



Lassen County Advisory Board Meeting Agenda

August 1, 2024

12:00 pm – 1:00 pm

1445 Paul Bunyan St.

Aspen Conference Room

Susanville, CA 96130

Teleconference Locations:

Partnership HealthPlan of California
4665 Business Center Drive
Fairfield, CA 94534

1. Call to Order – 12:00 pm

2. Quorum Established

3. Meeting Agenda Approval

4. Approval of Meeting Minutes

5. Public Comments (limited to three minutes per comment)

Members of the public will have the opportunity to address the Board on any issue within the jurisdiction of the Board. Speakers will be limited to three minutes.

6. Correspondence Received

- a. Counting Us 2024 PIT Count (Attachment 1)

7. New Business/Action Items

- a. Vote/Nominate on Secretary Position
- b. Vote/Nominate on Voting Member Application (Attachment 2)
- c. Vote on HMIS/CES and PIT Committee Applications (Attachment 3)
- d. Vote/Nominate 2025 PIT Coordinator
- e. Vote on Membership Application (Attachment 4)

Krystal Dalton, Chair
Housing & Grants

Rebecca Peconom,
Vice-Chair
City of Susanville

Cherish Stiles,
Secretary
(Non-Voting Member)

Carla McDonald
Salvation Army

Cheri Farrell,
Crossroads Ministries

Cody Evans,
Lassen College

Tina Kennemore,
Adult Services

Tiffany Armstrong,
Behavioral Health

Voting Member,
(Youth Action Board
YAB) Member

Voting Member,
Reserved for lived
experience



f. Discuss Sub Committee Member Approval Process

8. HMIS/CES Committee Updates

9. PIT Committee Updates

10. Executive Board Updates

11. General Updates

- a. Permanent Supportive Housing Update
- b. Agency Updates

12. Discussion Items for Next Meeting

13. Adjournment

Next Meeting

September 5, 2024

10:00 am – 11:00 am

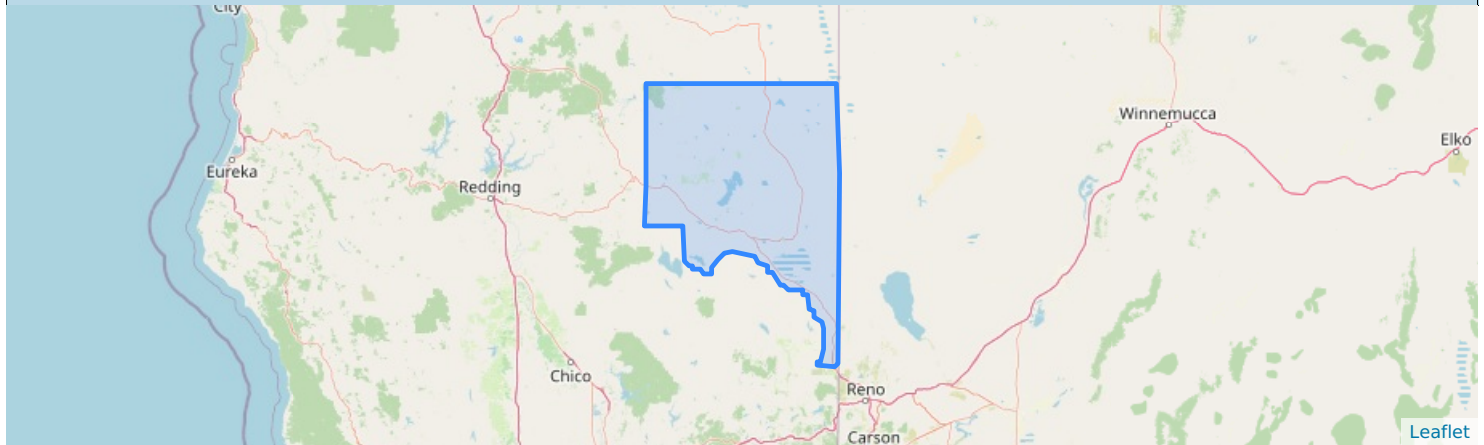
If requested, the agenda shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof. **The agenda shall include information regarding how, to whom, and when a request for disability-related modification or accommodation, including auxiliary aids or services, may be made by a person with a disability who requires a modification or accommodation in order to participate in the public meeting.**

