



**Sonoma County Continuum of Care (CoC) Board  
Agenda for May 25, 2022  
1:00pm-5:00pm Pacific Time**

**Public Zoom Link:**

<https://sonomacounty.zoom.us/j/99261791880?pwd=djc0b1ZsU1FpOU1kbjJ0UDNOcUhfQT09>

**Phone: 1 (669) 900-9128 Webinar ID: 992 6179 1880 Passcode: 650935**

	<b>Agenda Item</b>	<b>Packet Item</b>	<b>Presenter</b>	<b>Time</b>
	Welcome, Roll Call and Introductions		Board Chair	1:00pm
1.	Consent Calendar (ACTION ITEM): (Unless pulled from the Consent Calendar for separate discussion, the Board will approve the below with one action following public comment) <ul style="list-style-type: none"> <li>• 5/25/2022 Agenda</li> <li>• Minutes from 4/27/2022</li> <li>• Rohnert Park’s Project Homekey Client Referrals Process</li> <li>• Front End Assessment Update</li> <li>• CoC Letter of Support for Nation’s Finest</li> <li>• Letters of Support for Social Advocates for Youth</li> </ul>	-5/25/22 Agenda -DRAFT 4/27/22 Minutes -Staff Report on Homekey Client Referral Process for Rohnert Park (including letter) - Staff Report on Front End Assessment -Letter of Support for Nations Finest -Executive Summary of SAY Letters of Support - Letters of Support for Social Advocates for Youth (3)	Board Chair	1:05pm
2.	Reports from Lead Agency Staff <ul style="list-style-type: none"> <li>• Point in Time Count</li> </ul>	-PIT Talking Points	CDC Staff	1:35pm
3.	Word from the Street		Chessy Etheridge	1:55pm
4.	Reports from Standing Committees <ul style="list-style-type: none"> <li>• Funding &amp; Evaluation Committee</li> <li><b>Action Item:</b> <i>Reopen application period</i></li> <li>• Coordinated Entry Advisory (CEA) Committee</li> <li>• Strategic Plan Committee</li> <li>• Homeless Management Information System (HMIS)/Data Committee</li> </ul>	- CEA Committee Executive Summary - HMIS Evaluation Executive Summary (including HMIS Lead Evaluation Plan) -CoC Competition Evaluation Executive Summary	Board Chair & Committee Representatives	2:05pm

	<p><b>Action Item: Approve staff recommendation for HMIS Lead Evaluation Plan for 2022.</b></p> <ul style="list-style-type: none"> <li>• CoC Competition Evaluation Committee</li> <li>• Lived Experience Advisory &amp; Planning Board (LEAP)</li> <li>• Youth Action Board</li> </ul>	- Continuum of Care Program Competition Debriefing FY2021		
5.	10 min Break			3:05pm
6.	Presentation: California Advancing and Innovating Medi-Cal (CalAIM) and CalAIM's Interaction with Homelessness Services and Care		Partnership Health Plan Staff	3:15pm
7.	Presentation: KPMG Report's Homelessness Services Organizational Recommendations	-Homelessness Services Organizational Recommendations -Summary Report	Christel Querijero, Deputy County Administrator, County Administrator's Office	3:55pm
8.	Review Agenda for June CoC Board Meeting <ul style="list-style-type: none"> <li>• CoC Competition Renewal Scoring (Action Item)</li> <li>• Sustainable Funding &amp; Measure O</li> <li>• Homeless Action Plan Tables</li> </ul>	-DRAFT 6/22/22	Board Chair	4:15pm
9.	Board Member Questions & Comments		Board Chair	4:25pm
10.	Public Comment on Non-Agendized Items		Board Chair	4:35pm

**PUBLIC COMMENT:**

*Public Comment may be made via email or during the live zoom meeting. To submit an emailed public comment to the Board email [Araceli.Rivera@sonoma-county.org](mailto:Araceli.Rivera@sonoma-county.org). Please provide your name, the agenda number(s) on which you wish to speak, and your comment. These comments will be emailed to all Board members. Public comment during the meeting can be made live by joining the Zoom meeting using the above provided information. Available time for comments is determined by the Board Chair based on agenda scheduling demands and total number of speakers.*



## Sonoma County Continuum of Care Board Meeting Meeting Minutes

April 27, 2022

1:00 – 4:00 p.m. Pacific Time – Meeting held by Zoom

Recording of Meeting:

<https://youtu.be/J1u5JEyGomM>

### Welcome and Roll Call (00:00:00 - 00:01:55)

- Tom Schwedhelm, Continuum of Care (CoC) Board Chair, called the meeting to order at 1:00 p.m. He went over the agenda and clarified Zoom rules around public comment and Brown Act guidelines.
- Roll Call was taken:
  - *Present: Jennielynn Holmes, Catholic Charities of the Diocese of Santa Rosa; Tom Schwedhelm, City of Santa Rosa; Dennis Pocekay, City of Petaluma; Margaret Sluyk, Reach for Home; Chris Keys, Redwood Gospel Mission; Kathleen Pozzi, community member; Nora Mallonee-Brand, Sonoma County Behavioral Health; Chessy Etheridge, Lived Experience Advisory and Planning Board; Cheyenne McConnell, Youth Community Member; Una Glass, City of Sebastopol; Don Schwartz, City of Rohnert Park; John Moore, City of Cotati; Madolyn Agrimonti, City of Sonoma; Stephen Sotomayor, City of Healdsburg; Lisa Fatu, Social Advocates for Youth*
  - *Absent: Ben Leroi, Santa Rosa Community Health Center; Chris Coursey, Sonoma County Supervisor*

### 1. Agenda and Minutes Approval (00:02:00 - 00:04:24)

Public comment:

None at this time.

Madolyn Agrimonti motioned to approve the consent calendar and minutes from the 3/23/22 CoC Board Meeting; Una Glass seconded.

*Ayes: Jennielynn Holmes, Tom Schwedhelm, Dennis Pocekay, Margaret Sluyk, Chris Keys, Kathleen Pozzi, Nora Mallonee-Brand, Chessy Etheridge, Cheyenne McConnell, Una Glass, Don Schwartz, John Moore, Madolyn Agrimonti, Stephen Sotomayor, Lisa Fatu*

*Noes: None*

*Abstain: None*

*Absent: Ben Leroi, Santa Rosa Community Health Center; Chris Coursey, Sonoma County Supervisor*

**The motion passed**

### 2. Staff Reports (00:04:39 – 00:51:43)

- CoC Revenue and Expenses: Dave Kiff shared a spreadsheet on expenses and funding sources for FY 2022-23 that was well-received by the Board.

Public Comment:

None at this time.

- Non-Congregate Shelter Update: Michael Gause reported the Windsor Holiday Inn closed on April 15. Trailers are expected to close on June 30.
- Youth Homelessness Demonstration Program Update: Michael Gause reported the Youth Action Board needs at least 2 more youth members; application due at the end of June.
- Update on ARPA Processes: Dave Kiff reported applications were due earlier in April and are currently going through a screening process.

Public Comment:

None at this time.

### **3. Presentation on Draft HHAP-3 Local Action Plan Data Tables (00:51:49 – 02:03:08)**

Lauren Larin and Mihir Vohra gave a presentation on the Homebase Racial Equity Analysis Data and how this information will be used in the Location Action Plan.

Public Comment:

None at this time.

Don Schwartz moved to approve the draft HHAP-3 Local Action Plan Data Tables to be sent to the Sonoma County Board of Supervisors for comment; Kathleen Pozzi seconded the motion.

*Ayes: Jennielynn Holmes, Tom Schwedhelm, Dennis Pocekay, Margaret Sluyk, Chris Keys, Kathleen Pozzi, Nora Mallonee-Brand, Chessy Etheridge, Cheyenne McConnell, Una Glass, Don Schwartz, John Moore, Madolyn Agrimonti, Stephen Sotomayor, Lisa Fatu*

*Noes: None*

*Abstain: None*

*Absent: Ben Leroi, Chris Coursey*

**The motion passed**

### **4. Word from the Street (02:03:17 -02:11:20)**

Chessy Etheridge reported that approximately 25% of non-congregate shelter residents need to be in a higher level of care, and approximately 50% still have addictions that have not been addressed.

Dave Kiff added that Project Roomkey sites are not meant to be permanent. Once stabilized, a resident would be moved into more affordable housing.

Public Comment:

None at this time.

### **5. Break (02:11-22 – 02:20:50)**

## 6. Continuum of Care Program Renewal Scoring (02:25:01 – 02:44:43)

Karissa White reported the formation of the CoC Competition Evaluation Committee: members are Dennis Pocekay, Chessy Etheridge, John Moore, Andrea Garcia from Kaiser Permanente, Lauren Koenigshofer from Dry Creek Rancheria Band of Pomo Indians, and Angela Struckmann from Sonoma County Human Services. Dennis Pocekay was elected Chair.

Karissa White gave a brief overview of the competition. After the preliminary analysis, the Committee provides recommendations on rating and ranking to the CoC Board.

Public Comment:

None at this time.

John Moore moved to approve the Fiscal Year 2022 CoC Renewal Scoring; Madolyn Agrimonti seconded the motion.

*Recusals: Margaret Sluyk, Jennielynn Holmes, and Lisa Fatu*

*Ayes: Tom Schwedhelm, Dennis Pocekay, Chris Keys, Kathleen Pozzi, Nora Mallonee-Brand, Chessy Etheridge, Cheynne McConnell, Una Glass, Don Schwartz, John Moore, Madolyn Agrimonti, Stephen Sotomayor*

*Noes: None*

*Abstain: None*

*Absent: Ben Leroi, Chris Coursey*

**The motion passed**

## 7. Committee Membership (02:44:48 – 03:04:10)

- Roles and responsibilities: Araceli Rivera reported applications for membership are being accepted for the CEA, CoC Competition Evaluation, HMIS, Strategic Planning, Governance Charter and Policy Review, and ESG-CV Ad Hoc committees. General descriptions of each committee were sent out the public, as well as the Board. A list of applicants was received, and will be shared once each member has been contacted. The Board Chair and Vice Chair will make the recommendations and those come back as an informational item to the Board.
- Funding and Evaluation Committee: Dave Kiff presented information on a new standing committee that would develop recommendations to the Board on the use of CoC funds, comment on funding decisions by other parties, develop/review long-term funding strategies and plans to achieve the CoC's vision, make funding decisions on behalf of the CoC Board if such authority is delegated by the Board, evaluate the performance of the system of care, programs, and service providers to inform funding decisions, support public communications (including a dashboard of metrics), and improve the system of care, and to participate with the HMIS Committee in the evaluation of the HMIS Lead's performance.

**Recommendation action:** To establish this committee, to seek interest in terms of membership of this committee for review to the Chair and Vice Chair by May 9, sunset the ESG-CV Ad Hoc Committee at such time as members are appointed

to this Funding and Evaluation Committee, allow the current round of the HUD CoC Competition Evaluation Committee to continue on its path and once that's done that effort would be folded into the NOFO that comes next. The Funding and Evaluation Committee would have a role in HMIS activities in regards to collection and use of data. While this Committee could include service providers, many would have to regularly recuse themselves. It is recommended that a user group session or round table be convened to advise this committee on efforts that are working well and efforts that may not be working well, hopefully with a CoC Board member. The CDC staff would step away from it.

**Public Comment:**

None at this time.

Don Schwartz moved to approve staff's recommendation with the removal of the dashboard and metrics responsibility for the HMIS Committee; Madolyn Agrimonti seconded the motion.

*Ayes: Jennielynn Holmes, Tom Schwedhelm, Dennis Pocekay, Margaret Sluyk, Chris Keys, Kathleen Pozzi, Nora Mallonee-Brand, Chessy Etheridge, Cheyenne McConnell, Don Schwartz, John Moore, Madolyn Agrimonti, Stephen Sotomayor, Lisa Fatu*

*Noes: None*

*Abstain: None*

*Absent: Ben Leroi, Chris Coursey, Una Glass*

***The Motion Passed***

**8. Standing Committee Reports (03:04:11 – 03:55:48)**

- Coordinated Entry Advisory Committee: Thai Hilton provided more information on some of the changes that are coming to the system. HomeFirst will not be providing any direct client service as part of their scope of work. A lot of the work that was previously done by the old operator will now need to be done by access points and providers in the community. There will be no more comprehensive access sites; all referrals will go through the case. HomeFirst is proposing to taper down the referrals for rapid rehousing to zero eventually.
- Strategic Planning Committee: Stephen Sotomayor reported the Committee is currently working with Homebase on finishing up the Phase One Strategic Planning that centers around the development of the HHAP outcomes and strategies to be used by the CoC Board and the County of Sonoma for the HHAP-3 funding, then moving on to Phase Two, which is going to build upon efforts undertaken to develop the HHAP outcomes and strategies to identify the priorities and goals for the County's response to homelessness. They are working with Homebase on gathering feedback and working on completing the HHAP-3 application.
- HMIS: Daniel Overbury-Howland reported that Heather Sweet is the new Committee Chair after the resignation of Asya Sorokurs. The Committee is planning to review and review a few key documents such as the Lead Agency Evaluation Plan, the HMIS release of information, and the quarterly compliance checklist.
- CoC Competition Evaluation Committee: Karissa White the information was covered during the first part of the meeting.

- Lived Experience Advisory and Planning Board: Rebekah Sammet reported the LEAP Board met with the CoC Board Vice Chair and discussed their relationship. They hosted discussions with HomeFirst to provide feedback about Coordinated Entry and with Homebase to provide feedback about homelessness in Sonoma County. They defined their long-term and short-term priorities, established attendance requirements and re-voted to accept applications by people with lived experience with a history of working for service providers for up to 3 seats available. Currently accepting applications for the LEAP Board and drafting their charter. Also working with a consultant from Focus Strategies to organize focus groups to provide lived experience feedback about homelessness in Santa Rosa.
- Youth Action Board: Araceli Rivera reported they have started working on by-laws and the Homelessness Demonstration Program funding application. If Board members know of any potential new members, please direct them to Thai Hilton.

Public Comment:

Kathleen Finigan

Alice Linn

Tom Schwedhelm had to leave the meeting; Jennielynn Holmes assumed the position of Chair.

**9. Review Agenda for May 25 CoC Board Meeting (03:56:09 – 04:02:03)**

The draft agenda was reviewed. Nora Mallonee-Brand suggested a presentation on *The Portrait of Sonoma* be included in a future meeting. Don Schwartz requested the referral process for Project Homekey be added to the May agenda, which must be approved by the CoC Board.

