Improving Integration & Outcomes to Benefit County Residents

ASSESSMENT OF HOUSING AND HOMELESS SERVICES AND PROGRAMS

April 8, 2021

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Contents

Executive Summary

Project Overview

Following a competitive Request for Proposals process, the County of Sonoma ("the County") contracted with KPMG in December 2020 to conduct an operational and efficiency review of homeless and housing programs and services offered across three County Departments: the Community Development Commission ("CDC"), Department of Health Services, and the Department of Human Services. The review commenced in January 2021, with a focus on identifying opportunities to integrate services and functions across each of the Departments, assessing and developing an inventory of homeless and housing programs and related ancillary services administered, identifying potential duplication, and benchmarking organization structures and best practices within similar jurisdictions. The purpose of this review is to provide recommendations to the Board of Supervisors on opportunities to improve the overall operational efficiency, effectiveness, and delivery of housing and homeless services across the County.

Approach and Methodology

Over a 12-week period, the KPMG team conducted the following activities. A key focus of these activities surrounded reviewing alternative organization model structures for consideration by the County per the direction of the County Administrator's Office ("CAO").

— **Conducted more than 50 interviews** with key stakeholders including: the Board of Supervisors, CAO, Department leadership, current and former Department staff, Safety Net Collaborative members, Service Providers, City Managers, Continuum of Care ("CoC") representatives, Renewal Enterprise District ("RED") leadership, advocacy groups, and County Counsel representatives. The focus of the interviews was to gain an understanding of and solicit feedback on the current state ecosystem of County housing and homeless services, current state organizational structure, roles and responsibilities of stakeholders, homeless and housing programs and services offered, and the operations of each Department to understand the landscape of challenges and opportunities. Please refer to Appendix B for a full list of interviews held.

— **Facilitated two focus groups** with those with lived experience of homelessness to understand the challenges faced by those experiencing homelessness and opportunities for improvement based on their experience with the County and with County services.

— **Analyzed available data, reports, and policy documents** to understand the current state of the system of care, including Point in Time Count, HMIS data, CDC reports, CoC governance documents, Board minutes, various consultant reports prepared for the County, available policies and program manuals, available budget data, and a selection of Provider contracts.

— **Undertook benchmarking and leading practices review** on 18 benchmark counties with a distinct focus on peer County organization structures. Californian benchmark counties included: Alameda, Contra Costa, Fresno, Kings, Monterey, Mendocino, Napa, Orange, Sacramento, San Luis Obispo, San Mateo, Santa Cruz, Solano, San Diego, and Ventura. Denver, Colorado (a consolidated City and County) and King County, Washington (metro Seattle area) were benchmarked as well and insights were obtained from review on discrete aspects of counties from other jurisdictions from across the US. Please refer to Appendix E for detailed benchmark research

This report outlines the findings of the operational and efficiency review related to housing and homeless programs and services and recommendations for improvement.

Project Objectives

This graphic below illustrates the project objectives as identified in the scope of work for this review. Based on discussions with the CAO, the key focus area surrounded identifying a spectrum of organizational structures for the delivery of housing and homeless programs.

Key Project Objectives

Assess and inventory all homeless and housing programs administered throughout Health Services, Human Services and the CDC

Assess and inventory ancillary services and programs necessary to enable individuals to obtain and maintain housing

Determine whether there is duplication between services, administrative functions, and activities across organizations and **make recommendations to increase efficiency**

Determine best practices to administer programs and improve collaboration and communication across organizations

Identify opportunities to integrate and redesign services and functions across organizations to more effectively achieve outcomes

Provide an environmental scan of organizational structures outside of the County that could effectively administer some or all of the County homeless and housing programs

Conduct interviews with key stakeholders including County staff, community partners, and individuals with lived experience to provide feedback and inform recommendations

Assess whether existing homeless and housing programs should be redesigned to more effectively achieve outcomes

Assess appropriate resources needed for the successful implementation of all recommended actions

Provide a written report of recommendations and proposed timeline for addressing the recommendations

Commendations

During the course of the review, a number of initiatives and areas of commendation were noted in relation to the County's delivery of homeless and housing services.

Established a goal to develop a strategic plan with City input

In the County's Five-Year Strategic Plan, the Sonoma County Board of Supervisors established a goal to develop a strategic plan for homelessness with input from the County's nine Cities. The development of a strategic plan specific to homelessness, produced in collaboration with Cities will allow for a clear, cross-jurisdictional vision to achieve desired results. This report herein includes recommendations to further support the County's efforts to develop a strategic plan.

Led a diversified approach to Housing with Project Homekey

The County was successful in receiving funding from the State's Project Homekey program to purchase the Hotel Azura and Sebastopol Inn to house and provide wrap-around services to COVID-19 vulnerable individuals. The hotels offer a combined total of 75 beds and have been successful in providing shelter services to the County's most vulnerable.

Instituted a multi-disciplinary approach under the IMDT

The County established the Inter-Departmental Multi-Disciplinary Team ("IMDT") staffed by individuals across Health Services, Human Services, CDC, Probation, and Child Support Services to identify and serve the County's most vulnerable homeless clients across a range of cohorts. The IMDT offers a holistic approach to service delivery and case management which allows for cross-departmental data sharing and a high degree of collaboration. Since inception the IMDT have taken 512 persons off the streets and has been highly effective at breaking down Department silos.

Developed ACCESS, an innovative, integrated data system

The County, with input from the Safety Net Collaborative and in collaboration with IBM, developed ACCESS – an innovative, integrated data system. The technology combines IBM's Connect 360 which allows for inter-departmental data sharing and the Watson Care Manager which facilitates collaborative case management. The system supports the IMDT's cohorts and allows the IMDT to share cross-departmental data on the County's high needs homeless. This report herein includes recommendations to further support the use of technology to most efficiently serve the County's homeless population.

Championed outreach to persons experiencing homelessness

Across interviews, it was noted that conducting street outreach has proven highly effective in engaging and building trust with persons experiencing homeless, particularly those individuals who commonly refuse service. In the last several years the County has championed this approach to outreach, investing in numerous teams to clients across the County. Many of these teams have had successful outcomes, for example Project Hope permanently housed 19 people in 2020.

Demonstrated commitment to serve those experiencing homelessness

At all levels and across all stakeholders, there was demonstrated commitment to serving persons experiencing homelessness. There have been many unprecedented circumstances within the last year – most notably the COVID-19 pandemic and increased wildfires across the State – that have adversely impacted Sonoma County. Despite these difficult situations, it was apparent that stakeholders and staff remain deeply committed, passionate, and dedicated to serving the County's homeless population and demonstrate a high degree of resiliency.

Current Ecosystem

Currently, in Sonoma County, Homeless and Housing Services are offered to varying degrees across three primary Departments: Human Services, Health Services and the CDC (collectively, "Departments").

Within this structure, each Department has the following function as it relates to homelessness and housing:

— **Human Services:** supports the health, safety, and well-being of individuals, families and the community at large including those experiencing homelessness. The following Divisions within Human Services provide housing and homeless related programs:

  — **Adult & Aging:** administers two homeless programs which provide housing related assistance to Adult Protective Services ("APS") as well as emergency housing, victim advocacy services, and case management to elder adults who are victims of abuse.

  — **Family, Youth & Children:** offers six housing and homeless related programs which focus on providing or locating temporary, transitional and permanent housing along with supportive services to families and former foster youth.

  — **Employment & Training:** administers a program, which assists disabled clients who are experiencing housing instability as well as a program which provides housing and rental assistance to clients who are part of SonomaWorks.

— **Health Services:** offers a large range of programs across Behavioral Health and Public Health, with a portion of those who receive services experiencing homelessness. Programs offered deal with an array of conditions including substance use disorders, psychiatric and emotional abuse conditions, and health conditions. Health Services also houses the IMDT, which consists of staff across County Departments including Health Services, Human Services, CDC, Probation and Child Support Services. The IMDT provides a range of services to high needs and homeless clients across a range of cohorts including: Whole Person Care, COVID-19 Vulnerable, Homeless Encampment Access & Resource Team ("HEART"), and Mental Health Diversion.

— **CDC:** is a separate legal entity governed by the Sonoma County Board of Supervisors who act as the Commissioners of the CDC. The Community Development Committee, appointed by the Board under ordinance acts as an advisory body to the Commissioners, making recommendations on policy and funding matters which come before the Commission. It is important to note that the CDC is a separate legal entity and while CDC staff are employees of the County, they are not part of the County's civil service system, but rather are employed at will. Furthermore, the CDC act as the lead agency to Sonoma's County's CoC and acts as both a funding agency and convener of planning efforts. The following Divisions within the CDC provide services related to homelessness and housing:

  — **Sonoma County Housing Authority ("SCHA"):** administers the Section 8 Housing Voucher Program, strives to build and develop relationships with landlords, and conducts the necessary housing inspections.

  — **Ending Homelessness:** is responsible for the sourcing, planning and distribution of funding as it relates to Outreach, Emergency Shelter ("ES"), Rapid Rehousing ("RRH"), Permanent Supportive Housing ("PSH") and Homelessness Prevention. The Division is also responsible for monitoring Provider performance and providing technical assistance to Providers.

  — **Housing and Neighborhood Investments:** represents the County's Affordable Housing unit whose mission is to create homes for all in thriving and inclusive neighborhoods. The Division administers and distributes Community Development Block Grant ("CDBG"), County funds for Housing, HOME Investment Partnership Program funding, Flood Elevation Mitigation Program, and Housing Rehabilitation Program to successful applicants. It also works with Behavioral Health to identify affordable housing development projects for submission to the No Place Like Home funding. The Division also receives Permit Sonoma in-lieu fees of approximately $2 million per

annum and also staffs the Community Development Committee. Please see Appendix D for a list of programs administered by the Division.

— **Successor Agency and Successor Housing Entity:** In addition, the CDC act as Successor Agency and Successor Housing Entity to the Sonoma County Redevelopment Agency: As part of the 2011 Budget Act, the California State Legislature approved the dissolution of redevelopment agencies in California. In 2012, the Board of Supervisors adopted a resolution, which designated Sonoma County as the Successor Agency to the Sonoma County Community Redevelopment Agency for non-housing assets, liabilities and operations. As a result, CDC staff were tasked with performing administrative functions for the County in its Successor Agency capacity. Additionally, the Board of Supervisors selected the Sonoma County Housing Authority to serve as the Successor Housing Entity to the Redevelopment Agency, which effectively transferred ownership and control of housing assets and functions previously owned and operated by the Redevelopment Agency to the Housing Authority. Given that the Housing Authority operates under the umbrella of the CDC, CDC staff were also assigned responsibility for performing Successor Housing Entity functions. Furthermore, as the Cities of Sonoma and Sebastopol declined to serve as the successor agencies for their respective redevelopment agencies, the Sonoma County Housing Authority involuntarily served as the designated local authority. In this capacity, the Housing Authority received the housing assets from the redevelopment agencies of Sonoma and Sebastopol by operation of law.

— **CoC:** In addition, the Housing and Urban Development ("HUD") mandated CoC for the County is governed by a fifteen-member CoC Board consisting of local elected officials, non-profit representatives, subject matter experts, and individuals with lived experience of homelessness. The CoC is responsible for the oversight of specific funds designated to the CoC from HUD, as well as planning and policy development for addressing homelessness. The CoC is required to operate the following functions:
   — **Collaborative Applicant:** The CDC currently acts as the Collaborative Applicant for the CoC.
   — **Lead Agency:** The CDC acts as the lead agency for the CoC, with CDC staff undertaking all necessary administrative tasks.
   — **Homeless Management Information System ("HMIS") Lead Agency:** The Ending Homelessness Division of the CDC currently manages the HMIS system
   — **Coordinated Entry:** The County currently contracts the operation and management of Coordinated Entry to Catholic Charities.

Other key stakeholders across the ecosystem are illustrated on the graphic on the next page.

Other Key Stakeholders	
Cities	Santa Rosa, Petaluma, Healdsburg, Cotati, Sonoma, Windsor, Cloverdale, and Rohnert Park, Sebastopol
Safety Net Collaborative	Sheriff, District Attorney, Probation, Public Defender, Superior Courts, County Counsel, Child Support Services, Information Systems Department, Department of Health Services, Department of Human Services, and the CDC
Housing Organizations	Santa Rosa Housing Authority, Renewal Enterprise District ("RED"), Housing Land Trust
Providers	Generation Housing ("Gen H"), Catholic Charities, Interfaith Shelter Network ("IFSN") West County Community Services ("WCCS"), Social Advocates for Youth ("SAY"), Committee on the Shelterless ("COTS"), SHARE, Sonoma, Reach for Home, Community Support Network, Sonoma Applied Village Services, Burbank Housing, Buckelew Programs, Community Action Partnership, St. Vincent de Paul, TLC Child & Family Services, Young Women's Christian Association ("YWCA"), Petaluma People Services, VOICES, and Russian Riverkeeper[1]
Service Utilizers	Persons experiencing homelessness
Other Stakeholders	Community at large

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[1] May not be comprehensive

Summary of Key Findings

Based on the results of interviews held with a broad range of stakeholders across the County's homeless and housing ecosystem, as well as from data analysis and leading practice research the following key findings were identified. These key findings are structured to address the overarching challenges observed in the current ecosystem as it relates to the delivery of housing and homeless services:

Strategy, Structure, and Funding	**Organization Structure**	There is a need to consider a redesign of the current system of care to better facilitate the efficient provision of housing and homeless services as well as City and County collaboration and recognize the unique expertise and capability requirements for each mission.
	Strategy and Performance	There is a need to develop a Countywide, cross-jurisdictional strategic plan and shared vision – reflective of front-line and City input – and linked to defined and data-driven performance measures to measure success and to expand on the Point-In-Time Count exercise to conduct a more comprehensive needs assessment of the population to better align service strategy.
	Governance	There is a need to clarify roles, responsibilities and decision-making authority across and within Departments to improve overall efficiency and effectiveness and promote employee initiative.
	Funding Optimization	There is a need for more holistic vision and collaboration when pursuing funding opportunities in order to better pool financial resources and align allocation methodologies to source and distribute funding.
Program Enrichment and Integration	**Program Optimization**	There is a need to improve transparency on effectiveness of programs and services and measure value for money as well as to better connect program offerings to the target population to optimize alignment.
	Coordinated Entry	There is a need to expand access to and management of Coordinated Entry across the County to address needs of persons experiencing homelessness across the full geographic breadth of the County.
	Coordinated Service Delivery	There is a need to align resources to optimize client experience and reduce complexity across the ecosystem particularly in the areas of housing navigation, street outreach, ACCESS, and Coordinated Entry through marketing and advocacy.
	Housing Coordination and Access	There is a need to increase the targeted, differentiated housing supply based on the needs and desires of those experiencing homelessness as well as an opportunity to automate the bed inventory tool and link to Coordinated Entry and Providers to allow for a dynamic, real-time view of available housing.
Training and Capabilities	**System and Data Usage**	There is an opportunity to improve system integration and performance reporting practices to enable data-driven decision making by Executive Leadership.
	Training and Capabilities	There is a need to enhance the cadence and frequency of regular interagency and Provider training to share knowledge and best practices.