HUD Point in Time Report - Sheltered

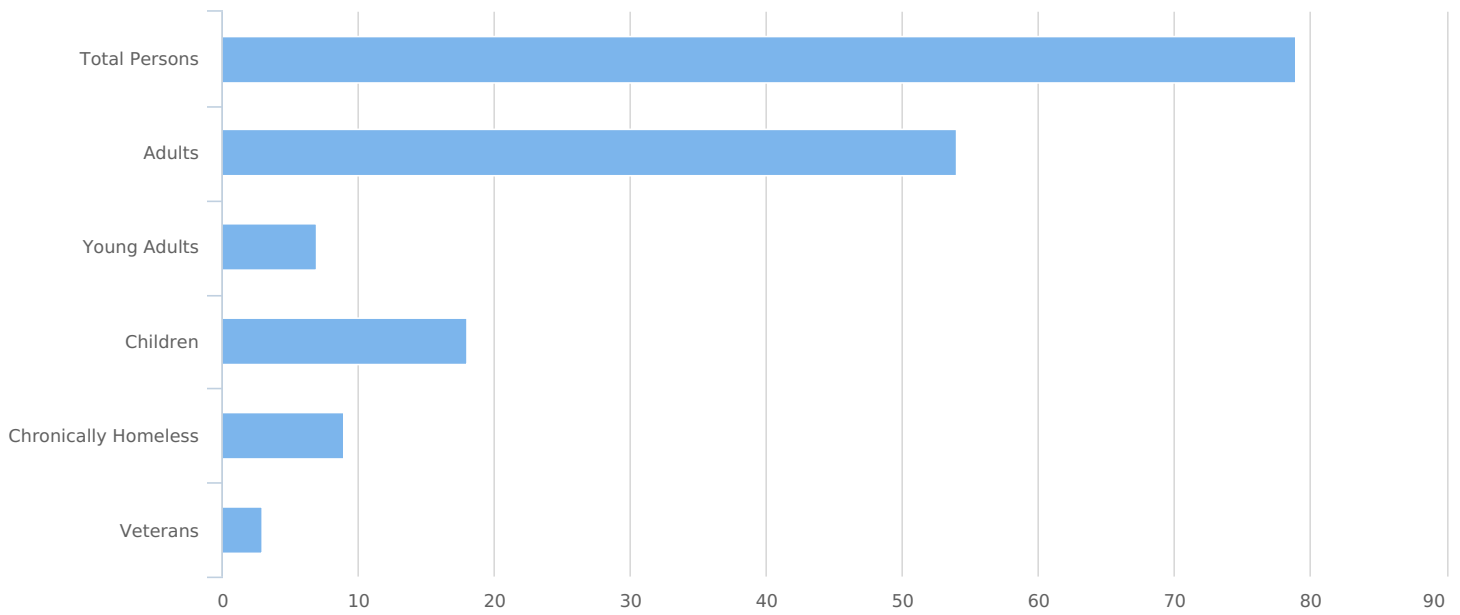
Simtech*Solutions*,inc.

Count:	NorCal CoC 2024 Point in Time Count	Geography:	Lassen
Organization:	All Organizations		
Project:	All Projects	Project Type:	All Project Types
Created by:	Danielson,Tim	Created on:	06/24/2024 2:12 PM

