meetings for three subpopulations: chronically homeless, veterans, and families and Transitional Age Youth (TAY).
- Reduced Veterans Homelessness by nearly 40% through CoC and County collaboration with all veteran services providers including the VA, VOA, County VSO, and Nations Finest.

Key Learnings from Phase 1

The ability to capture accurate real time data requires all agencies participate in HMIS and Coordinated Entry. Data quality is imperative across the system. The state is moving aggressively to require all homeless services to be tracked and reported on within HMIS. This data forms the basis for tracking the inflow to homelessness, the types of services used, how well the system is performing in connecting households to services, the demographics of those households and, finally, the outflow of households into housing or other destinations that result in them being moved off the actively homeless list. While Nevada County, the CoC, and nonprofit providers have made great strides in increasing utilization of HMIS and Coordinated Entry, addressing data quality, putting processes in place that allow for all partners to act on what the data is saying, and using the data to track outcomes, there is more work to do and important elements of the system still needing to be established.

Gap Analysis

- Dedicated funding to support data collection is a key gap. The Homeless Management Information System (HMIS) and Coordinated Entry System (CES) are required tools for tracking client level information and outcomes for the homeless system. Agencies receiving federal and state funds for homeless initiatives are required to pay yearly to have access to the system and the administration of both HMIS and CES cost money. To have the system we need to track the outcomes we want will require significant ongoing investment.
- An influx of new state funding to the CoC has strained the ability for the CoC to continue functioning as a “volunteer” board. Fiscal tracking, grant applications and performance monitoring and reporting of CoC funded projects has grown to a level that requires dedicated oversight and management. Ongoing funding to provide staff and oversight to the CoC is a key gap.

FY 22-FY 25 Strategic Goals

E1. Support system wide improvement to data collection measures, collaboration on funding opportunities, and implementation of the County-CoC joint strategic plan

- Governing Board
 - Work to align County and CoC goals and priorities to achieve the shared goals contained in the Homeless Action Plan.
 - Support outreach and recruitment of new board members within communities of color and other groups disproportionately impacted by homelessness.
 - Leverage County media opportunities and CoC partners to expand proactive messaging about the CoC, its role, and the steps it is taking to address homelessness over the next five years.
 - Secure ongoing funding to hire an executive director to lead the CoC.
 - Continue to build community engagement with the five established board committees.
 - Coordinate yearly Point in Time counts.
 - Produce specific policies to address disparities in access to services among racial demographic groups identified through HMIS, coordinated entry and county census data. Develop contracted deliverables for funded project that address how projects actively engage communities disproportionately impacted by homelessness.
 - Continue to implement and strengthen Built for Zero processes and practices and track outcome data in line with key metrics and system performance evaluations. Report monthly progress towards goals to CoC board.
 - Coordinate for CoC provider and community trainings covering topics relevant to homeless service provision, evidence-based practices, and leadership development.
 - Implement a process for authentically involving households experiencing homelessness to be part of the process for planning and implementing homeless services.
- HMIS/CES subcommittee
 - Improve participation and utilization of the HMIS system and promote data quality and timeliness.
 - Adopt specific recommendation for CES improvements contained in the “CES improvement report” provided by HCD technical assistance.
 - Address deficient areas in the Housing and Urban Development (HUD) system performance measures and work to raise the overall CoC score to build competitiveness for federal funding.
 - Improve data quality of the By-Name list and utilize the Coordinated Entry System and HMIS to track progress and report on the 5-year goals established in the strategic plan, including tracking Built 4 Zero seven key data metrics.
 - Develop and implement a reporting method to track progress for all goals identified in this plan.

E2. Strengthen the Coordinated Multi-disciplinary case conferencing team (HRT)

- Utilize the existing Housing Resource Team (HRT) to coordinate a Navigation Strategy and implement Critical Time Intervention across the team.
- Implement efforts to track Coordinated Entry data and reduce chronic, veteran, and family homelessness.