Roadmap of Recommended Actions

The implementation roadmap below identifies the timeframe within which actions to address each of the key finding intiatives (above) should be undertaken. Short-Term intitaives relate to those intiatives which the County should begin to undertake with 12 months, Medium-Term relates to intiatives which should begin within 24 months, while Long-Term intitiaves are those which will take longer than 2 years.

		Short-Term (12 months)	Medium-Term (24 months)	Long-Term (2 years +)
Strategy, Structure, and Funding	**Organizational Structure**	1.1 Evaluate potential organizational models to consolidate housing funding and expertise, leverage homeless and health service delivery capacity and streamlines service offering to facilitate best outcomes		
		1.2 Evaluate the impact of transition on CoC structure and governance		
	Strategy and Performance	2.1 Conduct a comprehensive needs assessment of population	2.3 Leverage ACCESS and Provider community input, establish strategic cohort populations and program/service coordination or multi-year integration plan	
		2.2 Combine and develop a Countywide strategic plan to address homelessness and affordable housing		
	Governance	3.1 Revise Department charter statements to align with any oerganization restructure		
		3.2 Engage with workforce to understand the drivers of staff attrition resulting in the loss of institutional knowledge		
	Funding Optimization	4.1 Establish a Funders Collaborative to increase competitiveness of funding pursuits		

		Short-Term (12 months)	Medium-Term (24 months)	Long-Term (2 years +)
Program Enrichment and Integration	**Program Optimization**	5.1 Conduct an evaluation of program inventory and ancillary services against needs assessment results	5.3 Develop a cross-jurisdictional diversion program to redirect persons experiencing homelessness from the criminal justice system	5.4 Increase Provider competition through developing an incubator program for smaller Providers
		5.2 Develop a consistent set of data-driven program performance measures and regular cadence reporting to leadership		
	Coordinated Entry	6.1 Develop a plan for the transition of Coordinated Entry from Catholic Charities	6.3 Develop an approach to incident command linking to Coordinated Entry and IMDT	6.4 Conduct an in-depth assessment of pre-screening tools to identify the optimal solution for the County
		6.2 Expand hours of service and number of locations for Coordinated Entry points across jurisdictions		
	Coordinated Service Delivery	7.1 Develop cadenced touchpoints between homeless outreach teams	7.3 Based on a comprehensive needs assessment and refreshed high utilizer analysis, expand current IMDT cohorts	
		7.2 Enhance marketing and advocacy efforts across Departments and jurisdictions	7.4 Enhance integration with service offerings for those released from custody	
	Housing Coordination and Access		8.1 Automate the bed inventory tool and link to Coordinated Entry and Providers	8.3 Increase housing supply with targeted housing types that align with need
			8.2 Establish MOUs between the County and City Housing Authority to ensure voucher portability	8.4 Incorporate housing and voucher applicant screening into Coordinated Entry evaluation
Training and Capabilities	**System and Data Usage**		9.1 Evaluate individual system capabilities and opportunities for enhanced data integration and/or interoperability with ACCESS	
	Training and Capabilities	10.1 Conduct regular inter-agency training to educate County staff on homeless & housing services offered, best practices, and on-the-job tools	10.2 Liaise with Providers to develop a collaborative cross functional approach to Provider- Department	

Short-Term Action Plan

The 12-month implementation roadmap below provides a "double-click" for those intiatives recommended to be undertaken within the first 12 months per the implementation roadmap above for a view of implementation by quarter.

		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Strategy, Structure, and Funding	**Organization Structure**	1.1 Evaluate potential organizational models to facilitate best outcomes			
			1.2 Evaluate the impact of transition on CoC structure and governance		
	Strategy and Performance	2.1 Conduct a comprehensive needs assessment of population			2.2 Combine and develop a Countywide strategic plan to address homelessness and affordable housing
	Governance		3.1 Engage with workforce to understand the drivers of staff attrition	3.2 Refresh Department charter statements to align with any organization restructure	
	Funding Optimization			4.1 Establish a Funders Collaborative to increase competitiveness of funding pursuits	
Program Enrichment and Integration	**Program Optimization**	5.1 Conduct an evaluation of program inventory and ancillary services againts needs assessment results			
		5.2 Develop a consistent set of data-driven program performance measures and regular cadence reporting to leadership			
	Coordinated Entry	6.1 Develop a plan for the transition of Coordinated Entry from Catholic Charities	6.2 Expand hours of service and number of locations for Coordinated Entry points across jurisdictions		
	Coordinated Service Delivery	7.1 Develop cadenced touchpoints between homeless outreach team	7.2 Enhance marketing and advocacy efforts across Departments and jurisdictions		
Training and Capabilities	**Training and Capabilities**	10.1 Conduct regular inter-agency training to educate County staff on homeless & housing services offered, best practices, and on-the-job tools			

Focus Areas and Initiatives

Summary of Initiatives

Focus areas and initiatives relate to the actions, systems and processes needed for the County to more efficiently deliver housing and homeless services to County residents. These focus areas and initiatives represent recommendations based on key findings from the review, developed as result of interviews with a broad range of stakeholders across the ecosystem, as well as data analysis and leading practice research.

#	Focus Areas and Initiatives	Page No.
Organization Structure		
1.1	Evaluate potential organizational models to consolidate housing funding and expertise, leverage homeless and health service delivery capacity, and streamline service offering to facilitate best outcomes with meaningful stakeholder engagement	15
1.2	Evaluate the impact of transition on CoC structure and governance to ensure continued compliance with funding regulations and requirements	26
Strategy and Performance		
2.1	Expand on Point-In-Time Count exercise to conduct a comprehensive needs assessment of population to align with differentiated housing and service strategy	29
2.2	Combine and develop through a lead agency who has capacity, a Countywide strategic plan to address homelessness and a separate strategic plan to address affordable housing	32
2.3	Leverage ACCESS and Provider community input and establish strategic cohort populations and program and/or service coordination or multi-year integration plan	35
Governance		
3.1	Revise Department charter statements to align with any organization restructure	38
3.2	Engage with workforce to understand the drivers of staff attrition resulting in the loss of institutional knowledge	40
Funding Optimization		
4.1	Establish a Funders Collaborative to increase competitiveness of funding pursuits	41
Program Optimization		
5.1	Conduct an evaluation of the program inventory and ancillary services to better connect target populations with program offerings and/or identify duplication and gaps in service	44
5.2	Develop a consistent and balanced set of data-driven performance measures and regular reporting cadence to better measure program and Provider performance to inform decision-making	49
5.3	Develop a cross-jurisdictional diversion program to redirect persons experiencing homelessness from the criminal justice system to homeless services	52

5.4	Increase range and quality of programs by increasing Provider competition through developing an incubator program for smaller Providers to increase competition and enhance service delivery	54
Coordinated Entry		
6.1	Develop a plan for the transition of Coordinated Entry from Catholic Charities to ensure a seamless transition of service	56
6.2	Expand hours of service and number of locations and distribution for Coordinated Entry points across jurisdictions to align access points to need and enhance overall client experience	58
6.3	Develop an approach to incident command linking to IMDT to provide a structured approach to incident response	61
6.4	Conduct an in-depth assessment of pre-screening tools (i.e. VI-SPDAT) to identify the optimal solution for the County in identifying client vulnerabilities	63
Coordinated Service Delivery		
7.1	Develop cadenced touchpoints between homeless outreach teams to enhance outreach coordination, share knowledge, data, and best practices	65
7.2	Enhance marketing and advocacy efforts across Departments and jurisdictions to increase transparency and awareness of service and program offerings	66
7.3	Based on a comprehensive needs assessment and refreshed high utilizer analysis, expand current IMDT cohorts to serve a greater population	67
7.4	Enhance integration with service offerings for those released from custody to better meet the needs of homeless offenders via Housing Navigators	69
Housing Coordination and Access		
8.1	Automate the bed inventory tool and link to Coordinated Entry and Providers to allow for a dynamic, real-time view of available beds and or units where persons experiencing homelessness can be referred	71
8.2	Establish MOUs between the County and City Housing Authority to ensure voucher portability	72
8.3	Based on the outcomes of the needs assessment, consider targeting the development and/or implementation of a range of specific housing types which align with the identified need	73
8.4	Incorporate housing and voucher applicant screening into Coordinated Entry evaluation to streamline the process and increase efficiency in administering affordable housing units	75
System and Data Usage		
9.1	Evaluate individual system capabilities and opportunities for enhanced data integration and/or interoperability with ACCESS	76
Training and Capabilities		
10.1	Conduct regular inter-agency training to educate County staff on homeless & housing services offered across departments as well as on-the-job tools	78
10.2	Liaise with Providers to develop a collaborative cross functional approach to Provider-Department training to share knowledge and practices	79

The following sections provide expanded discussion on each focus area and initiative summarized above.

Organization Structure

1.1	Evaluate potential organizational models to consolidate housing funding and expertise, leverage homeless and health service delivery capacity and streamline service offering to facilitate best outcomes with meaningful stakeholder engagement
Benefit	Decoupling homeless services from affordable housing functions and evaluating potential organizational models will consolidate housing funding and expertise which will improve outcomes for the County

Within the current organization structure, homeless services and housing services, including the Housing Authority, as well as a broad range of homeless services are collectively administered by CDC. Human Services also offers a number of programs dedicated to specific target populations who are experiencing homelessness. Health Services operate the IMDT and also provide behavioral and public health services to low income individuals, a portion of whom are experiencing homelessness. Furthermore, due to loss of staff and leadership changes, CDC and Health Services are currently under common leadership and have recently begun to share a number of administrative functions including fiscal and budgetary support. The current structure is complex to navigate both for County staff and County constituents, with homeless and housing services being offered across a number of functions.

CDC, in particular has faced significant challenges in recent times. Specifically, it has had a number of leadership changes, significant attrition resulting in a loss of institutional knowledge – particularly in affordable housing, difficulties in attracting, recruiting, and retaining staff with subject-matter expertise, lack of clarity on roles and decision-making authority among staff, and lack of ability to foster collaborative relationships with Cities. Many stakeholders interviewed cited a lack of trust in the CDC, as a result of these challenges.

While organizational structure will be a factor in abating these challenges and achieving more successful outcomes, it is not a panacea solution which guarantees success. This is evident from the varying Point in Time Count ("PIT") results achieved over time by benchmark counties with differing organization models, as outlined in Appendix E. Rather, there are many other factors which must be taken into account in achieving desired results. For example, any organizational structure must facilitate, promote, and align critical factors that affect successful outcomes which include:

— Employing a regional approach to the service delivery

— Empowering leadership to establish a unified strategy and retain accountability

— Recognizing the unique expertise required in delivering homeless services versus affordable housing and possessing the ability to recruit and retain resources accordingly

— Retaining current funding status

— Broadening pool and leveragability of accessible funds

— Working toward a clear, Countywide, cross-jurisdictional strategic plan with related performance measures

— Undertaking cadenced performance reporting to Executive Leadership and key stakeholders to inform decision-making, investment, and accountability within the ecosystem

Decoupling Housing Services and Homeless Services

The delivery and administration of homeless services and housing services are inherently different, with each requiring a unique and distinct set of expertise. The current organizational model, which operates both services and that of Health Services under common leadership, does not recognize this distinction. The administration, delivery and management of homeless services, homeless housing, behavioral health and health services involve street outreach, management of shelter operations, housing related assistance, case management,

advocacy services, and support services related to mental and physical health conditions. Affordable housing services involve permitting, financing, project management and development of housing units for low income families; while Housing Authority services include issuing rental subsidies, managing voucher programs, monitoring waitlists, developing landlord relationships, conducting property inspections, and dealing with property related issues. Although, there is a definite interplay and correlation between these service offerings – as the ultimate successful outcome for a person experiencing homelessness is to receive an affordable housing unit – the skills required to deliver each service are intrinsically different.

Given the type and degree of current state challenges within Sonoma County, any new structure contemplated by the County should consider these differences and ultimately decouple homeless services from that of housing services, recognizing three distinct functions: homeless services, affordable housing and the Housing Authority.
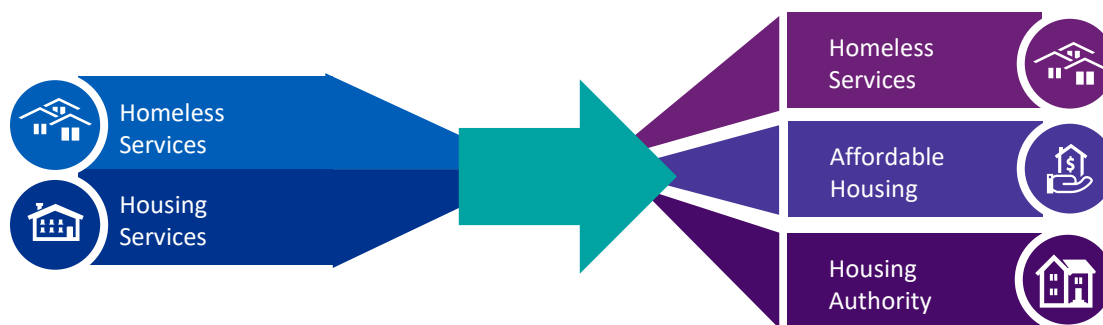
Figure 1: Source: KPMG

In considering any decoupling, it is necessary to consider and analyze the benefits and considerations associated with the approach.

Benefits	Considerations
— Recognizes and optimizes unique skill and expertise required to deliver homeless services versus housing services — Maximizes funding opportunities as a result of skill and expertise optimization — Encourages greater City and County collaboration to varying degrees depending on the organizational model chosen — Enhances decision-making efficiency and clarity surrounding staff roles and responsibilities	— Will require investment to varying degrees based on organizational model chosen — Depending on the models chosen, and the degree of change desired, decoupling may take time to implement — Regardless, of model pursued, the County should consider developing a Countywide, cross-jurisdictional strategy, optimizing funding, analyzing and connecting program offering to client need, and enhancing coordinated service delivery among other initiatives recommended and discussed in initiatives 2 through 10 of this report

The benefits of decoupling, particularly those related to encouraging greater cross-jurisdictional collaboration and maximizing funding opportunities will provide significant advantages to the County in the long-term. Increasing the potential to combine and share resources cross-jurisdictionally and increasing funding competitiveness will allow the County to take a regional approach to enhancing program and service offerings resulting in better client experience and more successful outcomes.

Future State Options Development Methodology

As part of this review, an environmental scan of organizational structures outside of the County was conducted to identify which, if any, could more effectively administer some or all of the County homeless and housing programs in a prospective future state. A discussion of the outcome of that organization structure model options analysis is summarized below.

