# Sonoma County 5 Year Strategic Plan to Prevent and End Homelessness

## 2023 – 2027

*Adopted by the Sonoma County CoC Board on December 14, 2022*

Prepared by Homebase

Homebase
ADVANCING SOLUTIONS TO HOMELESSNESS

## EXECUTIVE SUMMARY

No one in Sonoma County should be homeless. But on any given night, 2,900 individuals lack a home they can call their own. That sobering figure drives this strategic plan from a group known as the Sonoma County Continuum of Care.

Most people will not have heard of a Continuum of Care. Every region has one. We have a federal and state role – that being to coordinate and make sense of the homeless system in Sonoma County. We are individuals with lived experience of homelessness; local officials and homeless service providers who volunteered to work on this vital issue; members of the health care, housing, and behavioral health fields; and residents and business owners in Sonoma County. We would not be here, nor would we issue this plan, if we did not think that significant progress can (and must) be made to reach functional zero in homelessness.

The plan takes stock of the work that is already happening across the county, including the efforts of the dozens of organizations and hundreds of people who are working hard every day to prevent and end homelessness. It asks, how can we do better? What can we do to make the hard work of so many people even more effective? What are the gaps in service and needs in the community that we're not currently filling? What should change in our current system of care so that it better meets the needs of people at risk of or in the midst of a crisis of homelessness? In short, what can we do to put us on a path to move from 2,900 people experiencing homelessness to functional zero?

We looked to many sources to answer those questions. System performance data helped us identify who is being served, who isn't, and where the gaps and needs in the system lie.

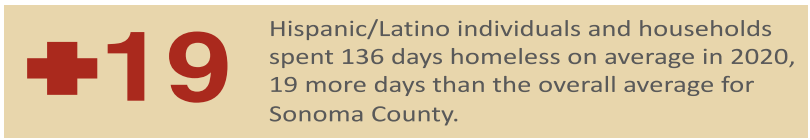
It showed a troubling increase in the percent of people experiencing homelessness who are living unsheltered.


It also showed the difficulty the homeless system of care has faced in reducing chronic homelessness in Sonoma County. This points to a need

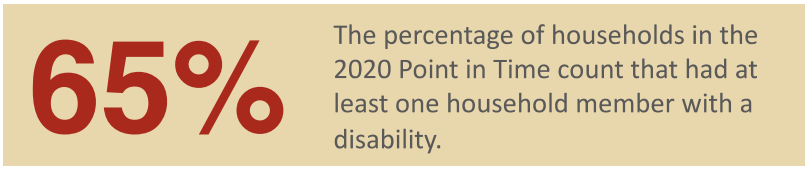
to expand supportive housing options in the county.

Racial disparities also emerged from our analysis. Black individuals make up three times the share of the homeless population as they do the general population and Native people make up four times the share.


Hispanic/Latino households spend more time homeless than the overall average.




Equally concerning, nearly two-thirds of households experiencing homelessness have a family member with a disabling condition.




A wide range of stakeholders also informed the plan. Frontline workers told us about the chronic challenges they face due to having too few resources to meet their clients' complex housing, economic and health needs. Program managers worried openly about burn-out and high turn-over among their over-worked and under-paid staff. Equity advocates highlighted the structural factors that leave many people of color and members of the LGBTQIA+ community over-represented in the homeless system of care. People with lived experience of homelessness spoke with deep appreciation for the support they received, but also highlighted times they felt overlooked or mistreated. Business leaders sought opportunities to partner in support of initiatives to address homelessness. Service providers and government leaders from throughout the County spoke of a need for greater coordination and collaboration across the system of care.

Community and stakeholder input led to the development of three overarching goals, which will guide the direction of the homeless system of care in Sonoma County for the next five years:

1. **Invest in more housing and prevention.** It is imperative to reduce the inflow of people into homelessness and create more pathways to long-term housing stability. Doing so will require investments in both homelessness prevention and housing solutions.
2. **Strengthen supportive services.** The current system of care strains to meet the complex and diverse supportive services needs of people in the community who are experiencing the crisis of homelessness. That strain is felt not only by people experiencing homelessness, but also by homeless service providers, who are overtaxed and under-resourced. Building supportive services capacity is critical to ease this strain and better meet the needs of those in a housing crisis.

3. **Operate as one coordinated system.** Sonoma is a large county with many local governments and a broad array of service providers and other stakeholders whose work directly or indirectly impacts homelessness. To achieve functional zero, partners across the county must work to develop shared priorities, aligned investments, seamless coordination, and equitable solutions to the crisis of homelessness.

The strategic plan outlines community-identified strategies, supported by evidence-based best practices, to advance the three goals. It includes detailed 'Early Action Steps" intended to help the CoC move from plan to action. Sonoma County should see concrete gains from implementing the plan, including:

- Creating more than 500 interim and non-congregate shelter beds over the next two years.
- Creating more than 1,000 permanent housing units or beds over the next five years, with 200 beds added per year.
- Establishing a sub-regionalized approach to street outreach, so that no one is left behind and all outreach teams meet baseline performance standards.
- Implementing more effective approaches to coordinated entry that allow the system to target specific solutions to meet an individual's specific needs.
- Building systems to better coordinate with institutional actors, such as jails or hospitals, to ensure that people exiting those settings do not immediately become homeless.
- Improving compensation, benefits, and caseload ratios for frontline homeless services workers to avoid burn-out, limit turnover, and provide better care for clients; and
- Providing the public and decision-makers with specific data to evaluate how the system is functioning and improve accountability and system performance on an ongoing basis.

## STRATEGIC PLAN VISION

The system of care in Sonoma County strives to be a leader in preventing homelessness, and in ensuring that people experiencing homelessness are supported in achieving housing stability, mental and physical wellness, and economic welfare through a collaborative, client-driven system of care that quickly and effectively delivers accessible, dignified treatment and services.

## STRATEGIC PLAN GOALS

### 1 MORE HOUSING & PREVENTION

Create comprehensive housing interventions, from prevention to permanent housing, to reduce inflow into homelessness and increase pathways to housing stability

**Strategy 1.1**: Preserve housing for those at risk of homelessness by investing in prevention and problem-solving interventions

**Strategy 1.2**: Enhance and invest in non-congregate interim housing options

**Strategy 1.3**: Develop sustainable permanent housing solutions

**Strategy 1.4**: Support efforts to increase the region's supply of affordable housing

### 2 STRONGER SUPPORTIVE SERVICES

Build supportive services capacity to meet the complex and diverse needs of people experiencing homelessness in the Sonoma County region

**Strategy 2.1**: Standardize minimum compensation and training and provide model wellness practices for housing and supportive service providers

**Strategy 2.2**: Significantly expand mental and physical healthcare services for individuals experiencing homelessness, including those living in supportive housing

**Strategy 2.3**: Improve services dedicated to the unique needs of specific populations

**Strategy 2.4**: Coordinate cross-sectors of healthcare, behavioral health, and homeless response

**Strategy 2.5**: Develop, expand, and coordinate interventions to support those living on the street, in encampments

**Strategy 2.6**: Create meaningful pathways to economic self-sufficiency

### 3 OPERATE AS ONE COORDINATED SYSTEM

Work across the Sonoma County region to develop shared priorities, aligned investments, seamless coordination, and equitable solutions to address homelessness

**Strategy 3.1**: Develop a countywide coordinated funding process to use available resources efficiently and effectively to drive local priorities and ensure accountability

**Strategy 3.2**: Prioritize funding to entities that align with local priorities to promote equity, center the voices of people with lived experience, and utilize evidence-based practices

**Strategy 3.3**: Ensure the voices of individuals with lived experience of homelessness are consistently incorporated into planning & evaluating the homeless system of care

**Strategy 3.4**: Improve systemwide and project level data collection, performance, and reporting

**Strategy 3.5:** Engage the community in the effort to end homelessness in Sonoma County

**Strategy 3.6**: Improve transparency and effectiveness of the Coordinated Entry System (entry points of the homeless system of care)

**Strategy 3.7**: Eliminate disparities in access, service provision, and outcomes in underserved and overrepresented subpopulations in the homeless system of care

**Strategy 3.8**: Monitor and report back as to progress on the Strategic Plan's action steps, and adjust activities as conditions and new information warrants

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# INTRODUCTION

It would be hard to point to a problem in Sonoma County that needs more attention than homelessness. Climate change's drought and wildfire ranks right up there too, but the public expects us to have more control over homelessness. Being unhoused, or seeing our unhoused neighbors suffer through cold and heat, often with physical or mental health-related disabilities, is heartbreaking and life-altering. We know that we can and must do better as a system of care.

We're all part of that system. Whether we're elected or appointed leaders, agency staff members, volunteers at community-based organizations, persons experiencing homelessness, residential property owners, employers, or Sonoma County neighbors going about their day-to-day activities; we all have a role to play in making homelessness brief, one-time, and rare.

This plan was prepared at the direction of the Sonoma County Continuum of Care (CoC), a body of representatives from County government, cities, service providers, persons with lived experience in homelessness, the faith community, and others. The CoC's meetings are monthly and open to the public. **The Plan has three goals:**

1. **More Housing and Homelessness Prevention**. We need hundreds of more housing units of multiple types, beds, and more programs to stop homelessness before it happens.
2. **Stronger Supportive Services**. We all get the concept of housing, but housing for many must be paired with strong, individualized support, including behavioral and physical health care, recovery services, and budgeting financial management skills. Those looking for work need training; those who have a disability need support maintaining benefits.
3. **Operate as One Coordinated System**. It won't shock Sonoma County readers to know that the homeless system of care could be more streamlined, effective, and equitable; easier to understand; and supportive of all individuals seeking help rather than perpetuating a system that says, "we don't do that - they do."

We believe that the goals, strategies, and action steps in the Plan, which include significant expenditures to modify and build a system that works, are the right ones. The steps outlined represent proven practices, community and expert consensus, and the realities of homelessness in Sonoma County. The goals of the plan are not easy nor cheap, but this is how we start moving the needle back to zero homelessness. We're excited to implement this plan and to re-home our unhoused neighbors.

Sincerely,

**Rebekah Sammet**, Member, CoC Board Strategic Planning Committee and Lived Experience and Planning Board

**Tom Schwedhelm**, Co-chair, CoC Board Strategic Planning Committee

**Stephen Sotomayor**, Co-chair, CoC Board Strategic Planning Committee

# CURRENT SYSTEM OF CARE AND RELATED CHALLENGES

This section of the Strategic Plan reviews the current homeless system of care in Sonoma County. It also highlights many of the challenges surfaced through our conversations with stakeholders in that system of care and our analysis of related quantitative data. A more detailed look at that quantitative data may be found in Appendices D, E and F.

## Overview

An effective homeless crisis response system quickly identifies and connects people who are experiencing or are at risk of homelessness to shelter, rehousing assistance, and other services. It works because it aligns a community, its programs, and services around one common goal — to make homelessness rare, brief, and nonrecurring. The figure below illustrates how the Sonoma system is organized, with the aim of preventing homelessness and helping people exit the system quickly when homelessness does occur.

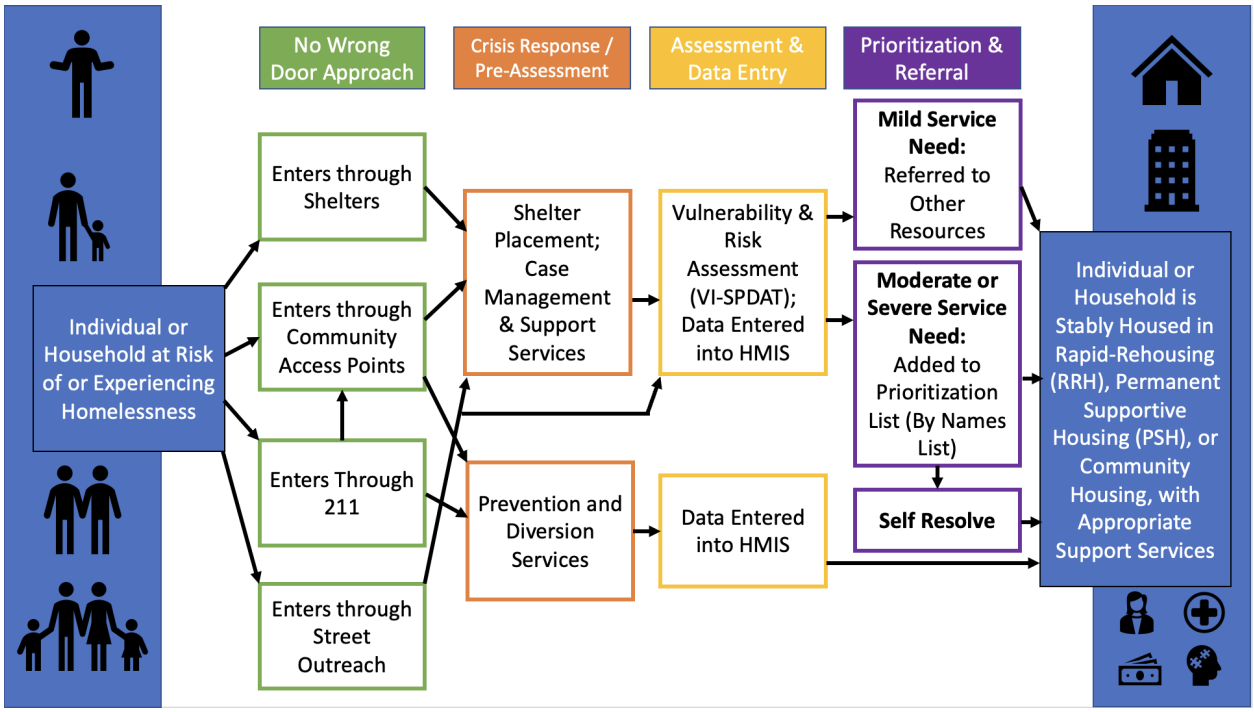


**Figure A: Sonoma County Homeless System of Care**

## Leadership and Coordination

An effective response to homelessness requires a community-wide effort that engages stakeholders from a wide range of jurisdictions, agencies, and sectors in a shared strategy. The Sonoma County Continuum of Care (CoC) is the principal body that leads and coordinates the county-wide response to homelessness. The CoC receives significant staff support from the Sonoma County Community Development Commission (CDC or the Commission). The CDC is the designated Administrative Entity/Lead Agency (Collaborative Applicant) for the CoC, and is the HMIS Lead that administers the CoC's Homeless Management Information System (HMIS). As of April 1, 2022, the nonprofit, HomeFirst, became the operator of Coordinated Entry (CE), assuming the role of coordinator for Sonoma County's front door to supportive housing and services.

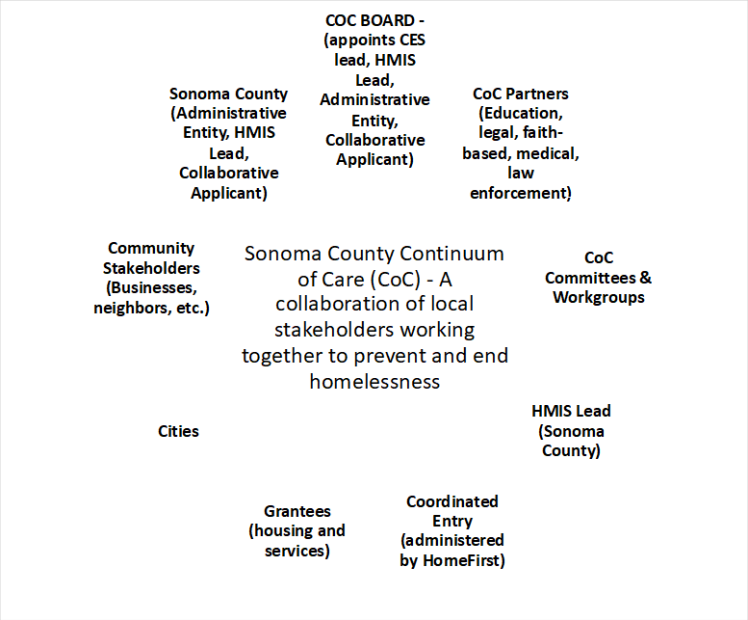


**Figure B: Sonoma County Continuum of Care**

### Current System

The Sonoma County Continuum of Care is membership-based. Any person or entity committed to preventing and ending homelessness in Sonoma County may join the CoC as a participating member. To join as a Voting Member, an individual or entity must submit an application that the CoC Board may approve in its discretion. The Board reviews applications to ensure that voting members are located in Sonoma County and have made material contributions or commitments to supporting the vision of the CoC.

The CoC Board leads the Sonoma County Continuum of Care. It serves as the governing body that determines CoC policy and acts as the CoC's decision-making group. Mandated by the HUD's Continuum of Care Program, the Board is responsible for oversight of funds designated to the CoC and regional planning/policy development for addressing homelessness.

The Board consists of 17 voting members, including local elected officials, nonprofit representatives, subject matter experts, and individuals with lived experience of homelessness. Nine of the seats on the Board are appointed by local governments, the County Administrator, and the largest homeless services provider in the County, with provisions made to ensure broad geographic representation across jurisdictions. Five of the remaining seats are filled by people

who represent a range of stakeholder groups, including homeless services providers, health care organizations, people with lived experience of homelessness (both adult and transitional age youth (age 18-24)), and homeless advocacy organizations. The remaining three seats are "at large" positions not designated to represent any particular stakeholder groups, although members are encouraged to consider factors such as geographic diversity, subject matter expertise, and representativeness of people served by the homeless system of care when casting their votes. The CoC Board typically meets once per month, with additional meetings held as necessary.

Much of the work of the CoC is conducted through committees and work groups. Committees and work groups generally consist of some CoC Board members, CoC voting and participating members, and other volunteers. The CoC's current committees are described in the glossary found in Appendix H.

The CoC designated the Sonoma County Community Development Commission ("CDC" or "Commission") as the HMIS Lead, Lead Agency, and Collaborative Applicant for the CoC. In this role, the CDC coordinates efforts related to data collection and analysis, grant applications and awards, and system and project monitoring. More information about the CDC's CoC roles can be found in the glossary found in Appendix H.

## Challenges

Stakeholders throughout the homeless system of care see a need for stronger leadership and coordination. Much of the concern around coordination relates to funding. For example, some stakeholders noted that when the Community Development Commission issues a call for proposals from the homeless system of care, it often receives few responses. They speculated that one reason for this is that it is hard for providers to know whether it is worthwhile to submit a proposal – either because another program may be seeking funding for a similar project, or because the commission has a particular project or need in mind for which it wants to award the funding. They called for stronger outreach by the Commission to help providers develop proposals that are likely to win funding approval.

Stakeholders also noted a problem with expiring funding. The County currently has no system in place to track when funding awards expire. This often leaves the County and providers scrambling to replace funding at the end of a grant term. Stakeholders called for stronger tracking systems to allow all parties more time to plan for the end of grant terms and to seek alternative funding streams when available to support the ongoing availability of needed services.

Several stakeholders noted that coordination across the county has been most effective when one person took charge of a particular initiative or effort. Clear leadership roles create accountability and a decision-making chain that make it more likely that proposals for change will be brought to fruition. To that end, several stakeholders called for the creation of a senior position within the County to lead and coordinate the region's efforts to prevent and end homelessness. The County has recently created just such a position within the Department of Health Services.

## Homelessness Prevention and Diversion

In the context of the homeless system of care, prevention and diversion are closely related concepts. “Prevention” refers to the provision of supports, services and problem-solving to avert or avoid homelessness for those at risk of losing housing. “Diversion” refers to efforts to connect households that present at an entry point to the homeless system of care to alternate housing arrangements or supports that help them immediately return to permanent housing. In practice, prevention and diversion efforts use similar strategies, which may include financial assistance (to pay rent, utility bills, security deposits, moving costs, etc.) or supportive services (such as housing advice, landlord or family mediation, benefits advocacy, etc.), or both.

### Current System

A range of prevention and diversion services and support are available in Sonoma County.

- The County provided approximately $150,000 in funding for prevention efforts in FY21/22, as well as over $30 million in Emergency Rental Assistance Program (ERAP) funding.
- A Multidisciplinary Team of County Safety Net partners shares data in IBM’s Watson Care Manager to coordinate discharge planning with jails and health care clinics to prevent homelessness of individuals with chronic health issues.
- The CoC partners with McKinney-Vento Liaisons in school districts to rapidly connect families at risk of homelessness with the Coordinated Entry system.
- Legal Aid of Sonoma County helps low-income tenants with eviction defense, Section 8 issues, mobile home park issues, habitability problems and price gouging.
- Access Point staff engage new clients in a housing problem solving conversation, to help them self-resolve their housing issues and divert out of the homeless system of care.

Through these efforts, the CoC hopes to reduce first-time homeless by 3% by 2024.

### Challenges

A challenge in increasing prevention and diversion efforts in Sonoma County lies in a lack of clarity about effective strategies. With limited funding for homelessness, stakeholders expressed concern about spending money to keep someone housed when it’s not always clear (1) that the individual or household would become homeless but for the funding provided, and (2) that provided funding will ultimately succeed in keeping an individual or household housed. Stakeholders called for further exploration of evidence-based best practices and data collection strategies.

## Coordinated Entry System

### Current System

Sonoma County's Coordinated Entry System (CES or CE) helps people access an array of housing interventions and services through a single, coordinated process. It is intended to offer a "no wrong door" approach, so that getting help is not a matter of being lucky enough to talk to the right agency or case manager at the right time. Any access point should be able to connect people to appropriate and available services and housing resources. CE makes referrals only to permanent housing (not shelters) and is designed to be dynamic. Rather than operating on a "first come, first served" basis, CE maintains a By Names List that adjusts based on the vulnerability and need of individuals, families, and transition-aged-youth (TAY) entering and exiting the system. Unfortunately, demand for assistance often outpaces the availability of housing and other resources.

HomeFirst has managed CES since April 2022. CE is made-up of four core elements: Access, Assessment, Prioritization, and Referral. More information about these elements can be found in the glossary under the term Coordinated Entry System in Appendix H.

### Challenges

- **Single By Names List** – Agencies currently compile separate By Names Lists (BNL) on a local/regional basis, and then use cross-jurisdictional case conferencing to match clients with available resources. Stakeholders agreed that it would be more efficient to compile a single BNL for all individuals and households in Sonoma County who are seeking assistance. However, some jurisdictions have resources available only to local residents. Accordingly, it is important that any move to create a single BNL retain the capacity to identify resources by region and sort by jurisdiction.
- **Prioritization concerns** – Stakeholders raised two different sets of concerns regarding prioritization within the CE system.
    - **VI-SPDAT** – Some stakeholders raised concerns about the CE system's assessment tool – the VI-SPDAT. Concerns include the tool's equity implications (i.e. that it may bias the prioritization of housing placement against people of color/BIPOC), its intrusiveness, the trauma it may recreate, its inflexibility, and the repetitiveness of the process.
    - **Fairness** – Another set of concerns addressed the need to make sure that prioritization is fairly administered, and that there are agreed-upon, universal priority standards. There is a particular worry that when encampments in unincorporated areas are cleared, residents who are moved out "jump the line" in the CE system.
- **Information sharing** – Information sharing is a concern both between agencies within the homeless system of care as well as with adjacent agencies that interact frequently with the homeless system of care, such as jails and hospitals. Many cited the challenge of securing proper confidentiality releases to share information across providers. Another issue is addressing information documented in case notes. Providers observed that what

is shared in case notes may not be accurate and may prejudice others in their willingness to provide care or in the kind of care they provide. They also suggested that it may be enough to know who is working with a particular client, without disclosing other confidential information. This would allow providers to reach out to each other when necessary. Others noted the need for a mechanism through which adjacent agencies could notify agencies in the homeless system of care of the release of a client who is experiencing homelessness. It may be important to prioritize access to emergency shelter beds for released clients, followed by enrollment in Coordinated Entry.

## Safe Parking

### Current System

A variety of churches and other organizations in Sonoma County offer "safe parking" sites – places where individuals and families who are experiencing homelessness and using a car or RV as their primary residence can safely park their vehicles. Sites typically provide access to bathrooms and may also offer meals or other support. Outreach efforts help connect site users to the homeless system of care.

### Challenges

Stakeholders raised two significant concerns regarding Sonoma County's safe parking sites:

- **Safe parking sites are not well-integrated into the homeless system of care** – There is no centralized listing of safe parking sites, and Coordinated Entry no longer makes referrals to them. Accordingly, they can be difficult for people experiencing homelessness to find. A barrier to better integration is that some sites do not want to be formally connected to the homeless system of care, for fear that doing so would complicate administration and intake at the site.
- **Many parts of the county are not served by safe parking** – Gaps in availability seem to be particularly acute in north county areas.

## Street Outreach

### Current System

A variety of agencies in Sonoma County conduct street outreach efforts to reach people experiencing homelessness who are living unsheltered, whether they are on the streets, in parks, in their cars, or in encampments (see sidebar). Broadly, the goals of this work are to build connections with people who might not otherwise seek assistance or come to the attention of the homelessness service system, to ensure that people's basic needs are met, and to support people on their paths toward housing stability. Strong outreach and support efforts can ease the burden on police and help people experiencing homelessness avoid criminal justice entanglement. As one outreach team member commented, "Some officers are good about recognizing mental health issues, so they call us often. Others are scared by mental health issues, so they call us, too."

Outreach Teams by Jurisdiction

**Petaluma**
Downtown Street Teams
Safe Teams

**Santa Rosa**
InResponse
Homeless Outreach Services Team

**Rohnert Park**
Unsheltered Friends Outreach
Homeless Outreach Services Team

**Sonoma County**
Interdepartmental Multidisciplinary Team (IMDT)

Many of the larger communities in Sonoma County support local outreach teams. Sonoma County also supports a cohort of its Interdepartmental Multidisciplinary Team (IMDT) group (the cohort is called the HEART team or Homeless Encampment Access and Resources Team) that conducts outreach to people living in encampments on land outside of incorporated jurisdictions. The HEART Team also assists in clearing encampments.

