Community Corrections Partnership (CCP)
Advisory Committee Meeting
March 23, 2016
City Hall-Caldwell Conference Room, Second Floor
777 Cypress Street, Redding, CA

Attendees:

Tracie Neal, Chelsey Chappelle, Erin Ceccarelli, Teresa Rushing – **Shasta County Probation Department**
Melissa Fowler-Bradley – **Shasta County Superior Court**
Elaine Grossman – **Shasta County Administrative Office**
Steve Carlton – **Shasta County District Attorney's Office**
Jeff Gorder – **Shasta County Public Defender's Office**
Tom Bosenko, Janet Breshears – **Shasta County Sheriff's Office**
Robert Paoletti – **City of Redding Police Department**
Dean True, John Van Fossan – **Shasta County Health & Human Services Agency (HHSA)**
Karen Day, David Nichols – **Division of Adult Parole Operations**
Christie Wright – **Wright Education Services**
Angela Jones – **One SAFE Place**
Brian Muir – **Shasta County Auditor-Controller's Office**
Susan Kane, Shaneika Smith – **Shasta County Day Reporting Center**

Meeting Overview

The meeting was called to order at 3:03 p.m. A quorum was present. Introductions were made.

Public Comment

No public comments.

Approval of Meeting Minutes

Jeff Gorder moved to approve the minutes for April 22, 2015, July 15, 2015, and October 21, 2015. Robert Paoletti seconded the motion. Motion passed: 7 Ayes, 0 Noes, 1 Abstention (Melissa Fowler-Bradley)

Financial Report

Elaine Grossman distributed a FY 2015/16 Realignment Revenue Report and stated that the February payment was received as expected. She also distributed a Realignment Revenue Growth Report reflecting the FY 2014/15 growth distribution. Tracie Neal stated that the distribution included the one-time growth funding for base restoration and that future growth distributions will be based on performance.

Tom Bosenko and Angela Jones entered the meeting.

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Executive Committee Activity

Tracie Neal discussed the Executive Committee Activity. She said since October, the Executive Committee has met five times. They have discussed the Day Reporting Center Graduation, the Board of State and Community Corrections Implementation and Planning Report, changing the employment status of a Public Defender Social Worker from Extra Help to Full Time, CCP Budget, and the STEP-UP program. Tom Bosenko stated that they supported Shasta College as they applied for a grant to expand the program to have 50 students per cohort and increase the number of majors offered. He stated that it looks like Shasta College may receive the grant. Tom Bosenko then asked Tracie Neal if the application included a Full Time Equivalent (FTE) Deputy Probation Officer (DPO). Tracie Neal stated that the original application included 1 FTE probation case manager, however grant discussions may be resulting in funding for only a .75 FTE probation case manager. She stated that a discussion for the STEP-UP program will be added to a future agenda.

Announcements and General Discussion

Day Reporting Center

Susan Kane gave an update on the Day Reporting Center stating they are currently serving 94 offenders, 106 including After Care. She stated that the Phase I population is large, with 65 individuals, 13 in Phase II, and 6 in Phase III. She spoke about the impact of having a large Phase I population and how it was labor intensive. She stated that the DRC was working with Probation to keep the negative discharges to a minimum. Tracie Neal stated that Jeremy Kenyon was keeping a very close eye on the absconds and was working on a system to motivate offenders to limit the number of days they miss attending the DRC. Susan Kane stated that the probation officers coming into the DRC and communicating both with the offenders and DRC staff is working well. Chelsey Chappelle stated that the jail services are helping a lot as well and that they are sending staff out to pick offenders up and take them to the DRC. Rob Paoletti asked if those officers were armed. Tracie Neal stated that some of them were.

Susan Kane stated that there are currently 10 offenders participating in the program while in custody. Jeff Gorder asked who determines who will be in the in custody program. Susan Kane stated that Probation determines who is chosen for the in-custody program. Jeff Gorder asked if they do a Pre-Sentence Investigation (PSI). Chelsey Chappelle stated that a PSI is not generally completed for the in-custody program. She stated that it is usually an offender who has been recently sentenced or returned on violation, thereby increasing accountability. Jeff Gorder asked about the programming offered to in-custody offenders. Susan Kane stated that they receive Life Skills and Substance Abuse Education. Tracie Neal stated that the curriculum is evidence-based. Susan Kane agreed and stated that the offenders also get Thinking for a Change (T4C) and Moral Reconation Therapy (MRT) on Saturdays.

Susan Kane continued by stating that the next graduation will be on July 21st and also announced that the joint effort with the YMCA, the Health and Wellness Program, is getting off the ground.

She stated that they currently have one individual that is on work release at the DRC. She also stated that they are bringing in interns who are studying Criminal Justice and Psychology.

Community Corrections Center

Chelsey Chappelle distributed a handout and gave an update on the Community Corrections Center (CCC). She stated that there used to be a probation officer for the DRC housed at the CCC who is now housed at Adult. She also stated that the housing program continues to be stable and successful, that the DRC keeps improving, and that the CCC is continuing to move forward with Supervised Own Recognizance (SOR) and Pre-trial Supervised Own Recognizance (PSOR).

Chelsey Chappelle continued by stating that the department has now had three Successful Transitions Of Probation and Parole (STOPP) meetings. John Van Fossan stated that a variety of community resources are at the meetings and that his role has been to be a connection to other resources who are not at the STOPP meetings. Chelsey Chappelle stated that often it is difficult to get referrals to Mental Health services, and STOPP has produced 9 referrals to John and he was able to get the offenders started with services that they needed. Christine Wright stated that the STOPP meeting yielded six referrals for Wright Education and that things seem to be working out well. Chelsey Chappelle stated that attendance is improving steadily and that Probation has taken cues from Parole such as calling the offenders the day before. Karen Day stated that the meeting gets better each time. Jeff Gorder asked if it was a one-time referral. Chelsey Chappelle responded in the affirmative stating that each person goes to the first STOPP meeting after they are released. Tracie Neal stated that there are between 30 to 35 providers in attendance and a variety of services. Chelsey Chappelle stated that the DRC provides an offender who is a success story to present at the beginning of every meeting. Tracie Neal stated that the STOPP meetings occur at 10:00 a.m. on the second Monday of each month, if anyone is interested in attending. David Nichols stated that sometimes the offenders will have a different perspective about being referred to services because they have an opportunity to meet with a vendor one on one they tend to be more honest with their needs. Chelsey Chappelle stated that sometimes people show up that were not referred.