Strategic Outcome Measures

Uniform outcome measures were provided by The California Interagency Council (Cal ICH) to all Counties and CoC in California. Cal ICH also analyzed Coordinated Entry and PIT data from across the state and used that data to develop “baseline” measures for every community. Baseline measures were provided from various data sources, such as the PIT count, HMIS, and HDIS. These measures will be used to assess each community’s plan and Cal ICH will provide quarterly reports on progress towards the plan’s goals. In 2024, communities who have achieved significant progress towards their outcome goals will be eligible for additional funding to maintain successful efforts outlined in the local action plan.

Outcome Goal #1a: Reducing the number of persons experiencing homelessness.		
Baseline Data: Annual estimate of number of people accessing services who are experiencing homelessness	Outcome Goals July 1, 2021 - June 30, 2024	
	Decrease/Increase in # of People	Decrease/Increase as % Change from Baseline
409	+100	24%
Comments		
<p>Baseline data for this measure is derived from CES, not PIT. Because of this, this measure is a measure of people engaged in services. This means that the number of households accessing services through the CES decreased by over 100 people from 2018-2020. An increase in the number of individuals in coordinated entry would indicate more efficient service connection through outreach and engagement to quickly access services. Additionally, there is evidence to show that people receiving services for a longer amount of time are more successful and gaining and retaining permanent housing (measure 5). Our goal is to increase the number accessing services to regain this decrease, which would be a 24% increase from 2020.</p>		
Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness		
Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	Describe the trackable data goal(s) related to this Outcome Goal:	
For Native Americans and Latinos, the number of households experiencing homelessness is disproportionate compared to the overall size of those groups in the general population. These groups are also less likely to have access to services across service types (shelter, rapid rehousing etc)	By 2024, Native American and Latinos will be enrolled in services at least proportional to their representation in the homeless system	

Outcome Goal #1b: Reducing the number of persons experiencing unsheltered homelessness on a daily basis.

Baseline Data: Daily Estimate of # of people experiencing unsheltered homelessness	Outcome Goals July 1, 2021 - June 30, 2024	
	Reduction in # of People	Reduction as % Change from Baseline
251	15	-6%
Comments		
<p>Since 2019, the Count and the CoC have been expanding shelter beds. In 2019, 60% (251) of households counted were unsheltered. In 2021, 60% were sheltered (238). This means since the baseline was established, we have already achieved a 20% reduction in unsheltered homelessness. Because we expect PIT numbers to increase as we get better at counting people and outreach improves, the reduction in unsheltered homelessness as compared to the baseline is likely to be a small reduction. Based on preliminary 2022 PIT data, we can reasonably achieve a goal of a further 6% reduction in unsheltered homeless by 2024 from the 2020 baseline.</p>		
Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness		
Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	Describe the trackable data goal(s) related to this Outcome Goal:	
<p>Native Americans and Latinos access shelter at a lower rate than other demographic groups. Another subpopulation of interest is transitional age youth and unaccompanied minors, through system improvements, expanded prevention and diversion targeting TAY youth we will seek to end unsheltered TAY homelessness by 2024.</p>	<p>Increase outreach to Native and Latino communities to ensure access to shelter and other services. By 2024, double the rate of shelter and transitional housing utilization by these groups.</p>	

Outcome Goal #2: Reducing the number of persons who become homeless for the first time.

Baseline Data: Annual Estimate of # of people who become homeless for the first time	Outcome Goals July 1, 2021 - June 30, 2024	
	Reduction in # of People	Reduction as % Change from Baseline
148	15	-10%

Comments

According to HMIS data, the number of households who became homeless for the first time increased from 148 in 2020 (baseline) to 175 in 2021. This means that from the baseline, a reduction of 10% reduces the number of newly homeless by 42 households by 2024. We can reasonably expect to continue to decrease the population of newly homeless by 9% per year for years 2022-2024.

Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness

Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	Describe the trackable data goal(s) related to this Outcome Goal:
Internal data suggests that families, transitional age youth, and unaccompanied minors, are underrepresented in shelter and services likely due to a lack of shelter resources specific to the needs of these groups. Overall, a focus on these groups utilizing stepped up and resourced prevention and diversion programs is required	Reduce by 20% the number of Families with Children, TAY and minors entering the homeless system by 2024.

Outcome Goal #3: Increasing the number of people exiting homelessness into permanent housing.