Public Comment:

Hunter Scott

**10. Board Member Questions and Comments (04:02:04 – 04:03:20)**

John Moore requested that Zoom name titles include the organization being represented.

Public Comment:

None at this time.

**11. Public Comments on Non-Agendized Items (04:03:21 – 04:03:50)**

Public Comment:

None at this time.

*Meeting adjourned at 5:04 p.m.*



**Sonoma County Continuum of Care Board  
Staff Report to the Board**

**Item No:** Consent Calendar  
**Subject:** Letter to State HCD Regarding Rohnert Park's Homekey Project (Labath Site)  
**Meeting Date:** May 25, 2022  
**Staff Contact:** Thai Hilton, CoC Lead Agency  
[Thai.hilton@sonoma-county.org](mailto:Thai.hilton@sonoma-county.org)

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**SUMMARY**

The City of Rohnert Park, working with HomeFirst, has secured a Project Homekey Round #2 award from the California Department of Housing and Community Development (HCD) to construct a 60-bed interim housing project at its Labath Avenue site. Homekey projects require the awardee to consult with and receive the approval of the Continuum of Care regarding the project's client intake process.

The City of Rohnert Park did so with CoC Lead Agency staff, and Lead Agency staff is prepared to send the attached letter of support for the client intake process to State HCD. Staff believes that the intake process mirrors the approved county shelter referral processes, and will work well within the local system of care. This letter applies only to the Rohnert Park project and its proposed intake process.

**RECOMMENDED ACTION**

Approve the issuance of the Rohnert Park letter to HCD.

**ATTACHMENTS:**

A: Letter to HCD re Rohnert Park client intake process





**Sonoma County Community Development Commission**  
**Sonoma County Housing Authority**  
1440 Guerneville Road, Santa Rosa, CA 95403-4107

*Members of the  
Commission*

**James Gore**  
Chair

**Chris Coursey**  
Vice Chair

**David Rabbitt**  
**Lynda Hopkins**  
**Susan Gorin**

**Dave Kiff**  
Interim Executive  
Director

May 26, 2022

Shaun Singh, Contracts Manager, Business & Services Branch  
Department of Housing and Community Development (HCD)  
2020 W. El Camino Ave., Suite 130, Sacramento, CA 95833

Re: Local CoC Support for Program Participant Selection Plan for Homekey Rohnert Park

Dear Mr. Singh:

On February 23, 2022, HCD entered into a standard agreement with DignityMoves, City of Rohnert Park and HomeFirst Services of Santa Clary County, providing up to \$14,678,400 in Homekey Round 2 funds for the co-applicants to develop and operate an interim housing program in Rohnert Park. (Agreement Number 21-HK-16940.) Under Exhibit E, the agreement lists Special Terms and Conditions that must be met by this project. Number 4 of the Special Terms and Conditions requires the co-applicants to develop a tenant selection plan, “demonstrating sufficient support from the local Continuum of Care (CoC.)”

The Sonoma County Community Development Commission serves as lead agency to the CoC and is responsible to develop policies and protocols for CoC-funded projects. The Sonoma County CoC uses Coordinated Entry System (CES) as a referral mechanism for permanent housing projects only and not for emergency shelter or interim housing referrals. In December 2021, the CoC Board approved the current Sonoma County Emergency Shelter Standards, which govern the referral and intake policy requirements for all emergency shelters and interim housing projects in the CoC.

CoC staff have reviewed the proposed Homekey Rohnert Park Program Participant Selection Plan and have determined that it is not only consistent with the Sonoma County Emergency Shelter Standards, but exceeds the minimum requirements by prioritizing chronically homeless individuals.

Please feel free to reach out to me if you have any questions ([dave.kiff@sonoma-county.org](mailto:dave.kiff@sonoma-county.org)).

Sincerely,



Dave Kiff  
Interim Executive Director  
Sonoma County Community Development Commission





## Sonoma County Continuum of Care Board Agenda Report

**Item No:** Consent Calendar  
**Subject:** Update on the Front-End Assessment Work  
**Meeting Date:** May 25, 2022  
**Staff Contact:** Dave Kiff, CDC Interim Director  
[Dave.kiff@sonoma-county.org](mailto:Dave.kiff@sonoma-county.org)

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This is a brief update on the work being done in Sonoma County regarding the homeless system of care's "front end" or "front door." As shown in **Attachment A**, this includes, but is not necessarily limited to, discussions about:

- Coordinated Entry
- By Names Lists
- Case Conferencing
- Street Outreach
- Other exits, including from hospitals and the justice system

The group has been facilitated by Homebase, the CoC's strategic planning consultant, and has met via Zoom meetings generally every other week since February, with some exceptions. About 20-40 people participate in each session, an attendance that varies based on the issue and agency interest. Homebase uses a combination of presented information and group engagement (via jamboards and Miro Board) to identify issues, strengths, weaknesses, and opportunities by category

While we are still in the middle of the assessment effort, the below themes are coming through. Participants tend to seek a system that has:

- Better transparency across the system, especially in regards to referrals of persons to interim and permanent housing solutions.
- A gap-less system, so that no matter the geographic location in Sonoma County, clients receive good and prompt care and placement.
- The active and engaged involvement of all agencies – County, cities, CBOs – at all levels of the system, especially in case conferencing and the use of a By Names List.
- Some way to consider individuals' regional preferences and connections in interim and longer-term housing placements within Coordinated Entry.

- A By Names List system may work well provided that it is administered by a trusted, transparent third party entity.

**Attachment B** includes some examples of the jamboard or miro board summaries.

The next few meetings in the Homebase effort (through June or July 2022) include street outreach as well as “other exits”, and ultimately a report with observations and recommendations. Because Homebase is doing both the Front End Assessment and the Strategic Plan, staff will work with Homebase to ensure that these efforts are aligned.

**RECOMMENDED ACTION:**

Receive and file.

**ATTACHMENTS:**

- A: Front End Invitee/Kickoff Graphic
- B: Jamboard and Miro Board Examples



## Attachment A

### Invitees to the Front End Assessment Discussions

#### Improving “Front End” of the System of Care

**Goal #1:** Use the Feb through June 2022 to develop a model to improve the Front End of our system, including:

- **Street Outreach** (no service gaps, no duplication, no wrong door)
- **Case Conferencing** (individuals are being served correctly and we’re not serving the same person over and over depending on geography)
- **Coordinated Entry** (an effective transition to a strong CE system w/no geographic gaps)
- **By Names List** (may simply be a tool/component of each of the above three)
- **Other exits** – Criminal Justice system, Health care system

**Goal #2:** Right-size and provide effective and correct funding for the above.

**Goal #3:** Do the above in a transparent way – in terms of funding, referrals, ongoing administration.



#### Facilitation: HomeBase

Role/Skills: Strong knowledge about the system (and how to improve it), ability to keep on task, run meetings, help with action items, help writing up a going-forward model.

#### County-City-CBO Team Members

Experience and knowledge in the room should include:

- Case conferencing
- Street Outreach
- By Names List efforts
- Coordinated Entry
- Funding streams
- What’s happening on the ground today, what can be improved

Commitment needed:

- Commitment to be able to regularly attend, offer advice and perspectives, provide some work product as needed.
- Assume two 90-minute meetings a month for 4-5 months. Less if possible.

# What do you hope to accomplish through the Front Door system improvements process?

Align efforts in Petaluma to this process	downtown SR looking to partner in community and align with County	having the conversation	coordination and collaboration	city to city integration	city and county integration	integrate efforts around functional zero	Understand what orgs do and how they work together
build strong network	excited to get to know all the partners better that have heard a lot about	be bold - blow it up if need be	consistency in practice and funding	accurate assessments	common goals and path forward	connections to people within the system	concrete steps for action
be flexible	continuous process improvement	support efforts across systems	make sure we capture all who need to be assessed	focus on local strategies while aligning with county	working together across communities	better system to serve community	hearing everyone's voices
ensure equity embedded in system of care	witness the process	keep in mind homelessness highly related to mental health	learn from everyone	get shelters full	Streamline processes	improve care coordination	look for opportunities to meet needs
learning everyone's roles	rapid placement	get people into housing, rapidly with progress	have one by-names list for whole community	coordinated pathways to services	maximize resources	strategies to incorporate in strategic plan	get people into housing as quickly as possible
figure how to pool it all together	survivor needs and voice for safety	moving forward with collaboration					

# Coordinated Entry

## Who needs to be at the table...

### I wish it looked like...

### What is working?

### What can be improved?

### What info is needed?

### That is here today?

### That we need to invite?

Access in all geographic areas; community based, less reliance on operator to do assessing

combined by-names list

strength based language

EHV case conferencing processes

expanded hours for entry (7 days a week)

mobile access

real-time, up-to-date data entered in HMIS

success rates of diversion/problem solving

CBOs that don't currently use CE but should

all potential providers serving as access points

Jail and Healthcare discharge system

residents know where to go if they need CE

More hours available

NCS placements

Vets by-names list

equity

handoffs

CE system is easy to use, doesn't require computer

Fast turn around time (ie next business day)

operator knows about resources, entry requirements, etc

Great staff!

less entry barriers (NCS)

follow ups

warm handoffs followed up on

quick and easy, limited interview and paperwork

Making sure people know what CE is and isn't for

access for people who don't speak English and those with disabilities

Cross system coordination (ie jail in particular)

NCS could be even more successful with fewer rules/barriers

fully funded CE system

Equitable

Fidelity Housing First

beds for people with significant mental health needs (esp those who won't be successful in shelter programs)

culture/cultural competency

# Case Conferencing / By Names List

Who needs to be at the table...

I wish it looked like...

What is working?

What can be improved?

What info is needed?

That is here today?

That we need to invite?

utilizes national and regional best practices

Local/Regional by-names list that rolls up county-wide

IMDT processes

right people around table

smaller cities integrating into larger picture of CE

innovative solutions for client need

digging into subpopulations (CH, vets, TAY)

Vet status (accurate)

ambulance providers

sVDP - here today?

BNL for priority pops (CH, TAY, etc)

VA process structure and tracking (benchmarks/ database)

Flexible funding (shared)

prioritization vs. larger queue, order of entry

individual level needs of clients

consistent information across lists

Look at the 300 high utilizers across system

needs are described thoroughly and individually

streamlining who needs to be there when

weekly case conferencing w/ subpops

accurate, up to date BNL for vets

process of conferencing rolling up?

we had a common understanding of by names list

resolving confidentiality/ privacy but still able to help

coordination of services

"stepped up" conferencing for high acuity

real time solutions for complicated cases

catching people who fall out of queue, system

services for most difficult to house

how are people phased off or when to bring in new resources

# Street Outreach

## Who needs to be at the table...

### I wish it looked like...

### What is working?

### What can be improved?

### What info is needed?

### That is here today?

### That we need to invite?

teams with the right people on them

Enough resources to place people

website/phone request of services

IMDT especially high needs folks at encampments

more outreach; more funding streams for it

better coordination among outreach (including informal outreach)

data-driven way to know how much outreach we need

accurate map of who is working where and who they serve

longer term funds after IMDT 30 day flex funds run out

UFO, Rohnert Park, Sonoma Acts of Kindness (may be too early)



# Other Exits (criminal justice, healthcare)

Who needs to be at the table...

I wish it looked like...

What is working?

What can be improved?

What info is needed?

That is here today?

That we need to invite?

Open HMIS

Housing First used across the board

housing and disability access program

creative partnerships (ex: county and SRCH aligning LICN grants for hosp/jail discharge planning)

jail exits (process)

immediate info to bed availability to hospitals

tracking progress through systems of care

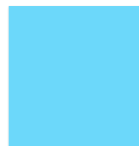
policy changes to allow for client level information sharing (state and fed esp)



jail

probation

forensic behavioral health (Sid McCulley, David Evans)



partnering with probation, forensics beh. health



healthcare exits process

need exception to rules around housing felonies



hospitals

housing as healthcare system

Homeless court



colocation of shelters @ COTS



recupritive care beds



mental health courts

Family youth and children (child welfare) - Michelle Bendy can support



need a provider for discharges - county has 2 RFPs to do this but no provider

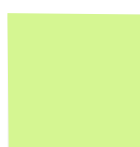
solutions for covid positive / Hx of Meth barriers



CDCR (parole)



