NO PLACE LIKE HOME PLAN

Addressing Homelessness among People with Severe Mental Illness in Sonoma County, California

A Plan to guide housing development serving homeless, severely mentally ill persons, fulfilling requirements to access the No Place Like Home Program Non-Competitive Allocation

Sonoma County Community Development Commission
Department of Health Services, Behavioral Health Division
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Executive Summary: The No Place Like Home Plan

Following the October 2017 Sonoma Complex Fire disaster that destroyed 5,300 housing units, the 2018 Sonoma County Point-in-Time Homeless Count recorded the first increase in homelessness in seven years. Of the 2,996 people counted, 44% reported disabilities, led by psychiatric and other mental health conditions. Severe mental illness is twice as prevalent among the County's homeless residents as among the general population: 35% of persons experiencing homelessness reported experiencing psychiatric challenges. In the same 2018 study, 32% of homeless survey respondents reported being incarcerated at some point in the prior twelve months. More than 800 were on probation or parole at the time of the survey.

This No Place Like Home Plan enumerates the housing barriers faced by homeless persons who are experiencing severe mental illness, and sets goals and strategies to address the challenges.

The challenges are many and daunting:

California's housing crisis was exacerbated in Sonoma County by the 2017 fire disaster

During the fire disaster, more housing was lost in one night than had been built in the prior seven years. The Sonoma County Community Development Commission estimates 1,306 units of permanent supportive housing are needed to address the needs of the most vulnerable homeless persons—including roughly 457 units for severely mentally ill homeless persons.

Insufficient local government revenue to fully fund safety net and justice services

Going into FY 2019-20, the Sonoma County Department of Health Services projected an $11 million deficit due to the increased cost of services and diminishing state and federal reimbursements. To narrow the shortfall, the Department prioritized programs it is statutorily required to provide, and proposed trimming funds slated for peer and family support service programs and supplemental funding for residential care facilities that house individuals with severe mental illness. At the end of the county budget process the Board of Supervisors added $5.1 million to restore the peer and family support services and a portion of the adult case management and therapy services. The Department of Health Services' ongoing budgetary difficulties pose an underlying challenge in addressing all other service barriers.

Consumer experiences of a fragmented and duplicative service delivery system

In this budgetary context, seamless coordination between services and housing is imperative. Each linkage not expressly supported by the system's design creates a barrier to service. For example, even a two block walk to a health clinic can pose a significant barrier to a person with severe mental illness. Health care services must be integrated into the design of housing from the beginning. Housing and service plans should be designed to counter isolation, preserving physical proximity to supportive relationships, and encouraging social involvement with peers.

In a Housing Needs Survey conducted by the Department of Health Services-Behavioral Health Division (DHS-BHD), 10% of respondents reported being incarcerated in the prior twelve

months. Nearly one-third of these reported problems securing housing upon release. The Sonoma County Probation Department has identified key gaps and a set of priority projects to assist people with behavioral health needs who interact with the criminal justice system.

Inadequate public transportation

In a community where traffic congestion and inadequate public transportation are subjects of general complaint, transportation logistics for people with severe mental illness who are homeless or exiting institutions constitute a major barrier to services.

A Coordinated Entry System in early stages of implementation that is not yet fully functional

Sonoma County's Coordinated Entry System began full implementation in January 2018. After a year, the Sonoma County Community Development Commission engaged a national technical assistance provider to evaluate the local Coordinated Entry System. The provider has just delivered a report with a dizzying number of recommendations for improvement.

Misalignment of the State definition, "at risk of chronic homelessness," with federal definitions and eligibility for federal funding

The State's "at risk of chronic homelessness" definition offers relief to providers who view this population as at severe risk. But this definition does not fit into eligible populations to be served by Coordinated Entry Systems, so implementing Coordinated Entry referrals for this population will require new funding streams not tied to the federal definition of homelessness.

Current Efforts

This No Place Like Home Plan describes the County's robust efforts to prevent criminalization of homelessness, and records a homeless-dedicated housing inventory of 699 year round emergency shelter beds, 275 transitional housing beds, and 1,070 permanent supportive housing beds—plus Rapid Re-Housing resources supporting 495 persons in housing. The Plan also reports a large remaining need—an estimated 1,306 more permanent supportive housing beds and Rapid Re-Housing capacity to house 422 more households—and describes how current investments will create 360 needed units in next several years. The Plan describes the well-established partnerships that make up Home Sonoma County, DHS-BHD's full service partnerships, and other service resources.

This Plan additionally describes how the County of Sonoma's "Safety Net Departments" are working closely to address the needs of homeless persons who touch multiple systems of care, which is critical to ending homelessness for the County's most vulnerable residents. The County's ACCESS Sonoma County effort has tackled a key barrier to coordinated services: the extensive, duplicated client data in multiple protected data systems that were not designed to communicate with each other. Work remains to integrate the many data platforms in use in criminal justice, community clinic and hospital settings.

No Place Like Home Key Goals and Strategies

1. Continually Increase Coordination

With the launch of Home Sonoma County, which unifies all jurisdictions and systems of care to align efforts to reduce homelessness, future strategies will depend on continually increasing coordination and connection between distinct efforts across the county, and building the homeless system infrastructure with an eye to equity across all communities in our geography. The concurrent development of the ACCESS Sonoma County Initiative and its data integration efforts offers a great opportunity to unify disparate efforts in the next several years.

2. Build Out the Housing Pipeline

Of 735 affordable housing units in development in Sonoma County, 360 are slated for permanent supportive housing. Of these, 114 out of 457 needed for homeless persons with severe mental illness have been approved for No Place Like Home competitive funding. Non-competitive No Place Like Home funds allocated to Sonoma County will be included in upcoming affordable housing funding competitions; the investment of non-competitive funds will focus on ensuring the highest number of units for the investment, while addressing key supportive services needs of NPLH eligible persons identified through this planning process:

- A combination of shared units, single-room occupancy (SRO) units, and individual units
- Shared common spaces to house community activities that protect tenants from becoming too isolated
- Location of a health clinic onsite
- Plan for operational reserves to provide supportive services, including case management and peer service navigation

3. *Build Out the System of Care:* Engage local communities to learn about ending homelessness and develop core system infrastructure in underserved areas.

4. *Expand Access to Rental Assistance:* Systematically create effective access to Housing Choice Voucher and other rental assistance programs.

5. *Address Gaps Identified Through Sequential Interface Mapping:* Collaboratively develop programs and funding to reduce the prevalence of people with mental illness in jail.

6. *Expand the ACCESS Sonoma Initiative:* Expand to include other County and regional health data systems, to improve outcomes for the County's most vulnerable persons.

7. *Equip the System of Care to Become More Client-Centered:* Equip providers to engage persons who are reluctant to engage in services; provide training in navigating dialogues that will allow the person to have autonomy in making the choice to accept services.

8. *Maximize the Use of Peer Navigators:* Counter staff turnover and budget constraints by maximizing the use of peer navigators, especially in outreach efforts.

1. Homelessness in Sonoma County

Nearly 3,000 people were counted during the February 23, 2018 Point in Time Homeless Count. This Count was conducted following the October 2017 fire disaster that destroyed 5,300 housing units. Just four months after the fires, the 2018 Count recorded the County's first increase in homelessness since 2011. The number of persons experiencing homelessness on any given night had declined 38%, from 4,539 in the aftermath of the Great Recession (2011) to 2,835 in 2017. The 6% increase (161 persons) in 2018 offered a dire warning of a possible new wave of homelessness following the fires.[1]

The 2018 homeless population was 64% unsheltered, with 1,067 persons in shelters or transitional housing, and 1,929 persons on the street, in encampments, and living in vehicles or abandoned buildings. Residents were experiencing homelessness in every part of Sonoma County, as shown in Figure 1 below.

Jurisdiction	Unsheltered	Sheltered	Total
Cloverdale	75	5	80
Healdsburg	81	48	129
Windsor	75	0	75
Cotati	1	0	1
Petaluma	91	194	285
Rohnert Park	127	11	138
Sebastopol	69	0	69
Sonoma	15	15	30
Santa Rosa	863	700	1,563
Unincorporated County	532	94	626
Total	1,929	1,067	2,996

Figure 1. Distribution of People Found During the 2018 Point in Time Homeless Count.

As Figure 2 illustrates, well over half of the homeless population was found in the County seat, Santa Rosa. With 174,244 residents (per the 2017 American Community Survey)—only 35% of the County's 500,943 residents—Santa Rosa is particularly impacted, with 9 out of every 1,000 residents experiencing homelessness at any given time. This is significantly higher than the already very high County-wide rate of 6 out of every 1,000 residents (the nationwide rate is 1.8 per 1,000).

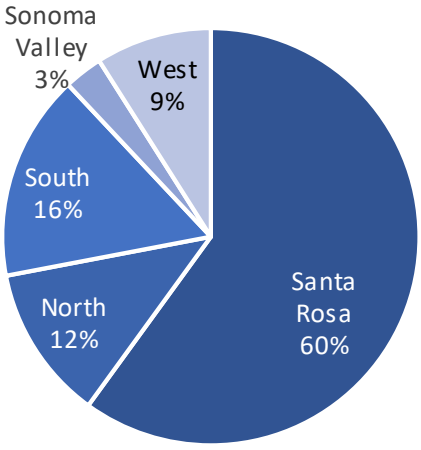

Figure 2. Geographic Distribution of 2018 Homeless Count.

[1] Applied Survey Research, *Sonoma County Homeless Census and Survey, 2018: Comprehensive Report.*

In 2018, 747 chronically homeless persons were found during the Point-In-Time Homeless Count—85% of whom were unsheltered. Very few chronically homeless persons were in families (33 persons, making up 4% of chronically homeless persons), and 96% were single adults. This group made up fully one-quarter (25%) of the overall homeless population.

Just 104 families with 339 family members were found during the 2018 Count, continuing a long-term 45% decline in family homelessness since a high of 190 families in 2011. On any given night, families with children made up just 11% of the total literally-homeless population; they were 91% sheltered. Unlike Sonoma County's other homeless subpopulations, homeless families with children are largely Hispanic, ranging from 42%-52% in the last several homeless counts (46% in 2018).

In 2018, 515 unaccompanied homeless children and transition-aged youth were found, continuing another 24% downward trend from 678 in 2015. Despite this encouraging decline over time, Sonoma County has ranked among the highest documented populations of homeless youth in the nation for the past decade. Homeless youth made up 17% of the overall homeless population in 2018. This population was 86% unsheltered in 2018, 37% Hispanic, and has consistently had a higher rate of multi-racial persons (28% in 2018) than other subpopulations (for example, 14% of persons in families were multi-racial).

Including the transition-aged youth population, the vast majority of homeless persons found in 2018 were single adults (88%). This population was 60% male, with 25% indicating Hispanic ethnicity. Sonoma County recognized a growing trend of older adults experiencing homelessness, and therefore in 2018 conducted additional analysis of this population, identifying 409 persons over the age of 55 in the Point In-Time Count—14% of the total homeless population and 16% of the homeless single adult population.

It is important to note that, consistent with the increasing senior homeless population and the high proportion of chronically homeless single adults, 44% of Sonoma County's homeless population reported at least one of seven disabling conditions tracked by the US Department of Housing and Urban Development (HUD). As shown in Figure 3, psychiatric and other mental health conditions led this group: 35% of persons experiencing homelessness are also experiencing psychiatric challenges.

Health Conditions	Percentage	Estimated Number of Persons
Psychiatric/Emotional Conditions	35%	1,049
Drug or Alcohol Abuse	33%	989
Post-Traumatic Stress Disorder	28%	839
Chronic Health Problems	27%	809
Physical Disability	27%	809
Traumatic Brain Injury	14%	419
HIV/AIDS	3%	90

Figure 3. Disabling conditions in the Sonoma County homeless population, 2018.

To give more context, in 2017 the prevalence of mental illness was 4.5% of all U.S. adults.[2] Based on 2018 estimates of Sonoma County's population (499,942 persons, of whom 400,953 are adults), more than 18,000 Sonoma County adults struggle with mental illness. The Sonoma County Department of Health Services' Behavioral Health Division provides direct mental health services to approximately 3,000 residents who require specialty services for severe and persistent mental illness (about 17% of county residents with severe mental illness). Severe mental illness is twice as prevalent in the homeless population as it is in the population at large.

Lastly, it should be noted that in 2018, 32% of persons surveyed in the Point-In-Time Homeless Count—approximately 959 persons—reported spending a night in jail or prison in the prior twelve months. More than 800 persons (28%) reported currently being on probation or parole at the time of the survey.

This Plan will explore the special needs and barriers that this group faces in obtaining and retaining housing in the local community, and will suggest strategies to address those challenges.

[2] https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_154785.