Summary

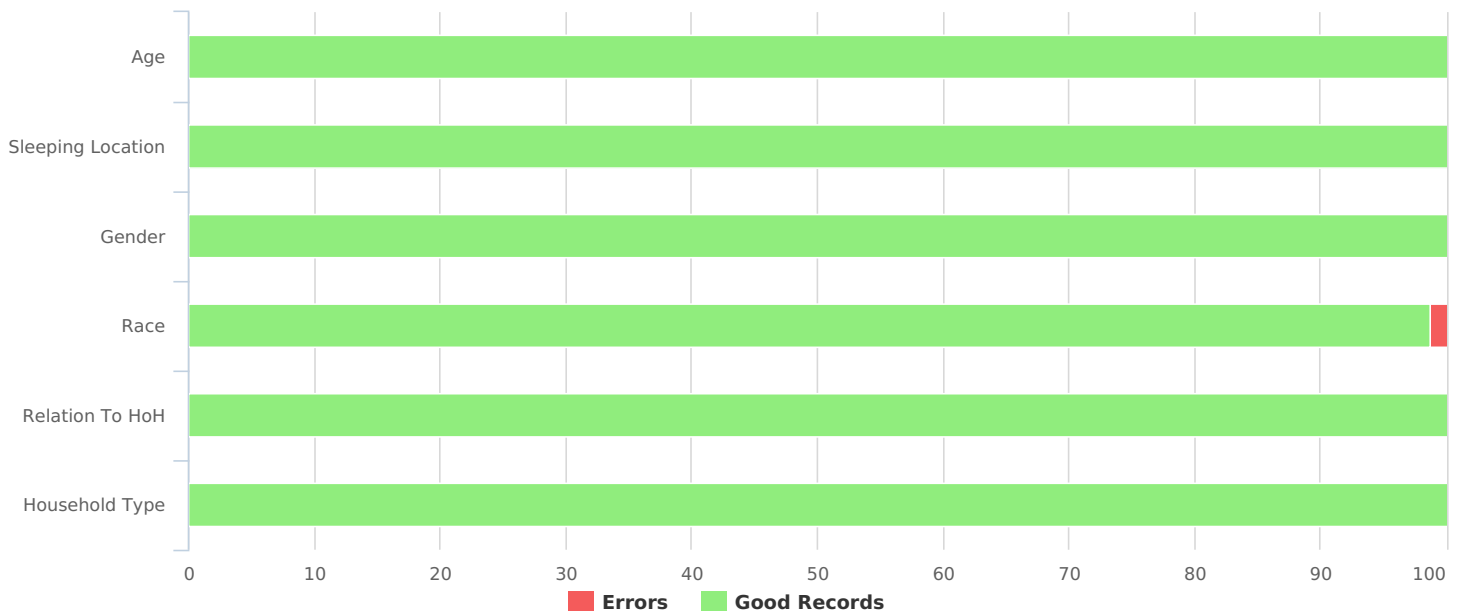


Total number of persons	79
Number of children (under age 18)	18
Number of youth (age 18 to 24)	7
Number of adults (age 25 to 34)	12
Number of adults (age 35 to 44)	22
Number of adults (age 45 to 54)	8
Number of adults (age 55 to 64)	7
Number of adults (age 65 or older)	5
Observed age 25 or older	0
Unknown Age	0
Chronically Homeless	9
Veterans	3



Data Quality Checks

Persons Missing Age Information	0
Persons Missing Sleeping Location	0
Persons Missing Gender	0
Persons Missing Race	1
Persons Missing Relation to HoH	0
Persons with Unknown Household Type	0



All Households

Households with at Least One Adult and One Child

Household and Person Breakdown

Total number of households	12
Total number of persons	36
Number of children (under age 18)	18
Number of youth (age 18 to 24)	6
Number of adults (age 25 to 34)	4
Number of adults (age 35 to 44)	8
Number of adults (age 45 to 54)	0
Number of adults (age 55 to 64)	0
Number of adults (age 65 or older)	0
Observed age 25 or older	0

Gender

Woman (Girl if child)	20
Man (Boy if child)	15
Culturally Specific Identity	0
Transgender	0
Non-Binary	0
Questioning	0
Different Identity	0
More Than One Gender	0

Of those that selected More Than One Gender, how many people reported gender identities that:

Includes Woman (Girl if child)	0
Includes Man (Boy if child)	0
Includes Culturally Specific Identity	0
Includes Transgender	0
Includes Non-Binary	0
Includes Questioning	0
Includes Different Identity	0

Race

American Indian, Alaska Native, or Indigenous	2
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0
Asian or Asian American	0
Asian or Asian American & Hispanic/Latina/e/o	0
Black, African American, or African	1
Black, African American, or African & Hispanic/Latina/e/o	0