Housing as healthcare collaborative



people with certain criminal histories (ex 290) aren't eligible for CS

290 registrant access



PDs, DAs

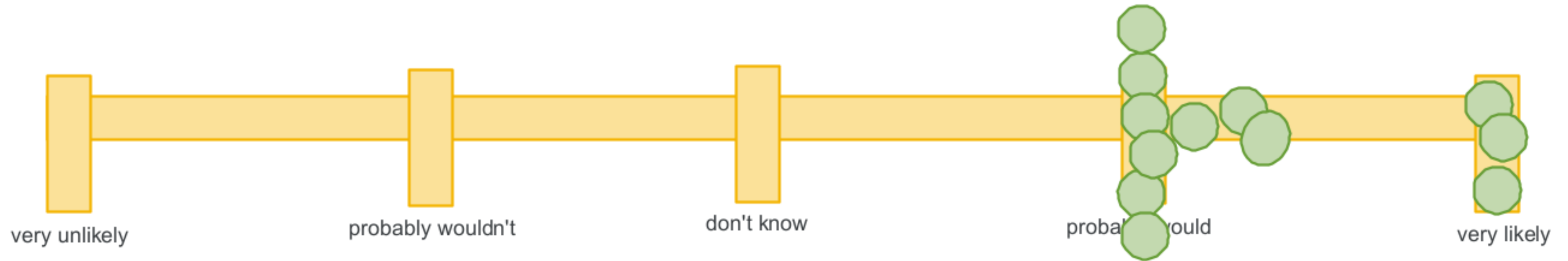


# If there was one county-wide list that was:

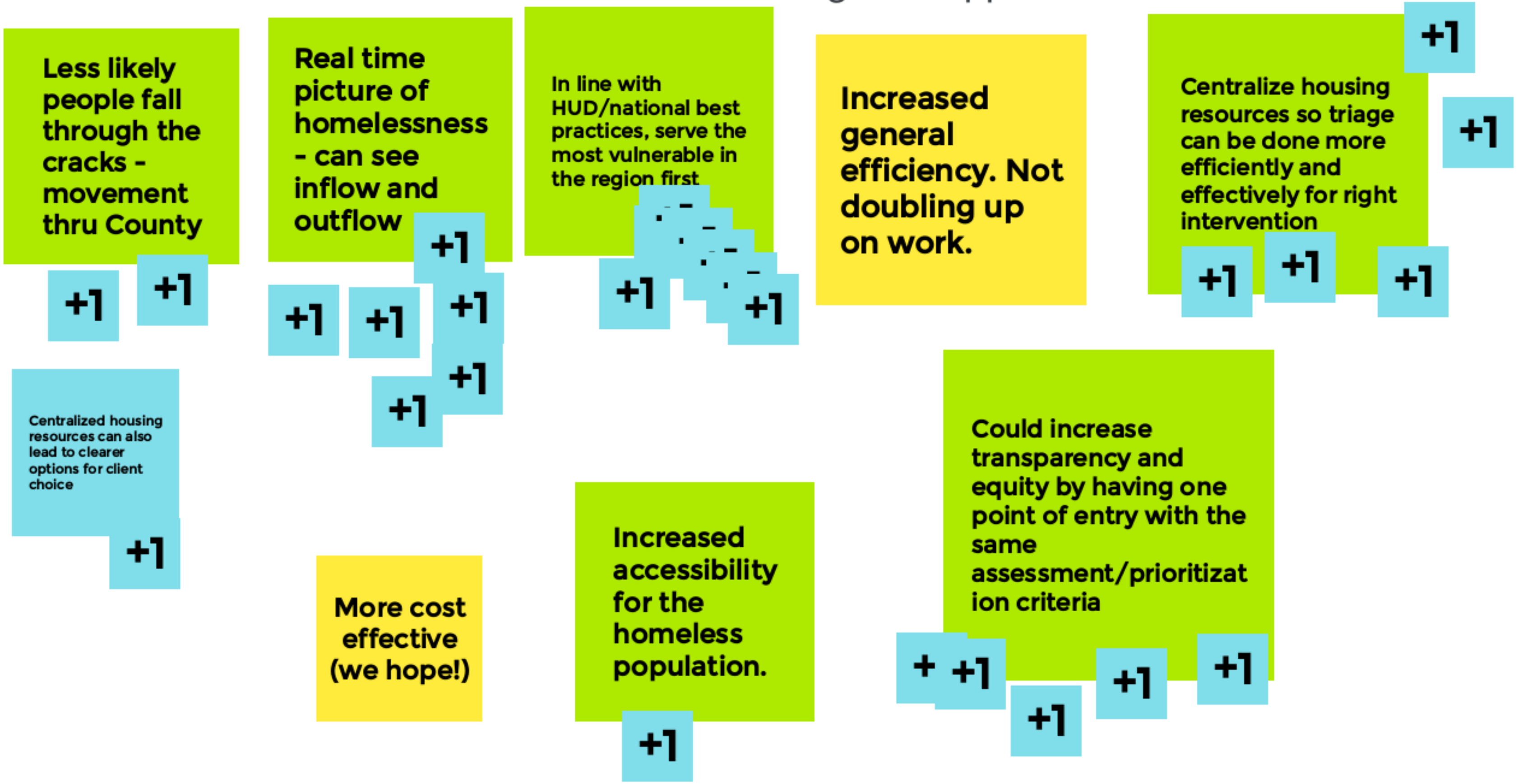
- Filterable to see just your geography or sub population
- Allowed for visible case conferencing notes that could follow individuals across programs/locations (and meet all privacy requirements)
- Be tied to a resource distribution system that included a pool of resources with a portion dedicated to each jurisdiction based on what is put into it; and
- Owned by a neutral party you trusted

## How likely would your jurisdiction/agency be to participate?

Participation is defined as: put all housing resources into the regional pool (while ensuring eligibility criteria are met), use just this central by names list and CE housing queue through a shared HMIS system, champion this approach?



# Potential benefits of a regional approach



# Potential concerns with a regional approach

Issues with trust and transparency with the current CE system

+1

+1

+1

Current resources each community has (like prevention, outreach, mental health, shelter, housing) operate under wide ranging target populations, eligibility criteria

+1

+1

Local resources are needed for local residents

+1

+1

+1

Pressures from community/business/awmakers to resolve local homelessness

+1

+1

+1

+1

+1

+1

Lack of shared understanding/acceptance of the purpose of CE, adherence to Housing First, participation in HMIS

+1

+1

+1

+1

+1

+1

+1

Lack of staffing/administrative structure to make a regional approach work.

+1

+1

+1

Decision making hierarchy/command structure

Too "many cooks in the kitchen"

+1

+1

+1

For placements outside of local geography...concerns of burden as to who will do the lift? Smaller CBOs..say getting someone from north to south county.

could get too complicated too quickly

+1

+1

bringing in the right additional supports (including for example, TBI, dementia/elders, etc)

Do we all agree on how to assess/determine vulnerability?

transparency guard rails, including for all aligned parties (ie behavioral health, etc)

"our clients" vs. "whole community's clients"

+1

Will funds be flexible enough and accessible enough to meet individuals' needs in real time?

and equitable system. IMDT has been trying to do this however if contracts are not aligned and scope of work is geographic then we create barriers. We would need administrative buy in and contracting to align to successfully do a

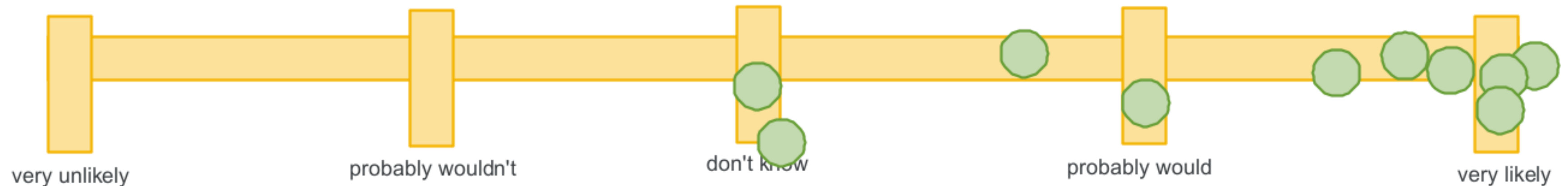


# If there was one county-wide list that was:

- Filterable to see just your geography or sub population
- Allowed for visible case conferencing notes that could follow individuals across programs/locations (and meet all privacy requirements)
- Be tied to a resource distribution system that included a pool of resources with a portion dedicated to each jurisdiction based on what is put into it; and
- Owned by a neutral party you trusted

## How likely would your jurisdiction/agency be to participate?

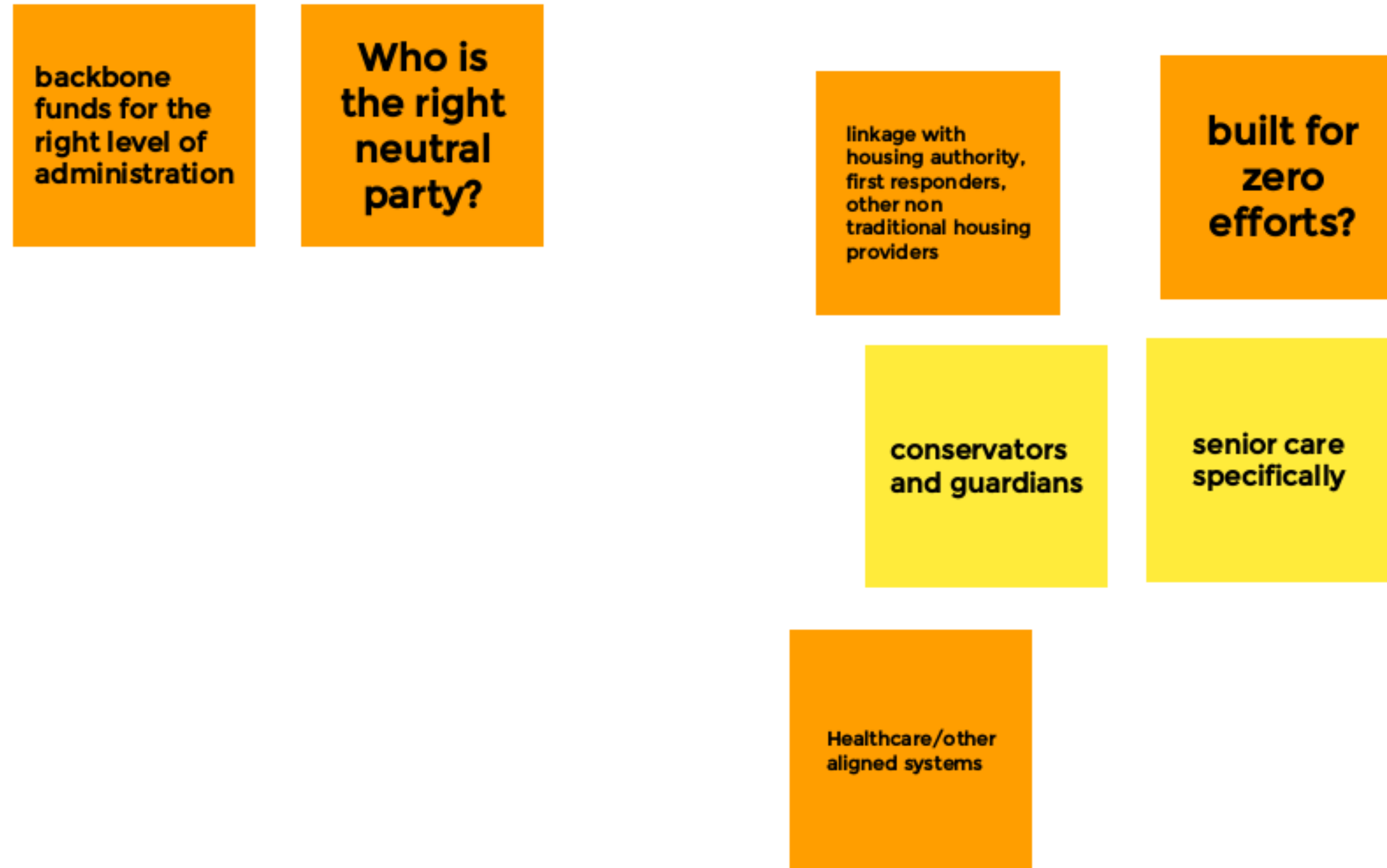
Participation is defined as: put all housing resources into the regional pool (while ensuring eligibility criteria are met), use just this central by names list and CE housing queue through a shared HMIS system, champion this approach?



what resources would be needed?

who would need to be at the table/participate?

Where would this workstream live?





TO: Department of Veterans Affairs, Office of Mental Health and Suicide Preventions  
FROM: Sonoma County Continuum of Care, Tom Schwedhelm, Continuum of Care Board Chair  
RE: Letter of Support, Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program  
DATE: May 2022

Dear Department of Veterans Affairs Office of Mental Health and Suicide Preventions:

The Sonoma County Continuum of Care understands that the above-noted entity is applying for SSG Fox funding to serve veterans in this CoC service area. On behalf of the Sonoma County Continuum of Care, we are indicating our support of this application.

Nation's Finest actively participates in the Sonoma County's Coordinated Entry process by entering veterans in the system and coordinating referrals to community-based programs providing mental and physical health supports. Nation's Finest also participates in the bimonthly By Names List meetings for homeless veterans. Nation's Finest is a member of the Coordinated Entry Advisory Committee and Emergency Shelter Standards Committee within this CoC, and is actively involved in improving the coordinated entry process.

Nation's Finest has helped build the capacity of the coordinated entry system by coordinating placement of veterans in the system into permanent supportive housing thereby reducing the demand on the local shelter system. In addition, Nation's Finest works closely with community-based partners for warm referrals for veterans requiring emergency or ongoing mental health treatment and suicide prevention services. Annually, Nation's Finest serves over 225 homeless or at-risk veterans in the CoC service area, and has provided such services since 1972.

The Sonoma County Continuum of Care is supportive of Nation's Finest pursuing this funding and welcomes Nation's Finest as a continuing provider within this CoC.

Thank you,

Tom Schwedhelm  
Board Chair  
Sonoma County Continuum of Care



**Sonoma County Continuum of Care Board  
Executive Summary**

**Item:** Consent Calendar, Item 1 – Letters of Support for Social Advocates for Youth

**Date:** 5/24/22

**Staff Contact:** Michael Gause

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Agenda Item Overview

In this item, Social Advocates for Youth request letters of support for three applications to support transition age youth in Sonoma County. No other agencies have requested letters of support for this application.

Recommendation

Approve and sign letters of support for Social Advocates for Youth for three grant applications to support transition age youth ages 18-24.



May 15, 2022

Social Advocates for Youth  
Anita Maldonado, CEO  
2447 Summerfield Road  
Santa Rosa, CA 95405

Re: Support for SAY's Parenting Youth Program Application

Dear Dr. Maldonado

I am writing on behalf of the Sonoma County Continuum of Care to express enthusiastic support for Social Advocates for Youth's grant application to the Administration of Children and Families to fund a Parenting Youth Program. SAY has continually provided effective services to the runaway and homeless youth of Sonoma County for more than four decades and participated in the Continuum of Care for over twenty years. SAY participates in the Coordinated Entry process and HMIS while providing services aligned with HUD priorities such as Rapid Re-Housing and Housing First. As the agency responsible for the first Sonoma County Point-in-Time Homeless Census & Survey Youth Count, SAY's dedication to preventing and ending youth homelessness is well-documented.

By implementing Positive Youth Development, Trauma-Informed Care, and other evidence-based practices, the SAY team supports our most vulnerable youth in making a healthy transition to adulthood and self-sufficiency. Based on SAY's long history of responsibly implementing programs funded through the Sonoma County Continuum of Care with positive outcomes, we are confident that SAY will responsibly and effectively implement the Parenting Youth (Maternity Group Home) Program.

Sincerely yours,

Tom Schwedhelm  
Board Chair  
Sonoma County Continuum of Care

Cc: Karissa White  
Continuum of Care Coordinator  
Sonoma County Continuum of Care

May 15, 2022

Social Advocates for Youth  
Anita Maldonado, CEO  
2447 Summerfield Road  
Santa Rosa, CA 95405

Re: Support for SAY's Street Outreach Program Application

Dear Dr. Maldonado,

I am writing on behalf of the Sonoma County Continuum of Care to express enthusiastic support for Social Advocates for Youth's grant application to the Administration of Children and Families to fund a Street Outreach Program. SAY has continually provided effective services to the runaway and homeless youth of Sonoma County for more than four decades and participated in the Continuum of Care for over twenty years. SAY participates in the Coordinated Entry process and HMIS while providing services aligned with HUD priorities such as Rapid Re-Housing and Housing First. As the agency responsible for the first Sonoma County Point-in-Time Homeless Census & Survey Youth Count, SAY's dedication to preventing and ending youth homelessness is well-documented.