Baseline Data: Annual Estimate of # of people exiting homelessness into permanent housing	Outcome Goals July 1, 2021 - June 30, 2024	
	Increase in # of People	Increase as % Change from Baseline
68	34	50%

Comments

From 2018-2020, exits to permanent housing decreased dramatically. For 2021, overall exits increased from 68 to 93 and increase of 37%. across all 3 years is 15%. Applying a total 10% increase in permanent housing placements for 2022-2024, would result in a 50% increase from the baseline, or just over 100 placements per year.

Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness

Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	Describe the trackable data goal(s) related to this Outcome Goal:
Native Americans and Latinos access housing placement program at a far lower rate than other demographic groups	Increase engagement with Native and Latino communities and ensure access and enrollment in housing programs at least proportional to their representation in the homeless system

Outcome Goal #4: Reducing the length of time persons remain homeless

Baseline Data: Average length of time (in # of days) persons enrolled in street outreach, emergency shelter, transitional housing, safehaven projects and time prior to move-in for persons enrolled in rapid rehousing and permanent housing programs	Outcome Goals July 1, 2021 - June 30, 2024	
	Decrease in Average # of Days	Decrease as % Change from Baseline
104	0	0%
Comments		
<p>2021 data shows an increase in the length of time (in days) people spend homeless from 104 (baseline) to 187. This data is impacted not only by lack of housing units but by how long people stay enrolled in projects. In some cases, even after being housed, a household will stay enrolled in a project as they receive stabilizing services. The goal is to reduce the average length of time homeless back to the 2020 baseline of 104 days by 2024 and then maintain this average.</p>		
Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness		
Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	Describe the trackable data goal(s) related to this Outcome Goal:	
<p>Exits to permanent housing, length of time homeless, and return to homelessness can be intricately connected. Based on 2020 HDIS data, those with substance use disorders or those fleeing domestic violence have the highest rate of return to homelessness within 6 months of exiting to permanent housing of all subpopulations, even considering that these populations have a small number of exits to permanent housing and an average length of time to housing placement.</p>	<p>Maintain a median average length of time homeless of 104 days for those with substance use disorders and those fleeing from domestic violence to eliminate any bottleneck while reducing the return to homelessness rate.</p>	

Outcome Goal #5: Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing

Baseline Data: % of people who return to homelessness after having exited homelessness to permanent housing	Outcome Goals July 1, 2021 - June 30, 2024	
	Decrease in % of People who return to Homelessness	Decrease as % Change from Baseline
13.16%	0	0%

Comments

Coordinated Entry data for 2021 indicates an increase in the percentage of people housed who return to homelessness after 6 months. Because 13% return rate (baseline) is actually a very low rate, the goal is to regain and maintain the 2020 13% rate of returning to homelessness within 6 months. Furthermore, this metric looks at only a 6-month period between lease up and return to homelessness. The County and the CoC, while dedicated to reducing this rate at 6-months, are also looking to improve housing retention rates at 12 and 24 months.

Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness

Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	Describe the trackable data goal(s) related to this Outcome Goal:
Exits to permanent housing, length of time homeless, and return to homelessness can be intricately connected. Based on 2020 HDIS data, those with substance use disorders or those fleeing domestic violence have the highest rate of return to homelessness within 6 months of exiting to permanent housing of all subpopulations, even considering that these populations have a small number of exits to permanent housing and an average length of time to housing placement.	Reduce the number of returns to homelessness for these populations to the baseline rate of 13%.

Outcome Goal #6: Increasing successful placements from street outreach

Baseline Data: Annual # of people served in street outreach projects who exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations.	Outcome Goals July 1, 2021 - June 30, 2024	
	Increase in # of People Successfully Placed from Street Outreach	Increase as % of Baseline
0	100	100%

Comments

A data collection error resulted in 0 placements to housing from street outreach for 2020. Nevada County has corrected this error going forward. Corrected data for 2020 shows 50 exits from street outreach to other projects (transition housing, shelter, permanent housing). Nevada County's goal is to double that number to 100 placements by June 30, 2024.

