



Strengthening the Safety Net in Butte County

FINDINGS & RECOMMENDATIONS

AUGUST 2019



To Our Community,

The Camp Fire in Butte County was the deadliest and most destructive wildfire in California history. What comes next will be difficult and expensive. It will be years — if not a decade or more — before affected communities are restored.

The **California Community Foundation** and the **North Valley Community Foundation** have worked together since the fire was extinguished to help those in the greatest need. True recovery involves not just the health of individuals and families but also the well-being of community infrastructure: the vitality of local businesses, nonprofit organizations, and social service programs that support and uplift every resident.

This report reflects a comprehensive evaluation of the condition and capacity of the social safety net of Butte County, primarily focused on the burgeoning needs of low-income and other vulnerable populations. The extensive property damage, displacement and ongoing economic disruption coupled with an unprecedented increase in the need for basic assistance, affordable housing, and mental health services generated an intense strain on the community and the residents in wildfire-affected areas.

The challenges remain great. It is our hope is that this analysis will support advocacy, collaboration and development of a deeper understanding of how Butte County rebuilds its social safety net.

Together, we can use these tools and strategies to help communities to not just recover, but thrive.

A handwritten signature in black ink, appearing to read "John E. Kobara".

John E. Kobara

Executive Vice President & COO
California Community Foundation

A handwritten signature in black ink, appearing to read "Alexa Benson-Valavanis".

Alexa Benson-Valavanis

President & CEO
North Valley Community Foundation

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EXECUTIVE SUMMARY

PURPOSE

The California Community Foundation, in partnership with the North Valley Community Foundation, commissioned csb philanthropic solutions to develop a landscape analysis of the social safety net in Butte County pre- and post-Camp Fire and identify opportunities for increasing its responsiveness, impact, and sustainability. The social safety net is defined as the range of government and nonprofit services, including food, shelter, housing, healthcare, behavioral health, case management, workforce development, and financial assistance available to lower-income and vulnerable populations. This report is a synthesis of early findings, concerns, and potential ways to build a stronger safety net for the future, providing a starting place for interested funders within an evolving landscape.

PRE-CAMP FIRE FINDINGS

Butte County has a number of demographic and economic factors that strained its safety net, most notably: high numbers of seniors and disabled individuals, high rates of poverty and Adverse Childhood Experiences, and lower median incomes.

Top Issues Identified by Stakeholders

- 1 Housing** — Low rental vacancy rates and lack of affordable units.
- 2 Behavioral Health** — The inadequacy of the current behavioral health (mental health and substance abuse) system to meet community needs in terms of type, quality, and quantity.
- 3 Homelessness** — High per capita rate of homelessness and lack of evidenced-based services and programs.
- 4 Early Childhood Services** — Long waitlists for families seeking affordable childcare and only enough slots for 24% of eligible babies/children.
- 5 Health Care Access** — Lack of primary care providers and specialists, particularly for those needing subsidized options and/or located in remote areas.

POST-CAMP FIRE FINDINGS

The Camp Fire would have overwhelmed any region's safety net and has been particularly damaging to the less robust system of care available in Butte County. While community resilience in the face of this disaster has been truly impressive, service providers and caregivers have felt very stretched with many of their own staff directly impacted and traumatized.

Top Issues Identified by Stakeholders

- 1 Housing** — The loss of more than 14,600 housing units combined with the already low rental vacancy and housing production rates have created a very serious housing gap for Butte County. The housing stock that was lost was some of the most affordable and serving some of the hardest to house populations.
- 2 Behavioral Health**
 - a) Trauma Specific** — Concern about communitywide trauma and the availability of assistance for those most directly impacted by the Camp Fire, particularly seniors and children, and the secondary trauma experienced by first responders and service providers.
 - b) Mental Health & Substance Abuse Services** — The need for mental health and substance abuse treatment services has greatly increased, while the ability to meet this need has decreased. Stigma about receiving behavioral health services compounds the problem. Substance abuse is seen as being on the rise, with emergency rooms still serving as the only detoxification options in county.
- 3 Seniors** — Seniors are identified as the most vulnerable and underserved population post-Camp fire. An ecosystem serving thousands of seniors with medical care, pharmacies, skilled nursing, hospice, board and care, homecare, and other vital services was lost in the fire.
- 4 Homelessness** — Point in Time Count data indicates a 16% increase in the number of homeless adults and children countywide.

- 5 Centralized Resources** — The lack of family resource centers or other in-person referral, coordinated case management, and coordinated services became starkly apparent post-fire.
- 6 Healthcare Access** — Healthcare remains a concern for all populations, especially in terms of seniors and those in need of medical respite, skilled nursing, and other longer-term services.
- 7 Children & Youth** — Particularly in terms of trauma impact and education disruption.

RECOMMENDATIONS FOR STRENGTHENING THE SAFETY NET



Enabling Environment

- 1 Housing Study** — Funding for clear data about the housing needs in terms of unit size, mix of rental and ownership, affordability levels, and potential locations is essential and can be used to help community leaders work together to prioritize strategies, align resources, and collaborate.
- 2 Education & Advocacy** — Broad community education and targeted elected official advocacy is needed to help build the public will for more housing. A policy scan of current land use planning and zoning regulations in each jurisdiction and the ways in which they help (or hinder) construction of new housing, particularly affordable housing, would be very helpful.
- 3 Publicly-Owned Lands** — Conduct an inventory of all publicly owned lands (both government and nonprofit) to identify potential areas for affordable housing development.
- 4 Nonprofit Developer Capacity** — General operating and capacity building grants to organizations working on affordable housing in the region.
- 5 Construction Capacity** — There is a serious shortage of qualified construction workers across all areas of the industry. A variety of training programs could be supported and expanded. Apprenticeship programs and project-based learning opportunities for high school students and adults could also be developed in partnership with labor unions, contractors, and the community college.
- 6 Financing** — Technical assistance to catalogue all of the current housing funding sources available and identify ways to leverage additional state and federal funding.

Services and Innovations

- 1 Homeless Prevention & Rapid Rehousing** — Support for credit repair, security deposits and other financial assistance, housing navigators to work with landlords and help individuals find housing, and ongoing case management to help at-risk populations remain housed.
- 2 Low-Barrier Shelter & Permanent Supportive Housing** — Community education about the benefits of these approaches and technical assistance to help local providers develop them is recommended.
- 3 Master-Leasing** — Support for master-leasing of existing units by nonprofit or government housing providers who in turn sublease the units to the residents.
- 4 Home Sharing** — Support for the development and implementation of programs that match home owners and home seekers.
- 5 Mobile Homes** — Assistance to replace lost mobile home units, secure additional land for new mobile home parks, and explore cooperatively-owned models.
- 6 Accessory Dwelling Units (ADUs)** — ADUs can be built rapidly and cost effectively. Support for policy and process improvements, homeowner education, and incentives could help to increase their production.
- 7 Modular Construction** — Promotion of modular construction options, both fully prefabricated homes and panelized on-site construction, is another cost- and time-saving opportunity.



BEHAVIORAL HEALTH

Communitywide Resilience

- 1 Trauma-Informed System of Care** — Feasibility planning and implementation support for the creation of a comprehensive, trauma-informed system of care in Butte County.
- 2 First Responders** — Support for trauma reduction and resiliency programs specifically designed for first responders.
- 3 Ongoing Training** — Investment in ongoing training, credentialing and practice to increase local capacity to prevent and address Adverse Childhood Experiences.
- 4 Evidence-Based Programs** — Support for scalable programs to reduce trauma, promote healing, and create greater health and well-being, particularly those for the most vulnerable populations.

Capacity & Services

- 1 Overall Resource Mapping** — Cataloguing the range of access points, services, funding streams and needs, particularly in terms of seniors and persons with disabilities, in order to better understand and improve the current system.
- 2 Substance Abuse Treatment** — Feasibility planning to determine potential locations providers, and funding streams for developing local detoxification and treatment services.
- 3 Psychiatric Services** — Increase availability of services in county, potentially through pilot psychiatric residency program in collaboration with Butte County, Oroville Hospital, and UC Riverside.
- 4 Public Health** — Support for public health department to engage community as key decision makers and leverage policy vehicles to strengthen public health infrastructure, systems, and approaches.



SAFETY NET

- 1 Community Resource Centers** — Establish permanent, one-stop centers in Chico and Oroville offering centralized resources and case management.
- 2 Seniors** — Conduct expert study that identifies specific needs and the gap between these and existing services. Publicize findings and develop sustainable funding streams and programs to address needs.
- 3 Nonprofit & Government Capacity Building** — Support professional coaching and organizational development including succession planning and leadership recruitment.
- 4 State & Federal Funding Advocacy & Technical Assistance** — Support for statewide advocacy for rural counties and seniors as well as government grant writing experts could help secure much needed additional resources.
- 5 Communitywide Planning** — Development of a communitywide vision for the region that is data-informed and includes economic and housing projections regarding the disaster's long term impact.



