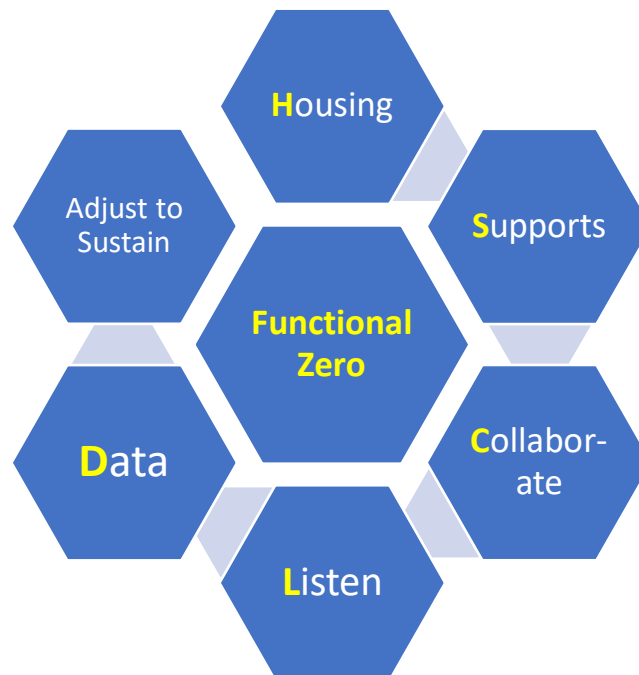


## Homelessness Update – July 2022

Sonoma County Board of Supervisors

Tuesday, July 12, 2022

The goal of the Sonoma County region – including the County and our partners at the Continuum of Care, in cities, and with service providers – is to reach **Functional Zero** in homelessness. Functional Zero is where chronic homelessness is ended, and any homelessness that does and will occur is brief, one time, and rare.<sup>1</sup> To achieve this, the County and our partners focus on the below themes and approaches that the Board will see come out of Strategic Planning efforts:



**H - HOUSING.** As State officials note, “the solution to homelessness is – housing.”

- As a region, our goal is to provide **enough affordable and market rate housing** to address the region’s needs and create system flow (where there are enough units to move a person or family from shelter to permanent and other housing).
- We approach housing under the **Housing First** model – where we recognize that our neighbors who are addressing behavioral health, physical health, and/or substance use disorder issues will be helped the most by getting them into housing with supportive services rather than having pre-conditions to housing.

**S – SUPPORTS (SUPPORTIVE SERVICES).** These approaches are a specific focus:

---

<sup>1</sup> <https://community.solutions/built-for-zero/functional-zero/>

- Providing enough **safe parking locations, interim housing and non-congregate shelter** (NCS) beds (in enough locations) to accommodate all who need shorter-term shelter to assist in stabilizing individuals (also relates to Housing).
- Providing enough **permanent supportive housing** (PSH) for our most vulnerable individuals and families experiencing chronic homelessness, and securing funding for and qualified staffing for the necessary supportive services that go with PSH. This component appears to be where our most significant gap may be (see section on “How Much do We Need?”).

#### **C - COLLABORATE within a “NO SILOS” SYSTEM**

- Taking a “**By Names List**” (BNL) approach to those who are most vulnerable and who require the highest care needs. BNLs are prevalent in areas that are able to reach functional zero, as case managers across a region get together to strategize and provide solutions for individuals by name and need (case conferencing).
- A **coordinated entry program** that convenes case conferencing sessions across the region, provides robust training, as well as adhering to approved policies and procedures
- **Regionalizing and tiering our street outreach & encampment approach** (including with IMDT/HEART), so that all areas of Sonoma County are covered with cost-effective outreach services and that resources are tiered (i.e. a basic, first response level of outreach to address many cases, then higher-needs behavioral health experts can intervene after a referral from basic street outreach).

#### **L – LISTEN TO THOSE MARGINALIZED**

- Listening to, amplifying, and incorporating the voices of our neighbors experiencing homelessness, and who are now housed but with **Lived Experience** – from veterans to **transition-aged youth (TAY)** to families and individuals.
- Acknowledging and responding to the adverse impact that structural **racism** has on communities of color and resultant homelessness.

#### **D - DATA (in real time) & ANALYSIS**

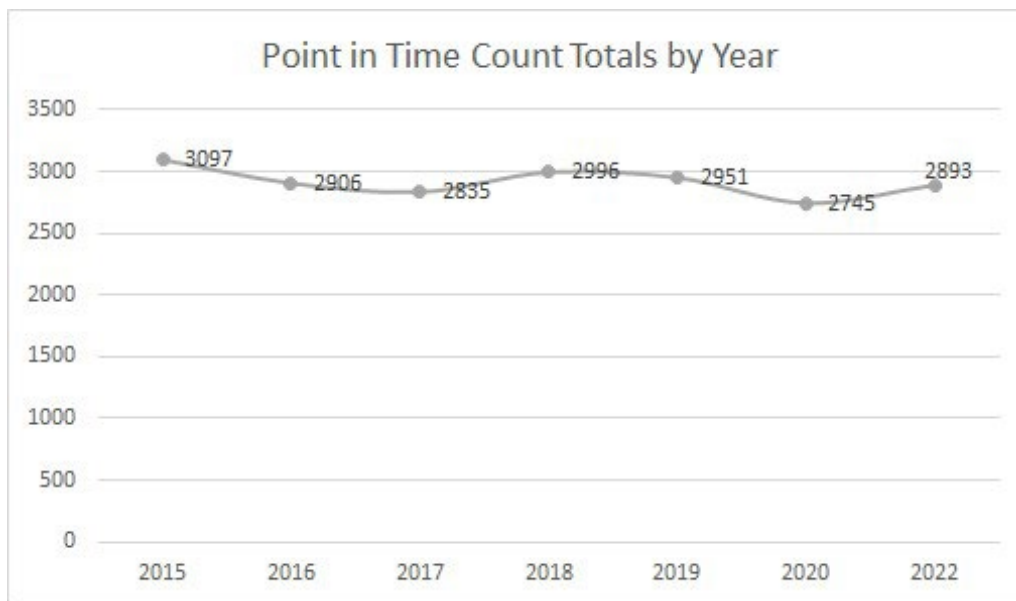
- Ensuring that our data is accurate, reflects the real-time and current situation in the field, and is compliant with State and Federal regulations.
- Using data to make funding decisions and strategies – at the SYSTEM level (the entire Continuum of Care), the PROGRAM level (for instance, comparing the effectiveness of emergency shelter to rapid-rehousing programs), and PROVIDER level (understanding and comparing differences in service delivery by service provider).