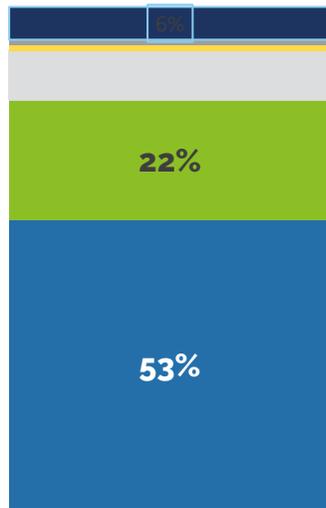
Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness

Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	Describe the trackable data goal(s) related to this Outcome Goal:
Although Latinos make up an average of 10% of the homeless population (PIT counts from 2019-2021), only about 3% are engaged in outreach services (2020-2021 HMIS data).	By 2024, Increase street outreach for Latinos by 10% proportional to their representation in the homeless system.

Appendix 1: Homelessness in Nevada County – PIT Data Landscape Analysis

Table 1. Landscape Analysis of Needs and Demographics		
	People Experiencing Homelessness	Source and Date Timeframe of Data
Population and Living Situations		
Total Number of People Homelessness	401	2021 PIT Data
# of People Who are Sheltered (ES, TH, SH)	238	2021 PIT Data
# of People Who are Unsheltered	163	2021 PIT Data
Household Composition		
# of Households without Children	178	2021 PIT Data
# of Households with At Least 1 Adult & 1 Child	58	2021 PIT Data
# of Households with Only Children	2	2021 PIT Data
Sub-Populations and Other Characteristics		
# of Adults Who are Experiencing Chronic Homelessness	66	2021 PIT Data
# of Adults Who are Experiencing Significant Mental Illness	140	2021 PIT Data
# of Adults Who are Experiencing Substance Abuse Disorders	110	2021 PIT Data
# of Adults Who are Veterans	33	2021 PIT Data
# of Adults with HIV/AIDS	4	2021 PIT Data
# of Adults Who are Survivors of Domestic Violence	21	2021 PIT Data
# of Unaccompanied Youth (under 25)	12	2021 PIT Data
# of Parenting Youth (under 25)	1	2021 PIT Data
# of People Who are Children of Parenting Youth	1	2021 PIT Data
Gender Demographics		
# of Women/Girls	183	2021 PIT Data
# of Men/Boys	216	2021 PIT Data
# of People Who are Transgender	0	2021 PIT Data
# of People Who are Gender Non-Conforming	2	2021 PIT Data
Ethnicity and Race Demographics		
# of People Who are Hispanic/Latino	48	2021 PIT Data
# of People Who are Non-Hispanic/Non-Latino	353	2021 PIT Data
# of People Who are Black or African American	3	2021 PIT Data
# of People Who are Asian	5	2021 PIT Data
# of People Who are American Indian or Alaska Native	15	2021 PIT Data
# of People Who are Native Hawaiian or Other Pacific Islander	3	2021 PIT Data
# of People Who are White	369	2021 PIT Data
# of People Who are Multiple Races	6	2021 PIT Data

Length of Time in County



- Five or More Years
- One to Five Years
- 90 Days or More
- One Month or More
- One Week or More
- Not collected

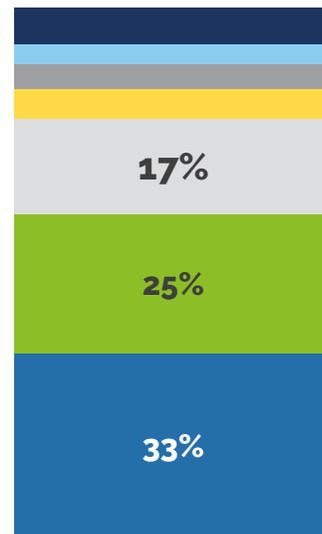
Landscape Analysis – PIT Count Data

Of the homeless households and individuals surveyed during the PIT count from 2019-2021, 75% had lived in Nevada County for more than a year, with 53% calling Nevada County home for five years or more. Only 19% reported being in Nevada County for less than a year.

Landscape Analysis – PIT Count Data

Of the homeless households and individuals surveyed during the PIT count from 2019-2021, 75% had lived in Nevada County for more than a year, with 53% calling Nevada County home for five years or more. Only 19% reported being in Nevada County for less than a year.