Introduction

PURPOSE

The California Community Foundation (CCF)'s Wildfire Relief Fund supports intermediate and long term recovery efforts for major California wildfires, as well as preparedness efforts. As CCF developed its long term strategy for the rebuilding efforts in Butte County, it had growing concerns about the fragility of the safety net in the communities affected by the Camp Fire. Similarly, the North Valley Community Foundation (NVCF) had awarded more than \$3.6 million for immediate needs through its Camp Fire Relief Fund and was interested in developing longer-term strategies for its safety net investments.

Therefore, in partnership with the NVCF, CCF commissioned csb philanthropic solutions to develop a landscape analysis of the social safety net in Butte County pre- and post-Camp Fire and identify opportunities for increasing its responsiveness, impact, and sustainability. The social safety net is defined as the range of government and nonprofit programs and services, including food, shelter, housing, healthcare, behavioral health services, case management, workforce development, and financial assistance available to lower-income and vulnerable populations. This report is designed to inform philanthropic investment by the foundations and other interested public and private funders.

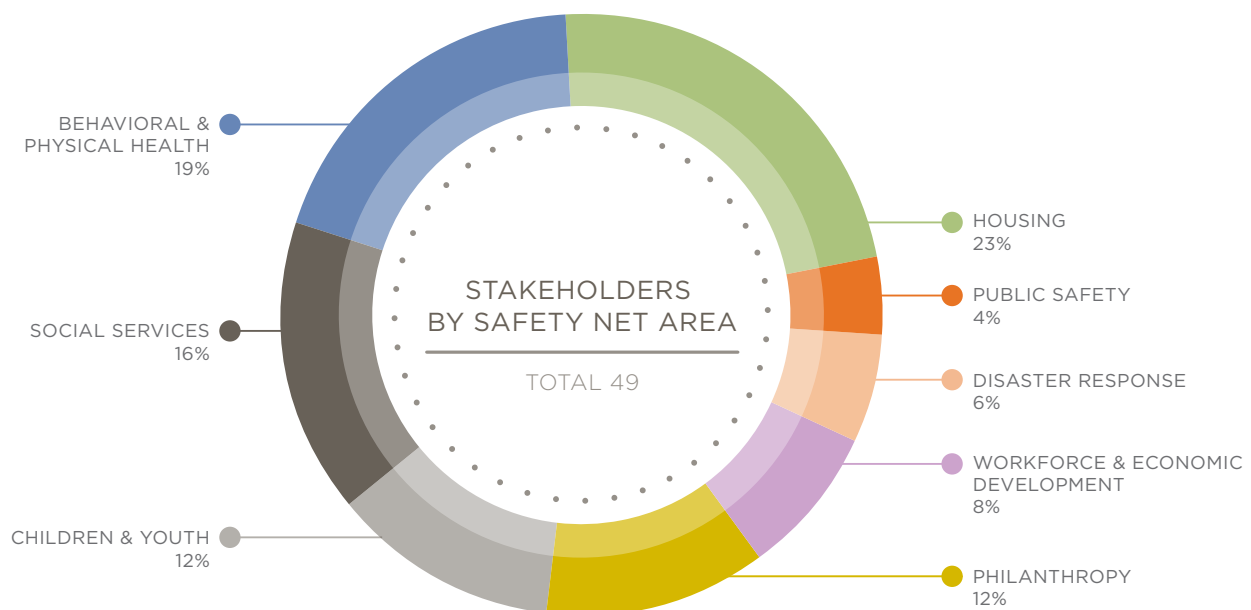
METHODOLOGY

More than 45 interviews were conducted between March and June of 2019, four to six months after the November 2018 Camp Fire. Stakeholders interviewed included regional, county, and city leaders from the nonprofit (51%), government (31%), philanthropic (14%), and business (4%) sectors. They represent a range of safety net areas from early childhood education and housing to behavioral health and workforce development, as shown in chart below.

Interviews were informal and focused on the state of the safety net pre-fire and post-fire, as well as opportunities to strengthen it for the future. The findings and recommendations included in this report come from multiple stakeholders, representing diverse perspectives, and include notations for any that lack agreement or are only held by a particular sector. See page 31 for a complete list of stakeholders.

Several communitywide meetings were also attended and notes reviewed, including the Long Term Recovery Group's general, housing, and health and wellness meetings as well as the North Valley Community Foundation and Federal Reserve Bank of San Francisco's Housing Summit. Finally, numerous reports, studies, websites, and other resources were reviewed to synthesize specific safety net-related data for Butte County as well as to identify safety net strategies and innovations from throughout the North State¹ and beyond. See the Endnotes on page 30 for list of resources.

Disaster recovery and rebuilding takes years, and in this case likely decades, and it is still very early in terms of recovery efforts in Butte County. Findings and recommendations in this report were based on stakeholder perceptions and data available four to six months post fire — much will continue to change in terms of safety needs and opportunities. This report provides a synthesis of early findings, concerns, and potential ways to build a stronger safety net for the future — hopefully providing a starting place for interested funders within an evolving landscape. Recommendations will need to be vetted further, modified and adapted to current conditions, and expanded upon over time.





Pre-Camp Fire Findings

SAFETY NET BACKGROUND

Butte County is a rural county in Northern California, the largest in the North State with 231,000 residents, followed by Shasta (180,000) and then Humboldt counties (136,000). Due to its population size, a number of Butte's key funders, intermediaries, and providers are regional, serving multiple counties in the area. The most common industries (by number of employees) are health care and social assistance, retail, and educational services.² The largest employers are Butte County, Chico State University, Enloe Medical Center, and Pacific Coast Producers.³

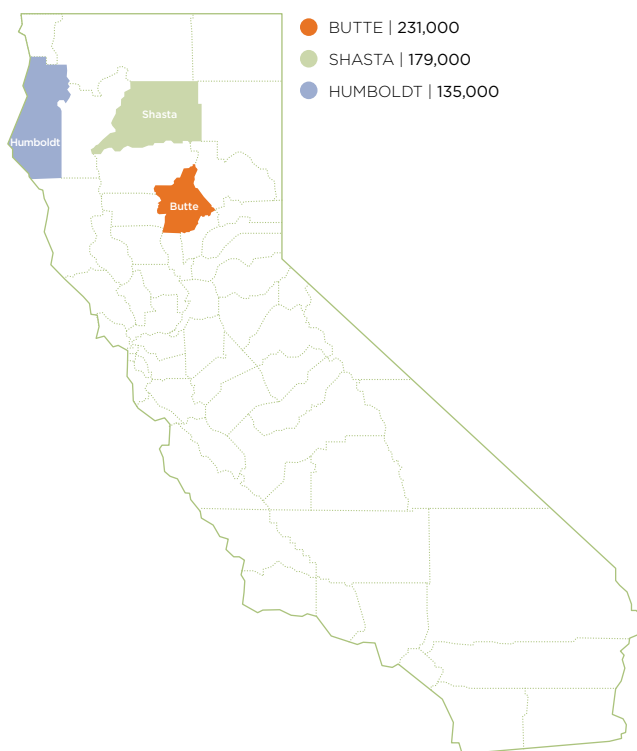
In terms of comparators, stakeholders agreed that Butte County was fairly unique, with Chico, a more politically liberal, college city, surrounded by more conservative, agricultural and rural areas with larger numbers of retirees. The most frequent comparison was to Shasta County, with Redding as its urban center, while a few others cited Humboldt with its CSU and agricultural areas. In reviewing US Census Data, these two counties provide the closest fit in terms of location, population size and poverty rates and will be used comparatively in assessing Butte County's demographics and safety net.

SAFETY NET DATA

Overall, Butte County has a number of demographic and economic factors that strained its safety net pre-fire — most notably, high numbers of seniors and disabled individuals, rates of poverty and Adverse Childhood Experiences, and lower median incomes. The data below is from the US Census⁴ unless otherwise noted.