Tom Bosenko asked if it would be possible to train someone in Probation on DMV forms to help with the process. Chelsey Chappelle stated that it was something that they could look into, but the officers may not know why a license was suspended and that probation does not have access to the DMV system. She continued by stating that the department is having ongoing conversations with DMV and Court Collections. Melissa Fowler Bradley stated that the Courts do not have the resources to send a representative, so they hand out informational packets. Karen Day agreed and stated that a packet is handed out as the offenders check in that gives them the numbers to call. Rob Paoletti asked how long the meeting is. Chelsey Chappelle stated that it is around 2 hours and typically ends at 12:00 p.m. Rob Paoletti stated that Redding Police Department can run checks from a vehicle, but we would need to see if they would be able to run the check at the request of an offender. Chelsey Chappelle agreed and stated that we want to make sure that we do things right. Susan Kane asked if DRC referrals could be done at the STOPP meetings. Chelsey Chappelle stated that the offenders should speak to their probation officers in regards to the DRC.

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Sheriff's Office

Tom Bosenko gave an update from the Sheriff's Office. The average daily population in the jail was 340, with 1488 for serious crimes, 70 for theft, 56 for drugs or DUI, and 114 for other infractions. There are 145 on alternative custody, 78 on GPS. There are 12 in the STEP-UP program: one from the Sheriff's Office, six from Probation, and five from Good News Rescue Mission. There are a total of 32 offenders housed out of county. He stated that in February, the AB 109 team seized: 5 lbs 10 oz of meth; 12.58 grams of heroin; 3 lbs of marijuana; 2 lbs of concentrated cannabis; 9 prescription pills; one handgun; one shotgun; $6,700 in asset forfeiture; and recovered a stolen Toyota Landcruiser as well as $3,000 in stolen property.

Tom Bosenko also stated that discussions regarding post-conviction/pre-sentence offenders being placed out of county are in progress. Chelsey Chappelle stated that the big issues are in regards to interviews. Janet Breshears suggested that Skype be used as an option. Chelsey Chappelle stated that it was a possibility. She stated that she would need to talk to Carla Stevens about possibly pre-loading the interviews and that it was worth the conversation. Tom Bosenko stated that they were playing with ideas to free up jail beds. Chelsey Chappelle stated that the numbers are climbing for SOR and PSOR for probation's GPS units. Rob Paoletti asked if the judges knew the likelihood of release for each offender when approving or denying SOR. Melissa Fowler Bradley stated that they did not know if they were going to be released or not. Steve Carlton stated that he did not think that was something that the judges consider. Rob Paoletti asked if it was possible for the judges to say no to SOR if they stay in custody, but if they get released, put a GPS unit on them. Melissa Fowler Bradley stated that there is no standard protocol at this time and it is unlikely that it will be adopted. Tom Bosenko stated that the Sheriff's Department documents past contact and arrests and that they could try to make sure that they stay in custody. Rob Paoletti stated that it would be better for them to be out on GPS then out without GPS. Melissa Fowler Bradley stated that it is not quite that simple and that when an offender is released at 2:00 a.m. there is not staff from Probation available to facilitate the contract process required for GPS. Rob Paoletti stated that the offenders shouldn't get to refuse to sign the contract. Christine Wright stated that they have seen increased attendance to programs with GPS. Tracie Neal stated that it is a useful tool for compliance. Chelsey Chappelle stated that it is very helpful and that the hope is, once the offender is engaged in the program, they will stay engaged without the GPS.

Tom Bosenko continued his report by stating that they have been working on the blueprint. They would like to form an advisory for custody to better manage beds and that they would like to use the CCP Advisory Committee. Tracie Neal stated that the blueprint would be an agenda item for next month. Tom Bosenko stated that the Sheriff's Office has completed their move and are open for business. Chelsey Chappelle stated that the Adult Division of Probation has also moved since the last time the advisory committee met.

Community Recidivism and Crime Reduction Grant

Tracie Neal stated that a panel was required for the response reviews and requested volunteers. Rob Paoletti and Jeff Gorder volunteered to be on the panel with Tracie Neal. Rob Paoletti stated

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that if they do interviews this time, the vendors need to make sure that they send representatives that can answer questions.

Input for next agenda

Tracie Neal stated that the following items will be put on future agendas: Blueprint; Substance Abuse Treatment Model, STEP UP, Domestic Violence, 678 Workgroup, and CCP Bi-laws. Tom Bosenko asked what the bi-laws would do. Tracie Neal stated that they would expand and clarify the purpose of the group. Christine Wright asked what the SB 678 workgroup was. Tracie Neal stated that the workgroup was regarding SB 678 and was meeting regularly and working to reduce and understand the return to prison rates.

Rob Paoletti stated that they may want to discuss preparations for the Public Safety Rehabilitation Act. Tracie Neal stated that she's looked at projections and that it is dependent on incentives. Rob Paoletti stated that it may send more of an unexpected population to Shasta County. Tracie Neal stated that she did not know, if the recommendations change, what the achievement process is going to look like. David Nichols stated that it would be automatic based on conduct credits. Rob Paoletti stated that there is documentation and releases out there that they can be distributed.

Christine Wright stated that the Proposition 47 funding may need a workgroup. Tracie Neal stated that the hope would be that the CCP would be the workgroup and that the forecast for the dollars will be significant. Chelsey Chappelle stated that the CCP may want to reach out to Angie Mellis from Crime Victim Assistance. John Van Fossan asked if there was a place where offenders may keep required documentation for safekeeping. Rob Paoletti stated that it was a matter of personal responsibility. Tracie Neal suggested reaching out to Good News Rescue Mission. Tom Bosenko stated that maintaining confidentiality would be an issue.

Rob Paoletti gave an update on the City of Redding and stated that Shasta County Most Wanted has hit 573 and that they are starting to see improvements. He continued by stating that there was to be a town hall meeting on March 31st. He extended his congratulations to the DRC on their recidivism rate and would like to present information at the town hall meeting, He stated that there are not enough opportunities to tell the positive and the town hall meeting would be a good opportunity to do that. He also stated that the CCP needed to be prepared for the legalization of marijuana in November. Tracie Neal asked Melissa Fowler Bradley about Failures to Appear (FTA). Melissa Fowler Bradley stated that they used to have 116 on the list, now it is 330, and that FTA's were coming down. Rob Paoletti stated that the number of people turning themselves in is increasing. Chelsey Chappelle stated that people will stumble and that is when we can give them the opportunity to change. Rob Paoletti continued his update by stating that the Force Options Class has been a great success.

Adjourn

Jeff Gorder made a motion to adjourn. Tom Bosenko seconded the motion. Meeting adjourned 4:21 p.m.

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SHASTA COUNTY

HOMELESS SNAPSHOT

COMPILATION OF COMMUNITY DATA

DEMOGRAPHICS

Information about who is experiencing homelessness is increasingly useful for determining what mix of service and program types is right for a community. As Shasta County develops and refines its homeless services system, stakeholders across the community have begun planning to enhance homeless information management for more robust and accessible countywide data. The deepening of data systems community-wide will be vital to the community's efforts to continually strengthen its response to homelessness, measure success, and tailor interventions to match need.

This report compiles information from a range of existing data sources in Shasta County. Mainstream and homeless service providers were generous in sharing their aggregate data on persons served over calendar year 2015. Unless otherwise indicated, most of the demographic data presented here is drawn from service statistics for three high-volume service providers (entities providing services to relatively large numbers of homeless households) located in Redding: Shasta Community Health Center, People of Progress, and the Good News Rescue Mission.