Reason for Staying



- Not collected
- Legal Issues
- Employment Opportunities
- Access to Services
- Enjoy the Community
- Close to Family
- From Here

Sheltered vs Unsheltered data by Gender, Race and Ethnicity

Gender	2019 Unsheltered	2019 Sheltered	2020 Sheltered	2021 Unsheltered	2021 Sheltered
Male	172	97	97	134	82
Female	78	67	38	104	79
Gender Non-conforming	1	0	1	0	2
Race					
White	233	150	108	218	151
American Indian or Native Alaskan	6	6	11	7	8
Asian	0	0	0	4	1
Black	2	4	1	2	1
Native Hawaiian/Other Pacific Islander	3	0	1	1	2
Multiple Races	7	4	15	6	0
Ethnicity					
Non-Hispanic/Non-Latino	230	154	125	213	140
Hispanic/Latino	21	10	11	25	23

Appendix 2: Homelessness in Nevada County - Coordinated Entry Data Landscape Analysis

60% of the homeless population is male and 40% is female, with less than 1% transgender or gender non-conforming. Of the proportion of services recorded in HDIS as provided to each gender, females and males access emergency shelter about evenly, but females are more likely to enter rapid rehousing. Data on transgender and gender non-conforming individuals is insufficient to determine a trend in service types for this subgroup.

Gender and Service Types for Fiscal Year 2020-2021

	Permanent Supportive Housing (PSH)	Rapid Rehousing (RR)	Transitional Housing (TH)	Interim Housing or Emergency Shelter (IH/ES)	Prevention Services and Assistance (HP)	Outreach and Engagement Services (O/R)
Gender Demographics						
Women/Girls	16	56	6	91	14	60
Men/Boys	41	36	9	184	10	143
Transgender	0	0	0	1	0	1
Gender Nonconforming	0	0	0	1	0	0

Subpopulations and Service Types for Fiscal Year 2020-2021

	Permanent Supportive Housing (PSH)	Rapid Rehousing (RR)	Transitional Housing (TH)	Interim Housing or Emergency Shelter (IH/ES)	Prevention Services and Assistance (HP)	Outreach and Engagement Services (O/R)
Sub-Populations and Other Characteristics						
# of Adults Who are Experiencing Chronic Homelessness	21	14	7	125	0	105
# of Adults Who are Experiencing Significant Mental Illness	46	24	11	97	12	62
# of Adults Who are Experiencing Substance Abuse Disorders	4	1	1	20	1	10
# of Adults Who are Veterans	2	6	0	18	1	18
# of Adults with HIV/AIDS	0	0	0	2	0	1
# of Adults Who are Survivors of Domestic Violence	10	34	9	80	9	49

Race, Ethnicity, and Service Types for Fiscal Year 2019-2021

	Permanent Supportive Housing (PSH)	Rapid Rehousing (RR)	Transitional Housing (TH)	Interim Housing or Emergency Shelter (IH/ES)	Prevention Services and Assistance (HP)	Outreach and Engagement Services (O/R)
Ethnicity and Race Demographics						
# of People Who are Hispanic/Latino	4	76	1	18	7	10
# of People Who are Non-Hispanic/Non-Latino	53	7	14	249	16	188
# of People Who are Black or African American	1	2	0	3	0	1
# of People Who are Asian	0	1	0	1	0	1
# of People Who are American Indian or Alaska Native	1	2	1	8	0	6
# of People Who are Native Hawaiian or Other Pacific Islander	0	0	0	2	3	1
# of People Who are White	52	77	13	232	18	177
# of People Who are Multiple Races	3	2	1	27	3	13

Census data and Service Types

	2020 Census Total for Nevada County	Head of Households Served in Any Project Type ¹		Served in Shelters & Transitional Housing ²		Exits to Permanent Housing	
	%	#	%	#	%	#	%
Total	100%	405	100%	153	100%	78	100%
White, Non-Hispanic/Non-Latino	84.7%	235	58%	130	85%	46	59%
White, Hispanic/Latino	8.6%	19	5%	11	7%	4	5%
Black or African American	0.6%	1	0%	1	1%	1	1%
Asian	1.5%	1	0%	1	1%	0	0%
American Indian or Alaska Native	1.3%	9	2%	5	3%	1	1%
Native Hawaiian/Other Pacific Islander	0.2%	4	1%	3	2%	0	0%
Multiple Races	3.1%	0	0%	0	0%	0	0%
Unknown	0%	150	37%	1	1%	25	32%