- **Seniors:** Significantly higher than California (14%) at more than 18% or about 41,000, but comparable with Humboldt (17%) and Shasta (20%) counties.
- **Disabled (under 65 years of age):** Significantly higher than California (7%) at 12.5%, but comparable with Humboldt (12.8%) and Shasta counties (12.4%).
- **Racial Diversity (Non-White Populations):** Significantly lower than California (63%) at 28%, but comparable with Humboldt (26%) and Shasta (20%) counties.
- **Education:** Higher high school graduation rate of 89% than California (83%), but lower Bachelor's degree attainment at 27% as compared to 33% statewide. Fairly comparable to Humboldt (90% HS and 29% BA) and Shasta (90% HS and 21% BA).
- **Median Household Income:** Significantly lower than California's (\$67K) at \$46.5K, but comparable with Humboldt (\$44K) and Shasta (\$47K) counties.
- **Federal Poverty Rate:** Significantly higher than California (13%) at more than 18%, but comparable with Humboldt (20%) and Shasta (17%) counties.
- **Free & Reduced Lunch Eligibility:** 62% of public school students in Butte County are eligible, which is on par with state and Humboldt (both 61%) and higher than Shasta (54%) (Education Data Partnership).⁵
- **Food Insecurity:** 16% of households are food insecure (lacking access to adequate food), the same as in Shasta and Humboldt counties, but much higher than the state rate of 11% (Feeding America 2017).⁶
- **Public Supports:** Approximately 28% of residents are enrolled in Medi-Cal, compared to roughly 18% of Californians. About 15,500 households participate in CalFresh (food stamps) annually. (California Department of Health Care Services and Butte County Department of Employment and Social Services).⁷

COUNTY LOCATIONS & POPULATIONS (BUTTE, SHASTA, & HUMBOLDT)



In terms of safety net revenue sources, federal and state funding is often determined by per capita rates that disadvantaged less populated, rural counties like Butte. Unfortunately, the cost of providing services is often higher as they must be delivered over a more dispersed geographic area and lack the economies of scale possible within more densely populated communities.

Locally generated government revenue is also limited with little voter appetite for additional taxes and fees to support government services. Philanthropy is also more limited in counties like Butte with only a few funders making significant investments — North Valley Community Foundation, Sierra Nevada Brewing Company, and United Way of Northern California being the largest. Only a few regional or statewide foundations have made grants in the area and not on a sustained basis.



HOUSING DATA⁸

There was a serious lack of housing, particularly affordable housing, in Butte County pre-disaster. Its home sales vacancy rate was .7% and the countywide rental vacancy rate was 7.8%.⁹ Chico in particular had very low rental vacancy rates (reportedly around 2%), in part due to Chico State University with its more than 16,000 full-time students and only 2,100 beds on campus. It does offer connections to nearly 5,000 off-campus beds, but that still brings its housing capacity to less than half the number of full-time students.¹⁰

Although both home costs and rents are significantly lower than other parts of California, incomes are as well, which leads to high housing cost burdens. Specifically:

- **Home Costs:** Significantly lower than California (\$443K) at \$238K, but comparable with Shasta County (Humboldt is a bit higher at \$285K).
- **Rents:** Lower than California (\$1,358) at \$970 median gross rent (2017 data), but comparable with Humboldt and Shasta counties.
- **Housing Cost Burden:** Incomes are not enough to meet housing costs — overall, about 40% of all households were spending more than 30% of their income on housing and half of those were spending more than 50% (severely cost-burdened). Renters have even higher burdens, with 52% cost-burdened and 25% severely cost-burdened. (2017 data from Joint Center on Housing Studies).¹¹



BEHAVIORAL HEALTH DATA

According to Robert Wood Johnson Foundation's County Health Rankings for California, Butte is 48 out of 58 for its health behaviors (e.g. smoking, obesity, excessive drinking) below Shasta's rank (41) but better than Humboldt's (54). Overall, Butte fares better than its peers in terms of broader health outcomes (length and quality of life), ranked at 35 out of 58 as compared to Shasta at 48 and Humboldt at 49.¹² Focus groups and surveys conducted locally in 2016 identified drug and alcohol and mental health issues as the top concerns (along with homelessness).¹³

Most stakeholders cited Butte County's status as having the highest rate of people experiencing Adverse Childhood Experiences (ACES) in the state — with more than 76% having experienced at least one ACES and 30% having experienced four or more. This rate is significantly higher than the state of California's rate of 61%, but relatively comparable with Humboldt and only a bit higher than Shasta County.

The nationwide opioid epidemic remains concerning for Butte County as its age-adjusted drug induced death rate is still roughly 2.5 times higher than the state of California overall.¹⁴ Unfortunately, Butte County is one of 18 out of 58 California counties not opting to participate in the Drug Medi-Cal Organized Delivery Systems Pilot, an effort to expand, improve and reorganize treatment of substance abuse disorders under the Medicaid Waiver that seeks to treat more people more effectively.¹⁵

OVERALL CONTEXT

Stakeholders consistently mentioned both their love of and connection to this place — Chico, Paradise, and surrounding communities throughout Butte County — and the safety net challenges that existed before the fire. In terms of assets, they emphasized the “perfect” size of the county — large enough to have a range of amenities, communities, and geographies, yet small enough to know one another and feel connected. Many cited the natural beauty of Butte County and its relative affordability and lack of traffic compared to the Bay Area. Chico State was the most often mentioned institutional asset — in terms of its programs, research, and bringing of future leaders into the community. In fact, a very large percentage of stakeholders interviewed originally received their undergraduate and/or graduate degrees at Chico State.

Challenges

People identified a number of precipitating events that adversely impacted the safety net and lower-income populations:

- The 2008 housing market crash
- Criminal Justice, Mental Health, and other Realignment changes over the years (moving of many responsibilities from state to county resulting in more local responsibility with less funding)
- The 2012 Dissolution of Redevelopment Agencies (removing the critical local housing finance resource)
- The 2017 Oroville Dam Spillway disaster

Generally, stakeholders stated that Butte County had higher safety net needs than other counties, due to high poverty rates and the numbers of seniors and individuals with disabilities, many of whom lived in Paradise and along the Ridge¹⁶ where housing was more affordable. They further felt that it had less capacity to address these needs due to lower levels of local, state, and federal funding, workforce shortages in terms of both number and quality of professionals to address particular needs, and the increased cost of service delivery in rural, more geographically spread areas.

A number of stakeholders cited access to services generally as a major challenge, particularly for lower-income and less mobile populations on the Ridge. Communities are quite dispersed in rural counties like Butte, and many communities lack regular access to the B-Line (local bus system). The majority of safety net services are located in Chico, with some in Oroville and Paradise, and individuals could spend a full day on public transit commuting to and from them if they were coming from the farther out, rural areas. According to the 2016 Community Health Assessment, “Medi-Cal and Medicare patients expressed difficulty accessing transportation to healthcare facilities.”¹⁷ Medi-Trans services were also viewed as limited in terms of their range and frequency, and without a car (and funds for maintenance, insurance, and gas), it is very difficult for many households to access needed services.

Collaboration

Some stakeholders felt there was strong collaboration amongst safety net providers (both government and nonprofit) and others felt this it was more siloed and disconnected — even within the same field (behavioral health, early childhood, etc.), there were differing views. This difference in opinion may be due to individuals defining collaboration differently — with those defining collaboration as knowing one another, referring clients, and sharing information feeling it is strong, while those who defined collaboration as more integrated and formalized work to create and implement services or programming together feeling it lacking.

On a larger level, stakeholders often described the area as an “island,” valuing self-reliance, and missing a sense of regionalism both within the county (in terms of local jurisdictions working together) and with other adjacent counties.

STAKEHOLDER FINDINGS — TOP ISSUES

Stakeholders identified five primary areas of greatest concern in terms of the safety net prior to the Camp Fire: Housing, Behavioral Health, Homelessness, Early Childhood, and Healthcare Access.



1 Housing

Housing affordability and availability was cited as the number one safety net issue prior to the Camp Fire. Low rental vacancy rates; lack of affordable units, particularly for those on fixed incomes and/or with service needs; high housing cost burdens; and long Section 8 waiting list (over 3,000) were all mentioned repeatedly.

Stakeholders cited a number of factors that contributed to this situation:

- Low density zoning
- High construction costs as compared to what units will rent or sell for
- Low rates of new housing production particularly for multi-family buildings (only 400 units were built in 2018 and 75% of these were single family homes)¹⁸
- Pressure of housing thousands of CSU students each semester
- Lack of consistent political will for housing; lack of infrastructure financing
- Prioritization of land for agriculture, parks, and open space (i.e. the Green Line)
- A countywide identity/culture that prioritizes single family housing and larger land parcels



2 Behavioral Health

The second concern raised most frequently was the high need for behavioral health (mental health and substance abuse) services, and the inadequacy of the current system to meet this need in terms of type, quality, and quantity. Regardless of sector or safety net area, the vast majority of stakeholders named Butte County's status as having the highest rate of Adverse Childhood Experiences (ACES) in the state as a significant concern. Several connected ACES prevalence to having a high incidence of pre-school expulsions and early childhood mental health challenges. Many also cited high rates of opioid use and substance abuse in general, as well as dual diagnoses (co-occurring substance abuse and mental health disorders).

“We weren’t able to handle the volume of patients needing psychiatric, mental health, or addiction services even before the fire — people have to leave the county to get any sort of longer-term or more intensive treatment.” — Medical Services Provider

In terms of service availability, stakeholders described the overall behavioral health system as under-resourced, uncoordinated, lacking in options, and challenging to navigate with long waiting lists for a number of services. Specific missing areas included psychiatrists (for low-income populations the only option currently is tele-medicine), behavioral health professionals in general, and mental health services for special populations including seniors, preschoolers, and individuals with special needs. Detoxification and residential treatment are also lacking with the emergency rooms serving as the de facto detox facility and individuals needing to go out of county for most residential treatment programs.