Each of the below categories and strategies will be discussed below, starting with an update on the numbers (from the 2022 Point in Time Count).

**Part 1. Homelessness and the Point in Time Count.** Since the end of 2019 and into the COVID-19 pandemic, homelessness became more visible in Sonoma County even as the overall count of our neighbors experiencing homelessness was lower than in years past. COVID-19 likely led to more encampments, as emergency shelters had to reduce the number of persons who could stay there on any one night, and as unhoused residents’ reluctance to stay in congregate settings increased.

Preliminary results from our 2022 Point in Time (PIT) Count showed that 2,893 persons experienced homelessness on one night (February 25, 2022) in wintertime. This was up by 5% (from 2,745 persons) since the last PIT Count in 2020 (the 2021 count was not completed due to the COVID pandemic). The PIT Count is a survey and count of sheltered and unsheltered people experiencing homelessness on a single day. The U.S. Department of Housing and Urban Development (HUD) requires that [Continuums of Care \(CoCs\)](#) conduct an annual count of people experiencing homelessness who are sheltered in emergency shelters or transitional housing as well as individuals in unsheltered situations. The count is a requirement for local jurisdictions that receive federal homeless assistance funds and provide data used to support strategic decisions about current and future programs. The trend since 2015 is shown below in Chart 1.

*Chart 1 – Variation in Point in Time Count Data – Sonoma County, CA*



*Chart 1 shows how the PIT count numbers have gone from 3,097 in 2015 to 2,893 in 2022.*

Our local count has “top line” numbers as well as data for subpopulations. HUD asks for this subpopulation data because these populations are key to ending homelessness overall. A summary of the preliminary data for the subpopulations is as follows:

- 726 individuals experienced chronic homelessness<sup>2</sup>, a 29% increase from 508 in 2019.
- 48 families (having at least one adult over 18 with at least one child under 18) totaling 155 individuals, were almost all found in sheltered settings. This is a decrease of 40%, from 80 families in 2020 and a continued overall decrease in families from a high mark of nearly 200 families in 2013.
- 23 unaccompanied children (persons under the age of 18 without parents) and 507 transition-aged youth (TAY - a person between 18 and 24, generally) were counted, for a total of 530 youth, an increase of 68% from 349 in 2020.
- In 2022, 191 homeless veterans were counted, an increase of 37% from 139 in 2020.

Table 1 shows results from other CoCs that have reported preliminary numbers in 2022 (28 of 44 California CoCs) as of the date of this staff report.

*Table 1 – Information from Other California Continuums of Care*

CoC #	Continuums of Care	Publicly Reported		Count Comparison	
		Increase	Decrease	2022 Count to 2020 Count	2022 Count to 2019 Count
CA-500	San Jose/Santa Clara City & County CoC	+3.3%			✓
CA-501	San Francisco CoC		-3.5%		✓
CA-502	Oakland, Berkeley/Alameda County CoC	+21.5%			✓
CA-504	Santa Rosa, Petaluma/Sonoma County CoC	+5.4%		✓	
CA-505	Richmond/Contra Costa County CoC	+34.8%			✓
CA-507	Marin County CoC	+8.4%			✓
CA-509	Mendocino County CoC	+10.5%		✓	✓
CA-511	Stockton/San Joaquin County CoC		-11.8%	✓	
CA-512	Daly City/San Mateo County CoC	+19.6%			✓
CA-513	Visalia/Kings, Tulare Counties CoC		-4.7%	✓	
CA-516	Redding/Shasta County CoC	+20.1			
CA-517	Napa City & County CoC	+6.5%		✓	
CA-519	Chico, Paradise/Butte County CoC		-20.5%		✓
CA-520	Merced City & County CoC	+2%*		*	*
CA-523	Colusa, Glenn, Trinity Counties CoC	+77.1%			✓
CA-526	Tuolumne, Amador, Calaveras, Mariposa Counties CoC		-26.9%		✓
CA-529	Lake County CoC		-5.0%	✓	
CA-530	Alpine, Inyo, Mono Counties CoC		-23.9%	✓	
CA-601	San Diego City and County CoC	+10.3%		✓	
CA-602	Santa Ana, Anaheim/Orange County CoC		-17.6%		✓
CA-603	Santa Maria/Santa Barbara County CoC	+3.4%		✓	
CA-604	Bakersfield/Kern County CoC	+1.5%		✓	
CA-607	Pasadena CoC		-2.8%	✓	
CA-608	Riverside City & County CoC	+15.0%		✓	
CA-609	San Bernardino City & County CoC	+6.7%		✓	
CA-611	Oxnard, San Buenaventura/Ventura County CoC	+25.2%		✓	
CA-612	Glendale CoC	+35.5%		✓	
CA-613	Imperial County CoC		-30.8%	✓	

\*Merced CoC publicly reported a 2% increase based on a comparison of their 2022 count to their 2021 count. CoC was one of seven CA CoCs that conducted an unsheltered count in 2021 whereas the other 37 CA CoCs did not conduct an unsheltered count in 2021 after receiving an exception from HUD based on pandemic-related reasons.

<sup>2</sup> HUD defines Chronic Homelessness as “a homeless individual with a disability ... who lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and has been homeless and living as described for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described.”

*Table 1 is a compilation of various California CoCs' reports as to their most recent Point in Time Count data.*

As we noted, the [Sonoma County Continuum of Care \(CoC\)](#) and its partners at the County, in cities, and with service providers speak of a goal of reaching Functional Zero (FZ) in homelessness, where homelessness is brief, rare, and one-time (i.e. we have enough supportive services and housing to have eliminated chronic homelessness entirely, and those persons who do experience homelessness are quickly housed within 30 days if possible). As such, the 2022 PIT Count numbers set a challenging goal as we try to address and end chronic homelessness, veteran homelessness, and improve the situation for homeless transition-aged youth (TAY) and families.