Hispanic/Latina/e/o	3
Middle Eastern or North African	0
Middle Eastern or North African & Hispanic/Latina/e/o	0
Native Hawaiian or Pacific Islander	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0
White	18
White & Hispanic/Latina/e/o	3
Multi-Racial & Hispanic/Latina/e/o	2
Multiple Races (not Hispanic/Latina/e/o)	4

Chronically Homeless

Total number of households	1
Total number of persons	3

Households without Children

Household and Person Breakdown

Total number of households	43
Total number of persons	43
Number of youth (age 18 to 24)	1
Number of adults (age 25 to 34)	8
Number of adults (age 35 to 44)	14
Number of adults (age 45 to 54)	8
Number of adults (age 55 to 64)	7
Number of adults (age 65 or older)	5
Observed age 25 or older	0

Gender

Woman (Girl if child)	18
Man (Boy if child)	25
Culturally Specific Identity	0
Transgender	0
Non-Binary	0
Questioning	0
Different Identity	0
More Than One Gender	0

Of those that selected More Than One Gender, how many people reported gender identities that:

Includes Woman (Girl if child)	0
Includes Man (Boy if child)	0
Includes Culturally Specific Identity	0
Includes Transgender	0
Includes Non-Binary	0
Includes Questioning	0
Includes Different Identity	0

Race

American Indian, Alaska Native, or Indigenous	6
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0
Asian or Asian American	0
Asian or Asian American & Hispanic/Latina/e/o	0
Black, African American, or African	0
Black, African American, or African & Hispanic/Latina/e/o	0
Hispanic/Latina/e/o	1
Middle Eastern or North African	0
Middle Eastern or North African & Hispanic/Latina/e/o	0

Native Hawaiian or Pacific Islander	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0
White	29
White & Hispanic/Latina/e/o	1
Multi-Racial & Hispanic/Latina/e/o	0
Multiple Races (not Hispanic/Latina/e/o)	2

Chronically Homeless

Total number of persons	6
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Households with Only Children

Household and Person Breakdown

Total number of households	0
Total number of children (persons under age 18)	0

Gender

Woman (Girl if child)	0
Man (Boy if child)	0
Culturally Specific Identity	0
Transgender	0
Non-Binary	0
Questioning	0
Different Identity	0
More Than One Gender	0

Of those that selected More Than One Gender, how many people reported gender identities that:

Includes Woman (Girl if child)	0
Includes Man (Boy if child)	0
Includes Culturally Specific Identity	0
Includes Transgender	0
Includes Non-Binary	0
Includes Questioning	0
Includes Different Identity	0

Race

American Indian, Alaska Native, or Indigenous	0
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0
Asian or Asian American	0
Asian or Asian American & Hispanic/Latina/e/o	0
Black, African American, or African	0
Black, African American, or African & Hispanic/Latina/e/o	0
Hispanic/Latina/e/o	0
Middle Eastern or North African	0
Middle Eastern or North African & Hispanic/Latina/e/o	0
Native Hawaiian or Pacific Islander	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0
White	0
White & Hispanic/Latina/e/o	0
Multi-Racial & Hispanic/Latina/e/o	0
Multiple Races (not Hispanic/Latina/e/o)	0

Chronically Homeless

Veteran Households

Veteran Households with at Least One Adult and One Child

Household and Person Breakdown

Total number of households	0
Total number of persons	0
Total number of Veterans	0

Gender (Veterans Only)

Woman (Girl if child)	0
Man (Boy if child)	0
Culturally Specific Identity	0
Transgender	0
Non-Binary	0
Questioning	0
Different Identity	0
More Than One Gender	0

Of those that selected More Than One Gender, how many people reported gender identities that:

Includes Woman (Girl if child)	0
Includes Man (Boy if child)	0
Includes Culturally Specific Identity	0
Includes Transgender	0
Includes Non-Binary	0
Includes Questioning	0
Includes Different Identity	0

Race (Veterans Only)