A wide variety of service providers also provide medical care, or "street medicine," to unsheltered people experiencing homelessness in locations like encampments, parks, and under bridges.

## Challenges

**Encampments** – Stakeholders called for a more consistent and coordinated approach toward addressing encampments of homeless individuals. People with lived experience of homelessness were particularly concerned about efforts to remove people from land when there is nowhere else for them to go. And when they must relocate, they lose touch with outreach workers, access to community, and their sense of safety. They called for more supported, alternative housing options such as tiny home villages, safe parking, and sanctioned encampments.

**Street Medicine** – Coverage and access are uneven. A widespread challenge lies in transporting clients to medical appointments. Some providers have funding to transport seniors, but not clients experiencing homelessness in general. There is also a need for more veterinary care for clients with pets. Stakeholders praised the work of Ruthless Kindness, an organization that provides free veterinary care at some shelters and encampments (among other places), but they noted that even more assistance is needed.

## Housing Solutions

**Sonoma County, like its peers across the country, embraces a "Housing First" approach to homelessness**. As the National Alliance to End Homelessness explains, the Housing First approach "prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness, and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the understanding that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life."[1]

[1] https://endhomelessness.org/resource/housing-first/

**Housing First is viewed by State and Federal funders as essential (and required) to receive State and Federal funding for homelessness solutions.** Given the evidence supporting Housing First's effectiveness,[2] as well as the significant funding tied to it,[3] this Plan embraces a Housing First approach for Sonoma County. While not every individual organization or project providing services can meet the individualized needs of every household, the Plan aims to ensure that anyone facing a housing crisis in Sonoma County has a path to both short- and long-term housing stability.

To advance this model, the Sonoma County region and its CoC have supported a wide range of housing options designed to meet the needs of people experiencing homelessness. These include housing options designed to meet people's immediate, short-term needs (e.g. emergency shelters and transitional housing), as well as long-term options to help end homelessness permanently (e.g. Rapid Rehousing and Permanent Supportive Housing).

To project the amount of supportive housing needed in Sonoma County, the Housing Working Group (of the CoC Strategic Planning Committee) worked with Homebase and consultant Andrew Hening to identify the existing housing supply by first examining the Housing Inventory Count (HIC) for Sonoma's Continuum of Care. Then they looked at existing HMIS data to estimate the number of persons who become homeless in any one year, or inflow (this is a number different from the Point-in-Time Count data, which is one day's count). Finally, they reviewed known models, such as the All Home California 1-2-4 model, to identify the number of interim housing units, permanent housing units, and prevention interventions that would be needed locally to create enough housing to reach Functional Zero. The All Home California 1-2-4 model assumes that a functioning system of care needs a ratio of 1 unit of interim housing, 2 units of permanent housing, and four prevention interventions. This was not the only model examined, but the recommendations within the Plan generally follow this model. See the upcoming section, "*A Roadmap for Sonoma County: Goals, Strategies, and Action Steps*" for specifics.

[2] https://endhomelessness.org/resource/data-visualization-the-evidence-on-housing-first/

[3] The largest sources of funds to address homelessness countywide come via California's Homeless Housing, Assistance and Prevention (HHAP) and US HUD's Continuum of Care (CoC) Programs. CA state law requires programs that receive funding primarily for homeless assistance adhere to Housing First components https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=WIC&division=8.&title=&part=&chapter=6.5.&article. HUD reduces the points available (in the CoC competition for funding) to CoCs and new CoC projects for failing to adhere to Housing First principles. See 2022 HUD CoC NOFO, https://www.hud.gov/sites/dfiles/SPM/documents/Continuum_of_Care_Competition_and_Noncompetitive_YHDP.pdf.

## Current System

For more information on a housing type listed below in the Current System, see the glossary in Appendix H.

| Housing Type | Number of Beds 2022 |
|---|---|
| Emergency Shelter | 886 |
| Transitional Housing* | 371 |
| Rapid Rehousing (RRH) | 402 |
| Permanent Supportive Housing (PSH) | 1,051 |

**Table 1: *This number includes two California Project Homekey sites that are slated to be converted to Permanent Supportive Housing in 2023.**

### Emergency Shelters

**Guerneville**

- West County Shelter

**Petaluma**

- COTS Mary Isaak Center

**Santa Rosa**

- Catholic Charities' Sam Jones Hall
- Catholic Charities' Family Support Center
- Social Advocates for Youth (SAY) Dream Center and Coffee House Teen Shelter
- Nation's Finest / Hearn House
- Community Action Partnership's Sloan House
- YWCA Domestic Violence Shelter
- Redwood Gospel Mission's The Rose Women's Shelter & Men's Mission Shelter

## Average Length of Time Homeless by Housing Project Type

**In 2019 and 2020, households who accessed RRH alone had dramatically lower average length of time homeless. Figure C** shows the average length of time homeless according to the type of project(s) households accessed. This could be in part because those receiving RRH services are supported with housing-focused case management, a strategy that could be employed at shelters and other early intervention points.

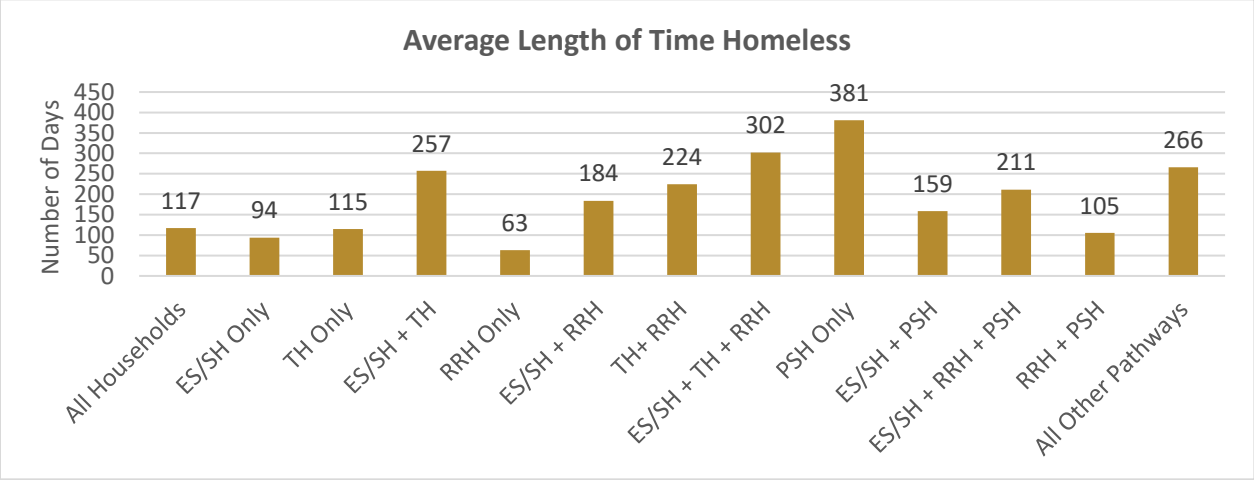


**Figure C: Average Length of Time Homeless Based on Project Type. Data source: 2019 and 2020 Stella.**

Households that accessed RRH were much more likely to exit to permanent destinations **(Figure E).**

## VI-SPDAT Scores by Housing Project Type

Analysis of VI-SPDAT scores (vulnerability assessment scores for individuals seeking supportive housing) revealed that accepted referrals to RRH tended to have lower scores than the overall population of accepted referrals, while those in Emergency Shelter (ES) and PSH have the highest scores **(Figure D)**. This suggests that the RRH outcomes discussed above may also be a result of accepted RRH referrals having lower acuity/vulnerability than those referred to PSH. Some providers also require households to have identified a housing option to secure an RRH subsidy.

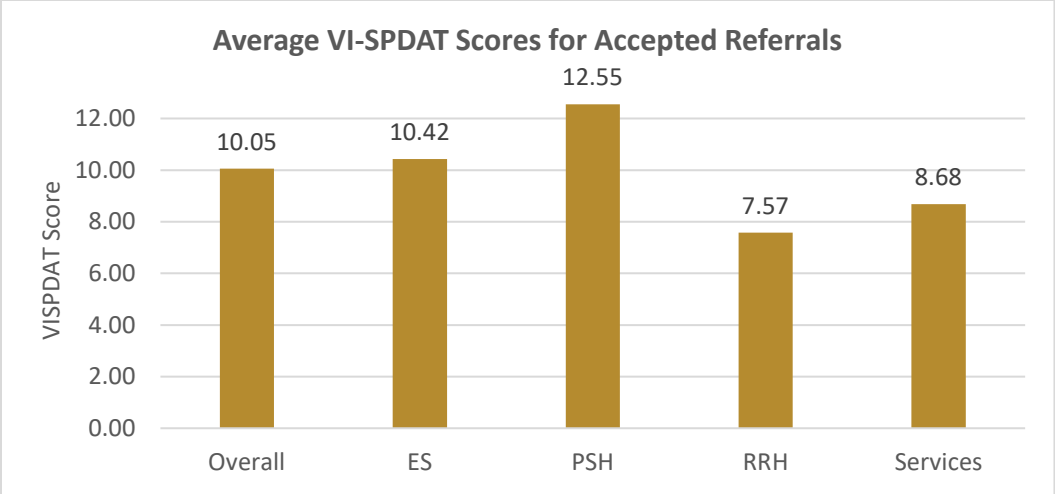


**Figure D: VI-SPDAT Scores of Accepted Referrals Based on Project Type. Data source: CE dashboard. Note that because the sample size for certain scores and project types were low, this is the aggregate data for 2018-2022.**

Similarly, when looking at exits to permanent versus temporary destinations by project type, RRH interventions (alone or when grouped with others) have the highest rate of exits to permanent housing options **(Figure E)**. And despite PSH being a permanent housing option with no time limit, there are a significant number of exits to temporary locations. Stakeholders have identified increasing supportive services capacity at housing sites as a high priority for the Plan. Investment into staffing and operations capacity at existing Emergency Shelters is also paramount given shelter exits are overwhelmingly to temporary destinations.

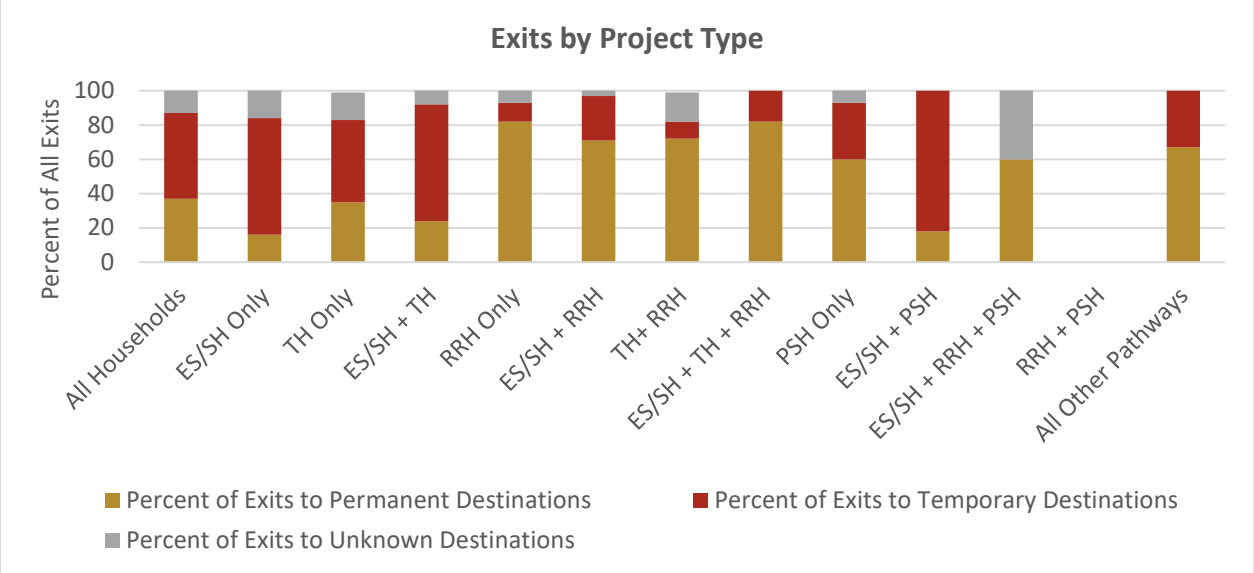


**Figure E: Exits to Permanent Destinations Based on Project Type. Data source: 2019 and 2020 Stella.**

## Challenges

The "Housing First" approach to addressing homelessness was a frequent topic of conversation among CoC stakeholders during planning. All generally acknowledged that it is a mandatory approach for state- and federally-funded homeless programs, however, providers shared their challenges in serving the higher needs of those who have experienced long periods of homelessness. And in congregate shelter, there can be a higher likelihood that those who have experienced trauma, or struggled with mental health or substance abuse challenges, will be challenged by the close quarters. Providers called for greater investment in physical improvements to existing shelters to maximize non-congregate space. This will promote safety, recovery, autonomy, and housing stability.

> "Because services aren't mandatory, it's important to give people grace while they are actively using [substances]. We know there are some we won't be able to reach, but if they stay safe and don't harm others, we hope we can hold on to them and hope eventually they do start using our [support] services."
>
> **-Shelter Staff Member**

Moreover, for the Housing First approach to support those residing in shelter, staff must be able to use "housing-focused case management" strategies, which are aimed at resolving barriers to housing before other challenges or goals. Adequate staffing and training are critical, as housing has proven integral to supporting physical and mental health recovery. PSH providers echo the need for increased supportive services capacity. Without adequate services, providers believe "Housing First" becomes "Housing Only." It's the stability that housing someone rapidly offers that supports someone engaging in services, however, Sonoma County lacks sufficient case management and licensed behavioral health staff to meet the needs of many high-acuity individuals. Accordingly, stakeholders called for greater investment in social, health, and behavioral services across all interventions to support the principles on which "Housing First" is based.

> "I hear from nonprofits, 'Yes, we're doing Housing First, but we need the support to do that well.' Support means resources for staffing, training, etc. Staff must be better prepared to offer case management for a wide variety of situations. That's implicit in Housing First, because not everyone is housing ready."
>
> **-CDC Staff**

Not surprisingly, one of the key challenges identified by all stakeholders engaged in the strategic planning process, is **the need for more affordable housing** countywide. Data reviewed shows that many people spend half their income or more on housing, and too many cannot find housing they can afford at all. Stakeholders broadly agreed that if housing were more affordable, fewer people would be homeless.

> "Housing is really hard for everyone – even people with full time jobs can't afford to live here."
>
> **-Homeless Advocate**

## Supportive Services

Nonprofits, community groups, and county agencies provide a variety of services that can help people to exit homelessness and stay housed long-term. Programs such as mental health treatment, employment and job training, health care, substance use recovery, and transportation can meaningfully help people attain greater stability.

The Housing-Focused Case Management model is a crucial support for people experiencing, exiting, and at risk of homelessness. Case managers work to identify an individual or household's barriers to obtaining, and their strengths in maintaining, permanent housing. As many people experiencing homelessness are often facing complex or challenging circumstances, they report being more well-position to address them once housed.

### Housing-Focused Case Management

Housing First requires a concentrated focus on assessing barriers to housing and achieving housing stability. For individuals not currently housed, the primary goal is to develop a strategy to assist them in securing housing. Once housed, the goal is to ensure that adequate supports are in place, such as connections to public and community resources, to support permanent housing stability. Everyone is ready for a housing-focused plan, whether they are on the street, or in their car, a shelter, or a supportive housing unit. But housing must come with a plan for support, services, community, crises, and achieving individual goals.

Creating a Housing-Focused Plan

1. Assess household barriers to housing and strengths for maintain housing
2. Set goals and action steps, recognizing individual choice, and building in flexibility
3. Support long-term housing stability
4. Monitoring progress and follow-up (prevent homelessness)

Example: An individual lacks shelter and seeks housing. When they have been employed in the past, they have been able to find housing and stability. When unemployed, they drink alcohol more frequently. A Housing-Focused approach would ask:

- Will working towards gaining employment reduce the drinking and help secure housing, or
- Will quitting drinking lead to employment and stable housing?

Short-term and ongoing services that help individuals manage physical, mental, and emotional health; disability; aging; and substance abuse are critical for implementing successful Housing First programs. Housing without adequate services will be insufficient for many.

## Current System

Many adults experiencing homelessness in Sonoma County have a disability or significant impairment, including chronic physical impairments, mental illness, substance use disorder, or combinations of multiple conditions. While many were disabled prior to losing their housing, others acquired their disability as a result of living on the streets or being without stable housing – an experience that is extremely dangerous and traumatic.[4] To return to housing successfully and remain stably housed, people experiencing homelessness often require ongoing treatment and support – both before and after they are housed.

Currently, service providers throughout Sonoma County work to provide wraparound services for clients or connect them to other resources in the community. However, the availability of services is insufficient to meet demand, and access to services varies by provider and across geographies.

## Challenges

A concern raised repeatedly by stakeholders across the homeless system of care was the need to provide more compensation and support for front-line workers. Recruiting and retaining qualified staff is a challenge throughout the system. Stakeholders cited high turn-over from burn-out and non-competitive salaries as a significant barrier to building rapport with clients and maintaining a skilled, experienced staff that is ready to help those with complex needs.

> "Our entry-level people are exposed to the most challenging client and case situations, but they're paid the least. We need to do a better job of getting people who can do that effectively, without burning them out."
>
> **-Service Provider**

[4] See, e.g., Lilanthi Balsuriya, MD, MMS, Eliza Buelt, MD, Jack Tsai, PhD, "The Never-Ending Loop: Homelessness, Psychiatric Disorder and Mortality," Psychiatric Times, Vol. 37, Issues 5 (May 29, 2020): https://www.psychiatrictimes.com/view/never-ending-loop-homelessness-psychiatric-disorder-and-mortality

"We need to make this work for people who are on the front lines sustainable. This is the lowest paying job, but it puts people at high risk. We need to be able to make people who are doing this work feel like they can have a career and aren't themselves at risk of homelessness."

**-Service Provider**

"Turnover becomes a challenge. Even at the shelters the turnover is high. It is a very taxing job. A lot of people come into a job like this thinking they want to do something good, but it is tough work and not everyone is cut out for it. That is where we see a lot of turnover."

**-Service Provider**

# A ROADMAP FOR SONOMA COUNTY: GOALS, STRATEGIES, AND ACTION STEPS

## Sonoma County High Priorities

I. Prioritize and fund interventions that are most likely to reduce chronic homelessness, including evidenced-based Housing First projects, such as Permanent Supportive Housing.

II. Fund new permanent and temporary housing solutions in a long-term goal ratio of up to 75% permanent housing units and 25% interim housing units. This ratio may be different in the early years of the Plan – with more funds going to interim housing that can later be transitioned to permanent housing.

III. Expand existing temporary housing programming to provide more non-congregate settings, housing-focused case management, and supportive services.

IV. Ensure direct service providers are paid wages and benefits that allow them to live in Sonoma County, receive adequate training and support, and have caseloads that align with best practices for serving a target population.

V. Fund new and renewing programs that have demonstrated success in supporting people experiencing homelessness in achieving housing stability. The homeless system of care should strive for a funding ratio of up to 80% to existing, evidence-based, or proven programs and 20% to innovative or “promising practice” program concepts with evaluation plans.

VI. Develop a new vulnerability assessment, prioritization, and placement process that results in equitable housing placement. A year after use, examine (and revise if needed), to ensure that BIPOC individuals/families receive equitable placement.

VII. The system of care should allocate funds based on need and aspire to provide the same access to quality services no matter where an individual lives in Sonoma County.

## Goal 1: More Housing and Prevention

**Create comprehensive housing interventions, from prevention to permanent housing, to reduce inflow into homelessness and increase pathways to housing stability**

### Strategy 1.1: Preserve Housing for Those at Risk of Homelessness by Investing in Prevention and Problem-Solving Interventions

#### Action Steps

1.1a: Develop a needs-based assessment tool for rapid provision of financial assistance to prevent homelessness.

1.1b: Improve role of Sonoma County 211 to make quick connections for prevention information and prevention assistance, helping to quickly address time sensitive cases.

1.1c: Expand training of housing problem-solving techniques to help households identify choices and solutions to quickly end their housing crisis. Include open to the community "office hours" to help caregivers increase their knowledge of and techniques as to how to help an unhoused friend or family member navigate through systems.

1.1d: Review inventory of prevention services and determine the best assessment and services models for implementation.

1.1e: Co-locate prevention resources at existing entry points to the homeless system of care, including CE access points, shelters, and benefits offices.

1.1f: Consult with area property managers as well as Legal Aid of Sonoma County. Following consultation, consider funding legal assistance programs to provide eviction prevention services. A best practice is to fund enough eviction protection to cover the average number of Unlawful Detainers annually that lack legal aid support.

1.1g: Fund landlord and family mediation services to preserve existing housing or support reunification.

1.1h: Offer financial counseling/budgeting classes to support those who are at risk of homelessness or newly housed (attach to those receiving financial assistance).

## Model Prevention Programs[5]

**Santa Clara County Homelessness Prevention System (HPS)** provides temporary financial assistance, legal support, and case management and other services.

Eligibility

- Resident of Santa Clara County (immigration status not considered)
- Low-income (approx. $134,800 for a 4-person household)
- Currently housed but at risk of losing housing within 14 days
  - Can't pay upcoming rent
  - Received eviction notice
  - Unsafe to stay in housing
  - Must leave for other reasons
- At high risk of homelessness based on a short assessment questionnaire

Documentation requirements are flexible but may include IDs, a lease, income documentation, and recent bills.

https://preventhomelessness.org/

**Keep Oakland Housed** is a coordinated strategy and partnership to help Oakland residents at risk of losing their homes through legal representation, financial assistance, and supportive services.

Eligibility

- Oakland residents experiencing a housing crisis
- Household income at or below 30% of Area Median Income, with priority to extremely low-income households
- Legal representation will be provided to tenants with an active eviction lawsuit up to 50% AMI

Documentation required includes proof of identity and income, eviction related notices, landlord W-9 or new lease.

https://www.keepoaklandhoused.org/

[5] Additional resources for examining homeless prevention: https://nlihc.org/resource/homelessness-prevention-programs-improve-outcomes-and-save-money; https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/housing-shelter.

## Strategy 1.2: Enhance and Invest in Non-Congregate Interim Housing Options

### Action Steps

1.2a: Fund and develop 200 more non-congregate interim housing options (100 in FY 22-23 and 100 in 23-24)[6] via:

- Fund remodeling and creation of additional space in existing congregate shelters to lessen shelter resistance (e.g., privacy barriers, smaller sleeping pods, sober sections, providing pet friendly accommodations), and
- Fund more non-congregate interim housing such as NCS shelters, tiny homes, mobile homes, RVs, Homekey sites. Work to place EHVs here where appropriate, with supportive services.

1.2b: Evaluate existing Safe Parking sites to determine the effectiveness of the intervention in supporting households to achieve housing stability. If appropriate, fund additional sites as a part of 1.2a.

1.2c: Require all renewing and newly contracted interim housing and shelter providers to adhere to Housing First principles and provide Housing-Focused Case Management.

1.2d: With opening of Caritas' Center and its Nightingale beds, evaluate the current need for medical respite/recuperative care, develop lessons learned from past efforts, and secure funding to meet the outstanding need with the goal of reducing the strain on temporary housing capacity.

1.2e: Develop a recruitment model to increase involvement of people with lived experience in program design at interim housing sites.

1.2f: Secure appropriate interim housing for:

- Families with children and unaccompanied youth; and
- Persons exiting the justice system.

[6] These amounts generally follow the *All Home California* "1-2-4" Model, as applied to Sonoma County, https://www.allhomeca.org/regionalactionplan/.

**What is Safe Parking?**

For many people who lose their homes, their vehicles become their primary shelters. However, it can be difficult to find a place to legally park vehicles overnight, and people experiencing homelessness can ill afford to pay the fines that come with parking citations. Even when legally parked, people living in their vehicles often face harassment from nearby residents or business operators, risk break-ins when they leave their vehicles unattended, and generally lack reliable access to toilets, showers, laundry, and garbage disposal, to support healthy hygiene and sanitation. It can also be difficult for outreach and support workers to connect with people living in their vehicles as the vehicle dwellers often must move their vehicles regularly to avoid citations and harassment.

Safe Parking sites seek to address these challenges. They are typically run by a nonprofit, social service or religious organization and offer sanctioned access to parking lots at least overnight, and sometimes throughout the day. Programs usually provide on-site access to bathrooms (either in an adjacent building or a portable toilet) and waste disposal and include case management support or referral to homeless support services. Most also provide other supportive services, such as access to showers, meals, wi-fi and charging stations for electronic devices. A recent study found that over half of the safe parking sites studied also provided funds for repairing vehicles and paying for insurance and vehicle registration.[1]

**Does Safe Parking Work?**

Safe Parking programs are relatively new, making it difficult to assess their effectiveness, or to identify the factors that may make some approaches more effective than others. An important measure of success for any program is the percent of people who move from the program to stable housing. One early study suggests that on this measure, Safe Parking programs should be compared to street outreach efforts.[2] It finds that Safe Parking programs generally achieved stronger outcomes than the street outreach programs in their communities.

**FIVE practices that can enhance the effectiveness of Safe Parking programs:**[3]

I. **Intentional design** – Ensuring that the design of the program is well-suited to the entity sponsoring it. Small organizations, for example, may have difficulty operating distributed-site models. Umbrella organizations such as governments or large nonprofits may need to partner with other entities to establish and support programs on smaller lots where a sense of community and connectedness can help maintain safety and ensure program success.

II. **Strategic location**. Many different factors define a good location. Sites should not conflict with local zoning, landscaping and other buffers can help minimize complaints from nearby property owners, and convenience relative to employment opportunities and social services can also be a bonus.