2. Challenges to Serving and Housing No Place Like Home Eligible Persons

Through the stakeholder input gathered for this Plan, numerous implementation challenges were identified, including:

- The housing crisis in California, exacerbated in Sonoma County by the 2017 fire disaster.
- Insufficient revenue at local government level to fully fund safety net and justice services (particularly for mentally ill offenders)—also exacerbated by the 2017 fires.
- Consumer experiences of a fragmented and duplicative service delivery system, notwithstanding ongoing efforts on the part of County safety net department to align policy and program delivery.
- Inadequate public transportation.
- A Coordinated Entry System in early stages of implementation that is not yet fully functional.
- Misalignment of the State definition, "at risk of chronic homelessness," with federal definitions and eligibility for federal funding.

a. The Housing Crisis in Sonoma County

Like the rest of the Bay Area, Sonoma County has experienced a worsening housing crisis in the wake of the 2008 Great Recession and the 2012 dismantling of redevelopment agencies. The local housing crisis was exacerbated in 2017 by the Sonoma Complex Fire disaster, in which more housing was lost in one night than had been created in the County over the seven years prior. Approximately 2,200 low income renter households were directly displaced by the fires, and more than 10,400 people are now living in precarious housing situations because they were displaced either by the fires or because of the economic impact of the fires.

The wave of the impact is ongoing, and even a year and a half after the event we have yet to see the full impact on low income renters. However, there are early indicators: rents for surviving units rose substantially as the County experienced a simultaneous plunge in supply and an influx of new demand as newly displaced residents scrambled to find vacant and affordable units. Many owners who lost their primary residence moved into another unit they owned, evicting the current tenants and creating a second wave of displacement. On April 22, 2019, the *Santa Rosa Press Democrat* reported that according to Census Bureau estimates, Sonoma County had lost about 3,300 residents in the year that followed the 2017 wildfires.[3]

By May 2019, the California Housing Partnership found that renters in Sonoma County now need to earn nearly four times the state minimum wage to afford the median monthly asking rent of $2,295. More than three-quarters of Sonoma County's extremely low income residents

[3] https://www.pressdemocrat.com/news/9524192-181/sonoma-county-lost-3300-people.

carry a severe housing cost burden, meaning they spend more than 50% of their income on housing. The California Housing Partnership also estimated that Sonoma County needs 16,296 more affordable rental homes to meet the current demand.[4] Based on the 2018 homeless count, data from the County's Homeless Management Information System and from its recently-implemented Coordinated Entry System, the Sonoma County Community Development Commission estimates the county needs 1,306 units of permanent supportive housing, with wraparound services as long as residents need them, to address the housing needs of Sonoma County's most vulnerable homeless individuals and families. Since 35% of the homeless population is experiencing a psychiatric condition (see Figure 3, page 7), roughly 457 of the needed 1,306 permanent supportive housing units would be needed to serve the NPLH eligible homeless population.[5]

In 2017, the Sonoma County Department of Health Services conducted an updated Housing Needs Assessment Survey focusing on the needs of clients of Sonoma County Department of Health Services, Behavioral Health Division (DHS-BHD), in preparation for this No Place Like Home Plan. The Survey was completed by over 500 DHS-BHD clients, representing 14 programs. The most frequently mentioned barrier to securing their preferred type of living situation was the lack of affordable housing, with more than half of respondents (53%) selecting this option. The survey report also found strong alignment between financial barriers, such as lack of income and insufficient savings, and a need for financial assistance to find or maintain housing. Of the 15% of survey respondents who were homeless, nearly half had been homeless for more than a year.[6]

A Broader Range of Housing Options

Although the sheer volume of housing need is cited universally, the Housing Needs Assessment Survey and in-depth interviews with service providers and consumers of behavioral health services also suggested that to effectively serve the No Place Like Home eligible population, a system of housing *options* is needed.

A Peer Leadership Team worked in concert with the Department of Health Services' Housing Needs Assessment to conduct six focus groups among the No Place Like Home eligible population. The team's summary of findings noted that "Almost universally, people desired private living spaces with area[s] for communal living." While the Peer Leadership Team

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[4] JStarrett, J.R., *Sonoma County's Housing Emergency Update*. California Housing Partnership: May 2019, https://1p08d91kd0c03rlxhmhtydpr-wpengine.netdna-ssl.com/wp-content/uploads/2019/05/Sonoma-HNR-2019-Final.pdf.

[5] For homeless persons with fewer disabilities, who are able to function in housing in the community and may need services for a shorter period of time, the local system of care needs the capacity to serve 422 households at any given time with housing location, stabilization, and financial assistance using a Rapid Re-Housing approach. For a review of the methodology in projecting Homeless Housing Needs, see Appendix C.

[6] Harder+Company, *Sonoma County Housing Needs Assessment Survey, April 2018*. Sonoma County Department of Health Services, Executive Summary (p. 1); Exhibit 21, Barriers to Preferred Living Situation (p. 18).

reiterated needs for "…truly affordable housing such as having a HUD Section 8 voucher or paying only 1/3 of one's income," the team also noted "… the desire for private living space along with shared communal areas" by many participants.[7]

Similarly, a May 2018 interview with the DHS-BHD's Quality Improvement Committee indicated a desire for a range of housing options, from group homes to individual units. This diverse group, comprised of County mental health staff, contract and peer service providers, family members and consumers of behavioral health services, focused on the negative impacts of isolation and a need to foster community. In this group's view, housing for the No Place Like Home eligible population should offer "scaffolding options" that allow seamless movement to independence without a loss of community.

Lastly, a Whole Person Care Pilot staff member raised a core tenet of Fair Housing: concern not to concentrate homeless-dedicated housing in higher-poverty neighborhoods, and understanding the possible negative impacts of such concentrations on No Place Like Home clients. She proposed mandating new housing developments dedicate a percentage of units to Housing Choice Vouchers and to previously homeless clients, and noted a need not only for a variety of housing types, but the need to disperse housing options across the County's geography — a theme that was repeated in homeless services settings.[8]

b. "We had to make cuts"— Challenges to Delivering Adequate Services

Going into FY 2019-20, the Sonoma County Department of Health Services projected an $11 million deficit, with $8 million of the deficit coming from DHS-BHD. The funding gap is due to the increased cost of services and diminishing state and federal reimbursements. In an effort to narrow the shortfall, the Department prioritized the programs that the County is statutorily required to provide, and proposed trimming funds slated for seven peer and family support service programs as well as supplemental funding for residential care facilities that house individuals with severe mental illness. The *Santa Rosa Press Democrat* quoted DHS staff who noted it was "…necessary to stave off the red ink while continuing to provide mandated services. 'We can't not meet our mandates. Our revenue shortfall is large. We had to make cuts.'"[9] At the end of the county budget process the Board of Supervisors added approximately $5.1 million in other funding restoring all of the peer and family support services and a portion of the adult case management and therapy services. However, many of the Department of

[7] Roberge, Breckenridge, Kelson, Sieberlich-Wheeler, Musseter, & Belote, *No Place Like Home Peer Leadership Team Focus Group Results,* Sonoma County Department of Health Services, Behavioral Health Division, February 2018, p. 28-29.

[8] Jessica Hetherington, Whole Person Care Pilot staff, private email communication, May 23, 2019. In 2017, the Behavioral Health Division was awarded Round 2 funding for a Whole Person Care Pilot Program which is operating through June 30, 2021.

[9] https://www.petaluma360.com/home/a1/9633201-181/petaluma-mental-health-clinic-on, May 31, 2019.

Health Services' budgetary difficulties remain and pose an enormous challenge in addressing all the services barriers that follow.

A particular budget challenge emerged as the Department of Health Services projected a deficit that would impact supplemental service contracts that have supported 218 DHS-BHD clients living in Residential Care facilities. All of these residents are severely mentally ill and 63 are conserved. For many of them, the best placements are outside of Sonoma County, posing a difficult situation for families who wish to be involved in their care.[10] The Sonoma County Community Development Commission worked closely with the Department of Health Services to identify permanent sources of housing funds to replace the supplemental funding for more than half of the affected clients. The Sonoma County Board of Supervisors has set aside scarce general funds to continue supplemental service contracts to this severely mentally ill population. However the partner agencies will continue the search for additional resources to permanently support this population, which meets the definition of NPLH eligible persons "at risk of chronic homelessness."

Post-Fire Workforce Challenges

Sonoma County's elevated rents and post-fire population loss—not to mention County budget woes—have impacted the system of care's ability to retain qualified staff. Highly trained non-profit and public sector staff have relocated to less expensive communities—sometimes out of state—and often the best candidates from outside the community cannot afford to move here. An unusually high per capita rate of non-profit organizations has suppressed service sector wages and led to an annual turnover rate of approximately 30% of staff in homeless service programs, which creates a need for constant training. While the public sector has better workforce retention, budget challenges and vacancies mean remaining staff bear unsustainable workloads for long periods. The major exception in the homeless services/mental health fields is the peer community, where peer providers have remained for many years as employees of peer service centers.

Inadequate Levels of Care in Existing Permanent Supportive Housing

With the implementation of Coordinated Entry in Sonoma County, permanent supportive housing providers are now receiving clients who present with a level of need that is beyond the staffing capabilities of many existing programs. Some providers express concern about their ethical and legal responsibilities to their clients, when they have not yet secured adequate funding to offer the intensive staffing required to serve these most vulnerable persons. Since mental health services must be entered into voluntarily, clients who are reluctant to accept County mental health services pose a particular challenge to these housing providers. Inadequate funding for the requisite staffing constitutes a serious barrier to housing for the clients with the most severe needs.

[10] Interview with NAMI family support group, June 6, 2019.

Financial Services

There is no local nonprofit offering representative payee services in Sonoma County. Observers suggested more local capacity is required to address the needs of special payee populations. Similarly, advocacy and partnership with the Social Security Administration (SSA) to streamline disability income processes is still needed. The recent arrival of new management to the regional SSA office poses a timely opportunity.[11]

c. "Too Many Hoops to Jump Through" – Needs for Better Coordination

Particularly in the context of a severe housing crisis and budgetary cuts to services, all services and housing must become seamlessly coordinated. This section describes areas of coordination required to best serve the No Place Like Home eligible population.

Disconnected and Under-Resourced Services

According to one Whole Person Care case worker, "… connecting [high needs homeless clients] to services … would be challenging even if we had unlimited resources." To best serve No Place Like Home eligible clients, the system of care should have interconnected services that engage prospective clients, link with screeners who can ensure eligibility and documentation for programs, and connect clients to intensive case management. Case managers should have direct access to set up psychiatric appointments and to placing clients into detox and 30-day treatment programs. Every linkage not expressly supported by the system's design creates a barrier to service.[12]

Access to Health Care

The high morbidity and mortality rates among persons with severe mental illness are a particular concern. Even a two block walk to a health clinic can pose a significant barrier to an individual with severe mental illness. As much as possible, health care services (even just a satellite clinic) need to be integrated into the design of housing, and health clinics should be engaged in plans for housing projects from the beginning.

Isolation and Transitions of Care

Isolation was consistently raised in community input sessions conducted in the development of this Plan. The mother of a behavioral health client described the challenge of keeping clients socially connected as they move from hospitals to transitional settings, to shared housing, and especially to individual units. It is quite common for mental health consumers to run into problems once they are in individual units: they invite friends to stay to address the isolation of living alone—but also in violation of the lease. Housing and service plans should be designed to

[11] Michael Gause, Sonoma County Continuum of Care Coordinator, private communication, June 3, 2019.
[12] James Alexander, Whole Person Care Pilot case manager, email communication, May 24, 2019; *Focus Group Report*, p. 27. Inadequate linkages between behavioral health and substance abuse treatment systems were noted by members of the DHS-BHD Quality Improvement Committee as well.

counter isolation—preserving physical proximity to supportive relationships, and encouraging social involvement with peers.

When a person with severe mental illness decompensates in an individual setting, care needs to be taken not to allow the tenant/landlord relationship to deteriorate until the tenant's behaviors pose a new barrier to housing. Consumers expressed desires for "community health worker support, wanting landlords to know they can contact a case manager if things become difficult for … the tenant."

> *… many people expressed the desire for support on-site, peer support, community health worker support or case management support …. Within all types of housing situations, people are hoping for respectful management that is trauma informed.* [13]

Whole Person Care Pilot case workers described the need for ongoing care management. Many programs focus only on short term goals such as getting the client housed. But being housed is often a whole new way of being that must be learned. Services may be needed over the long term, including assistance with transportation or completing forms; providing emotional support and referrals; teaching living skills; troubleshooting problems alerting appropriate parties if something isn't going right, and advocating for the client.

d. Addressing the Needs of Mentally Ill Offenders

The Housing Needs Assessment Survey noted that 10% of survey respondents reported being incarcerated, and 31% reported receiving inpatient psychiatric services, in the last twelve months. Among those who had been incarcerated, nearly one-third reported problems securing housing upon release. The majority of respondents who had received inpatient psychiatric services (70%) reported being released to safe and stable housing, but nearly one-quarter were not.