American Indian, Alaska Native, or Indigenous	0
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0
Asian or Asian American	0
Asian or Asian American & Hispanic/Latina/e/o	0
Black, African American, or African	0
Black, African American, or African & Hispanic/Latina/e/o	0
Hispanic/Latina/e/o	0
Middle Eastern or North African	0
Middle Eastern or North African & Hispanic/Latina/e/o	0
Native Hawaiian or Pacific Islander	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0
White	0
White & Hispanic/Latina/e/o	0

Multi-Racial & Hispanic/Latina/e/o	0
Multiple Races (not Hispanic/Latina/e/o)	0

Chronically Homeless

Total number of households	0
Total number of persons	0

Veteran Households without Children

Household and Person Breakdown

Total number of households	3
Total number of persons	3
Total Number of Veterans	3

Gender (Veterans Only)

Woman (Girl if child)	1
Man (Boy if child)	2
Culturally Specific Identity	0
Transgender	0
Non-Binary	0
Questioning	0
Different Identity	0
More Than One Gender	0

Of those that selected More Than One Gender, how many people reported gender identities that:

Includes Woman (Girl if child)	0
Includes Man (Boy if child)	0
Includes Culturally Specific Identity	0
Includes Transgender	0
Includes Non-Binary	0
Includes Questioning	0
Includes Different Identity	0

Race (Veterans Only)

American Indian, Alaska Native, or Indigenous	1
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0
Asian or Asian American	0
Asian or Asian American & Hispanic/Latina/e/o	0
Black, African American, or African	0
Black, African American, or African & Hispanic/Latina/e/o	0
Hispanic/Latina/e/o	0
Middle Eastern or North African	0
Middle Eastern or North African & Hispanic/Latina/e/o	0
Native Hawaiian or Pacific Islander	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0
White	2
White & Hispanic/Latina/e/o	0
Multi-Racial & Hispanic/Latina/e/o	0
Multiple Races (not Hispanic/Latina/e/o)	0

Chronically Homeless

Total number of households	1
Total number of persons	1

Youth Households

Unaccompanied Youth Households

Household and Person Breakdown

Total number of unaccompanied youth households	1
Total number of unaccompanied youth	1
Number of unaccompanied youth (under age 18)	0
Number of unaccompanied youth (age 18 to 24)	1

Gender

Woman (Girl if child)	1
Man (Boy if child)	0
Culturally Specific Identity	0
Transgender	0
Non-Binary	0
Questioning	0
Different Identity	0
More Than One Gender	0

Of those that selected More Than One Gender, how many people reported gender identities that:

Includes Woman (Girl if child)	0
Includes Man (Boy if child)	0
Includes Culturally Specific Identity	0
Includes Transgender	0
Includes Non-Binary	0
Includes Questioning	0
Includes Different Identity	0

Race

American Indian, Alaska Native, or Indigenous	0
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0
Asian or Asian American	0
Asian or Asian American & Hispanic/Latina/e/o	0
Black, African American, or African	0
Black, African American, or African & Hispanic/Latina/e/o	0
Hispanic/Latina/e/o	0
Middle Eastern or North African	0
Middle Eastern or North African & Hispanic/Latina/e/o	0
Native Hawaiian or Pacific Islander	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0
White	0

White & Hispanic/Latina/e/o	1
Multi-Racial & Hispanic/Latina/e/o	0
Multiple Races (not Hispanic/Latina/e/o)	0

Chronically Homeless

Total number of persons	0
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Parenting Youth

Household and Person Breakdown

Total number of parenting youth households	3
Total number of persons in parenting youth households	9
Total Parenting Youth (youth parents only)	4
Total Children in Parenting Youth Households	4
Number of parenting youth under age 18	0
Children in households with parenting youth under age 18	0
Number of parenting youth age 18 to 24	4
Children in households with parenting youth age 18 to 24	5

Gender (Youth Parents Only)

Woman (Girl if child)	3
Man (Boy if child)	1
Culturally Specific Identity	0
Transgender	0
Non-Binary	0
Questioning	0
Different Identity	0
More Than One Gender	0

Of those that selected More Than One Gender, how many people reported gender identities that:

Includes Woman (Girl if child)	0
Includes Man (Boy if child)	0
Includes Culturally Specific Identity	0
Includes Transgender	0
Includes Non-Binary	0
Includes Questioning	0
Includes Different Identity	0