It is possible to do. According to Community Solutions<sup>3</sup>, fourteen communities have achieved functional zero in either veterans' homelessness or chronic homelessness (four of the 14 have achieved FZ in both), as Table 2 shows below:

*Table 2 - Communities that have achieved Functional Zero<sup>4</sup>*

Jurisdiction	State	Veteran	Chronic
Abilene	Texas	11-2018	1-2020
Arlington County	Virginia	12-2015	
Bakersfield/Kern Co	California		3-2020
Bergen County	New Jersey	8-2016	4-2017
Crater Region	Virginia	2-2021	
Chattanooga	Tennessee	10-2019	
Fremont County	Colorado	2-2021	
Lancaster City/County	Pennsylvania	3-2017	
Montgomery County	Maryland	12-2015	
Gulf Coast Region	Mississippi	9-2015	
Lake County	Illinois	12-2018	
Lynchburg Region	Virginia	2-2020	
Norman. Cleveland Co	Oklahoma	1-2017	
Rockford, Winnebago, and Boone counties	Illinois	12-2015	1-2017

*Table 2 shows those communities that have moved to Functional Zero in homelessness, at what time and in what category (veterans as well as chronic homeless)*

---

**Part 2. An Update on the Continuum of Care.** As noted, Continuums of Care are mandated across the United States under US HUD rules to coordinate homeless services, policy, and programming for specific regions. CoC governing boards are supposed to include the voices of government, service providers,

<sup>3</sup> <https://community.solutions/built-for-zero/functional-zero/>

<sup>4</sup> *ibid*

persons with lived experience in homelessness, and others. In March 2022, following a revision of its governance charter, the **Sonoma County CoC Board** adjusted its membership as follows:

- Moving from 15 members to 17 members by:
  - Adding 4 regional seats appointed by cities – one for Sonoma Valley, one for West County (appointed by Sebastopol), one for North County (appointed by Healdsburg, Cloverdale, and Windsor), and one for Central County (appointed by Rohnert Park and Cotati). Petaluma and Santa Rosa retained their seats;
  - The County’s board membership was reduced by one (from 3 persons to 2). Today, Vice-Chair Coursey serves on the CoC Board along with a pending CAO appointment; and
- Recently the Board formed a Funding and Evaluation Committee to assist the COC Board in making immediate funding allocation decisions and longer-term guidance about funding for programs into the future.

The COC Board meets monthly during the afternoon of the 4th Wednesday of each month, and has been operating fairly effectively since the new Board was seated starting in April 2022.

The **major issues** facing the COC Board recently include (but are not limited to):

- Changing our approach to Coordinated Entry (both with a new vendor, new training, more reliance on service provider enrollments versus phone or drop-in enrollments, and new procedures)
- Building a service and program model for PSH and Project Homekey that will last well into the future without straining local budgets (one such source of funds to assist may be Cal-AIM)
- Increasing the voices of Transition-Aged Youth (TAY) and other persons with lived experience
- Using data better to inform the public as well as systems, project, and program decisions
- Completing a regional Homelessness Strategic Plan
- Developing a Memorandum of Understanding (MOU) for the Lead Agency’s staffing services to the CoC Board (in this case, the Ending Homelessness Division at the County serves as the Lead Agency), and
- Improving the “front door” to the system so that more persons are served more effectively and humanely.

Among the projects that CDC staff in serving as the Lead Agency to the CoC Board prepared a **funding summary** (akin to a budget) for Fiscal Year 2022-23 for the CoC. This was done because among the items that the governance charter calls out is a funding summary or generalized budget for the Continuum of Care. This document came to the CoC Board in April 2022, and shows the various sources of funds that are assigned to or support the CoC’s work. Much of the support comes from State and Federal grant dollars, but also from the County’s discretionary funding sources (at roughly \$2.4 million in FY 22-23), such as Measure L (the supplemental 3% Transient Occupancy Tax rate) and the General Fund. The report to the CoC Board is shown as **Attachment 4** to the agenda item, and remains a work in progress as funds are awarded from various sources.

As noted, one effort underway that is supported both by the County Administrator and the CoC Board is to develop a “**Lead Agency Staffing Services MOU**” that clearly identifies the roles and duties of the Lead Agency (and its staff) to the CoC Board, as well as the Board’s responsibilities to and expectations of the Lead Agency. This MOU would:

- Set forth a formal term for and program of staffing services by, in this case, the Ending Homelessness team at DHS;
- Describe a formal Scope of Services relating to what the Lead agency will provide, such as monitoring, operating a Homeless Information Management System (HMIS), contracting for a Coordinated Entry provider submitting annual HUD grant applications, providing federal reporting on outcomes, and more.

The County Administrator has asked that a draft MOU be circulated between the parties in July and August 2022, with the goal of securing adoption (by the CoC Board and the Board of Supervisors) before the close of 2022.

**The CoC’s Front End/Front Door Assessment.** Homebase has been working with regional service providers, county and city officials, CoC Board members, and others to improve the “front door” or “front end” of our Homeless System of Care. We’ve held a series of online meetings since February 2022 to look at ways we can improve (among other things):

- Case Conferencing of our highest needs clients, wherever they reside.
- Ensuring that persons who leave a protected setting, such as from hospital care, the justice system, or a behavioral health clinic don’t fall immediately into homelessness if at all possible.
- Improving how Coordinated Entry works, including using the assessment tool (called a VI-SPDAT<sup>5</sup>) and appropriately enrolling persons in CE.
- Examining a seamless regional system for street outreach.
- Creating an HMIS system that is open and transparent for all appropriate users, to be able to effectively care for persons entered into HMIS.

Homebase is set to conclude its Front Door Assessment in July 2022, with summaries of knowledge learned and possible approaches to implement improvements. We will share this information with the Board via an email later in July or August 2022.

---

**Part 3. Getting to Functional Zero.** As we noted, getting to functional zero takes a combination of efforts involving housing, supportive services, “no silo” systems and collaboration, listening and responding to those marginalized, and real-time data and analysis. Let’s start with housing.

---

<sup>5</sup> “Vulnerability Index – Service Prioritization Decision Assistance Tool”

**The “H”- Housing Efforts.** Generation Housing’s May 2021 report “How Much Housing Do We Need?”<sup>6</sup> determined that we are “38,000 units behind right now and will need 20,000 more by 2030, setting the housing production goal for this decade at a whopping 58,000 units.” The Community Development Commission has summarized progress as to County, State, and Federal support of various types of affordable projects, which is in **Attachment 3**.

In summary, since FY 2016/17, the CDC has used \$42,602,047 in County, State and Federal funds to assist 1,375 units across the Sonoma County region. This means that CDC-allocated funds provided about \$31,000 in assistance per unit (typically, the assisted units had multiple other types of assistance, from developer capital to tax credits to land donations to project-based housing vouchers).

The Board has seen a **“housing continuum”** that reflects a movement from being unsheltered to more long-term housing. The continuum is not always a left to right process, and can end, for instance, at permanent supportive housing for our most vulnerable neighbors.