By implementing Positive Youth Development, Trauma-Informed Care, and other evidence-based practices, the SAY team supports our most vulnerable youth in making a healthy transition to adulthood and self-sufficiency. Based on SAY's long history of responsibly implementing programs funded through the Sonoma County Continuum of Care with positive outcomes, we are confident that SAY will responsibly and effectively implement the Street Outreach Program.

Sincerely yours,

Tom Schwedhelm  
Board Chair  
Sonoma County Continuum of Care

Cc: Karissa White  
Continuum of Care Coordinator  
Sonoma County Continuum of Care

May 15, 2022

Social Advocates for Youth  
Anita Maldonado, CEO  
2447 Summerfield Road  
Santa Rosa, CA 95405

Re: Support for SAY's Transitional Living Program Application

Dear Dr. Maldonado,

I am writing on behalf of the Sonoma County Continuum of Care Board to express enthusiastic support for Social Advocates for Youth's grant application to the Administration of Children and Families to fund a Transitional Living Program. SAY has continually provided effective services to the runaway and homeless youth of Sonoma County for more than four decades and participated in the Continuum of Care for over twenty years. SAY participates in the Coordinated Entry process and HMIS while providing services aligned with HUD priorities such as Rapid Re-Housing and Housing First. As the agency responsible for the first Sonoma County Point-in-Time Homeless Census & Survey Youth Count, SAY's dedication to preventing and ending youth homelessness is well-documented.

By implementing Positive Youth Development, Trauma-Informed Care, and other evidence-based practices, the SAY team supports our most vulnerable youth in making a healthy transition to adulthood and self-sufficiency. Based on SAY's long history of responsibly implementing programs funded through the Sonoma County Continuum of Care with positive outcomes, we are confident that SAY will responsibly and effectively implement the Transitional Living Program.

Sincerely yours,

Tom Schwedhelm  
Board Chair  
Sonoma County Continuum of Care

Cc: Karissa White  
Continuum of Care Coordinator  
Sonoma County Continuum of Care

# County of Sonoma

## Point-in-Time Count

May 13, 2022

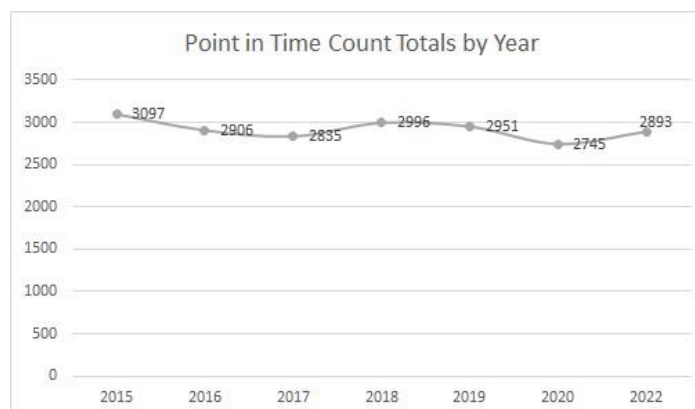


### Background:

- The Point-in-Time (PIT) Count is a survey count of sheltered and unsheltered people experiencing homelessness on a single day between January 21 and 31. The U.S. Department of Housing and Urban Development (HUD) requires that Continuums of Care (CoCs) conduct an annual count of people experiencing homelessness who are **sheltered** in emergency shelters or transitional housing as well as individuals in **unsheltered** situations. Due to the COVID-19 Omicron surge in January, the count in Sonoma County was postponed to Friday, Feb. 25. The count is a requirement for local jurisdictions that receive federal homeless assistance funds and provide data used to support strategic decisions about current and future programs.
- The count is conducted county-wide, includes all census tracts and is run by volunteers and paid guides with current or past lived experience of homelessness. Due to the impacts of COVID-19, this year's count was conducted primarily by volunteers from the community, paired with guides having specific knowledge of census tracts.

### **Sheltered + Unsheltered = total PIT Count**

- Unsheltered individuals are those who live in a place not meant for human habitation, such as cars, parks, sidewalks and abandoned buildings. Sheltered homelessness refers to individuals who live in an emergency shelter or transitional housing.
- Preliminary numbers for the 2022 Sonoma County PIT count, show numbers increasing **5% overall** with a total of 2,893 individuals experiencing a form of homelessness. This is a change from previous years that had demonstrated a downward trend since 2011. In 2011 the total number of individuals experiencing homelessness in Sonoma County was 4,539, since there has steadily declined over the past decade. The last count in 2020 (no count in 2021 due to the COVID pandemic) was 2,745.



- The number of individuals in **unsheltered** circumstances grew from 1,702 in 2020 to 2,088 in 2022. Conversely, the number of individuals in **sheltered** circumstances dropped from 1,043 in 2020, to 805 in 2022. This reduction in sheltered individuals is

# County of Sonoma

## Point-in-Time Count

May 13, 2022



likely caused by reduced shelter capacities due to COVID-19 safety protocols, as well as concerns of living in congregate shelters during a pandemic.

- Within the count's preliminary numbers, are homeless subpopulations which HUD has identified as key to ending homelessness overall. Subpopulations of individuals experiencing homelessness include individuals experiencing chronic homelessness, homeless families with children, Transition-Age-Youth (TAY) young adults between the ages of 18-24 and veterans. Within these subpopulations:
  - 726 individuals experience chronic homelessness, a 29% increase from 508 in 2019.
  - 48 families (having at least one adult over 18 with at least one child under 18) totaling 155 individuals, were almost all found in sheltered settings. This is a decrease of 40%, from 80 families in 2020 and a continued overall decrease in families from a high mark of nearly 200 families in 2013.
  - 23 unaccompanied children (persons under the age of 18 without parents) and 507 TAY were counted, for a total of 530 youth, an increase of 68% from 349 in 2020.
  - In 2022, 191 veterans were counted, an increase of 37% from 139 in 2020.
- By definition, the PIT Count only provides a snapshot of homelessness during a single point in time. It is a valuable count, but it may not adequately reflect the total number of people experiencing homelessness throughout the year.
- Full results of the count will be available this summer, including data on causes of homelessness and jurisdictional information.

### Steps towards progress: county, city, CoC and local service providers actions to date

- Project Homekey is a statewide effort to sustain and rapidly expand housing for persons experiencing homelessness or at risk of homelessness. Sonoma County has received approval for five homeless housing sites under the state Homekey program since 2020. The first sites to be awarded funding were the Mickey Zane Place in Santa Rosa and Elderberry Commons in Sebastopol in December 2020. The sites include:
  - Mickey Zane Place, Santa Rosa - 44 units
  - Elderberry Commons, Sebastopol - 31 units
  - L&M Village, Healdsburg - 22 units (received funding, operations pending)
  - The Studios at Montero, Petaluma - 60 units (received funding, operations pending)
  - 6020 Labath Avenue, Rohnert Park-60 units (received funding, operations pending)
  - George's Hideaway, Guerneville - 21 units (application under review)
  - Redwood Inn, Santa Rosa, A TAY and Senior Project - 56 units (application under review)
  - Homeless Action Sonoma, Sonoma Valley - 18 units (application submitted).

# County of Sonoma

## Point-in-Time Count

May 13, 2022



- The Sonoma County Board of Supervisors allocated \$2 million to implement safe parking and interim housing opportunities in Petaluma, Santa Rosa and Sebastopol in coordination with the cities, as well as programs in the unincorporated areas of the county.
  - The City of Santa Rosa implemented safe parking and services (via Catholic Charities) at the City's Utilities Field Office off of Stony Point Road.
  - The People's Village pilot program in Petaluma, located at the Mary Isaak Center, provides 25 individual shelters for the most vulnerable community members experiencing homelessness.
  - The Horizon Shine program in Sebastopol (operated by Sonoma Applied Village Services) assisted in the relocation of RVs and cars from Morris Street (among others) to a private lot owned by St. Vincent de Paul and managed by SAVS in Sebastopol.
  - Interim housing along Sonoma Valley (operated by Homeless Action Sonoma) has a pending application to shelter unhoused individuals in the Sonoma Valley, supported by a \$300,000 grant from the Board of Supervisors.
- During COVID-19, about 200 persons, many of whom were chronically homeless and medically vulnerable, were housed (and continue to be housed) in non-congregate shelter sites across the county. The non-profit Shared Housing and Resource Exchange Sonoma County has been effective in providing long-term housing to these and other clients, using master leases funded in part by Housing Authority vouchers. A Master Lease is when a service provider leases a home and enters into an agreement with the property owner to sublet the unit.
- The Sonoma County Housing Authority, the Santa Rosa Housing Authority, and the Continuum of Care Board have worked to effectively distribute 284 Emergency Housing Vouchers during the pandemic.
- The county in partnership with the CoC and local cities provided wintertime hotel stays during cold snaps and in some cases, for the duration of the winter, using federal funds for emergency shelter.
- During the height of the pandemic and with the active participation of community-based organizations, the county distributed nearly \$40 million in state and federal Emergency Rental Assistance Program funds, with over 5,000 applications approved for funding. In addition to rental assistance support, the county also provided funding for Legal Aid of Sonoma County to limit evictions and protect tenant's rights.
- Psychiatric health care alternatives have expanded through the opening of a new facility located at the former Valley of the Moon Children's Center in eastern Santa Rosa. The center supports the treatment of individuals experiencing mental health crises where clients are provided short-term stays, then enrolled in longer-term county mental health services.



**Sonoma County Continuum of Care Board  
Executive Summary**

**Item:** 4. Standing Committee Reports: Coordinated Entry Advisory (CEA) committee

**Date:** May 19, 2022

**Staff Contact:** Thai Hilton [Thai.Hilton@sonoma-county.org](mailto:Thai.Hilton@sonoma-county.org)

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Agenda Item Overview

The CEA committee met on May 18<sup>th</sup> and discussed the Coordinated Entry (CE) transition. HomeFirst and CDC staff have held 6 listening sessions and have heard concerns from the community about some of the proposed changes.

The concerns that were expressed were the impacts the loss of the hotline was having on Access Point and Street Outreach staff which are now responsible for all assessments and the case conferencing model for referrals. The CEA listened to the concerns and is brainstorming ways to minimize the impact on Access Points and outreach teams. This will be discussed at future meetings.

HomeFirst is developing policies and procedures for the new system. They hope to have them ready for CEA consideration by the June meeting. CEA and CoC board will be able to provide feedback on these policies and procedures.

HomeFirst and the CDC is dedicated to ensuring that best practices are brought to the Sonoma County CE system while limiting the impact the changes have on providers.

Recommendation

Receive and file.



## Sonoma County Continuum of Care Board Executive Summary

**Item:** HMIS Lead Agency Evaluation Plan

**Date:** May 25, 2022

**Staff Contacts:** Dave Kiff, [dave.kiff@sonoma-county.org](mailto:dave.kiff@sonoma-county.org)

Michael Gause, [Michael.gause@sonoma-county.org](mailto:Michael.gause@sonoma-county.org)

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### **Agenda Item Overview**

This item relates to the establishment of a Sonoma County HMIS Lead Agency Evaluation Plan.

The HMIS Lead Agency Evaluation Plan was created by a consultant, Community Technology Alliance (CTA), as a part of the Sonoma County HMIS Capacity Building Grant awarded through HUD. Sonoma County historically did not have a formally approved process to evaluate the HMIS Lead Agency, and CTA reviewed HUD documentation in creating this document. In addition, this document was also reviewed by HUD's HMIS Capacity Building Grant technical assistance provider, Abt Associates.

At the same time as this item is being presented to the CoC Board, the Lead Agency staff (Kiff, Overbury-Howland) and HMIS Committee chair (Sweet) are going through additional system performance evaluation training with Abt Associates, working both in group and 1:1 sessions relating to [Stella P](#) and other comprehensive data sources. This training is due to be complete in Summer 2022.

As noted within the document, the HMIS Data Committee will be responsible for an annual evaluation of the HMIS Lead Agency utilizing this evaluation form. Annual evaluations of the HMIS Lead Agency will not begin until the attached document has been approved by the Continuum of Care Board.

The HMIS Committee approved the document "as is" with no corrections by a majority vote on September 27, 2021.

### **Recommendation**

Approve the HMIS Lead Agency Evaluation Plan as presented (and attached) with the understanding that the HMIS Committee will review and further develop the document with the Funding and Evaluation Committee after this Plan's initial use during the 22/23 program year.

When the Committees revisit the document, they will do so collaboratively and will solicit feedback from relevant groups and interested parties to ensure local interests and priorities are represented.





## **Sonoma County Homeless Management Information System (HMIS)**

### **Lead Agency Evaluation Plan**

The Sonoma County HMIS Lead Agency is responsible for management, training, and oversight of homeless data collection and reporting. This Evaluation Plan provides a set of guidelines and metrics by which the HMIS Data Committee can use to evaluate the HMIS system as a whole to ensure compliance with HUD Regulations and provide recommendations to improve the system. Findings from this Evaluation Plan should help guide the HMIS Lead Agency to ensure current HMIS Governance, Data Quality Plan, Privacy Plans and Security Plans are being followed and updated as needed. The HMIS Data Committee reviews its data in four categories: System Administration, Training, Data Analysis and Reporting, and Communication. This grid below assists individuals in completing the evaluation by providing key items to assess.

The Sonoma County HMIS Lead Agency oversees the general management of all the HMIS projects and day-to-day set-up, operation of the projects in HMIS to ensure accessibility of the HMIS software, performance, set-up, and monitoring of the system security to adhere to the CoC Privacy and Procedures Plan. Sonoma County HMIS implementation grant uses a single Efforts to Outcome Software System vendor for both HMIS and Coordinated Entry. To ensure quality data is entered into the system for the CoC, the Lead Agency will interpret, visualize and present data to CoC, to make sure reporting requirements are met. The Lead Agency will develop and conduct trainings and create manuals to help users understand the data collection. Finally, the Lead would provide communication to the community of any changes to the system and manage communication related to data on behalf of the CoC.

Vendor Review and oversight is omitted from this evaluation plan as it is conducted annually and submitted to HUD in the form of the HMIS APR. The Most recent APR should be attached to this document for completeness.