Racial Disparities in Homeless Services

Nevada County contains one Native American tribe that is working towards federal recognition. Although the population of Native Americans is small and makes up only 1% of the total population of Nevada County according to the 2020 census, Native Americans comprise 4% of the total homeless population. This means that Native Americans are 4 times more likely to become homeless than other race or ethnicity groups. Individuals reporting as multi-racial make up 3% of the total population of Nevada County (2020 Census) as well as 3% of the total homeless population (2019-2021 PIT Counts) but receive the lowest percentage in services of all race and ethnicity types. Finally, Latino populations make up 8% of the total county population but are overrepresented in the homeless population at 12%.

Overall, racial disparities exist among different demographic groups and their access to services and, for that reason, service outcome for these groups must improve. This improvement is the responsibility of the County and the CoC and it begins by better connecting to communities disproportionately affected by homelessness.

A key place to start is to ensure the system wide collection of demographic data. State HDIS data indicated that 37% of demographic data in the Coordinated Entry System is “unknown” or “uncollected.” This means the disparities could be more pronounced than the data suggests.

It is important to note that Nevada County’s population is 85% white. Percentages of other races is low, which means that actual numbers are low for counts of individuals reporting other races or ethnicities. When working to establish trackable goals, percentages can fluctuate dramatically by an increase or decrease of just one person. These small numbers make it more difficult to identify disparities among certain groups, but that does not mean that disparities don’t exist. In fact, disparities among groups that lack established local communities may be even more significant and more difficult to address.

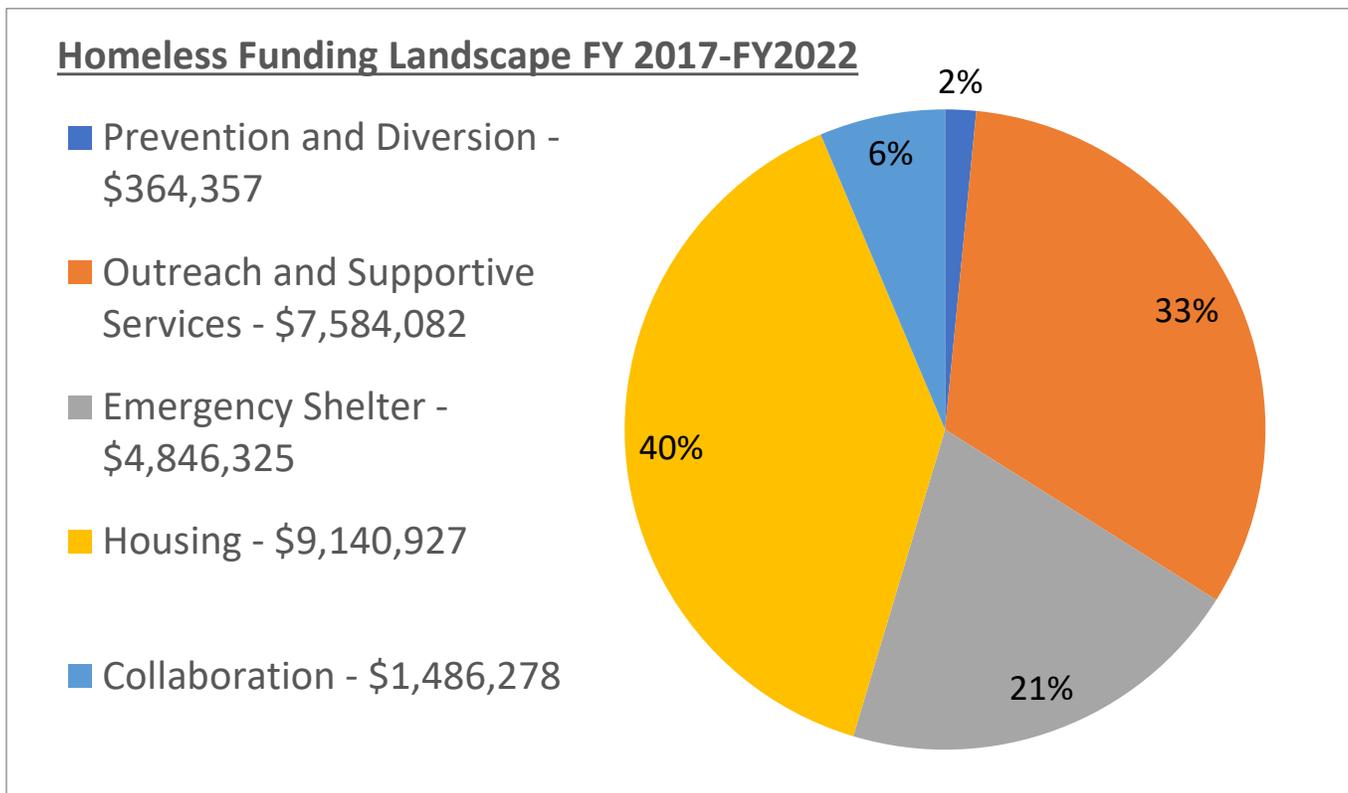
Appendix 3: Homeless in Nevada County - Homelessness Funding