> *Given that survey respondents indicated difficulty with either securing housing upon their release or finding housing that was considered safe and secure, additional services and supports may be needed to help individuals secure housing upon their release from inpatient psychiatric facilities or incarceration …. These findings indicate a potential need for tailored housing supports and services for clients with a history of incarceration and/or receiving inpatient psychiatric services in order to ensure they are able to secure safe and stable housing upon release.* [14]

In March 2018, the Sonoma County Probation Department hosted a Sequential Intercept Model Workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system. The final report cited the limited permanent supportive housing in Sonoma County, and further reduction of the affordable

[13] *Focus Group Report*, p. 28, p. 30.
[14] *Ibid*., p. 2; p. 19.

housing stock after the 2017 fire disaster. From crisis intervention through probation, the list of identified gaps included:

- Crisis Services/Crisis Management: 911 dispatch is not adequately trained to handle mental health crisis; 911 and dispatch systems are not integrated across jurisdictions. Access to DHS-BHD's Mobile Support Team (which provides mental health assistance to law enforcement) is geographically limited, and lacks 24-hour coverage. County Probation cannot directly access the Mobile Support Team.
- Medication management and medical clearance: There is no withdrawal management provided in the Main Adult Detention Facility (MADF), and the medication formulary at the jail is limited. Medical clearance is required to enter a psychiatric unit, and is only provided at the Crisis Stabilization Unit or in hospital emergency departments.
- Competency Determinations: Even with a DHS-BHD staff presence in the MADF, it can take up to five months to obtain a competency decision and to determine the appropriate level of care and placement options. Judges often refer offenders directly to outpatient restoration before the competency determination is completed. If an individual on Post Release Community Supervision (PRCS) violates probation and is then determined incompetent, by law the revocation is dismissed and the individual is returned to PRCS. There is interest in, and concern about, the possibility of court-ordered treatment for people with severe behavioral health needs who are reluctant to engage in services.
- Public Safety: County Probation pretrial recommendations are often not followed due to public safety concerns; there are concerns especially about gaps in access to out-of-state criminal history.
- Jail Mental Health and Discharge Services: There is limited funding for peer-to-peer service in the MADF, and the demand exceeds capacity.
- Transfers and Releases: Connections with the California Department of Corrections and Rehabilitation (CDCR) Parole are limited; CDCR releases offenders seven days per week, but Probation operates only on weekdays—creating a gap with weekend releases to Probation. In general, unexpected releases (and scheduled releases that occur 24 hours per day) create challenges in connecting probationers to services and housing.
- Probation: Mental health caseloads are full, and the needs at the Day Reporting Center exceed capacity.

The Sequential Intercept Mapping report also identified cross-system gaps of funding and service providers, and needs for cross-training on pretrial services, purpose of program, etc. Gaps related to Transportation are noted in the following section. [15]

e. Transportation Barriers

Growing traffic congestion and inadequate public transportation are subjects of constant complaint in this community that is so dependent on private automobiles. Transportation logistics are even worse for people with severe mental illness who are homeless or exiting institutions—not to mention for the family members who are working so hard for their welfare.

Whole Person Care Pilot outreach workers cited numerous needs related to transportation: assistance with bus tickets; assistance getting vehicles fixed; help getting waivers for vehicle parking tickets; coordinating with the Courts to help clear citations for driving under the influence; establishing a vehicle donation partner; identifying funds for registration and insurance.

The Sequential Intercept Mapping Report highlighted transportation barriers around jail discharge and transportation back to the community. [16] Families of mentally ill offenders report that re-establishing disability income and Medi-Cal coverage (which are suspended while the offender is in jail) is an enormous challenge when the client has no transportation, much less a place to sleep. [17] Many respondents praised the few housing programs that have the capability to directly transport persons discharged from MADF to housing and to all the necessary appointments.

f. Challenges Emerging From Sonoma County's Implementation of Coordinated Entry

The Sonoma County Continuum of Care (including its new governance structure, Home Sonoma County) has been engaged in developing its federally-mandated Coordinated Entry System since 2011. Pilot and expansion funding was awarded in 2012 and 2015, respectively. Federally compliant policies and procedures were developed through a broadly collaborative process in March through November, 2017, and the system's full implementation began in January 2018. After a year of full implementation, Home Sonoma County's lead agency, the Sonoma County Community Development Commission, engaged a national technical assistance provider, to evaluate the local Coordinated Entry System. The technical assistance provider, Technical Assistance Collaborative, Inc. (TAC), identified key community strengths, such as the buy-in to Coordinated Entry that emerged from collaborative project development, as well as a dizzying

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[15] Patricia Griffin, PhD, Brian Case, MA, *Sequential Intercept Model Mapping Report for Sonoma County, Final Report.* Policy Research Associates, Inc.: May 24, 2018, p. 8. *See* Appendix B.
[16] *Ibid.,* p. 14.
[17] Family Support Group interview at NAMI, June 6, 2019.

array of recommendations for improvement.[18] To eliminate barriers to the No Place Like Home eligible population, the following areas will need to be addressed:

- Because of the very limited housing in Sonoma County, unlike many other communities the local CES makes referrals into emergency shelters. Shelters now accept highly vulnerable clients into large congregate housing settings, most of which cannot provide appropriate levels of care and have few linkages to housing. This vulnerable population is staying longer in shelter, and fewer people are becoming permanently housed. The Coordinated Entry Evaluation Report recommends reviewing this policy.

- Many focus group participants expressed concerns about universal screening with a housing assessment that touches on mental illness, substance abuse, and trauma without either housing or services immediately available to address mental health episodes triggered by the assessment. There is interest in creating a multi-phase assessment process, to reduce the frequency of full assessments without immediate access to services. Some mental health providers have been concerned that the housing-focused screening tool in use does not adequately assess the appropriate level of care for severely mentally ill clients. The Evaluation report suggests steps to consider in creating a phased assessment approach.

- Focus group participants frequently expressed concerns about an appearance of conflict of interest with a nonprofit agency operating the Coordinated Entry System. They praised the agency's staff and its commitment to excellent service, but were concerned about both structural imbalances and the skewed availability of Coordinated Entry access points throughout the county geography at this stage of implementation. This is underscored by the operator's limited presence in areas of Sonoma County outside Santa Rosa. The Evaluation Report lists a number of options to address this issue, which will be considered in the coming yer.

In 2017, DHS-BHD was awarded Round 2 funding for a Whole Person Care Pilot Program which is operating through June 30, 2021. The Whole Person Care staff team is currently integrating Coordinated Entry into the DHS-BHD's service delivery for severely mentally ill persons experiencing homelessness. Once the Whole Person Care Pilot concludes in 2021, it will be necessary to fully integrate Coordinated Entry into DHS-BHD intake processes, to ensure seamless access to housing developed under this No Place Like Home Plan. The simultaneous development of the ACCESS Sonoma County Integrated Multi-Disciplinary Team (described below in Chapter 4) raises questions whether a stand-alone, nonprofit-operated Coordinated Entry System will be the best service delivery model going forward.

[18] Technical Assistance Collaborative, *Home Sonoma County Coordinated Entry Evaluation,* California Department of Housing & Community Development: July 2, 2019.

g. Implementing Referrals and Service Plans for People At-Risk of Chronic Homelessness

The No Place Like Home Program has created a new definition of "at risk of chronic homelessness," which notably extends the length of time that a homeless person can reside in an institution (including both mental health facilities and jails) and be eligible for No Place Like Home-funded housing. This new definition offers relief to mental health systems of care and housing providers, who have identified this institutionalized population as at severe risk. It also creates consternation for the homeless system of care, as this definition does not fit into eligible populations to be served by Coordinated Entry Systems. Implementing referrals for this population through the Coordinated Entry System will require new service funding sources that are not tied to the federal definition of homelessness.

3. County and Community Resources Addressing Homelessness

a. County Efforts to Prevent Criminalization of Homelessness

Over the last decade, Sonoma County has significantly expanded the interventions available to link people who are experiencing homelessness with supports and services rather than jail.

Department of Health Services, Behavioral Health Division Interventions

Since 2013, DHS-BHD has supported a Mobile Support Team (MST), which provides field support at the request of law enforcement officers responding to a behavioral health crisis, in both housed and unsheltered settings. MST is staffed by licensed and certified mental health and substance abuse specialists, as well as peer providers and family members who receive specialized field safety training from law enforcement partners. In addition, the DHS-BHD's Crisis Intervention Training provides law enforcement officers with training on interfacing with people experiencing behavioral health crises, focusing on de-escalation and getting the person to services.

As noted on page 17, in 2017 DHS-BHD was awarded Round 2 funding for a Whole Person Care Pilot Program which is operating through June 30, 2021. Whole Person Care pilots bring together public health care systems, DHS-BHD, managed care plans and community organizations to improve care for their highest need patients. The Sonoma County Whole Person Care Pilot expanded a Community Intervention Program in operation since 2007, which provided outreach to disparate and historically underserved populations.

Homeless Outreach Service Team (HOST) and Project HOPE

In 2015, the County of Sonoma launched a nonprofit-based multi-disciplinary Homeless Outreach Service Team (HOST) to conduct encampment outreach county-wide, assess the needs of unsheltered persons, and assist them into services and housing. The City of Santa Rosa has shared the cost of the HOST project through a separate funding agreement, adding resources such as a shower trailer, funds to assist unsheltered persons to safely reunify with family or friends outside the area, and opportunities for homeless persons earn income through participating in encampment cleanups. Requests for outreach may be submitted by the public through a smartphone app, or phoned in to a dedicated phone line.

Public safety partners have repeatedly expressed appreciation that the HOST project is available to address concerns about unsheltered persons before enforcement had to take place. If there is no immediate public safety concern, enforcement action can now be delayed until extensive outreach efforts have failed.

In 2017, the City of Santa Rosa introduced a new Homeless Encampment Assistance Pilot to resolve persistent encampments where severe environmental and public health risks existed. The City developed a multi-departmental working group and a protocol for communicating with the surrounding neighborhood, and funded dedicated shelter beds and other housing resources to people exiting high priority encampments. The HOST project conducts sustained outreach to

persons living in the selected encampments; then those encampments have been closed and cleaned up by other City departments. Through this project's efforts, between half and three-quarters of encampment occupants have accepted temporary or permanent housing.

Through HOST's partnerships with Santa Rosa Police Department and the Sonoma County Sheriff's Office, Homeless Outreach Partners Empowering Sonoma County (Project HOPE) was launched. Project HOPE is a multidisciplinary team that works to house unsheltered persons who have a high level of criminal justice interactions through a biweekly case conference with a by-names list approach. In 2019, State Homeless Emergency Aid Program funding was awarded for a permanent supportive housing master-leasing project to serve Project HOPE participants.

Homeless Court

Prompted by requests from service providers and consumers of homeless services, in 2016 a Homeless Court program was developed in collaboration with the Superior Court. The Homeless Court helps persons experiencing homelessness to clear up infractions and accumulated fines. Pending cases show up on background checks for jobs and housing, which creates barriers to exiting homelessness. Many have lost their driver's license, which severely limits employment options. Clients are referred to the Court by a local shelter or other homeless service agency assisting them to resolve their homelessness. Staff of the Court, Public Defender, District Attorney, Referral Agency and Program staff meet quarterly as the Homeless Court Team to oversee the program; the Public Defender also assists clients with any misdemeanors or felonies. The Homeless Court project secured State Homeless Emergency Aid Program funding to sustain its efforts for FY 2019-20.

b. Community-Based Resources

Homeless-Dedicated Housing

Sonoma County's homeless system of care relies heavily on community-based providers of homeless and mental health services to address service and housing needs.

Emergency Shelters

In the 2019 Housing Inventory Chart, an annual submission to HUD (attached as Appendix A), the Sonoma County Community Development Commission reported 699 year round emergency shelter beds. As noted earlier in this report, on any given night families with children made up just 11% of the total literally-homeless population. Due to a longstanding priority on serving families with children, 197 of the system's 699 beds (28%) serve this population—up to 47 families at any given time. Six beds in a Runaway and Homeless Youth Basic Center serve unaccompanied youth ages 12-18, and 496 year round beds serve single adults. During the winter months from December 1 through March 31, 282 additional emergency shelter beds are made available across the county, making for a total of 981 emergency shelter beds in the

winter months. As noted earlier, in 2018 60% of the homeless population was found in Santa Rosa. Most of the shelter beds are located in Santa Rosa as well:

Operator	Emergency Shelter Santa Rosa	Number of beds
Catholic Charities	Family Support Center	136 (up to 32 families)
	Nightingale (medical respite)	13
	Samuel Jones Hall	213
Community Action Partnership	Sloan Women's Shelter	22
YWCA of Sonoma County	Domestic Violence Safe House	27
Community Support Network	Opportunity House (for severely mentally ill clients)	13
Redwood Gospel Mission	Men's Shelter	40
	Rose Women's Shelter	30
North Bay Veterans Resource Center; DAAC	Health Care for Homeless Veterans-Emergency Housing Program	23
Social Advocates for Youth	Dream Center/Stepping Stone	24 (12 homeless youth, 12 former foster youth)
	Coffee House – Runaway & Homeless Youth Basic Center	6
Winter Shelters (approx. December 1-March 31)	Society of St. Vincent de Paul – Santa Rosa Armory	282
	Catholic Charities' Family Support Center	
	SAY Dream Center	
	Redwood Gospel Mission Nomadic Shelter	

Figure 4. Emergency Shelters in Santa Rosa.