3 Homelessness

Many stakeholders raised concerns about having a large population of people experiencing homelessness, particularly those who appear to be living on the streets. Some members of the community see homelessness more as an individual failing, while others understand that it is a systems problem. Those who focus on it as an individual issue often were hesitant about having more or improved homeless services, worrying that this would in turn attract more homeless individuals. It is not surprising that given this ambivalence and lack of understanding about the root causes of homelessness, that Butte County had not employed more evidenced-based practices in ending homelessness, and instead has taken more of a managing homelessness approach. Homeless prevention programs, medical respites beds, low barrier shelters, housing navigators, rapid re-housing programs, permanent supportive housing, and other more innovative approaches are absent or inadequate to meet the level of need in the community's Continuum of Care.



4 Early Childhood Services

Some leaders mentioned the need for more attention for children under the age of five, citing the waitlist of 750 families seeking affordable childcare and only having enough childcare/preschool slots for 24% of eligible babies/children.¹⁹ They also expressed concern about the quality of childcare and early childhood programs, and the lack of funding to employ the strongest models. Finally, advocates highlighted the need for a trauma-informed system for caregivers of young children, particularly given the high incidence of ACES.



5 Healthcare Access

The final top safety net issue raised was around access to medical care — particularly more affordable care and for those in more remote areas. A general lack of primary care providers and specialists was cited as impacting residents at all economic levels with only 45 primary care physicians per 100,000 people in 2015 (a minimum of 64 is recommended according to the California Health Care Foundation's report).²⁰

The 2016 Community Health Assessment identified this as a trend that would likely worsen with the retirement of the 'Baby Boomer' workforce: "In Butte County, it may be difficult to replace retiring healthcare workers who have advanced education, training, and experience. And, as the population ages, the community will likely experience an increased need for healthcare workers, especially for in-home care. Currently, education and training opportunities to develop a new healthcare workforce are inadequate to keep up with the need. The lack of a provider network for managed care plans treating mild and moderate mental health issues will affect the health of the community in numerous ways."²¹



POST-CAMP FIRE FINDINGS

“The Camp Fire that began on November 8, 2018 was the most destructive and deadly fire in California history. The fire scorched over 153,000 acres and claimed at least 85 lives in Butte County, devastating the Town of Paradise and surrounding unincorporated areas. Housing, infrastructure, and utility losses were extensive and all sectors within the wildfire’s path were affected. Water and sewer systems suffered widespread damage and contamination, leaving the area with non-potable water that, as of this report date, has yet to be fully restored. Debris removal is expected to be ongoing for months, if not years, to come. Beyond the physical damage caused by the Camp Fire, the ripple effects of ensuing population and operational displacement have created ongoing challenges for surrounding communities as they respond and adjust to the pressing needs of their neighbors.”²²

Nearly 19,000 structures were destroyed or severely damaged by the Camp Fire including Feather River Hospital, Paradise’s largest employer with more than 1,200 staff, 100 acute care beds, and dozens of outpatient services and CHIP’s Paradise Village, a 36-unit affordable housing development for families at 30-60% of Area Median Income.

Specific losses include:

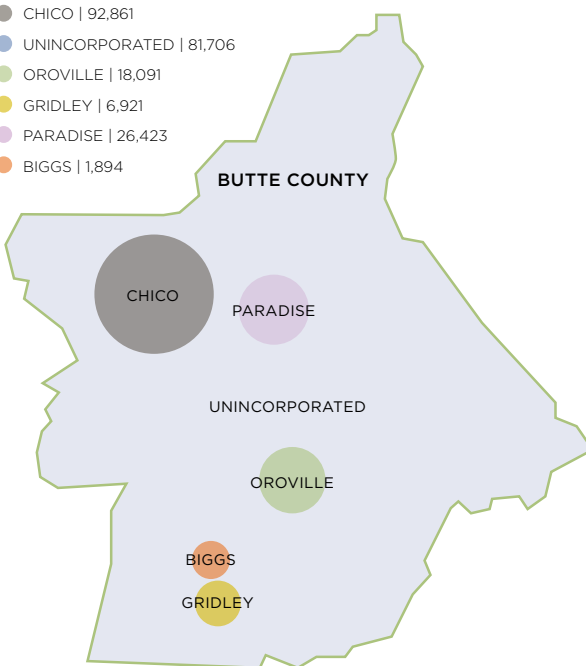
- 9,871 single family homes
- 3,694 mobile homes & 34 mobile home parks
- 277 multifamily homes
- 495 commercial buildings
- 32 schools
- 19 places of worship
- 3 skilled nursing facilities

PRE-FIRE

TOTAL POPULATION **227,896**

PRE-FIRE POPULATION:

- CHICO | 92,861
- UNINCORPORATED | 81,706
- OROVILLE | 18,091
- GRIDLEY | 6,921
- PARADISE | 26,423
- BIGGS | 1,894

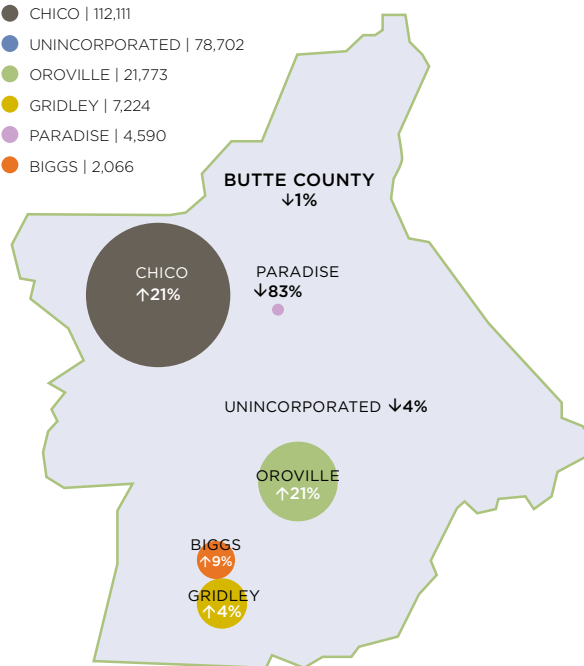


POST-FIRE

TOTAL POPULATION **226,466**

POST-FIRE POPULATION:

- CHICO | 112,111
- UNINCORPORATED | 78,702
- OROVILLE | 21,773
- GRIDLEY | 7,224
- PARADISE | 4,590
- BIGGS | 2,066



The destruction of homes, businesses and community services caused a great relocation of people with the majority of displaced households ending up in Chico and Oroville. The toll of having so many people added so quickly (more than 20% of population each for Chico and Oroville) has increased traffic and created other quality of life issues. A few stakeholders expressed concern that this growth had impacted public safety and increased crime, but according to Chico's chief of police, crime is actually down for the first four months of 2019 (January–April) as compared to the same period last year.

SAFETY NET CONTEXT

The Camp Fire was an unprecedented event that would have overwhelmed any region's safety net and has been particularly damaging to a less robust system of care like that in Butte County. The level of community caring, cooperation, and resilience in the face of this has been truly inspiring, however, and the Camp Fire Long Term Recovery Group serves as an impressive model for other jurisdictions to emulate.

Every person in Butte County has been impacted directly and indirectly by the disaster, including the many safety net leaders and workers, who are having to care for themselves and their own families and friends while caring for others in their professional lives. Although challenging to manage, stakeholders feel that it has led to a much stronger level of collaboration among nonprofit and government providers and are hopeful that old siloes will not return. Significant human and financial resources have also flowed in from outside the area with tens of millions of dollars in philanthropic donations and hundreds of millions from the public sector received and still more expected.

Despite these assets, the safety net has been and will continue to be overwhelmed with the level of need — particularly in the areas of housing and behavioral health — in contrast to the resources available. The system as a whole as well as individual providers have been inundated with the numbers of people seeking services and the complexity of the needs being presented. Stakeholders are particularly concerned about reaching the number of first-time users, who are not familiar with accessing safety net services and with populations who may have more of a ‘bootstraps’ mentality and be resistant to seeking public assistance in general.

Direct Impact on Providers

Many agencies and departments have stepped up to meet these challenges, increasing their staff, outreach, services, and/or locations, which has strained their existing work. A few have responded by pulling back, worrying that advertising or increasing services will create expectations that they are ultimately unable to fill. For all organizations, more proactive and preventive work, as well as planned new programs, have been put on hold to try to address the urgent needs created by the disaster.

Service providers and care givers have also felt stretched as many of their own staff were directly impacted and traumatized, and some have not been able to return or have had to leave the area. Stakeholders are particularly concerned about the loss of professionals — as those who are most highly educated also tend to be the most economically mobile — and the challenge in recruiting new ones given the lack of housing in the area. Where Butte County’s rural nature and location far from population centers with their traffic and higher costs, seemed an advantage to stakeholders previously, the distance from Sacramento and lack of major highways between these areas add to the recovery and rebuilding challenges today.