III. **Building trust and community among parkers**. Outreach and support that builds trust and a sense of community helps programs function better. They produce fewer noise complaints and security and sanitation concerns. Strong trust and community may also contribute to site users' sense of stability, which could help them move on to permanent housing.

IV. **Social Service Integration**. Nearly all Safe Parking programs provide case management for parkers, whether doing so directly, through a contract with another agency, or by referral to social service providers.

V. **Engaging stakeholders**. Strong safe parking programs engage site users regularly about their expectations for usage. They also engage community stakeholders, including law enforcement, about the goals and operations of the sites.

[1] Christopher Weare, Lindsay McElwain, Daniel Schiele, Laila Waheed, "Safe Parking: Insights from a Review of National Program." Center for Homeless Inquiries (N.D.). https://static1.squarespace.com/static/5e40681539b77957555f10e0/t/609ef366f1f5035bc056db19/1621029735677/Safe+Parking+Briefer+Final.pdf

[2] Ibid.

[3] Lindsay McElwain, Daniel Schiele, Laila Waheed, "Smart Practices for Safe Parking." Center for Homeless Inquiries (April 2021). https://priceschool.usc.edu/wp-content/uploads/2021/06/Smart-Practices-for-Safe-Parking-USC-2021.pdf

## Strategy 1.3: Develop Sustainable Permanent & Permanent Supportive Housing Solutions

### Action Steps

1.3a: Fund and develop 1,000 more permanent and permanent supportive housing units and programs (200 per year for five years)[7] – to include:

- Master leasing, purchasing, or otherwise securing new, existing, or renovated housing units.
- Pairing more units with Project-Based Vouchers (PBV).
- Increasing funding for capital development given it cannot carry debt in permanent supportive housing projects.
- Aligning housing authority policies and preferences for "Move On" placements that help free up other PSH, including the ability of tenants in PBV units to receive "Move On" TBVs after 1 year in PBV.
- Investing in and assigning housing navigators to households receiving vouchers.
- Encourage transition of interim housing to permanent housing if need for transitional has changed; and
- Improve housing location services to identify and support new landlord participants.

1.3b: Facilitate case conferencing around PSH referrals, prioritization, retention, service-right sizing, preservation of landlord relationships.

1.3c: Where property management companies are involved, supportive housing providers should align management with Housing First principles and use eviction as the tool of last resort.

1.3d: Work with local jurisdictions to obtain mainstream (or other) housing vouchers to replace current city-funded housing efforts to free up local dollars to fund additional homeless services.

1.3e: Dedicate approximately eight percent[8] of CoC resources to fund recovery housing as described in HUD's Recovery Housing Policy Brief.[9]

1.3f: Identify resources to support the Emergency Housing Voucher (EHV) program (e.g. fund supportive services for chronically homeless individuals with vouchers).

1.3g: Evaluate, and if effective, invest in the Community Housing Connectors developed to support individuals using Tenant-Based Rental Assistance in securing market rate housing through marketing, landlord incentives, and housing navigation and stabilization.

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[7] These amounts generally follow the *All Home California* "1-2-4" Model, as applied to Sonoma County, https://www.allhomeca.org/regionalactionplan/.

[8] The Sonoma County Annual Homeless Census and Survey asks respondents if they desire "clean and sober housing." The average percentage of affirmative responses from the last three Point-in-Time surveys is 8%. (2019: 8%, 2020: 10%, and 2022: 5%)."

[9] HUD Recovery Housing Policy Brief, Recovery Housing is a housing model that uses substance use-specific services, peer support, and physical design features to support individuals and families on a particular path to recovery from addiction, typically emphasizing abstinence. Recovery Housing might not conflict with Housing First, so long as entry into the program is based on the choice of the program participant. https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/

### Strategy 1.4: Support Efforts to Increase the Region's Supply of Affordable Housing

1.4a: Collaborate with local jurisdictions to achieve a Prohousing Designation[10] from the California Housing and Community Development Department to increase the competitiveness of local grant applications to the State.

1.4b: Serve as a resource to willing local jurisdictions to help meet the Low, Very Low, and Extremely Low-Income unit requirements of their Regional Housing Needs Assessment (RHNA) allocations.

## Goal 2: Stronger Supportive Services

**Build supportive services capacity to meet the complex and diverse needs of people experiencing homelessness in the Sonoma County region**

### Strategy 2.1: Standardize Minimum Compensation, Training, and Wellness Practices for Housing and Supportive Service Providers

#### Action Steps

2.1a: Establish minimum compensation (wages and benefits) for supportive services staff as based on the recommendations from the Sonoma County Service Providers' Roundtable.

2.1b: Set case management/staffing caseload ratios in line with HUD[11] and SAMHSA.[12] guidance, which considers the acuity of the population served, the intensity of case management provided, and the housing setting or project type (e.g., SAMHSA recommends an optimal PSH caseload as 12 to 15 people per staff member).

2.1c: The system of care should prioritize 2.1a and 2.1b over expanding services to other or new programming until such time as 2.1a and 2.1b are accomplished.

2.1d: Provide quarterly no-cost training opportunities for service providers – include Trauma Informed Care, Housing-Focused Case Management, Motivational Interviewing, Psychosocial Rehabilitation, and Cultural Competence.

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[10] The California Department of Housing and Community Development's Prohousing Designation Program provides incentives to cities and counties in the form of points or preference in the scoring of competitive housing, community development, and infrastructure programs. Preference may include priority processing or funding points when applying for funding including Affordable Housing & Sustainable Communities, Infill Infrastructure Grant, Transformative Climate Communities, and Transit and Intercity Rail Capital Program. More information can be found here https://www.hcd.ca.gov/planning-and-community-development/prohousing-designation-program.

[11] HUD Homeless System Response: Case Management Ratios, https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Case-Management-Ratios.pdf

[12] SAMHSA Evidence-Based Practices Kit, Evaluating Your Program: Permanent Supportive Housing, https://store.samhsa.gov/sites/default/files/d7/priv/evaluatingyourprogram-psh.pdf

2.1e: Create model policies and procedures for service providers that promote staff wellness at the organizational level and fund necessary supports including training, consultation, and time off.

2.1f: Ensure providers are equipped with safety plans and adequate security personnel to handle emergencies such as violence or medical crisis.

## HUD GUIDANCE FOR HOMELESS SYSTEM RESPONSE CASE MANAGEMENT RATIOS

| Community-based (Non-housing based) Case Management | | | |
|---|---|---|---|
| Population | Intensive/ Therapeutic Intervention | Targeted Navigation to Housing | General support to increase system engagement |
| Individuals | 10-12 | 20-30 | 50 |
| Families | 8-12 | 20-25 | 50 |
| Youth (TAY) | 10-12 | 20-25 | 50 |

| Housing-based Case Management | | | |
|---|---|---|---|
| Population | Scattered Site Supportive Housing Caseload | Single Site Supportive Housing Caseload | Existing Stably Housed Tenants |
| Individuals | 10-20 | 10-20 | 20-50 |
| Families | 10-12 | 10-12 | 12-40 |
| Youth (TAY) | 10-15 | 10-15 | 15-30 |

| Housing-based Case Management (Critical Time Intervention, useful in RRH) | | | |
|---|---|---|---|
| Population | Scattered Site Caseload | Single Site Caseload | Caseload of Mostly Stably Housed Tenants |
| Individuals | 20 | 20 | 20 |
| Families | 12 | 12 | 12 |
| Youth (TAY) | 15 | 15 | 15 |

| Housing-based Case Management (Intensive Caseloads/High-Acuity Tenants) | | | |
|---|---|---|---|
| Population | Scattered Site Caseload | Single Site Caseload | Existing Stably Housed Tenants |
| Individuals | 10 | 15 | 20 |
| Families | 10 | 15 | 15 |
| Indiv. w/ Dual dx SUD/SMI | 10 | 10 | 15 |
| Indiv. w/ Intel. Dis./Dev. Dis. | 10 | 10 | 10 |
| Older Adults | 10 | 15 | 15 |
| Youth (TAY) | 10 | 15 | 20 |

**Table 2: HUD Guidance.**

## Strategy 2.2: Significantly Expand Mental and Physical Healthcare Services for Individuals Experiencing Homelessness, Including Those Living in Supportive Housing

### Action Steps

2.2a: Triage outreach and housing care teams in this manner:

(1) Review/affirm baseline standards for supportive services by housing type and for street outreach teams. Fund these base teams accordingly.

(2) Where clients have higher needs that exceed the qualifications of our base teams, establish and fund high-skilled crisis & housing placement teams (such as IMDT) that support the base teams across Sonoma County wherever the need is.

2.2b: Leverage CalAIM's Enhanced Care Management and Community Supports programs to assist in funding intensive care coordination across multiple systems.

2.2c: Build a system that has the ability to refer individuals to:

- At least 1 position at all interim and permanent supportive housing sites (dedicated to people experiencing homelessness) that is trained to provide physical health support (e.g., nurse, paramedic).
- At least 1 position at all interim and permanent supportive housing sites (dedicated to people experiencing homelessness) that is trained to provide mental health and substance abuse support (e.g., LCSW, LMFT).

2.2d: Increase the availability of detox and substance abuse services, including on site AA and NA groups.

2.2e: Provide ongoing medication management services to residents of shelters and supportive housing sites.

2.2f: Review, affirm, and fund mental health supportive services for existing and any new No Place Like Home (NPLH) projects.

2.2g: Report back regularly as to program accountability with Measure O.

2.2h: Develop and report annually on how a needs-based funding allocation for the CoC did or did not reflect population alignment with the Point in Time Count.

## Strategy 2.3 Improve Services Dedicated to the Unique Needs of Specific Populations

### Action Steps

2.3a: Develop and ensure system connection (via systems mapping and named contacts) with services for:

- Households with criminal justice involvement, including discharge planning for persons exiting jail and prison.
- Transition-Aged Youth.
- Long-term learning and developmental disabilities.
- Persons leaving hospitalization or other health care; and
- Older adults who are aging/experiencing dementia.

## Strategy 2.4 Coordinate Cross Sectors of Healthcare, Behavioral Health, and Homeless Response

### Action Steps

2.4a: Create a system map that shows the current pathway through the system of care. Map would be for community members, elected leaders, and individuals experiencing homelessness. Regularly review and update the System Map to assist in streamlining the system.

2.4b: Secure a neutral facilitator to bring County and sector leaders together to align services, funding, and goals.

2.4c: Identify need for care facilities (inc. skilled nursing, board and care, memory care, inpatient psychiatric, crisis residential, crisis stabilization & social rehabilitation) based on current capacity.

## Strategy 2.5: Develop, Expand, and Coordinate Interventions to Support Those Living on the Street, in Encampments

### Action Steps

2.5a: Ensure that the homeless system of care reinforces the importance of our unhoused clients' dignity and respect at all times (via Ombudsperson – Action Step 3.3c).

2.5b: Implement a subregional approach to street outreach to achieve the goals of Built for Zero.

2.5c: Evaluate existing service provider managed encampments to determine the effectiveness of the intervention in supporting households to achieve housing stability. If managed encampments are determined to be appropriate, consider funding following the setting of protocols and standards to ensure safety, provide supportive services, and maintain a housing-focus.

2.5d: Support approaches to outreach and encampment management that include offering services before any clearances, closely aligned partnerships with law enforcement so that outreach and behavioral health specialists are first in, and where outreach workers serve as liaisons who bridge understanding between law enforcement and individuals experiencing homelessness.

2.5e: Prepare for 2024 Care Courts Implementation in Sonoma County.

2.5f: Provide limited HMIS access to individuals seeking services for the purpose of maintaining current contact and location information.

### Strategy 2.6 Create Meaningful Pathways to Economic Self-Sufficiency

#### Action Steps

2.6a: Increase resource information for residents to increase income through 211 and other entry points to social and homeless services (linked to Action Step 1.1b).
2.6b: Assess Sonoma County-funded peer navigation program (peers support others in identifying relevant supportive services) for impact and reach; continue to fund or expand depending on gaps, needs, and outcomes.
2.6c: Establish a countywide SSI advocacy program, such as SOAR.
2.6d: Increase employment and training opportunities for homeless adults.

## Goal 3: Operate as One Coordinated System

**Work across the Sonoma County region to develop shared priorities, aligned investments, seamless coordination, and equitable solutions to address homelessness**

### Strategy 3.1: Develop a Countywide Coordinated Funding Process to Use Available Resources Efficiently and Effectively to Drive Local Priorities and Ensure Accountability

#### Action Steps

3.1a: Task the CoC Funding and Evaluation Committee with monitoring ongoing, expiring, and new funding sources to make recommendations to the CoC Board.
3.1b: Adopt a long-term funding strategy that can align resources to support the Plan's goals, strategies, and actions steps (see 1.2a; 1.3a; 2.1a; 3.2a; 3.8a for key funding related strategies).
3.1c: Develop a shared service vision and procurement process (consistent with established procurement rules) when funding opportunities within the county that can be received by and awarded to multiple jurisdictions (i.e. County, CoC, Housing Authority).
3.1d: Provide ongoing outreach, coordination, and technical assistance to prospective funding applicants to build confidence and capacity in providers.
3.1e: Create an annual calendar of funding opportunities and related processes to allow jurisdictions and providers to better plan and coordinate activities.

## Strategy 3.2: Prioritize Funding to Entities that Align with Local Priorities to Promote Equity, Center the Voices of People with Lived Experience, and Utilize Evidence-Based Practices

### Action Steps

3.2a: Fund new and renewing programs that have demonstrated success in supporting people experiencing homelessness in achieving housing stability. The homeless system of care should strive for a funding ratio of up to 80% for existing, evidence-based, or proven programs and 20% for innovative or "promising practice" program concepts.

3.2b: Incorporate equity goals into performance measures and invest in programs closing equity gaps, disaggregating data by age, race, ethnicity, and language.

3.2c: Monitor and provide technical assistance to providers related to incorporating input into program service design from people with lived experience.

3.2d: Identify agencies and partners who are led by people of color and/or who offer cultural-specific services. Examine the system to ensure those agencies and partners have the resources necessary to apply for, secure, and successfully administer homeless services funding.

3.2e: Incorporate peer support into housing programs and services whenever the literature on best practices indicates that it is appropriate.

## Strategy 3.3: Ensure the Voices of Individuals with Lived Experience of Homelessness are Consistently Incorporated into Planning and Evaluating the Homeless System of Care

### Action Steps

3.3a: Provide standing opportunities for input from the Sonoma County Lived Experience Advisory and Planning (LEAP) and (when established) Youth Action Boards at CoC Board (including the Strategic Planning Committee), City Council and Board of Supervisors meetings, and by invitation to other meetings regarding available funding awards and service delivery.

3.3b: Evaluate the potential to improve 211 as a centralized client-friendly platform to share up-to-date information for people experiencing homelessness to learn about services (e.g., warming/cooling shelters, portable restrooms, showers, meals, vouchers, etc.), program requirements/timelines (e.g., documentation needed, deadlines). Include avenues for lived experience representatives to share input.

3.3c: Create an ombudsman appeals process where concerns about poor or discriminatory treatment by a provider in shelters or Interim Housing can be addressed.

3.3d: Pay people with lived experience who meet job requirements at rates that mirror the activities performed by existing paid staff.

## Strategy 3.4: Improve Systemwide and Project Level Data Collection, Performance, Reporting, and Transparency

### Action Steps

3.4a: CoC System and Program Performance Metrics. Affirm the below as the key metrics by which the Sonoma County System of Care and its programs will be measured:

1. Placements into permanent housing
2. Retention of permanent housing
3. Reducing the length of time homeless
4. Returns to homelessness
5. Increased client income (earned and non-earned)

3.4b: Establish an Open HMIS that allows for providers across the homeless system of care to view client level data to ensure continuity of care, while balancing privacy concerns.

3.4c: Review progress towards system level goals quarterly and project level goals annually

3.4d: Require HMIS participation by all interim and supportive housing providers who primarily serve people experiencing homelessness.

3.4e: Ensure adequate funding is made available to purchase HMIS licenses and train staff on a regular and ongoing basis.

3.4f: Centralize a system to track outcomes expected of grantees.

3.4g: Establish a working group to explore the expansion of the County's Accessing Coordinated Care and Empowering Self Sufficiency (ACCESS) Sonoma[13] initiative to include additional County departments, local jurisdictions, and nonprofit providers to improve system wide coordination of care (using Allegheny County, Pennsylvania Department of Human Services' Data Warehouse as a model).[14]

[13] ACCESS Sonoma is a county initiative that focuses on the critical needs of residents who are experiencing physical and mental health challenges, economic uncertainty, housing instability, substance use disorders, criminal justice engagement and social inequity. It employs a four-pronged approach; an Interdepartmental Multidisciplinary Team staffed by representatives from all the Safety Net Departments, an Integrated Data Hub/Watson Care Manager developed in partnership with IBM, a system of governance led by the County's Safety Net Collaborative, and partnerships with community-based organizations and academic institutions. The result is coordinated care from across our Safety Net Departments for our most vulnerable residents. https://sonomacounty.ca.gov/administrative-support-and-fiscal-services/county-administrators-office/projects/access-sonoma

[14] The Allegheny DHS Data Warehouse brings together and integrates person and service data from a wide variety of sources both internal and external to the county. It was created by consolidating publicly-funded human services data (e.g., behavioral health, child welfare, intellectual disability, homelessness and aging) and, over time, expanded to include data from other sources. The Data Warehouse was designed primarily to improve services to people, but also to improve the ability of workers to perform their jobs and to support management decision-making.https://www.alleghenycounty.us/human-services/news-events/accomplishments/dhs-data-warehouse.aspx

## Strategy 3.5: Engage the Community in the Effort to End Homelessness in Sonoma County

### Action Steps

3.5a: Communications Plan. Convene the County communications team, city information teams, and outside assistance to effectively and regularly inform the CoC Board, the County, cities, service providers, the media, the public, and persons experiencing homelessness as to current issues, funding, practices, and programs in the Sonoma County System of Care. Information should include:

- Social media posts and print media content.
- Regular opportunities for the public to speak with and ask questions of key officials within the System of Care, including members of the LEAP Board.
- A dashboard of data and key metrics associated with the System of Care (as shown in 3.4a), including comparisons to State and National data, as well as trends over the previous 3-year period.
- Progress made on this Strategic Plan.
- Content relevant to persons experiencing homelessness; and
- Content relevant to diverse audiences, using culturally competent methods and translations.

3.5b: Develop and regularly distribute materials that explain and educate about the local causes of homelessness.

3.5c: Develop materials to explain the use and success of evidence-based best practices.

3.5d: Organize regular and consistent opportunities for community support such as calls to action, funding needs, donation drives, job fairs, housing opportunities, shadowing opportunities for interested parties/the public with service providers, etc.

3.5e: Develop funding streams from the private sector, philanthropic organizations, and private donors to support individual providers.

## Strategy 3.6: Improve Transparency, Safety, and Effectiveness of the Coordinated Entry System

### Action Steps

3.6a: Use the By Names List (BNL) methodology to better account for all persons experiencing homelessness in the county and in alignment with Built for Zero (BFZ).[15]

3.6b: Coordinate encampment solutions and management based on agreed-upon regional priorities such as threats to public health and safety (fire, waterways), organization and size of encampment, and more.

3.6c: Facilitate case conferencing around PSH referrals, prioritization, retention, and service right-sizing. Develop a prioritization hierarchy for placement into supportive housing (linked to Action Step 1.3b).

3.6d: Incorporate existing local and countywide by names lists into HMIS.

3.6e: Ensure that the Coordinated Entry process maintains a person-centered approach that involves the respectful consideration of the following factors:

- Client Choice
- Client Needs
- Safety Considerations
- The Value of Reducing Barriers
- Provider Capacity, Expertise, and Competency

## Strategy 3.7: Eliminate Disparities in Access, Service Provision, and Outcomes in the Homeless System of Care

### Action Steps

3.7a: Develop a new vulnerability assessment, prioritization, and placement process to replace the VI-SPDAT that includes an analysis of individuals' housing strengths and results in equitable housing placement. A year after use, examine (and revise if needed) to ensure that BIPOC individuals/families receive equitable placement (part of accomplishing 3.7c and 3.7d).

3.7b: Track access and outcomes data by age, race, ethnicity, gender, and sexual orientation.

3.7c: Ensure that Black, Indigenous, and Persons of Color (BIPOC) are provided equal services within the homeless system of care.

3.7d: Address racial and ethnic disparities access and outcomes of the homeless system of care.

3.7e: Ensure that the CoC Board's and the system of care's racial and ethnic representation reflects the population of Sonoma County's homeless community. Consider updating the Charter to include designated seats for BIPOC members.

3.7f: Build up Equity-Centered Results-Based Accountability (RBA) framework.

3.7g: Accommodate multi-generational households; work to keep households intact.

[15] Built for Zero methodology can be found here https://community.solutions/built-for-zero/methodology/.

3.7h: Support the LEAP Board in advancing the objectives developed with Bay Area Regional Health Inequities Initiative (BARHII) to address racial and ethnic disparities access and outcomes of the homeless system of care.

3.7i: Ensure that at least two persons with Lived Experience in homelessness serve on the CoC Board.

## Strategy 3.8: Monitor and Report Back as to Progress on the Strategic Plan's Action Steps, and Adjust Activities as Conditions and New Information Warrants

### Action Steps

3.8a: Task the CoC Strategic Planning Committee to monitor and report on the progress of Plan implementation and advise the Board of Supervisors, local jurisdictions, and other bodies, including school districts, on how to adhere to the Plan and when to deviate from the Plan based on new information. Regular data review and report out of the three key data metrics quarterly to stakeholders.

3.8b: Track progress towards Early Action Steps (Appendix A), consider investing in project management software to assist.

3.8c: Build out implementation steps for remaining action steps (those not currently outlined in Appendix A: Early Action Steps). Build out shared ownership for these and remaining items between CoC and other partners.

3.8d: When noteworthy research is released, including but not limited to the expected UCSF Benioff Homelessness and Housing Initiative's California Statewide Survey of Homelessness (CSHH), the CoC shall consider and adjust strategies and actions as needed.