Over 3,000

HOW MANY PEOPLE EXPERIENCE HOMELESSNESS IN SHASTA EACH YEAR?

CalFresh enrollment records for Shasta County indicate that as many as 3,100 to 3,300 unique individuals, or 1.8% of Shasta County's estimated total population of 179,533, experienced homelessness in 2015. This count of homeless CalFresh recipients uses a broad definition of homelessness encompassing all persons who did not have a permanent living situation, including individuals and families living in all of the following situations:

1. Living outside, on the streets, or in a place not meant for human habitation
2. In emergency shelter (e.g., Good News Rescue Mission clients)
3. In temporary or transitional housing for homeless persons
4. Couch surfing or "Doubled up" (a household sharing the housing of other persons due to loss of housing or economic hardship, including staying temporarily with family or friends)
5. Living temporarily in a hotel or motel

Data from other service providers in Shasta County sheds further light on the extent and characteristics of homelessness in Shasta County:

In 2015, 2,269 individuals stayed in emergency shelter at the Good News Rescue Mission at least once.

A total of 3,031 individuals accessed healthcare through Shasta Community Health Center while they were experiencing homelessness.

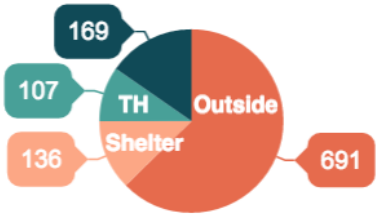
The community's health and human service hotline, 2-1-1 Shasta, reports that housing was the most frequently stated need across all 3,296 calls received in 2015, with 27% of callers expressing a need for some form of housing assistance.

Point in Time Count January 2016

The Point in Time Count is a bi-annual count of persons experiencing homelessness, mandated by the Federal Department of Housing and Urban Development (HUD) and conducted locally by each Continuum of Care (local entities across the country, created to coordinate HUD Continuum of Care funding for homeless services). The Point in Time Count offers a snapshot of the homeless population on a single day in January, and generally includes a visual count as well as a brief survey administered to a subset of persons counted. HUD uses Point in Time data to develop its Annual Homeless Assessment Report, a national report of homeless statistics.

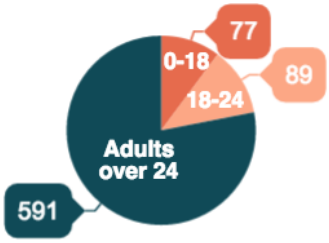
The charts below show selected 2016 Point in Time data for Shasta County, which identified 1,103 individuals experiencing homelessness at the time of the count. Of those 1,103 individuals, 169 were identified as couch surfing at the time of the count, and 934 were identified as either unsheltered, in emergency shelter, or in transitional housing for the homeless. Of those 924 persons, 757 completed a PIT Survey. Couch surfing is included in the chart showing living situation, to better align with the definition of homelessness used by Shasta's service providers. However, because HUD does not include couch surfing in its definition of homelessness, the remaining data relates to the 757 persons who are homeless under HUD's definition and completed a PIT Survey.

Shasta County Homeless Point in Time Count: By Living Situation



691 Unsheltered (63%)
136 Emergency Shelter (12%)
107 Transitional Housing (10%)
169 Couch Surfing (15%)

Shasta County Homeless Point in Time Count: By Age



77 Children (10%) 89 Youth (18-24) (12%)
591 Adults over 24 (78%)

State and National Comparison

Year-long data on persons experiencing homelessness, comparable to the Shasta County community data used throughout this report, is not available for the State of California or nationally. However, a comparison can be made based on data from the 2016 homeless Point in Time Count. The charts below compares Shasta County's homeless population from the 2016 Point in Time count to state and national data from the Annual Homeless Assessment Report (AHAR). The 2014 AHAR is used for comparison, because the 2015 AHAR has not yet been released.

Percent of Population Experiencing Homelessness [1][2]

	Total Population	Total Experiencing Homelessness	Percentage Homeless
Shasta County	179,533	934	.52%
California	38,802,500	113,952	.29%
United States	318,857,056	578,424	.18%

United States California Shasta County

Household Type

Families

In 2015, 228 Shasta County households or approximately 17% of total homeless households served by People of Progress were multi-person families (with or without children). In comparison, according to the national 2014 Annual Homeless Assessment Report (AHAR), approximately 16% of homeless households nationally were families. However, the HUD definition of "family" used in the AHAR includes only multi-person households with at least one child.

In many communities, the experience of homelessness for families with children often looks different than it does for single adults. The Child Abuse Prevention Coordinating Council (CAPCC), an organization providing parenting support and wrap-around case management for low- and very-low income families with children in Shasta County, serves a large number of homeless and at-risk families with children. CAPCC estimates that 50% of the families it serves are homeless, at risk of homelessness, or living in severely substandard housing. In 2015, this included over 465 families with children. The majority of the homeless or unstably housed families CAPCC serves are long-term, often multi-generational, residents of Shasta County. Many families cycle in and out of homelessness and unstable housing situations.

Age

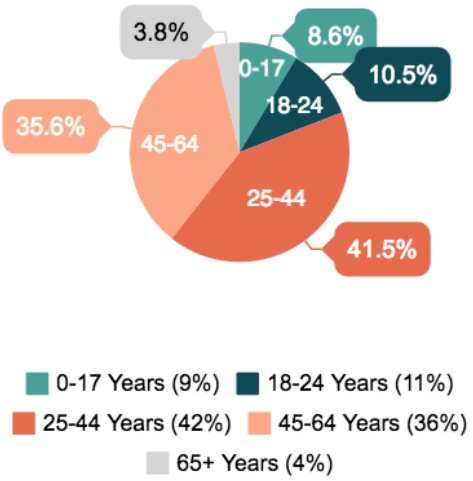
Children & Youth

The percentage of children (0-17 years) and transitional age youth (18-24 years) showed slight variation across service providers. Approximately 6% to 13% of participants served by high-volume service providers were under 18, representing between 138 and 228 children. Approximately 9% to 11% were transitional age youth, or between 198 and 322 individuals aged 18 to 24. Survey data from the 2016 Point in Time Count for Shasta County similarly identifies 10% of homeless persons counted as under 18 and 12% as between 18 and 24 years of age. In comparison, the most recent U.S. Census estimates that 23.6% of Shasta County's total population is under 18 years of age.