“We were working our own lane, which was too big for us to fill, and now we need to fill a super highway worth of lanes.”

— Social Service Provider

Service Access & Funding

Stakeholders continued to identify access to services as a major issue, which worsened post-Fire due to the loss of personal vehicles and the relocation of schools, services, workplaces, and housing. An immediate need for gas cards, bus passes, and other direct transportation assistance was experienced, but they also identified the need for longer-term solutions. They felt that increasing the frequency of public buses and number of access points as well as offering more reduced or free fares for lower-income populations would greatly improve access to safety net and other vital services. An increase in medical transit services was also cited as critical.

They also expressed significant worry about how to pay for additional services — especially when the outside world moves on to concern about new disasters and the one-time donations are expended. This influx of new financial resources is greatly appreciated, but there is a deep concern about the availability of funding long term as the loss of housing, businesses, workers, and students affect multiple taxes revenue sources as well as public funding streams that operate on a per capita basis.

TOP ISSUES

Not surprisingly, given the way in which the Camp Fire exacerbated the most challenged parts of the safety net, the top gaps remained the same, with housing and behavioral healthcare cited as the most pressing issues to address. Homelessness, healthcare, and concerns about young children remained on the list, but were surpassed by concerns about communitywide trauma, seniors and a call for more centralized resources/case management services. These findings are similar to Butte County 2-1-1's top referrals and unmet needs with housing, case management, and mental health all in the top 10.²³



1 Housing

The need for more housing, particularly affordable housing, cannot be overstated. The loss of more than 14,600 housing units combined with the already low rental vacancy and housing production rates have created a very serious housing gap for Butte County. Furthermore, the housing stock that was lost was some of the most affordable and was serving some of the hardest to house populations — more than 27% of the county's mobile homes were lost along with numerous skilled nursing, board and care, and more informal arrangements serving seniors and individuals with disabilities.²⁴

Even in reports focused on other areas, housing rises to the top, such as the United States Public Health Service's Behavioral Health Assessment of Camp Fire Survivors — “the number one recommendation in all contacts with various organizations, key leaders, and impacted systems was for stable housing.... They indicated a strong correlation between housing and their mental health status.”²⁵ (p.18).

Housing is most needed — and hardest to find or produce — for the most vulnerable populations: seniors, individuals with behavioral health challenges, households at 50% of area median income below, and those who lacked permanent housing pre-fire. HUD's May 2019 Housing Impact Assessment confirms this need, finding that damage to the affordable housing stock has exacerbated the pre-disaster affordable rental housing shortage as evidenced by the prevalence of cost-burdened renters pre-fire. Unfortunately, the time frame for replacement housing in the fire zone is very uncertain, and it is highly unlikely that the previous level of affordability will be possible.

“Housing is where it all starts — it is hard to provide any other services or supports when people are not in stable housing.” — Educational Provider

In addition to the past barriers to creating more housing and insufficient number of units, the demand for workforce housing has also increased with workers vital to recovery and rebuilding efforts, including many in the housing construction industry, unable to find temporary or permanent accommodations. A few stakeholders expressed a concern about over-building — remembering the housing market crash of 2008 — and overall there seemed a lack of data and shared understanding about the specific number and type (size, affordability, location, etc.) of units needed in the short and long term.



2 Behavioral Health — Trauma Specific

Behavioral health was a top issue with nearly every stakeholder expressing concern over individual and communitywide trauma and the safety net's ability to address it on the scale needed. In terms of individuals, stakeholders were especially worried about those most directly impacted by the Camp Fire, particularly seniors and children, and the secondary trauma experienced by first responders and service providers.

Stakeholders also highlighted the traumatic impact that the Camp Fire had on the community as a whole and concern that it would compound the existing high rate of ACES, cause an increase in Post-Traumatic Stress Disorder, drug and alcohol abuse and domestic violence, and take months and years to fully surface. Assessments by the Butte County Office of Education and the US Public Health Service validated this concern — finding that many individuals report various symptoms of post-traumatic stress disorder, increased substance use, and other warning signs.

To date, stakeholders feel that the community trauma approach had been short-term focused and not comprehensive with a number of trainings and one-time interventions, but lacking in a more communitywide, sustainable approach that would result in a trauma-informed system of care throughout the county. They cited the need for ongoing training for all types of government and nonprofit providers — police, teachers, social workers, etc. — to ensure that they employ a trauma-informed approach in their work.



3 Behavioral Health — Direct Services

In addition to the focus on trauma-specific prevention and care, stakeholders reported that the need for mental health and substance abuse treatment services has greatly increased, while the ability to meet this need had decreased. Waiting lists are now the norm for all types of behavioral health services regardless of ability to pay or type of insurance. The lack of professionals to provide these services — particularly psychiatry and specialized mental health services for seniors and children — has reached an all-time high. And as with other areas, the lack of housing makes recruitment of new professionals very difficult.

Stigma about receiving behavioral health services compounds the problem, and individuals who were previously living on the Ridge are characterized as less likely to access these types of services than other populations. The myth that behavioral health is more of an individual failing than a medical problem causes some to not seek needed treatment. Ongoing community education is needed to reduce biases, help people understand the range of common responses to traumatic events, and the many ways to seek support and address them.

Stakeholders stress the need for more outreach, therapy, medication management, and home visiting programs for those who still have a place to live along with a need for new residential beds and services. Substance abuse is seen as being on the rise, with emergency rooms still serving as the only detoxification options in county and most having to go out of county for any type of residential treatment. Similarly, the psychiatric unit at the hospital is continually full with a lack of appropriate discharge options in the county.



4 Seniors

Seniors are identified as the most vulnerable and underserved population post-fire — and the most at-risk for not being able to recover and remain in the community. The Ridge had an ecosystem serving thousands of seniors with medical care, pharmacies, skilled nursing, hospice, board and care, homecare, and other vital services — all of which were lost in the fire. This loss also affected the hundreds of In-Home Support Service workers who cared for family and community members in Paradise, and then lost both their employment and housing.

“Elderly and medically fragile populations are the most at risk now. Even before the fire, we were losing board and care, skilled nursing, and other critical services, and now there is nowhere for hospitals to even discharge people to.”

— Government Provider

Previously, older adult services were insufficient to meet the needs of the more than 40,000 seniors in Butte County, and post-Camp Fire, remaining providers have not expanded services and new providers have not entered the area. Stakeholders express strong concern about the potential for premature deaths, including suicide, for this medically fragile, traumatized population, many with fixed incomes and few assets. Despite this concern, there has not been a coordinated response to date, nor a lead organization willing to step forward in the way that other organizations have for children and families.



5 Homelessness

Homelessness was a top concern pre-fire, and tensions about how to serve those who were without housing pre-fire appear to have risen, with some feeling that they are taking away from resources needed for those who lost their homes in the Camp Fire. This pitting of or prioritizing one group over another is not helpful to the overall need to end homelessness for all whom experience it nor to prevent new people from becoming homeless.

Instead of creating more empathy for this population, it appears that the Camp Fire fueled some peoples' biases against those in need of permanent housing, with individuals experiencing homelessness prior to the fire seen as undeserving. There is a sense that the unsheltered population has grown significantly, particularly in Chico, and that many people have come from out of the area seeking services. The recent Point in Time (PIT) Count provides actual data, which confirms an overall increase in homelessness due to the fire, but continues to show that the vast majority are from Butte County.

Specifically, “the 2019 PIT Count identified a total of 2,304 sheltered, unsheltered and FEMA housed homeless adults and children countywide (891 unsheltered, 420 sheltered, and 993 people sheltered with FEMA support), which is 16% higher than the count in 2017 (1,983). The significant increase in the 2019 PIT Count can be attributed to: Camp Fire related homeless in FEMA provided housing (temporary), increased survey efficiency through use of a mobile web-based technology instead of paper surveys, implementation of revised survey questions to follow HUD guidelines (e.g., chronic homeless, domestic violence), planned targeting of encampment sites, and broad participation from the community.” Furthermore, of the 748 survey respondents — which did *not* include any of the 993 in temporary FEMA housing who became homeless directly because of the Camp Fire — over 92% had lived in Butte County more than one year and 84% for more than three years. Most significantly, 61% had lived in the County for more than a decade — again countering the narrative that people experiencing homelessness are transients drawn to Butte County and its services.²⁶

One bright spot has been the expansion of mobile street outreach teams with public safety and social work interventions combined, but to be most successful they need some place to house the people they connect with both temporarily and permanently. Despite additional private funding to open a low barrier shelter, which could provide much-needed options for individuals struggling with mental health and substance abuse issues, there has been difficulty in siting it and several funders and community providers have pulled back due to neighborhood opposition. Much more political and community will is needed to develop a shared vision for preventing and ending homelessness, based upon actual data and evidenced-based practices — otherwise Butte County will likely continue to have higher rates of homelessness than other communities in California.