# APPENDIX A: EARLY ACTION STEPS

## Lead Agency Initial 2023 Efforts

The Lead Agency (Sonoma County Community Development Commission) will begin 2023 with the following Early Implementation Efforts (listed in full in the section that follows):

- In alignment with Built for Zero, establish a single By Names List to better serve all individuals experiencing homelessness in Sonoma County (3.6a)
- Create a new vulnerability assessment, prioritization, and placement process to replace the VI-SPDAT that includes an analysis of individuals' housing strengths and results in equitable housing placement (3.7a)
- Develop a robust communication strategy to keep the public and individuals experiencing homelessness more informed of services, policy changes, challenges, and successes (3.5a)
- Strengthen and prioritize the supportive services in the existing homeless response system (2.1a+b)
- Build an effective and equitable subregional street outreach model (2.5b)
- Adopt a long-term funding strategy for homeless services (3.1b)
- Ensure the system of care and its individual programs are evaluated based on key performance metrics (3.4a)
- Add 200 PSH and 100 non-congregate shelter beds (1.2a, 1.3a)
- Ensure an effective transition to Department of Health Services (not listed in Strategic Plan)

## Countywide Early Implementation Efforts

| Goals and Action Steps | | Description of the Priority Action Step | Possible Organization Lead(s) | Possible Funding |
|---|---|---|---|---|
| More Housing and Prevention | **1.1a** | Develop a needs-based assessment tool for rapid provision of financial assistance to prevent homelessness. | 2-1-1 | County ARPA $$, possible city sources or philanthropy (Season of Sharing) |
| | **1.1b** | Improve role of Sonoma County 211 to make quick connections for prevention information and prevention assistance, helping to quickly address time sensitive cases. See also Action Step 2.6a | SoCo HSD, 2-1-1 | County ARPA $$ for 2-1-1 |
| | **1.1c** | Expand training on housing problem-solving techniques to help households identify choices and solutions to quickly end their housing crisis. Include open to the community "office hours" to help caregivers increase their knowledge of and techniques as to how to help an unhoused friend or family member navigate through systems. | CE Operator, key service providers | HHAP, Cal-AIM and Cal-AIM capacity building grants |
| | **1.1d** | Review inventory of prevention services and determine the best assessment and services models for implementation | Lead Agency Staff | TBD |
| | **1.2a** | Fund and develop 200 more non-congregate interim housing options (100 in FY 22-23 and 100 in 23-24) via:<br>- Fund remodeling and creation of additional space in existing congregate shelters to lessen shelter resistance (e.g., privacy | CoC Board w/Lead Agency Staff | HHAP, HHIP, Homekey, Measure O, MHSA, EHVs, more |

| Goals and Action Steps | | Description of the Priority Action Step | Possible Organization Lead(s) | Possible Funding |
|---|---|---|---|---|
| More Housing and Prevention | | barriers, smaller sleeping pods, sober sections, providing pet friendly accommodations), and<br>- Fund more non-congregate interim housing such as NCS shelters, tiny homes, mobile homes, RVs, Homekey sites. Work to place EHVs here where appropriate, with supportive services. | | |
| | **1.2b** | Evaluate existing Safe Parking sites to determine the effectiveness of the intervention in supporting households to achieve housing stability. If appropriate, fund additional sites as a part of 1.2a. | City of Santa Rosa, Lead Agency Staff | TBD |
| | **1.2c** | Require all renewing and newly contracted interim housing and shelter providers to adhere to Housing First principles and provide Housing-Focused Case Management. | Lead Agency Staff | N/A |
| | **1.3a** | Fund and develop 1,000 more permanent and permanent supportive housing units and programs (200 per year for five years) – to include:<br>- Master leasing, purchasing, or otherwise securing new, existing, or renovated housing units.<br>- Pairing more units with Project-Based Vouchers.<br>- Increasing funding for capital development given it cannot carry debt in permanent supportive housing projects. | CoC Board, County, Cities w/Lead Agency Staff | HHAP, HHIP, Homekey, Measure O, MHSA, Housing Authorities' PBVs, more |

| Goals and Action Steps | | Description of the Priority Action Step | Possible Organization Lead(s) | Possible Funding |
|---|---|---|---|---|
| | | - Aligning housing authority policies and preferences for "Move On" placements that help free up other PSH, including the ability of tenants in PBV units to receive "Move On" TBVs after 1 year in PBV.<br>- Investing in and assigning housing navigators to households receiving vouchers.<br>- Encourage transition of Interim Housing to Permanent Housing if need for interim housing has changed; and<br>- Improve housing location services to identify and support new landlord participants. | | |
| | **1.3b** | Facilitate case conferencing around PSH referrals, prioritization, retention, service-right sizing, preservation of landlord relationships (linked to Action Step 3.6a). | CE Operator, PSH managers/developers | Existing Case Conferencing Processes |
| **Stronger Supportive Services** | **2.1a** | Establish minimum compensation (wages and benefits) for supportive services staff as based on the recommendations from the Sonoma County Service Providers' Roundtable. | Service Providers Roundtable | HHAP, HHIP, Measure O, more |
| | **2.1b** | Set case management/staffing caseload ratios in line with HUD and SAMHSA guidance, which considers the acuity of the population served, the intensity of case management provided, and the housing setting or project type (e.g., SAMHSA recommends an optimal PSH caseload as 12 to 15 people per staff member). | Service Providers Roundtable | HHAP, HHIP, Measure O, more |

| Goals and Action Steps | | Description of the Priority Action Step | Possible Organization Lead(s) | Possible Funding |
|---|---|---|---|---|
| **Stronger Supportive Services** | **2.1c** | The system of care should prioritize 2.1a and 2.1b over expanding services to other or new programming until such time as 2.1a and 2.1b are accomplished. | CoC Board | N/A |
| | **2.1d** | Provide quarterly no-cost training opportunities for service providers – include Trauma Informed Care, Housing-Focused Case Management, Motivational Interviewing, Psychosocial Rehabilitation, and Cultural Competence. | Lead Agency Staff in collaboration with CE Operator, various trainers | TBD |
| | **2.2a** | Triage outreach and housing care teams in this manner:<br>1) Review/affirm baseline standards for supportive services by housing type and for street outreach teams. Fund these base teams accordingly.<br>2) Where clients have higher needs that exceed the qualifications of our base teams, establish and fund high-skilled crisis & housing placement teams (such as IMDT) that support the base teams across Sonoma County wherever the need is. | SoCo DHS, Service Providers, Lead Agency Staff | HHAP, HHIP, Measure O, more |
| | **2.2b** | Leverage CalAIM's Enhanced Care Management and Community Supports programs to assist in funding intensive care coordination across multiple systems. | SoCo DHS, ID Key Service Provider Lead | Cal-AIM |

| Goals and Action Steps | | Description of the Priority Action Step | Possible Organization Lead(s) | Possible Funding |
|---|---|---|---|---|
| **Stronger Supportive Services** | **2.3a:** | Develop and ensure system connection (via systems mapping and named contacts) with services for:<br>- Households with criminal justice involvement, including discharge planning for persons exiting jail and prison.<br>- Transition-Aged Youth.<br>- Long-term learning and developmental disabilities.<br>- Persons leaving hospitalization or other health care; and<br>- Older adults who are aging/experiencing dementia. | Lead Agency Staff / Consultant | County ARPA Funds for Implementation of Front-End Assessment |
| | **2.4a** | Create a System Map that shows the current pathway through the System of Care. Map would be for community members, elected leaders, and individuals experiencing homelessness. Regularly review and update the System Map to assist in streamlining the system. | Lead Agency Staff / Consultant | HHAP Admin |
| | **2.5a** | Ensure that our system reinforces the importance of our unhoused clients' dignity and respect at all times (via Ombudsperson – Action Step 3.3c). | CoC Board and Lead Agency Staff (Ombudsperson) | HHAP Admin |
| | **2.5b** | Implement a subregional approach to street outreach to achieve the goals of Built for Zero. | So Co DHS, Service Providers, Lead Agency Staff | Realigned Existing Funding |

| Goals and Action Steps | | Description of the Priority Action Step | Possible Organization Lead(s) | Possible Funding |
|---|---|---|---|---|
| **Stronger Supportive Services** | **2.5c** | Evaluate existing service provider managed encampments to determine the effectiveness of the intervention in supporting households to achieve housing stability. If managed encampments are determined to be appropriate, consider funding following the setting of protocols and standards to ensure safety, provide supportive services, and maintain a housing-focus. | TBD | County and city discretionary funds, HHAP, HHIP |
| | **2.6a** | Increase resource information for residents to increase income through 211 and other entry points to social and homeless services (linked to Action Step 1.1b). | 211 | County ARPA Funds for 2-1-1 Enhancement |
| | **2.6b** | Assess Sonoma County-funded peer navigation program (peers support others in identifying relevant supportive services) for impact and reach; continue to fund or expand depending on gaps, needs, and outcomes. | WCCS is 2022 Lead | County ARPA Funds |
| | **2.6c** | Establish a countywide SSI advocacy program, such as SOAR. | Lead Agency Staff Service Providers | SoCo Strategic Plan funding |
| **Operate as One Coordinated System** | **3.1a** | Task the CoC Funding and Evaluation Committee with monitoring ongoing, expiring, and new funding sources to make recommendations to the CoC Board. | CoC F&E Committee, Lead Agency Staff | Existing sources |
| | **3.1b** | Adopt a long-term funding strategy that can align resources to support the Plan's goals, strategies, and actions steps (see 1.2a; 1.3a; | Lead Agency Staff, Consultant, CoC F&E Committee | County ARPA Funds for Implementation of Front-End Assessment |

| Goals and Action Steps | | Description of the Priority Action Step | Possible Organization Lead(s) | Possible Funding |
|---|---|---|---|---|
| Operate as One Coordinated System | | 2.1a; 3.2a; 3.8a for key funding related strategies). | | |
| | **3.2a** | Fund new and renewing programs that have demonstrated success in supporting people experiencing homelessness in achieving housing stability. The homeless system of care should strive for a funding ratio of up to 80% for existing, evidence-based, or proven programs and 20% for innovative or "promising practice" program concepts. | Coc Board, Lead Agency Staff | Existing resources, consider more flexible funding for sober placements (such as Measure O) |
| | **3.2b** | Incorporate equity goals into performance measures and invest in programs closing equity gaps, disaggregating data by age, race, ethnicity, and language | CoC F&E Committee, Lead Agency Staff | Existing resources |
| | **3.2c** | Monitor and provide technical assistance to providers related to incorporating input into program service design from people with lived experience | LEAP Board, Lead Agency Staff | TBD |
| | **3.2d** | Identify agencies and partners who are led by people of color and/or who offer cultural-specific services. Examine the system to ensure those agencies and partners have the resources necessary to apply for, secure, and successfully administer homeless services funding. | Lead Agency Staff | HHAP, HHIP Admin |
| | **3.3a** | Provide standing opportunities for input from the Sonoma County Lived Experience Advisory and Planning (LEAP) and (when | LEAP Board, YAB | HHAP, HHIP Admin |

| Goals and Action Steps | | Description of the Priority Action Step | Possible Organization Lead(s) | Possible Funding |
|---|---|---|---|---|
| Operate as One Coordinated System | | established) Youth Action Boards at CoC Board (including the Strategic Planning Committee), City Council and Board of Supervisors meetings, and by invitation to other meetings regarding available funding awards and service delivery. | | |
| | **3.3b** | Create a centralized client-friendly platform to share up-to-date information for people experiencing homelessness to learn about services (e.g., warming/cooling shelters, portable restrooms, showers, meals, vouchers, etc.), program requirements/timelines (e.g., documentation needed, deadlines). Include avenues to share input. | LEAP Board, Lead Agency Staff, 2-1-1 | HHAP, HHIP Admin |
| | **3.3c** | Create an ombudsman appeals process where concerns about poor or discriminatory treatment by a provider in shelters or Interim Housing can be addressed. | LEAP Board, Lead Agency Staff | HHAP, HHIP Admin |
| | **3.4a** | CoC System and Program Performance Metrics. Affirm the below as the key metrics by which the Sonoma County System of Care and its programs will be measured:<br>1) Placements into permanent housing<br>2) Retention of permanent housing<br>3) Reducing the length of time homeless<br>4) Returns to homelessness<br>5) Increased client income (earned and non-earned) | CoC Board, Lead Agency HMIS Staff, and CoC F&E Committee | HHAP, HHIP Admin |

| Goals and Action Steps | | Description of the Priority Action Step | Possible Organization Lead(s) | Possible Funding |
|---|---|---|---|---|
| **Operate as One Coordinated System** | **3.4b** | Establish an Open HMIS that allows for providers across the homeless response system to view client level data to ensure continuity of care, while balancing privacy concerns. | HMIS Committee, Coordinated System of Care Committee to CoC Board | TBD |
| | **3.4g** | Establish a working group to explore the expansion of the County's Accessing Coordinated Care and Empowering Self Sufficiency (ACCESS) Sonoma initiative to include additional County departments, local jurisdictions, and nonprofit providers in order to improve system wide coordination of care. | HMIS Committee, Coordinated System of Care Committee to CoC Board | TBD |
| | **3.5a** | Convene the County communications team, city information teams, and outside assistance to effectively and regularly inform the CoC Board, the County, cities, service providers, the media, the public, and persons experiencing homelessness as to current issues, funding, practices, and programs in the Sonoma County System of Care. Information should include:<br>• Social media posts and print media content.<br>• Regular opportunities for the public to speak with and ask questions of key officials within the System of Care, including members of the LEAP Board. | Lead Agency Staff w/County and City PIOs | County discretionary funds, others TBD |

| Goals and Action Steps | | Description of the Priority Action Step | Possible Organization Lead(s) | Possible Funding |
|---|---|---|---|---|
| Operate as One Coordinated System | | • A dashboard of data and key metrics associated with the System of Care (as shown in 3.4a), including comparisons to State and National data, as well as trends over the previous 3-year period.<br>• Progress made on this Strategic Plan;<br>• Content relevant to persons experiencing homelessness; and<br>• Content relevant to diverse audiences, using culturally-competent methods and translations. | | |
| | **3.5b** | Develop and regularly distribute materials that explain and educate about the local causes of homelessness. | Lead Agency staff | TBD |
| | **3.6a** | Use the By Names List (BNL) methodology to better account for all persons experiencing homelessness in the county and in alignment with Built for Zero. | CE Operator, City and County subregional liaisons, service providers | HHAP, HHIP, City and County discretionary funds, some existing sources |
| | **3.6b** | Coordinate encampment solutions and management based on agreed-upon regional priorities such as threats to public health and safety (fire, waterways), organization and size of encampment, and more. | SoCo DHS, City and County subregional liaisons, service providers, other City and County reps | HHAP, HHIP, City and County discretionary funds, some existing sources |
| | **3.6c** | Facilitate case conferencing around PSH referrals, prioritization, retention, and service right-sizing. Develop a prioritization hierarchy for placement into supportive housing (linked to Action Step 1.3b). | CE Operator, PSH managers/developers, HCD TA Provider | Existing Case Conferencing Processes |

| Goals and Action Steps | | Description of the Priority Action Step | Possible Organization Lead(s) | Possible Funding |
|---|---|---|---|---|
| **Operate as One Coordinated System** | **3.7a** | Develop a new vulnerability assessment, prioritization, and placement process to replace the VI-SPDAT that includes an analysis of individuals' housing strengths and results in equitable housing placement. A year after use, examine (and revise if needed) to ensure that BIPOC individuals/families receive equitable placement (part of accomplishing 3.7c and 3.7d). | HCD TA, Lead Agency Staff, CE Operator | Existing sources + no-cost HCD TA |
| | **3.7b** | Track access and outcomes data by age, race, ethnicity, gender, language, and sexual orientation. | Lead Agency Staff | HHAP, HHIP, etc. |
| | **3.7c** | Ensure that BIPOC residents are provided equal services within the homeless response system (see 3. 7a). | Lead Agency Staff | TBD |
| | **3.7d** | Address racial and ethnic disparities access and outcomes of the homeless response system (see 3.7a). | Lead Agency Staff | TBD |
| | **3.7e** | Ensure that the CoC Board's and the System of Care's race/ethnic representation reflects the population of Sonoma County's homeless community. Consider updating the Charter to include designated seats for BIPOC members. | CoC Board | N/A |
| | **3.8a** | Task the CoC Strategic Planning Committee to monitor and report on the progress of Plan implementation and advise the Board of Supervisors, local jurisdictions, and other bodies, including school districts, on how to adhere to the Plan and when to deviate from | CoC's SP Committee, Lead Agency Staff | HHAP, HHIP |

| Goals and Action Steps | | Description of the Priority Action Step | Possible Organization Lead(s) | Possible Funding |
|---|---|---|---|---|
| Operate as One Coordinated System | | the Plan based on new information. Regular data review and report out of the three key data metrics quarterly to stakeholders. | | |
| | **3.8b** | Track progress towards Early Action Steps, consider investing in project management software to assist. | CoC's SP Committee, Lead Agency Staff | HHAP, HHIP |
| | **3.8c** | Build out implementation steps for remaining action steps (those not currently outlined in Early Action Steps). Build out shared ownership for these and remaining items between CoC and other partners. | CoC's SP Committee, Lead Agency Staff | HHAP, HHIP |
| | **3.8d** | When noteworthy research is released, including but not limited to the expected UCSF Benioff Homelessness and Housing Initiative's California Statewide Survey of Homelessness (CSHH), the CoC shall consider and adjust strategies and actions as needed. | CoC's SP Committee, Lead Agency Staff | TBD |

# APPENDIX B: STRATEGIC PLANNING PROCESS

The Sonoma County strategic planning process was highly informed by stakeholder feedback throughout 2022. Extensive outreach was made to solicit input from a diverse group and including many sectors including business leaders, service providers, people with lived experience of homelessness, City and County staff and representatives, physical and mental health experts, law enforcement, private and public funders, and community leaders serving overrepresented and underserved populations. **Planning activities included the following:**

- **In-depth review of Sonoma County's past efforts to assess and address homelessness** through an examination of existing reports, plans, and data to understand the local economic landscape, demographics of who is homeless, and strategies already being employed.
- **14 Stakeholder Focus Groups** centered around the following themes and groups:
  - Promoting Racial Equity
  - Leadership and Coordination
  - Crisis Response
  - Funding
  - Housing First
  - Coordination of the System
  - Encampments
  - Housing Solutions
  - Reducing Barriers to Access and Housing
  - Business Leaders
  - Permanent Supportive Housing Providers
  - Permanent Supportive Housing Supportive Services Providers
  - People with Lived Experience of Homelessness Residing in Emergency Shelter
  - People with Lived Experience of Homelessness Residing in Permanent Supportive Housing
- **Coordination with Lived Experience Advisory and Advocacy Groups**
  - Homeless Action Sonoma (HAS)
  - Lived Experience Advisory and Planning (LEAP) Board
- **8 convenings of the Front-End Improvements Working Group** focused on enhancing the point of entry to homeless services and Coordinated Entry.
- **Planning Meetings with County Ending Homelessness Unit** twice a month.
- **Monthly CoC Strategic Planning Committee (SPC) meetings** to steer the planning process. Committee included representatives from nonprofit and faith-based organizations, City and County agencies and government, and people with lived experience of homelessness. The following SPC subcommittees were also leveraged: Housing, Increasing Income, and Coordinated System of Care.
- **Monthly meetings of a newly formed CoC Logistics Working Group** to guide stakeholder outreach.

## APPENDIX C: ACKNOWLEDGEMENTS

The Sonoma County Continuum of Care and Homebase wish to thank everyone who gave their time, thoughts, experiences, and well-argued beliefs in the development of this Plan. Participation was broad, kind, respectful, candid, direct and collaborative. It modeled the "One Coordinated System" called for in the strategic plan's overarching goals.

**Our sincere thanks go to:**

- The Strategic Planning Committee of the Sonoma County Continuum of Care, and the chairs and other members of its three working groups (Increasing Income, Housing, and Coordinating the System of Care).
- The 17 members of the Continuum of Care Governing Board.
- Our community-based partners, such as Catholic Charities of Santa Rosa, Reach for Home, COTS, West County Community Services, Homeless Action Sonoma, Sonoma Applied Village Services, Redwood Gospel Mission, Interfaith Shelter Network, Nation's Finest, SHARE Sonoma County, DEMA, Burbank Housing, and others.
- The Sonoma County Board of Supervisors.
- Our city partners in Healdsburg, Petaluma, Rohnert Park, and Santa Rosa who were willing and able to assign their knowledgeable and busy on-staff housing and homelessness specialists to this effort.
- Our team members with lived experience of homelessness, especially those who serve on our Lived Experience Advisory and Planning (LEAP) Board.
- County of Sonoma Team members, including the Community Development Commission's Ending Homelessness Division and Sonoma County Housing Authority, leadership at the Department of Health Services (DHS) and DHS' Interdepartmental Multi-Disciplinary Team cohort known as HEART (Homeless Encampment Access and Resource Team), and representatives of the departments of Human Services, Parks, Probation, and of the County Administrative Office.
- Our colleagues at the Santa Rosa Housing Authority.
- Members of equity-based communities who participated in forums and conversations.
- Our Coordinated Entry provider, HomeFirst.
- Our Health Care partners like Partnership Health Plan, Santa Rosa Community Health, West County Health Center, and others.
- Our colleagues at the US Department of Veterans Affairs.
- Our colleagues at the California Department of Housing and Community Development.
- Members of the public, the business and tourism industry, and all who participated in our Zoom sessions.

**Special thanks to:**

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Karen Fies, Tom Bieri, and Tom Schwedhelm

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Alea Tantarelli

**Lead Lived Experience Representative on the SPC**
Ludmilla Bade

**DHS Experience, Advice, and Counsel**
Tina Rivera

**DHS Practical Field Ideas**
Will Gayowski

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Dave Kiff, Michael Gause, Thai Hilton, Karissa White, Araceli Rivera, Chuck Mottern, Daniel Overbury-Howland, and Adam Siegenthaler

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Martha Cheever

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**Chair of the Lived Experience Advisory and Planning Board**
Rebkah Sammet,

**The Homebase Team Members**
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# APPENDIX D: QUANTITATIVE DATA SOURCES

Given the dynamic nature of homelessness, data concerning people experiencing homelessness is often incomplete. Sonoma County and the CoC are consistently working to improve data collection through the annual Point-In-Time count and the Homeless Management Information System (HMIS). This plan relies on several sources of data using the best information available to understand the demographics and needs of the Sonoma County homeless population. The following data sources were used for this plan: Point-In-Time counts, Housing Inventory Counts, System Performance Measures, Homeless Management Information System, and U.S. Census data.

| Data Source | What is Measured | Limitations |
|---|---|---|
| Point-In-Time (PIT) Count | A count of individuals experiencing homelessness at a given point in time in a community. | Estimate that is generally considered low as it misses hard-to-reach populations, such as unsheltered populations and people sleeping in vehicles and abandoned buildings. |
| Homeless Inventory Count (HIC) | A count of all the available beds intended for individuals in a community experiencing or who have experienced homelessness. | Projects are not broken out by county and thus the locations of service sites are limited. |
| Longitudinal Systems Analysis (LSA) Data (also called Stella) | Household-level Homeless Management Information System (HMIS) analysis that is processed through HUD's Homelessness Data Exchange (HDX) 2.0 Stella system to measure and track system functionality. Stella analyzes data from Emergency Shelter, Safe Haven, Transitional Housing, Rapid Rehousing, and Permanent Supportive Housing projects. | While Stella and LSA offer a wealth of automated data analysis with visualization, this tool cannot be used to measure the intersections between subpopulations, projects, regions, and household types. For CA-504 we only have access to Stella data for 2019 and 2020. In this document when Stella data is shown without a date specified it reflects 2020 data. |
| System Performance Measures (SPMs) | Aggregated Individual-level HMIS Data used to help CoCs set baselines and benchmarks. It aggregates the following project type information: Street outreach, Emergency Shelter, Safe Haven, Transitional Housing, Rapid Rehousing, Permanent Supportive Housing, and Other Permanent housing. | These measures are better for comparing different CoCs. Data within a CoC cannot be analyzed by individual project types, regions, or subpopulations. |
| Sonoma County Coordinated Entry Dashboard | Publicly available data and visualizations of information about clients accessing coordinated entry from FY2018-FY2022. | This dashboard contains client data by household type, VI-SPDAT score, and housing project type but no information on subpopulations or racial demographics. |

| | | |
|---|---|---|
| 2020 Census | Decennial count of people in Sonoma County. | This is high-level data with limited ability to assess intersections between demographics. |
| 2019 American Community Survey | The largest household survey administered by the US Census Bureau. The survey is sent to about 3.5 million addresses chosen at random every year. | This is a survey, not a census, so the people who are randomly chosen to respond may not be exactly representative of the entire county. |
| 2021 United Way California Real Cost Measure study | United Way of California conducted a study to measure county-specific cost of living. It uses costs of housing, health care, childcare, transportation and other basic needs to calculate a Real Cost Measure (RCM), a more comprehensive measure of cost of living in a county than state or federal poverty measures. | Not all costs that make up the RCM will be relevant to all families. By its nature, RCM will be higher than federal and state poverty measures and this may obscure some information about people who earn the least. |
| 2021 California Housing Partnership Affordable Housing Needs Report | The 2021 Affordable Housing Needs Report offers specific recommendations to policymakers to remedy California's housing challenges and highlights key indicators of housing affordability for low-income families in Sonoma County, including: market conditions, federal and state funding, local wages and rent, and LIHTC production/preservation | Report uses similar sources as other reports here so face similar limitations around having high-level data and using limited sample sizes. |
| 2020 + 2022 Sonoma County Homeless Census | Sonoma County and social research firm ASR conducted this survey alongside the 2020 PIT count to get more in-depth information about the homeless population in the county. | Most of this data has a sample size of about 400 people, which is roughly 15% of the homeless population. Furthermore, because of challenges in contacting and interviewing the population, those included in the survey may differ systematically from the total homeless population in ways that make results not representative of the population. |

# APPENDIX E: HOMELESSNESS IN SONOMA COUNTY BY THE NUMBERS

## Homeless Population Overview

Sonoma County conducts a Point-in-Time (PIT) Count of individuals experiencing homelessness biannually.[16] PIT data from 2017 to 2022 **(Figure F)** provides an overview for the state of homelessness in Sonoma County. Total homelessness slightly increased from 2017 to 2018 as changes in methodology utilizing peer involvement resulted in more comprehensive counts in rural areas of the county. From there, total homelessness steadily decreased for several years. However, in 2022, unsheltered homelessness increased drastically despite sheltered homelessness dropping to the lowest count since 2008. Like in 2018, changes in methodology due to the COVID-19 pandemic meant a more comprehensive unsheltered count was conducted. Even with changes in methodology contributing to a more comprehensive count, it's likely that other factors similarly contributed to the increase such as hardships due to the pandemic and decreased capacity at congregate shelter sites due to social distancing.

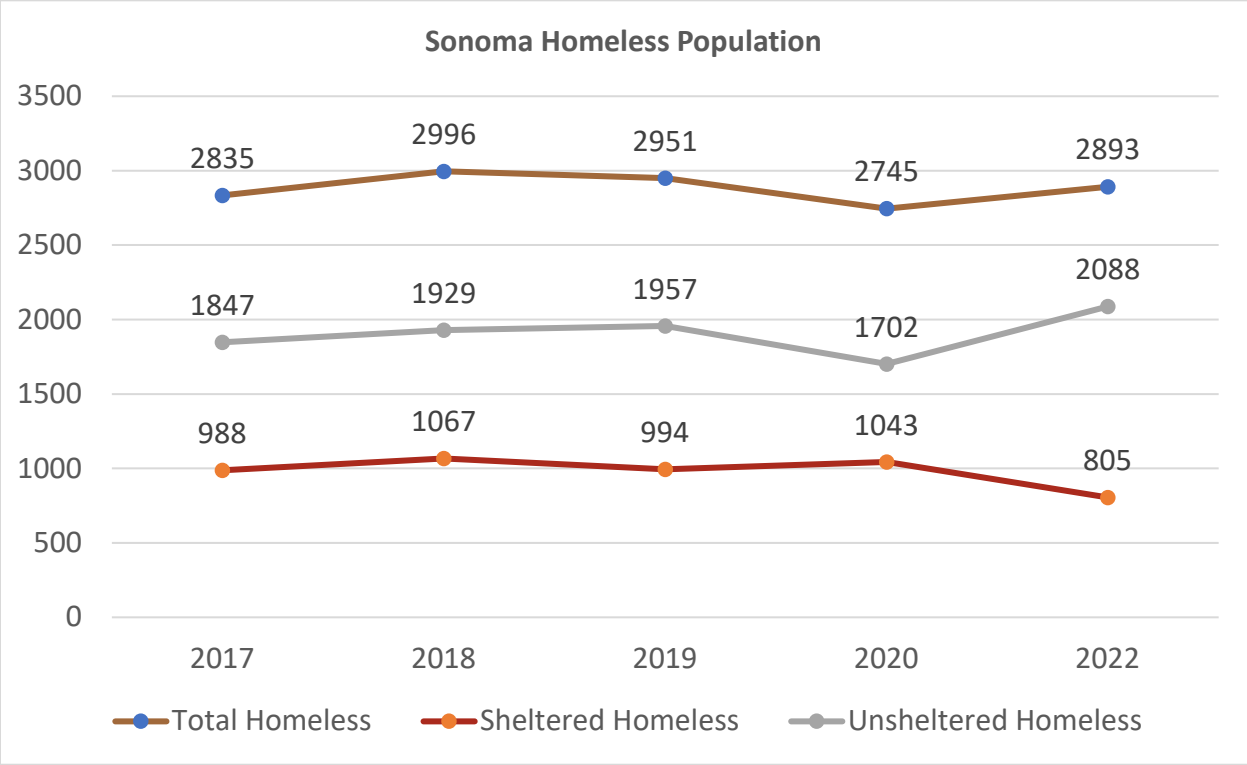



**Figure F: Sonoma Homeless Population. Data source: PIT.**

[16] Due to the COVID-19 pandemic, Sonoma County was not able to conduct a count in 2021 but proceeded to do so in 2022.