Seniors

The percentage of seniors (over 65 years) experiencing homelessness showed slightly less variation, ranging from approximately 3% - 5% of persons served by Shasta's high-volume service providers. This represents between 52 and 110 unique individuals served over the age of 65. In comparison, approximately 19.2% of Shasta County's total population is over 65 years of age.(1)

2015: Persons Served By Age



K-12 Public Schools

The Shasta County Office of Education reports that 726 students, 18 and under, experienced homelessness in the 2014-2015 school year, including students living in emergency shelter, transitional housing, hotels or motels, in places not meant for human habitation (outside), couch surfing, or families living doubled up.(1) This represents 2.7% of the 26,626 students enrolled in public K-12 programs in Shasta County in 2014-2015.(3) Data from the U.S. Department of Education EdFacts initiative indicates that approximately 4% of all K-12 students in California experienced homelessness during the 2012-2013 school year.(4)

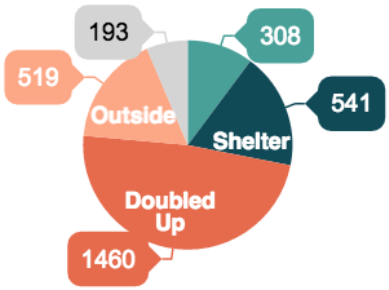
Data provided by Shasta Union High School District (SUHSD) gives a snapshot of homeless students aged 14 to 18. A total of 114 SUHSD students experienced homelessness in the 2014-2015 school year, all of whom received targeted academic and social services through the school. Of those students, 103 students or approximately 90% had attended school in Shasta County prior to entering high school. Among SUHSD seniors who experienced homelessness during the 2014-2015 school year, about 90% graduated from high school in the SUHSD (45 of 50 students).

Living Situation

Data from Shasta Union High School District and Shasta Community Health Center each indicate that approximately 17.5% of homeless persons served were living in an "unsheltered" location in 2015, including living outside and in places not meant for human habitation. The Shasta County Office of Education reports only 2% of homeless students living in "unsheltered" locations.

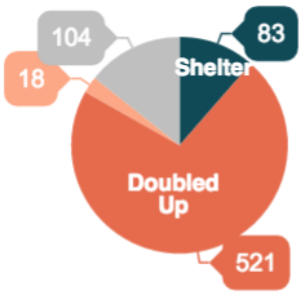
The graphs below represent service statistics from both Shasta Community Health Center for 2015, and the Shasta County Office of Education for the 2014/2015 school year. The Shasta County Office of Education statistics cover all public schools in Shasta County, and consequently include a dramatically higher percentage of families with children, as compared to the SCHC data.

2015: Persons By Living Situation (SCHC)



308 Transitional Housing (10%)
541 Temporary Shelter (18%)
1460 Doubled Up (48%)
519 Unsheltered (17%)
193 Other (6%)

2014/2015: Persons By Living Situation (Office of Education)



83 Temporary Shelter (11%)
521 Doubled Up (72%)
18 Unsheltered (2%)
104 Other (14%)

Income

Inadequate income is a key contributor to homelessness across Shasta County. Of the 52% of Shasta Community Health Center patients with known income level, 83% were at or below the federal poverty line. (In 2015, the federal poverty line was $11,770 for a single adult, $15,930 for two persons, $24,250 for four persons). Approximately 91% of People of Progress clients with known income level reported a yearly income of $10,908 or less.

Of 989 adults who stayed at the Good News Rescue Mission in 2015 for whom employment status is known, approximately 8% or 75 individuals were employed when they accessed services.

Gender

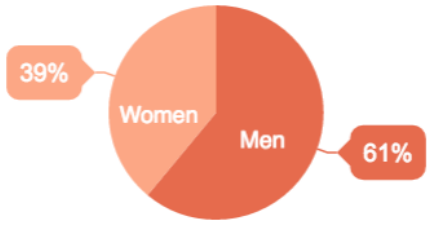
A higher percentage of persons experiencing homelessness in Shasta County are men, across all high-volume service providers. The gender spread ranges from 32% women to 45% women, with the highest percentage of women reported by Shasta Community Health Center. Data from the 2016 Point in Time Count for Shasta County aligns with community data, with approximately 36% of persons surveyed identified as female. The disproportionate representation of men in the reported homeless population is not unusual; the 2014 Annual Homeless Assessment Report reports that 30% of homeless persons are women and 70% are men, nationwide.

Veterans

The Good News Rescue Mission service data reports 177 homeless veterans served in 2015, representing approximately 8.3% of all adults served at the Mission. In comparison, the federal Annual Homeless Assessment Report for 2014 indicates that approximately 11.3% of adults experiencing homelessness in the United States were veterans.

The Veterans Resource Center, which provides outreach, housing, and supportive services for homeless veterans, served 119 clients in FY2014-2015. Of the 100 veterans with known living situation prior to program entry, 59% were living outside or in a place not meant for human habitation. Of those 100 veterans, 44% had been homeless for a year or more, and 68% had been homeless longer than three months.

2015: Percent Persons Served By Gender



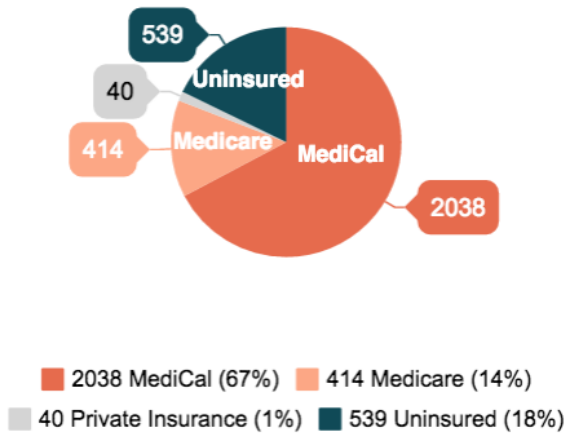
Men (61%)
Women (39%)

Health Insurance

Shasta Community Health Center reports that the majority of their homeless patients, approximately 82%, have some form of health insurance. The remaining 18% represents 539 uninsured individuals.

The table to the right shows the breakdown of health insurance sources for Shasta Community Health Center patients in 2015. Insurance information is known for 837 individuals served by non-healthcare providers in 2015; the percentages by insurance source align with the SCHC data, with 64% on MediCal and 16% on Medicare.

2015: Percent of Persons Served by Type of Health Insurance (SCHC)



Health & Wellness

Disability

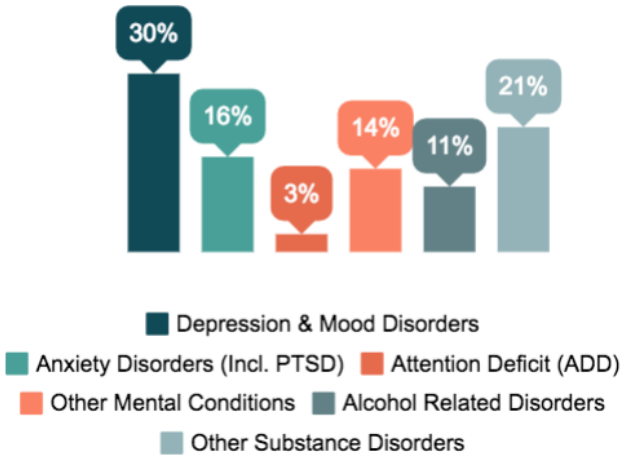
Across high-volume providers in Shasta County, between 17% and 32% of adults experiencing homelessness report having a disability. These numbers, which were collected by self-report and rely on varied definitions of "disability," are believed to underestimate the percentage of the total annual homeless population with disabling conditions. In comparison, the national 2014 Annual Homeless Assessment Report indicates that 42.2% of homeless adults in emergency shelter or transitional housing had a disability, nationwide.