*Housing Continuum Diagram*



*The Housing Continuum Diagram shows “unsheltered” on the left, then “emergency shelter”, “permanent housing,” “affordable rental”, and “home ownership” as a left to right continuum.*

In **Permanent Supportive Housing (PSH)**, our neighbors coming out of homelessness receive extensive (and expensive) wrap-around services to address behavioral, physical, and substance use issues.

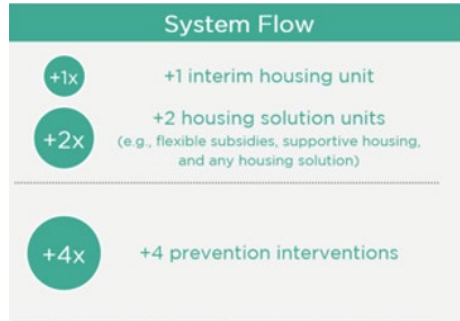
How much housing do we need to address the current population of homeless in Sonoma County? Let’s start with the **All Home 1-2-4 Model**. All Home California<sup>7</sup> is a regional non-profit (whose geographic area includes Sonoma County) focused on four things - encouraging the production of Extremely Low Income-eligible units, homelessness prevention and protection, policy and advocacy, and systems coordination. All Home has a model that is being included in our Strategic Planning effort - the 1-2-4 model<sup>8</sup>. It looks like this:

<sup>6</sup> [https://generationhousing.org/wp-content/uploads/2021/06/gh\\_report\\_housing\\_need\\_2030\\_FINAL\\_06-09-2021.pdf](https://generationhousing.org/wp-content/uploads/2021/06/gh_report_housing_need_2030_FINAL_06-09-2021.pdf)

<sup>7</sup> <https://www.allhomeca.org/regionalactionplan/>

<sup>8</sup> From All Home California



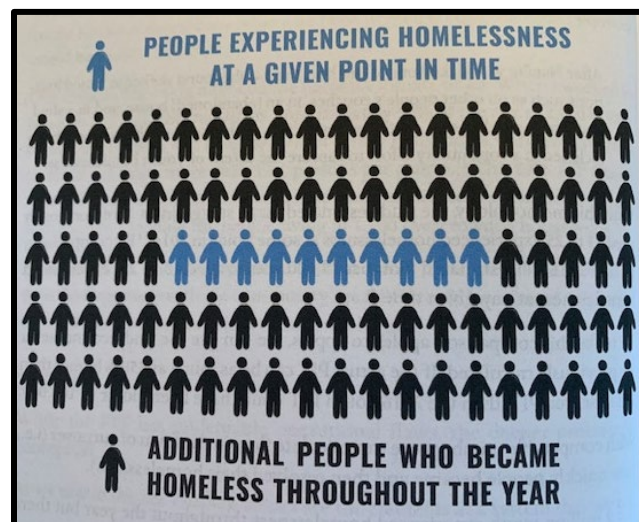


*The above System Flow diagram shows how for every 1 unit of emergency shelter or interim housing, a system needs 2 units of supportive or other housing, and four prevention interventions.*

This means that a working homeless system continuum (whose goal is to reach system flow and functional zero) needs a certain amount of **interim housing units** (such as emergency shelter or non-congregate shelter), a certain amount of **housing solution units** (such as flexible subsidies, supportive housing or any housing solution that isn't interim), and to invest in a certain amount of **prevention interventions** (interactions that keep housed people housed, such as eviction protection measures). The ratio they recommend is 1-2-4.

To take the ratio's math into Sonoma County's numeric need, we do this:

- First, take the total amount of persons experiencing homelessness in any one year. This is estimated locally via the 2020 Homeless Census at 9,097 persons – i.e. about 1.8% of our Sonoma County neighbors experience homelessness in any one year)<sup>9</sup>. A graphic that may help explain the difference comes from Andrew Hening's book "So You Want to Solve Homelessness – Start Here":<sup>10</sup>



<sup>9</sup> Homebase's preliminary analysis as presented to the CoC's Strategic Planning Committee, April 6, 2022

<sup>10</sup> Reprinted with permission. "So You Want to Solve Homelessness: Start Here" Andrew Hening, 2022. Page 20

*In the graphic that precedes this text, blue icons represent persons homeless at one point in time, while black icons show how many individuals might be homeless across the course of a year.*

- Second, break up the 9,097 amount into what are in effect sevenths. In other words, 1/7th of 9,097 is 1,300. That's the "1" in 1-2-4 and is the number for Interim Housing Units. 2/7ths of 9,097 is 2,599. That's the "2" in 1-2-4 and is the number for Housing Solution Units. 4/7ths of 9,097 is 5,198. That's the "4" in the 1-2-4 and is the number for prevention interventions.

Table 3 shows how this works, as well as the current unit tally and likely gap.

*Table 3 - Applying the 1-2-4 Model to Sonoma County*

Type of Housing/Intervention	Number Needed	Percent of Total	Model	Current Tally	Gap
Interim Housing Units	1,300	14.3%	1	1112	188
Housing Solutions Units	2,599	28.6%	2	1598	1,001
Prevention Interventions	5,198	57.1%	4	Unknown	Unknown
Total Needed =	9,097	100.0%			

*Table 3 shows 9,097 housing units broken down into sevenths, using the 1-2-4 model. To the right is a smaller chart showing the deficits by housing or intervention type.*

More detail about this will be in the Strategic Plan.

Our **Interim Housing gap is relatively small at 188**. With the addition of the Caritas Center, and the Homekey-2 projects in Rohnert Park and Petaluma (see Homekey section), 164 new Interim Housing beds will be added, leaving a gap of only 24 beds (an amount that can be accommodated in various ways, including increased post-COVID capacity at shelters).

The larger need involves **Housing Solutions Units**, which include but are not limited to PSH. Specifically, in regards to PSH, our region's supply has grown modestly over time (as shown in Chart 2 below), and 2022-23 should see another jump, as critical Homekey-2 projects get on line.

*Chart 2 – Growth in PSH Units Since 2018*



*Chart 2 shows that PSH units in our regional inventory went from 814 units in 2018 to 1,165 in 2022 (about a 43% increase over four years).*

Another roughly 170 more PSH units may be added in FY 22-23 (Elderberry Commons’ and Mickey Zane Place’s transition to PSH, Montero Place, George’s Hideaway, and more) as shown in the table below.