The 2022 increase in individuals experiencing unsheltered homelessness requires an effort to **target strategies to address the unique needs of households living in places not meant for human habitation** to ensure they can access supportive services as appropriate and move into housing as quickly and stably as possible.

According to the 2022 Sonoma County Homeless Census, an in-depth survey conducted by Sonoma County and social research firm ASR alongside the 2022 PIT with a sample size of 354 people, **most people who are homeless in Sonoma County are also from Sonoma County (Figure G)**.

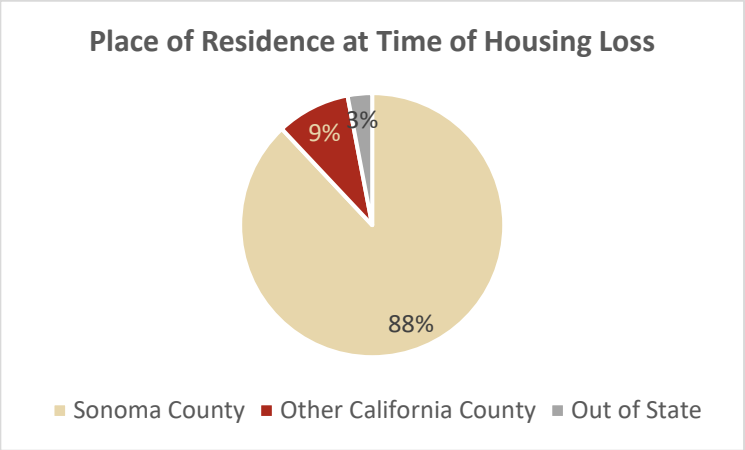



**Figure G: Place of Residence. Data source: 2022 Sonoma County Homeless Census.**

## Chronic Homelessness

Chronic homelessness has followed the overall total homeless trends from 2017-2022 **(Figure H)**. **Chronic homelessness accounts for about 25% of total homelessness.**

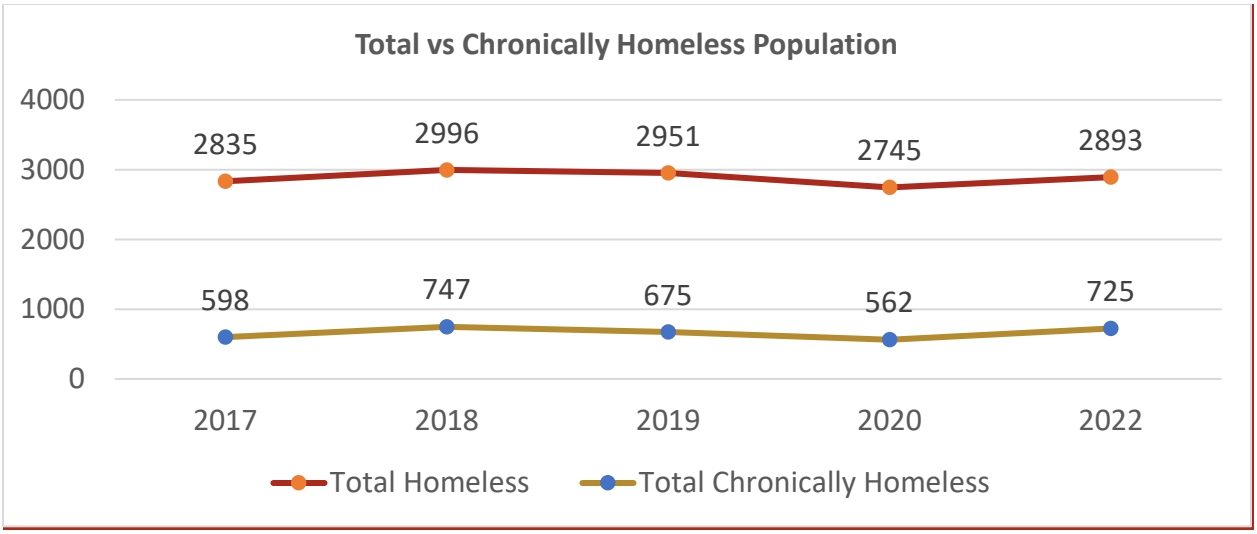



**Figure H: Total vs Chronic Homeless Population. Data source: 2017-2022 PIT.**

As with the total homeless population, most of the chronic homeless population is unsheltered **(Figure I)**.

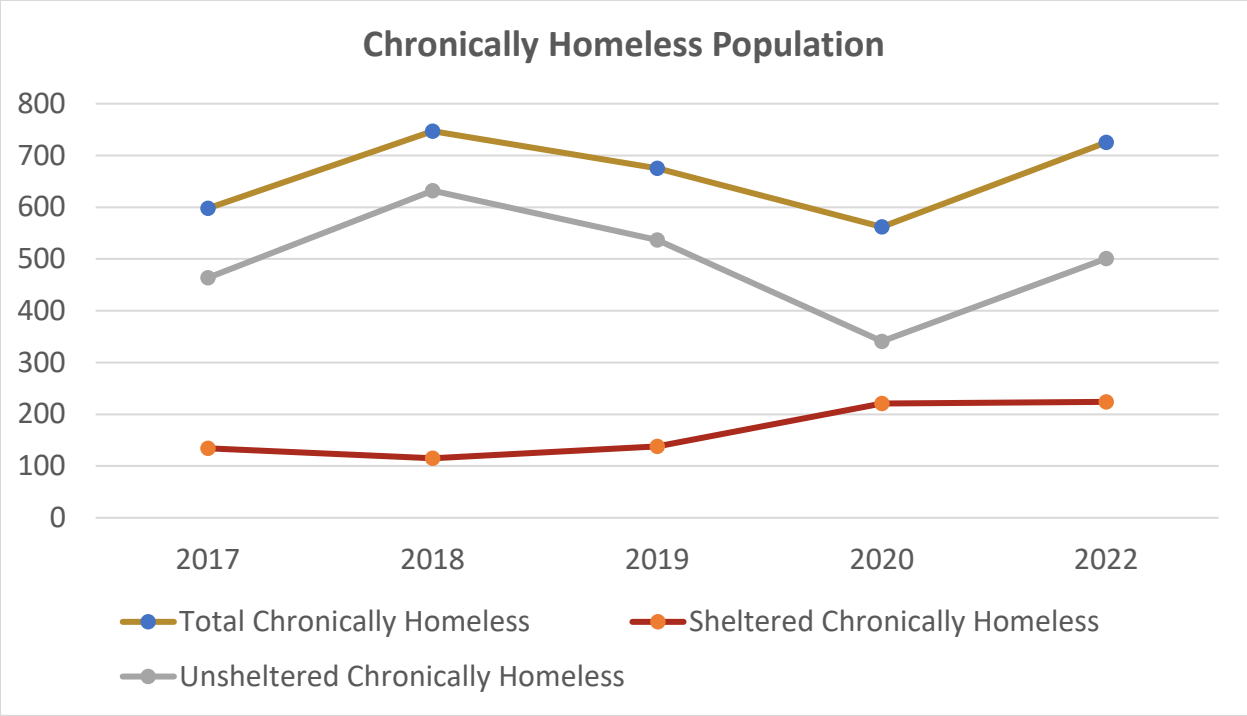



**Figure I: Chronic Homeless Population. Data source: 2017-2022 PIT.**

The continued prevalence of households who are chronically homeless, despite efforts to prioritize those with an extended history of homelessness, points to a need to **expand supportive housing options** to house those currently experiencing chronic homelessness, and to **prevent households experiencing homelessness from aging into chronicity**.

## System Engagement

From where are people entering the homelessness system of care? Stella P, a system performance analysis tool from the HUD's Homeless Data Exchange, provides more detail. Unlike PIT data, Stella demonstrates who is served over time, as opposed to a snapshot of system use. It is similarly important to keep in mind that PIT data measures individuals, whereas Stella data measures households. Stella data shows that **most households are first time homeless in the system but there are many who are continuously homeless (Figure J).**

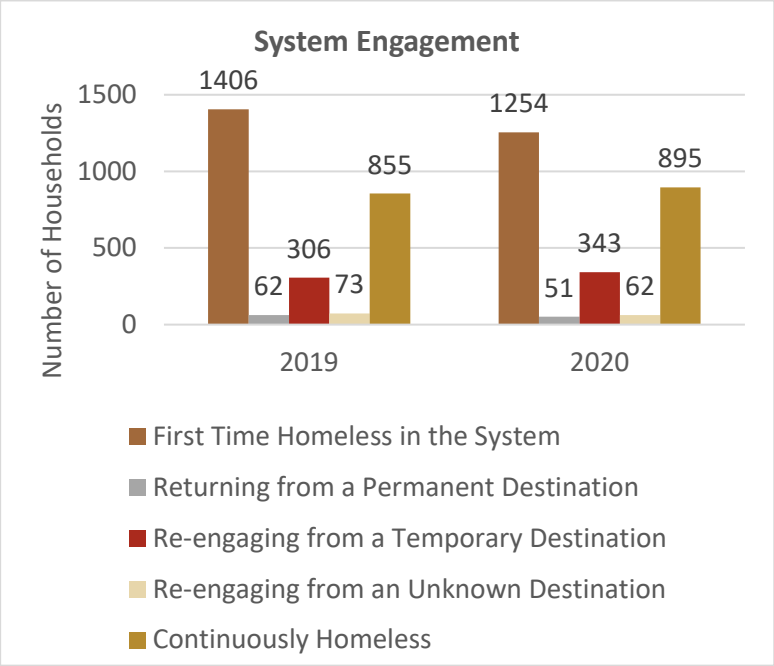



**Figure J: System Engagement. Data source: 2019 and 2020 Stella.**

System Performance Measures (SPMs), key performance metrics from the community's Homeless Management Information System (HMIS), provide more detail on the first-time homeless population. It is important to keep in mind that like PIT data, this data measures total individuals from a system level, while Stella data measures total households from a system level. The number of people who are first time homeless has been stable since 2018 **(Figure K)**. The first-time homeless population in Sonoma has consistently been above comparable national medians, whether compared to "Largely Suburban CoCs" as HUD had classified the Santa Rosa, Petaluma/Sonoma County CoC (from 2015-2019) or "Other Largely Urban CoC as it was re-classified in 2020.

**The average length of time homeless has been relatively stable since 2015,** and this has also been above national medians for comparable CoCs **(Figure K)**. The average length of time homeless in 2020 was measured in SPMs as 134 days, though it was measured as 117 days in 2020 Stella data.

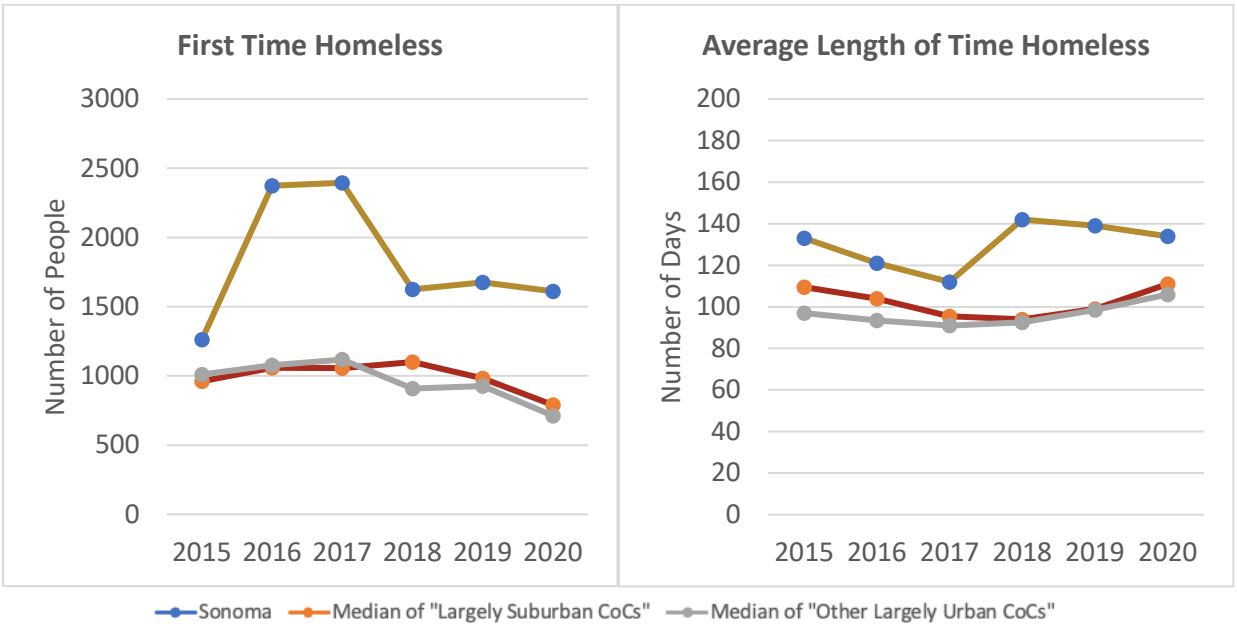



**Figure K: First Time Homeless Population (left) and Average Length of Time Homeless (right). Data source: SPMs.**

This HMIS SPM data suggests that relative to comparable CoCs, Sonoma has an opportunity to **make improvements to decrease the number of people entering homelessness for the first time** by diverting them from the system and **reducing the average length of time spent homeless**.

## Racial and Ethnic Disparities in Homelessness

**Black and Native individuals are overrepresented in the homeless population.** While White individuals make up nearly the same share of the general population as they do the homeless population, Black individuals make up three times the share of the homeless population as they do the general population and Native people make up four times the share **(Figure L).**

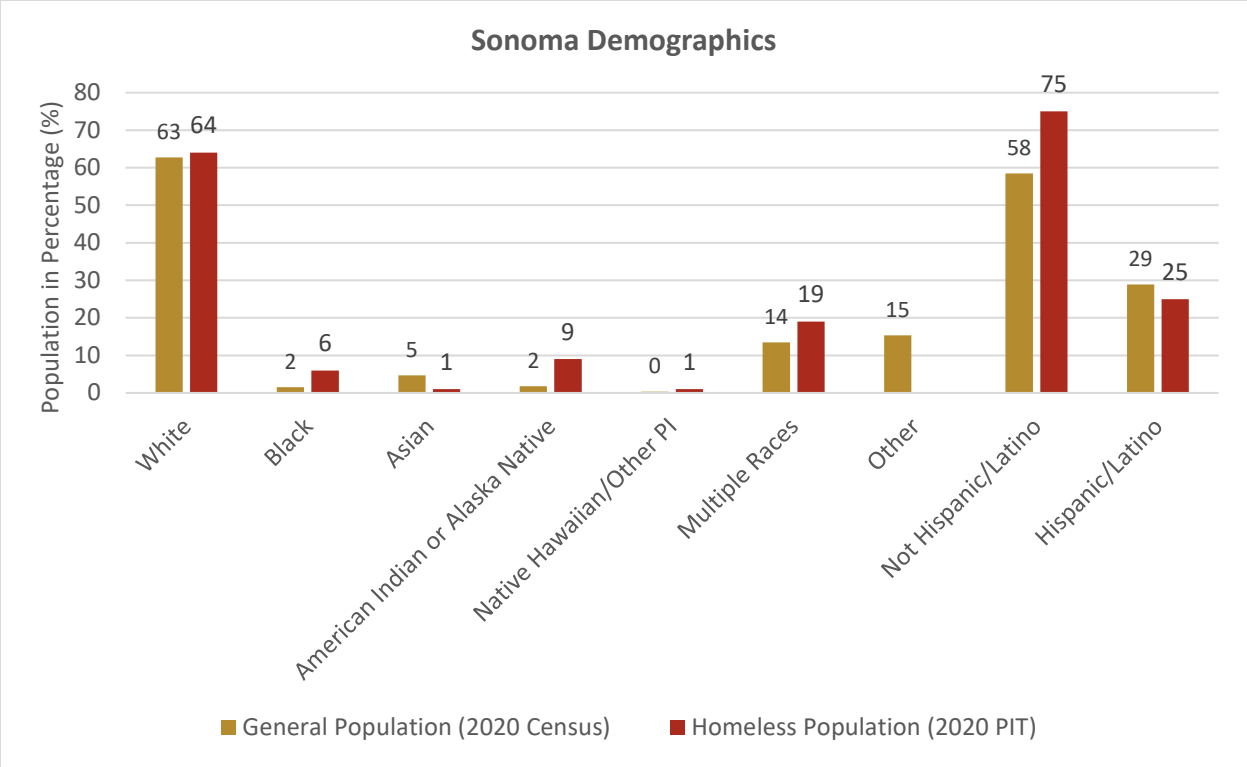



**Figure L: Racial and Ethnic Demographics of the County and homeless population. Data sources: 2020 census and 2020 PIT.**

While **Figure L** shows the percentage that each racial or ethnic group makes up of the homeless population, another way of considering racial disparity is calculating the percent of each racial or ethnic group that is homeless. This is done by dividing the PIT count for a given group by the census count for that group. As shown in **Figure M**, this makes racial disparities clear: while about 0.57% of the White population is homeless, 2.04% of the Black population and 2.71% of the Native population is homeless. These racial disparities have been consistent since at least 2015 (data not shown).

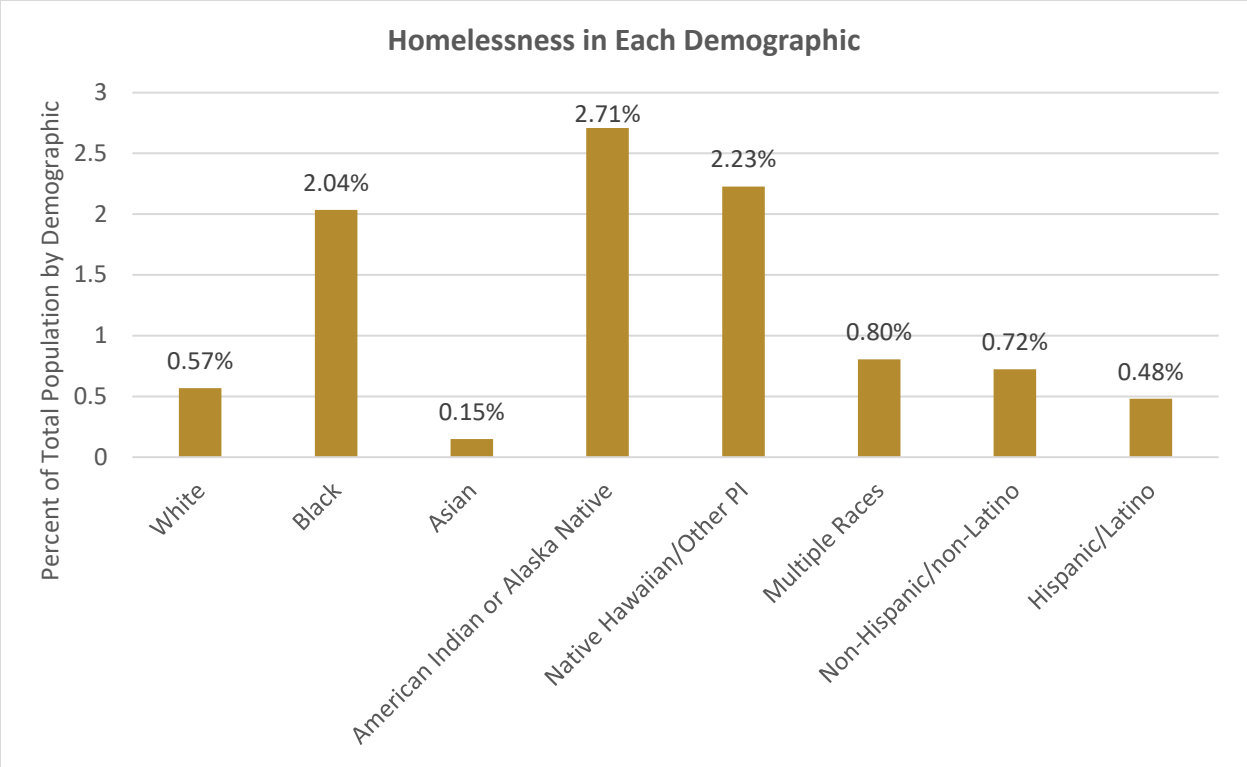



**Figure M: Percent of Racial and Ethnic Groups that are Homeless. Data Sources: 2020 Census and 2020 PIT.**

Of the people that do engage with the system, there are several racial and ethnic disparities in how they move through it.

**Hispanic/Latino households spend more time homeless than the overall average.** Black, Native, and multiple race households spend less time homeless than average **(Figure N**). As for Asian and Native Hawaiian/other Pacific Islander (PI) populations, there were too few households identified in homeless data to interpret confidently.

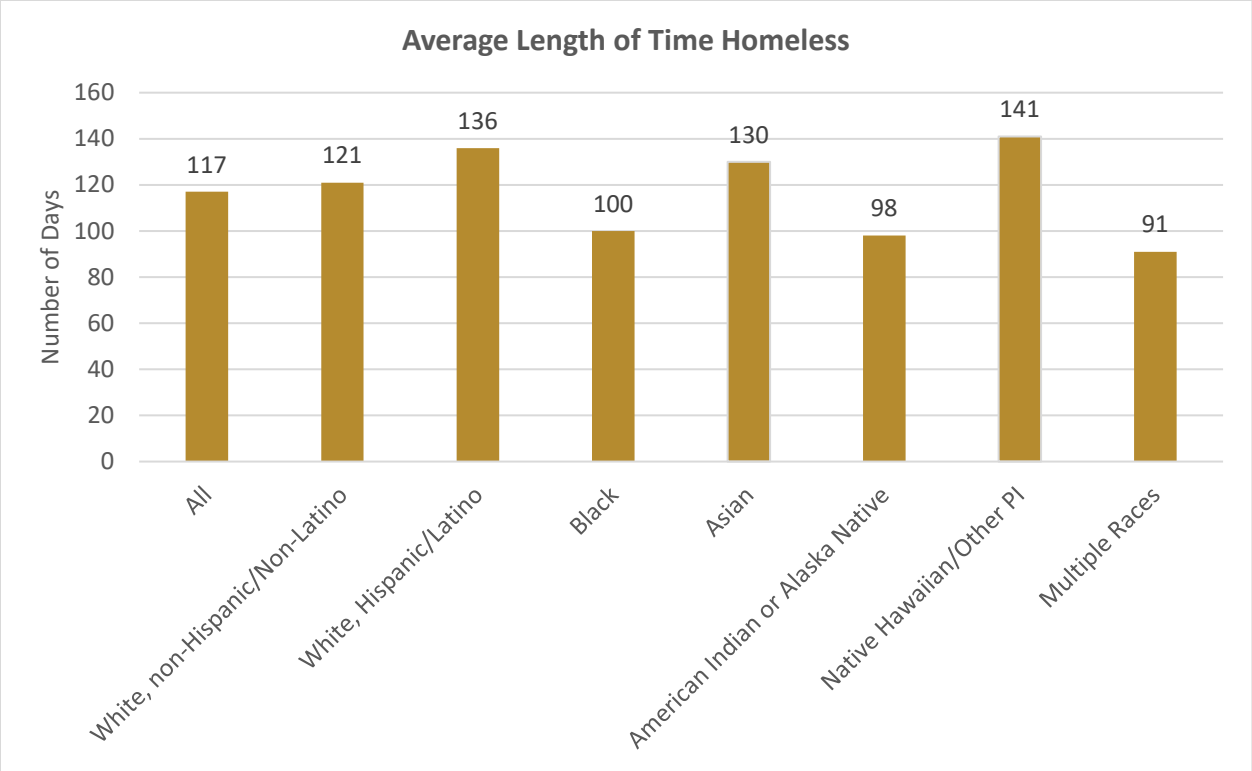



**Figure N: Average Length of Time Homeless by Race and Ethnicity. Data source: 2019 and 2020 Stella.**

## Homeless Population Across County Geography

### Where People Are

**According to PIT counts, most people experiencing homelessness are in Santa Rosa (Figure O).**

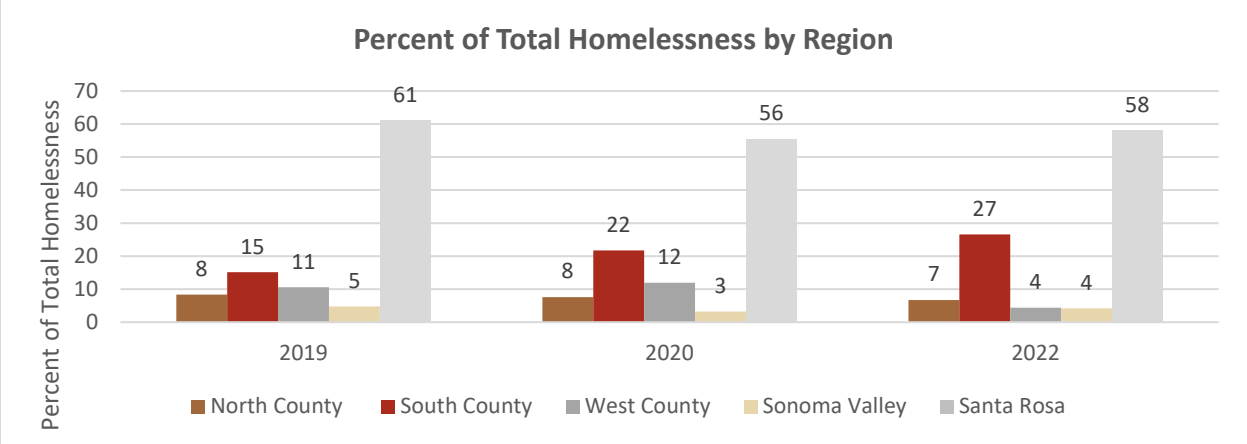



**Figure O: Homelessness by Region. Data source: 2019-2022 PIT.**

**Across the county, cost of living is highest in Santa Rosa.** In 2021 The United Way conducted surveys in many California counties to estimate county-specific thresholds for poverty. This Real Cost Measure (RCM) accounts for the cost of housing, health care, childcare, transportation, and other basic needs. In contrast, traditional poverty guidelines primarily account for the cost of food. A much higher percentage of Santa Rosa households have incomes below this RCM compared to households in other parts of the county. This difference would be overlooked if only measuring households against the federal poverty level. A higher percentage of households in Santa Rosa also pay 30% or more of their income on housing **(Figure P)**, indicating high cost of living and potential for housing instability.