Model Options Methodology

The following steps were undertaken to identify, develop and score a range of organization models across affordable housing, the Housing Authority, and homeless services:

— Conducted benchmarking and best practice research to identify a spectrum of organization models
— Developed and agreed upon design principles and weightings against which to assess the spectrum of organization structure models based on County feedback
— Evaluated the spectrum of models against design principles on a qualitative basis to 'score' suitability for the County
— Identified a 'shortlist' of organizational model options that appear to best meet the County's objectives based on the design principles

Design Principles

The advantages and disadvantages of each identified organizational model was evaluated to assess feasibility based on the design principles identified in the below graphic which were largely focused on the structural issues identified during stakeholder interviews. Criteria were subsequently weighted to consider its relative importance in any restructure. The graphic below highlights both the design principles and their weightings.
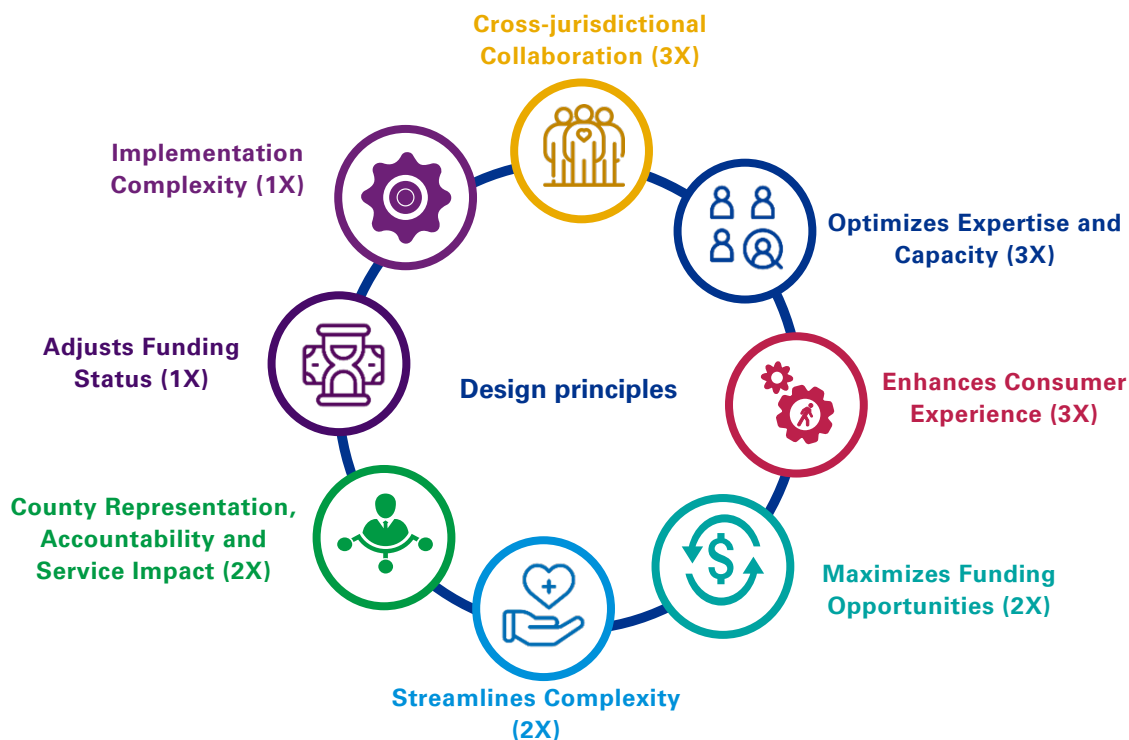
Figure 2: Source: KPMG

Please refer to Appendix F for a detailed discussion on the full spectrum of organization models evaluated, design principles developed, scoring methodology employed, and model scoring results and rationales.

Summary Results

Based on analysis, the following models under each service function align to the greatest number of design principles and as such should be considered further by the County. Please refer to Appendix F for a detailed discussion on scoring methodology per model with a total available score of 85 points taking weighting factors into account.

It is important to note that in evaluating the models identified for consideration, the County must engage with all key stakeholders including the Cities, RED, CoC, and City of Santa Rosa Housing Authority among others in order to obtain meaningful feedback, promote collaboration, and encourage buy-in which is key to achieving successful outcomes.

Affordable Housing

Any affordable housing model adopted should seek to consolidate housing funding and foster housing expertise. Based on a comparison against design principles, the two highest scoring models for affordable housing include the following:

Model 3: Renewal Enterprise District (73 points)

Transition affordable housing to the RED to manage funding and deliver affordable housing units cross-jurisdictionally. The RED is a JPA between the County and the City of Santa Rosa, which was established in 2018 to incentivize higher density and infill housing near transit. In 2020, the RED provided technical and financial assistance to four infill housing developments to submit funding applications that were awarded $37.6 million in state funding. The four occupied developments will offer 345 new housing units near transit, 37% of them deed restricted as affordable within the next five years. Under this model it is envisioned that the RED would expand its JPA to include the Cities of Petaluma and the seven Cities of the "Urban County". The RED would manage the following funding sources, for example: CDBG, HOME, and the County fund for Housing among others. (Please refer to Appendix D for a list of funding sources by program administered by the Housing and Neighborhood Investments Division of the CDC). Furthermore, as an incentive to private developers, the Flood Elevation Mitigation program, as well as any resiliency grants could transfer to the RED for administration. Alternatively, they could be housed in the Transportation and Public Works Department or within the County's Planning Division.

— **Benefits:** This model offers the following benefits:

1 **Enhanced cross-jurisdictional collaboration**: It allows for increased City and County collaboration and greater pooling of resources, promoting a regional approach to affordable housing delivery.

2 **Public/ Private Partnerships:** Provides an opportunity to enhance partnerships with the private sector and leverage funding similar to the approach taken by San Mateo under its Housing Endowment and Regional Trust ("HEART").

3 **Subject Matter Expertise:** The RED has established housing development and financing expertise.

— **Considerations:** The considerations of this model include:

1 **City buy-in:** The Cities of Petaluma and the seven Cities of the Urban County would need to be added to the JPA under this model and, as such, would require buy in from these Cities.

2 **Investment:** In order for the RED to be successful, the RED will require investment from the Jurisdictions for staffing and operations.

3 **County Leadership and Accountability:** Transitioning affordable housing to the RED will result in reduced leadership and accountability on behalf of the County, given it will not report directly to the County Board of Supervisors.

— **Risks:** This following risks are associated with this model:

1 **Funding applicant eligibility**: RED, due to its JPA structure may be ineligible to apply for and receive certain state and federal funds as they are intended to go directly to either Cities or Counties. However, there is a precedent of HUD funding being received through the existing Urban County JPA. The County should evaluate and consider available options to ensure funding status is retained under the RED model. The transition of affordable housing to RED also impacts Permit Sonoma in lieu fees received by the CDC which amount to approximately $2 million per annum. These fees will likely need to be transitioned to the RED under this model, however, any transition will require significant negotiation to ensure that the County continues to receive the related RHNA credits. Furthermore, under this model, County Leadership based on legal advice should evaluate whether the County under a narrowed CDC or other Department could act as the applicant and recipient of state or federal funds which could be distributed to the RED. The County would continue to monitor fiscal compliance under this structure**.**

2 **CDC Staff consideration:** The County will need to consider whether it is an option for the staff of the Housing and Neighborhood Investment Division to transition to the RED.

3 **Timeline:** This model will take some time to implement given it will require significant negotiation between the existing members of the RED and the other Cities and amendments to charter documentation and bylaws.

Model 2: Joint Powers Authority (64 points)

Establish an affordable housing JPA in collaboration with the County's nine Cities to manage funding and deliver affordable housing units cross-jurisdictionally. The JPA would establish a regional approach to housing delivery and would manage the following funding sources, for example: CDBG, HOME, and the County fund for Housing among others. (Please refer to Appendix D for a l list of funding sources by program administered by the Housing and Neighborhood Investments Division of the CDC).In addition, as an incentive to private developers, the Flood Elevation Mitigation program, as well as any resiliency grants could transfer to the JPA for administration. However, as an alternative the County could consider transferring these program to the Transportation and Public Works Department or to the County's Planning Division.

— **Benefits:** This model offers the following benefits:

1 **Enhanced cross-jurisdictional collaboration:** A JPA allows for enhanced City and County collaboration and greater pooling of resources, promoting a regional approach to affordable housing delivery.

2 **Encourage shared vision:** A JPA encourages a Countywide, cross-jurisdictional vision.

— **Considerations:** This model offers the following considerations:

1 **City buy-in:** This model requires buy-in from each of Sonoma's nine Cities with significant negotiation required to establish a JPA agreement**.**

2 **Leadership and Accountability:** Transitioning affordable housing to a JPA will result in reduced leadership and accountability on behalf of the County, given it will not report directly to the County Board of Supervisors.

3 **Investment:** This model will require significant investment from both the County and the Cities in order to staff and operate the JPA.

— **Risks:** This following risks are associated with this model:

1 **Funding applicant eligibility:** A JPA structure may be ineligible to apply for and receive certain state and federal funds, given they are intended to go to either Cities or Counties directly. However, there is a precedent of HUD funding being received through the existing Urban County JPA. The County should evaluate and consider available options to ensure funding status is retained under the a JPA. The transition of affordable housing to a JPA also impacts Permit Sonoma in lieu fees received by the CDC which amount to approximately $2 million per annum. These fees will likely need to be transitioned to the JPA under this model, however, any transition

will require significant negotiation to ensure that the County continues to receive the related RHNA credits. Furthermore, under this model, County Leadership based on legal advice should evaluate whether the County under a narrowed CDC or other Department could act as the applicant and recipient of state or federal funds which could be distributed to a JPA. The County would continue to monitor fiscal compliance under this structure.

2 **CDC Staff consideration:** The County will need to consider whether it is an option for the staff of the Housing and Neighborhood Investment Division to transfer to the JPA.

3 **Timeline:** This model will take some time to implement given it will require significant negotiation between the Cities and County to reach agreement on a JPA.

It is important to note that while there are similarities between transitioning affordable housing to the RED and developing an affordable housing JPA, the former will be significantly less complex given that the RED is already in existence, has an established JPA agreement and bylaws, as well as affordable housing leadership and organizational capacity. In the event that the County pursues the establishment of a separate affordable housing JPA, it is assumed that the RED will continue in its current role which may likely create some level of duplication.

Upon evaluation, if the above models are not considered feasible by the County due to legal, funder or other challenges the County should consider the remaining spectrum of affordable housing models identified and scored within Appendix F of this report.

Housing Authority

Any Housing Authority model should seek to maximize its section 8 voucher population as an opportunity to support and further leverage private sector development. Based on a comparison against design principles, the two highest scoring models for Housing Authority include the following:

Model 5: Merge the City of Santa Rosa Housing Authority into the Sonoma County Housing Authority County (78 points)

Under this model the City of Santa Rosa Housing Authority and the Sonoma County would enter an agreement to merge the Santa Rosa Housing Authority into the Sonoma County Housing Authority to create one Housing Authority which would serve the entire County. The new combined Authority would share and pool resources and would be responsible for the Countywide administration of the Section 8 voucher programs, mainstream programs, and SNAP programs. (Please refer to Appendix D for a full list of funding sources by program administered by the Housing Authority)

— **Benefits:** This model offers the following benefits:

1 **Enhanced cross-jurisdictional collaboration:** A Countywide, cross-jurisdictional combined Housing Authority promotes enhanced collaboration and coordination, as well as the pooling of resources between City and County.

2 **Streamlines service offerings:** Establishing one Housing Authority to serve the entire County of Sonoma will streamline services offerings and enhance direct service delivery.

3 **Streamlines funding pursuits:** This model will allow for a greater streamlining of cross-jurisdictional funding pursuits as well as enhancing the competitiveness of funding pursuits.

— **Considerations:** This model offers the following considerations:

1 **City Housing Authority opposition:** The City of Santa Rosa Housing Authority may be opposed to merging.

2 **Leadership and Accountability:** This model will reduce the County's leadership and accountability given that it will share leadership with the City of Santa Rosa.

— **Risks:** This following risks are associated with this model:

1 **Timeline:** This model will take some time to implement given it will require significant negotiation between both Housing Authorities to reach agreement.

2 **City and County Collaboration:** The development of this model will require significant coordination, collaboration, and negotiation between the City and County in order to reach an agreement which is viable for all parties and to ensure that all staff of the City of Santa Rosa Housing Authority could transfer to the County Housing Authority.

Model 2: Joint Powers Authority or transition the Housing Authorities to the RED (67 points)

Establish an JPA in collaboration with the Cities which would operate the Sonoma County Housing Authority, the Santa Rosa Housing Authority and affordable housing or transition both Housing Authorities to the RED along with affordable housing. The JPA or RED would establish a regional approach to both the delivery of affordable housing and the operation of the Housing Authorities. The JPA or RED would manage the following funding sources, for example: CDBG, HOME, and the County fund for Housing, Section 8 voucher program, mainstream voucher program and SNAP program. (Please refer to Appendix D for a full list of funding sources by program administered by the Housing Authority)

— **Benefits:** This model offers the following benefits:

1 **Enhanced cross-jurisdictional collaboration:** A JPA or RED which includes affordable housing and the Housing Authorities allows for enhanced City and County collaboration and greater pooling of resources, promoting a regional approach to affordable housing delivery as well as the administration of voucher programs.

2 **Streamlines service offerings:** This model will streamline cross-jurisdictional service offerings and enhance direct service delivery as well as client experience.

3 **Reduced duplication:** This model will reduce duplication in undertaking funding pursuits and provide services to clients given that the Housing Authorities will undertake funding pursuits together and provide services Countywide.

— **Considerations:** This model offers the following considerations:

1 **City buy-in:** This model requires buy-in from each of Sonoma's nine Cities with significant negotiation required to establish a JPA agreement or joining the RED.

2 **Leadership and Accountability:** Transitioning the Housing Authorities and affordable housing to a JPA or RED will result in reduced leadership and accountability on behalf of the County, given the services will be managed outside of the County.

3 **Investment:** This model will require significant investment from both the County and the Cities in order to staff and operate the JPA or the RED.

4 **CDC Staff consideration:** The County will need to consider whether it is an option for the staff of the Housing Authority to transition to the JPA or RED.

— **Risks:** This following risks are associated with this model:

1 **Funding applicant eligibility:** A JPA or RED structure may be ineligible to apply for and receive certain state and federal funds, given they are programmed to go to either Cities or Counties directly. However, there is a precedent of HUD funding being received through the existing Urban County JPA. The County should evaluate and consider available options to ensure funding status is retained under the a JPA or RED. County Leadership based on legal advice should also evaluate whether the County under a narrowed CDC or other Department could act as the applicant and recipient of state or federal funds which could be distributed to a JPA. The County would continue to monitor fiscal compliance under this structure

2 **CDC Staff consideration:** Given that the CDC will be dissolved under this model, the County will need to consider whether the staff of the Housing and Neighborhood Investment Division and the Housing Authority will transfer to the JPA or RED.

3 **Timeline:** This model will take some time to implement particularly where a new JPA is pursued, given it will require significant negotiation between the Cities and County to reach a JPA agreement

Upon evaluation, if the above models are not considered feasible by the County due to legal, funder or other challenges the County should consider the remaining spectrum of Housing Authority models identified, evaluated and scored within Appendix F of this report.