The Veterans Resource Center reports a higher percentage of disabled homeless and formerly homeless veterans, with 57% of adult heads of households served by the Veterans Resource Center having a disabling condition.

Behavioral Health

Information on mental health conditions provided by Shasta Community Health Center reveal a range of mental health needs. Approximately 30% of patients experiencing homelessness are diagnosed with depression or other mood disorders, 16% experience anxiety disorders, and 32% deal with alcohol or other substance related disorders.

2015: Percent Served With Select Conditions (SCHC)



Areas for Further Exploration

There are a number of useful data points that are not currently tracked or were available for only a small set of individuals. The additional data points below would shed further light on Shasta County's homeless population and help ensure that the community has a continuum of services that meets its needs.

- Expanded data on employment and source of income
- Information regarding experience of domestic violence
- Causes of homelessness and/or difficulty retaining housing
- Rates of first time homelessness
- Expanded data on living situation
- Length of time homeless, and length of most recent homeless episode

COMMUNITY COSTS

Homelessness comes at an extremely high cost for communities across the country. Persons living on the street rely heavily on expensive emergency systems, and communities regularly find themselves investing substantial resources in efforts to manage homelessness. Without housing, many of the most vulnerable persons cycle in and out of emergency rooms, jails, and treatment facilities, accounting for tremendous public expense. Yet, studies repeatedly demonstrate that having a stable place to live significantly reduces reliance on these resources and is far less expensive than leaving people to live on the streets or in temporary shelter.

The data below outlines estimated costs of homelessness in Shasta County to present a snapshot of some of the impacts of homelessness on the community's public and private systems. While a few of these costs support interventions that reduce homelessness, the vast majority of expenditures are associated with efforts to manage, rather than address, the problem.

The data used to compile these costs was generously shared by numerous non-profit service providers, faith-based organizations, private organizations and businesses, hospitals and health clinics, and public agencies across Shasta County. Due to differences between data systems, widely varied methods for identifying people experiencing homelessness, and the difficulty in tying mainstream costs to homeless populations, the total costs reported here are rough estimates that likely significantly underestimate total expenses for each service area. Most mainstream systems do not maintain data specific to homelessness and agencies vary widely in how homelessness is defined. Nor does this analysis address the significant social and psychological costs associated with homelessness.

Accordingly, the actual impact of homelessness in Shasta County significantly exceeds the costs detailed in this report -- and the potential savings from a more robust homeless system of care are understated.

Background & Context

In addition to humanitarian and social concerns, homelessness is extraordinarily expensive and impacts a multitude of public and private systems across a community. Studies from around the country repeatedly demonstrate a significant reduction in financial costs after households exit homelessness to housing.

Communities have achieved cost savings as high as $42,706 per person by providing housing with supportive services.

In particular, these households interact with crisis systems and costly institutional settings at significantly lower rates after they enter stable, permanent housing with supportive services. This is especially true of the most vulnerable, including those with severe disabilities, substance addiction, and long periods of homelessness.

In Silicon Valley, for example, the average public cost of high users of these systems is approximately $62,473 per year while homeless and $19,767 after exiting homelessness, saving the community approximately $42,706 per person each year. (5)

Understanding the costs of homelessness in Shasta County can support identification of cost-effective solutions to meaningfully reduce the financial burden and other impacts of homelessness on the Shasta County community.

Overview: Findings from this Analysis

The Shasta community invests well over $34,197,160 annually to respond to local homelessness. This excludes costs such as case management and rental assistance for those who have exited homelessness.

Homelessness is imposing significant costs on diverse systems and agencies across Shasta County, including medical providers, law enforcement, fire, public entities, and non-profits.

The majority of these expenditures serve to manage the problem, but not to address its causes or resolve the underlying issues of homelessness.

The costs of managing homelessness are likely far greater than the costs of the interventions, such as housing with supportive services, that would get people off the streets.

The community is likely spending at least $20,518,296 to respond to the homelessness of approximately 310 of the most vulnerable individuals, at an annual cost of $66,188 per person. (See Estimated High Utilizer Costs in Shasta County on page 10).

The yearly cost of providing housing with supportive services to maintain that housing in Shasta County is an estimated $11,500 per person. (See Estimated High Utilizer Costs in Shasta County on page 10).

Annual Costs of Homelessness in Shasta County: Emergency Response and Management

Many of the most significant costs of homelessness in Shasta County are associated with high usage of crisis response systems. In particular, first responders such as fire, ambulance, and law enforcement personnel are regularly called on to respond to emergencies involving persons experiencing homelessness. In addition, many persons experiencing homelessness regularly cycle through institutional systems such as hospitals and jail, often due to issues associated with mental illness. The experiences of diverse communities nationally demonstrate that these categories of costs are significantly reduced when individuals are housed.

The cost reductions associated with housing can be attributed to greater reliance on primary and preventative care, reduced bookings relating to loitering, camping and other acts of being homeless, elimination of encampments, and overall increase in stability and health from living indoors.

ACUTE & EMERGENCY MEDICAL $12,288,200

At Shasta County's two largest hospitals, Shasta Regional Medical Center (SRMC) and Mercy Medical Center (Mercy), costs associated with homelessness include Emergency Department visits, inpatient stays, and "Administrative" days spent locating safe places to discharge patients.

In 2015, SRMC and Mercy estimated a combined 2,997 Emergency Department visits, for a total cost of approximately $5,750,000. The hospitals report $5,704,000 in total costs for inpatient care and administrative days for persons experiencing homelessness. Mercy estimates that 10% to 15% of its total ambulance transports in 2015 were persons experiencing homelessness, representing approximately $300,000 in expenses. Mercy is not the sole provider of ambulance services in Shasta County, but costs of other ambulance services for persons experiencing homelessness were not available. Shasta Regional Medical Center reports additional costs of approximately $534,200 for case management, social services, and security for patients experiencing homelessness.

Homeless Definition: Patients with address listed as unknown, Good New Rescue Mission, or a hotel/motel.

COUNTY JAIL $6,962,378

The $6,962,378 estimated total cost related to homeless inmates includes the estimated costs of booking and of each day in jail, based on information provided by the Shasta County Sheriff's Office and the Redding Police Department.

The Shasta County Sheriff's Office reports 11,280 total individuals booked into the County Jail in 2015, and the Redding Police Department estimates that 41% of persons arrested in 2015 were homeless, indicating that approximately 4,624.8 individuals were experiencing homelessness when booked. Each booking costs approximately $100, for a total cost of $462,480.