6 Centralized Resources

Family resource centers have been considered in the past, with one focused on youth (and destroyed in the fire) in Paradise, and a couple of efforts were in motion pre-fire such as a one-stop shop for individuals experiencing homelessness by the Jesus Center. But it is only post-fire, that Butte County's lack of in-person referral, coordinated case management, and coordinated services became starkly apparent. The Local Assistance Center opened in November provided a temporary version of this, and stakeholders identified the need for permanent, long term center(s) to serve as referral and services hubs and provide ongoing case management. The Long Term Recovery Group is providing some coordinated and co-located services and case management through its Disaster Case Management and Unmet Needs committees — but they are for those most directly impacted by the Camp Fire and not set up to be in place for the long term.



7 Healthcare Access

Healthcare remained a concern for all populations, but particularly in terms of seniors and those in need of medical respite, skilled nursing, and other longer-term services. The existing shortage of primary care providers and specialists became more acute with the loss of Feather River Hospital and a number of medical offices, as well as personnel being displaced due to loss of their own homes. Enloe and Oroville hospitals have had to pick up the additional patient load, taxing their healthcare and psychosocial services as they do not have enough case managers and discharge planners to meet the complex needs of Camp Fire survivors. Emergency room use at Enloe has increased from 195 patients to 225 patients per day, and many patients are staying in the hospital longer due to a lack of discharge placements.



8 Children & Youth

Although mentioned much less than seniors, stakeholders expressed concern about children and youth primarily in terms of trauma impact and education disruption. They cited the loss of multiple schools as well as specific facilities — a boys and girls club, youth resource center, and a high-level group home. They also highlighted the impact that the Camp Fire has had on children attending those lost schools and programs as well as the students in Chico, Oroville, and other district schools that had to expand to accommodate additional students. Additionally, a few stakeholders mentioned increased waiting lists for after school and subsidized childcare with the childcare waiting list doubling to 1,500 households post-fire.



RECOMMENDATIONS FOR STRENGTHENING THE SAFETY NET

Recommendations begin with the top two safety net issues identified by almost every stakeholder — Housing and Behavioral Health — followed by proposals to strengthen the safety net and target services to the most vulnerable and under-resourced populations. The recommendations focus on areas where philanthropic investment can make a difference — catalyzing new activity and leveraging, rather than supplanting, government and private sector funds.

A number of these efforts may already be underway or have changed as new needs emerge and resources come into the area, so recommendations are meant as starting places for exploration. In some cases, particular organizations are listed as possible grantee partners, but will require further due diligence prior to investment. Finally, examples are provided from other communities to offer a sense of what might be possible — to actually implement them would require further research and adaptation to fit the specific assets, needs, and culture of Butte County.

HOUSING — ENABLING ENVIRONMENT

In order to meet the housing needs of its population, all of the jurisdictions in Butte County (and neighboring counties/cities) need to become housing-friendly communities, reducing barriers to and incentivizing the development of housing, particularly affordable and multi-family. Along with this improved public will and regulatory environment, the capacity of the housing system needs to be bolstered — from increasing land and financing resources to building developer and construction capacity. Following are six recommendations to increase housing production in Butte County and adjacent jurisdictions:



1 Housing Study

Clear data about the housing needs — currently and forecast for the future — in terms of unit size, mix of rental and ownership, affordability levels, and potential locations is essential. The study can then be used to help community leaders representing various jurisdictions and sectors work together to determine how to bring this vision to life, prioritize particular strategies, align resources, and ensure there is a role for every sector to play in advancing the work — from lenders and financial institutions to developers and builders to public and private funders.



2 Education & Advocacy

Broad community education and targeted elected official advocacy will likely be needed to help build the public will for more housing and siting of particular projects. A policy scan of current land use planning and zoning regulations in each jurisdiction and the ways in which they help (or hinder) construction of new housing, particularly affordable housing, would be very helpful. Reviewing permitting timelines and impacts fees and encouraging incentives for projects with higher density and/or affordability can also increase housing production.



3 Publicly-Owned Lands

Another opportunity is to conduct an inventory of all publicly owned lands (both government and nonprofit) to identify potential areas for affordable housing development. A number of communities in the San Francisco Bay Area, including Sonoma County after the Tubbs Fire, have been reviewing their own properties as well as that of school districts, places of worship, public utilities, and other government-owned lands to identify affordable parcels for development. In addition, new state legislation seeks to increase access to surplus properties for public good.



4 Nonprofit Developer Capacity

Building the capacity of affordable housing developers to help them develop more units, more quickly is also a best practice. General operating and capacity building grants to organizations such as Community Housing Improvement Program, RCAC, and the Housing Authority could be strong investments. Providing support or incentives for other regional housing developers to develop in Butte County — such as **Mercy Housing** with their expertise in seniors and permanent supportive housing, **Mutual Housing** for their resident-leadership and green building practices, and **Related California** for their mixed-income housing — could also increase local production capacity.



5 Construction Capacity

Construction costs are escalating in part because of a serious shortage of qualified construction workers across all areas of the industry. Locally, the Alliance for Workforce Development and Butte College are working with the Contractor's Exchange on a variety of training programs that could be supported and expanded. Apprenticeship programs could also be developed in partnership with labor organizations such as the **Carpenters Training Committee for Northern California**.²⁷ Exposing high school students to the trades, providing project-based learning and community college credits is another strong practice such as the **North Bay Construction Corps**²⁸ in Sonoma County.



6 Financing

Funds are needed for all aspects of affordable housing development — from initial infrastructure improvements to development and construction to operating and tenant services. New housing funding is available through the state, some of which prioritizes disaster areas, as well as the specific CDBG-DR funds. Technical assistance to catalogue all of the current housing funding sources available in Butte County and at the state level — and identify ways to leverage additional state and federal funding could be helpful to the housing development community. Support for advocacy efforts to generate new local housing revenue streams as well as accessing a larger share of state funding would also make a difference. Grants or Program-Related Investments for the North Valley Housing Trust — for building of its own capacity and/or to be pooled into a lower-cost capital source for affordable housing — are also worth exploring.

HOUSING — SERVICES & INNOVATIONS

There are a number of innovative and evidenced-based practices related to homelessness and housing that could be employed more broadly in Butte County. For these to be successful, however, more needs to be done to educate the community about the actual, systemic causes of homelessness and reduce biases against this and other at-risk populations. Community members and elected officials need to see some of these models in action — for example, visiting a similar community that has increased housing density or approved more infill development or added more permanent supportive housing to see what it really looks like and understand its positive benefits. Following are seven specific innovations for Butte County.



1 Homeless Prevention & Rapid Rehousing

A coordinated approach to homeless prevention with a range of services from financial assistance (for utilities, rent, etc.), to tenants rights and eviction prevention is needed. Support for those who do become homeless to quickly return to housing is also essential — through credit repair, security deposits and other financial assistance, housing navigators to work with landlords and help individuals find housing, and ongoing case management to help at-risk populations remain housed. The Renewal Center, a collaborative endeavor proposed by the Jesus Center, could be a strong home for these types of services.



2 Shelter & Permanent Supportive Housing

Providing Housing First — including low barrier shelters that do not have sobriety requirements — is a proven strategy for ending homelessness for individuals struggling with mental health and/or substance abuse issues. Permanent supportive housing provides affordable housing, healthcare, and supportive services to ensure individuals experiencing chronic homelessness remain housed.

Numerous studies have proven the benefits of these approaches — for individuals whose health outcomes improve, for communities that have fewer people living on their streets, and for government agencies that greatly decrease their public safety, emergency room and other costs. In **Santa Clara County’s recent study**²⁹, for instance, it cost more than \$60,000 per year to serve a person who is persistently homeless on the streets, yet less than \$20,000 per year to keep them permanently housed. More community education about the benefits of these approaches as well as technical assistance to help local providers develop them is needed. One possible resource is **Abode Services**³⁰ that assisted with the start-up of Chico’s mobile outreach team.



3 Master-Leasing

Master-leasing of existing units, where nonprofit or government housing providers master-lease units from the property owner and then in turn sublease the units to the residents, is a strategy used in many areas especially those with older motels or SROs (single room occupancy hotels). Several stakeholders mentioned Chico Housing Action Team (CHAT) as a possible provider for this and Oroville as city that might have some potential sites. Many board and cares serving seniors and/or disabled populations are also at risk of closure and might be opportunities to consider for either master-leasing or additional tenant-based subsidies.



4 Home Sharing

Programs such as **HIP Housing**³¹ and **Share Sonoma County**³² can provide mutual benefits between those with additional rooms and those in need of housing. These programs are most commonly housed in groups adept in leasing and landlord-tenant relations such as Community Housing Improvement Program and/or those with strong case management programs such as Northern Valley Catholic Social Services.