Homeless Services

Homeless Services under any new model will include street outreach, management of shelter operations, housing related assistance, case management, advocacy services, and support services related to mental and physical health conditions offered to persons experiencing homelessness. Furthermore, the construction of shelters would also fall within the purview of homeless services or the CoC, however, ideally Homeless Services and the CoC would closely coordinate with Affordable Housing on any development given their expertise in that area and in particular, where Affordable Housing is a JPA or within the RED given the cross-jurisdictional collaborative nature would support buy-in from a regional standpoint on development and operation. Any Homeless Services model pursued should seek to streamline service offerings and enhance direct service delivery to clients. Based on a comparison against design principles, the two highest scoring models for Homeless Services include the following:

Model 3: Transition to Health Services (69 points)

Under this model, homeless services currently offered within the CDC under the Ending Homelessness Division would be transferred to Health Services to greater align program offerings with that of Behavioral Health and the IMDT. The funding sources currently managed by Ending Homelessness would be managed by Health including: HEAP, ESG, HUD among others (Please refer to Appendix D for a full list of funding sources by program administered by CDC).

— **Benefits:** This model offers the following benefits:

1 **Streamlines service offerings:** This model will streamline homeless services with that of related health services such as behavioral health and will enhance direct service delivery.

2 **Increases coordination between Health, IMDT and homeless services:** Under this model, coordination and collaboration between Health, IMDT and homeless service will be further enhanced which will ultimately improve client experience and support the expansion of IMDT cohorts.

— **Considerations:** This model offers the following considerations:

1 **Staff consideration:** Staff will need to be considered in the transition of homeless services to Health Services and the County will need to determine the options and how to best implement any transfer.

2 **Cross—jurisdictional collaboration:** This model does not encourage coordination and cooperation between the County and Cities with regard to homeless services.

— **Risks:** This model offers the following risks:

1 **Staff attrition:** This model may result in staff attrition and a further loss of institutional knowledge as a result of staff attrition.

2 **City Cooperation:** Transitioning homeless services to another County Department may result in reduced City cooperation and coordination.

Model 5: Department of Homeless Services (63 points)

Establish a County level Homeless Services Department to administer all homeless-related services. Under this model, homeless services currently administered by the CDC would transition to a separate Homeless Services Department which would fall under the CAO. The funding sources currently managed by Ending Homelessness would be managed by Health including: HEAP, ESG, HUD among others. (Please refer to Appendix D for a full list of funding sources by program administered by CDC)

— **Benefits:** This model offers the following benefits:

1 **Streamlines service offerings:** This model will streamline homeless services within one County Department.

2 **Streamlines funding pursuits:** This model will streamline funding pursuits related to homeless services within one County Department.

— **Considerations:** This model offers the following considerations:

1 **Investment:** Establishing a stand-alone County Department will require investment.

2 **Cross-jurisdictional collaboration:** This model does not encourage coordination and cooperation between the County and Cities with regard to homeless services.

— **Risks:** This model offers the following risks:

1 **Timeline:** Establishing a separate County Department will take significant time.

2 **City Cooperation:** Transitioning homeless services to another County Department may result in reduced City cooperation and coordination.

While the above models would keep homeless services in the County, upon evaluation, if the above models are not considered feasible by the County due to legal, funder or other challenges the County should consider the remaining spectrum of Homeless Services models identified, evaluated, and scored within Appendix F of this report.

Actions

Action point 1: County Leadership should evaluate the shortlist of models described above in various combinations to determine the preferred future state and should evaluate options to establish interim solutions with meaningful stakeholder input.

Each of the six short list models (described above) should be considered and evaluated by County Leadership to determine the combination of models which should be implemented based on their suitability to meet the distinct needs of the County in the long-term. The evaluation, at a minimum, should include a consideration of how model combinations would interlink and coordinate, their collective ability to meet design principles when combined, the level of investment and stakeholder buy-in that will be required and that can be secured, staffing needs and impact, and the likely timeframe to implement. In evaluating these models, the County must engage all relevant key stakeholders including the Cities, CoC, RED, and City of Santa Rosa Housing Authority among others to obtain and consider meaningful feedback which should be factored into decision-making.

A number of the models identified on the model shortlist will take some time to implement, particularly, with regard to affordable housing and the Housing Authority. For example, establishing a JPA, transitioning affordable housing to the RED, and combining City and County Housing Authorities will take a significant amount of time to implement, potentially a number of years. These models will require considerable negotiation and agreement between the Cities and the County, which will undoubtedly take some time, legal agreements will need to be developed or updated in the case of the RED, and all state and federal legal and regulatory requirements will need to be met. Subsequent to these tasks, staffing and operational considerations will need to be dealt with.

Based on stakeholder interviews, it is clear that the County requires a more immediate change to its organization structure. Therefore, the County should consider updating its current organization model, to provide an interim solution to the challenges faced, even as it works towards the development and implementation of the optimal long-term future state solution for the needs of the County. The County should consider adopting the following interim state:

1. **Transition homeless services to Health Services:** Homeless services currently undertaken by the Ending Homelessness Division could transfer to Health Services.

2. **Collaboratively engage with CoC on Lead Agency:** The County should engage with the CoC with regard to any change to the CoC Lead Agency given that they are the body charged with designating the Lead Agency. However, in the interim state, there are number of options for the CoC and the County to consider as follows:
    — The CoC Lead Agency could transition to Health Services or
    — The CoC Lead Agency could remain with the CDC within a narrowed CDC purview.

3. **Narrow the CDC:** Affordable housing under the Housing and Neighborhood Investments Division and the Housing Authority could remain in the CDC as an interim solution. However, the County should consider the following under this approach:
    — Appointing an interim Executive Director with affordable housing expertise and an emphasis on Housing Authority administration.
    — Evaluating the impact of potential transition to the affordable housing and Housing Authority short-listed models in terms of their impact on funding receipt and allocation, legal structures and necessary agreements and impacts on the workforce and collective bargaining considerations.
    — Evaluate whether a significantly narrowed CDC or other County Department could act as the applicant and recipient of funds which could be distributed to a JPA or RED model. The County would also monitor fiscal compliance under this structure.

— Given the level of staff attrition and loss of institutional knowledge, the County should recruit staff with subject matter expertise as a priority.

4. **Evaluate the Human Services Programs which could transition to homeless services under an organization restructure:** Based on the completion of the program inventory, community needs assessment, and related data analysis discussed within initiative 5.1, the County should evaluate the homeless and housing related programs offered by Human Services which could potentially transition to Health Services or any Homeless Services Department. Programs which more directly align with those provided by Homeless Services based on target population, eligibility, health status, housing type, service type, and benefit type, for example should be prioritized for transition. Any evaluation should also consider in particular the impact on client service delivery to minimize service disruption. Furthermore, the County should engage closely with Human Services leadership including Division Directors to further evaluate programs identified for transition to encourage purposeful input, obtain staff buy-in, and identify any challenges which may be created, as a result of program transition. This evaluation should take place within 12 months of homeless services transitioning to Health Services.

Action point 2: Executive leadership should work with County Counsel and Human Resources to assess the legal considerations of each model.

At the outset of evaluation discussions, Executive Leadership should engage County Counsel to review each model from a legal and regulatory stand-point to ensure that there are no fatal flaws and that any potential model combinations are compliant with state and federal law and are capable of adhering to the regulations required to be a recipient of state and federal funding. The input of County Counsel will be particularly important in evaluating the shortlist of affordable housing models, given that each proposed model is a JPA, and JPAs are often in of themselves, not eligible to apply for and receive state and federal funds. Input from County Counsel will be required to address any limitations.

Human Resources should also be engaged in considering potential model combinations in order to ensure that all relevant labor laws, staff related considerations, staffing options, and any potential related challenges are identified and considered during evaluation.

Action point 3: Develop an organizational and operational transition plan.

Once the preferred model combination has been selected, a detailed organizational and operational transition plan should be developed to identify and plan the immediate, medium, and long-term steps which must be undertaken to affect a successful organization restructure. Please refer to Appendix F for a detailed discussion of implementation considerations for the future state.

In adopting the interim state, the following are some of the considerations which should be considered for implementation:

— Staffing requirements,

— Budget and budget updates,

— Revision of governance charters and bylaws,

— Communication and messaging regarding the organization restructure on the County website and proactive marketing to County staff, County constituents, and the private sector.

1.2	Evaluate the impact of transition on CoC structure and governance to ensure continued compliance with funding regulations and requirements
Benefit	Considering the impact on the CoC during any organization model evaluation will ensure that the CoC maintains its ability to actively oversee the County's Continuum of Care and that the County retains its HUD funding status and is compliant in the event of any HUD audit

Under HUD guidelines a CoC Board must designate a Collaborative Applicant, CoC Lead Agency, HMIS Lead, and operate a Coordinated Entry system. At present, Sonoma County's CoC Board has designated these functions to the following appointees:

— **Collaborative Applicant:** The CDC acts as Collaborative Applicant for the CoC.

— **CoC Lead agency:** The CDC currently acts as the Lead Agency for the CoC and has the following related responsibilities:
  — Coordinates and oversees CoC planning efforts
  — Develops funding applications for submission to HUD
  — Coordinates the annual PIT
  — Undertakes the annual inventory count and submits the count to HUD
  — Establishes appropriate performance targets by program
  — Monitors Provider performance and provides technical assistance
  — Undertakes other administrative tasks involving organizing CoC meetings, preparing agendas, memos etc.

— **CoC HMIS Lead:** CDC is the appointed HMIS Lead and manages and operates the HMIS system under its Ending Homelessness Division.

— **Coordinated Entry:** Catholic Charities, under contract with the County, currently operate Coordinated Entry. This contract is due to expire in June 2021.

Actions

Action point 1: Engage with the CoC to evaluate the impact of any organizational restructure on the CoC and its Lead Agency.

Proactively engage with the CoC to discuss Lead Agency options as organizational models are further evaluated. Regardless of the organization model(s) pursued by the County, the impact of the CoC structure should be considered as a priority to ensure that the County retains its funding status and is compliant with any HUD Audit. Each of the models identified under initiative 1.1 as having a high degree of suitability for Sonoma based on the distinct needs of the County, will likely require changes to CoC's current Lead Agency and HMIS Lead. As such, significant consideration should be given to any successor agency. Depending on Sonoma County's preferred organization model approach, options for CoC Lead Agency could include:

— The County, potentially transitioning to another Department or the CAO's office

— A City within the County

— A JPA

— A non-profit organization

Among the California Continuums of Care there are a variety of CoC Lead Agency models utilized. The Hub for Urban Initiatives – a non-profit focused on homelessness in California – outlines the various approaches of each as shown in the table below.

Name of CoC	CoC operated by County Internally	CoC operated by City within the County	CoC operated by JPA	CoC operated by non-profit
Santa Rosa, Petaluma and Sonoma County	■			
Oakland, Berkeley and Alameda County	■			
Sacramento City and County				■
Richmond/Contra Costa County	■			
Salinas/Monterey and San Benito Counties				■
Watsonville/Santa Cruz City & County	■			
Mendocino County	■			
Daly City and San Mateo County	■			
Visalia, Kings and Tulare Counties				■
Fresno City and County and Madera County			■	
Napa City and County	■			
Vallejo and Solano County			■	
Los Angeles City and County			■	
San Diego City and County				■
Santa Ana, Anaheim and Orange County	■			
Long Beach		■		
Pasadena		■		
Oxnard, San Buenaventura and Ventura County	■			
Glendale		■		
San Luis Obispo County	■			

Figure 3: Source: Hub for Urban Initiatives. https://homelessstrategy.com/california-continuums-of-care-2019-lead-agencies-aka-collaborative-applicants-or-administrative-entities/

It is important to note that any changes to the County's CoC Lead Agency and HMIS Lead will require approval of the CoC Board and updates to the CoC Governance Charter for submission to HUD.

Action point 2: Conduct an evaluation of each potential option for CoC Lead Agency.

Based on the organizational models selected under initiative 1.1, Executive Leadership in collaboration with the CoC Board should conduct an evaluation of the potential options available for the CoC Lead Agency and HMIS Lead, including: transitioning the Lead Agency to another Department or the CAO's office, transitioning it to a City within the County, transitioning it to a JPA or a non-profit organization.

This evaluation could be undertaken in a number of different ways, for example, the County and CoC could conduct an assessment of the strengths, weaknesses, and risks of each model to assist in making a decision. Alternatively, an evaluation methodology could be developed, similar to that which has been developed to assess organization models. This process would require the development of a set of criteria with each option scored based on its alignment to the developed criteria. The following are examples of criteria which the County may consider utilizing in undertaking this process:

— Timeline and complexity of transition, skill, expertise, and capacity of the proposed option to act as Lead Agency and HMIS Lead

— Degree of County input in CoC Lead Agency and HMIS Lead

— The qualification of an entity to serve as the CoC Lead Agency

Action point 3: Develop a plan for the transition of CoC Lead Agency and HMIS Lead.

Once an organizational model and a new CoC Lead Agency and HMIS Lead has been identified, Executive Leadership and the CoC Board should develop a transition plan to ensure a smooth transition. The plan should consider the following at a minimum:

— Timeline for transition a roadmap identifying the steps which must be undertaken to achieve the propose timeline for transition

— HUD Requirements and related documents which must be completed and submitted to HUD to effect the change in Lead Agency and HMIS Lead

— Administrative actions such as updates to the governance charter which must be undertaken for the Lead Agency and HMIS to be successfully transferred

— Staff members who will undertake administrative actions should be considered

— Staffing or training requirements of any new Lead Agency should be considered

— Updates required to the County website as a result of transition

— Memos should be issued to all County staff and CoC Board to ensure they are aware of the updates

Strategy and Performance

2.1	Expand on Point-In-Time Count exercise to conduct a comprehensive needs assessment of population to align with differentiated housing and service strategy
Benefit	Understanding the needs, wants, and desires of persons experiencing homelessness will allow for a more targeted approach to the planning and provision of service and will ensure the overarching needs of the population are identified and understood. It will allow for greater triangulation of suitable program offerings with the homeless population in a way that improves program impact

Currently, the County conducts an annual PIT which is typically undertaken during the last week of January as is required by HUD. While the PIT provides insight into the number of persons experiencing homelessness as of an annual *point in time* along with some data surrounding subpopulations, demographics, gender, race, educational attainment, and employee status for example, it does not provide transparency into the comprehensive needs of the population in a way that allows the County to optimally align services and make informed investment decisions. Current state PIT limitations include:

— PIT measures the number of persons in shelter, transitional housing, encampments or identified during street counts on a particular night in the year and as such, does not track the number or needs of persons experiencing homelessness over a period of time

— PIT does not account for the number of jail inmates who identify as experiencing homelessness upon intake, whom based on data analysis represented an average of 38% of total jail population in Sonoma in 2020

— PIT does not capture the needs and desires of persons experiencing homelessness nor the issues that may improve their willingness to seek, receive, and/or accept services

Based on focus groups held with individuals with lived experience of homelessness in Sonoma County, it is clear that persons experiencing homelessness have varying needs and desires based on personal and/or experiential circumstance, as well as their place in the continuum. For example, while some individuals described the lack of PSH as the greatest need, others identified safe parking as a key challenge, while still others expressed a desire for an increase in sanctioned encampments or opportunities to live in nature in a less traditional environment.