Race (Youth Parents Only)

American Indian, Alaska Native, or Indigenous	1
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0
Asian or Asian American	0
Asian or Asian American & Hispanic/Latina/e/o	0
Black, African American, or African	0
Black, African American, or African & Hispanic/Latina/e/o	0
Hispanic/Latina/e/o	0
Middle Eastern or North African	0
Middle Eastern or North African & Hispanic/Latina/e/o	0

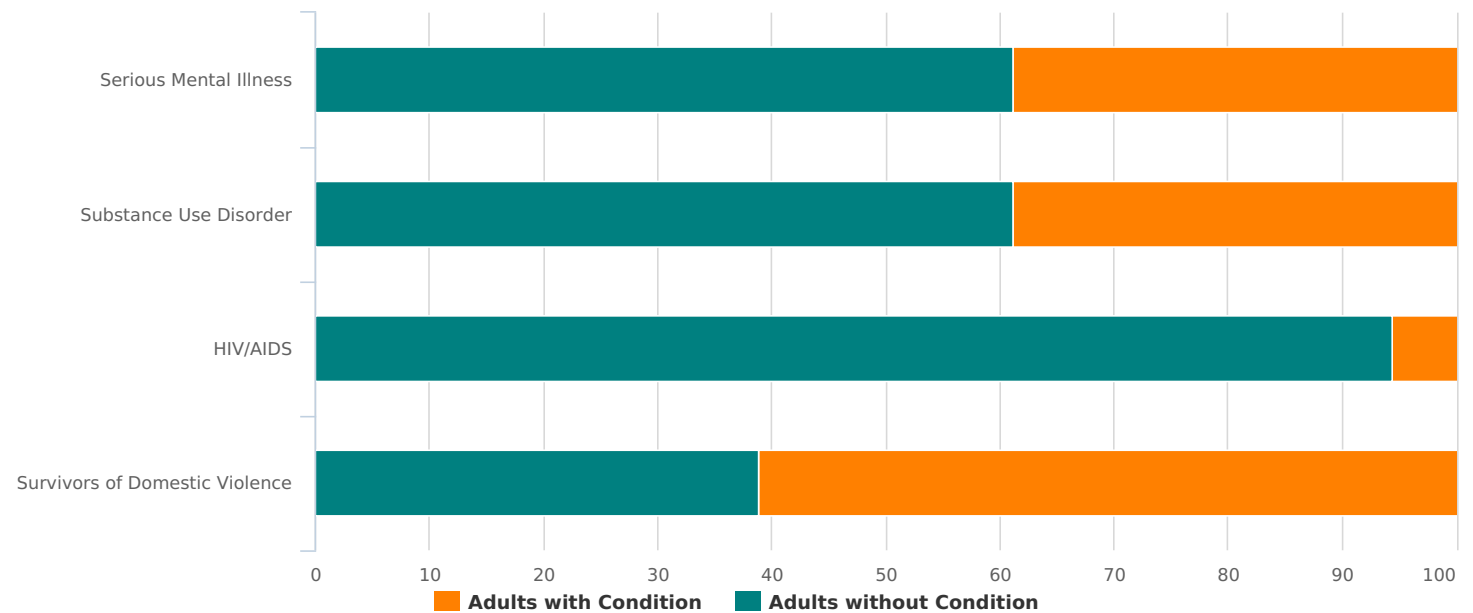
Native Hawaiian or Pacific Islander	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0
White	3
White & Hispanic/Latina/e/o	0
Multi-Racial & Hispanic/Latina/e/o	0
Multiple Races (not Hispanic/Latina/e/o)	0

Chronically Homeless

Total number of households	0
Total number of persons	0

Additional Homeless Populations (Adults Only)

Adults with a Serious Mental Illness	7
Adults with a Substance Use Disorder	7
Adults with HIV/AIDS	1
Adult Survivors of Domestic Violence (optional)	11



Lassen County Advisory Board to the NorCal Continuum of Care Officer Application

Name: Brett Lindsey Title: Housing Manager
Phone: Cell- 530 250 5847 Email: brett.lindsey@lassenfamilyservices.org
Agency Name (If Applicable): Lassen Family Services
Officer Request: ☐ Chair ☐ Vice-Chair ☐ Secretary