In the county's second largest city, Petaluma, COTS operates both a family shelter (35 beds serving up to 11 families) and a 100-bed single adult shelter. In outlying communities, Sonoma Overnight Support, Reach for Home, Cloverdale Community Outreach Committee, and West County Community Services operate small and/or seasonal emergency shelters with a total of 84 beds. These are often the only homeless services available in those regions.

Permanent Supportive Housing

As of 2019, Sonoma County's homeless system of care consists of 1,070 permanent supportive housing beds, including 11 that are slated to open later in 2019 (*see* Figures 5 and 6, page 22). For households with children, 124 units with 371 beds are available (35% of the region's permanent supportive housing). For single adults (who make up 88% of the homeless population), 688 beds are available in both individual and shared units (64% of the total permanent supportive housing inventory). Of these, 238 beds (22%) currently serve the NPLH eligible population, having been developed with MHSA housing dollars and/or serving severely mentally ill residents. As noted above, Home Sonoma County staff estimate that the 1,306

more permanent supportive housing beds are needed to reach "functional zero"[19] homelessness. Investments from California's Homeless Emergency Aid Program are estimated to create more than 170 of the needed units in next two years.

Permanent Supportive Housing for Severely Mentally Ill Persons	Number of beds/units
Buckelew Programs	37 beds
Burbank Housing-Mental Health Services Act Housing Fund Units	69 beds (15 units)
Community Housing Sonoma County with Telecare (MHSA housing)	8 beds
Community Support Network	29 beds
Beds in Development	5 beds
Sonoma County Housing Authority – Continuum of Care Rental Assistance with DHS-BHD	10 units

Figure 5. Permanent Supportive Housing for Severely Mentally Ill Persons. "Beds" are typically in shared facilities; Units are individual apartments.

Additional permanent housing providers appear in Figure 6. Services range from intensive case management to monthly check-ins.

Other Permanent Supportive Housing	Number of beds/units
Catholic Charities – Palms Inn & scattered site	35 units
City of Santa Rosa Housing Authority – VA Supportive Housing Program	336 units
Burbank Housing – set-asides in multi-family housing developments	41 units
Cloverdale Community Outreach Committee	14 units
Community Action Partnership – Aston Avenue Apartments	10 units
COTS – shared housing	89 beds
Interfaith Shelter Network – shared housing	3 beds
Reach for Home	4 beds
Beds in Development	6 beds
Social Advocates for Youth – shared housing	39 beds
Sonoma County Housing Authority – Continuum of Care Rental Assistance	74 units
The Living Room	5 beds
West County Community Services	22 beds

Figure 6. Other Permanent Supportive Housing in Sonoma County. "Beds" are in shared housing; "units" are individual units.

Other Homeless Housing Resources

Sonoma County has 275 transitional housing beds, of which 65 beds serve up to 18 households with children, and 210 beds serve single adults or youth. The Sonoma County Probation Department funds 65 of these beds to serve homeless offenders; these are operated by Interfaith Shelter Network and distributed among six houses located in Santa Rosa, Rohnert Park, and Glen Ellen. Housing services include case management; individual therapy; individual and group counseling; skill-building; referrals for substance abuse, healthcare, food, and general assistance services; employment preparation; and permanent housing search and

[19] Functional zero is reached when the number of individuals experiencing homelessness within a community is less than the average number of homeless individuals being connected with permanent housing each month (HUD Exchange, 2016). For a review of methodology for calculating Homeless Housing Need, see Appendix C.

placement assistance. Interfaith Shelter Network also operates transitional or interim housing under contract with Sonoma County Family Youth and Children's Services (aka Child Welfare).

As of January 31, 2019, the Sonoma County system of care reported 338 households (495 persons) housed with Rapid Re-Housing short-term rental assistance. Rapid Re-Housing assistance is typically used to assist households with lower acuity, and therefore is *not* the intervention of choice for people experiencing severe mental illness. But these resources can be used flexibly to assist in the early stages of housing location, financial assistance not covered by permanent housing resources, and initial housing stabilization. Rapid Re-Housing providers include Catholic Charities, COTS, Interfaith Shelter Network, Social Advocates for Youth, West County Community Services, and North Bay Veterans Resource Center.

Department of Health Services, Behavioral Health Division Full Service Partnerships

The Department of Health Services, Behavioral Health Division maintains key partnerships with community based organizations such as Buckelew Programs, Community Support Network, Telecare and Social Advocates for Youth (including funding some of the homeless-dedicated housing shown in figures 5 and 6). In addition, DHS-BHD partners with Progress Foundation to operate two Crisis Residential Units with 20 beds, and with Goodwill Industries of the Redwood Empire and West County Community Services to operate four peer service centers located in Santa Rosa, Petaluma, and Guerneville. With assistance from the State Homeless Emergency Aid Program funding, in FY 2019-20 Progress Foundation will open a 6-bed Peer Respite program and Goodwill will launch a Mental Health Peer Navigator service to help homeless mentally ill persons to access appropriate housing and services.

c. Partners in Ending Homelessness

Home Sonoma County—Sonoma County's Homeless System of Care

Sonoma County's three entitlement jurisdictions that receive direct allocations of U.S. Department of Housing and Urban Development community development funding are the City of Santa Rosa, the City of Petaluma, and the County of Sonoma. The Sonoma County Community Development Commission (the Commission) is the administrator for an "Urban County" entity that represents the unincorporated areas of the County and the remaining seven incorporated jurisdictions through a long-standing Joint Powers Agreement (JPA). The three HUD entitlement jurisdictions informally joined together in 1997 to create the Sonoma County Continuum of Care (CoC). The planning and funding partnerships between the two entitlement cities and the County—not to mention between the County and the smaller cities of the Urban County JPA—have endured for more than two decades.

Since the 2009 HEARTH Act legislation and the 2011 Continuum of Care Interim Rule, all departments of the federal government have jointly designated the "Continuum of Care" as the lead local policy and program development around homelessness. In 2013 a regular Continuum

of Care staff position was created within the Commission, and the Commission officially became the Continuum of Care Lead Agency. By 2017, the Sonoma County Continuum of Care was engaging participants from over 60 organizations in collaborative planning and project development. That year the Commission began a review of the Continuum of Care governing structure to provide county-wide leadership and address a fragmented funding and decision-making process for ending homelessness.

As a result of that study and ten months of discussion among county and city government, nonprofit, faith-based, and private sector stakeholders, Sonoma County implemented a new leadership structure designed to unify disparate efforts into a true system of care. In late 2018, the Commission and its partners launched Home Sonoma County, a new governance structure designed to set the vision, align and streamline funding and decision-making, and measure results for ending homelessness throughout Sonoma County.

The Home Sonoma County governance structure engages leadership from all government and community-based organizations that address homelessness. Its nine-member Leadership Council is designated as the Continuum of Care Board and includes elected officials from the three HUD entitlement jurisdictions, persons with lived experience, and members elected by its 25-member Technical Advisory Committee (TAC). The TAC is made up of senior leadership representing homeless housing, youth, health, and mental health providers; criminal justice and public housing partners, affordable housing developers, and persons with lived experience of homelessness. The TAC conducts its work through six task groups (Performance Management and Evaluation, Data Initiatives, Coordinated Entry/Housing First, System Funding, Housing Pipeline/Rapid Re-Housing, and Emerging Issues), and has established a consumer advisory group to ensure policy aligns well with consumer needs. Home Sonoma County participating agencies (designated by HUD as "members") include the following:

Stakeholder Group	Agencies
Government Staff and Officials	Cities of Santa Rosa and Petaluma: Elected officials (including Chair of Leadership Council); housing staff County of Sonoma: Elected officials, Community Development Commission (Lead Agency), Department of Health Services, Human Services Department (CalWORKS, Family Youth & Children Division, Economic Assistance Division, Adult & Aging Division), Probation. Smaller cities: staff representatives
Private Funders	Community Foundation Sonoma County, United Way of the Wine Country
Public Housing Agencies	Santa Rosa Housing Authority; Sonoma County Housing Authority
Law Enforcement Partners	Independent Office of Law Enforcement Review and Outreach Programmatic partnerships with Sonoma County Sheriff's Office, Santa Rosa Police Department, California Highway Patrol, Public Defender, District Attorney
Street Outreach Providers	Catholic Charities, COTS, Reach for Home, DHS-BHD Whole Person Care Pilot

Stakeholder Group	Agencies
Affordable Housing Developer(s)	Burbank Housing, PEP Housing, DanCo Communities
Health Care Systems	St. Joseph Health System (Chair of TAC) ; Sutter and Kaiser hospitals (through longstanding Health Care for Homeless Collaborative and Community Benefit programs); Community Health Centers
Mental Health & Substance Abuse Service Organizations	Buckelew Programs, Community Support Network, Interfaith Shelter Network, Drug Abuse Alternatives Center/CenterPoint; NAMI
Disability Service Organizations & Advocates	Disability Services and Legal Center
Youth Homeless Organizations & Advocates	Social Advocates for Youth (including federally-funded Basic Center & Street Outreach), Community Support Network, TLC Children and Youth Services, VOICES Sonoma
Education	Sonoma County Office of Education; Head Start Program (Community Action Partnership)
Victim Services (Domestic Violence/Human Trafficking)	YWCA Sonoma County, Family Justice Center; Social Advocates for Youth; Crossing the Jordan
Veterans	Veterans Administration Santa Rosa Outpatient Medical Center, Vet Connect, North Bay Veterans Resource Center
HIV Service Providers	Face to Face, City of Santa Rosa (as Housing Opportunities for Persons with AIDS lead agency)
Advocates	Homeless Action!

In addition to Home Sonoma County, the County of Sonoma's "Safety Net Departments" (Health Services, Human Services, Community Development Commission, Probation, and Child Support Services) are working closely to address the needs of homeless persons who touch multiple systems of care. These collaborations and interdepartmental partnerships will be described in Chapter 4.

4. Sonoma County Data Collection, Integration, & Coordinated Entry

As required by Section 201 of the NPLH Program Guidelines, this section describes the systems in place to collect the data required under Section 214, including:

- Annual housing compliance, audit reports and required data from property managers;
- Service provider and Homeless Management Information System reports; and
- Efforts to collect data regarding changes to health care and incarceration outcomes and utilization ("ACCESS Sonoma County and Integrating Health and Criminal Justice Data").

In addition, this section includes a report on Sonoma County's Coordinated Entry System and its ability to ensure eligible homeless persons are referred to NPLH-funded units through that system.

a. Annual Housing Compliance, Audit Reports, & Property Management Data

The Sonoma County Community Development Commission's loan policies (2016) govern the County of Sonoma's real estate lending and investing programs for affordable housing development, acquisition and preservation, rehabilitation, and community facilities. The Commission has provided compliance documentation to the State Department of Housing and Community Development (HCD), for example with CalHOME and BEGIN programs, for well over a decade.

Under these policies, all funds are deferred-payment interest-bearing loans, 3% simple interest from the date on which funds are disbursed. A restrictive covenant is recorded against the assisted property restricting the continued occupancy or use per the regulations of the particular funding source. Projects must demonstrate financial feasibility, demonstrate efforts to effectively leverage the use of public funds, and include contingencies. While the Community Development Commission acts as a co-sponsor, it does not hold equity in the project, thus the housing development co-sponsor is responsible for financial reporting. Under the County's loan policies, reporting requirements include annual submission of an independent audit for the projects funded, prepared by a certified public accountant.

Commission staff conduct compliance monitoring annually during the term of the affordability period. Each year the borrower must submit evidence of the project's affordability requirements and Commission staff monitor the development's compliance with those requirements. The annual compliance report that the borrower submits to the Commission includes a tenant roster listing household size, income and rent for each tenant in a Commission-assisted unit. The Commission reviews reports for compliance with the Commission's program requirements, requires the developer to correct violations of those requirements, and may request additional documentation from the borrower, as the situation dictates. The Commission conducts periodic site visits to Commission-assisted developments. During the visits, Commission representatives may interview the resident manager, review a sample of the on-site tenant files, inspect a sample of the units of varying size and affordability,

and tour the common areas and grounds of the development. The Commission prepares a written report of each site visit.

b. Service Provider and Homeless Management Information System Reports

Sonoma County has operated a Homeless Management Information System (HMIS) client database to collect HUD-required homeless client data since 2006. Since 2012, Sonoma County has used Social Solutions Global's Efforts to Outcomes case management software with an HMIS overlay that meets all HUD reporting requirements and is hosted by the software vendor. One of the strengths of the Efforts to Outcomes software is its capacity for local customization. This allowed the development of the Coordinated Entry internet-based functionalities of prioritization, generation of by-names lists, and referrals all to be built in the existing software. As a result of implementation of Coordinated Entry, the number of system users has grown exponentially to over 300, requiring current planning for expanded system staffing.

HUD requirements include assessments at program entry, program exit, and annual service assessments for residents in long-term programs. Data collection includes recording of seven HUD-required disabling conditions, including severe mental illness and chronic alcohol or drug abuse, along with other chronic conditions. It also includes extensive documentation of income types and changes in income over time. The Coordinated Entry screening tool records an even more robust profile of the respondent's strengths and needs, including a limited history of emergency service utilization and law enforcement interactions. The HMIS data is a robust data source, but its documentation of health conditions is similarly limited, as it is nearly all self-reported by the client and non-diagnostic.