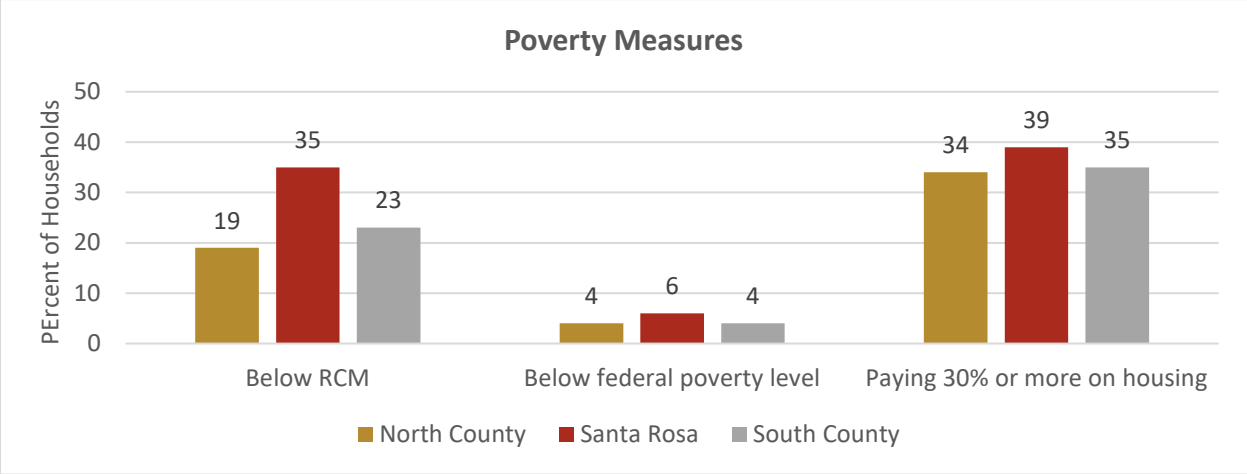



**Figure P: Poverty Measures by County Region. Data source: United Way 2021 Real Cost Measure (RCM) study.**

The high cost of living, especially in Santa Rosa, points to the need to **increase opportunities for maximizing household income**, and to **identify or develop flexible funding sources** that can support in maintaining housing stability.

## Where People Are Served

Regardless of the type of housing project households' access, most of them are served in a city **(Figure Q)**. Consistent with this data, the county CE dashboard's map shows that most CE assessments happen in Santa Rosa (data not shown).

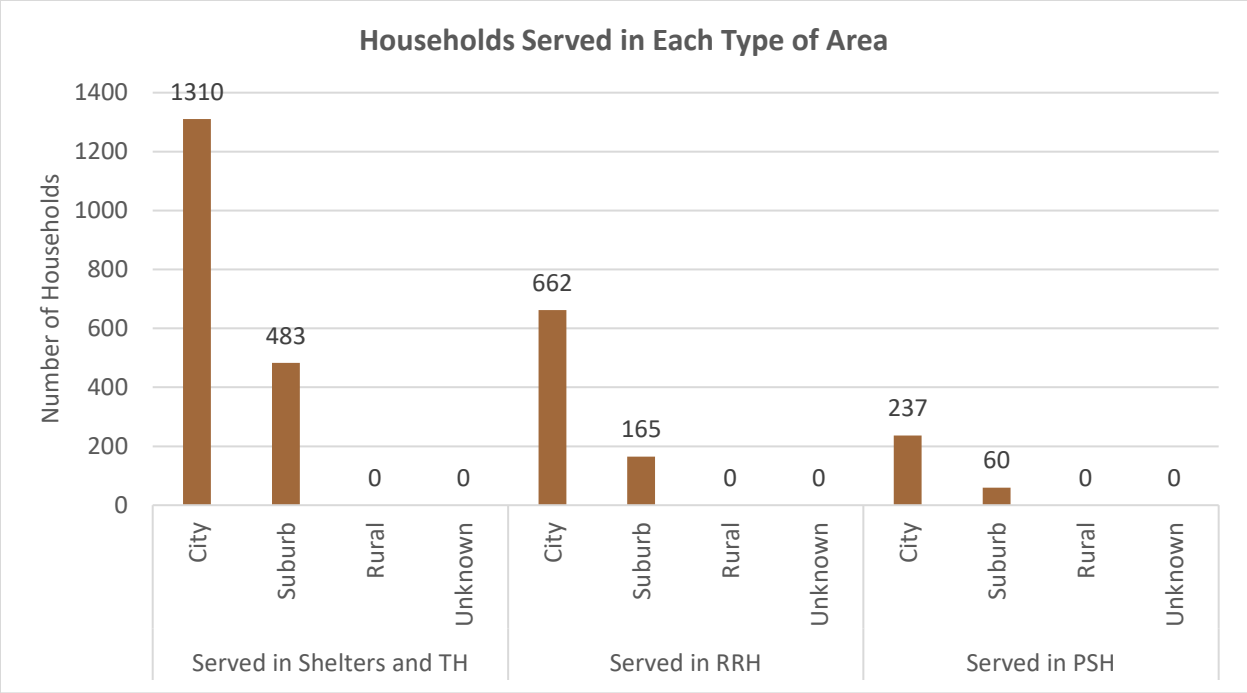



**Figure Q: Households Served in Each Geographic Area. Data Source: 2019 and 2020 Stella**

## Households With and Without Children

Whether or not households that are homeless have children is an important distinction to consider because it can have significant effects on their experience, access, service needs, and housing requirements.

### Homelessness by Household Type

86% of households that are homeless do not have children **(Figure R)**.

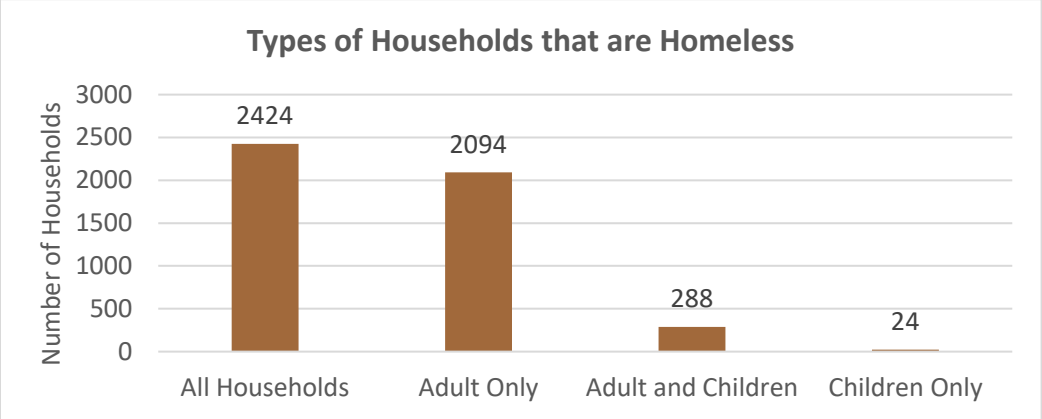



**Figure R: Number of households of each household type. Data source: 2019 and 2020 Stella.**

Interestingly, of these Adult Only households, 97% of them are households of one person (data not shown). This means **households made up of individual people make up most of the county's homeless population**.

Stella data is consistent with the data in the County's Coordinated Entry dashboard: from FY2018-FY2021, single adults made up about 75% of CE clients **(Table 3)**.

| Client's Household Type | FY2018 | FY2019 | FY2020 | FY2021 |
|---|---|---|---|---|
| Single Adults | 1090 | 1187 | 1048 | 1123 |
| Families | 215 | 264 | 242 | 208 |
| Youth | 97 | 117 | 109 | 121 |

**Table 3: Clients served in CE organized by their household type. Data source: County CE dashboard.**

**The County has been increasing the number of RRH and PSH beds** for households without children for several years **(Figure S).** Continuing these trends may help decrease the homeless population.

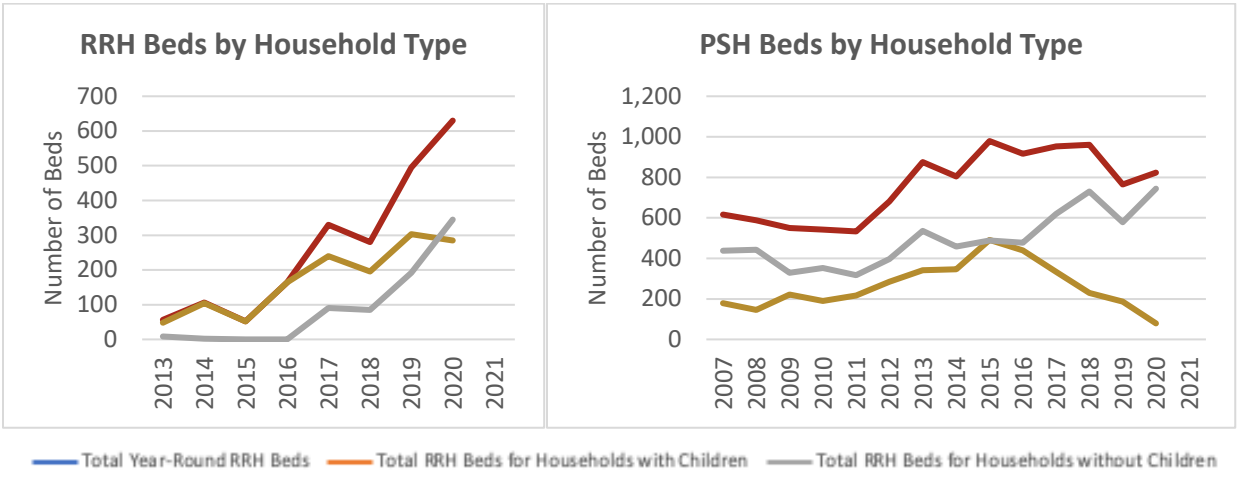



**Figure S: RRH (left) and PSH (right) Beds by Household Type. Data source: HIC.**

**Overall, households spend an average of 117 days homeless** according to 2020 Stella data **(Figure T).** Although households with children make up a small share of homeless households, these households do spend a longer time homeless, suggesting that these households could face barriers to housing.

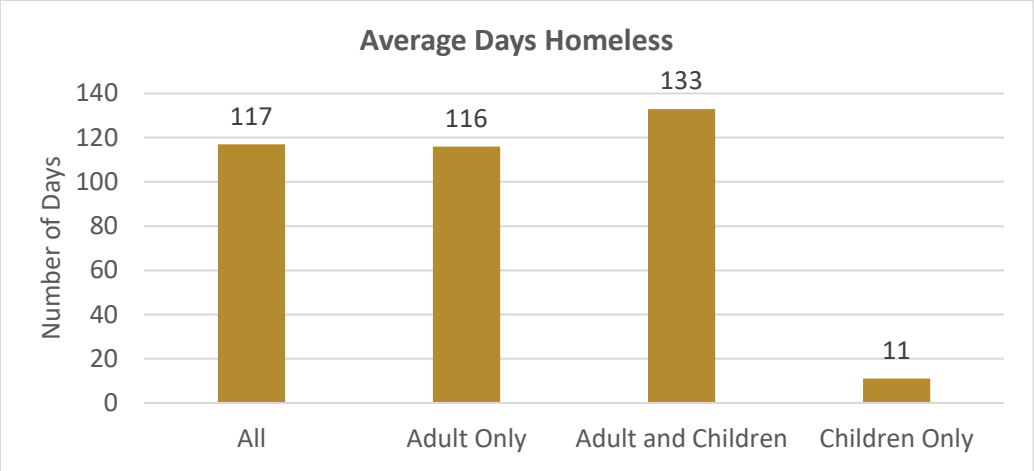



**Figure T: Average Length of Time Homeless by Household Type. Data source: 2019 and 2020 Stella.**

Significant progress could be made in decreasing the homeless population by addressing homelessness among Adult Only households as they make up most homeless households. While the County has been steadily increasing the number of PH beds available, there is also a need to **increase staffing** and **provide additional resources to support staff** in housing individuals experiencing homelessness.

## Exits from Homelessness

When different household types get housed, where are they exiting homelessness to? **A majority of Adult Only households exit to temporary destinations while a majority of Adult and Child households exit to permanent destinations (Figure U)**. Considering that most of the temporary destinations that households exit to are places not meant for human habitation (data not shown), there is a clear need to improve outcomes for Adult Only households.

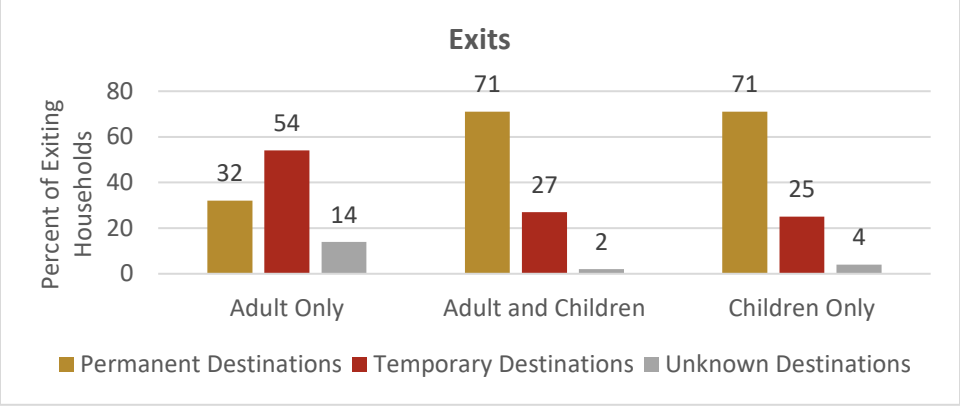



**Figure U: Exits by Household Type. Data source: 2019 and 2020 Stella.**

Overall, most households that are homeless are Adult Only households, and these households are less likely to have successful exits from homelessness. In contrast, households with children have more permanent exits, but they spend a longer time homeless. This indicates a need to improve the homeless system of care for both types of households.

**Racial and ethnic disparities persist when households exit homelessness.** (See Figure V). Black, Native, and multiple race households exit to temporary destinations more frequently than average. As these populations all have shorter length of time homeless (see Figure N), but do not have better outcomes, this may mean there are factors within the homeless system of care that cause people of color to stop engaging with the system.

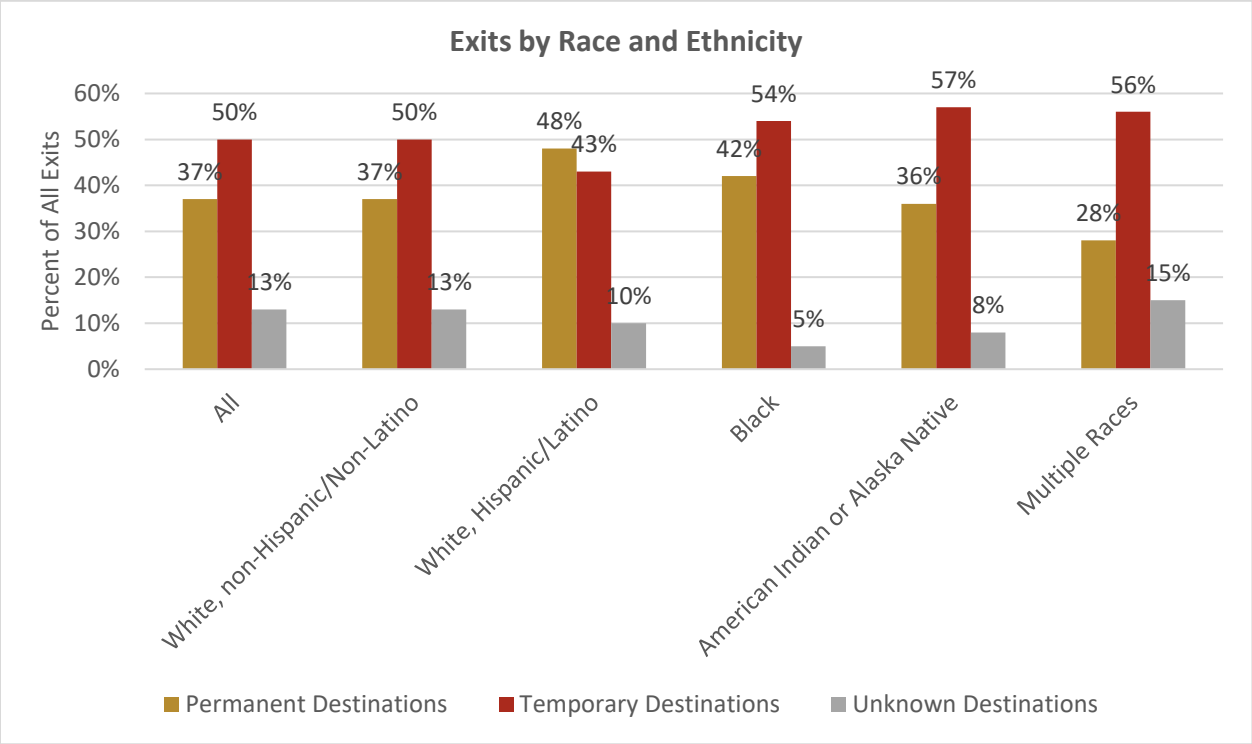



**Figure V: Exits by Race and Ethnicity. Data source: 2019 and 2020 Stella.**

**In contrast, Hispanic/Latino households exit to permanent destinations more frequently than average.** During focus groups with providers representing the Hispanic/Latino population, it was suggested that households in this community who are homeless may rely more heavily on family or community ties than non- Hispanic/Latino households and that this may explain the higher rate of exits to permanent destinations by Hispanic/Latino households. However, available data (see Figure P) shows that Hispanic/Latino households exit the homeless system of care to family and friends at rates similar to non- Hispanic/Latino households. While this does not rule out cultural or social factors as playing a role in homelessness or exits from homelessness between ethnic groups, it does indicate that exits to family and friends are not accounting for the overall higher rates of exits to permanent destinations for Hispanic/Latino households.

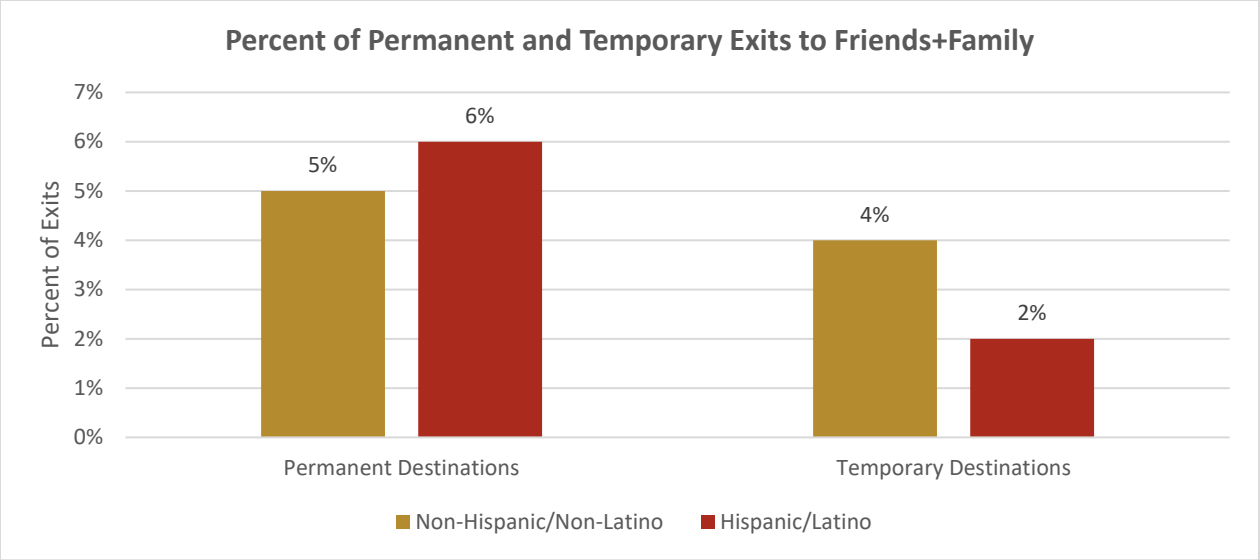



**Figure W: Percent of Exits to Friends and Family by Ethnicity. Data source: 2019 and 2020 Stella.**

## Vulnerable Populations

The County also has a sizeable number of households that are homeless with added vulnerabilities **(Figure X, left)**. **About 65% of homeless households have a disabled member and 29% have adults over the age of 55.** These vulnerable households spend much longer homeless **(Figure X, right)**, so consideration of these households' specific housing needs and barriers is warranted.

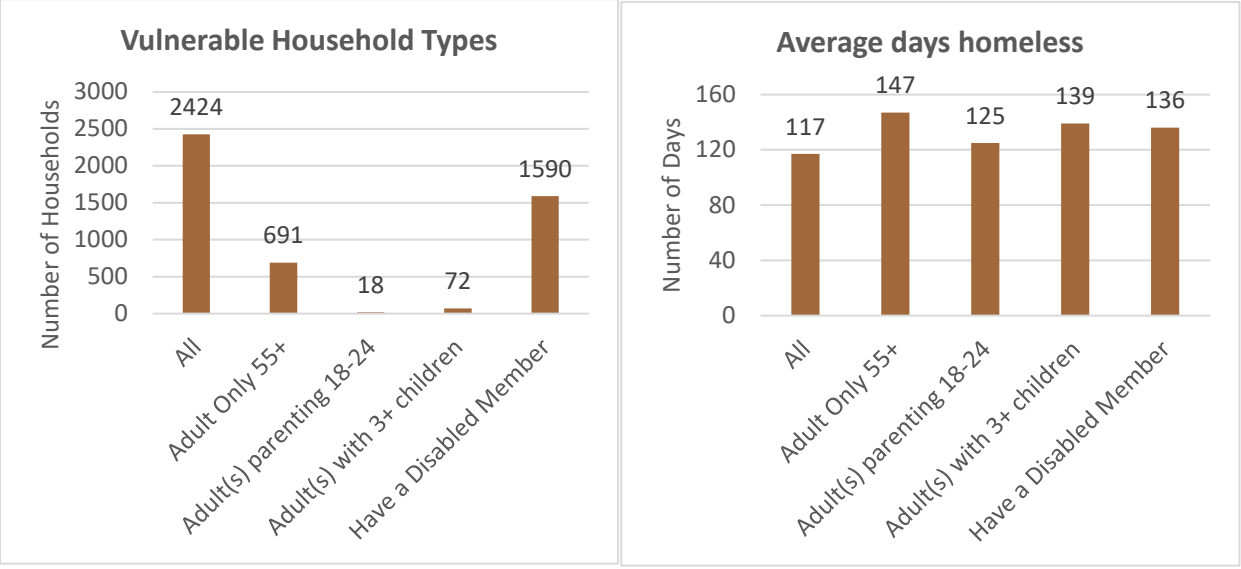



**Figure X: Vulnerable Household Types (left) and Their Length of Time Homeless (right). Data source: 2019 and 2020 Stella.**

The high percentage of households experiencing homelessness who have a disabled family member points to the need to **increase the availability of mobile and on-site mental health services, substance abuse services, and physical healthcare services**.

## Transitional Age Youth

Transitional age youth (TAY) is a subpopulation of people ages 18-24 which is defined because of this age group's unique vulnerabilities and service needs. The Sonoma PIT count began tracking TAY in 2013. As shown in **Figure Y**, **TAY has consistently made up 15-20% of the homeless population** from 2013-2022, except for 2020, when they made up 11%.