Expanding on the PIT to undertake a cross-jurisdictional, comprehensive needs assessment will allow the County to better understand the needs, wants, and desires of the demographic, allowing for a more targeted, effective approach to strategic and investment planning with respect to differentiated housing supply and the planning and provision of service and program offerings to better align to the needs of the population. The Cities of Seattle [2] and Fullerton [3] and counties of Mendocino and Riverside have all conducted comprehensive needs assessments in order to better understand the needs of their respective homeless populations and assist with strategic planning.

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[2] https://www.seattle.gov/homelessneeds/docs/Homeless_Needs_Assessment_Findings_November_2009.pdf

[3] https://www.pohoc.org/wp-content/uploads/2015/05/Fullerton-Homelessness-Needs-Assessment.pdf

Actions

Action point 1: Establish a cross jurisdictional, needs assessment committee to plan the needs assessment.

The needs assessment committee should include representatives from both Cities and the County, the CoC, Providers, and those with lived experience of homelessness. The needs assessment committee will have the following responsibilities:

— Consider whether a Provider organization should be identified to perform the needs assessment

— Designate a suitable time period for undertaking the needs assessment. Based on benchmarking data and KPMG experience, typical needs assessments are undertaken over a 3-to 6-month period

— Recruit and train volunteers to survey and conduct the needs assessment

— Consider incentive(s) available for participation in the assessment, for example whether those experiencing homelessness will be compensated for undertaking a needs assessment survey. The City of Fullerton for example, issued a bus voucher to each individual who took part in the survey

— Consider how the survey results will be compiled and findings developed

— Develop a roadmap for needs assessment completion, which will identify the implementation steps and a timeline for completion

Action point 2: Develop a process for data collection.

Having developed a needs assessment plan, the needs assessment committee, should consider how the data will be collected. There are a number of methods that can be used for data collection including:

— Surveys

— Interviews

— Focus groups

— Data analysis

Based on benchmarking and KPMG experience, many needs assessments utilize a number of these data collection methods to provide a more comprehensive approach to identifying community needs. Regardless of the data collection methods employed, a number of questions should be developed for use within surveys, interviews and / or focus groups. Examples of questions which could be included within this survey and/or interview list include.

— What are your top 3 greatest needs?

— What factors would increase willingness to accept service?

— What are the current factors which cause discourage service acceptance?

— What method of Coordinated Entry would you be most likely to use?

— If the County could provide further housing options, which would be the greatest value to you (e.g., Permanent Supportive Housing, Transitional Housing (LG Village type models, Rapid Rehousing, Tiny Homes, Emergency Shelter, Safe Parking, camping options, sanctioned encampments, other)?

— What type of documentation would be most helpful to persons experiencing homelessness, if they could be provided a no cost (e.g., birth certificate, Social Security cards, ID or driver license, other)?

In addition to developing surveys and holding interviews and/or focus groups, the County should consider conducting analysis of available data within HMIS and ACCESS to understand the degree of services which persons experiencing homelessness are currently utilizing, as well as, the number of available housing options.

Action point 3: Collect and analyze the data.

Having collected the data, the next steps in the process will be to input and analyze the data to provide the required insights. The results of surveys, interviews, and focus groups could, for example, be documented in a spreadsheet with dashboard outputs which would act as a central location for the data obtained. The data could then be analyzed to develop detailed insights into the needs of persons experiencing homelessness. The analysis phase should also involve regular team meetings where analysis can be discussed.

Action point 4: Compare data with ACCESS and HMIS data and apply criteria to identify needs.

Following data analysis, the available data should be compared with data available within ACCESS and HMIS to develop a comprehensive understanding of needs. Once the needs of persons experiencing homelessness have been identified and a set of comprehensive population cohorts developed, the data should be utilized to inform future decision-making surrounding the expansion of IMDT cohorts, program and service offerings, and targeted housing types for investment and development, for example.

Figure 4: Source: KPMG

2.2	Develop through a lead agency who has capacity, a Countywide strategic plan to address homelessness and a separate strategic plan to address affordable housing
Benefit	The development of a Countywide, cross jurisdictional strategic plan for affordable housing and homeless services will enhance City and County collaboration, ensuring that all stakeholders share a common vision, direction, and goals which will enhance competitiveness in funding pursuits, increase efficiency of project prioritization and achieve desired outcome

The County lacks a clear, Countywide, cross-jurisdictional, data-driven vision and strategy which has defined performance measures. While the County has undertaken some actions related to strategic planning (discussed further below), those efforts have not involved the input of certain key stakeholders within the ecosystem to arrive at a truly regional strategy and obtain broad buy-in.

— The CDC on behalf of the Urban County JPA (Sonoma, Cotati, Windsor, Sebastopol, Healdsburg, Cloverdale and Rohnert Park) prepared a five-year consolidated plan for years 2020-2025, however, the plan excludes Petaluma and Santa Rosa given they are themselves HUD Entitlement Jurisdictions and as such, are not part of the Urban County. In addition, the plan is specific to HUD funding sources rather than funding from all state and federal Sources. Finally, based on input from focus groups, the City Managers do not appear to be aware of this plan.

— In 2019, the CDC in collaboration with LeSar Development Consultants developed a 3-Year Strategic Plan whose purpose was to identify the role of the CDC within the County of Sonoma and to guide its work efforts in a rapidly changing environment. However, based on stakeholder interviews, County staff, City managers, and those with lived experience were not aware of this strategic plan and – those who were aware – cited a lack of cross-departmental input and buy-in as a significant issue.

— Finally, Bischoff Consulting was engaged by leadership in North County to develop a five-year strategic plan for the areas of Healdsburg, Windsor, and Cloverdale, however, no such plan has been prepared for other areas of the County nor has a Countywide plan with a regional focus been commissioned on either homelessness or housing.

The absence of a regional strategic plan results in a lack of shared vision, common goals, and 'skin in the game' on the issues of homelessness and affordable housing across the Cities and County of Sonoma which is key to encouraging positive collaboration and achieving results. Based on interviews and focus groups held with City Managers, the lack of a real strategy, prioritization, and common shared vision deters Cities from combining and sharing resources with the County. Furthermore, the lack of shared vision, common direction, strategic plan and project prioritization results in a lack of competitiveness in funding pursuits. Per HUD, the most successful applications are those which show an understanding of community needs and the steps which must be undertaken to meet those needs, have a specific plan, as well as a method for evaluating that plan. Therefore, the development of a strategic plan will enhance the County's competitiveness in obtaining funding and will also increase clarity on direction, among the broad range of stakeholders.

The following actions should be undertaken to develop a strategic plan:

Actions

Action point 1: Identify a lead agency who has capacity to develop a Countywide strategic plan to address homelessness and a separate strategic plan to address affordable housing.

The first step for the County in undertaking strategic planning for both homelessness and affordable housing is to identify a lead agency(s) who has capacity to develop the strategic plans. The CDC, as Lead Agency and administrative entity for the CoC, neither has the bandwidth in terms of staffing levels nor the credibility within the stakeholder ecosystem to lead the development of strategic planning, while the CoC itself also lacks resources and is in process of updating its governance charter and policies due to a legal issue with an organizational restructure from 2018.

Instead, the County could establish a separate committee responsible for strategic planning. The Committee would need to be made up of representatives from Human Services, Health Services and the CDC including leadership and front-line outreach workers, representatives of each of the Cities, representatives of the Providers and the Safety Net Collaborative, and those with lived experience of homelessness who would work together to plan and undertake the development of the strategic plan. Alternatively, the County could also consider outsourcing strategic plan development to a third-party contractor. In this instance however, the County must ensure that any contractor agrees to meaningfully engage all relevant stakeholders in the strategic planning effort.

Action point 2: Incorporate the results of the needs assessment into the development of the strategic plan.

The results of the needs assessment recommended under initiative 2.1 must be utilized in the development of strategic plans for both homelessness and affordable housing as the assessment will identify the distinct and differentiated needs of those experiencing homelessness which should be used to develop strategic goals. However, given the urgency of adopting a strategic plan to enhance positive collaboration and a shared vision, particularly between the Cities and the County, the County should begin the development of the plan before the needs assessment is finalized. The plan can be updated accordingly once the results of the needs assessment have been presented.

Action point 3: Ensure a shared vision by incorporating the voices and concerns of Cities, front line staff, Providers and those with lived experience.

While the Board of Supervisors during the development of Sonoma County's Five-Year Strategic Plan, established a goal to develop a strategic plan for homelessness with City input, the voices of front-line staff and Providers who have regular contact with persons experiencing homelessness, as well those with lived experience of homelessness must also be included in order to infuse all perspectives and generate buy-in across the spectrum of stakeholders. In this way the County can create a collaborative, shared vision to achieve success. This can be undertaken utilizing a variety of approaches including interviews, focus groups, surveys, and charettes. Among the considerations that must be addressed in the strategic planning process that is key to generating buy-in and 'skin in the game' of the major stakeholders including the Cities and Providers *is the type and level of contribution(s)* they will commit to make toward achieving success (i.e., collaborative agency role/participation, staff resources, funding contributions, in-lieu payments, land/facilities for shelters, or other investment).

The County of Sacramento in the development of its Strategic Plan on Homelessness, obtained input from a broad range of Providers across the County including County staff, Providers and those with lived experience through interviews and surveys.

Action point 4: Develop a structured, data-driven program of performance measurement and metrics tracking to monitor progress in achieving goals of the strategic plan.

The development of clearly defined performance measures and metrics linked to strategic goals is key to monitoring progress toward achieving strategic goals and overall success. Examples of indicative performance measures could include the following:

— **Affordable Housing:** By 2026, less than 5% of persons who have experienced homelessness and have been housed become homeless again

— **Homelessness:** By 2026, reduce the average length of homelessness by 50%

— **Behavioral Health:** By 2022, persons experiencing homelessness in need of significant behavioral health intervention consistently receive services within 14 days of referral

— **Diversion:** By 2026, reduce by 20% the number of persons experiencing homelessness entering the criminal justice system as a result of diversion

— **Funding:** By 2026, increase level of funding and sources blended and braided for homeless services by 20%

— **Data and system usage:** By 2022, use data-driven information to identify homeless population cohorts with greatest need and expand IMDT cohorts

In addition to performance measurement development, regular metrics tracking should be implemented and cadenced reports issued to Executive Leadership and other stakeholders to facilitate the monitoring of progress towards achieving strategic goals allowing for timely action to be undertaken where underperformance is identified. Active measurement and public reporting of progress against these metrics is essential to optimizing funding and rebuilding trust and credibility with the public and within the ecosystem.
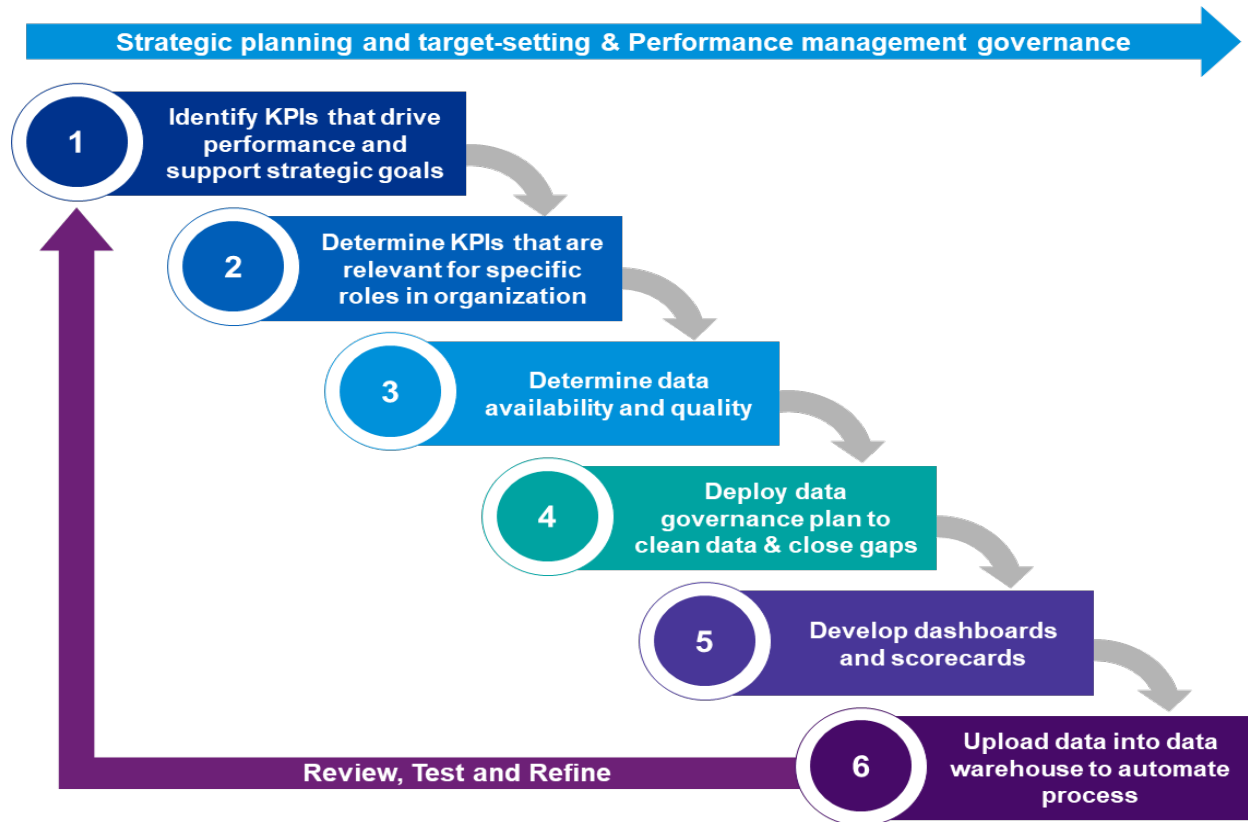
Figure 5: Source: KPMG

Action point 5: Monitor, manage and revise the strategic plan based on the future data analysis.

The strategic plan should be monitored on a cadenced basis to assess progress toward achieving strategic goals. The monitoring process will require data analysis and regular reporting to Executive Leadership. In circumstances, where the County is not on track to achieve distinct goals, goals should be re-assessed and the strategic plan updated where considered necessary. Regular monitoring of strategic plan progress will ensure the County achieves its goals in the most efficient and effective way.

2.3	Leverage ACCESS and Provider community input and establish strategic cohort populations and program and/or service coordination or multi-year integration plan
Benefit	The establishment of population cohorts based on underlying data will ensure that cohorts are strategic, align with the needs of persons experiencing homelessness, identify those with the highest needs, and ensure alignment with the County's strategic goals

Under the ACCESS initiative developed by the County, an IMDT was established to case manage multiple population cohorts simultaneously with staff from a variety of Departments across the County including Health Services, Human Services, CDC, Probation, and Child Support Services. IMDT focuses on high system utilizers and high needs homeless across six specific cohorts (four of which are currently active[4]) as follows:

— Emergency Rapid Response Cohort

— High Needs Homeless (Whole Person Care)*

— Homeless Encampment Access and Resource Team ("HEART")*

— Mental Health Diversion Cohort*

— Emergency Department High Utilizers

— COVID-19 Cohort*

The population cohorts utilized by the IMDT were developed in response to the various emergencies and crises across the County, such as the Complex and Kincade Fires and the COVID-19 pandemic, as opposed to having been established based on data-driven information. While responding to the wildfires and COVID-19 was duly required, going forward the IMDT should establish population cohorts based on a combination of data from the needs assessment discussed under initiative 2.1, HMIS data, as well as data from the ACCESS system which was developed to support the IMDT.