As there is no information available to confirm the number of jail days attributable to persons experiencing homelessness, we use the 41% arrest rate as a proxy for jail days. Applying this 41% rate to the total annual inmate days at the jail (total capacity x 365 days, based on information from the Redding Police Department that the Jail is fully utilized year round) yields an estimated 57,016.65 total days in jail for persons experiencing homelessness. At $114 per jail day, the total cost of 57,016.65 jail days is approximately $6,499,898.

Homeless Definition: Address at arrest listed as unknown/none, "transient," "homeless," or the Good News Rescue Mission.

LAW ENFORCEMENT $104,754

In 2015, the Redding Police Department (RPD) logged 2,124 calls that were identified as apparently related to people experiencing homelessness. In addition to these calls, the RPD issued approximately 590 additional citations for camping on public or private land, for a total estimate of 2,714 police responses related to people living outside. The RPD notes that the $104,754 expended to respond to these calls is likely an underestimate of homelessness-related costs: this number does not include transportation or overhead, and in some cases it underestimates the number of officers responding to each call.

Homeless Definition: An individual who appears to be living outside.

FIRE RESPONSE $272,514

In 2015, the Redding Fire Department responded to 33 fires and 1,913 non-fire incidents that they have reason to believe were related to people living outside. The Redding Fire Department estimates the total cost of responding to these incidents at approximately $270,264, but notes that this is likely an underestimate due to under-identification of incidents related to homelessness.

CalFire, which responds to fires in Shasta County, estimates 12 fires annually associated with people living outside. The cost of response ranges from $150-$225 for a single fire, for an annual cost of about $1,800 to $2,700. CalFire costs are included in the Fire Response total at an estimated average of $2,250.

Homeless Definition: An individual who appears to lack housing and to be living outside.

ENVIRONMENTAL CLEAN-UP $146,750

The Redding Police Department clean-up program, volunteer organizations such as Shasta Support Services, and private land owners such as the McConnell Foundation, devote personnel and organize volunteers to clear both public and private land. The above total cost estimate includes disposal, personnel, and equipment costs of some of these efforts. Numerous private landowners across the County will incur similar expenses on varying scales, which represent costs in addition to the estimate above. Much of the labor for these efforts is in volunteer hours, including both housed and homeless Shasta residents.

Annual Costs of Homelessness in Shasta County: Addressing and Managing Homelessness

Some of the costs of homelessness in Shasta County are attributable to programs and services that seek to alleviate the burden of homelessness by providing support around basic needs such as food, emergency shelter, and mental health. A significant portion of these costs are associated with efforts to address and resolve the problem of homelessness in Shasta; while the resources are far insufficient to meet the need, many programs and agencies across the county are actively working to reduce homelessness. The problem would be much greater without their work. Many of the resources described below, however, are dedicated to managing homelessness, rather than solving it.

While many of these categories of costs, such as health care and education, may continue to be required by a household even after exiting homelessness, the overall costs are often reduced. For example, while many formerly homeless persons continue to require behavioral and primary health care, the ability to comply with physical or mental health treatment, succeed in recovery, and maintain overall physical health is directly associated with stable housing. Similarly, housing supports efforts to obtain employment, for example, by ensuring access to showers and a stable residential address. This may increase demand for vocational training while reducing costs of providing food and other basic needs.

EMERGENCY SHELTER, FOOD, & BASIC-NEEDS ASSISTANCE $7,705,623

The total of $7,705,623 estimates community-wide spending on temporary shelter, food, short-term financial assistance and basic needs for people experiencing homelessness. The level of community giving and basic-needs support across Shasta County is vast, and this represents just a portion of the assistance provided.

The above estimate includes annual funding from the County for short-term financial assistance, emergency shelter at One Safe Place, and various food programs, as well as the FY 2014-2015 cost of shelter at the Good News Rescue Mission, services provided by People of Progress, Living Hope Compassion Ministries Food Bank, and Anderson Cottonwood Christian Association Food Bank.

Homeless Definition: Range of definitions, including persons living outside, in shelter, in hotels, doubled-up, at risk or homelessness, or in substandard housing.

Primary & Preventative Medical Care $1,545,497

Shasta Community Health Center reports $1,485,190 in annual expense related to primary care for patients without a permanent stable residence. Additional costs of $60,307 include County Health and Human Services Agency public health programs, TB testing, and immunizations. The overall costs of Primary & Preventative Medical Care, unlike emergency and crisis services, are likely to increase as individuals engage with services and obtain housing. However, this increase in primary care should result in a decrease in more expensive hospital emergency department and inpatient visits.

Homeless Definition: Persons living outside, in shelter, in hotels, doubled up, and in transitional housing.

BEHAVIORAL HEALTH $4,825,644

Behavioral Health is an umbrella term that covers mental health and substance abuse treatment. The Behavioral Health cost estimate, above, includes residential drug and alcohol recovery programs, including the Good News Rescue Mission New Life Recovery Program, as well as funding from the County for placements in the Crisis Residential and Recovery Center, the Families Living in Therapeutic Environments program at Visions of the Cross, and a privately operated institute for mental disease. Other behavioral health costs are included in the Primary & Preventative Care and Acute & Emergency Medical cost totals, as part of other health care services.

Homeless Definition: Range of definitions, including persons living outside, in shelter, in hotels, doubled-up, at risk of homelessness, or in substandard housing.

EDUCATION AND EMPLOYMENT $345,800

The costs represented in the above $345,800 estimated total include Community Development Block Grant funding to support local hiring, and the Living Hope Compassion Ministries workforce and employment assistance program. Also included is Shasta Union High School District's $25,000 services budget for students experiencing homelessness.

Additional expenses for employment training and support are folded into the services provided by emergency shelter and residential treatment programs, community-based service providers, and County programs. Other employment and education services are not included here, because they are mainstream programs that do not track housing status, or are provided to formerly homeless persons who have already obtained permanent housing.

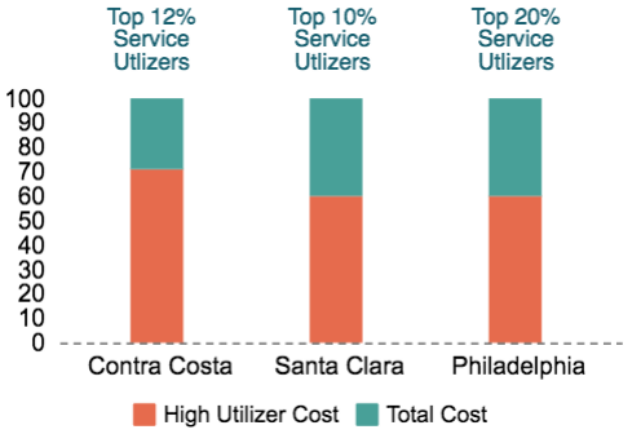
Homeless Definition: Persons living outside, in shelter, in hotels, doubled up, and in transitional housing.