5 Mobile Homes

Mobile Homes were a critical component of the affordable housing stock in Paradise and more needs to be done to replace these units and secure additional land for new mobile home parks. Cooperatively owned park models are important to consider as they decrease likelihood of closure and displacement. Groups such as **Resident Owned Communities USA**³³, **California Center for Cooperative Development**³⁴ and **Mutual Housing California**³⁵ (which has a cooperatively-owned park in South Sacramento) could provide technical assistance to help in their development.



6 Accessory Dwelling Units (ADUs)

ADUs can also increase the housing supply more rapidly and cost effectively with strong examples to consider from **San Mateo County’s Second Unit Center**³⁶, **Housing Trust Fund Silicon Valley**³⁷, and the North Bay ADU Project. ADU’s are ‘naturally occurring affordable housing,’ shown to rent at 80% of market rate for similar units and offer an opportunity to increase the housing stock in areas like Butte County with high levels of single-family housing zoning. They can range from 300 to 1,200 square feet and be as simple as conversion of unused space within the house to creating a unit over the garage to free-standing structures on the property.



7 Modular Construction

Modular construction also has potential — both through fully prefabricated homes and panelized on-site construction. Several vendors have exhibited their products within the county, and a more thorough inventory of possible vendors could be conducted to identify the best potential partners for use in Butte County.

BEHAVIORAL HEALTH — RESILIENCE

Developing a comprehensive and communitywide approach to addressing trauma, not only from the Camp Fire, but for the many members experiencing ACES prior is a top priority for most stakeholders interviewed. Following are four recommendations in this regard.



1 Trauma-Informed System of Care

Feasibility planning and implementation support for the creation of a comprehensive, trauma-informed system of care in Butte County is essential. Funding for planning, capacity building, training, and assistance identifying and securing ongoing revenue streams for implementation is needed.

Trauma Transformed³⁸ in the Bay Area provides an interesting model to learn from, and a number of local leaders are familiar with its approach.



2 First Responders

Stakeholders are very concerned about the secondary trauma experienced by first responders, particularly those in law enforcement and emergency fields. They are often trained to take care of others, project an air of confidence, and not to show their own vulnerability or seek services. A number of innovative trauma reduction programs exist that have been implemented post-disaster specifically for first responders. Leaders from key police, fire, EMT and other departments could be brought together to review the options and help select appropriate services. It is especially important to prioritize this population for care and training as they will be on the front lines again, whether it is dealing with community members who may be acting out their own trauma or responding to the next natural or human-made disaster.



3 Ongoing Training

Investment in ongoing training, credentialing and practice to increase local capacity to prevent and address Adverse Childhood Experiences is needed. Support for efforts to train, retain, and recruit more behavioral health professionals to the region as well as training and practice for local organizations and professionals in methods to prevent and address ACES, could have a great immediate impact and ensure a more robust system for the long term.



4 Evidenced-Based Programs

Support for scalable, evidenced-based programs to reduce trauma, promote healing, and create greater health and well-being is also needed, particularly those that target the most vulnerable populations and have future sustainable funding pathways identified.

BEHAVIORAL HEALTH — SERVICES

Even prior to the Camp Fire, Butte County had far fewer mental health and substance abuse treatment resources than needed — and increasing services and access to them is now more important than ever. Following are four recommendations:



1 Resource-Mapping

Behavioral health is a complex field with a range of access points, services, restrictions, and funding streams. Resource mapping to catalogue all of these and identify the level of need and current level of resources — particularly in terms of seniors and persons with disabilities — is needed to better understand the current system. This will help leaders to prioritize which types of services and programs are most needed by specific populations and strategize ways to fund them.



2 Substance Abuse Treatment

There is already a documented need for detoxification and treatment services — the next step is feasibility planning to determine potential locations, providers, and funding streams. Regional providers may be willing to expand into the county, neighboring counties may be willing to pool resources for a local detoxification center, and there may be opportunities for accessing state and federal funding for these purposes — support for technical assistance in this area could help to develop a specific plan for addressing this long-standing issue. Local hospitals and providers who are bearing the brunt of this cost currently may be also be potential funding partners.



3 Psychiatric Services

Butte County needs options beyond tele-medicine for psychiatric services. The county is exploring an innovative pilot psychiatric residency program with Dr. Gerry Maguire³⁹, Chair of Psychiatry at UC Riverside (who grew up in Paradise), Oroville Hospital and its own programs. At a minimum, this would create psychiatric services in county for the four-year residencies, but as residents often end up living and practicing in the communities where they first serve, it will hopefully lead to some doctors making this their permanent home. Philanthropic support could provide the final amount of funding needed to make this pilot a reality.



4 Public Health

Public health departments can play critical leadership roles in the community, providing data and helping to identify critical safety net needs and develop solutions. Support is recommended for the new public health director and her department to work across departments and sectors; engage community as key decision makers and create conditions for health, safety and equity; and leverage policy vehicles to strengthen public health infrastructure, systems, and approaches.

SAFETY NET

A number of investments are recommended to strengthen the overall safety net and ensure it serves Butte County's most vulnerable populations. Following are five recommendations across multiple areas of the safety net, designed to improve its functioning as a whole.



1 Community Resource Centers

Centralized and coordinated services help people access care as the whole people that they are, rather than going to one agency for food, another for case management, and still another for housing referrals. This is particularly important in areas like Butte County where public transportation is limited, making it harder for low-income populations to access geographically dispersed services. Opening permanent, one-stop centers in both Chico and Oroville that allow nonprofit and government providers to co-locate their services would also help to increase provider collaboration and prevent duplication of effort.

A feasibility study would need to be conducted to determine potential ongoing operating public revenue funding streams as well as to identify possible locations. In addition to building off lessons learned locally in establishing the Local Assistance Center and Long Term Recovery Group's case management and unmet needs work, Napa County has a network of family resource centers and **San Mateo County has a network of core service agencies**⁴⁰, both of which are worth exploring. One of Napa's Family Resource Center, **On the Move**⁴¹, even provides technical assistance to other communities looking to develop similar programming and centers.



2 Seniors

Research has shown that the populations that have the most difficulty recovering post-disaster are people of color, low-income households, immigrants, and other under-resourced communities. For Butte County, it appears that low-income seniors are the most vulnerable and underserved at this time. Understanding the extent of the problem — the numbers in need, the types of needs, and the gap between this and existing senior housing and services is an important first step. A consultant with a strong understanding of senior services, particularly in terms of government programs, and experience with systems in multiple jurisdictions could conduct this study and include comparisons to similar counties and best practices statewide.

This could then be followed by daylighting the problem and potential opportunities for change to the larger community through media stories, a cross-sector task force, blue ribbon commission or other mechanisms. Ideally a team of leaders will commit to developing lasting solutions together — and these may include developing new senior programming at existing agencies that have stepped up post-fire like Northern Valley Catholic Social Services; working with existing senior providers to move into a real leadership role and expand services themselves; bringing in senior providers from outside of the area; and/or developing a new senior-serving organization. Sustainable funding streams at the local and state level need to be identified, and the community as a whole needs to understand its role in prioritizing care for its most vulnerable members.



3 Nonprofit & Government Capacity Building

A number of strong leaders are in place currently, and more coaching and support is necessary to help them remain in leadership roles and continue to address significant safety net challenges. Funding for individual and organization development — such as the **Haas Institute's Flexible Leadership Awards**⁴² — could make an important impact. This program pairs executive leaders with experienced coaches who help them identify and address their own professional development needs as well as organizational ones such as strategic planning, board development, and succession planning. Support for filling vacant positions and recruiting new leaders that will bring innovative ideas and new thinking to the community, broadening the sense of what is possible, could also be impactful.



4 State & Federal Funding Advocacy & TA

Reform is needed in how the state allocates critical safety net dollars, particularly in terms of behavioral health and aging, as rural counties are penalized in the current funding formulas. Support for statewide advocacy to groups like **Rural County Representatives of California**⁴³, **California Coalition for Mental Health**⁴⁴, and the **California Council of Community Behavioral Health Agencies**⁴⁵ to help them focus on rural counties like Butte could bring added resources to the region. In terms of seniors, helping local groups participate in the state's first **Master Plan on Aging**⁴⁶ and support for We Stand with Seniors, the statewide group advocating for it, could help to inform and fund better senior systems of care locally. Finally, Butte County appears to be missing out on a number of state and federal funding sources — such as those from SAMHSA (Substance Abuse and Mental Health Services Administration) due to a lack of technical government writing expertise and staff time to develop these complex proposals. Funding for professional government grant writers, and training/support for county staff to access these funds could leverage significant new resources for the community.