The software vendor was chosen based on the following steps:

1. Lead Agency develops Request for Proposal (RFP)
2. RFP reviewed and approved by the HMIS Data Committee
3. Applicants reviewed by an ad hoc evaluation committee
4. Recommendations to the CoC Board for approval
5. Final approval with Sonoma County Board Of Supervisors

## System Evaluation Worksheet

### System Administration

- A. The HMIS Lead Agency will provide a Resource website with updated communication and helpful documents for end users.
- B. In order to participate in Sonoma’s County HMIS, participating agencies must sign an agreement and MOU. These documents describe rules of agencies must abide by in order to be an active participant in HMIS. These documents are kept by the Lead Agency, in case there are violations to agreement.
- C. All Participating Agencies must have at least one Technical Administrator and at least one Security Officer. This is to ensure all end users have an in-agency representative to help with HMIS needs in addition to making all the rules are being followed accordance to the HMIS Policies and Procedures. The Security Officer would ensure the Security Plan is being followed and completing quarterly audits for the agency and annual audits with the HMIS Coordinator.
- D. Quarterly, Security Audits are to be performed by the Security Officer for each agency. Completing this requires the Quarterly Compliance Checklist found on the Resource webpage is to be filled out and returned to the HMIS Coordinator each quarter.
- E. The Privacy Notice Policy should be viewable or posted on the wall so all clients can see it, when completing an intake/enrollment into HMIS. End users are to have the Privacy Notice posted around the area information it taken. Following the Privacy Policies Guidelines.
- F. Annual Security Audits are completed by the HMIS Coordinator and are completed physically at all sites, to verify all the Security Plan rules are being implemented. Physically audits should include the security of the workstation and completing the Compliance Certification Checklist which can be found on the Resource webpage.

Evaluation Questions	Response	Response Explanation	Assessment	
A. Is there a website of Resources, users could visit with update resources?	Y/ N ____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to Complete	<input type="checkbox"/>
B. Did any new agencies begin participating in HMIS this year? If yes, Is there a signed MOU on file for each new agency?	Y/ N ____ Y/ N ____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to Complete	<input type="checkbox"/>
C. Do all Participating Agencies have at least one Technical Administrator and Security Officer?	Y/ N ____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>

			Unable to Complete	<input type="checkbox"/>
D. Did all Security Officers submit a copy of their Quarterly Compliance Checklist audits as required?	Y/ N ____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to Complete	<input type="checkbox"/>
F. Did the HMIS Coordinator complete the Compliance Certification Checklist audit?	Y/ N ____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to Complete	<input type="checkbox"/>

## Data Analysis and Reporting

- G. Programs are able to look at the different reports within HMIS and have a better understanding of the overall picture of whom the program is serving.
- H. The Workgroups were able to use the data to establish benchmarks and goals for the different programs.
- I. The HMIS Coordinated sends out reports to the Partner Agencies, verifying and making sure that the maximum of errors that are in each required HUD filled have no more the 5% missing, data not collected, client refused, or client does know this information could be found using the Data Quality Reports.
- J. Timeliness, it is expected that all end users enter HMIS information about the client within 5 calendar days of receiving the information. Information about how often and quickly programs enter information into HMIS, can be found on the Annual Performance Report (APR).

Evaluation Questions	Response	Response Explanation	Assessment	
G. Are HMIS reports and dashboards helping providers to understand their programs?	Y/ N____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to Complete	<input type="checkbox"/>
H. Has HMIS data been used to inform or set local homeless performance metrics and strategies?	Y/ N____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to Complete	<input type="checkbox"/>
I. Do system wide Data Quality Reports show no more than 5% errors?	Y/ N____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to complete	<input type="checkbox"/>
J. Are all agencies entering their data within 5 calendar days? (verified via APR)	Y/ N____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to complete	<input type="checkbox"/>

**Training**

- K. HMIS Coordinator will manage a list of those that attended New User Training and when, and a list of those end users with HMIS licenses, to verify that a license was given only after the end user completed a training.
- L. HMIS Coordinator will survey users after trainings, to see what is working and what isn't. Using those surveys to make improvements and adjustments to the training.

Evaluation Questions	Response	Response Explanation	Assessment	
K. All HMIS end users have completed training, prior to receiving their HMIS license?	Y/ N _____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to complete	<input type="checkbox"/>
L. Were HMIS training participant surveys analyzed and used to improve trainings?  Identify new training needs?	Y/ N _____  Y/ N _____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to complete	<input type="checkbox"/>

**Communication**

- M. HMIS Coordinators will communicate with all end users at least quarterly of any kind of HMIS report changes. A list of all the emails sent to the users will show how many emails were sent to the end users.
- N. HMIS Coordinator will manage a list of all the end users to verify that they have attended the Annual Update meeting. Without attending this meeting, users would be made inactive until they attend the Annual Update meeting.

Evaluation Questions	Response	Response Explanation	Assessment	
M. Did the HMIS Coordinator communicate to agencies, at least quarterly, of all HMIS report changes?	Y/ N____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to complete	<input type="checkbox"/>
N. Did all the end users attend an Annual Update meeting?	Y/ N____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to complete	<input type="checkbox"/>



**Sonoma County Continuum of Care Board  
Executive Summary**

**Item:** 4: CoC Competition Evaluation Committee Report

**Date:** May 19, 2022

**Staff Contact:** Karissa White, Continuum of Care Coordinator [Karissa.White@sonoma-county.org](mailto:Karissa.White@sonoma-county.org)

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Agenda Item Overview

On May 18<sup>th</sup>, the CoC Competition Evaluation Committee met to review 15 separate projects operated by 10 local organizations funded through the Continuum of Care Program. In addition to scoring projects, the Committee reviewed and discussed the FY21 CoC Competition debriefing (attached) which summarizes our score for our Continuum of Care Application.

Sonoma County Community Development Staff Present:

Karissa White, Continuum of Care Coordinator  
Thai Hilton, Coordinated Entry Coordinator  
Araceli Rivera, Homeless Projects Specialist

Committee Reviewers:

- Chessy Etheridge, Lived Experience Representative
- John Moore, City of Cotati
- Dennis Pocekay, City of Petaluma
- Angela Struckman, Sonoma County Human Services
- Andrea Garfia, Kaiser Permanente
- Lauren Koenigshofer, Dry Creek Rancheria Band of Pomo Indians

Continuum of Care Program CA-504 FY 21 Scoring:

The following provides a summary of HUD’s review of our CoC Application for last year, FY2021 Competition. HUD does not provide a complete analysis of the scoring.

**Areas we scored full points:**

- Housing First: lowering barriers to entry and project evaluation
- Street Outreach scope
- Efforts to address racial equity (New in 2021)
- Addressing COVID-19 in the CoC’s Geographic Area (New in 2021)
- Bed Coverage Rate—Using HIC, HMIS Data and Bed Coverage Rate in Comparable Databases.
- Longitudinal System Analysis (LSA) Submission in HDX 2.0. (HMIS data submission)
- Reduction in the Number of First Time Homeless
- Point in Time Count

## Sections with high scores:

- Project Review and Ranking Process Your CoC Used in Its Local Competition (19.5/22)
  - During the CoC NOFO debriefing with HUD, they noted communities lost points here if the dates on all of competition noticing were not the same. CDC staff was late in posting the Press Democrat local Request for Proposals by one day, it is likely we missed additional scoring points in this section based on the information received from the debriefing.
- Length of Time Homeless (5.5/6)
- Exits to Permanent Housing Destinations/Retention of Permanent Housing (4.5/5)
- Returns to Homelessness (3.5/4)
- Increasing employment income, workforce development education/training, and increasing non-employment cash income (3.5/4)

## Scores that need improvement:

- Section 1B- Coordination and Engagement–Inclusive Structure and Participation and Section 1C Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organizations
  - Score: (58.5/74.5)
  - The Score sheet provided does not encompass every question and its scores for this section.
  - The only clear scoring we have where we could use improvement would be the rapid rehousing score of 0/10.
    - All or nothing score based on one night of the homeless count recorded in Homeless Inventory Chart. HUD mentioned at the debriefing they are working on how to measure this more effectively and asked community input to measure this differently for the upcoming NOFO.
  - A total of 6 additional points lost within this section that we are unable to identify
- Coordination with Housing and Healthcare Bonus Points (0/10)
  - These were bonus points to the CoC, new project applications had to submit their proposals with an executed MOU that they had either a cash match or in-kind match of 25% of the total project proposal amount (excluding leasing dollars) from a health care provider (HCP) or a public housing authority (PHA).
  - In order to receive full points here, we needed to have two separate projects apply that included a commitment from a PHA from and an HCP.
  - None of the new projects submitted had this within their proposals.

## Break Down of full scores:

- Our CoC- 142/173
- Highest Score- 168
- Lowest Score- 60.25
- Median Score- 143
- Weighted Mean Score- 155.5

CoCs that scored higher than the weighted mean score were more likely to gain funding relative to their Annual Renewal Demand, while CoCs that scored lower than the weighted mean were more likely to lose money relative to their Annual Renewal Demand.



This didn't impact our funding for FY2021, as we did not have any applications for funding outside of reallocated funds.

During FY21 there was no amount of funding at risk so therefore, all of our projects were accepted as no one applied for funding outside the total Annual Renewal Demand Amount.

### Renewal Project Scoring Update:

Renewal Scoring Sections:

- Housing Performance
- Income Performance
- Utilization
- Housing First Practices and Implementation
- Collaboration with Coordinated Entry
- Alignment with 10-year plan goals
- Financial Audits
- Contract Administration
- Spend down of funds and match
- Cultural Competency and Client/Lived Experience Feedback Process
- Data-informed Program Research
- Change Management & Institutionalization of Knowledge
- Data Quality and Timelessness

The committee unanimously approved the following initial scores for renewing projects. Organizations will have an opportunity to provide additional information or dispute scores during the actual site visits. Site visits are scheduled to take place the week of May 23<sup>rd</sup> through June 3<sup>rd</sup>.

After site visits are completed, the Committee will meet to make final decisions on scoring to send to the CoC Board for approval in June of 2022. Scoring of financial audits are not yet complete, but will be brought forth to the committee during the June meeting.

The only project that has not met the requirement of scoring 80% of the top score is the Reach For Home North County Rapid Rehousing Project. This is because the agency did not have a full Annual Performance Report (APR) to score as they were delayed with project start up. Awarded in FY19, this project should have started to serve clients in FY 2020-2021. This organization was given a pass last year mainly due to the transition of Executive Directors and impacts of COVID-19. As described within our local process, the organization can either voluntarily reallocate their funding for FY2023-2024 (give it up) or they will work with the Lead Agency on a Corrective Action Plan as approved by the Committee. The Corrective Action Plan does not guarantee that the project will be saved, as this is a competitive process. The final determinations of priority listing of who is being recommended for funding will happen after the FY 2022 CoC Program Notice of Funding Opportunity (NOFO) has been released, we release our local Request for Proposals (RFP) and rate new projects with renewals.

Scoring Spreadsheet (Review Row 6 for Total Score): <https://share.sonoma-county.org/link/UrS-wbxva6Q/>

If you are interested in any of the materials submitted or reviewed, please use the following links. This is not required to review. The Committee members and staff have completed a thorough review of application materials submitted.

Informational materials provided to agencies: <https://share.sonoma-county.org/link/IXk0duMvNCo/>

Renewal Application Materials Submitted: [https://share.sonoma-county.org/link/C2\\_PvWcYyIE/](https://share.sonoma-county.org/link/C2_PvWcYyIE/)

All CoC Competition FY 2022 materials and up to date information can be located on our website:  
<https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/continuum-of-care/2022-continuum-of-care-competition>

Recommendation

Not Applicable, informational item only.

**CoC: CA-504 - Santa Rosa, Petaluma/Sonoma County CoC**

This document summarizes the scores HUD awarded to the Continuum of Care (CoC) Application your CoC submitted during the Fiscal Year (FY) 2021 CoC Program Competition and is divided into three sections:

- 1. High Priority CoC Application Questions;**
- 2. CoC Scoring Summary**—on the five sections of the application; and
- 3. Overall Scores for all CoCs**—including highest and lowest scores.

We organized sections 1 and 2 like the CoC Application. We included FY 2021 CoC Program Notice of Funding Opportunity (NOFO) references in the CoC Application so that you could reference the question to the NOFO, where applicable.

**1. High Priority CoC Application Questions**

CoC Application Question	NOFO Section	Maximum Points Available	Points Your CoC Application Received
<b>1C. Coordination and Engagement—Coordination with Federal, State, Local, Private, and Other Organizations</b>			
<b>1C-9.</b> Housing First—Lowering Barriers to Entry. <b>1C-9a.</b> Housing First—Project Evaluation.	VII.B.1.i.	10	10
<b>1C-10.</b> Street Outreach—Scope. Describe in the field below: <ol style="list-style-type: none"> <li>1. your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;</li> <li>2. whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;</li> <li>3. how often your CoC conducts street outreach; and</li> </ol>	VII.B.1.j.	3	3

CoC Application Question	NOFO Section	Maximum Points Available	Points Your CoC Application Received
4. how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.			
<b>1C-12.</b> Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC). Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”	VII.B.1.1.	10	0
<b>1C-15.</b> Promoting Racial Equity in Homelessness–Assessing Racial Disparities. <b>1C-15a.</b> Racial Disparities Assessment Results. <b>1C-15b.</b> Strategies to Address Racial Disparities. <b>1C-15c.</b> Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	VII.B.1.o.	7	7
<b>1D. Addressing COVID-19 in the CoC’s Geographic Area</b>			
These questions assessed how CoCs addressed challenges resulting from the outbreak of COVID-19 affecting individuals and families experiencing homelessness. <b>1D-1.</b> Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness. <b>1D-2.</b> Improving Readiness for Future Public Health Emergencies. <b>1D-3.</b> CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds. <b>1D-4.</b> CoC Coordination with Mainstream Health. <b>1D-5.</b> Communicating Information to Homeless Service Providers. <b>1D-6.</b> Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination. <b>1D-7.</b> Addressing Possible Increases in Domestic Violence. <b>1D-8.</b> Adjusting Centralized or Coordinated Entry System.	VII.B.1.e., VII.B.1.n., VII.B.1.q.	21.5	21.5

CoC Application Question	NOFO Section	Maximum Points Available	Points Your CoC Application Received
<b>1E. Project Review, Ranking, and Selection</b>			
<p><b>1E-2. and 1E-2a. Project Review and Ranking Process Your CoC Used in Its Local Competition.</b></p> <p>These questions assessed whether your CoC used objective criteria and past performance to review and rank projects based on required attachments.</p> <ol style="list-style-type: none"> <li>1. At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).</li> <li>2. At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).</li> <li>3. Used data from a comparable database to score projects submitted by victim service providers.</li> <li>4. Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.</li> <li>5. Used a specific method for evaluating projects based on the CoC’s analysis of rapid returns to permanent housing.</li> <li>6. Specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and</li> </ol>	<p>VII.B.2.a., 2.b., 2.c., 2.d.</p>	<p>22</p>	<p>19.5</p>