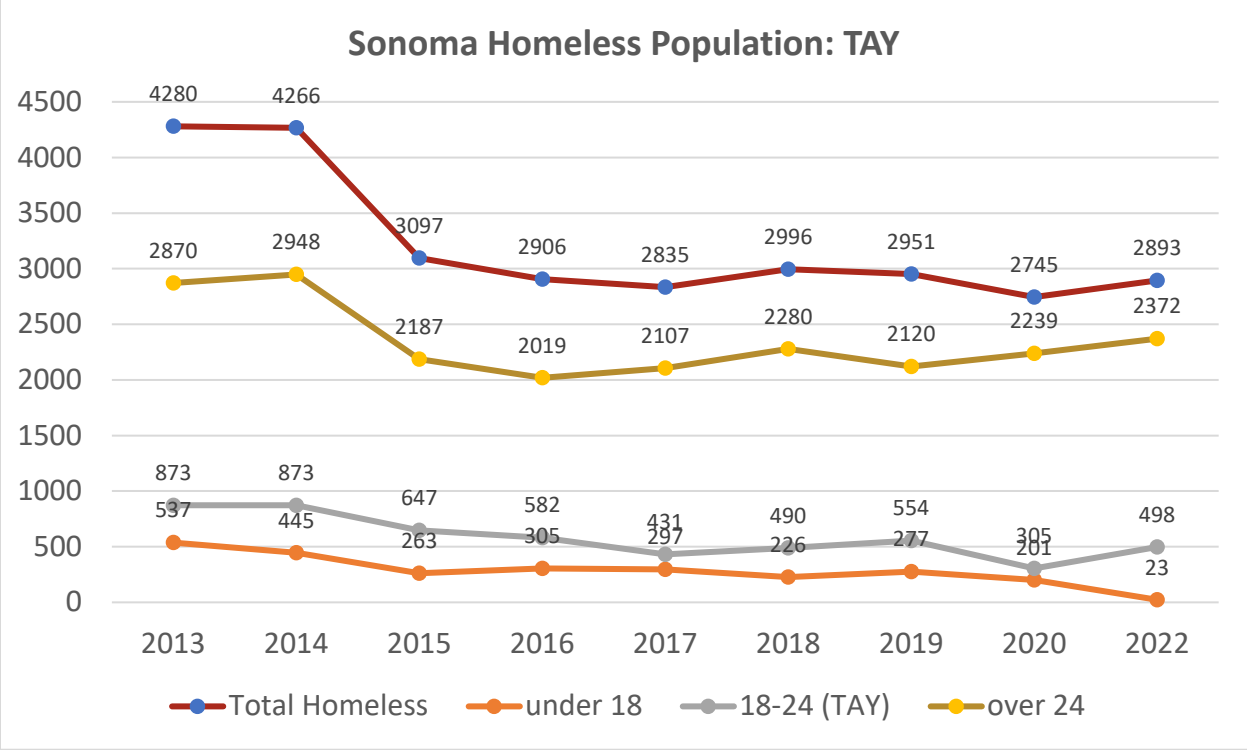



**Figure Y: Sonoma TAY Homeless Population. Data source: PIT.**

It would be worthwhile to **assess what strategies were being used in 2020 to serve this population to successfully decrease their homelessness** or identify if this was just due to changes in data collection.

## Sheltered vs Unsheltered Transitional Age Youth Homelessness

PIT data also shows that TAY who are homeless may be facing barriers to housing, as they make up a disproportionately large share of the unsheltered homeless population **(Figure Z)**.

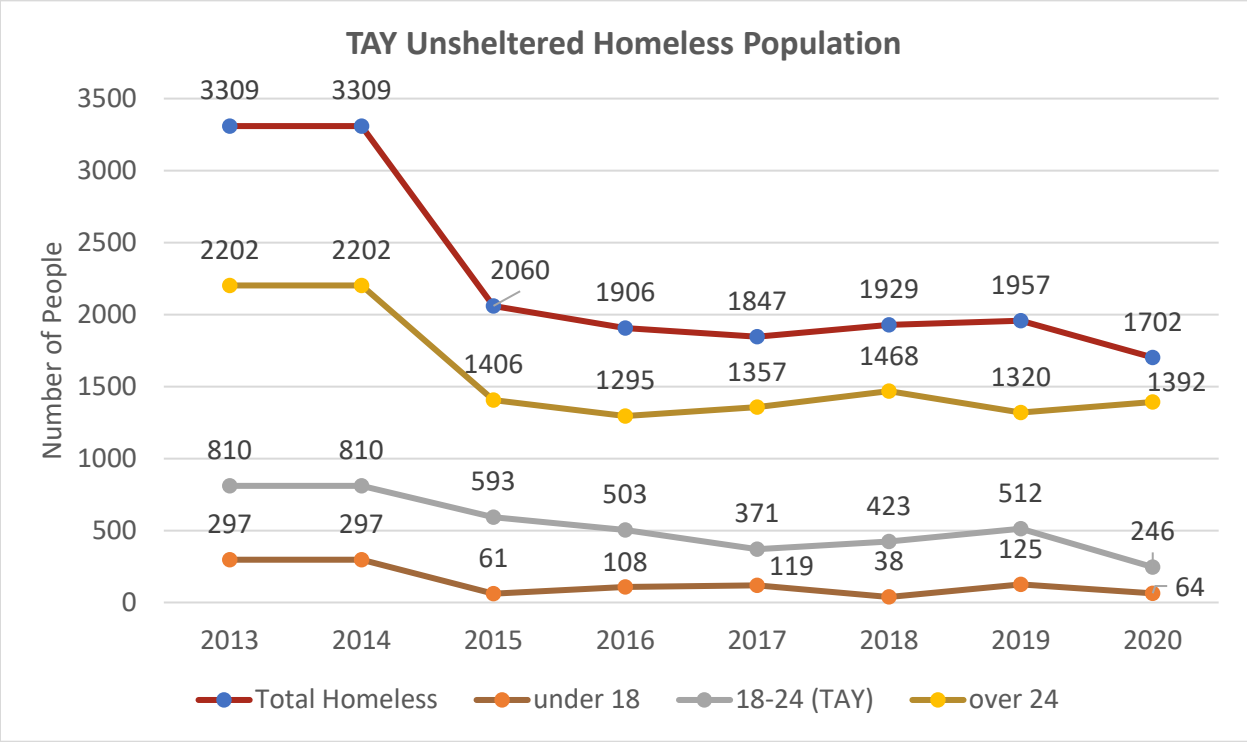



**Figure Z: TAY Sheltered Homeless Population. Data source: PIT.**

Correspondingly, **TAY make up a disproportionately small share of the sheltered homeless population** at about 5% **(Figure AA)**.

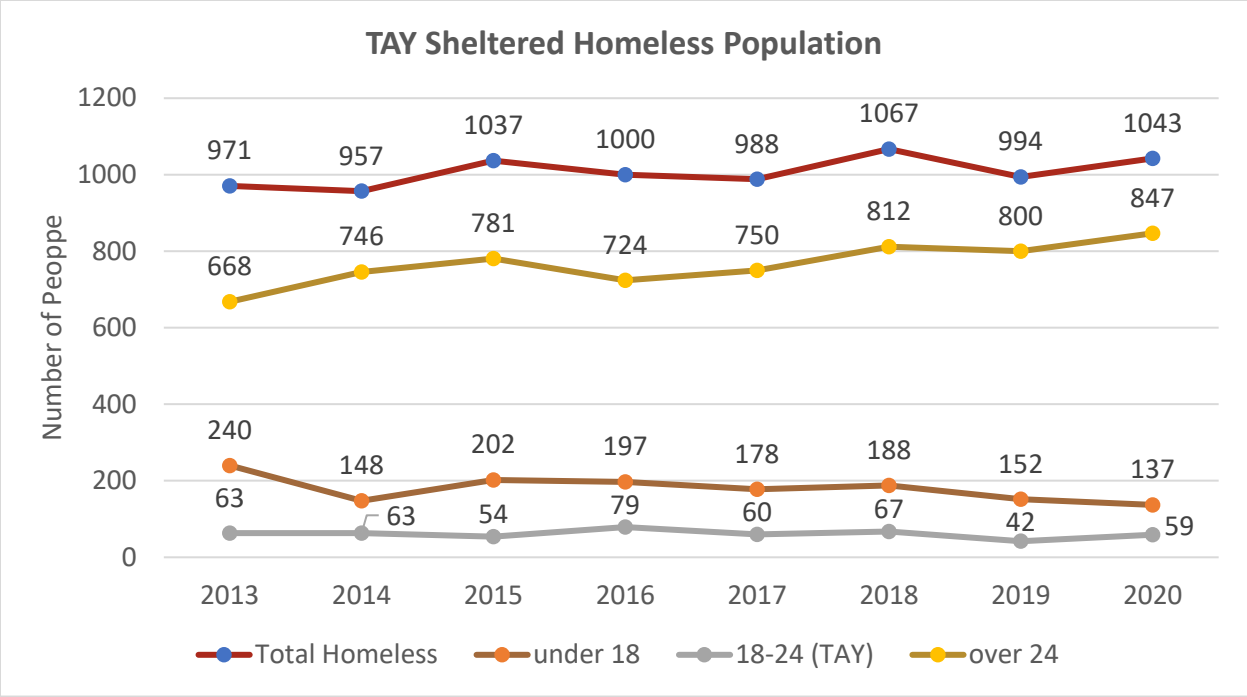



**Figure AA: TAY Sheltered Homeless Population. Data source: 2013-2020 PIT.**

This disparity in TAY homelessness could be a result of TAY not receiving the services they need to access housing. It could also mean that TAY are not being prioritized for housing due to biases in the prioritization tool that favor older adults. Using the County's CE dashboard, it is apparent that **youth receive on average slightly lower VI-SPDAT scores (Figure BB)**. The VI-SPDAT is Vulnerability Index & Service Prioritization Decision Assistance Tool used by many communities to determine a household's vulnerability and need for supportive housing.

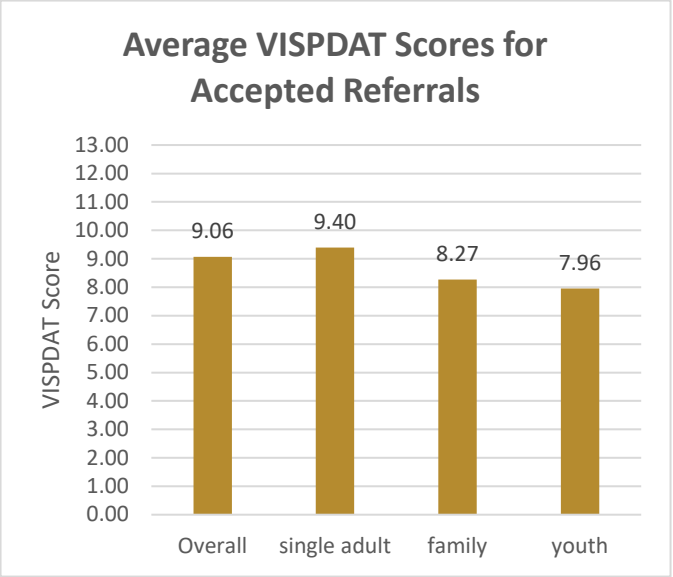



**Figure BB: Figure BB. VI-SPDAT Scores of Accepted Referrals Based on Household Type. Data source: CE dashboard. Note that because the sample size for certain scores and household types were low, this is the aggregate data for 2018-2022.**

## Veterans

### Homeless Veteran Population

As with the total homeless population (see Figure F), **unsheltered homelessness among veterans incrementally decreased between 2017-2020 with a drastic increase in 2022**, while sheltered counts remained relatively unchanged **(Figure CC).**

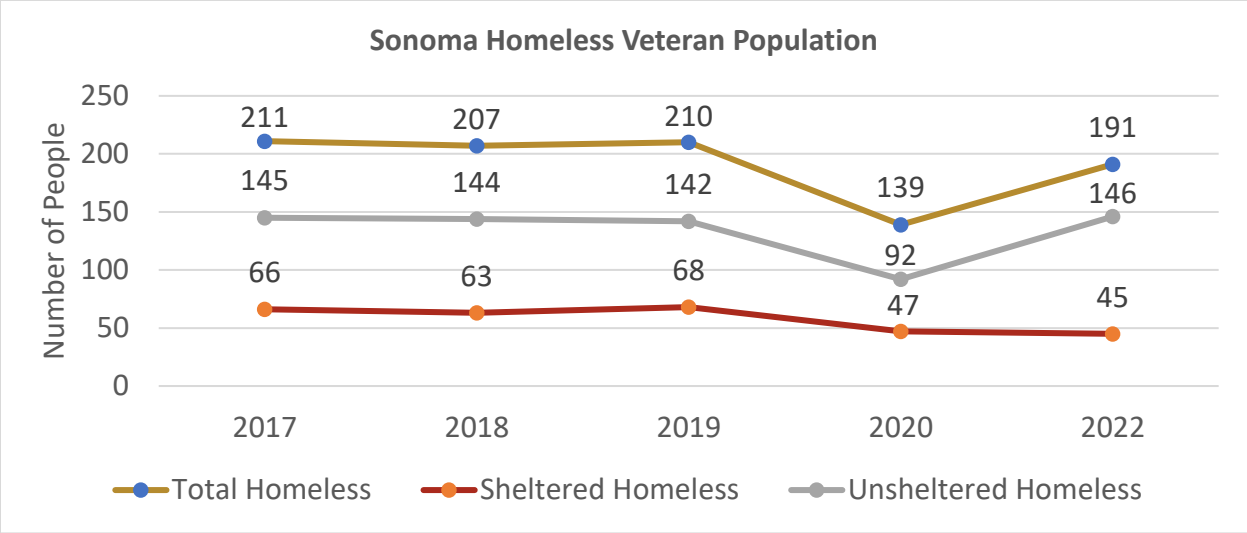



**Figure CC: Veteran Homeless Population. Data source: 2017-2020 PIT.**

**Veteran households make up about 10% of homeless households (Figure DD).**

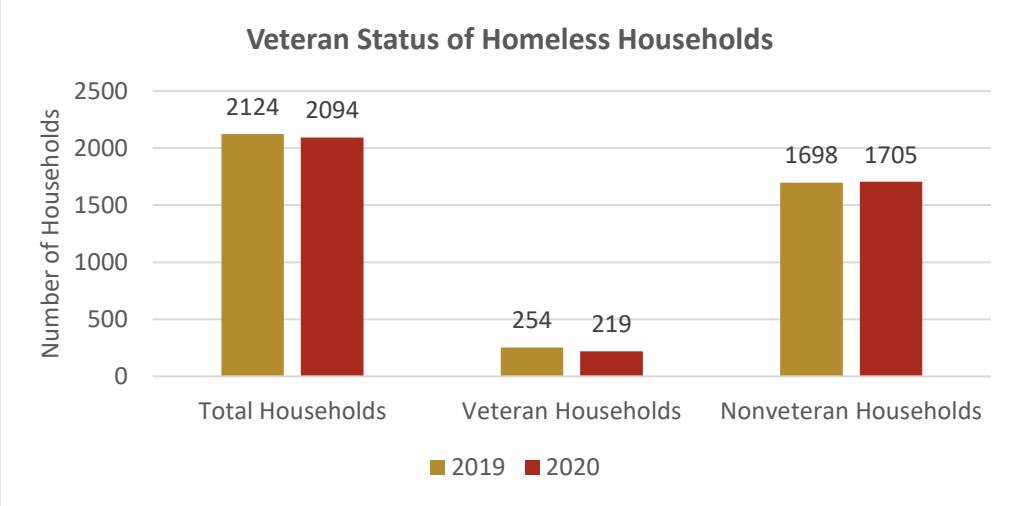



**Figure DD: Veteran Status of Homeless Households. Data source: 2019 and 2020 Stella.**

The vast majority of veteran-dedicated beds are PSH **(Figure EE)**. Because veteran homelessness has been decreasing, but dedicated veteran beds have not, in 2020 there were 3.5 times as many veteran PSH beds as there were veterans who were homeless in the PIT count. This could point to data quality issues, or the need to reallocate resources.

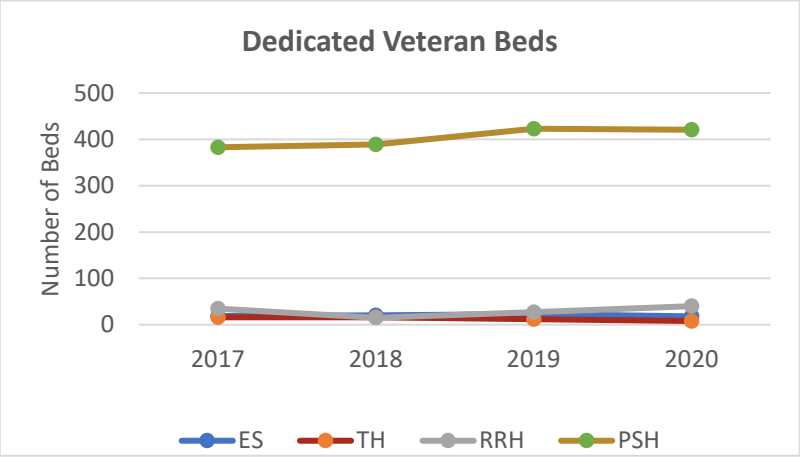



**Figure EE: Figure 22. Dedicated Veteran Beds. Data source: 2017- 2020 HIC.**

## Comparing Homeless Veteran Population to Total Veteran Population

Across many factors, the homeless veteran population in the County is very similar to the total veteran population in the County. One stark difference is that **homeless veterans are younger: while most of the veteran population is over the age of 65**, about two-thirds of the homeless veteran population is younger than 65 **(Figure FF)**.

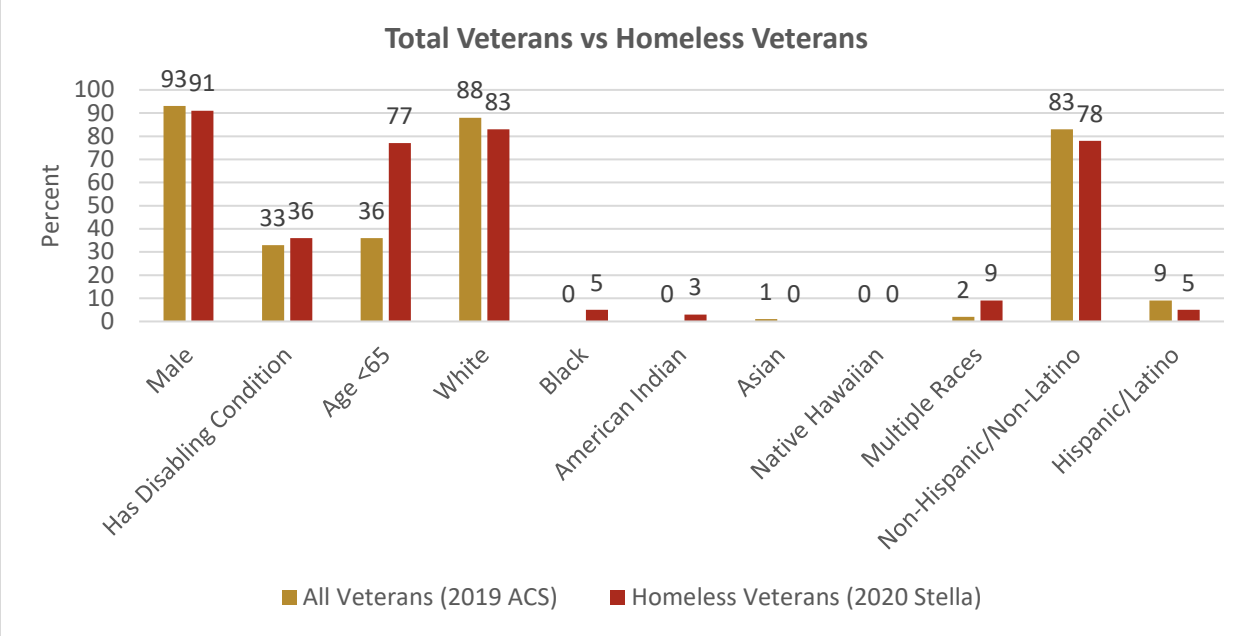



**Figure FF: Total Veteran Population Compared to Homeless Veteran Population. Data sources: 2019 ACS and 2019 and 2020 Stella.**

The availability of veteran beds implies that the primary barrier to housing for veterans experiencing homelessness is not subsidies, but access and supportive services. Several factors are likely causing barriers, but the best way to determine what gaps exist in the system are to **solicit feedback from households accessing the system**.

## Comparing Veteran Households to Nonveteran Households

Overall, homeless veteran households are similar to homeless nonveteran households in chronic homelessness, first time homelessness, and length of time homeless.

One difference among veteran households is that they have a **much higher percentage of exits to permanent destinations than total households and nonveteran households (Figure GG)**. Providers serving veteran households may have suggestions that can be applied throughout the system to improve outcomes.

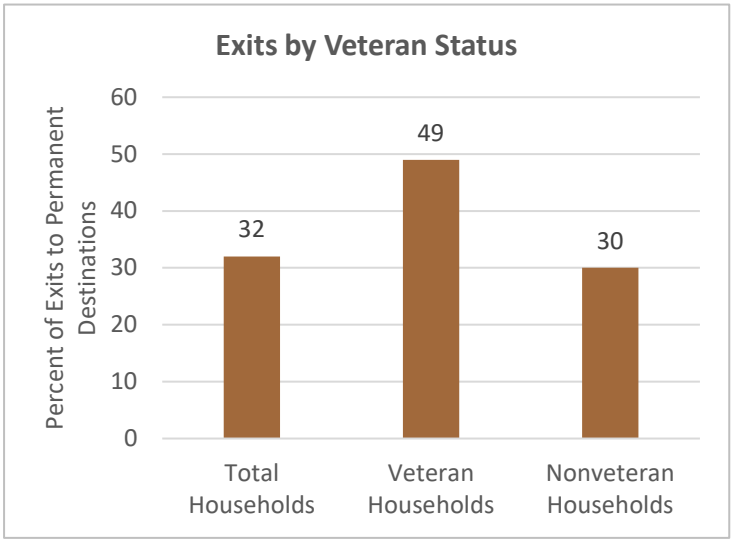



**Figure GG: Exits from Homelessness by Veteran Status. Data source: 2019 and 2020 Stella.**

# APPENDIX F: ECONOMIC AND HOUSING LANDSCAPE OF SONOMA COUNTY

## Income and Poverty

6.4% of the total population are living in poverty. **Black, Native, and Hispanic/Latino populations have higher poverty rates than the White population.** This means they fall below the federal poverty line at rates higher than White people. This fact is important to consider when trying to determine who may be at risk of homelessness, or is in fact facing homeless, but have not been counted formally through the PIT count.

The PIT count did not show significant disparities based on Hispanic/Latino ethnicity; however, Hispanic/Latino people have higher poverty rates than White people, suggesting that perhaps there are homeless Hispanic/Latino people who do not engage with the system, or who are at-risk of homelessness (see Figure HH). This could be a sign that there are **ethnic disparities in homelessness in the County that need to be addressed**.

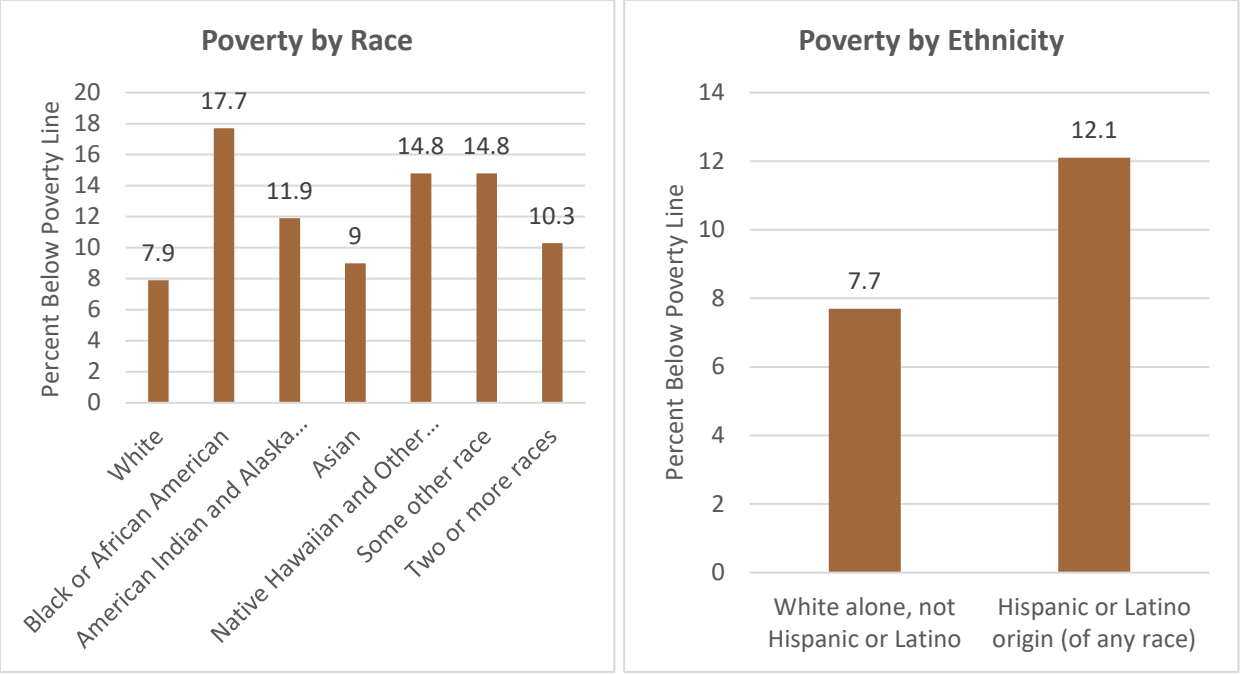



**Figure HH: Poverty by Race (left) and Ethnicity (right). Data source: 2019 ACS. Error bars reflect ACS' calculated margin of error.**

The median per capita annual earnings in Sonoma County are $40,183. **Black, Native, and Hispanic/Latino populations have lower incomes than the White population.** This data is similar to poverty rates examined above and may suggest that more Hispanic/Latino people are homeless than estimated by the PIT count.