Please select the category(s) that best defines you or your agency type:

- | | |
|--|---|
| <input type="checkbox"/> Behavioral Health Services | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Community Member | <input type="checkbox"/> Local Government Staff/Officials |
| <input checked="" type="checkbox"/> Domestic Violence Advocate | <input type="checkbox"/> Medical Organization |
| <input type="checkbox"/> Educational Organization | <input type="checkbox"/> Veteran Service Provider |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Youth Service Organization |
| <input type="checkbox"/> Formerly Homeless Individual | <input type="checkbox"/> Other: _____ |

Please provide the mission statement of your agency, or if not applicable, explain your interest in being an officer the Advisory Board: Our agency is committed to ending abuse in our community & supporting and empowering participants journey to success.

Describe your agency and/or your personal experience working to end homelessness: Through our housing grants we aim to end homelessness and support survivors through transitional and permanent housing security.

What do you and/or your agency hope to contribute and gain by being an officer of the Advisory Board: Bring an added voice to the community & provide insight.

Statement of Commitment: By my signature below, if nominated to be an officer of the Lassen County Advisory Board to the NorCal Continuum of Care, I understand that I will attend, with frequency the Advisory Board Meetings, when scheduled. I will collectively participate at each meeting and will share knowledge and information freely.

Signature: Brett Lindsey Date: 4/25/24



Executive Committee or Workgroup Name PIT Committee

Name Grace Poor County Lassen

Phone (530)251-8336 Title Program Manager

Email gpoor@co.lassen.ca.us Agency Name Lassen County HSS
Housing and Grants

Select the category that best describes you:

☐ Member Appointed by _____ Advisory Board on _____

☒ Alternate Appointed by Lassen Advisory Board on _____

For members of selected Executive Board Committees or Workgroups.

☐ Member Appointed by Executive Board on _____

☐ Alternate Appointed by Executive Board on _____

☐ Participant or Volunteer

I understand that I will attend, with frequency, the above-named Committee, when scheduled. I will collaboratively participate at each meeting and will share knowledge and information freely.

If I am a member:

- I will notify the alternate member if I cannot attend a meeting.
- I will provide updates to my local Advisory Board on progress and/or action items of the Committee.
- I will discuss with my Executive Board member on the action items from the Committee that will be up and coming on the Executive Board agenda.

Signature: Grace Poor

Date: 5-23-24



Executive Committee or Workgroup Name PIT Committee

Name Nicole Lamica County Lassen

Phone (530)251-8316 Title Program Coordinator

Email nlamica@co.lassen.ca.us Agency Name Lassen County HSS
Housing and Grants

Select the category that best describes you:

☒ Member Appointed by Lassen Advisory Board on _____

☐ Alternate Appointed by _____ Advisory Board on _____

For members of selected Executive Board Committees or Workgroups.

☐ Member Appointed by Executive Board on _____

☐ Alternate Appointed by Executive Board on _____

☐ Participant or Volunteer

I understand that I will attend, with frequency, the above-named Committee, when scheduled. I will collaboratively participate at each meeting and will share knowledge and information freely.

If I am a member:

- I will notify the alternate member if I cannot attend a meeting.
- I will provide updates to my local Advisory Board on progress and/or action items of the Committee.
- I will discuss with my Executive Board member on the action items from the Committee that will be up and coming on the Executive Board agenda.

Signature: Nicole Lamica

Date: 5/23/24



Executive Committee or Workgroup Name HMIS/CE Committee

Name Nicole Lamica County Lassen

Phone (530)251-8316 Title Program Coordinator

Email nlamica@co.lassen.ca.us Agency Name Lassen County HSS
Housing and Grants

Select the category that best describes you:

☐ Member Appointed by _____ Advisory Board on _____

☒ Alternate Appointed by Lassen Advisory Board on _____

For members of selected Executive Board Committees or Workgroups.

☐ Member Appointed by Executive Board on _____

☐ Alternate Appointed by Executive Board on _____

☐ Participant or Volunteer

I understand that I will attend, with frequency, the above-named Committee, when scheduled. I will collaboratively participate at each meeting and will share knowledge and information freely.