*Table 4 – Changes to PSH and Interim Housing anticipated in FY 22-23*

Name of Project	Location	Housing Units Added		Running PSH Total
		Interim	PSH	1165
Elderberry Commons	Sebastopol		25	1190
Mickey Zane Place	Santa Rosa		31	1221
Caritas Center	Santa Rosa	83		1221
L&M Village	Healdsburg	21		1221
Labath Landing	Rohnert Park	60		1221
Studios at Montero Place	Petaluma		60	1281
Homeless Action Sonoma	Sonoma Valley		33	1314
George's Hideaway	Guerneville		21	1335
		164	170	

*Table 4 shows how various new projects (most are Homekey projects) in various locations would add to our supply of PSH or Interim Housing.*

The above would nearly eliminate our interim housing deficit and would bring our “housing solution unit” (again, which includes PSH but is not limited to PSH) deficit down from 1,001 to 831 units. Both actions are critical if we are to successfully build a system that moves us to Functional Zero.

Given the shortfall in PSH, and given extensive new (and existing resources) made available by housing vouchers, regions like ours have been successful in growing the supply of housing units by better engaging property owners/landlords in providing new, existing, and repurposed units to those with vouchers or coming out of homelessness. Today, we have about 300 persons holding very valuable vouchers but with no housing to go to.

A **Centralized Housing Location (CHL)** service –done in coordination with the Sonoma County Housing Authority, the Santa Rosa Housing Authority, and service providers – can make progress here. A CHL can, among other things:

- Identify, educate, and engage landlords as to the benefits of housing voucher clients
- Utilize and maintain a common software that shows available units by unit type, unit limitations, and unit locations.
- Provide financial incentives for landlords – deposit assurance, risk mitigation, and unit hold dollars.
- Assist landlords with tenant needs and challenges.

**The “S” – SUPPORTS (Supportive Services).** This next section is a more detailed summary of recent supportive services work, starting with the County’s efforts to address encampments via the

Interdepartmental Multi-Disciplinary Team's (IMDT's) HEART Cohort (Homeless Encampment Access and Resource Team).

The IMDT and ACCESS Sonoma Initiative have both been key components in the County's response in addressing homelessness. The IMDT is a care coordination and advisory team of subject matter experts of frontline staff across multiple departments and programs that develops integrated care plans through collaborative planning of individualized goal setting for participants.

As the Board has heard before, the strategies to address the current encampment crisis demand a coordinated response. This encampment crisis is a complex problem which necessitates active, sustained collaboration. No single entity is solely responsible for creating the conditions that lead to homelessness, and no single entity is equipped to address homelessness and its impacts without significant contributions from others. There continues to be an urgent need to respond to prevent encampments on county-owned land while recognizing the need to work across jurisdictions to develop a regionalized comprehensive strategy that is thoughtful and responsive that demonstrates to the community at large a viable strategy to get individuals out of homelessness. The overarching barrier that we experience in clearing encampments is that we lack adequate sheltering and housing for all homeless residents and we oftentimes encounter a service-resistant population.

The Board of Supervisors took important action to approve \$200,000 in **Emergency Flexible Funds (EFF)** for IMDT to use for encampment response in August 2021. This funding allowed immediate action in real time on the field to clearing encampments and providing supports and solutions for individuals in encampments.

Here are the **IMDT/HEART team's metrics** in the past year (July 1, 2021 through June 6, 2022):

- 41 encampments worked on/addressed. Of the 41 encampments, 44% (18 encampments) were within city jurisdictions and 56% (23 encampments) were in county unincorporated territory. Of the city encampments:
  - Ten were in Santa Rosa (with 187 persons – 33% of the 564 persons worked with)
  - Two were in Rohnert Park (80 persons, 14%)
  - Two were in Healdsburg (19 persons, 3%)
  - Two were in Sebastopol (35 persons, 6%)
  - One was in Petaluma (38 persons, 7%)
  - One was in Sonoma (1 person, 0.2%)
- There were 564 unsheltered persons at encampment locations (this amount includes some estimation particularly for larger encampments). In terms of population, 67% (379 persons) were in City jurisdictions, and 33% (185 persons) were in unincorporated territory.
- 21.4% (121 persons) of the 564 unsheltered persons accepted services.
- 68 of the 121 (56.2%) of the unsheltered persons who accepted service were placed – this is 12% of the 564 persons.

- Of the 68 persons placed, 44 (64.7%) were placed using a portion of the \$200,000 in EFF. As of mid-June 2022, \$74,014 of the EFF funds have been invoiced to date, which equates to a use rate of about \$12,335/month. These funds went to support:
  - 31 Hotel Placements
  - 12 Sober Living Environment (SLE) Placements
  - 1 KOA campground placement
  - 1 private residence room rental
  - 4 gas fill ups
  - 1 vehicle towing
  - 5 registration for vehicles
  - 3 insurance for vehicles
- The remaining 24 of the 68 are primarily persons who reside in Los Guilicos Village or in one or more other congregate shelters.

Many of those served received services such as medical enrollments to primary care services, applications to general assistance, CalFresh, pharmacy services, Supplemental Security Income, driver's license, registration, and identification supports, court related services, etc. The HEART cohort has also played an important role to bring our homeless populations and those vulnerable to COVID-19 into shelter or quarantine.

Some of the barriers to success, challenges, and worthy successes in FY 21-22 using Encampment and Street Outreach resources were:

- It didn't always work within hotels, as a general lack of supervision may have resulted in drug use and criminal behavior for some;
- We need to develop efficient payment mechanisms for reimbursing SHARE Sonoma County and sober living;
- We did not have solid placement options for those with serious mental health needs; and
- The nimbleness of the flexible funds was sometimes too fast for more procedural purchasing processes.

However, our efforts did have some noteworthy successes, including but not limited to:

- Encampment clearings at La Tortilla Factory and Healdsburg Park and Ride.
- 11 of 12 individuals placed in **Sober Living Environments (SLEs)** since March 2022 for 90 days are still sustaining housing and staying in their placements.
- Individuals who have a viable and safe post-hotel destination such as Los Guilicos Village also sustain housing and stay in placement.
- Having access to the funds for hotel stays gives the team the ability to meet encampment clearance legal obligations (but hotel rooms come at a high cost).
- EFF has led to improved collaborations with regional partners, such as at the Healdsburg Park and Ride with our colleagues at Reach for Home.