A Department Information Systems Specialist (the "HMIS Coordinator") provides daily technical support free of charge to all participating homeless housing and service providers, offered both in web-based and in-person formats. HUD-mandated reports (for example the HUD Annual Performance Report) are standardized and extremely useful; the HMIS Coordinator is also an expert in producing custom reports from the Efforts to Outcomes software. A high percentage of homeless-dedicated housing programs enter data into the HMIS:

Program Type	% of Beds Covered by HMIS
Emergency Shelters	87%
Transitional Housing	74%
Rapid Re-Housing	99%
Permanent Supportive Housing	88%[20]

Figure 7. Extent of Bed Coverage by Sonoma County's HMIS.

The Coordinated Entry data collected in the HMIS, along with its robust and flexible reporting capabilities, established the HMIS as one of the first and most critical data systems to be

[20] Use of HMIS by the VA Santa Rosa Medical Center began in 2019, and 88% coverage of permanent supportive housing beds will shortly be achieved through the addition of the VA Supportive Housing Program.

brought into the ACCESS Sonoma Data Hub project described in section (d) of this chapter, on page 29.

c. Sonoma County's Coordinated Entry System

Coordinated Entry is a streamlined system designed to efficiently match people experiencing homelessness to available housing. Mandated by Congress in the HEARTH Act of 2009, Coordinated Entry prioritizes those who are most in need of assistance and provides crucial information that helps Sonoma County to strategically allocate resources and to identify gaps in service. Sonoma County's Coordinated Entry system employs a Housing First model that prioritizes individuals and families facing the highest vulnerability and needs for permanent, supportive housing. Full implementation of Coordinated Entry began in January 2018.

Sonoma County's Coordinated Entry System now has 19 access sites in all five regions of the county for walk-in services: Central Santa Rosa, Healdsburg/North County, Petaluma/South County, Sonoma Valley/East County, and Guerneville/West County. Coordinated Entry Access Points are located in proximity to public transportation such as the SMART train and local bus routes. Some sites are specialized to serve specific populations (e.g., transition aged youth, Veterans, families with children, or people living with HIV), but the project provides a "No Wrong Door" approach: anyone experiencing homelessness can present at any of the 19 Coordinated Entry Access Points for screening and referral to shelter and housing. Coordinated Entry staff are co-located at hospitals and community clinics, as well as at the Sonoma County Human Services Department Economic Assistance Division's one-stop service center. DHS-BHD Whole Person Care Pilot staff have been trained in Coordinated Entry and have access to the Coordinated Entry By-Names List. Coordinated Entry works in collaboration with the HOST street outreach project, community clinics, victim advocates, and local law enforcement to provide Coordinated Entry enrollment and assessment to those who are the least likely to present themselves for services.

Case conferences are held biweekly to identify clients on the Coordinated Entry By-Names List who are least likely to engage in services, and to ensure that client choice is upheld and no referrals are denied due to perceived "fit" with housing. The primary standardized assessment tool for individuals, families, and transition-aged youth is the VI-SPDAT developed by Iain de Jong at OrgCode.[21] Separate By-Names Lists are maintained for single adults, youth, and families with children.

A primary goal of Coordinated Entry is to ensure limited housing resources are accessed by the most vulnerable homeless persons in the community and those who have been homeless the longest. Therefore the By-Names List algorithm weights prioritization factors such as vulnerability to illness or death; vulnerability to victimization (including physical assault, trafficking, or sex work); functional impairments (physical, mental, developmental, or behavioral health challenges) that require a significant level of support in order to maintain

[21] See https://www.orgcode.com/tools_you_can_use.

permanent housing; length of time homeless; and utilization of emergency services. Unique vulnerabilities among families and transition aged youth led to additional weighting factors: the number of children under 5 for families with children, and lack of self-care or social relationships for transition aged youth.

The Sonoma County Coordinated Entry Policies and Procedures describe how the system will ensure only eligible homeless persons are referred to NPLH-funded units. Each housing program designates its eligibility criteria, which is built into the Coordinated Entry program in HMIS. When a unit becomes available, the operator contacts Coordinated Entry to request a referral. Pulling from the relevant single adult, family, or transition aged youth by-names list, Coordinated Entry staff will refer three persons with the highest vulnerability score, who meet NPLH eligibility criteria. Since these referrals will have to be clients of DHS-BHD, property managers will be required to contact a Coordinated Entry Access Point, preferably at DHS-BHD, to ensure they have a list of clients whose eligibility is confirmed by DHS-BHD. This will allow property managers to access a prioritized list of eligible persons whenever a unit is available.

All referrals to NPLH-funded and other housing units are made on a nondiscriminatory basis. The Coordinated Entry Policies and Procedures include requirements to comply with the nondiscrimination and equal opportunity provisions of Federal Civil Rights including Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Title II of the Americans with Disabilities Act (ADA), and Title III of the ADA. These requirements apply to the Coordinated Entry project itself, as well; compliance with federal law is a subject of annual monitoring of the Coordinated Entry operator contract.

In addition, the Community Development Commission, in its capacity as lead agency for Home Sonoma County, is beginning to incorporate racial disparities tools made available by HUD, to identify who may be having trouble getting into housing. The results of this analysis will be shared with Coordinated Entry partners, addressed in ongoing coordination meetings, and reported to HOME Sonoma County's Coordinated Entry/Housing First Task Group to develop new policies as needed.

In 2019 the Commission secured technical assistance through the State Department of Housing and Community Development for an evaluation of its Coordinated Entry implementation. A white paper describing the findings of the evaluation team was developed concurrently with this Plan.[22] The evaluation report details extensive input on the Coordinated Entry System (some of which has been described in Chapter 2, p. 13-14). Some further observations are relevant to this Plan:

- Some housing providers are concerned about high vulnerability among the referrals they are receiving from Coordinated Entry. They are particularly concerned about mental health issues that can cause a client to be reluctant to engage in services (e.g.,

[22] *Home Sonoma County Coordinated Entry Evaluation,* op. cit.

paranoia), and the requirement to house this population whether or not an individual accepts services. With budget constraints and loss of contract funding from DHS-BHD, these providers expressed concern about health issues they may not be equipped to address.

- Some agencies have created barriers to entry for very vulnerable, prioritized people. For example, these partners have required income information, enrollment in General Assistance, and an application for disability income *before program entry*. These requirements that are inconsistent with a Housing First approach and the Coordinated Entry System's policies and procedures.
- With the exception of the ACCESS Sonoma effort, where the Whole Person Care Pilot team has direct access to the Coordinated Entry By-Names List, permanent supportive housing providers that serve DHS-BHD clients have required time-consuming workarounds that create delays in housing vulnerable people. A question has been added to the screening tool to learn whether the client receives DHS-BHD services. This question allows people to be flagged, but the information still must be confirmed. Additionally, clients with severe mental illness who refuse services suggest a need for DHS-BHD's trained staff to operate its own Coordinated Entry Access Point. This would also address the concerns of some community-based mental health providers, that more clinical expertise may be required to appropriately refer clients with severe mental illness.
- Members of the Whole Person Care Pilot team have recommended that all workers who may interact with the high-needs homeless population be able to provide service navigation—including Economic Assistance case workers, SonomaWorks and JobLink counselors. Peer resource centers should become Coordinated Entry Access Points.

  > *… just as there should be no wrong door for other services, there should be no wrong door to get into Coordinated Entry.*[23]

- Currently there is just one fairly high level training on the rationale for Coordinated Entry and an introduction to HMIS and the VI-SPDAT screening tool. The Whole Person Care team recommends additional navigation-level, hands-on training, in which staff being trained walk through test cases, and receive feedback.

d. ACCESS Sonoma County and Integrating Health and Criminal Justice Data

In 2017, the Sonoma County "Safety Net Departments" (Health Services, Human Services, Community Development Commission, Probation, and Child Support Services) created the ACCESS Sonoma County Initiative to identify and coordinate services for the County's most vulnerable residents. ACCESS Sonoma County would tackle one key barrier to well-coordinated

[23] Jessica Hetherington, Whole Person Care staff, email communication, May 23, 2019.

services: the existence of extensive, duplicated client data in multiple protected data systems that were not designed to communicate with each other. Development of an integrated data hub was determined to be a key step in creating a more seamless system of care.

In December 2017 following the Sonoma Complex Fire disaster, the Board of Supervisors approved development of the integrated data hub to facilitate implementation of disaster rapid response efforts, ACCESS Sonoma County, and the Whole Person Care Pilot. The Safety Net Departments then launched the County's first Interdepartmental Multi-Disciplinary Team (IMDT), comprised of front line staff from each of the participating departments, including case workers, eligibility workers, clinicians, probation officers and other direct service providers working with an IMDT Coordinator to establish integrated care plans for program participants. The County entered into an agreement with IBM to develop the IBM Connect 360 Master Data Management Patient Hub and Watson Care Manager interface, which provide a global view accounting for multiple client needs and enables coordinated front-end referrals and service delivery across the Safety Net Departments. This system allows for continued analysis of client needs, collaborative case management, and outcome evaluation.

The IMDT used the Watson Care Manager's initial functionality to support case management of the first cohort of clients: victims of the October 2017 fires who remained homeless weeks after the fires were extinguished. The team is now using the system to support case management of the Whole Person Care cohort: homeless residents who have complex mental health, substance abuse, and/or physical health issues contributing to their homelessness.

Integrating Health and Criminal Justice Data

While the ACCESS Sonoma County Initiative has resolved data sharing issues between County departments, there is still work ahead to integrate the many data platforms in use in community clinic and hospital settings. Most of the Federally Qualified Health Centers are using the same electronic health record software (eclinicalWorks, or ECW); they are collaboratively developing a Health Information Exchange (HIE) software interface that will allow community clinics to access patient hospital records. Integration of health provider data into the ACCESS Sonoma County Data HUB is planned in an upcoming phase.

Until full sharing of health data is possible, the Whole Person Care team has developed a universal release of information (ROI). Partners anticipate eventually leveraging the County's substantial investment in the ACCESS Sonoma Data Hub, for example incorporating hospital data into the Data Hub. In the short term, community clinics are able to access Medi-Cal data from Partnership HealthPlan of California (the County's managed Medi-Cal provider), and permanent supportive housing projects have executed limited releases of information with community clinics. Alternatively, epidemiologists at the Department of Health Services' Public Health Division are able to view aggregate health data, and offers another avenue to obtain required data about the NPLH eligible population.

The Whole Person Care Pilot's recent experience in data sharing has revealed new challenges in serving certain homeless, severely mentally ill persons. The lengthy list of agencies included in the universal ROI can trigger paranoia and lead the very persons most in need of services to refuse those services. New questions are emerging regarding whether Coordinated Entry—which receives these most vulnerable clients who may be reluctant to engage in services—is equipped to assist those clients into County mental health services.

Data sharing between systems of care is especially needed to effectively serve mentally ill offenders. The Sequential Intercept Mapping Report noted the need to share Probation and Mental Health data to make better decisions and remove redundancies. The lack of effective tracking of recidivism of jail inmates overall is a repeated concern. 24

Sonoma County Probation is currently able to draw booking data from the Sheriff's Office. With the integration of County Probation data into the ACCESS Sonoma Data Hub Project later in 2019, it will become possible to access data on behavioral health clients and their interactions with the Main Adult Detention Facility and County Probation. An upcoming project is the anticipated matching of de-identified Probation data with Sheriff and District Attorney data, which will help partners identify common issues as well as regularly access information on arrests, bookings, dates in jail, and discharge.

e. Referrals of Persons "At Risk of Chronic Homelessness"

As noted on page 18, the introduction of a new category of eligible persons by the No Place Like Home Program has been greeted with relief by some, because NPLH-funded units will be able to serve persons exiting institutions following lengthier stays than are possible under the federal definition of homelessness. Inclusion of the "at risk of chronic homelessness" population in Coordinated Entry referrals will require non-federal funding to plan and align the needs of this population with the Coordinated Entry system as a whole. Discussion of the necessary alignment, identification protocols, prioritization, and policies and procedures for referral of the "at risk of chronic homelessness" population will be undertaken in the process of establishing a Coordinated Entry Access Point within DHS-BHD, and in consultation with the ACCESS Sonoma Initiative.

[24] Griffin, P, Case, B, *Sequential Intercept Model Mapping Report for Sonoma County, Final Report, p. 6-14.*

5. Solutions to Homelessness in Sonoma County

With the launch of Home Sonoma County as a regional body that unifies all jurisdictions and systems of care to align their efforts to reach functional zero homelessness, future strategies will depend on continually increasing coordination and connection between disparate efforts across the county, and building the homeless system infrastructure with an eye to equity across all communities in our geography. The concurrent development of the ACCESS Sonoma County Initiative and its data integration efforts offers a great opportunity to unify disparate efforts in the next several years.

a. Build Out the Housing Pipeline

As the County's public affordable housing lender, local housing authority, and lead agency in ending homelessness, the Community Development Commission is uniquely situated to lead local housing efforts, applying a lens of social equity and driving jurisdictional and regional approaches to address Sonoma County's housing crisis and end homelessness.