For example, Indianapolis-Marion County is in the process of building a data analytics tool that will better identify and track outcomes for people using multiple systems and designing strategies to improve services and outcomes for high-utilizer people and their communities. The tool will be used to identify strategic cohorts in order to greater align programs with the target population. The strategies are intended to help ensure that people with combined health and human services challenges get the care they need when they need it, thereby preventing the costly cycle of crisis and ensuring the criminal justice system is not misused to address behavioral health and other issues. This process has involved establishing cross-agency working groups to address issues related to high users of multiple systems, problem solving for chronic recidivists, and improving outcomes of pretrial and reentry services.

Employing a data-driven approach to cohort development will allow the County to enhance its understanding of population vulnerabilities, identify the areas of greatest need and develop cohorts in response. This will result in a more effective and efficient use of resources and achieve greater results.

Actions

Action point 1: Task the IMDT with reviewing available data to establish additional strategic cohorts

The County is currently working with IBM to develop a more comprehensive reporting function within ACCESS surrounding unique common clients across Departments which will provide more data on the characteristics,

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[4] Asterisk implies that cohort is currently active

profiles and services offered to each client. However, simultaneously the IMDT should begin reviewing available data from HMIS and ACCESS as a first step in transitioning to a more data-driven approach to population cohorts. The results of the needs assessment should also be factored into the assessment to encompass the voices of those experiencing homelessness.

Action point 2: The IMDT should convene steering groups to develop cohort strategies.

Developing cohort strategies will require cooperation across all the Departments of the Safety Net Collaborative and Providers. To achieve this, the IMDT should convene a number of steering groups to include representatives from the Probation Department, District Attorney, Sheriff, Public Defender, Behavioral Health, Public Health, Child Protective Services, Human Services including Adult and Aging, Family, Youth and Children, and Employment and Training as well as a representative group of Providers. The County's Information Systems Department should also be included within the steering groups to advise on technology related strategies. Steering groups will be tasked with developing strategies for strategic cohorts for recommendation to the IMDT. Each steering group will be assigned one strategic cohort, based on the data review undertaken by the IMDT under Action 1 above.
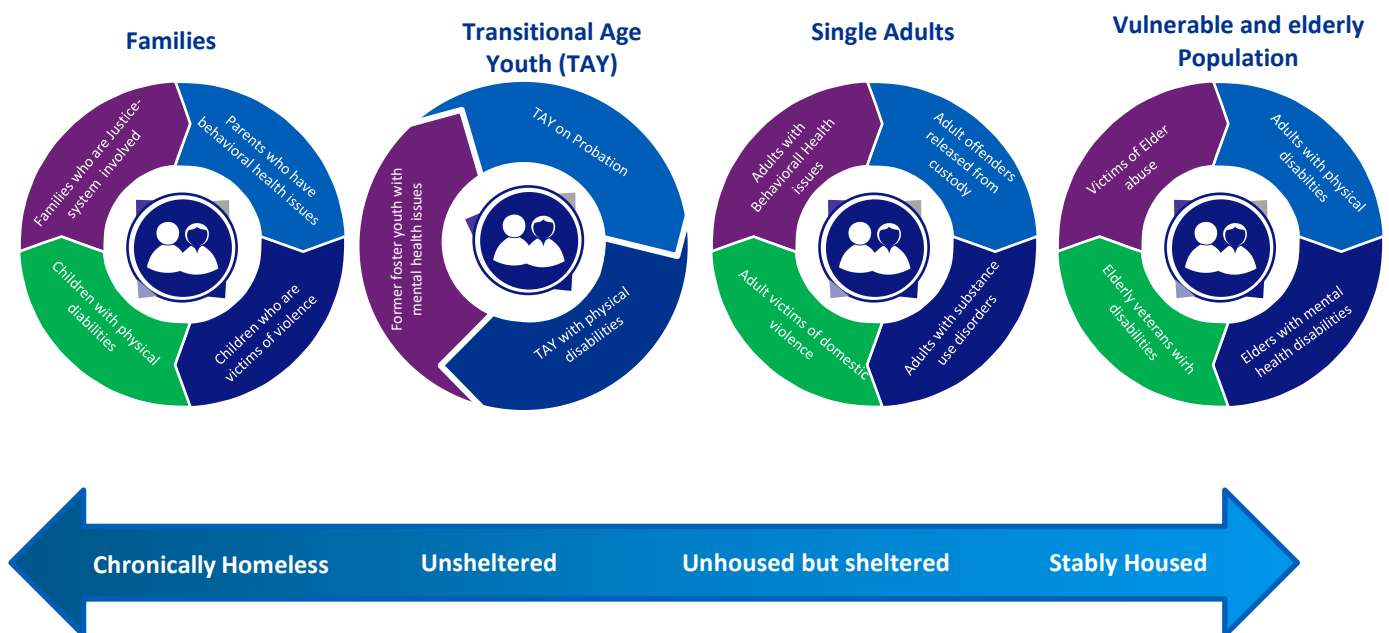
Figure 6: Source: KPMG

Action point 3: Pilot cohort programs and monitor impact.

Having developed cohort strategies, the IMDT should pilot the cohorts for a 6- to 9-month period. The impact and performance of each specific cohort should be closely monitored during the pilot period with any issues identified and resolved, where possible. The following are examples of performance measures which could be employed to measure impact (this list is not all inclusive):

— Number of clients served

— Program utilization rate

— Number of clients who successfully receive PSH

— Number of clients who accept shelter or transitional housing

— Number of clients who recidivate

— Number of clients who become justice involved during programming

Based on continuous performance monitoring, cohorts should be refined where required and ultimately a decision made as to whether a cohort should be fully implemented based on overall impact.

Action point 4: Develop eligibility criteria manuals and in-field job aids for each strategic cohort.

Having identified strategic cohort populations, the IMDT should develop eligibility criteria for each cohort. The eligibility criteria will identify the distinct requirements that an individual must meet in order to qualify for service under a cohort. Furthermore, the IMDT should develop a manual for each cohort outlining the purpose, eligibility requirements, guidelines, and points of contact as well as in-field job aids which provide clear task direction and instruction for staff and could come in the form of worksheets, checklists, or cheat sheets. The manuals can be issued to both County staff and persons experiencing homelessness to provide them with more information of the cohort.

Action point 5: Publicize the development of the strategic cohorts.

The County should publicize the expansion of IMDT cohorts to ensure that County staff, Providers, persons experiencing homelessness, and the community at large are aware of the available IMDT cohorts. The County could undertake the following steps to publicize IMDT cohort expansion:

— Update the County website for the existence of the new cohorts

— Issue a County-wide memo to staff, Providers, outreach teams, and law enforcement advising of the development of the strategic cohorts

— Update the County's social media pages

— Task outreach teams and law enforcement with advising persons experiencing homelessness of the IMDT cohort expansion

Governance

3.1	Revise Department charter statements to align with any organization restructure
Benefit	Refreshing charter statements will ensure that staff are clear on their Department's vision, mission and role within the confines of the overall organization, ensuring alignment across the organization in working toward a common goal

As discussed under initiative 1.1, the current organization structure as it relates to housing and homelessness does not facilitate the collaborative, regional and efficient provision of service across the expanse of the Cities and County of Sonoma. Based on this finding, a number of potential organization models were analyzed for feasibility. Please see Appendix F for further information of the criteria used to evaluate each model.

Regardless of the organizational model chosen by the County, current Department charter statements will require revision to align with any restructure. Department charter statements are an important means of clarifying and defining the role of each individual Department, its underlying Divisions and aligning and communicating Department vision, mission, purpose, role, responsibility, decision-making authority, services objectives, and key stakeholders to that of the organization as a whole. The absence of such charters and descriptions results in a lack of coordination and common direction.

Actions

Action point 1: Require each Department within any new organizational structure to develop a revised charter statement outlining vision, mission and purpose, role, responsibility, decision-making authority, services objectives, and key stakeholders to align with that of the restructure objectives.

Department leadership should encourage key Department stakeholders and front-line staff to engage in this process in order to obtain cross-departmental, organizational buy-in and commitment. Staff engagement can be undertaken in a variety of different ways including:

— Undertaking staff surveys

— Hosting focus groups and workshops

— Creating a virtual share-forum for staff to share ideas

— Creating a mailbox to allow employees can submit suggestions anonymously

The methods for refreshing and/or creating charter statements will differ based on the organization model pursued by the County, for example in the case of a JPA, a JPA contract must be developed, which under legislation must include the following fundamental elements:[5]

— Purpose: Outline the purpose of the agreement

— Financial Accountability: Provide strict accountability of all funds, receipts, and disbursements

— Treasurer: Designate a treasurer for the entity

— Administration: Must specify entity who will carry out administration

— Manner of exercising power

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[5] https://www.cacities.org/getattachment/5768b027-71a7-4bc5-8d82-d2009f304297/LR-Cassman

— Distribution of Assets: Provide for the disposition, division or distribution of acquired property of the JPA upon termination

— Contract Participation Goals: For state agency or departments, the JPA must comply with certain statutory requirements in the area of contract participation goals for business enterprises owned by minorities, women and, disabled veterans

Furthermore, any JPA must develop a set of bylaws outlining the processes, procedures, and expectations governing meetings, board officers, committees and related subjects. Any JPA should also adopt a Conflict of Interest Code. Please see initiative 1.1 for the implementation considerations of each organizational model.

Action point 2: Develop a pulse survey for issuance to staff on a cadenced basis.

Following the revision of charter statements, the County should consider issuing a pulse survey to staff on a cadenced basis to identify staff engagement and areas where clarity is required on roles, responsibilities, and decision-making authorities as the organizational restructure gets underway. Based on KPMG experience, pulse surveys are between 5 and 10 questions in length and can be issued on a monthly or quarterly basis.

Examples of survey questions include:

— What are the challenges you are currently facing?

— Were you able to achieve your goals during this period?

— Do you have the resources you need to achieve your goals?

— Are you clear on your roles and responsibilities within your Division or Department?

— Is there anything further the Department could be doing to improve your employee experience and ability to optimally perform your job?

3.2	Engage with workforce to understand the drivers of staff attrition resulting in the loss of institutional knowledge
Benefit	Clarifying roles, responsibilities, and decision-making authority within a redesigned ecosystem will increase staff morale, empower staff to make decisions at an appropriate level and increase efficiency of operations and service delivery. Clarification of roles, responsibilities, and decision-making authority may also have a positive impact on averting trending attrition

The County has suffered substantial attrition in the last year and beyond with a significant loss of institutional knowledge, particularly within the CDC which has proven difficult to replace. For example, there are currently seven vacant positions within the Housing and Neighborhood Investments Division, which have remained unfilled for some time. Many of the vacant positions are at a management level (Affordable Housing Development Manager, Affordable Housing Finance Manager, Assistant Community Development Manager) and the vacancies have resulted in slowed response times and missed opportunities. Furthermore, increasing workload among remaining staff has resulted in 'burn-out', and a lack of clarity on role, responsibility, and decision-making authority.

Actions

Action point 1: Clarify staff roles and responsibilities at the organizational level to increase efficiency within a redesigned ecosystem.

Any redesigned system should ensure that staff roles and responsibilities are clearly defined through the development of a roles and responsibilities charter. The charter should at a minimum consider the following:

— Working job descriptions for each role within the ecosystem

— Distinct responsibilities related to each role

— Reporting requirements and relationships for each role and for the Division and Department

— Process and policies regarding training and promotion trajectory

— Level of decision-making authority

Action point 2: Develop an employee survey to understand drivers of staff attrition.

The County should increase engagement with staff by issuing an employee survey. The survey should seek to understand staff satisfaction and the reasons behind staff attrition. The following are examples of questions which could be included on the survey:

— How likely are you to be working with the County in one year?

— If you were to leave your role with the County what would the primary reason be?

— What are the primary steps the County should take to increase job satisfaction?

— How likely would you be to refer someone to apply for a job at the County?

Action point 3: Analyze the results of the survey and evaluate opportunities for operational change.

Following the completion of staff surveys, the County should analyze results to identify the key drivers of staff attrition. Having analyzed results, the County should evaluate opportunities to implement operational changes to respond to the key drivers of attrition and develop an action plan to ensure that any proposed changes are implemented in an effective and efficient way.

Funding Optimization

4.1	Establish a Funders Collaborative to increase competitiveness of funding pursuits
Benefit	Increasing cross-departmental collaboration during pursuit of state and federal funding will enhance the competitiveness of funding applications to increase level of funding obtained from state and federal sources

The County obtains funding from a range of federal, state and local sources, including HUD, California Department Social Services ("CDSS"), and Federal Emergency Management Agency ("FEMA") to name a few. Currently, funding pursuits are undertaken in silos, with each Department or Division developing funding applications in isolation, with limited cross-departmental collaboration, and a general lack of awareness of cross-departmental pursuits being undertaken.

Currently, the County does not have a clear vision, strategy and allocation methodology for pursuing funds linked to goals and objectives which may reduce competitiveness in pursuing funds and creates challenges when allocating funding to programs and services. Funding allocation decisions are not made in response to any clear strategy, prioritization plan, and data-driven allocation methodology. There is also a challenge in understanding the exact amount of funding which each program should receive in order to make a significant impact and achieve desired outcomes.

Furthermore, the Cities of Petaluma and Santa Rosa are of themselves HUD Entitlement Jurisdictions and apply for HUD funding sources independently. They cited the lack of a clear County-wide, cross-jurisdictional strategy for funding use as a key deterrent to combining funding resources with that of the County to establish a true regional approach to funding allocation.

Increasingly the requirements of certain grant funding require the applicant to provide a local match to partially fund any program. Therefore, a lack of local match, or a lower local match than that of their peer applicants, makes County applications less competitive in obtaining funding from certain federal and state opportunities. Currently, there is no evaluation process in place to measure the impact of local match in the programs it partially funds at present and as such, there may be opportunities to better leverage local dollars across other funding sources.

The lack of a collaborative approach, including lack of shared strategy and prioritization plan impacts funding pursuits results in reduced competitiveness for grant funds as compared to peers. Increased coordination between Departments and Cities in this process would create a more strategic, Countywide, cross-jurisdictional approach to leveraging funding sources, as Departments and other stakeholders would possess a more comprehensive understanding of community needs across Departments and a plan to address these needs, as well as identify opportunities to pool resources and develop combined grant applications.

Actions

Action point 1: Establish a cross-Department, cross jurisdictional Funders Collaborative.