High Utilizers Of Crisis Response Services

Studies in diverse communities consistently demonstrate that 10-20% of the homeless population, those who utilize the highest levels of services, account for 60-70% of the total costs of homelessness with respect to emergency medical care, law enforcement and incarceration, crisis behavioral health care, and emergency shelter.

This subset of "high utilizers" are often some of the community's most vulnerable individuals, experiencing persistent homelessness and multiple, chronic conditions. While living on the streets, these individuals often cycle through costly emergency systems, with frequent incarceration, high rates of emergency department visits, and/or frequent usage of crisis mental health services.

High Utilizers: Percent of Total Costs [5][6][7]



The studies referenced in the chart to the right included participants meeting varied definitions of homelessness. The Philadelphia study included only persons who met the federal definition of Chronic Homelessness, which requires that a person be living in emergency shelter or a place not meant for human habitation. The population of the Contra Costa and Santa Clara studies was broader, and included persons who were identified as homeless in the community's Homeless Management Information System (HMIS), and/or by other systems in the community tracking homeless status. These studies may have included people in emergency shelter, transitional housing, places not meant for human habitation, persons subject to immediate eviction, persons fleeing domestic violence, person who are living doubled up, and persons who met other community definitions of homelessness.

Reduction in Service Usage After[8][9][10][11] Housing with Case Management

	Rural Maine	Seattle	Portland	Denver
Emergency Room	-21%	-50%	-5.54%	-34.3%
Jail	-95%	-90%	-74.97%	-76.2%
Emergency Shelter	-95%	-100%	Not Measured	-100%
Crisis Behavioral Health	Not Measured	-93%	-78.87%	-81.9%
Cost Savings Per Person	-$1,348	-$43,904	-$15,006	-$31,545

For a community's high utilizers, permanent housing with support services focused on housing retention has been shown to be significantly less costly to the community than leaving people outside. This is due to the reduction in utilization of emergency and crisis response systems that occurs after a person obtains housing.

The studies referenced to the left measured reductions in annual service usage by comparing a 6-12 month period before placement into permanent supportive housing to a similar period after placement. Participants in each study were single adults with a diagnosed disability and/or substance abuse. The study in rural Maine included only families with at least one family member with a disability. The Seattle study focused on 95 individuals with the highest costs for incarceration and alcohol-related emergency medical care prior to housing.

Estimated High Utilizer Costs in Shasta County

As outlined above, research indicates that 10% to 20% of a community's homeless population accounts for a majority of the community's costs related to homelessness. (See page 9, "High Utilizers of Crisis Response Services"). Based on Shasta County's CalFresh records, at least 3,100 persons experienced homelessness in Shasta County in 2015. The Shasta County CalFresh total uses a broad definition of homelessness more similar to the definition used in the Contra Costa and Santa Clara studies, which found that high utilizers were 10% to 12% of the homeless population. Using 10% as an estimate of the proportion of persons experiencing homelessness who are high utilizers of services, the Shasta County community serves approximately 310 high utilizers.

$66,188

Estimated Per High Utilizer

$11,500

Estimated Cost of Housing with Supports

Based on the community costs outlined above (pages 7-9), the Shasta County community expended an estimated total of $34,197,160 to address the needs of persons experiencing homelessness in 2015. According to the studies referenced above, high utilizers account for 60% to 70% of each community's costs related to homelessness. Taking 60% as a conservative estimate of the costs attributable to high utilizers, the Shasta County community's expenditures related to its high utilizers is approximately $20,518,296.

With an estimated 310 high utilizers accounting for approximately $20,518,296 in costs, the community expended an estimated $66,188 per person for each high utilizer in 2015.

As demonstrated in communities across the country, these service costs are dramatically reduced when a person obtains permanent housing with supportive services. (See table above "Reduction in Service Usage After Housing with Case Management).

The cost of providing permanent housing with supportive services includes costs of rental subsidies, administration and operations, outreach to highly vulnerable people experiencing homelessness, and supportive services for clients. Based on the per-participant cost of each of these activities as reported by Shasta County, the current annual cost of providing permanent housing with supportive services ranges from $9,400 to $11,500 per participant.

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11) "Denver Housing First Collaborative Cost Benefit Analysis and Program Outcomes Report," Perlman, J., Parvensky, J. 2006.

There is a need in Shasta County to create a more collaborative community-wide approach to address homelessness and related issues that includes a leadership structure, improved data collection, coordinated intake, a strategic plan, short and long term goals, and agreement on how success will be measured and reported.

The Redding Area Homelessness Coalition Project.

The Redding Area Homelessness Coalition Project was formed in June 2015 to seek effective solutions by increasing communication and fostering collaboration among community organizations to help our community better address homelessness.

The community has been actively engaged in The Redding Area Homelessness Coalition Project through participation in over 45 events, including workshops, committee planning meetings, public presentation events and tours of service providers for the past 12 months. To date a total of $92,900 has been raised in our community from 53 donors ranging from $25 to a $20,000 grant from the California Endowment to support the development of three reports and a strategic plan. The cost to implement Phase 1 and 2 of the Project is $115,500. The amount to be raised to complete Phase 2 is $22,600.

The Project began with two Phases.

Phase 1

1. Two initial reports were completed November 2015.
   a. Analyzed the Redding/Shasta County Continuum of Care and provided recommendations to improve operations and coordination among service providers.
   b. Reviewed and provided recommendations to improve the Homeless Management Information System HMIS (data collection system)
2. A data report "Shasta County Homeless Snapshot, Compilation of Community Data" was completed June 8, 2016. The Demographics section of this report compiles estimated homeless population data based on information provided by service providers for 2015, as well as data from the January 2016 Point In Time count and survey for Shasta County. The Community Costs section presents estimated costs of homelessness in Shasta County also based on information provided by service providers for 2015.

Phase 2

The development of the Strategic Plan Addressing Homelessness is scheduled to be completed by June 30, 2016.

Homeless Population and Cost Data "Shasta County Homeless Snapshot, Compilation of Community Data"

Understanding who is experiencing homelessness is key to addressing homelessness in Shasta County. Identifying the number and characteristics of our homeless population is necessary to provide appropriate levels of services, including housing, case management and supportive services, such as mental health and employment training.

Reducing homelessness requires specific programs and coordination of services directed to targeted homeless populations. It is paramount that our communities, Redding, Shasta Lake, Anderson and Shasta County work together to identify and obtain available local, state and federal funding to serve those experiencing homelessness. This will improve the quality of life for every citizen in Shasta County.

Please see below a brief overview of the key data found in the "Shasta County Homeless Snapshot, Compilation of Community Data"

- ✓ Over **3,000** people in Shasta County experienced homelessness in 2015.

Between 3,100 to 3,300 CalFresh recipients experienced homelessness in 2015 (1.8% of the Shasta Co. population of 179,533). The definition of homeless is living outside, on the streets or in a place not meant for human habitation, in emergency shelter, in temporary or transitional housing for homeless, couch surfing, living with friends or family or living temporarily in a hotel or motel.