On page 10 of this Plan, we described the Commission's estimate of 1,306 needed units of permanent supportive housing. The estimate was based on Homeless Count data, utilization of the existing system of care (as documented in the Homeless Management Information System), and Coordinated Entry vulnerability data. Based on homeless subpopulation data, approximately 457 of these permanent supportive housing units are needed to serve the NPLH eligible homeless population. In addition, there is a need to sustain supports for dozens of institutionalized DHS-BHD clients who are gravely mentally ill and conserved, hopefully without permanently dedicating County general fund dollars.

The Commission estimates that 735 affordable housing units currently in development, of which 360 are slated for permanent supportive housing. Of these, 114 units in development by Burbank Housing and DanCo Communities were approved for No Place Like Home competitive funding. Given the county's severe housing shortage, the Commission's experience is that the most impact will come through investments in multi-family housing developments.

Noncompetitive No Place Like Home funds allocated to Sonoma County will be included in upcoming affordable housing funding competitions, and the investment of non-competitive funds will be made in a way that ensures the highest number of units for the investment, while addressing key supportive services needs of NPLH eligible persons:

- Provide shared units, single-room occupancy (SRO) units, and individual units
- Shared common spaces that can house community activities that protect tenants from becoming too isolated.
- Co-locate a health clinic onsite.

- Plan for an operational reserve to provide supportive services, including case management and peer service navigation.

b. Geographic Equity—Regional Homeless Systems Planning

In partnership with District Supervisors, beginning in 2017 the Sonoma County Community Development Commission has undertaken regional planning efforts designed to engage local communities in understanding strategies to end homelessness and to build core infrastructure for a system of care in underserved regions of the expansive geography of Sonoma County.

The first such effort addressed the allocation of $750,000 of County General Funds for homeless services in the Lower Russian River area at the request of the 5th District Supervisor. This overwhelmingly rural, low income and unincorporated region had an exceedingly high per capita rate of homelessness, and very limited services (West County Community Services' Guerneville winter shelter and a Health Care for Homeless program operated by West County Health Centers). Efforts to create year round shelter and other homeless-dedicated housing had inflamed a volatile situation. The Commission engaged an outside facilitator to develop a plan with a community task force representing all sides of the issue. The task force set a goal of reducing the number of people experiencing homelessness in the lower Russian River area by 20% over the following 18 months. The Commission issued a request for proposals based on the task force's guidance, and non-conflicted members of the task force selected projects for funding from the responses. Task force members met quarterly to review the progress of the selected projects. Local agencies had the opportunity to try out new methods of delivering services, notably the first rapid re-housing project in the region and the introduction of a street-cleaning employment program. The task force's goals were met and surpassed within 12 months, and the volatility around homelessness in the region has been significantly mitigated.

In 2018, the Sonoma County Board of Supervisors allocated $250,000 to a similar project in the Sonoma Valley, where the only existing services were offered by Sonoma Overnight Support (a 10-bed shelter and a 15-bed winter shelter). Approximately 300 people experience homelessness in the Valley each year, but the resources to link them to housing did not exist. The Commission replicated the Lower Russian River effort by developing a local task force made up of key government, law enforcement, health care, faith based, and other community stakeholders. A range of providers educated the task force on successful strategies to end homelessness, and the provider community was invited to consider delivering services in the Valley. The Valley-designated funds were rolled into a consolidated funding competition along with $12.1 million of State Homeless Emergency Aid Program funding, ultimately making a total of $839,750 available for the Valley. Non-conflicted members of the Sonoma Valley task force made recommendations to fund street outreach, expanded Coordinated Entry services, a Rapid Re-Housing program, and a shared housing placement program in the Valley, in

addition to fully funding the region's winter shelter and supporting rehabilitation of the City of Sonoma's shelter facility, beginning July 1, 2019.

On June 7, 2019, elected and staff representatives of the northern Sonoma County cities of Cloverdale, Healdsburg, and Windsor met with their District Supervisor and Commission staff to initiate a similar process to build a homeless services plan and infrastructure building process for the North County.

c. Access to Housing—Improve Homeless Persons' Access to Rental Assistance

The Sonoma County Housing Authority has been working systematically to create effective access to housing through its Housing Choice Voucher and other rental assistance programs.

One key strategy has included creating preferences for homeless persons referred through the Coordinated Entry System and adding housing location assistance for up to 50 persons per year. The Housing Authority's administrative plan now includes an absolute preference for Coordinated Entry referrals with moderate to severe housing challenges. Through a grant from Partnership HealthPlan of California, the Sonoma County Housing Authority will be able to support housing navigation activities to help people referred from Coordinated Entry to locate housing and help them stabilize in housing.

Another preference targets people who are exiting permanent supportive housing projects: through this program, formerly homeless individuals and families who have successfully participated in a permanent supportive housing program within Sonoma County and are no longer need of the attached supportive services may be referred to the Housing Authority for the Housing Choice Voucher (HCV) Program. If eligible for the HCV program, the individuals or family will receive a voucher that can be also be transferred to the City of Santa Rosa Housing Authority for use within Santa Rosa city limits. The Housing Authority allocates up to 10% of program vouchers for this "Move On" program.

The "Move On" program creates a safety net for residents who are losing housing or rental assistance through no fault of their own, ensures exits are possible for formerly homeless persons seeking more independent housing, and facilitates the entry of new chronically homeless persons into existing permanent supportive housing. In FY 2017-18, 21 individuals in two Continuum of Care Rental Assistance projects serving chronically homeless individuals and persons with HIV/AIDS were offered Housing Choice Vouchers; this in turn created through-put in permanent supportive housing for referrals from Coordinated Entry, resulting in individuals with high vulnerability on the Coordinated Entry By-Names List becoming permanently housed.

In addition to these critical programs, in 2018 the Sonoma County Housing Authority successfully applied for a Mainstream Voucher program to serve 50 non-elderly persons with disabilities who are homeless, at risk or institutionalized (either exiting institutionalization or at-risk of institutionalization). The Mainstream Voucher program works with North Bay

Regional Center and County partners including DHS-BHD. In addition to its Continuum of Care Rental Assistance programs that serve about 300 households, the Housing Authority has also initiated a Re-Entry program working in partnership with County Probation, DHS-BHD, and contractor Interfaith Shelter Network to provide reintegration services, housing location and stabilization for homeless persons with severe mental illness and/or co-occurring mental illness and substance abuse, who are exiting the County Jail.

One-time State Homeless Mentally Ill Outreach and Treatment Program funding has been allocated to develop a pilot project to address a need commonly experienced by homeless persons with serious mental illness, for short-term assistance as a bridge to permanent housing. This pilot will provide move-in deposits and eviction prevention for the No Place Like Home target population. Individuals in Coordinated Entry will be linked with DHS-BHD for screening, assessment, and referral for this short-term rental assistance.

d. Addressing Key Gaps—Homeless Mentally Ill Outreach and Treatment Program

As a member of the national Stepping Up Initiative,[25] the Sonoma County Probation Department has accessed this Initiative's broad-based technical assistance to reduce the prevalence of people with mental illnesses in jails, including the Sequential Intercept Mapping project mentioned throughout this report.

In February 2019, the Sonoma County Board of Supervisors approved projects to expand services and housing for the No Place Like Home target population as part of the one-time Homeless Mentally Ill Outreach and Treatment Program funding provided by the State legislature in FY 2018-19. Projects include:

- A housing expansion for mentally ill offenders through a separately-funded Pretrial Release program
- Re-entry Planning and Transportation services identified as a priority through the Sequential Intercept Mapping Report, including a contract for paratransit and a "re-entry center" to eliminate gaps in the discharge process from the Main Adult Detention Facility
- Expanded functionality of the ACCESS Sonoma Data Hub Project, to enhance system capabilities in support of high need homeless clients, Whole Person Care initiatives, and other related cohorts, as well as management and supervision of ACCESS Sonoma Interdepartmental Multi-Disciplinary Team.
- Additional funds will support the Community Development Commission's ongoing work to effectively map the existing housing inventory and identify the gaps in housing

[25] The Stepping Up Initiative provides counties with tools to develop cross-systems, data-driven strategies to drive measurable reductions in the number of people with mental illnesses and co-occurring disorders in jails.

inventory for individuals with mental illness, as well as a pilot project to provide short term rental assistance for individuals with serious mental illness in the form of move-in deposits and eviction prevention.

Additional collaborations will build upon the successful Forensic Assertive Community Treatment (FACT) Court, which provides referrals to evaluation, treatment services, case management, education and monitoring for individuals diagnosed with serious and persistent mental illness. The FACT program enables persons with mental illness who are already sentenced to serve probationary time in supportive housing with supportive services. A Felony Integrated Service Team (IST) Diversion program will expand the successful FACT Program to accommodate the special needs of the felony mental health population.

A collaborative group of senior County staff from DHS-BHD, Probation, Community Development Commission, Sheriff, District Attorney, Public Defender, and the Courts meets monthly to design solutions to the gaps identified in the Intercept Sequential Mapping Report. Through this effort the Probation Department has raised funds for a Justice-Mental Health Collaboration Program that will expand pretrial diversion into treatment and housing, as well as a felony mental health diversion program. Proposals are pending for a felony diversion program for persons with specific treatable mental health diagnoses (who can be served safely in the community), and a re-entry grant to provide persons with co-occurring disorders with in-jail treatment, discharge planning, and system navigation with a peer provider.

e. Care Coordination—Expand ACCESS Sonoma

Planned continuing efforts will include connecting the ACCESS Sonoma Initiative Data Hub to additional County data systems that will contribute towards the goal of improving outcomes of the County's most vulnerable residents. Full system implementation envisions a system accessible by additional County departments such as Probation, as well as regional hospitals and local non-profit partners, and fully integrating these efforts with HOME Sonoma County.

Explore Co-Location of Coordinated Entry with ACCESS Sonoma

The Coordinated Entry Evaluation[26] delivered July 2, 2019 made numerous recommendations in the areas of compliance, infrastructure and decision-making, and process improvement. Many suggestions involved ensuring the voice of those with lived experience of homelessness is infused into program design and decision-making. While stakeholders were careful to emphasize the strengths of the Coordinated Entry Operator, a significant issue identified was the perception of a conflict of interest in that the Coordinated Entry Operator is also a service provider. The evaluation report presents options to address this concern, including:

[26] *Home Sonoma County Coordinated Entry Evaluation,* op. cit.

- Rebranding the Coordinated Entry System with a new name not associated with the service provider;
- Locating the Coordinated Entry System in a neutral entity's office rather than within the service provider's program location; and
- Reassigning Coordinated Entry Operator functions that cause the perception of a conflict of interest to neutral parties in the community.

In this context, Home Sonoma County's Coordinated Entry/Housing First Task Group should explore whether co-location of the Coordinated Entry System, or portions of it, with the ACCESS Sonoma Initiative would be a workable solution.

f. Enhance Capacity for Client-Centered Care

In interviews conducted for development of this Plan, there was repeated mention of needs to build provider skills in engaging persons who are reluctant to engage in services. This concern has emerged out of a transition of this system of care from program-driven operations (fitting people into programs) into one requiring the most vulnerable persons be served first—a more client-centered system of care.

Utilize the Unique Resources of the Peer Community

Sonoma County's peer resource centers have provided a critical support system for clients of DHS-BHD and a key resource for engaging persons with severe mental illness who remain homeless. Peer navigation is viewed as one of the most promising avenues for service delivery, with County Probation and the Community Development Commission both planning peer-staffed programs in FY 2019-20. Peers are part of the service plan developed for the successful competitive No Place Like Home projects, as well.

The peer resource centers can provide key insights on strategies to engage persons who are the most reluctant to engage in services. One consumer of mental health services spoke of the importance of being able to say "no" to services without punishment.

> *I didn't know what I needed. I needed to be given a range of choices. Or, "try this for a certain amount of time, then we'll check in and change it if you need to.*

Similarly, the consumer focus groups described their ideal housing situation as having *a variety of options* that people can opt for, or move through, without judgment.[27]

Just as it is easier for peers to build trust, numerous respondents emphasized the longevity of peer involvement at a time when staff turnover and budget constraints limit the effectiveness of existing programs.

[27] No Place like Home Peer Leadership Team, *Focus Group Results,* p. 16-19; May 22, 2019 interview at Sonoma County Behavioral Health Quality Improvement Committee;

Provide Training in Key Best Practices

In numerous settings, including the DHS-BHD Quality Improvement Committee, there was repeated reference to the Boston University's Psychiatric Rehabilitation Approach Curriculum as the state of the art for outreach and engagement. The Psychiatric Rehabilitation Approach curriculum is focused on assessing and developing readiness in persons who are not ready to change. This program provides tools for navigating dialogues about change that are designed to allow the person to have autonomy in making this choice.