The County may consider developing a Funders Collaborative which would comprise representatives from all Departments involved in the delivery of housing and homeless services across the County, as well as representatives from the CoC and the Cities. The Funders Collaborative would be responsible for activities such as:

— Developing a project prioritization plan to better pool financial resources

— Identifying new funding sources and associated application timelines and resources required for each for which the County would be eligible

— Identifying opportunities for Departments to pool resources and develop combined grant applications to obtain funding and coordinating funding pursuits

— Evaluate opportunities to enhance effectiveness of local match

In addition to grant funding, in November 2020, Sonoma County Constituents approved Measure O, a quarter cent 10 year sales tax which is to support Behavioral Health Facilities, Emergency Psychiatric Services, Mental Health and Substance Use Disorder Outpatient Services, Behavioral Health and Homelessness Care Coordination, and Transitional and Permanent Supportive Housing throughout the County. The County estimates that Measure O will provide $25 million of funding per year for the next 10 years and has established a working group to consider and plan for how funding should be utilized. Given the considerable amount of funding which will be made available under Measure O, the County should ensure that representatives from this working group also form part of the Funders Collaborative, allowing the Collaborative to have a comprehensive purview of all homeless and housing related funding sources and in doing so, ensure that decisions surrounding the potential blending and braiding of funds, as well as funding uses can be made in the most effective and constructive way possible to best meet the needs of clients.

Action point 2: Develop a charter statement for the Funders Collaborative.

A charter statement should be developed for the Funders Collaborative which will outline the collaborative's purpose, vision, mission, activities, objectives, roles, responsibility, decision-making authority, membership, and committee procedures. It should also include information on the scope of funding sources within the body's decision-making remit. The roles and responsibilities of each individual member should also be clearly defined. In the event that the County decided to pursue a JPA for affordable housing, the Funders Collaborative could form part of the JPA.

Action point 3: Develop a vision statement and strategic project prioritization plan.

The County should task the Funders Collaborative with developing a Countywide, cross jurisdictional vision statement to guide funding pursuits and allocations which should align with strategic plan recommended for development under initiative 2.2. A project prioritization plan for funding sources to better pool financial resources and prevent fund allocation dilution should also be developed. There are a number of methods which can be incorporated to develop a prioritization plan including the scoring model which involves scoring each potential funding option against a range of criteria with the following being the development steps:

— Select three or four scoring criteria (e.g. program cost, outcome, community impact)

— Assign ranges to the criteria to rank the projects (e.g., 0-5 or 0-10)

— Assign weights to each category (e.g., outcome may be a more significant deciding factor than impact)

Any prioritization plan criteria should be developed based on available data including the results of the needs assessment recommended under initiative 2.1, as well as available HMIS, ACCESS and Apricot data[6]. Ideally programs aligned with the greatest need and most successful outcome (historically) should be funded.

Action point 4: Implement a process to monitor progress toward achieving goals under the project prioritization plan.

Project prioritization plan should be monitored regularly in order to evaluate progress toward achieving outcomes. Regular project monitoring will ensure that under-performing projects can be dealt with at the early stages of development with any issues resolved in an efficient and effective way. Any performance measurement process will require cadenced data analysis and reporting to Executive Leadership and the

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[6] Apricot is a social services solution system utilized by Human Services in tracking and monitoring a number of its programs

members of the Funders Collaborative to allow results to be monitored and any remediating actions undertaken.

Action point 5: Evaluate opportunities to increase impact of local match to enhance the County's ability to leverage funding and enhance competitiveness of applications.

County should consider implementing a process to measure the impact of local match in the programs that local match currently partially funds and evaluate opportunities to redirect local match toward funding sources which have the greatest impact on the community needs. To the extent additional local match funding can be identified for future funding pursuits as part of this evaluation, there would be incremental benefit to the County.

Program Optimization

5.1	Conduct an evaluation of the program inventory and ancillary services to better connect target populations with program offerings and/or identify duplication and gaps in service
Benefit	Utilizing the results of the needs assessment to greater connect the target population with programs offering will optimize alignment, reduce gaps and / or duplication in service offerings, increase value for money and enhance awareness of program offering per population cohort

Many stakeholders throughout interviews highlighted concerns over a lack of alignment between program offerings and target population, particularly those who require multiple services. Often, programs offered to persons experiencing homelessness are dependent upon the level of awareness that the County staff and case manager have of those programs and program availability rather than on the most suitable program for a specific individual's need.

As noted elsewhere in this report, persons experiencing homelessness have varying personal needs and requirements based on their place in the continuum, which the PIT does not comprehensively capture. The absence of a comprehensive understanding of target population need, coupled with the lack of a comprehensive "single-source-of-truth" program inventory across the County and consistent, regular performance reporting – particularly related to program utilization, related demand, and success in achieving outcomes – makes it challenging to identify gaps and / or duplication in service offering.

Based on surveys issued to a number of stakeholders across the system of care, 72% of all responses, suggested that there was little duplication at present, but rather gaps in service offerings. Where respondents identified duplication, it was largely attributed to the lack of collaboration between the Cities and County in offering service.

The needs assessment recommended under initiative 2.1 will allow the County to obtain a greater understanding of the needs and wants of persons experiencing homelessness, as well as the various target populations within the homeless community such as, those who have substance abuse needs, those who have behavioral health, medical needs or both etc. Furthermore, implementing a consistent performance measurement system which allows for enhanced program and Provider comparison and regular, consistent reporting to leadership, particularly in the areas of program utilization and demand as identified in initiatives 5.2 and 9.2, will allow the County to greater understand the need and demand for particular programs.

Comparing the results of the recommended needs assessment with the current inventory of programs, while taking into account program performance, will not only better highlight both gaps and duplication in service offerings, but facilitate better alignment of programs to target populations. Having the right information will help County Leadership ensure that adequate programming is available for those with the greatest need, identify and reduce duplication of programs as may become apparent, and increase value for money as programs become aligned to the needs of the population.

Actions

Action point 1: Complete and validate the program inventory matrix begun by KPMG compiled within this review.

Over the course of this engagement, a program inventory was compiled based on data provided by Human Services, Health Services, and the CDC. However, the collection and compilation of the required data proved to be a significant challenge with a significant amount of data remaining uncollected and unvalidated including eligibility requirements, number of clients services, FTEs, and ancillary services. As such, the County should task each separate Department with conducting detailed and robust diligence of the program inventory provided within Appendix D to ensure that all necessary programs per Department have been included and the program data collected is accurate. This will allow the County to hold a program inventory which can act as a single source of truth and can be utilized for analysis under Actions 2 and 3.

Action 2: Sort programs into a program matrix based on separate program characteristics.

Following the completion and validation of the program inventory matrix, the County should sort the programs for analysis within the matrix based on the identified characteristics of each program. The purpose of this analysis will be to identify duplication and/or gaps in program offerings as well as opportunities to blend and braid funding streams, determine program overhead and cost-effectiveness, and better align client needs to data-driven cohorts and strategies. The analysis could also form the basis for the development of an integrated eligibility tool within ACCESS or other system utilized by the County which can dynamically recommend programs or service offerings for clients based on a set of pre-defined rules which could form part of the Coordinated Access Model discussed under initiative 6.2. Examples of program characteristics for analysis include:

— **Degree of funding flexibility**: 1991 realignment, for example, is much more flexible that some other state of federal funding sources

— **Client Characteristics:** The target population associated with each program, for example, older adult, adult, youth, family, children among others

— **Income Status:** The level Average Median Income ("AMI") to be eligible for program participation

— **Health Status:** The health conditions which the program facilities, such as, mental illness, chronic health issues, physical disabilities, substance use disorder, HIV and/or AIDS among others

— **Housing Stability:** The housing stability of the client to which the program is directed, for example, persons who are experiencing chronic homelessness, homelessness, or are at risk of homelessness

— **Benefits Status:** The required benefit status of a client under a program, for example whether a client is required to be enrolled in CalWorks, MediCal, CalFresh, General Relief, among others

— **Caseload Status:** The team who facilitate or refer the client for programming, for example, Probation, the Courts, APS, CPS, social workers, or others

— **Housing Type:** The type of housing offered under the program, for example, Transitional Housing, ES, PSH, Housing Choice Voucher, or affordable housing programs such as County Fund for Housing or CDBG

— **Benefit Type:** The level of benefit provided under the program such as housing vouchers, rental and /or utility support, direct assistance, or food assistance among others

— **Service Type:** The type of service offered as a result of the program such as case management, navigation, street outreach, in-home support, transport or moving assistance, and advocacy

— **Use Type:** Whether it be land acquisition, infrastructure improvements, or flood elevation

Undertaking this action will provide the County with the platform to conduct a detailed analysis to better align programs to client needs as well as target both duplication and/or gaps in program offerings. Furthermore, as new program and or funding is added, it should be classified according to the above characteristics to ensure the County continue to identify alignments and the potential synergies.
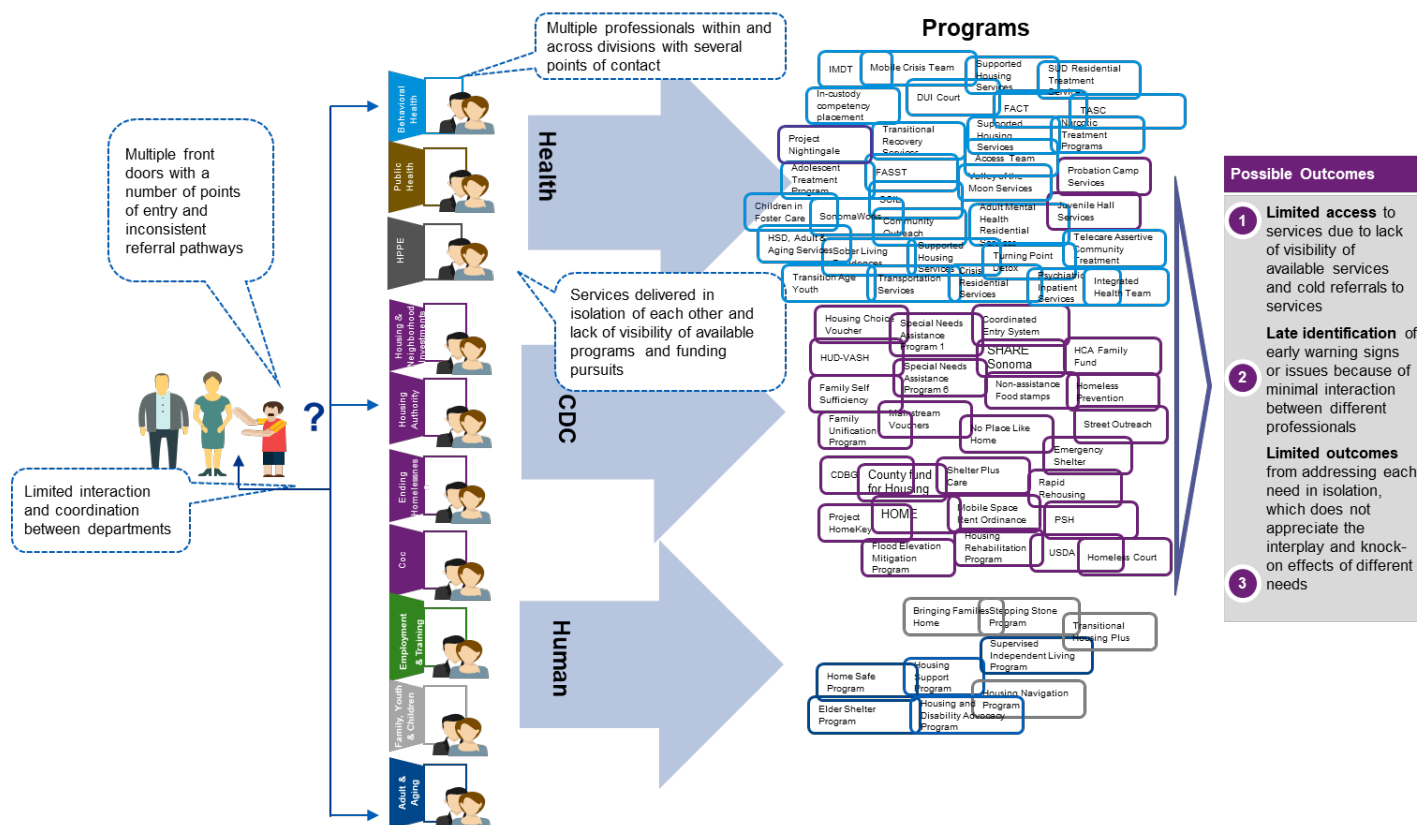
Figure 7: Source: KPMG

Action point 3: Prioritize programs for deeper analysis based on scale, impact, or risk.

Having completed and validated the program inventory matrix, the County should review the inventory matrix to identify a compendium of specific programs based on scale, impact or risk. This analysis would involve reviewing the number of clients served by each program, total budget per program and/or program utilization rate to identify those programs with the greatest impact on the system of care. These programs should be considered for more in-depth analysis with regard to program performance and outcomes.

Action point 4: Identify opportunities to align available programs and/or funding streams to cohorts defined under initiative 2.3.

In order to identify opportunities to align the compendium of programs identified under Action point 2 with the strategic cohorts developed under initiative 2.3 the County should compare the purpose, eligibility, and target population of the strategic cohorts with that of the compendium of program offerings. This process of comparison will allow gaps and/or duplication in service offerings to be identified to inform future decision-making on program funding and investment. The County should continue to monitor program offerings against any updates to strategic cohorts at least annually to ensure that program offerings remain aligned with the needs of the target population.

Furthermore, once identified, the programs available per population cohort should be compiled and the County should consider updating the ACCESS data system to make the information accessible to all County staff involved in the provision of homelessness and housing services to ensure greater connection between programs offerings and target populations when engaging with clients.

Expand service delivery where gaps in provision have been identified	Identify and share best practice within high performing programs	Strategic and operational optimization	Restructure or consolidate programs	Assess option to discontinue programs and reinvest funds towards high value programs

Figure 8: Source: KPMG

Action point 5: Evaluate the homeless and housing related programs and services administered by Human Services which could transition to Homeless Services under a new organizational model.