Based on IMDT/HEART team feedback and reported results, staff recommends continuing EFF support in FY 22-23 (**see ARPA Section for more**):

With these funds, the IMDT team could emphasize the use of sober living environments (SLEs). SLEs are roughly 25-33% the cost of a motel room. Whenever possible, we would limit longer hotel stays outside of legal obligations for addressing encampments (this expense can be \$3,600 per month per person), will work to develop relationships with campgrounds for RV / Motorhome / Trailers, and as noted will move towards leverage these funds as a “shared” resource whenever possible in community with cities and CBOs.

To be clear, we recommend that these funds be introduced into the regional collaboration – hopefully combined with additional city and grant support – to be used at any encampment and to address needs across the region.

Two other sources of supportive services are worth mentioning:

- **Improved Use of 2-1-1 in Sonoma County.** CoC Board members, CDC staff, and the leadership and staff of 2-1-1 have begun work to improving 2-1-1’s role in providing prevention interventions to persons at risk of homelessness. More information, more awareness, more currency to the information, and better real-time direction to appropriate services is a best practice in homelessness prevention (the “4” of the 1-2-4 model).
- **Peer Navigation.** As our homeless neighbors navigate their way out of homelessness, service provider support, housing navigation, and case management is essential. A best practice is to involve peers – persons with Lived Experience who have successfully navigated difficult processes (such as securing benefits) – with case management efforts. A peer can provide comfort, trust, and assurance that others without LE might not be able to offer. Peer navigation also provides a role and job for persons with LE who can and want to support their neighbors in homelessness.

**The “C” – COLLABORATE within a “NO SILOS” SYSTEM.** Speaking of collaboration, to us, this means the following:

A robust, best practices-driven **Coordinated Entry system**. In March 2022, the CoC transitioned to a new CE provider, as HomeFirst<sup>11</sup> took over from Catholic Charities. The new provider, working with the CoC’s Coordinated Entry Advisory Committee, has adopted new standards and procedures, held and updated training (with many new service providers and staff getting trained in Coordinated Entry enrollment and VI-SPDAT assessments), emphasized service-provider-driven entry and assessment points (versus telephone entry, where a client may not have a personal relationship with a provider), and plans to kick off a **regionalized case conferencing system** using By Names Lists.

**Regionalizing and (and possibly triaging) Street Outreach.** In order to continue to address this complex encampment crisis, we believe that a regionalized encampment and street outreach approach incorporating best practices and leveraging resources will be necessary to achieve greater and sustained

---

<sup>11</sup> <https://www.homefirstscc.org/>

success. Preliminary discussions with city partners and community-based stakeholders has begun. Continued engagement will be necessary in order to adopt strategies and to present a regionalized model to the Continuum of Care Board, your Board, and to City leadership for review and approval. We hope to determine the appropriate timing for this model's presentation as the Front End Assessment is done and with the committee regularly convened by the County Administrator and city representatives. One model could include more basic level outreach provided by city and service provider teams across the region, with County teams involved more heavily with high-needs behavioral or physical health interventions.

An example of City-County outreach collaboration was recognized earlier this year. The DHS team collaborated with the City of Petaluma on an application for \$1.3 million in competitive Encampment Resolution Fund grants from the State. Petaluma was awarded these funds, and as a result of the proposal, the IMDT/HEART team will receive specific funding to participate in Petaluma's efforts to help house and serve people coming out of encampments like Steamers Landing.

**Regionalizing Homekey.** As the Board will recall, in October 2021 the Board of Supervisors joined the Continuum of Care board in pledging up to \$1.1 million each from State-allocated Homeless Housing Assistance and Prevention (HHAP) funds to support the operation of Project Homekey sites. Further, the Board tentatively approved the award of project-based vouchers to those Homekey sites that involved PSH, such as Petaluma's and the George's Hideaway site.

Another part of this new collaboration in FY 2022-23 is a **Project Homekey Cohort** to be funded primarily with Measure O Sales Tax. This Cohort will be a critical addition to the IMDT team as well as a key component of the County's response to the homelessness crisis, conducting intensive case management and engagement into services, supporting those on a pathway into, and residing at, the Project Homekey sites (see later section of this report for the sites).

The Homekey Cohort will involve staff from the soon-to-conclude COVID cohort. The COVID Cohort staff have provided outreach, referral, and intensive case management for all staying at the non-congregate shelters (NCS) set up in response to the COVID pandemic. This includes providing support in transitioning NCS guests to Project Homekey sites (Elderberry Commons and Mickey Zane Place) and providing integrated care management services to all residing there. The team has supported participants in accessing an array of services and public benefits, including Emergency Housing Vouchers (over 30 to date), the Housing Authority Waitlist Lottery and other shelter and housing options. As the NCS programs end, the COVID cohort will end operations as it transitions to the Homekey cohort.

The proposed Homekey Cohort, consisting of four staff from Health Services, will include social workers, substance abuse counselors, employment specialists, eligibility specialists, family coordinators, and others. The team will perform a critical role in supporting the entire region's Project Homekey clients.

The new Homekey Cohort will combine qualified County expertise with service-provider contacts to approach high-level behavioral health and case management needs via a region-wide team, supporting all of the region's Homekey sites. As envisioned today, this means that the County staff members will

liaise closely with local city and service provider contacts at Homekey sites – having regular on-site visits, identifying lead Cohort staff members assigned primary responsibility at each site, and more.

More information about recent projects and programs is in the **Program Summary (Attachment 2)**.

**Collaborating on Strategic Planning Efforts.** There are several strategic planning efforts underway in Sonoma County today, however, the Continuum of Care’s Strategic Planning Committee (a subcommittee of the CoC Board) is working to ensure that the regional and city plans are aligned with the countywide Homeless Strategic Plan being led by the CoC and the County. These plans include:

- **The CoC/County of Sonoma Plan.** Being completed by Homebase LLC, this strategic plan is intended to cover the CoC’s efforts as well as the County’s as a region. This is due to be complete by the close of Calendar Year 2022. Homebase also has worked on a Homeless Action Plan (HAP) required by the State of California’s Homeless Housing Assistance and Prevention (HHAP) Round #3 funding. Aspects of the HAP came to your Board in May 2022 and the HAP was submitted to the State in June 2022.
- **A North County Plan.** The cities of Cloverdale, Healdsburg, and the Town of Windsor came together to develop a Homeless Strategic Plan for North County, with the assistance of Supervisor Gore’s office. BJ Bischoff assisted with this plan.
- **A Strategic Plan for Petaluma.** This plan went before the Petaluma City Council in June 2022, and was unanimously approved. CDC staff participated in a community workshop and half-day retreat for this plan. Andrew Hening prepared this plan.
- **Planning activities in the Sonoma Valley.** With the help of BJ Bischoff and Andrew Hening, Supervisor Gorin as well as the City of Sonoma have discussed ways to improve system capacity and homelessness services in the Sonoma Valley.
- **A Strategic Plan for Santa Rosa.** Guided by Focus Strategies, Santa Rosa is well underway with its strategic plan that addresses homelessness in the county’s largest city. This Plan is anticipated to have a draft prepared by August or September 2022.