As the homeless system of care converts from a provider-driven system of care to a Housing First, client-centered system, it is crucial to ensure that service providers are educated in the key practices of Trauma-Informed Care and Harm Reduction. In addition, applying the lens of social equity in delivery of homeless services, the Community Development Commission plans to provide training on the Reasonable Accommodation iterative process required under the Americans with Disabilities Act, and to create respectful pathways for the voices of persons with lived experience of homelessness to be heard, including developing effective grievance processes. It appears that expanded training in these practices would be an excellent investment of No Place Like Home Technical Assistance dollars, including training of peer navigators.

Appendix A. 2019 Housing Inventory Chart

Emergency Shelter Housing Inventory

Organization Name	Project Name	Beds HH w/ Children	Units HH w/ Children	Beds HH w/o Children	Year-Round Beds	Total Seasonal Beds	PIT Count	Total Beds	Utilization Rate
Catholic Charities	Family Support Center	136	32		136		114	136	84%
Catholic Charities	Family Support Center Winter Shelter	0	0		0	12	3	12	25%
Catholic Charities	Nightingale House (Brookwood)			13	13		12	13	92%
Catholic Charities	Nightingale House (Samuel Jones)			13	13		9	13	69%
Catholic Charities	Sam Jones Hall Emergency Shelter	0	0	125	125		125	125	100%
Catholic Charities	Samuel Jones Hall (City Encampment HOST)			75	75		35	75	47%
Cloverdale Community Outreach Committee	Wallace House - Emergency Shelter			4	4		3	4	75%
Community Action Partnership	Sloan House	4	1	20	24		21	24	88%
Community Support Network	Opportunity House			13	13		10	13	77%
COTS	Kids First Family Shelter	35	11		35		30	35	86%
COTS	Mary Isaak Multi-Service Center			100	100		91	100	91%
DAAC	HCHV/EH–Turning Point			5	5		2	5	40%
Reach for Home	Emergency Shelter (Code Blue)					30	0	30	0%
Redwood Gospel Mission	Men's New Life Program			40	40		38	40	95%
Redwood Gospel Mission	Nomadic Shelter					40	17	40	42%
Redwood Gospel Mission	The Rose Women's Shelter	0	0	30	30		24	30	80%
Social Advocates for Youth	BCP Coffee House			0	6		3	6	50%
Social Advocates for Youth	Dream Center ES			12	12		10	12	83%
Social Advocates for Youth	Stepping Stones			12	12		4	12	33%
Social Advocates for Youth	Winter Shelter					15	0	0	
Sonoma Overnight Support	The Haven	2	1	8	10		9	10	90%
Sonoma Overnight Support	Winter Shelter			0	0	15	9	0	
St. Vincent de Paul Sonoma County	Emergency Winter Shelter					130	92	130	71%
Vietnam Veterans of California	HCHV/EH Hearn House			18	18		16	18	89%
West County Community Services	Winter Shelter					40	41	40	102%
YWCA of Sonoma County	Safe House (Location suppressed)	20	2	8	28		10	28	36%
TOTAL Emergency Shelter		197	47	496	699	282	728	951	77%

Transitional Housing Inventory

Organization Name	Project Name	Beds HH w/ Children	Units HH w/ Children	Beds HH w/o Children	Youth Beds HH w/o Children	Year-Round Beds	PIT Count	Total Beds	Utilization Rate
Catholic Charities	Transitional Resident Program			12	0	12	12	12	100%
Cloverdale Community Outreach Committee	Wallace House - TH	3	1	1	0	4	4	4	100%
Community Action Partnership	Harold's House (Giffen)	18	11	1	0	19	19	19	100%
Community Support Network	Bridges			10	0	10	10	10	100%
Crossing the Jordan Foundation	Life Transformation Project Men	5	2	35	0	40	40	40	100%
Crossing the Jordan Foundation	Life Transformation Project Women	5	1	30	0	35	34	35	97%
DAAC	Program			6	0	6	6	6	100%
Interfaith Shelter Network	Bonnie			11	0	11	9	11	82%
Interfaith Shelter Network	Carina			8	0	8	8	8	100%
Interfaith Shelter Network	Elsa	12	1			12	11	12	92%
Interfaith Shelter Network	Kahlo	15	1			15	15	15	100%
Interfaith Shelter Network	Mariposa			6	0	6	6	6	100%
Interfaith Shelter Network	Meadow Lane Women			9	0	9	9	9	100%
Interfaith Shelter Network	Meadowlane Men			14	0	14	13	14	93%
Interfaith Shelter Network	Moorland			15	0	15	15	15	100%
Interfaith Shelter Network	Steele			7	0	7	7	7	100%
Interfaith Shelter Network	Stewart			9	0	9	9	9	100%
Reach for Home	Housing	7	1	2	0	9	9	9	100%
Redwood Gospel Mission	Manna House			10	0	10	9	10	90%
Social Advocates for Youth	Tamayo Overflow			12	12	12	11	12	92%
The Living Room	Transitional Single			4	0	4	4	4	100%
Vietnam Veterans of California	Rocca House			8	0	8	6	8	75%
TOTAL Transitional Housing		65	18	210	12	275	266	275	97%

Rapid Re-Housing Inventory

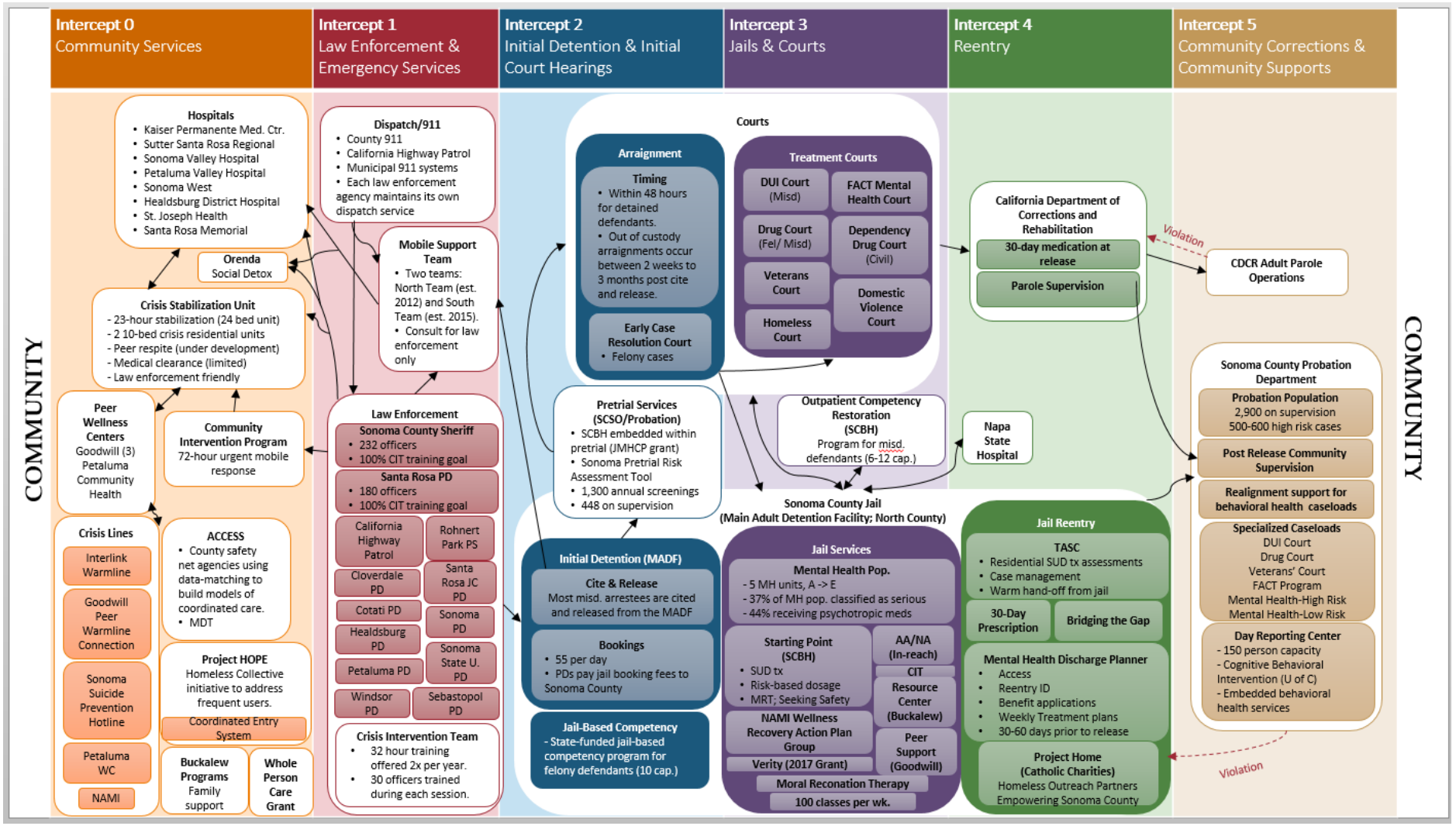
Organization Name	Project Name	Beds HH w/ Children	Units HH w/ Children	Beds HH w/o Children	Youth Beds HH w/o Children	Year-Round Beds
Catholic Charities	RRH CalWorks HSP	107	45			107
Catholic Charities	RRH Nightingale	6	2	0	0	6
Catholic Charities	RRH Palms Inn City			7	0	7
Catholic Charities	RRH SRCity HOST			32	0	32
Catholic Charities	RRH State ESG			2	0	2
COTS	RRH (City of Rohnert Park)	13	3	19	0	32
COTS	RRH (ESG)	5	1	16	0	21
COTS	RRH (RCU/Tipping Point)	28	19	31	0	59
Interfaith Shelter Network	RRH (BFH)	49	30			49
Interfaith Shelter Network	RRH (HAPP)	51	25			51
Reach for Home	Short Term Subsidy (Rapid-Rehousing)	2	1	37	0	39
Social Advocates for Youth	RRH Housing First program			6	6	6
Vietnam Veterans of California	SSVF 1722	7	2	20	0	27
West County Community Services	RRH	35	18	22	0	57
TOTAL RRH		303	146	192	6	495

Permanent Supportive Housing Inventory

Organization Name	Project Name	Beds HH w/ Children	Units HH w/ Children	Beds HH w/o Children	Youth Beds HH w/o Children	Year-Round Beds	PIT Count	Total Beds	Utilization Rate
Buckelew Programs	Boulevard Apts	0	0	15	0	15	16	15	107%
Buckelew Programs	Henry House	0	0	4	0	4	4	4	100%
Buckelew Programs	Samaritan FACT	0	0	6	0	6	6	6	100%
Buckelew Programs	Sonoma SHP - SCIL	0	0	12	0	12	14	12	117%
Burbank Housing - MHSA	MHSA (SCBH) Fife Creek	11	4	11	0	22	22	22	100%
Burbank Housing - MHSA	MHSA (SCBH) Vida Nueva	13	3	10	0	23	23	23	100%
Burbank Housing - MHSA	MHSA (SCBH) Windsor Redwoods	17	8	7	0	24	24	24	100%
Burbank Housing Developments	Burbank Setasides (CC) Amorosa Village	17	7	4	0	21	21	21	100%
Burbank Housing Developments	Crossroads	15	5	8	0	23	23	23	100%
Burbank Housing Developments	Logan Place	7	2	4	0	11	11	11	100%
Burbank Housing Developments	Wilford Place	2	1			2	2	2	100%
Catholic Charities	PSH #2			13	0	13	13	13	100%
Catholic Charities	PSH #2	0	0	6	0	6	6	6	100%
Catholic Charities	PSH #3			10	0	10	10	10	100%
Catholic Charities	PSH #3	0	0	6	0	6	6	6	100%
City of SR Housing Authority	HUD VASH	127	40	291	0	418	370	418	89%
City of SR Housing Authority	HUD VASH	0	0	5	0	5	5	5	100%
Cloverdale Community Outreach Committee	Cherry Creek Permanent Supportive Housing			12	0	12	12	12	100%
Cloverdale Community Outreach Committee	NSP Houses	6	2			6	6	6	100%
Community Action Partnership	Aston Avenue Apartments	41	10			41	41	41	100%
Community Housing Sonoma County with SCBH	MHSA (Telecare) McMinn			8	0	8	8	8	100%
Community Support Network	Grand Avenue			5	0	5	5	5	100%
Community Support Network	Sanctuary House			8	8	8	5	8	62%
Community Support Network	Stony Point Commons			16	0	16	14	16	88%
COTS	Integrity Houses	49	14	40	0	89	89	89	100%
COTS	PSH - MIC			11	0	11	2	11	18%
COTS	PSH Singles			18	0	18	17	18	94%
COTS	Vida Nueva	45	23	20	0	65	66	65	102%
Interfaith Shelter Network	St Anthony			3	0	3	3	3	100%
Reach for Home	PSH	3	1	1	0	4	4	4	100%
Social Advocates for Youth	Dream Center PH	1	1	22	22	23	19	23	83%
Social Advocates for Youth	Sponsor Based Rental Assistance			16	16	16	9	16	56%
Sonoma County Housing Authority	Chronically Homeless with Chronic Health Problems (SPC10 SNAP)			10	0	10	0	10	0%
Sonoma County Housing Authority	Continuum of Care Project Based Rental Assistance for Homeless Youth with Disabilities (SPC6)			12	12	12	11	12	92%

Organization Name	Project Name	Beds HH w/ Children	Units HH w/ Children	Beds HH w/o Children	Youth Beds HH w/o Children	Year-Round Beds	PIT Count	Total Beds	Utilization Rate
Sonoma County Housing Authority	Continuum of Care Tenant Based Rental Assistance for Chronically Homeless Individuals with Mental Illness (SPC7)			10	0	10	8	10	80%
Sonoma County Housing Authority	Continuum of Care Tenant Based Rental Assistance for Homeless Persons with HIV/AIDS (SPC1)	0	0	52	0	52	32	52	62%
The Living Room	PSH	5	1			5	5	5	100%
West County Community Services	Mill Street Supportive Housing			8	0	8	8	8	100%
West County Community Services	Park Village PH	12	2	4	0	16	17	16	106%
Community Support Network	Sanctuary Villas (under development)			6	6	6		6	
Reach for Home	PHC PSH (under development)			5	0	5		5	
TOTAL Permanent Supportive Housing		371	124	699	64	1070	957	1070	90%

Appendix B. Sequential Intercept Map for Sonoma County



From Patricia Griffin, PhD, Brian Case, MA, *Sequential Intercept Model Mapping Report for Sonoma County, Final Report*. Policy Research Associates, Inc.: May 24, 2018.