CoC Application Question	NOFO Section	Maximum Points Available	Points Your CoC Application Received
7. considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.			
<b>2A. Homeless Management Information System (HMIS) Bed Coverage</b>			
2A-5. Bed Coverage Rate–Using HIC, HMIS Data. 2A-5b. Bed Coverage Rate in Comparable Databases.	VII.B.3.c.	6	6
2A-6. Longitudinal System Analysis (LSA) Submission in HDX 2.0.  Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	VII.B.3.d.	2	2
<b>2C. System Performance</b>			
2C-1. Reduction in the Number of First Time Homeless. We scored this question based on data your CoC submitted in HDX and your narrative response.  Describe in the field below: 1. how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time; 2. how your CoC addresses individuals and families at risk of becoming homeless; and 3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families	VII.B.5.b.	3	3

CoC Application Question	NOFO Section	Maximum Points Available	Points Your CoC Application Received
experiencing homelessness for the first time or to end homelessness for individuals and families.			
<p><b>2C-2. Length of Time Homeless.</b> We scored this question based on data your CoC submitted in HDX and your narrative response.</p> <p>Describe in the field below:</p> <ol style="list-style-type: none"> <li>1. your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;</li> <li>2. how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and</li> <li>3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.</li> </ol>	VII.B.5.c.	6	5.5
<p><b>2C-3. Exits to Permanent Housing Destinations/Retention of Permanent Housing.</b> We scored this question based on data your CoC submitted in HDX and your narrative response.</p> <p>Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:</p> <ol style="list-style-type: none"> <li>1. <b>emergency shelter, safe havens, transitional housing, and rapid rehousing</b> exit to permanent housing destinations; and</li> </ol>	VII.B.5.d.	5	4.5

CoC Application Question	NOFO Section	Maximum Points Available	Points Your CoC Application Received
<b>2. permanent housing projects</b> retain their permanent housing or exit to permanent housing destinations.			
<p><b>2C-4. Returns to Homelessness.</b> We scored this question based on data your CoC submitted in HDX and your narrative response.</p> <p>Describe in the field below:</p> <ol style="list-style-type: none"> <li>1. how your CoC identifies individuals and families who return to homelessness;</li> <li>2. your CoC’s strategy to reduce the rate of additional returns to homelessness; and</li> <li>3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.</li> </ol>	VII.B.5.e.	4	3.5
<p><b>2C-5. Increasing Employment Cash Income.</b> We scored this question based on data your CoC submitted in HDX and your narrative response.</p> <p><b>2C-5a. Increasing Employment Cash Income–Workforce Development–Education–Training.</b></p> <p><b>2C-5b. Increasing Non-employment Cash Income.</b></p>	VII.B.5.f.	4	3.5



**2. CoC Scoring Summary (from FY 2021 CoC NOFO)**

Scoring Category	Maximum Score (Points)	Your CoC Score (Points)
<b>1B. and 1C.</b> CoC Coordination and Engagement	74.5	58.5
<b>1D.</b> Addressing COVID-19 in the CoC’s Geographic Area	21.5	21.5
<b>1E.</b> Project Capacity, Review, and Ranking	30	27
<b>2A.</b> Homeless Management Information System	11	11
<b>2B.</b> Point-in-Time Count	3	3
<b>2C.</b> System Performance	23	21
<b>3A.</b> Coordination with Housing and Healthcare Bonus Points	10	0
<b>Total CoC Application Score*</b>	<b>173</b>	<b>142</b>

\*The total does not include bonus scores.

**3. Overall Scores for all CoCs**

Highest Score for any CoC	168.25
Lowest Score for any CoC	60.25
Median Score for all CoCs	143
Weighted Mean Score** for all CoCs	155.5

\*\*The weighted mean score is the mean CoC score weighted by Annual Renewal Demand. CoCs that scored higher than the weighted mean score were more likely to gain funding relative to their Annual Renewal Demand, while CoCs that scored lower than the weighted mean were more likely to lose money relative to their Annual Renewal Demand.



# County Administrator's Office

## Policy, Grants, and Special Projects Division

# Homelessness Services Organization Recommendation

May 25, 2022

# Today's Presentation

- Background
- Homeless Services Organizational Placement Models and Staff Recommendation
- Organization Charts
- County Next Steps



# Organizational Models

- Keep existing homelessness services at the Community Development Commission (CDC)
- Consolidate all County homelessness services within the CDC
- Create a Homelessness Services Division within the Department of Health Services (DHS)



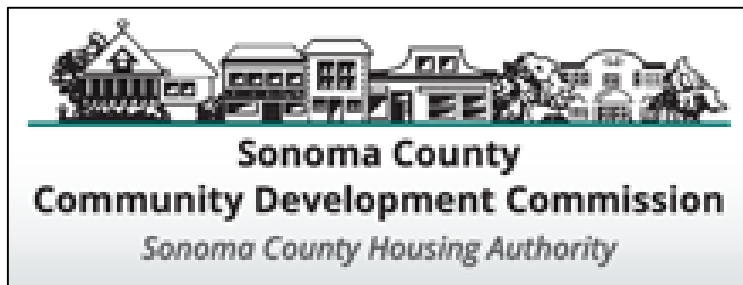
# Lead Agency

- Community Development Commission, through Ending Homelessness Team, serves as Lead Agency of the Continuum of Care



# Keep Existing Homelessness Services at CDC

- Easiest to implement in least amount of time
- Optimizes cross-collaboration between Housing Authority and Homelessness team
- One location for clients needing housing vouchers and homeless services



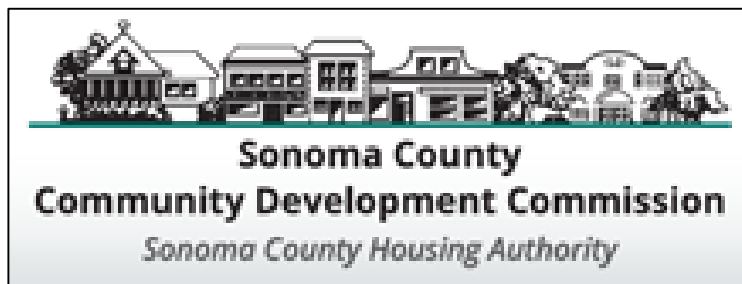
## Staffing Impacts:

- Adds 2 Department Analysts
- Adds 1 Community Development Specialist
- Increases Centralized Communications Funding



# Consolidate County Homelessness Services within CDC

- All homelessness services consolidated in one department
- Potential to greatly enhance customer experience



## Staffing Impacts:

- Adds 14 Program and Administration Staff
- Moves 22 FTEs from Human Services
- Moves 26.5 FTEs from Health



# Create New DHS Homelessness Division

- Aligns direct homeless services program offerings with Behavioral Health Unit
- Increases coordination between DHS, the IMDT team, and other services
- Increases resource sharing opportunities and funding competitiveness
- Leverages the compliance, Health Policy, Planning and Evaluation (HPPE), and epidemiology staff
- Leverages readily available resources of Safety Net and ACCESS initiative
- Leverages ACCESS technologies
- Leaves the CDC as agency focused on affordable housing and federal/state programs for community development

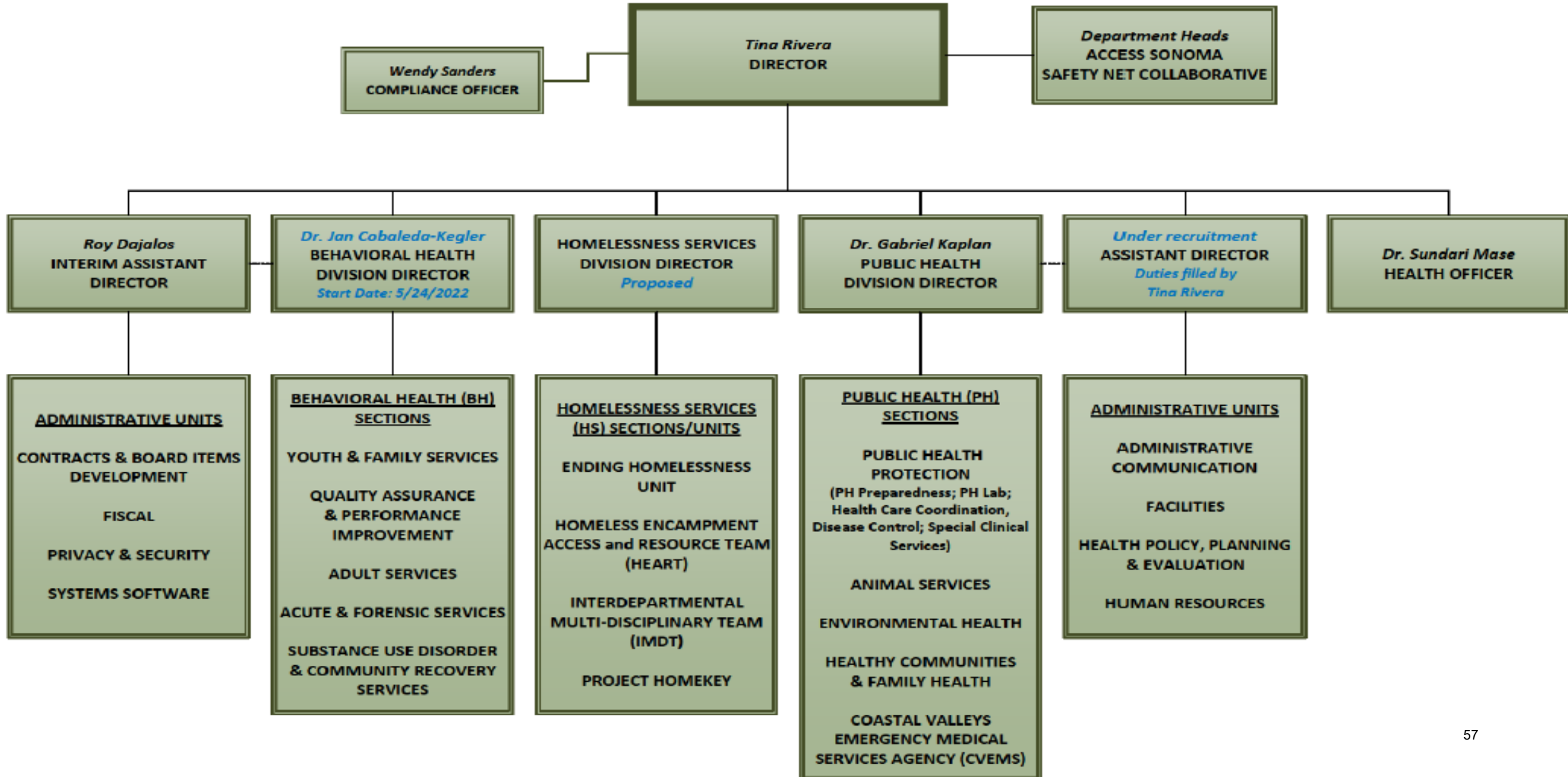


## Staffing Impacts:

- Adds 1 Division Director
- Adds 1 Accountant III
- Adds 1 Senior Office Assistant
- Makes permanent 2 time-limited positions