If I am a member:

- I will notify the alternate member if I cannot attend a meeting.
- I will provide updates to my local Advisory Board on progress and/or action items of the Committee.
- I will discuss with my Executive Board member on the action items from the Committee that will be up and coming on the Executive Board agenda.

Signature: Nicole Lamica

Date: 5/23/24

Lassen County Advisory Board to the NorCal Continuum of Care

Membership Application

Name: Percy Tejada Title: ICWA Social Service Director
Phone: 530-257-2688 - office Email: ptejada@siir-nsn.gov
530-310-1835 - cell
Agency Name (If Applicable): Susanville Indian Rancheria

Membership Request: ☒ Voting Member ☐ Participant

Please select the category(s) that best defines you or your agency type:

- | | |
|---|---|
| <input type="checkbox"/> Behavioral Health Services | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Community Member | <input checked="" type="checkbox"/> ^{tribe} Local Government Staff/Officials |
| <input type="checkbox"/> Domestic Violence Advocate | <input type="checkbox"/> Medical Organization |
| <input type="checkbox"/> Educational Organization | <input type="checkbox"/> Veteran Service Provider |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Youth Service Organization |
| <input type="checkbox"/> Formerly Homeless Individual | <input type="checkbox"/> Other: _____ |

Please provide the mission statement of your agency, or if not applicable, explain your interest in joining the Advisory Board:

As part of the CDSS-Bringing Families Home - Home Safe, Home Disability Grant as a priority of Tribal Involvement.

Describe your agency and/or your personal experience working to end homelessness: TRIBAL

government

What do you and/or your agency hope to contribute and gain by being a member of the Advisory Board:

we hope to give input on all policy, funding, activities, events and awareness of tribal community issues, needs, and solutions.

Statement of Commitment: By my signature below, if nominated to the Lassen County Advisory Board to the NorCal Continuum of Care, I understand that I will attend, with frequency the Advisory Board Meetings, when scheduled. I will collectively participate at each meeting and will share knowledge and information freely. I may revoke my membership at any time, and acknowledge my membership may be revoked for cause, if I am not adhering to the Advisory Board Governance Charter.

Signature: [Signature]

Date: 2/15/2024

Lassen County Advisory Board to the NorCal Continuum of Care

Membership Application

Name: Rosario Medina Title: Social Services Coordinator

Phone: (530) 310-0039 Email: rmedina@str-nsn.gov

Agency Name (If Applicable): Susanville Indian Rancheria

Membership Request: ☐ Voting Member ☒ Participant

Please select the category(s) that best defines you or your agency type:

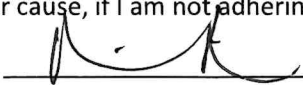
- | | |
|---|--|
| <input type="checkbox"/> Behavioral Health Services | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Community Member | <input checked="" type="checkbox"/> ^{Tribal} Local Government Staff/Officials |
| <input type="checkbox"/> Domestic Violence Advocate | <input type="checkbox"/> Medical Organization |
| <input type="checkbox"/> Educational Organization | <input type="checkbox"/> Veteran Service Provider |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Youth Service Organization |
| <input type="checkbox"/> Formerly Homeless Individual | <input type="checkbox"/> Other: _____ |

Please provide the mission statement of your agency, or if not applicable, explain your interest in joining the Advisory Board: Our Goal is to serve, aid, and protect
needy and vulnerable tribal members, children, and families,
while encouraging personal responsibility and fostering independence

Describe your agency and/or your personal experience working to end homelessness: _____

What do you and/or your agency hope to contribute and gain by being a member of the Advisory Board: To give input on the tribal side of Lassen

Statement of Commitment: By my signature below, if nominated to the Lassen County Advisory Board to the NorCal Continuum of Care, I understand that I will attend, with frequency the Advisory Board Meetings, when scheduled. I will collectively participate at each meeting and will share knowledge and information freely. I may revoke my membership at any time, and acknowledge my membership may be revoked for cause, if I am not adhering to the Advisory Board Governance Charter.

Signature:  Date: 7/16/24