Appendix C. Calculating Homeless Housing Need

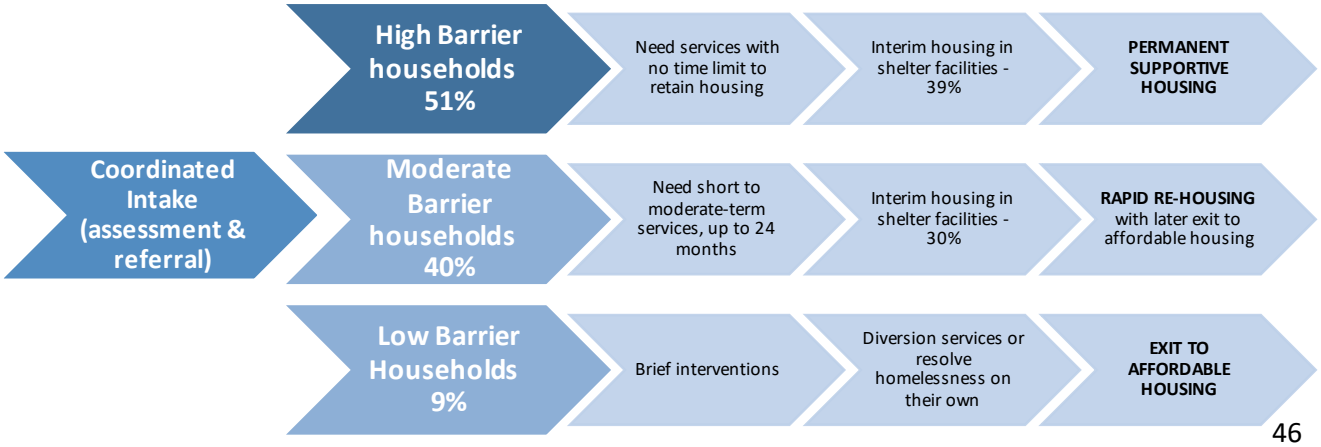
This analysis is based on designing an idealized "Right-Sized System" that would be adequate to end homelessness in Sonoma County. It updates an analysis first published in the 2014 Update to Sonoma County's *10-Year Homeless Action Plan*.

Following methodology developed by Matt White of Abt Associates (a HUD technical assistance provider), the analysis below interprets Sonoma County data from its Homeless Management Information System (HMIS), Homeless Count, and Coordinated Entry vulnerability assessments, to design that ideal system. Specifically we have used the following sources of information:

- Count data: total number of sheltered and unsheltered families and single adults; annual and monthly inflow into homelessness;
- HMIS data: Average lengths of stay and turnover in temporary housing, rapid re-housing units, and permanent supportive housing for families vs. single adults; average size of family households (to convert from persons in homeless families into number of families); annual inventories of existing homeless-dedicated housing;
- Count, HMIS, and the Vulnerability Surveys (VI-SPDAT screening tool): Qualitative data on the service needs of homeless families and single adults, as they relate to housing needs; and
- Provider input: Known permanent housing solutions for single adults (e.g., shared housing).

OVERVIEW: THE RIGHT SIZED SYSTEM

The hypothetical Right-Sized System asserts that, with the Coordinated Entry System assesses needs and refers people into housing appropriate to their needs (see diagram below). This system also prioritizes housing resources for those homeless persons most likely to die outside over those most capable of caring for themselves. Lastly, this analysis asserts that if adequate permanent housing existed to address the need, we could reduce reliance on emergency shelters and transitional housing as de facto affordable housing, and even re-purpose them as other needed housing.



- **High barrier households:** Based on the Coordinated Entry by-names list, Home Sonoma County staff estimate 52% of single adults and 39% of homeless families (average 51% of all homeless households) have disabilities and other high barriers to obtaining housing. These households need supportive services without set time limits, to become and remain housed. These **Permanent Supportive Housing** units may be facility-based or provided on the open market through rental assistance.
    - Facility-based temporary housing can be used for people awaiting a permanent supportive housing placement or who require time-limited service-enriched housing for re-entry clients, people recovering from substance abuse, and others. Based on Coordinated Entry outcome data, Home Sonoma County staff project that the system of care can permanently house 15% of persons needing permanent supportive housing, directly from the street. Thus 39% (average of 51% minus 15%) of homeless persons need temporary housing on an interim basis.
- **Moderate barrier households:** Based on the Coordinated Entry by-names list, Home Sonoma County staff estimate that 39% of single adults and 51% of homeless families (average 40% of all homeless households) need case management and other services, but can exit homelessness with medium-term **Rapid Re-Housing** housing location and stabilization services plus rental and other financial assistance, in the rental market.
    - Short-term facility-based emergency shelter stays will be needed by these moderate-need households while they are seeking an apartment with rapid re-housing assistance. Based on Coordinated Entry outcome data, Home Sonoma County staff project that the system of care can permanently house 10% of moderate-need persons directly from the street. Thus about 30% of the homeless population is projected to need temporary housing while searching for permanent housing.
- **Low barrier households:** Based on the Coordinated Entry by-names list, Home Sonoma County staff estimate that 9% of homeless households could resolve their homelessness with short-term prevention/diversion efforts for people who are imminently at risk of literal homelessness. If short-term pervention assistance can reduce the demand for shelter needs by 9%, this is a cost-effective approach as it is estimated that the cost-per-household diverted is approximately $4,000. These households will need affordable housing units, best targeted to extremely low-income (<30% AMI) households.

ADJUSTING FOR TURNOVER

Most housing stays are for less than a year. Therefore based on HMIS data, Home Sonoma County staff have calculated average lengths of stay for each type of housing, to see how many people each bed can serve in a year.

TURNOVER CALCULATIONS	Temporary Housing		Rapid Re Housing		Permanent Supportive Housing	
	Avg Length of Stay	Annual persons/ bed	Avg Length of Stay	Annual persons/ bed	Avg Length of Stay	Annual persons/ bed
Families	131	2.79	155	2.35	1,055	0.35
Single Adults	81	4.51	157	2.32	2,179	0.17

EQUATION FOR A HYPOTHETICAL RIGHT SIZED SYSTEM

Right-Sized System = [{((Long-term homeless by-names list) + (50% of short-term homeless by-names list[28])) * Service Needs} + persons in existing housing resource] ÷ Turnover

Example: The need for Permanent Supportive Housing works out as follows:

Families: [{(Number of family households on long-term by-names list + 50% of short-term by-names list) * 43%} + estimated high-needs family households in shelter] ÷ 0.35 persons per bed per year = **371 beds**.

Single Adults: [{(Number in long-term by-names list + 50% of short-term by-names list + estimated high-needs persons in shelter) * 52%} + persons currently in permanent supportive housing] ÷ 0.17 persons per unit per year = **2,637 beds/units**.

Other homeless housing types have been calculated similarly to yield the following capacities for a "Right Sized System":

Temporary Housing (Shelter and Transitional Housing)	PERMANENT HOUSING	
	Rapid Re Housing (rental assistance capacity)	Permanent Supportive Housing (mix of facilities & rental assistance)
395 beds	836 persons	3,008 beds

EXISTING HOUSING CAPACITY

The county's Current Homeless Housing Inventory was then subtracted to find the Remaining Homeless Housing Need, then convert beds to units as needed:

[28] Based on national data suggesting 50% of people experiencing homelessness resolve it themselves.

	Temporary Housing (Shelter and Transitional Housing)	PERMANENT HOUSING	
		Rapid Re Housing (rental assistance capacity)	Permanent Supportive Housing (mix of facilities & rental assistance)
Current Capacity *(as of 4/30/2018)*	1,155 beds	330 persons	1,119 beds
Ideal system *(from above)*	395 beds	836 persons	3,008 beds
Gap *(beds)*	(760 beds)	506 persons	1,889 beds
Gap *(units)* [29]	(557 beds)	422 households	1,402 units

POTENTIAL FOR EVENTUAL CONVERSION

In the idealized Right Sized System, with adequate permanent housing, Home Sonoma County would be able to reduce temporary housing bed capacity. Sonoma County data has demonstrated this potential since 2007. Home Sonoma County staff have interpreted this as a reflection of the lack of permanent affordable housing options for homeless persons. The lack of permanent housing options creates a bottleneck in shelters and transitional housing, and creates the appearance of a need for more of these types of housing. Currently there is a need for all shelter and transitional beds, but if the needed permanent housing were available, there would not be a need for quite so many shelter beds.

Therefore for planning purposes, there should be an anticipation of one day **converting** "excess" temporary housing facilities to address the permanent housing need:

	Temporary Housing (Shelter and Transitional Housing)	PERMANENT HOUSING	
		Rapid Re Housing (rental assistance capacity)	Permanent Supportive Housing (mix of facilities & rental assistance)
Remaining Capacity needed (units – from previous table)	(557 beds)	422 households	1,402 units
Needed capacity with Conversion of temporary housing	(0)	422 households	1,306 units

[29] The conversion to units assumes family households average 3 persons and that half of permanent units for single adults can be provided as shared housing. Thus needed units are proportionately lower than needed beds.

TOTAL UNMET HOUSING NEED: 1,728 UNITS

- Rapid Re-Housing (RRH) capacity: **422 units**
- Permanent Supportive Housing (PSH): **1,306 units**

This example used calculations based on the 2018 Point in Time Homeless Count, Coordinated Entry by-names lists and HMIS occupancy and length of stay data from federal FY 2017-18, and the 2018 Homeless Housing Inventory.

Appendix D. Acknowledgments

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Behavioral Health:

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Whole Person Care Pilot: James Alexander, Jessica Hetherington

Quality Improvement Committee:

Behavioral Health staff: Sid McColley, Will Gayowski, Wendy Wheelwright.

Mental Health Provider staff: Erika Klohe (St. Joseph Health), Lisa Planting (Community Support Network), Sara Gallegos (Petaluma People Service Center), Katie Swan (Buckelew Programs), James Mensing (Buckelew Programs).

Peer services providers: Sean Bolan, Kate Roberge, & Sean Kelson (Goodwill Industries of the Redwood Empire)

Consumers/Advocates: Vivian Sedney (CCAN), Susan Standen, Kathy Smith (Mental Health Board), Mary-Frances Walsh (NAMI)

Public Health:

Celeste Philip (Chief Health Officer), Ellen Bauer (Division Director)

Probation/Criminal Justice:

Mentally Ill Offender Planning Group: Alison Lobb (Probation), Judge Brad Demeo (Superior Court), Lynne Slater (Public Defender), Scott Jamar (District Attorney), Sid McColley & Bill Carter (Behavioral Health), Angela Struckman (Human Services), Jenny Abramson (Community Development Commission)

Sonoma County Human Services Department (a.k.a. Social Services):

Angela Struckman (Assistant Director of Human Services); Christina Casanova

Housing Departments & Public Housing Authority

Staff of the Sonoma County Community Development Commission: Margaret Van Vliet, (Executive Director), Geoffrey Ross (Assistant Executive Director), Benjamin Wickham & Angela Morgan (Affordable Housing Team); Jenny Abramson (Ending Homelessness Team); Martha Cheever (Sonoma County Housing Authority)

Housing and Homeless Services Providers:

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Home Sonoma County Technical Advisory Committee (a.k.a., Homeless Continuum of Care):

Rev. Lindsey Bell-Kerr, Colleen Carmichael, Chuck Fernandez, Mary Haynes, Jennielynn Holmes, Kathryn Jurik, Alice Linn, Tim Miller, Annie Nicol, Barbie Robinson, Vanessa Guevara, Debra Sanders, Daniel Schurman, Angela Struckmann, Jerry Threet, Katrina Thurman

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Representatives of family caregivers:

NAMI Sonoma County Family Support Group participants & Mary-Frances Walsh, Executive Director