Funding for Housing and Homelessness Services

Beginning in 2017, Counties and Continuum of Care (CoC) organizations across California saw an increase in state level funding to address homelessness and housing. Successive state budgets earmarked dollars to expand services, develop more housing, and upgrade data infrastructure for better planning and evaluation of homeless programs. Coinciding with state investments to end homelessness, the County Board of Supervisors prioritized homelessness and directed the Health and Human Services Agency to work with all the departments to develop and implement a broad-based plan to address local homeless issues and to identify funding sources to expand a county-wide response to homelessness.

Fiscal Year 2017 – 2022 Funding Overview

County and CoC funding expended or currently committed to homelessness and housing encompasses five (5) key activity categories that are widely recognized as the foundations of a homeless response system: Prevention and Diversion, Outreach and Supportive Services (case management), Shelter, Housing, and Collaboration (including Coordinated Entry and HMIS). Within each of these categories are specific intervention types that can be supported with the funding and/or support intervention types specific to certain sub-populations (i.e. Veterans, Families with Children, Domestic Violence survivors etc.) Many households experiencing homelessness have factors that connect them to multiple sub populations. For example, a veteran who is also fleeing domestic violence, or a family with children who are also engaged in mental health services.



Landscape Analysis - Homelessness Funding

What follows is a summary list of funding currently committed to address homelessness and housing by the CoC and the County. The list includes the projects or interventions each source funds and the subpopulations the funding serves.

Homeless Housing and Assistance Program (HHAP) R1 (County and CoC)

FY time frame: FY 20 - 23

Intervention types: Rental Assistance, Landlord incentives, master leasing of sites for Permanent Supportive Housing, Interim Hotel and Motel placement, HMIS license fees, Cross County training and skill building

Populations Served: Chronic, Families with children, Households with severe mental illness, Veterans, Households with substance use disorder, COVID support and placement

HHAP Round 2 (County and CoC)

FY time frame: FY 21 - 25

Intervention types: non-congregate shelter operations, Sierra Guest House Project

Populations Served: Chronic, veterans, seniors over 55 living with disabilities, TAY

Whole Person Care, one-time funding

FY timeframe: expended by 2024

Intervention types: Service enrichment, outreach and engagement

Populations Served: Flexible across all subpopulation types

Project Room Key

FY time frame: FY 20-22

Intervention types: non-congregate shelter operations

Populations Served: Chronic, Veterans, Families, households with severe mental illness and households with substance use disorder, households with chronic disabilities and/or heightened risk of contracting COVID

Permanent Local Housing Allocation - Homeless set aside

FY time frame: revolving allocation with funds needing to be spent within one FY.