5 Communitywide Planning

Stakeholders talked about the many ways that the Camp Fire had changed Butte County and some mentioned the need to develop a new, shared community vision, not just for Paradise (which is in progress through funding from the Butte Strong Fund), but for the whole region. A process that begins with a clear analysis of the current state of the county in terms of population, tax base, etc., and projects that into the future would enable leaders to develop a data-informed vision for the community.

One example is **Sonoma County’s Housing and Fiscal Impact Report**⁴⁷ completed after their 2017 fires, with economic and housing projections from Beacon Economics. Then this could be followed by a countywide process that brings together leaders across sectors and issue areas to use the data to develop priorities and strategies that would help to inform the broader context and resources that impact Butte County’s safety net.

Conclusion

Most stakeholders interviewed feel very fortunate to call Butte County home with its natural beauty, range of community types, university town, agricultural industry, and sense of community and connectedness. These community members and leaders have been remarkably resilient in dealing with the most destructive wildfire in California history, coming together to provide for one another and work toward collective recovery and rebuilding. Now is the time to build from this strength and collaboration to create a lasting safety net that ensures that all of its members, particularly the most vulnerable ones, are taken care of and able to contribute to a thriving future.

Endnotes

- 1 North State is a term commonly used to describe the 14 most northerly counties in California.
- 2 U.S. Census Bureau QuickFacts: Butte County, California; California. Retrieved from: <https://www.census.gov/quickfacts/fact/table/buttecounycalifornia,CA/PST045218>
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- 8 Please see the May 2019 Housing Impact Assessment by the US Department of Housing and Urban Development for more comprehensive housing specific data.
- 9 HUD Market at a Glance Report, Butte County, CA Retrieved from: https://www.huduser.gov/portal/MCCharts/countyCharts_hc_new.html?countyID=06007&countyName=Butte%20County%2C%20CA&dt=July%2011,%202019
- 10 Through its recent Master Planning process, CSU is proposing to add 1,600-1,800 new beds over the next ten years through new construction and renovation of existing buildings on campus, but this still falls short of the need.
- 11 2017 data from Joint Center on Housing Studies; Harvard University (2018). Retrieved from: <https://www.jchs.harvard.edu/research-areas/reports/state-nations-housing-2017>
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- 16 The Ridge refers to communities in the Northeast section of the County and foothills of the Sierra Nevada Mountains, including Paradise, Concow, Magalia, Yankee Hill, Butte Creek Canyon, Pulga, Morgan Hill, and Stirling
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- 18 HUD Market at a Glance Report, Butte County CA.
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- 24 Housing Impact Assessment by the US Department of Housing and Urban Development, May 2019.
- 25 United States Public Health Service's Behavioral Health Assessment of Camp Fire Survivors.
- 26 Executive Summary, 2019 Point in Time Count, Butte Countywide Homeless Continuum of Care, June 2019.
- 27 Carpenters Training Committee for Northern California: <http://www.ctcnc.org/>
- 28 North Bay Construction Corps: <https://ctesonomacounty.org/construction-corps/>
- 29 Santa Clara County: <https://destinationhomesv.org/wp-content/uploads/2015/05/FactSheetDestinationHome.pdf>
- 30 Abode Services: <https://www.abodeservices.org/>
- 31 HIP Housing: <https://hiphousing.org/programs/home-sharing-program/>
- 32 Share Sonoma County: <http://sharecalifornia.org/>
- 33 Resident Owned Communities USA: <https://rocosa.org/>
- 34 California Center for Cooperative Development: <https://www.cccd.coop/co-op-info/co-op-types/housing-co-ops>
- 35 Mutual Housing California: <http://www.mutualhousing.com/>
- 36 San Mateo County's Second Unit Center: <https://secondunitcentersmc.org/>
- 37 Housing Trust Fund Silicon Valley: <https://housingtrustsv.org/programs/adu/>
- 38 Trauma Transformed: <https://traumatransformed.org/>
- 39 Dr. Gerry Maguire: <https://profiles.ucr.edu/app/home/profile/geraldm>

- 40 San Mateo County: <https://hsa.smcgov.org/emergency-safety-net-assistance-core-service-agencies>
- 41 On the Move: <https://www.onthemovebayarea.org/#our-programs>
- 42 Haas Institute's Flexible Leadership Awards:
<https://www.haasjr.org/issues-impact/leadership/flexible-leadership-awards>
- 43 Rural County Representatives of California: <https://www.rcrcnet.org/about-rcrc>
- 44 California Coalition for Mental Health: <https://www.californiamentalhealth.org/>
- 45 California Council of Community Behavioral Health Agencies: <https://www.cccbha.org/>
- 46 Master Plan on Aging:
<https://www.prnewswire.com/news-releases/governor-newsom-announces-states-first-master-plan-for-aging-300865154.html>
- 47 Sonoma County's Housing and Fiscal Impact Report: <http://sonomaedb.org/Data-Center/Special-Reports/>

Stakeholders Interviewed

With gratitude to the many leaders who took time from their critical day jobs – that had grown exponentially due to response and recovery work – to share their insights on Butte County’s safety net assets, challenges, and opportunities. All have been personally impacted by the Camp Fire and their ability to continue to help others during this time is truly inspirational.

- **Roy Applegate**, Co-Coordinator of Trauma Response & Recovery, Butte County Office of Education
- **Anna Bauer**, former Program Manager, First Five Butte County
- **Alexa Benson-Valavanis**, President & CEO, North Valley Community Foundation
- **Shelby Boston**, Director, Butte County Department of Employment & Social Services
- **Rashell Brobst**, CEO, Boys & Girls Club of the North Valley
- **Dwayne Camp**, Organizer, United Domestic Workers Union/AFSCME
- **Joe Cobery**, Executive Director, Passages
- **Laura Cootsona**, Executive Director, Jesus Center
- **Jackie Covington**, FEMA-Voluntary Agency Liaison-Grp Sup Office of Response and Recovery
- **Stephan Daues**, Regional Director of Housing Development, Mercy Housing
- **Kim DuFour**, Program Officer, North Valley Community Foundation
- **Kristine Farrell**, Assistant Director, Alliance for Workforce Development
- **David Ferrier**, Housing Director, RCAC
- **Larry Florin**, Executive Director, Burbank Housing
- **Erna Friedberg**, Program Administrator, Northern Valley Catholic Social Service
- **Jennifer Griggs**, Coordinator, Butte Countywide Homeless Continuum of Care
- **Sierra Grossman**, VP Corporate & Social Responsibility, Sierra Nevada Brewing Company
- **Lindy Hahn**, Executive Director, Global Sustainable Finance, Morgan Stanley
- **Patty Hess**, Executive Director, 3Core
- **Traci Holt**, Executive Director, Alliance for Workforce Development
- **Kory Honea**, Sheriff & Coroner, County of Butte
- **Bill Hubbard**, Director of Planned Giving, North Valley Community Foundation
- **Nancy Jorth**, Director of Social Services, Youth for Change
- **Lauren Kennedy**, Executive Director, North Valley Housing Trust
- **Scott Kennelly**, Assistant Director, Clinical (Children & Youth), Butte County Department of Behavioral Health
- **Alan Kwok**, Director of Disaster Resilience, Northern California Grantmakers
- **Kate Leyden**, Executive Director, Chico Builders Association
- **Scott Lindstrom**, Co-Coordinator of Trauma Response & Recovery, Butte County Office of Education
- **Jennifer Lyon**, Executive Director, Victor Community Services
- **Marty Marshall**, Emergency Medical Services Director, Enloe Medical Center
- **Ed Mayer**, Executive Director, Housing Authority of the County of Butte
- **Yvonne McQuaid**, Executive Director, First Five Butte County
- **Meagan Meloy**, Program Coordinator, Foster & Homeless Youth liaison, Butte County Office of Education
- **Emma Moyer**, Program Manager, Abode Services
- **Marc Nemanic**, Associate Director, 3Core
- **Michael O’Brien**, Chief of Police, City of Chico
- **Larry Olmstead**, President & CEO, United Way of Northern California
- **Mark Orme**, City Manager, City of Chico
- **Seana O’Shaughnessy**, President & CEO, Community Housing Improvement Program
- **Amanda Ream**, Strategic Campaigns Director, United Domestic Workers Union/AFSCME
- **Amanda Ree**, Deputy Director, California Wildfire Recovery, California Red Cross
- **George Siler**, Executive Director, Youth for Change
- **Anastacia Snyder**, Executive Director, Catalyst Domestic Violence Services
- **Monica Soderstrom**, Nursing Division Director, Butte County Public Health
- **Tara Sullivan-Hames**, Executive Director, Help Central 211 Butte County
- **Don Taylor**, Assistant Director, Clinical (Adults), Butte County Department of Behavioral Health
- **Tom Tenorio**, CEO, Community Action Agency of Butte County
- **Jovanni Tricerri**, Director of Recovery & Response, North Valley Community Foundation
- **Kris Zappettini**, VP of Rental Housing, Community Housing Improvement Program



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