## **The “L” – LISTEN TO THOSE MARGINALIZED**

The Continuum of Care board has focused on adding the voices of persons with **Lived Experience** (LE) as well as transition-aged youth (TAY) to its decision-making process – this includes CoC Board membership, committee membership, and more. The CoC’s new **Lived Experience Advisory and Planning Board** (LEAP) meets monthly, serving as a place for peer support, community, and advice to the larger CoC Board (where LE persons also serve on the Board itself). A **Youth Advisory Board (YAB)** – also advisory to the CoC Board -- has recently started convening to be a place where 18-24 year old persons with LE or at risk of homelessness can also experience support, community, and help advise (and be) decision-makers. Critical to the convening and membership of these bodies was the Community Foundation of Sonoma County’s grant of \$18,000 in 2021 to provide stipends (meeting reimbursements) to compensate LEAP and YAB members for the time they dedicate to the LEAP, YAB, and CoC Committees.



Both the LEAP Board and the YAB are considered best practices (and can be requirements for funding) by US HUD and others who fund homelessness efforts.

**Equity** is critical here, too, especially as Black Sonoma Countians are represented in the homeless community in a greater percentage (5.65%) than Black Sonoma Countians in the housed population (2.1%).<sup>12</sup> In addition to being a best practice, approaching strategic planning, program, and funding decisions with equity at the forefront is a requirement of several important funding sources.

### **The “D” - DATA (in real time) & ANALYSIS**

Members of the CoC Board are understandably interested in using data to analyze performance of our System of Care, as well as to prioritize future funding to those programs and providers that seem to be making strong progress in providing care as well as moving people out of homelessness. Data is important for:

- Informing the public as to System progress and deficiencies;
- Establishing key benchmarks and metrics for reducing homelessness, increasing placements in permanent housing, decreasing returns to homelessness, and shortening the length of time homeless;
- Evaluating the Sonoma County System of Care itself, especially when compared to similarly-situated CoCs;
- Evaluating how well programs move people out of homelessness compared to other programs - such as whether rapid rehousing is more effective in exiting persons to permanent housing than emergency shelter;
- Evaluating how well providers achieve their goals. For example, multiple providers may have rapid rehousing programs, but some may have more success than others in exiting persons to permanent housing.

Our data teams include two dedicated HMIS staff members, as well as an HMIS Committee whose goal includes ensuring the robustness of system data (ie. *Is it accurate? Is it complete? Is each service provider inputting data who should?*) and building more capacity to use the data to drive decisions. A handful of team members have participated in detailed training<sup>13</sup> (offered by consultants to HUD) in Spring 2022 to learn more about how to use our data in evaluations and program decisions. For more information, interested readers should look to the Sonoma County CoC’s updated data dashboard<sup>14</sup>.

The consolidation of homelessness functions from the CDC to DHS should also improve the system’s use of data. DHS’s existing data staff members that support epidemiologists and other health programs heavily reliant on data will work with the DHS homelessness data team to take several steps forward in the use of system, program, and provider data to drive decisions. The DHS director’s goal is to ensure

---

<sup>12</sup> Source: 2020 PIT Count as submitted in our Homeless Action Plans under HHAP-3

<sup>13</sup> Stella P information - <https://www.hudexchange.info/homelessness-assistance/stella/#stella-p-basic-resources>

<sup>14</sup> <https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/continuum-of-care/what-we-know-about-homelessness/homeless-data>

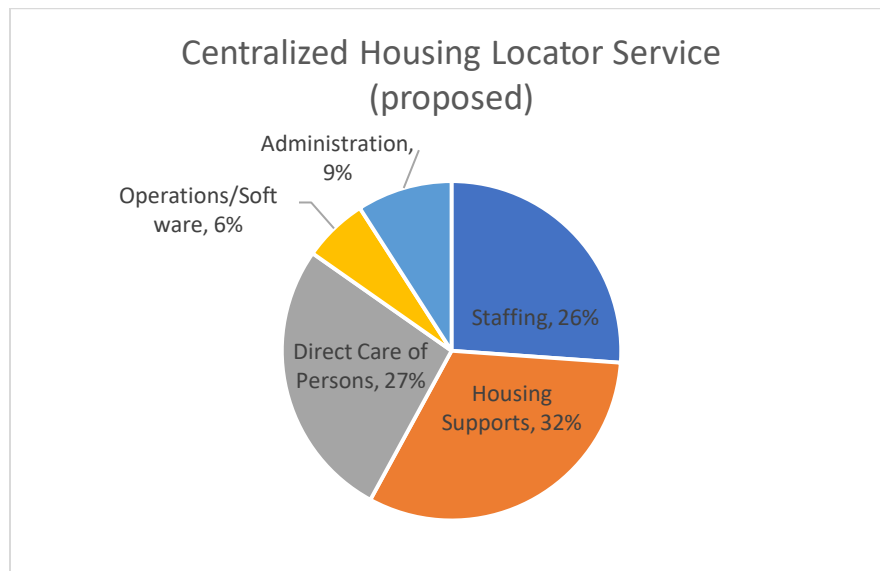
that our future data systems and needs are shared with and transparent to our city, service provider, and CoC partners.

**The \$4M in ARPA Funds.** The Board assigned \$4 million of the County’s American Rescue Plan Act (ARPA) funds to homelessness solutions, in the spirit of efforts that might improve the system of care versus providing short-term funding for the system’s existing pacing. In light of the needs identified in this staff report, the DHS and CDC teams propose the following uses for these funds:

- **\$2,165,000** for a regional Centralized Housing Location (CHL) Service<sup>15</sup> over at least an 18-month period that would, among other things:
  - o Market directly to landlords (explain programs, benefits, incentives)
  - o Have a centralized housing database (good off-the-shelf products today) that any homeless service provider could access.
  - o Fund incentives (signing bonuses, small repairs fund, higher security deposits, unit holds, risk mitigation, vacancy loss)
  - o Fund move-in and moving costs, as well as move-in packages.
  - o Participate in case conferencing and referrals by Housing Navigators (in cities and at the County) for persons coming out of homelessness; and
  - o Have an advisory body w/service providers to ensure goals are met.