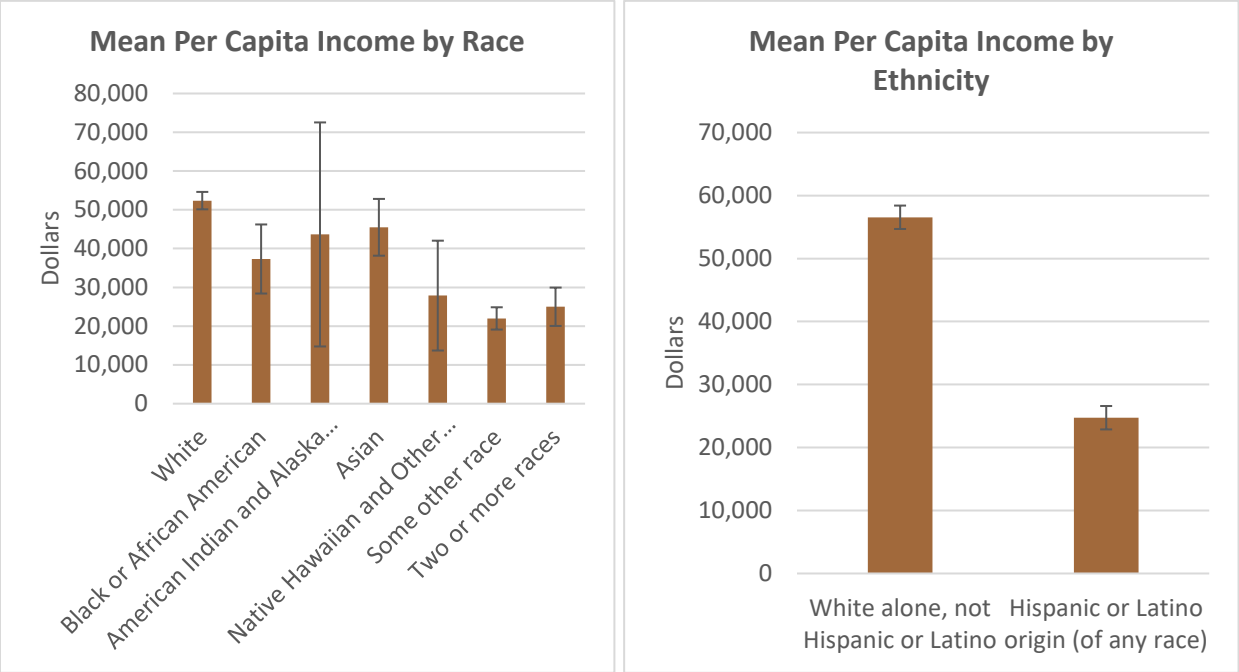



**Figure II: Mean Per Capita Income by Race (left) and Ethnicity (right). Data source: 2019 ACS. Error bars reflect ACS' calculated margin of error.**

## High-Cost Burden

**According to a 2021 study, over half of renters in Sonoma County spend more than 30% of their income on rent**, with an average rent cost of $1710/month. Disparities are present most visibly for Black renters, as shown in Figure JJ.

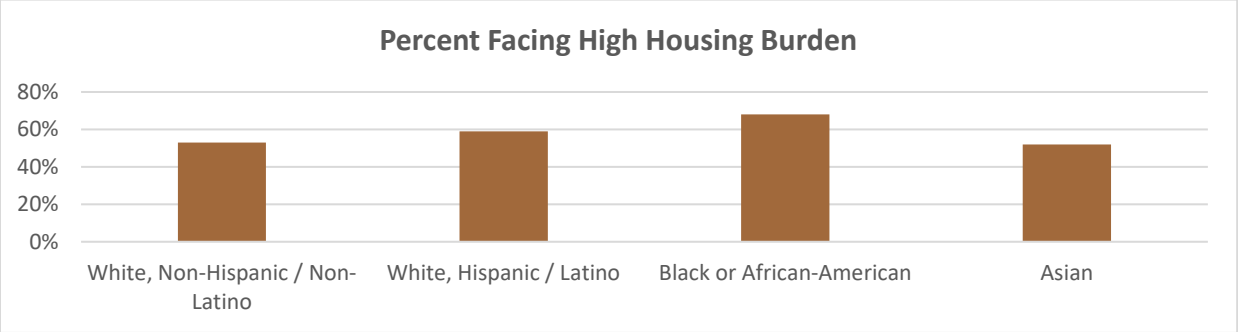



**Figure JJ: Percent Facing High Housing Burden. Data source: California Housing Partnership. 2021 Sonoma County Affordable Needs Housing Report.**

From 2016-2021, home prices increased by 40%. **Racial disparities are also apparent in terms of homeownership**; two in three Asian and white households in Sonoma County own their own homes, double the rate of Black households at 34%, and well above the share of Hispanic/Latino households at 39%.

## Barriers for Special Populations

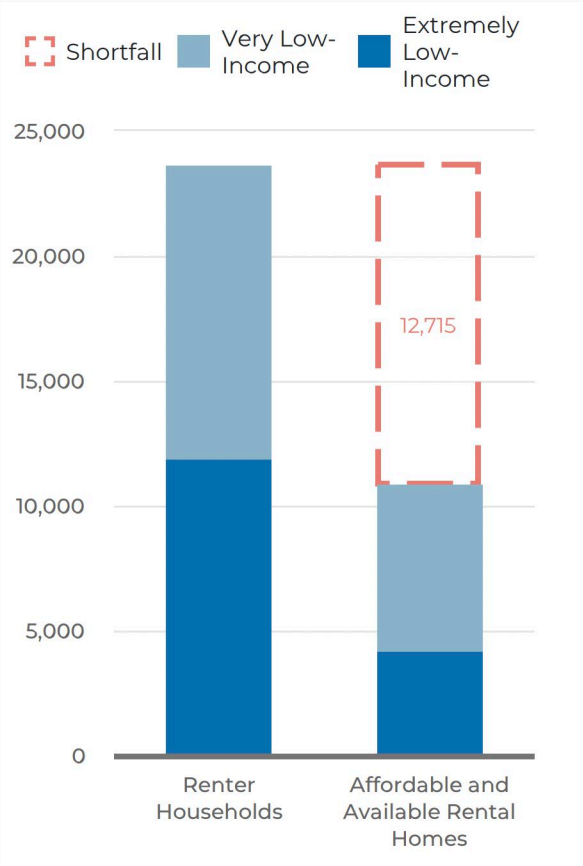
An estimated 9097 people experience homelessness in Sonoma County each year. Of that number, **40% have a disabling condition, 24% are over the age of 55, and 13% are unaccompanied children or transition age youth (TAY)**.

By contrast, 12% of the general population in Sonoma County report having a disability, with 7.5% of the population under the age of 65 reporting a disabling condition. Overall, 21% of individuals in the County are over the age of 65.

Special populations like the aging population and individuals with disabilities require additional considerations to ensure that supports offered are responsive to their unique needs. Some needs are in respect to accommodations around mobility or other physical supports, but there are also ever-changing needs around income, and supports to help households maintain housing stability.

Planning for appropriate services and staffing to meet the needs of vulnerable populations should emphasize client choice and empowerment. Progress could be made by **developing a menu of resources available to vulnerable populations**, consisting of options such as housing stability support, tenancy training, substance abuse treatment, and family reunification.

## Affordable Housing Stock




As of July 2021, there were roughly 205,903 total housing units across the County. Of those units, 8.3% were vacant. **12,715 low-income renter households lack access to affordable housing.**

**Figure KK: Availability of Affordable Housing. Data Source: California Housing Partnership. 2021 Sonoma County Affordable Needs Housing Report.**

Creating opportunities for the development and restoration of affordable housing stock will begin to **bridge the gap between the need for affordable housing units, and the number of people experiencing homelessness in need of a housing unit.**

# APPENDIX G: CROSSWALK OF SUBREGIONAL STRATEGIC PLANS

The Sonoma County strategic planning effort took place in the context of many other planning efforts addressing homelessness in Sonoma County and the State of California. These include:

- City of Cloverdale Homelessness Strategic Plan, adopted August 2022.
- City of Petaluma Strategic Plan to End Homelessness, adopted June 2022
- City of Santa Rosa Homelessness Solutions Strategic Plan, adopted November 2022
- City of Sonoma / Sonoma Valley Homelessness Strategic Assessment, adopted June 2022
- Northern Sonoma County Strategic Plan to End Homelessness, adopted May 2021
- Sonoma County Five Year Strategic Plan 2021-2026, adopted March 2021
- State of California Action Plan for Preventing and Ending Homelessness in California, adopted March 2021, updated and adopted September 2022

Not surprisingly, these plans share many ideas and strategies in common. Among other things, they call for improving regional collaboration, increasing local government management capacity, expanding and improving both interim and permanent housing options, strengthening street outreach and support, investing in prevention and diversion efforts, strengthening supportive services, increasing the involvement of people with lived experience of homelessness, advancing efforts to implement the “Housing First” approach, boosting efforts to educate and engage the public, increasing the availability and use of housing vouchers, and increasing pathways for economic self-sufficiency. The chart on the following page highlights the provisions from each of the above plans that touch on these shared themes.

## Common Themes/Actions in Homeless Strategic Plans - Sonoma County and Cities

| Jurisdiction | Improve Regional Collaboration | Increase Local Gov't Mgmt. Capacity | Increase/Improve Interim Housing | Improve Street Support | Increase Prevention/ Emergency Funding | More Perm. Housing | Stronger Support Services | Voices of People With Lived Experience | Housing First | Metrics | Ensure Equity | Better Public Engage-ment | More Affordable Housing; Vouchers | Access to Jobs |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Cloverdale** | Goals 7d, 6c, 6d | Goal 7b | Goal 1c | Goals 4a, 2d, 2f, 4f, 4b, 4d | Goals 2b, 1b, 3b, 5f | Goals 3c, 3e, 1a, 6a | Goals 4e, 6b, 6c | Goals 2g, 4h | | Goal 7c | | Goals 5a, 5c, 5d, 5e, 7a | Goals 1a, 3c, 3e, 6a | Goal 4i |
| **North County** | "coordinated approach" and a "quick response system", "shared data systems", Tactics 4.A.i, 4.A.ii | | Tactics 2.A.i, 2.A.ii, 2.A.iii, 2.A.iv, 2.A.vi | Tactics 3.A.ii, 3.A.v | Tactics 5, 5.A.i, 5.A.iv | More RRH, Tactics 6.A.i, 6.A.ii | Tactic 3.A.v | | Tactic 2.A.i | Referred to | | Tactics 1, 1.A.ii, 1.A.iii, 1.A.iv, 1.A.v | Tactic 5.A.iii | Tactic 1.A.vii |
| **Petaluma** | Strategy 8 | Strategy 5 | Strategy 3 | Strategy 1, 4 | Strategy 4, 6, others | Strategy 2 | Strategy 2, 4 | | | Strategy 7 | | Strategy 7 | Strategy 2 | Referred to |
| **Santa Rosa** | Theme 1, Theme 3, Recs 1a, 1b | | Recs 1.3, 1h | Theme 2, Recs 1.2, 2d, 2b, 2.1, 2.2, 2e, 2.3, 2.4 | Theme 2, Recs 1.1, 1.7 | Recs 1.4, 3d | Recs 1e, 3.3, 3e | Recs 3.4, 3g | Rec 1.5 | Rec 1.7 | Recs 3.5, 3h | Recs 1.8, 3b, 3c, 3.1, 3a | Recs 1.4, 3.2, 3d | |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Sonoma Valley** | Findings 4, 5, 6 | Finding 2 | Finding 7 | Findings 4, 5, 6 | Referred to | Finding 7 | Findings 5, 6, 8 | | Referred to | Finding 3 | Referred to | Finding 1, 8 | | |
| **Sonoma County (Overall Strat Plan)** | Healthy and Safe Communities (HSC) Pillar, Obj 1.3, Goal 3, Obj. 4.2, 4.5 | | HSC Goal 1, Obj. 4.1, 4.4 | HSC Goal 1, Obj. 1.2, 4.3 | HSC Obj 5.5 | HSC Obj. 3.2, 4.4 | HSC Obj 4.3 | HSC Obj 4.1 | | HSC Goal 2 | HSC Obj. 2.3, Racial Equity and Social Justice Obj 4.1 | Organiza-tional Excellence Pillar - Goal 2 | HSC Obj. 3.2, 3.3 | HSC Obj. 4.1 |
| **Sonoma County Homeless Strategic Plan** | Operate As One Coordinated System (Goal 3), Strategies 3.1, 3.6a-f | Stronger Supportive Services (Goal 2), Strategy 2.5; Operate as One Coord. System (Goal 3), Strategy 3.6a-d | More Housing and Prevent. (Goal 1), Strategy 1.2 | Stronger Supportive Services (Goal 2), Strategy 2.5 | More Housing and Prevention (Goal 1), Strategy 1.1 | More Housing and Preven. (Goal 1), Strategy 1.3 | Stronger Support Services (Goal 2), Strategies 2.1 - 2.6 | More Housing and Prevention (Goal 1), Strategy 1.2e; Operate as One Coord. System (Goal 3), Strategies 3.2 & 3.7i | More Housing and Prevent. (Goal 1), Strat. 1.2c,1.3; Operate as One Coord. System (Goal 3), Strategy 3.2a | Operate as One Coord. System (Goal 3), Strat. 3.4 | Operate as One Coord. System (Goal 3), Strat. 3.2b & 3.7a-g | Operate as One Coord. System (Goal 3), Strategy 3.5 | More Housing and Prevention (Goal 1), Strategies 1.3a, 1.3d | Stronger Support Services (Goal 2), Strat. 2.6b & 2.6d |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **State of California Action Plan** | Action Area 1, Objective 3 | Action Area 1, Objectives 3 & 5 | Action Area 3, Objective 9 | Action Area 2, Object. 7 & 8 | Action Area 5, Objective 15 | Action Area 4, Object. 12 & 13 | Action Area 2, Objective 8; Action Area 3, Objective 10 | Action Area 1, Objective 2 | Action Area 1, Objective 6; Action Area 4, Objective 11 | HHAP, Proc., Output & Outcomes | Action Area 1, Objective 1; Area 4, Object. 11 & 12 | Action Area 1, Objective 6 | Action Area 4, Objective 12 | Action Area 1, Object. 4; Action Area 5, Object. 14 |

## APPENDIX H: GLOSSARY OF KEY TERMS AND ENTITITES

At risk of homelessness is a status given to individuals and their families who have unstable housing and inadequate income and resources.[17]

Behavioral Health describes the connection between a person's behaviors and the health and well-being of the body and mind.[18]

Case management includes assessment, planning, facilitation, care coordination, evaluation and advocacy with people experiencing homelessness. Staff work with individuals and families to address their comprehensive needs to help them exit homelessness and stay housed.

Chronically Homeless is when a person has been homeless for at least a year, either 12 months consecutively or over the course of at least 4 separate occasions in the past 3 years. To be chronically homeless, the individual or head of household must also have a disability.

By Names List would be a complete and inclusive list of every person experiencing homelessness in the Sonoma County. It would include information collected and shared with the individual's consent like their name, history, health considerations, and housing needs.

Continuum of Care (CoC) is the group organized to carry out the responsibilities prescribed in the CoC Program Interim Rule[19] for a defined geographic area. A CoC is composed of representatives of organizations including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless Veterans, and homeless and formerly homeless persons. Responsibilities of a CoC include operating the CoC, designating and operating an HMIS, planning for the CoC (including coordinating the implementation of a housing and service system within its geographic area that meets the needs of the individuals and families who experience homelessness there), and designing and implementing the process associated with applying for CoC Program funds.

CoC Board is the governing body that determines policy and acts as the CoC's decision-making group. Mandated by HUD's Continuum of Care Program, the board is responsible for oversight of funds designated to the CoC and regional planning/policy development for addressing homelessness. In

[17] See 24 C.F.R. § 576.2 for complete definition of "at risk of homelessness" under the Emergency Solutions Grant Program.
[18] CDC, The Critical Need for a Population Health Approach: Addressing the Nation's Behavioral Health During the COVID-19 Pandemic and Beyond. Available at: https://www.cdc.gov/pcd/issues/2020/20_0261.htm
[19] CoC Interim Rule, https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/

Sonoma County, the CoC Board consists of local elected officials, nonprofit representatives, subject matter experts, and individuals with lived homeless experience. The Sonoma County CoC Board has the following committees:

Coordinated Entry Advisory Committee ensures the CoC is compliant with federal and state requirements, and that a countywide Coordinated Entry System (CES) is in place that is effective and responsive to real-time community needs.

Funding and Evaluation Committee is responsible for the oversight of funding and evaluation of projects for the CoC. Its duties also include reviewing funding applications for new and renewal projects as part of the U.S. Department of Housing and Urban Development's annual CoC funding competition.

Governance Charter Policy Review Committee is responsible for making recommendations to the CoC Board for any revisions or updates to the CoC's Governance Charter, bylaws, and policies.

HMIS Data Committee (staffed by the HMIS Lead Agency) is responsible for advising the CoC Board on issues regarding Sonoma County's web-based Homeless Management Information System (HMIS), developing and maintaining the dashboard of metrics to achieve the vision of functional zero homelessness, and alerting the CoC Board of providers whose data jeopardizes the overall system.

Strategic Planning Committee oversees the strategic planning activities of the CoC to ensure that the homeless system of care operates effectively and efficiently in achieving CoC system performance objectives.

CoC Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

CoC Program Interim Rule focuses on regulatory implementation of the CoC Program, including the CoC planning process. The CoC Program was created through the McKinney-Vento Homeless Assistance Act as amended by the HEARTH Act of 2009.[20]

[20] Ibid.

Coordinated Entry System (CES) provides a centralized approach to connect the region's most vulnerable homeless residents to housing through a single community-wide assessment tool and program matching system. CES is made-up of four core elements:

Access – Sixteen agencies around Sonoma County serve as entry-points for individuals and families in need of housing resources. People may seek help from these agencies in person or by phone. The County's 211 information system also actively refers people at risk of homelessness or experiencing homelessness to these agencies for assistance.

Assessment – Agencies use a locally modified Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) to assess clients' housing, health, and social needs. It incorporates factors such as length of time homeless, medical vulnerability, the severity of presenting issues, and individuals' or households' ability to address their own housing instability.

Prioritization – People seeking assistance are placed on local "By Names Lists" that prioritize listed individuals and households based on the VI-SPDAT's assessment of their vulnerability and need. Service providers throughout the County use these lists to prioritize access to available resources, eliminating the need for clients to seek assistance program-by-program.

Referral – Agencies use the By Names Lists to match each client with the best housing and service options available for their needs. Unfortunately, demand for assistance often outpaces the availability of housing and other resources. Eligible individuals and households who are the most vulnerable and the most in need – as ranked on the By Names List – will be connected to available supportive housing programs first.

Congregate Shelters are facilities with overnight sleeping accommodations, in shared quarters, the primary purpose of which is to provide temporary shelter for the homeless.

Cost burden is the ratio of housing costs to household income. For renters, housing cost is gross rent (contract rent plus utilities). For owners, housing cost is "select monthly owner costs," which includes mortgage payment, utilities, association fees, insurance, and real estate taxes.

Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

Emergency Shelter is any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific populations of the homeless. Shelter may include year-round emergency shelters, winter and warming shelters, navigation centers and transitional housing. These types of shelter have varying hours, lengths of stay, food service, and support services.

**Emergency Solutions Grants (ESG)** provides federal funds to assist people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness.

**Encampment** is a group of people living in public places outside.

**Federal Poverty Guidelines** are issued each year by the federal Department of Health and Human Services. The guidelines are a simplification of the federal poverty thresholds and are used to determine financial eligibility for certain federal programs.

**Flexible Funds** have increasingly been permitted and encouraged as an allowable expense by federal, state, and County funders. Flexible funds can be used for different purposes. They can pay for costs that will result in an immediate solution of a housing crisis. They can bridge the gap while permanent housing is secured. They can cover household needs that will help people keep their housing. Flexible funding can be used to purchase grocery cards, gas cards, certificates or licenses to work, car repair, furniture, pest extermination, storage, essential minor repairs to make living space more habitable, transportation vouchers/passes, costs for birth certificates or other documents, bus or train tickets, shipping belongings, housing application fees, credit checks, rental deposits, past due rent, one-month rent on new units, utility deposit, and/or utility payments.

**Functional Zero** means that the number of people experiencing homelessness at any time does not exceed the community's ability to house that many people within a brief period of time. This requires systems to prevent homelessness, be able to quickly detect homelessness when it occurs, and permanently and promptly resolve it.

**Homeless** is defined by HUD in four categories:

(1) individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter, or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
(2) individuals and families who will imminently lose their primary nighttime residence;
(3) unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; and
(4) individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

**Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act)** was signed into law in 2009. HEARTH reauthorized the McKinney-Vento Act. It also provided substantial changes to the law, updating the definition of homelessness and chronic homelessness, as well as

other changes including consolidating competitive grants, simplifying match requirements, and providing prevention resources.

**Homeless Housing, Assistance and Prevention (HHAP) Program** is a $650 million one-time block grant that provides local jurisdictions with funds to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges.

**Homeless Management Information System (HMIS)** is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

**Housing and Urban Development (HUD), U.S. Department of,** is the federal agency responsible for national policy and programs that address housing needs, improve and develop communities, and enforce fair housing laws.

**Housing First** is a well-accepted, national, evidenced-based best practice that eliminates barriers to housing, ensuring individuals and families can exit homelessness as quickly as possible. Housing First is an approach to connect households experiencing homelessness quickly and successfully to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements. Supportive services are offered on a voluntary basis to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.[21]

**Low-barrier shelters** are emergency shelters that have removed most requirements/obstacles for entry into the program so that households are more likely go indoors to connect to services rather than stay on the street. For example, unhoused residents are allowed to bring their pets and possessions, to live with their partners, and do not have to exit the shelter each morning. They are not expected to abstain from using alcohol or other drugs, so long as they do not engage in these activities in common areas of the shelter and are respectful of other residents and staff.

**Mainstream Voucher** is rental assistance voucher for non-elderly persons with disabilities.

**McKinney-Vento Act** is a federal statute that has a more expansive definition of homelessness than the HUD definition. The Act requires schools to track students experiencing homelessness. For public education programs up through high school, homelessness includes people experiencing homelessness under the HUD definition, but also includes youth who are couch surfing or doubled-up (e.g., with multiple families sharing the same space).

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[21] *What Housing First Really Means,* National Alliance to End Homelessness (NAEH), https://endhomelessness.org/what-housing-first-really-means/

**Motivational Interviewing** is a client-centered, evidence-based approach used by direct service providers working with people experiencing homelessness. It focuses on allowing individuals to direct their own path toward the change they seek, rather than trying to convince them of what they need to do. The provider builds trust, listens, and then acts as a guide to help the client to identify their own personal next steps.

**Non-congregate shelters** provide overnight sleeping accommodations with individual quarters, such as hotels, motels, and dormitories.

**People with lived experience** is a term used to refer to people who have lived through the experience of homelessness and have first-hand knowledge of what it feels like to live unsheltered and/or to move through the homeless system of care.

**Point-in-Time (PIT) Count** is a biennial process required of CoCs by HUD to count the number of people experiencing homelessness on a single night in January. The PIT count provides a snapshot of data available on the size and characteristics of the homeless population in a CoC over time.

**Permanent Supportive Housing (PSH)** provides long-term housing with intensive supportive services to persons with disabilities. These programs typically target people with extensive experiences of homelessness and multiple vulnerabilities and needs who would not be able to retain housing without significant support.

**Prevention** is a strategy intended to target people who are at imminent risk of homelessness (whereas diversion usually targets people as they are initially trying to enter shelter).

**Project-Based Voucher (PBV)** is a rental assistance voucher that is attached to a particular unit, meaning if you live in a rental unit under the PBV Program and move, the assistance stays with the unit. The tenant enters into a Housing Assistance Payments contract with the property owner for a specified unit and for a specified term.

**Rapid Rehousing (RRH)** provides rental housing subsidies and tailored supportive services for up to 24-months, with the goal of helping people achieve permanent housing stability. RRH is considered a permanent housing solution by HUD.

**Shared housing** is a living arrangement between two or more unrelated people who choose to live together to take advantage of the mutual benefits it offers. Families, students, young adults, seniors, and Veterans have been using this arrangement for generations. It is now recognized as a viable option for people exiting homelessness.

Sonoma County Community Development Commission (CDC or the Commission) exists to open doors to permanent housing and opportunity through the following initiatives: Rental Assistance, Ending Homelessness, and Housing & Neighborhood Investments.

HMIS Lead is responsible for developing HMIS data quality, privacy, and security plans and monitoring compliance with HUD regulations. The CoC designated the CDC as the HMIS Lead.

Lead Agency (and Collaborative Applicant) is responsible for the financial management of funds received by the CoC, including applying for state and federal grants, running local competitions for funding, and administering grants to local service providers. The CoC has designated the CDC as the Lead Agency and Collaborative Applicant. The CDC drafts and submits grant applications on behalf of the CoC, receives grant awards, develops and administers agreements with subgrantees on behalf of the CoC, and conducts ongoing project and system monitoring and state reporting. The CDC provides staff support to the CoC, its Board, committees, and work groups.

Street outreach involves multi-disciplinary teams who work on the streets or in encampments to engage with people experiencing homelessness who may be disconnected or alienated from services and supports that are offered at an agency.

Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families. As stable housing is a critical component of recovery, SAMHSA's homelessness programs and resources work to end homelessness by improving access to treatment and services that support health and wellness.

Supportive services include assistance applying for benefits, mental health and substance use services, outpatient health services, information and referral services, child care, education, life skills training, employment assistance and job training, housing search and counseling services, legal services, outreach services, transportation, food assistance, risk assessment and safety planning (particularly for individuals and families experiencing domestic violence), and case management services such as counseling, finding and coordinating services, and monitoring and evaluating progress in a program.

Tenant-based Rental Assistance (TBRA) is rental assistance that can be used in the private rental market and is not attached to a particular unit. The tenant enters into a lease with the owner.

Transition Age Youth (TAY) are persons between age 18 and 24 who are transitioning from childhood to adulthood.

Transitional Housing (TH) provides temporary housing accommodations and supportive services. While many households benefit most from direct connections to permanent housing programs such as RRH or PSH (which are often more cost-effective over the long term), transitional housing can also be an effective support in the intermediary. Certain subpopulations, such as people fleeing domestic violence and transitional age youth, can meaningfully benefit from a transitional housing environment.

Trauma-informed care is a practice that focuses on understanding and compassion, especially in response to trauma. The practice utilizes tools that empower people to work toward stability. It recognizes a wide range of trauma that can impact people experiencing homelessness; physical, psychological, social, and emotional trauma. It emphasizes the safety of both clients and providers.

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) is a pre-screening/triage tool designed to assess the vulnerability of an individual experiencing homelessness and prioritize them for housing based on their relative need as compared to others seeking supportive housing. The VI-SPDAT is used at Coordinated Entry access points.