Intervention types: Shelter operations, Sierra Guest House

Populations Served: Chronic, veterans, families, Domestic violence, households with Mental illness, substance use disorder and or chronic disabling conditions

Permanent Local Housing Allocation – Competitive

FY time frame: FY 22-24

Intervention types: Supportive services, Post house case management

Populations Served: Chronic, veterans, families, Domestic violence, households with Mental illness, substance use disorder and or chronic disabling conditions

Housing Support Program

FY time frame: renewed every FY

Intervention types: Supportive services, rental assistance, landlord incentives, master leasing

Populations Served: CalWORKS eligible homeless families with children

Family Stabilization Program

FY time frame: renewed every FY

Intervention types: Supportive Services, case management, referrals to partner agencies, housing assistance, utility assistance

Populations Served: CalWORKS eligible families with children experiencing crisis or barriers to self-sufficiency

APS Home Safe funds

FY time frame: revolving FY based on allocations

Intervention types: supportive services and housing assistance

Populations Served: Chronic, homeless, at-risk seniors

HUD CoC competitive funds (CoC)

FY time frame: ongoing, must be spent within a FY

Intervention types: Permanent Supportive housing, rental assistance

Populations Served: Chronically Homeless living with a severe and persistent disability

Housing and Disability Advocacy

FY time frame: ongoing, must be spent within a FY

Intervention types: Supportive services and rental assistance

Populations Served: Chronically homeless or at-risk of homelessness

Housing Trust Fund

FY time frame: revolving, ongoing

Intervention types: Development funds for permanent affordable housing

Homeless Populations Served: 30-60% AMI housing units

Mental Health Services Act

FY time frame: revolving, ongoing

Intervention types: supportive services, shelter and permanent supportive housing

Homeless Populations Served: Chronically homeless with severe and persistent mental illness

SAMHSA Grants to Benefit Homeless Individuals -

FY time frame: FY 18 – 22

Intervention types: outreach and engagement

Populations Served: Chronically homeless, homeless. Households with Substance use disorder and/or severe mental illness

Proposition 47 funds

FY time frame:

Intervention types: Supportive services, permanent supportive housing

Populations Served: Chronic, homeless, households with substance use disorder and severe mental illness, all must be justice involved

Community Services Infrastructure funds

FY time frame: expended by FY 22

Intervention types: Permanent Supportive Housing

Populations Served: Chronically Homeless, at-risk of homelessness with high recidivism in the justice system

Community Development Block Grant -Covid (CDBG) -

FY time frame:

Intervention types: Permanent affordable housing

Populations Served: general homeless populations

CDBG - Planning

FY time frame: expended by 2024

Intervention types: Supportive services, engagement and outreach

Populations Served: general homeless population

No Place Like Home – Brunswick Commons

FY time frame: FY 2019

Intervention types: Permanent Supportive Housing

Populations Served: Chronically homeless with severe mental illness

No Place Like Home - Ranch House Project

FY time frame: FY 2025

Intervention types: Permanent Supportive Housing

Populations Served: Chronically homeless with severe mental illness

Homekey

FY time frame: FY 2021

Intervention types: Permanent Affordable and Supportive Housing

Populations Served: Chronic, at-risk, veterans, seniors with disabilities, TAY, families

Homekey Philanthropic

FY time frame: FY 20-24

Intervention types: Supportive services and operations

Populations Served: Chronic, at-risk, veterans, seniors with disabilities, TAY, families

Nevada County General Fund

FY time frame: FY 18-24

Intervention types: collaboration with community partners; establishing the homeless program and furthering the Plan goals

Populations Served: Flexible across all subpopulation types

Emergency Solutions Grants (CoC)

FY time frame: Rolling, comes to CoC every year

Intervention types: Shelter operation, Rental assistance/Rapid Rehousing, HMIS Support

Populations Served: Chronic, homeless, Families, TAY, general system support

Coronavirus Emergency Supplemental Funding (CESF)

FY time frame: FY 21-22

Intervention types: non-congregate shelter

Populations Served: Chronic, at-risk, veterans, seniors with disabilities, TAY all must be justice involved

COVID Emergency Homeless Funding (EHF)

FY time frame: FY 19-20

Intervention types: non-congregate shelter

Populations Served: Chronic, Homeless, at-risk, veterans, seniors with disabilities, TAY, families