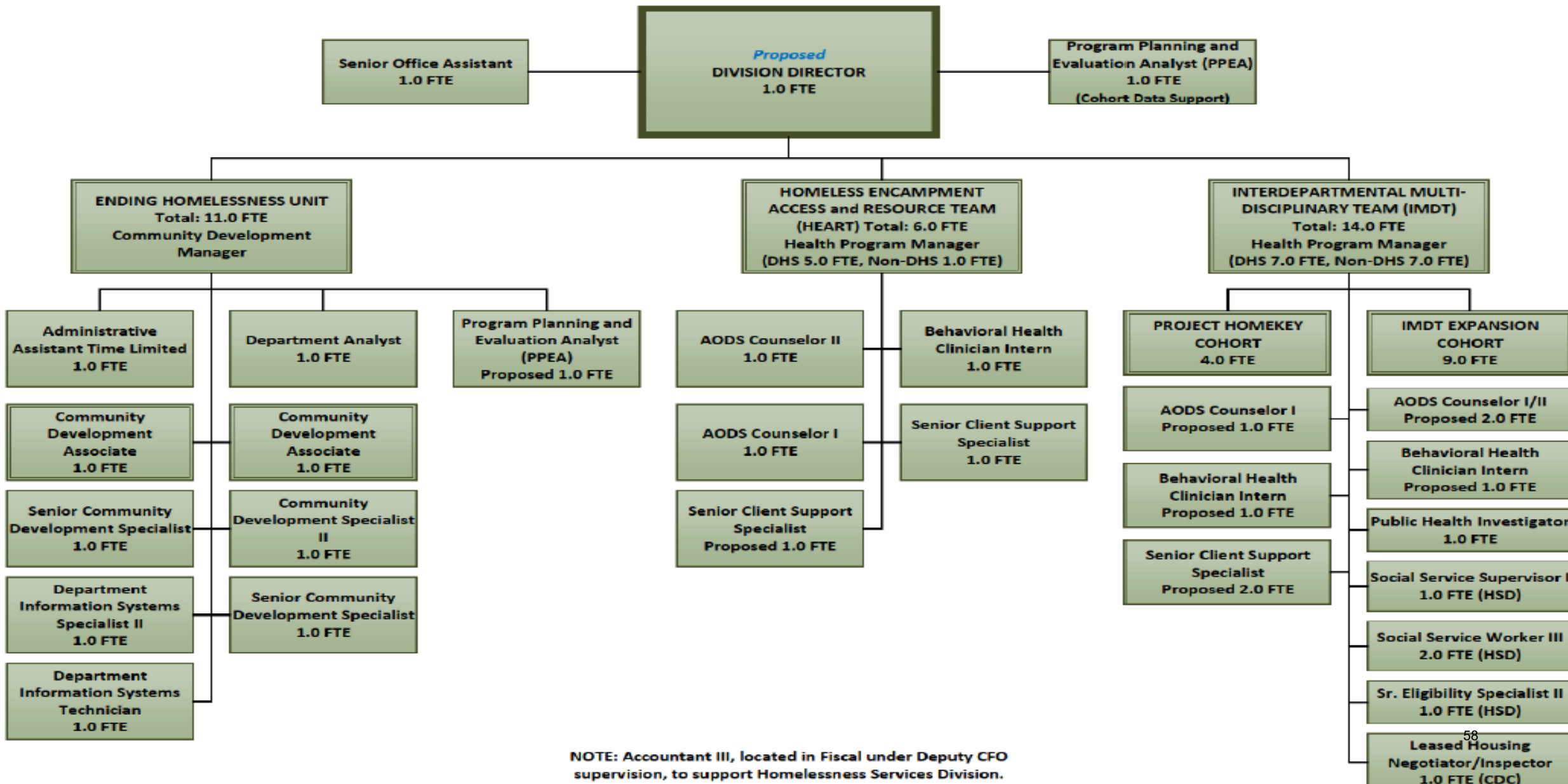






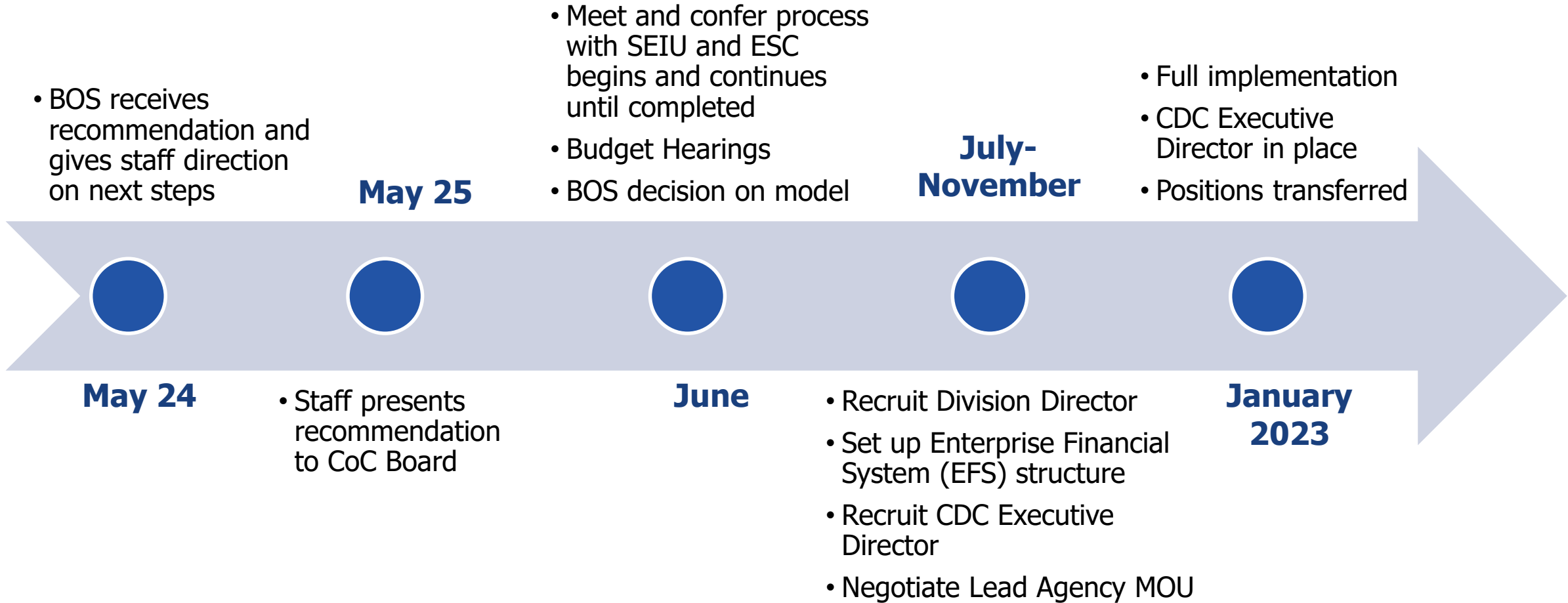
# HOMELESSNESS SERVICES DIVISION

Director: Tina Rivera  
Issue Date: April 19, 2022  
(Organizational Chart)



NOTE: Accountant III, located in Fiscal under Deputy CFO supervision, to support Homelessness Services Division.

# TIMELINE





SUMMARY REPORT

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**Agenda Date:** 5/24/2022

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**To:** Sonoma County Board of Supervisors

**Department or Agency Name(s):** County Administrator's Office

**Staff Name and Phone Number:** Christel Querijero 707-565-7071, Nour Maxwell 707-565-1743

**Vote Requirement:** Majority

**Supervisorial District(s):** Countywide

**Title:**

Homelessness Services Organization Recommendation

**Recommended Action:**

- A) Receive staff recommendation to move the Community Development Commission's (CDC) Ending Homelessness team to the Department of Health Services (DHS) under a new Homelessness Services Division, and direct staff to return during the June budget hearings with more financial details for consideration of the proposed reorganization; and
- B) Receive an update on the implementation of recommendations presented in the April 20, 2021 consultant report: *Improving Integration & Outcomes to Benefit County Residents: Assessment of Housing and Homeless Services and Programs*.

**Executive Summary:**

On April 20, 2021, your Board received the *Improving Integration & Outcomes to Benefit County Residents: Assessment of Housing and Homeless Services and Programs* report prepared by KPMG, LLP. The report proposed recommendations to improve the overall operational efficiency, effectiveness, and delivery of housing and homeless services across the County. Included in the report was a recommendation related to the County's homelessness services organizational structure, namely: to evaluate potential organizational models to facilitate best outcomes.

Several organizational models were proposed for homeless services. Staff recommends creating a new homelessness division within the Department of Health Services (DHS) and moving the Ending Homelessness team at the Community Development Commission (CDC) to this new division. The Ending Homelessness team under CDC also serves as the lead agency for the Continuum of Care (COC) board. Staff also evaluated the anticipated impacts resulting from transitioning homelessness services to DHS, including impacts on staff, budget, and CoC lead agency. A preliminary timeline to ensure a successful transition to the proposed homeless services organization model has been developed should your Board direct staff to move forward with staff's recommendation.

In addition to the organizational recommendation, this item includes an update on some of the report recommendations pertaining to homelessness services strategy, funding, and the optimization of homelessness programs. During the past year, several projects, which directly align with the recommended actions from the consultant's report, were initiated within the framework of the County's Strategic Plan Healthy and Safe Communities pillar.

**Discussion:**

**Background.** During the 2019-20 budget hearings, your Board approved appropriations to fund various efficiency studies, including the assessment of housing and homeless services programs. The consulting firm KPMG, LLC was selected to:

- Assess and inventory all housing and homeless services programs administered through the Community Development Commission, Department of Health Services, and Human Services;
- Assess and provide an inventory of the ancillary services and programs necessary to enable individuals to successfully obtain and maintain housing;
- Determine best practices to administer programs and improve collaboration and communication across organizations;
- Assess whether existing homeless and housing programs should be redesigned to more effectively achieve outcomes.

On April 20, 2021, your Board received the *Improving Integration & Outcomes to Benefit County Residents: Assessment of Housing and Homeless Services and Programs* report and directed staff to return with additional analysis and recommendations for consideration. A key report finding was the need to redesign the organizational model to improve the efficiency and effectiveness of housing and homeless services delivery. The report included two recommended actions in the area of organization structure:

- Evaluate potential organizational models to consolidate housing funding and expertise, leverage homeless and health service delivery capacity, and streamline service offering to facilitate best outcomes.
- Evaluate the impact of transition on Continuum of Care (CoC) structure and governance.

**ORGANIZATIONAL MODEL OPTIONS**

Several organizational models were proposed for homelessness services in the consultant's report. Over the last year, staff have evaluated the feasibility and impacts of the models recommended, including two that the consultant rated highest based on defined design criteria, and an additional model that staff believe was important to consider. Each model was evaluated based on anticipated impacts on governance, coordination with partners, service quality and delivery, operational efficiency, cost, funding, staff, and CoC lead agency status. Although the CDC currently serves as the lead agency for the CoC, the CoC has the authority to decide how to staff the lead agency role. A description of each model and staff's recommendation are described below.

**1. *Keep existing homelessness services at CDC, while enhancing staff and services***

This option recommends keeping homelessness services within CDC while increasing staff capacity to meet the growing needs and demands for existing homeless services.

Services: Under this model, the CDC Ending Homelessness team would deliver the following services:

- Serve as the sole Lead Agency to the Continuum of Care Board (subject to the CoC's approval)
- Serve as the contracting arm of a significant portion of the County's homeless services (DHS,

- HSD, and Probation homeless services programs would continue to exist in separate departments);
- Monitor standards and procedures for County-funded homeless services provided through the CDC;
- Monitor standards for the Department of Housing and Urban Development (HUD), State, and Local funding streams;
- Manage service providers for County's Project Homekey facilities;
- Advocate for the needs of the homeless community within the larger region;
- Troubleshoot client challenges with securing service providers, coordinated entry, and other front-end entry points of the homeless system.

Staffing Impacts: With this option, the CDC's 11 FTEs on the Ending Homelessness team and 4 FTEs in the administration section would remain at the CDC. The additional 3.0 FTEs under this model would replicate work currently done by DHS HPE team members, provide additional support to augment capacity to meet compliance requirements on new contracts, and allow for additional communications support. The cost of adding these positions is approximately \$545,000.

Funding: CDC Ending Homelessness programs are funded by several federal, state and local funding sources. Amounts vary year to year, but primary sources include:

Federal:

- HUD's annual Continuum of Care Grants (Annual Renewal Demand, HMIS support, Planning Grants)
- Emergency Solutions Grants (ESG) - Federal

State:

- Homeless Housing, Assistance, and Prevention (HHAP) funds
- Emergency Solutions Grants (ESG) - State
- Encampment Resolution Funding (ERF) Program (one-time program)

Local:

- County General Fund
- Transient Occupancy Taxes (TOT) Funds
- Reinvestment and Revitalization Funds
- Low- and Moderate-Income Housing Asset Fund
- Measure O

Pros and Cons. There are both benefits and drawbacks of keeping and enhancing homeless services at CDC. This model:

- Is easy to implement and in the least amount of time;
- Optimizes cross-collaboration between the Housing Authority and Homelessness teams
- Provides one location for clients in need of both housing vouchers and homeless services.

Limitations of the model include:

- Reduced shared strategy or vision across County departments;
- The CDC would still not manage all of the County's homelessness programs;
- The CDC's Ending Homelessness team would still be separated from the other County safety net programs and services such as the HEART Team, the Interdepartmental Multidisciplinary Team

(IMDT), Non-Congregate Sites (NCS) shelters like Los Guilicos Village, and Project Roomkey.

**2. Consolidate all County homelessness services within the CDC**

This model establishes a single department of all homelessness services within Sonoma County at the CDC, with the CDC remaining a separate (non-County) agency.

Services: CDC would take over all services related to homelessness, including the IMDT, and be the Lead Agency for the CoC. It would remain a separate (non-County) agency with the following services and potentially additional ones:

- Lead Agency for homelessness services under ACCESS Sonoma
- Lead role for IBM/Information Systems Department (ISD) ACCESS and Watson Care Manager
- IMDT and the HEART cohorts
- Project Homekey
- All homelessness programs currently under CDC
- Potentially some Measure O funds (Residential Care Facilities, Permanent Supportive Housing, and Other Housing; Behavioral Health Homeless; Transitional & Permanent Supportive Housing)
- All homeless programs under Human Services Department (HSD)
- All homeless programs under Probation.

Staffing Impacts: Assuming the CoC Lead Agency role remains with the CDC, in order to consolidate homeless services at CDC, CDC would retain the existing 11.0 FTEs on the Ending Homelessness team. In addition, the Safety Net department directors believe that staff from their departments who are dedicated to homeless services and housing, would need to be moved to the CDC, including 48.5 existing FTEs.

- Human Services Department: 22 FTEs - Employment and Training (13), Adult & Aging (7), Family Youth & Children (2)
- Department of Health Services: 26.5 FTEs - ACCESS HEART (8), ACCESS Whole Person Care/High Needs Homeless (10.5 FTEs), ACCESS COVID 19 Cohort (8)

In addition to moving these FTEs from the other Safety Net departments, CDC would need to add 14.0 FTEs to support the administrative and program functions of an expanded homeless services department at a cost of approximately \$1.95M.

Funding: Funding for the existing FTEs would come from a variety of federal, state and local sources, many tied to program eligibility, which may not be able to be used outside of program requirements and may not continue to be available if staff are moved from their program source. In addition to the new staffing levels described above, additional funding may be needed to procure space and equipment for the new staff, as well as internal cost allocations (A-87) and ISD expenses.

Pros and Cons. There are benefits and drawbacks to a single department of all homeless services within Sonoma County, at the CDC.

Key benefits of this model include:

- Optimizes capacity with all homeless services consolidated in one department;
- Potential to enhance customer experience.

The most significant limitations include:

- Most expensive model due to the number of additional staff positions needed to support
- Program staff from various departments may lose their subject matter knowledge of the programs tied to funding sources unique to each department;
- Moving the programs out of HSD requires more County staff to ensure proper oversight and coordination with social workers and management;
- Potential challenges moving County employees to non-Civil Service agency, and labor impacts;
- Complexity of and number of funding sources that would need to be managed;
- Time to implement could range from 18-24 months;
- CDC would need more space;
- CDC has no MediCal Billing Mechanism; IMDT/HEART currently do not bill to MediCal;
- CDC would need to track clients and units of service and prepare cost reports through an Electronic Health Record and sites would need to be certified;
- DHS is the Mental Health Plan and partners with Partnership Health Plan. Direct service provision through licensed professionals would be problematic without the appropriate infrastructure in place.

### **3. *New Homelessness Services Division within Department of Health Services***

This model would create a new Homelessness Services Division within DHS and transition the CDC's Ending Homelessness team to the new DHS division.

Services: Should the CDC Ending Homelessness team transition to DHS, the existing programs and functions are expected to remain the same. Services would include the following:

- Project Homekey
- LG Village
- Scattered Site Housing
- Street outreach as done by the IMDT/HEART
- Coordination assistance with city- and CBO-operated shelters; development of regional shelter standards
- Housing-related assistance
- Case management as done by the IMDT/HEART
- Advocacy services
- Support services, especially related to mental and physical health conditions of persons experiencing homelessness.
- Serving as Lead Agency to the Continuum of Care Board, including management of the HMIS system and Coordinated Entry.