Chart 3 shows how the proposed expenses would be broken down by category. *Note: This program’s net cost is \$2.065M, as it includes leveraging the Board of Supervisors’ previously-assigned \$100,000 for housing location services from the Sonoma County Strategic Plan implementation).*

*Chart 3 – Breakdown of Proposed Expense Allocation by Category*



<sup>15</sup> This proposal was developed and submitted by the Sonoma County Housing Authority and CDC team members as a formal ARPA submission, similar to those that went into the larger \$39 million ARPA pool. It assumes 18 months.

*Chart 3 shows how the categories of expenditures for the Centralized Housing Location might be broken down, with 26% going to staffing, 32% to housing supports, 27% to direct care of persons, 6% to operations/software, and 9% to administration.*

See **HOUSING** section for the need for this program.

- **\$620,000** to supplement a Peer Housing Support program, “Transitions to Housing” from West County Community Services<sup>16</sup> that received partial funding within the larger ARPA awards. The 18-month program (countywide) would hire and use lived experience peers to help get homeless individuals ready for placement in housing. Peer navigation is among the best ways to build system trust and system placement amongst persons who are unhoused; See the **SUPPORTS** section for the need for this program.
- **\$250,000** to improve Sonoma County’s 2-1-1 System so that it provides stronger information and assistance to persons at risk of homelessness. This is a follow-up to recent meetings between Lead Agency staff and 2-1-1 representatives. 2-1-1 may be an important part of prevention and diversion efforts; See the **SUPPORTS** section for the need for this program.
- **\$200,000** to implement improvements from the CoC and County Q1 - Q2 2022 assessment of the “Front Door” to the homeless system of care (including case conferencing, coordinated entry, By Names Listings, and more). See the section on the Continuum of Care – this ARPA allocation also reflects back on the **COLLABORATE** section; and
- **\$865,000** in Flexible Funds to expand housing units and rapid support, allocated as:
  - **\$200,000** to continue the Flexible Funding program started by the Board of Supervisors in FY 21-22 that enables outreach and other teams to quickly help those in need of solutions that may involve small amounts of funds or short-term services. County staff is discussing how or if these funds could be allocated regionally via case conferencing; and
  - **\$665,000** for flexible support (on a competitive basis) that fills portions of housing unit shortfalls (possibly viewed through the All Home 1-2-4 model) that will be identified in the current Homebase/CoC/County strategic planning effort.

See **SUPPORTS** and **COLLABORATE** sections for the need for this program.

The above proposals, if generally accepted by the Board of Supervisors, would be further developed and returned to the Board with results-based accountability (RBA) metrics.

**Conclusion – What’s Next?** As we look forward into the next 12 months and then the next 3-5 years, the key opportunities and challenges are likely to include:

The **challenges**:

- Identifying and securing **long-term funding sources** for ongoing **supportive services** (behavioral health, substance use disorder, and more) especially those that help clients such as those at our region’s Homekey sites for the duration of our obligations, other PSH, and non-congregate shelters move to and stay in housing and stabilize their lives.
- Even as funds might be identified, identifying (and housing) enough **qualified job applicants** to fill supportive services jobs, especially given Sonoma County’s high housing cost environment.

---

<sup>16</sup> This proposal was also submitted in the larger County ARPA effort, but did not receive all of the requested funding. We asked WCCS to tell us how they could match the non-homelessness support program with one geared towards persons experiencing homelessness, and this was the result.

- Ensuring that we approach solutions with **equity and Lived Experience in mind**, taking care not to exacerbate existing barriers to the system for persons of color and/or our Lived Experience neighbors even as we target programming towards them.
- Building **more housing units**, especially PSH and affordable housing.
- Improving and collaborating on the **front end of the system** to make sure that residents avoid falling out of housing, thus helping to make homelessness “brief, rare, and one-time” as we attempt to minimize or eliminate chronic homelessness
- Building **transparency and fairness** into the services system across the region, especially within the Continuum of Care and programs such as street outreach and encampment clearance.
- Showing **progress to the Sonoma County public**, in part by returning public spaces for public use, and in part by valid and appropriate data to back up expenditures.
- Providing adequate funding to **homelessness prevention**, such as 2-1-1 informational resources, rental subsidies and other assistance that keeps individuals and families from falling into homelessness.
- Ensuring that Homekey and other properties remain fully funded, and remain properties with high housing quality standards so as to provide safe, quality housing for all.

The **opportunities**:

- Federal, State, and Local funding sources are significant, albeit still one-time (often in rounds versus a more ideal annual commitment). These include:
  - Local funds such as county discretionary dollars (including dollars that go towards the Continuum of Care and related Ending Homelessness programs and support, the funds that went to safe parking and non-congregate shelter sites, and Measure O’s various buckets);
  - State funds such as HHAP, Homekey, Encampment Resolution Grants, and Cal-AIM; and
  - Federal funds such as ESG-CV and ARPA funds allocated by the Board of Supervisors for homelessness (the \$4 million mentioned previously)
- Collaboration between local officials, State officials, and service providers seems to be improving.
- Ideas and programs such as Centralized Housing Location services, peer-assisted benefit navigation, a new Coordinated Entry approach, and a stronger 2-1-1 to help with prevention and diversion all show promise.
- The region continues to be successful in securing Homekey resources, which provide housing at a relatively low cost per door in an expensive region.

In light of all of the above, **our 12-month goals** for the Ending Homelessness Division within DHS are tentatively:

- With the CoC, build a long-term funding model to determine the sustainability of the system’s housing programs and projects.
- Complete the Lead Agency MOU with the CoC.
- Track funds clearly and transparently for the Board of Supervisors, the CoC Board, and the public and comply with all related funding restrictions.

- Build a data evaluation model for the County and the CoC that supports robust review and analysis of programs, projects, and providers across the Continuum of Care system.
- Complete the regional strategic plan by the end of December, 2022;
- Ramp up our housing location services to secure more housing units;
- Implement the programs envisioned in the \$4 million ARPA funds allocation;
- Convert the Homekey-1 projects to PSH using Whole Person Care (WPC) funds set aside for this purpose, and evaluate a move towards assigning Homekey-1 and -2 projects to non-profit providers.
- Implement some or all of the system’s “Front End” improvements;
- Integrate the EH Division into DHS, to create an effective and efficient homelessness division that takes advantage of the knowledge and skills of all staff.

We welcome the Board’s and the public’s comments on this Update and all related information.

# #