- ✓ The Shasta community, including county, city, hospitals, and other community providers, invests well over **$34,197,160** annually to respond to local homelessness. Persons living on the street rely heavily on expensive emergency systems. Without housing, many of the most vulnerable persons cycle in and out of emergency rooms, jails and treatment facilities.

- ✓ The community is likely spending at least $20,518,296 annually to respond to the homelessness of approximately 310 of the most vulnerable "high utilizers" of crisis response systems or an estimated **$66,188** per homeless high utilizer. (This excludes costs such as case management and rental assistance for those who exited homelessness). **See calculation below.

- ✓ Communities across the country have reduced costs by as much as $42,706 per homeless high utilizer of the crisis response system. Providing a stable place to live significantly reduces reliance on the emergency resources and is far less expensive than leaving people to live on the streets or in temporary shelter.

- ✓ The yearly cost of providing housing with supportive services to maintain that housing in Shasta County is an estimated $11,500 per person.

Continuum of Care Strengthening Committee

In addition to the Redding Area Homelessness Coalition Project the 15 member Continuum of Care Strengthening Committee of community leaders was formed and met March 21 for a 3 ½ hour facilitated meeting and April 13 for a two hour facilitated meeting to review options and plans to restructure the Redding/Shasta County Continuum of Care (CoC). The Committee membership includes, Jonathan Anderson, Executive Director, Good News Rescue Mission, Steve Bade, Redding City Housing Director, Greg Clark, Redding Deputy City Manager, Lynn Dorroh, Executive Director, Hill Country Community Health Center, Donnell Ewert, Director, Shasta County Health and Human Services Agency, Dean Germano, Executive Director, Shasta Community Health Center, Roger Janis, Advancement Representative, Simpson University, Melissa Janulewicz, Director Regional Services, Shasta County HHSA, Richard Kuhns, Director, Shasta County Housing and Community Action Programs, Sam Major, past chair of the Shasta County Mental Health, Alcohol And Drug Advisory Board, Jake Mangas, Executive Director Redding Chamber of Commerce, Bobbi Sawtelle, Housing Director, Northern Valley Catholic Social Services, Kristen Schreder, Mike Thomas, Redding Police member of the Redding Code Enforcement, and Cathy Wyatt, Executive Director, Northern Valley Catholic Social Services.

The Continuum of Care Strengthening Committee Recommendations:

1. Restructure the Continuum of Care to be administered by a non-profit and provide a full-time Director of Homeless Initiatives.
2. Design and implement an improved Homeless Management Information System (HMIS) data collection system.
3. Design and implement a Coordinated Entry System (CES) to improve eligibility and referral determinations.

The Committee developed a proposed plan to restructure the CoC that includes administeration by the non-profit instead of the current administration by the Shasta County Community Action Agency. The Committee is recommending appropriate levels of CoC staffing to improve collaboration, community outreach and enable the

CoC to prepare applications for eligible state and federal funding. In addition the new CoC will be instrumental in implementing the "Strategic Plan Addressing Homelessness in Shasta County."

In addition to a restructured CoC there is a need to implement an improved HMIS which will enhance homeless population data collection and implement performance measurements. HMIS should become one of the community's most valuable tools for responding to homelessness when the data collected is actively used to analyze participant's access to services, program and system-level performance.

The plan also includes the design and implementation of a Coordinated Entry System (CES) which will improve eligibility and referral determinations. The primary purpose of coordinated entry is to provide an efficient and easily accessible way for people experiencing homelessness to access the right housing and services to meet their needs, while ensuring that community resources go to those persons with the highest level of need.

The Redding/Shasta County CoC Organization Structure

The restructured CoC would be a community partnership serving as the central planning body for the homeless system of care. The CoC will engage political leadership in the County, three cities, other stakeholders and community members. The CoC Leadership Board would include current members of the CoC Executive Board, the CoC Strengthening Committee and the Strategic Planning Steering Committee and include executives, department heads, community leaders, representatives of each city and the County, law enforcement, the criminal justice system, health and mental health care providers, the faith community, veterans, direct service providers, non-profit organizations, government agencies, business leaders, homeless or formerly homeless and community members. The Board will govern the CoC and include a chair and vice-chair. The Redding/Shasta CoC Board will actively participate in implementing the "Strategic Plan to Respond to Homelessness in Shasta County." Additional community participation will be engaged with the following proposed CoC subcommittees. Sub-committees will each be governed by a board, chair and vice-chair.

Proposed CoC Sub-Committees

1. HMIS (mandated) Data, Point In Time, Assessment
2. CES, Case Mgmt, 211 Community Resource, Prevention, legal services, eviction prevention
3. Shasta Health Assessment and Redesign Committee (SHARC) Whole Person Care sub-committee (Sect. 1115 Medicaid Waiver, Medi-Cal redesign/pilot) Exists at SHARC
4. Review and Ranking (mandated) Annual activity.
5. Outreach, includes Law Enforcement, Mental Health, Eligibility (initial sub-com, then merge with CES/Case Mgmt)
6. Housing, Rapid Rehousing, landlord engagement (current RAHCP Housing Work Group)
7. Youth Homeless Prevention

Implementation of the Continuum of Care Restructure

To implement the proposed restructured CoC, improved HMIS and Coordinated Entry System we are seeking funding from local governments and public/private funding sources in the next four to six weeks. A non-profit will be selected to be the Lead Agency for administration and all services will be secured for CoC staffing, HMIS administration and software and Coordinated Entry design and implementation.

Sustainability

Establishment of a structure and supportive funding is critical for implementation of The Redding/Shasta CoC, HMIS and CES. Many communities use a combination of federal, state and local government resources, grant and other local resources for funding of the CoC, HMIS and the CES. The current Redding/Shasta CoC has not historically been well positioned to acquire the maximum HUD funding. Improved CoC operations should improve our opportunity to acquire increased HUD funding. After our new CoC implements a more robust HMIS we will increase our opportunity to request up to 75% HUD funding for HMIS in succeeding years of operation.

In addition there may be potential funding for data collection and coordinated assessment from the Department of Health Care Services Whole Person Care Pilot through the 1115 waiver initiative.

Proposed Timeline
The timeline for developing and implementing the restructured CoC, HMIS and Coordinated Entry System is in the next 2-3 months upon approval of funding.

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Link to the homeless data study "Shasta County Homeless Snapshot, Compilation of Community Data" and other Project reports, http://www.norcalunitedway.org/redding-area-homelessness-coalition-project

The Shasta County/Redding Continuum of Care report is also posted on the United Way webpage at http://www.norcalunitedway.org/sites/norcalunitedway.org/files/Shasta%20Point%20In%20Time%20Report%202016.pdf

Proposed schedule of presentations to request funding.
July 19, Presentation to Council Meetings at City of Redding, City of Shasta Lake
July 26, Presentation to the Shasta County Board of Supervisors
TBD, Presentation to the Anderson City Council