Services not included:

- Human Services' and Probation's housing programs
- Housing Authority
- Housing and Neighborhood Investments (County Fund for Housing, CDC Housing Fund, flood improvements, earthquake bracing, etc.)
- Program compliance for HOME and CDBG programs, and for Affordable Housing Agreements



- Most of CDC’s administrative staff

The CDC also has a role in administering certain County-owned properties, as well as properties owned by the former redevelopment agency. The policy team working on this new alignment is continuing its review of how County-owned property administration now assigned to the CDC might change under this new model, as well as the role and duties of the administrative positions needed to maintain the CDC’s important remaining functions.

The CDC currently serves as the CoC Lead Agency. If homelessness services currently under the CDC are transferred to DHS, the Lead Agency role could transfer from CDC to DHS. Further discussions with the CoC Board would be needed if your Board agrees with the recommended model.

Staffing Impacts: Under this model, the new DHS Homelessness Services Division would have 34 FTEs (Attachment 1 Proposed DHS Organization Chart). Three new positions would be requested to support the mission and operations of the new, expanded division and to ensure appropriate levels of management oversight and administrative support.

Existing Positions	FTEs	Estimated Cost
CDC Ending Homeless Team	11	
Homeless Encampment ACCESS and Resource Team (HEART)	6	
Interdepartmental Multidisciplinary Team (IMDT)	14	
<b>New Positions</b>		
Homelessness Services Division Director	1	\$295,706
Accountant III	1	\$184,126
Senior Office Assistant	1	\$113,000
<b>Total</b>	<b>34</b>	<b>\$592,832</b>

Estimated position costs include benefits and are based on the highest rates in the job classification. In addition to the proposed new positions, funding would be needed to make permanent two positions that are currently time-limited, 1.0 FTE Administrative Aide and 1.0 FTE Policy & Program Evaluation Analyst. Estimated salary and benefit costs for these two positions are around \$120,000 and \$146,000, respectively.

Funding for Homeless Programs: The table below shows the ongoing sources of funds that would travel with the CoC to the DHS Homelessness Services Division. The list does not include some smaller funds that are direct cost-related, such as the Point-in-Time Count.

Fund	Total Amount	Lead Agency Admin Amount	Notes
Homeless Housing, Assistance and Prevention (HHAP) (CoC Allocation)	\$4,400,000	\$309,000	Has varied year to year
State Emergency Solutions Grants (ESG)	\$226,000	\$6,200	

Fed Emergency Solutions Grants	\$228,000	\$17,100	
U.S. Department of Housing and Urban Development (HUD) CoC Grant -Annual Renewal Demand (ARD)	\$3,996,000	0	Amount can be used for CES and HMIS
HUD CoC Planning Grant	\$120,000	\$120,000	Intended in part to staff the HUD CoC ARD Grant
<b>Total</b>	<b>\$8,970,000</b>	<b>\$452,000</b>	Estimates

In addition to the ongoing sources in the above table, several one-time funding sources at CDC have supported CoC homelessness work. These include:

- State Emergency Solutions Grant allocation (ESG - State)
- Federal Emergency Solutions Grant allocation (ESG - Federal)
- The Homeless Emergency Aid Program (HEAP)
- The Department of Housing and Urban Development (HUD); HUD provides the Federal ESG Funds, CDBG funds, as well as an Annual CoC Grant. The CoC grants include Planning Grant for administration expenses, and an HMIS Grant.
- Transient Occupancy Taxes (TOT); a portion of the hotel bed taxes from overnight stays in the unincorporated area can flow through to the CDC. The CDC typically uses about \$381,000 of these funds to support the CoC and allocates other TOT funds to distribute into the County Fund for Housing (CFH), a fund for affordable and permanent supportive housing.
- County General Fund

Pros and Cons. Key benefits of this model include:

- Streamlines and aligns direct homeless services program offerings with DHS Behavioral Health Unit offerings to enhance service delivery;
- Increases coordination and collaboration between DHS, the IMDT team, and other homeless services, which should improve the client experience and support the expansion of IMDT cohorts;
- Increases the potential to combine and share resources and increase funding competitiveness;
- Leverages the compliance, Health Policy, Planning and Evaluation (HPPE), and epidemiology staff at DHS;
- Leverages readily available resources of the Safety Net and ACCESS initiative and promotes integration in more seamless ways;
- Leverages ACCESS technologies; and
- Leaves the CDC as an agency focused on affordable housing and federal/state programs for community development.

Limitations and considerations include:

- The model may result in staff attrition and a loss of staff productivity;
- Other Safety Net departments manage homeless programs;
- Staff will need to be considered in the transition since CDC staff are not under Civil Service;
- Transition may take time given labor organization meet and confer requirements.

**Recommendation**

Staff recommends creating a new homelessness division within the Department of Health Services

(DHS) and moving the Ending Homelessness team at the Community Development Commission (CDC) to this new division. This model offers the best opportunity to align program offerings with services provided within DHS and improve cross-program collaboration and coordination. While the model would not consolidate all homeless programs across the County, it centralizes most of the County’s homeless programs and services, and leverages the expertise of specialized staff and technologies in one department, under a unified, strategic vision. Finally, although there will be impacts to staff in a transition, this model has the greatest potential to optimize service delivery.

Model Implementation Timeline. Implementation could take up to 10 months to allow sufficient time for human resources processes, including the following:

- County needs to engage SEIU and ESC in the meet and confer process to discuss the effects of the Board’s decision.
- A division director job class needs to be developed and adopted by the Civil Service Commission and the Board.
- A recruitment would be conducted and further steps would be taken to establish the new division.
- Office space needs to be retrofitted before the new Homelessness Services Division staff can be located there.

The high-level timeline below shows some of the key steps leading to full implementation of the proposed model.

Date/Timeframe	Major Transition Activities
May 24	• Board receives organization model recommendation and directs staff to come back with more financial details to be considered during the June budget hearings
May 25	• Staff presents the recommendation to the CoC Board and shares the CoC feedback with the Board
June	• Board to consider Budget Funding Request and decide on model at budget hearings
June	• Meet and confer with SEIU and ESC begins and continues until completed
July-November	• Recruit for homelessness division director • Set up Enterprise Financial System (EFS) structure • Recruit for CDC Executive Director
January 2023	• Full implementation/changes effective • CDC Executive Director in place • Positions are transferred (assumes successful CDC executive recruitment)

**Homeless Services Organizational Model Next Steps**

At your Board’s direction, staff could come back with more financial details for some or all of the proposed models to be considered during the June budget hearings. Staff will present the organizational models to the

CoC Board at their May 25, 2022 meeting for input that will be shared with your Board.

## **UPDATE ON IMPLEMENTATION OF CONSULTANT REPORT RECOMMENDATIONS**

In addition to the organizational and governance recommendations, the *Assessment of Housing and Homeless Services and Programs Report* included recommendations pertaining to strategy, funding optimization, and program optimization. Many of the recommendations align with objectives in the County Strategic Plan Healthy and Safe Communities pillar and are being implemented within the Plan framework. This section provides some highlights of progress since the consultant report was received in April 2021. Some key efforts are highlighted below, where relevant, the County Strategic Plan goal and objective reference is noted. (Additional details on implementation progress are available in Attachment 3 to this item.)

- **Countywide Housing and Homelessness Strategy** (Strategic Plan HSC 4.2). The CDC and Cities within the CoC are on track to develop a single, unified Homeless Strategic Plan by December 31, 2022, as well as a Homeless Action Plan (HAP) which the Board is considering during today's Board Meeting under a separate agenda item.
- **Funding optimization** (Strategic Plan HSC 3.2). The CDC and CoC are strengthening their collaboration by jointly applying for Sonoma County's share of new State and Federal dollars associated with Permanent Supportive Housing (PSH) and Affordable Housing. Both the County and CoC have emphasized using State HHAP funds for Project Homekey PSH and Interim Housing support. Additional progress was made via the assignment of Project-Based Vouchers to Homekey PSH and other affordable projects.
- **Formalizing Collaboration with the CoC.** Staff have been working on a draft MOU to formalize the County's role as CoC Lead Agency to support a long-term funding plan and joint efforts in tackling state-level challenges and opportunities such as securing steady sources of funding.
- **Program Optimization.** Since June 3, 2021, an internal team composed of County Administrator's Office, Policy Grants and Special Projects division (CAO - PG&SP) HSD, CDC, and DHS staff have been convening on a weekly basis to implement report recommendations to achieve program optimization. The team developed a County Housing and Homelessness Programs Inventory, which provides a comprehensive picture of the County's diverse housing and homelessness services offerings. In addition to helping identify program optimization opportunities, the inventory also served as a baseline for understanding where there could be opportunities for changes in organizational structure to achieve greater efficiencies, effectiveness, and reach.
- **No Wrong Door Approach** (Strategic Plan HSC 1.3). The Board of Supervisors approved \$350K in Year 1 Strategic Plan funding to support this approach to allow clients needing County services to receive services regardless of where they enter the system.
- **Expanding the Use of Performance Measures and Results-based Accountability** (Strategic Plan HSC2.1). The internal team is also supporting efforts to strengthen data tracking using the results-based accountability (RBA) framework. RBA will be used for planning, reporting, and monitoring/tracking of performance measures of County programs and contracts with plans for

complete adoption in the next 3-5 years.

- **Establishing Strategic ACCESS COHORT Populations** (Strategic Plan HSC 2.1). Identifying gaps in the County safety net system of services and how departments can address those gaps directly is an ongoing County objective. Some successes achieved include the IMDT- Expansion team (expanded HEART COHORT), the creation of new cohorts such as Project HOMEKEY cohort, the inclusion of city staff in County cohorts, and the programming of a Transitional Aged Youth (TAY ) cohort in coordination with Probation and HSD. These new cohorts will provide critical services to high-need individuals.

**Strategic Plan:**

The Assessment report leading to this work and recommendation was conducted within the framework of the Strategic Plan Healthy and Safe Community Pillar and objective to conduct a peer review of neighboring counties, other agencies, and successful models in other states to identify best practices for preventing and reducing homelessness through various housing options and supportive service models. Staff also relied on these best practices and models in implementing several strategic plan objectives as described in the *Update on Implementation of Consultant Report Recommendations* section of this item. This item directly supports the County’s Five-year Strategic Plan and is aligned with the following pillar, goal, and objective.

**Pillar:** Healthy and Safe Communities

**Goal:** Goal 4: Reduce the County’s overall homeless population by 10% each year by enhancing services through improved coordination and collaboration.

**Objective:** Objective 1: Conduct a peer review of neighboring counties, other agencies, and successful models in other states to identify best practices for preventing and reducing homelessness through various housing options and supportive service models.

**Prior Board Actions:**

4/20/21 KPMG’s Housing and Homeless Services Assessment

**FISCAL SUMMARY**

<b>Expenditures</b>	<b>FY 21-22 Adopted</b>	<b>FY22-23 Projected</b>	<b>FY 23-24 Projected</b>
Budgeted Expenses			
Additional Appropriation Requested			
<b>Total Expenditures</b>			
<b>Funding Sources</b>			
General Fund/WA GF			
State/Federal			
Fees/Other			
Use of Fund Balance			
Contingencies			
<b>Total Sources</b>			

**Narrative Explanation of Fiscal Impacts:**

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**Agenda Date:** 5/24/2022

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Depending on your Board’s direction, staff will return at FY 22-23 budget hearings for final funding determinations.

<b>Staffing Impacts:</b>			
<b>Position Title (Payroll Classification)</b>	<b>Monthly Salary Range (A-I Step)</b>	<b>Additions (Number)</b>	<b>Deletions (Number)</b>

**Narrative Explanation of Staffing Impacts (If Required):**

N/A

**Attachments:**

Attachment 1: DHS Current and Proposed Organization Charts

Attachment 2: CDC Current Organization Chart

Attachment 3: Update on Implementation of Consultant Report Recommendations

Attachment 4: Presentation

**Related Items “On File” with the Clerk of the Board:**

N/A



**Sonoma County Continuum of Care (CoC) Board**  
**Agenda for June 22, 2022**  
**1:00pm-5:00pm Pacific Time**

**Public Zoom Link:**

<https://sonomacounty.zoom.us/j/99261791880?pwd=djc0b1ZsU1FpOU1kbnJ0UDNOcUhfQT09>

**Phone:** 1 (669) 900-9128 **Webinar ID:** 992 6179 1880 **Passcode:** 650935

	<b>Agenda Item</b>	<b>Packet Item</b>	<b>Presenter</b>	<b>Time</b>
	Welcome, Roll Call and Introductions		Board Chair	1:00pm
1.	Consent Calendar (ACTION ITEM): <ul style="list-style-type: none"> <li>• Approve Agenda</li> <li>• Approve Minutes from 5/25/22</li> <li>• Homeless Action Plan Tables – Final Draft</li> <li>• Update on State Budget Impacts to Sonoma County CoC</li> </ul>	-6/22/22 Agenda -DRAFT 5/25/22 Minutes	Board Chair	1:05pm
2.	Staff Report		CDC Staff	1:30pm
3.	Word from the Street		Chessy Etheridge	1:50pm
4.	CoC Competition Renewal Scoring (Action Item)		CDC Staff	2:00pm
5.	10 min Break			2:50pm
6.	Standing Committee Reports <ul style="list-style-type: none"> <li>• Funding &amp; Evaluation Committee (ACTION ITEM)</li> <li>• Coordinated Entry Advisory (CEA) Committee</li> <li>• Strategic Plan Committee</li> <li>• Homeless Management Information System (HMIS)/Data Committee</li> <li>• CoC Competition Evaluation Committee</li> <li>• Lived Experience Advisory &amp; Planning Board (LEAP)</li> <li>• Youth Action Board</li> </ul>		Committee Representatives	3:00pm
7.	Sustainable Funding & Measure O		CDC Staff	4:00pm

8.	Review Agenda for July CoC Board Meeting	-DRAFT 7/27/22	Board Chair	4:40pm
9.	Board Member Questions & Comments		Board Chair	4:50pm
10.	Public Comment on Non-Agendized Items		Board Chair	5:00pm

**PUBLIC COMMENT:**

*Public Comment may be made via email or during the live zoom meeting. To submit an emailed public comment to the Board email [Araceli.Rivera@sonoma-county.org](mailto:Araceli.Rivera@sonoma-county.org). Please provide your name, the agenda number(s) on which you wish to speak, and your comment. These comments will be emailed to all Board members. Public comment during the meeting can be made live by joining the Zoom meeting using the above provided information. Available time for comments is determined by the Board Chair based on agenda scheduling demands and total number of speakers.*