Based on data analysis, the County should evaluate the homeless and housing related programs offered by Human Services which could potentially transition to Health Services or any Homeless Services Department. Programs which more directly align with those provided by Homeless Services based on target population, eligibility, health status, housing type, service type, and benefit type, for example should be prioritized for transition. Any evaluation should also consider the impact on direct service delivery and should seek to minimize any service disruption by undertaking any transition on a phased basis. Furthermore, the County should engage closely with Human Services leadership including Division Directors to further evaluate those programs identified as early movers to encourage purposeful input, obtain staff buy-in, and identify any challenges which may be created, as a result of program transition. Based on a high level review, the following homeless and housing programs offered by Human Services could potentially be candidates for an early transition given their alignment with existing programs offered by CDC:

1. **Stepping Stone Program**: This program offers temporary housing to assist homeless eligible foster youth under contract with Social Advocates for Youth (SAY). CDC and the CoC both offer a number of temporary shelter programs and contract with SAY for the provision of both temporary shelter and PSH. As such, the program may be considered as a potential early mover given its alignment with CDC and CoC service offerings.
2. **Transitional Housing Plus:** This program provides affordable housing and supportive services to help former foster care and probation youth transition from out-of-home placements to independent living. CDC and the CoC administer a variety of housing programs related to PSH, RRH, emergency shelter and transitional housing to persons experiencing homelessness and as such, this program could closely align with Homeless Services.
3. **Housing Navigation Program:** This program provides housing navigation support to foster youth ages 18-24 that are exiting or have exited foster care to secure and maintain permanent housing. The CDC under contract with Catholic Charities currently administers a housing navigation services and such, this program should be further evaluated for potential transition under a new organizational model.
4. **Elder Shelter Program:** This program provides victim advocacy services, case management, emergency transitional housing to elder and dependent adult victims of abuse referred exclusively from APS. The CDC and the CoC administer a variety of housing and supportive services programs to persons experiencing homelessness and as such, this program could closely align with Homeless Services.
5. **Housing Disability and Advocacy Program:** This program provides a variety of supportive services to support clients who are physically and mentally disabled and experiencing homelessness in obtaining permanent housing. In the event that homeless services transitions to Health Services, this program should be evaluated for potential transition given that it relates to persons with extreme physical and mental disabilities.

The remaining programs: Home Safe Program, Housing Support Program, Bringing Families Homes, and Supervised Independent Living Program could transition to Homeless Services in time, however, have not

been identified as candidates for early transition given they largely relate to persons at risk of homelessness, rather than those experiencing homelessness. Furthermore, these programs are closely linked to APS and Child Protect Services (CPS) clients to whom Human Services offer a variety of services. Please refer to Appendix D for further information on programs

Action point 6: Monitor and maintain the inventory annually.

The program inventory, once validated and updated by Departments where required, should be maintained annually in a proactive, disciplined way as programs are added or cancelled. Maintaining an up to date and accurate program inventory is key to conducting accurate analysis and promoting program awareness across County Departments.

5.2	Develop a consistent and balanced set of data-driven performance measures and cadence of regular reporting to better measure program and Provider performance to inform decision-making
Benefit	Developing a consistent set of data-driven performance measures along with cadenced reporting to Executive Leadership, the CoC and other key-decision makers will allow for enhanced data-driven decision-making related to funding decisions, enhanced successful program outcomes, and ensure that poor Provider and program performance is monitored and dealt with on a timely basis

Throughout interviews, many stakeholders identified the lack of effective performance measurement reporting surrounding program offerings, Provider performance, and inability to effectively measure value for money across programs as key challenges to decision-making. For example, data-related to program and Provider performance is key to making data-driven decisions related to program and Provider funding.

Currently program performance measures are specifically tied to the varying regulations or requirements of the particular funding source(s) allocated to the program. While it is necessary to comply with all funding regulations, there is a need for the County to develop a consistent and balanced set of cross-program, cross-Provider performance measures specific to program and Provider performance in order to allow comparison across Providers and programs. The sample performance measures reviewed do not, for example, effectively measure: (a) *capacity:* in terms of number of clients served, space and Provider capacity,(b) *quality:* with regard to the number of clients who do not complete the program and number of clients accessing the program who become justice-involved, and/or (c) *outcomes:* number of clients who exit programs without a successful outcome. The inability to effectively and consistently compare both program and Provider performance, results in a lack of data-driven decisions surrounding program offering with under-utilized or less successful programs and Providers continuing to be funded year-on-year. Furthermore, it does not highlight and incentivize programs and Providers with poor performance, making it difficult for the County to course-correct in real-time before issues and concerns become problems.

While some Providers are required to report program performance quarterly, others do not have a specified timeframe within which to report performance, if at all. As such, there is a need for consistent, regular reporting by Providers across programs as well as, an enhanced analysis of program performance reporting across the expanse of homeless and housing programs. Reporting program and Provider performance to Executive Leadership, the CoC and other key decision-makers on a regular basis will allow for data-driven decision-making surrounding future program funding and Provider contracting etc. This reporting should also be utilized as a mechanism for program managers to engage with Providers on poor performing programs during the early stages of program delivery.

Actions

Action point 1: Establish a cross-departmental task force to develop a consistent set of program performance measures.

In addition, to the performance measures required by state and federal regulations tied to discrete funding sources, the County should form a cross-divisional, cross-departmental task force to develop a number of consistent and balanced program and Provider performance measures. The task force should include Division Directors, program managers, members of the CoC, and representatives from the Providers themselves who can ensure that the nuances of each program are taken into consideration during the development phase. Examples of such performance measures, while not exhaustive, include:

— Number of clients served versus benchmark

— Program utilization %

— Number of clients who exit the program without a successful outcome

— Length of time taken for client to obtain service

— Length of time taken for client to obtain housing and / or supportive services

— Number of clients who became justice-involved during programming

— Number of clients using emergency room services during programming

— Cost of Provider service per client

— Providers' ability to meet terms of the contract

— Provider compliance with state and / or federal guidelines

Following the development of update performance measures, Provider contracts should be updated for the inclusion of such performance measures and during contract negotiations should be directed towards the additional performance measures and the importance of providing timely reports.

Action point 2: Develop a quarterly dashboard of program performance.

The County currently uses Power BI to visualize HMIS data related to Coordinated Entry as well as PIT data and as such, could utilize this platform for the program performance dashboard. However, prior to upload to Power BI, data will need to be analyzed, checked for data quality and combined. The County will need to consider the County staff best placed to compile the data and undertake analysis for subsequent issuance to Executive Leadership, the CoC and other key stakeholders. In time, individual program managers should be tasked with monitoring dashboards on a monthly basis at a minimum and with engaging with Providers of poor performing programs.

Commendably, the County through Human Services is currently piloting a Results Based Accountability ("RBA") program to better monitor and track Provider performance in achieving outcomes based on their contract with the County. RBA measures performance across three cohorts, each of these cohorts contain specific metrics based on the type of contract or services being provided:

— How much did a Provider do? For example, how many clients did a Provider serve?

— How well did the Provider do it?

— Is anyone better off?

The RBA initiative is currently piloting one contract per Safety Net Department (homeless and housing services are not yet part of this) and Human Services are in the process of developing a system to capture data and an interactive dashboard which will visualize program performance. The County may consider aligning its performance measures with the RBA tool in the future once it has fully scaled.
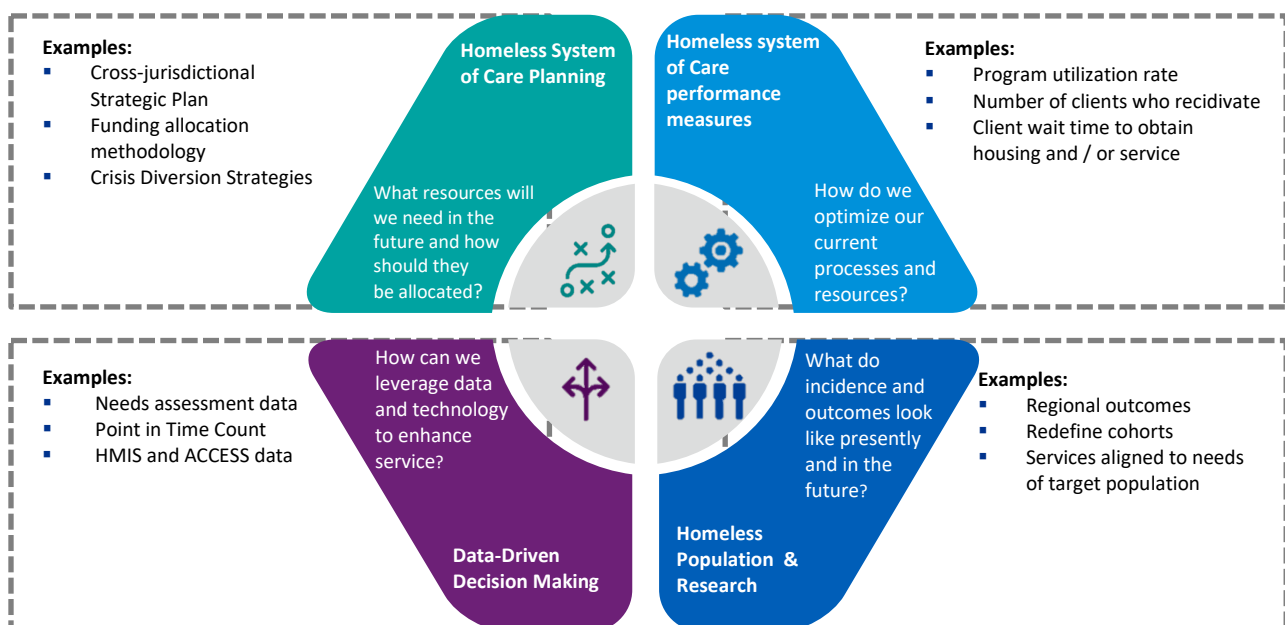
Figure 9: Source: KPMG

Action point 3: Link Provider performance with contracting and funding decisions.

Providers with high performance ratings should be prioritized for funding sources, whereas, Providers with poor performance should be reviewed and monitored on a routine basis. Where improvement is not achieved, performance will become a factor in current and future awards. This approach would allow the County to impose provisions to incentivize performance and address non-compliance in a timely fashion for the benefit of clients.

Action point 4: Establish data quality and data reporting requirements and prepare guidance documents along the same.

Consistent data quality and reporting is a prerequisite for a credible dashboard. This will help in tracking performance over time and comparing performance of other Providers. Documenting these requirements and providing guidance documents will help Providers in recording data in the required format which will ensure minimal errors in the data reported. Guidance should also be developed on Provider contract levers and intervention tools to allow provide clarity on the steps which should be undertaken in monitoring low-performers.

5.3	Develop a cross-jurisdictional diversion program to redirect persons experiencing homelessness from the criminal justice system to homeless services
Benefit	Developing and implementing a cross-jurisdictional diversion program to redirect persons experiencing homelessness from the criminal justice system to homeless services will both encourage persons experiencing homelessness to accept service and reduce the cost of operating the County's prisons

In 2019, 471 or 42% of offenders were homeless upon entry into jail in Sonoma County and 247 or 38% in 2020 – a reduction largely attributable to the impact of the COVID-19 pandemic. At present, the County does not currently administer any adult diversion program(s) which would enable law enforcement to redirect persons experiencing homelessness from the criminal justice system into other service programs in instances of minor infractions.

There is a high cost to the County and taxpayers associated with incarceration in Sonoma, at an average daily cost of $188.93 per inmate ($51,840 p.a.) which is almost 3 times the cost of providing a section 8 voucher at a per voucher cost of $18,637 p.a.[7]

Furthermore, stakeholders noted during interviews, that law enforcement often deal with service resistant populations who have little desire or incentive to accept alternate service and are therefore often booked due to a lack of alternative options to the contrary.

In terms of benchmark comparison and leading practice on this issue, Miami-Dade County has developed both pre- and post-booking jail diversion programs for people with psychiatric disabilities, most of whom were homeless before arrest or would be homeless once released. Miami-Dade's array of programs and services is referred to collectively as the Criminal Mental Health Project ("CMHP") and includes a communitywide pre-arrest diversion program and a post-arrest diversion program.

Actions

Action point 1: The Safety Net Collaborative should lead an interagency effort to develop opportunities to implement and expand Countywide, cross jurisdictional diversion programs.

The development of diversion programs will require collaboration and cooperation between law enforcement partners as well as Human Service and Health Services, in particular. The Safety Net Collaborative is best placed to help lead and develop this effort given it is made of representatives from each Department. The Safety Net Collaborative may set up a separate subgroup within the Collaborative to lead this initiative. In developing diversion programs, the jail utilization analysis recommended under initiative 7.4 should be considered. This analysis will allow the Safety Net Collaborative to determine for example, the primary reasons for incarceration in Sonoma County allowing diversion programs to be adequately targeted to achieve most impactful outcomes.

Action point 2: Inventory and assess existing diversion opportunities within the County, and develop a plan to implement new or expanded diversion programs at four key intervention points.

1 **Pre-arrest diversion:**

— Throughout the State of California, individuals booked for low-level charges such as drug possession, possession of paraphernalia, public intoxication, or trespassing can request diversion under Penal Code 1000 and Penal Code 1210. In many cases, these charges may be related to an unmanaged mental illness and/or substance abuse disorder that is most effectively addressed outside of the

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[7] The amount does not include the cost of supportive services

criminal justice system and as such, can be referred to outpatient treatments which consist of counselling, case management, random testing among others. To empower law enforcement to best respond to this type of incident, localities such as Harris County and Indianapolis-Marion County have established intake facilities – separate from the jail and other emergency service Providers – that provide for 24/7 diversion by law enforcement to emergency medical services for individuals experiencing addiction and/or behavioral health distress. At these centers, behavioral health staff are available to assess and stabilize individuals in crisis. Other supportive service Providers, including but not limited to housing and healthcare, may be located on-site to enable referrals for individuals with complex needs. While Sonoma County does not currently have a diversion center, there may be opportunities for officers to divert justice-involved individuals to service Providers or case management supports such as the IMDT where appropriate, rather than the traditional justice system-focused response of arrest, booking, and detention.

2   Pre-filing diversion:

— Due to the COVID-19 pandemic, the Judicial Council of California implemented a zero-bail emergency rule. Under the zero bail policy, there are certain exemptions that require an arrestee to be booked into the jail (e.g., violent crimes that are ineligible for zero bail, or domestic violence), but arrestees who do not fall under these exemptions receive a cite-release upon arrest. This rule has effectively reduced the size of the County jail population in Sonoma. Based on data received from the Sheriff's Office, average daily population has decreased by 58 percent between 2019 and 2020, as a result of the changes. It should be noted that the Courts are an independent branch of government, and that policy related to bail is solely within the purview of the Courts. However, the Safety Net Collaborative should evaluate whether there is an opportunity to expand diversion programs, including pre-filing diversion programs, to maintain the lower levels of detention, where the Judicial Council choose not to maintain the zero-bail rule following the height of the pandemic.

3   Pre-sentence diversion:

— The County operates a Homeless Court which serves persons experiencing homelessness who have been booked for infractions. Providers and agencies who offer homeless services can refer an individual with whom they are associated by submitting a referral form to the Court. The Court reviews the individual's history, and where appropriate, assigns a court date on a first come, first serve basis. The Court works collaboratively with a number of County Departments and Providers to refer individuals for programming and other services as required. However, currently the Court cannot track program completion and or completion hours distinct to the Homeless Court and do not collect any data related to the impact or outcome of the Court. Furthermore, the administration of the Homeless Court is labor intensive and takes a significant amount of staff time. To help maximize the impact of the diversion pathways provided by such specialty courts, the Safety Net Collaborative should evaluate the staffing at and outcomes from the Homeless Court.

4   Post-sentence diversion:

— The Sheriff's Office Detention Alternatives Program offers qualifying offenders the opportunity to participate in the Electronic Monitoring Program. This program allows sentenced individuals to continue education, treatment and/or employment while being electronically monitored, in lieu of incarceration. The Safety Net Collaborative may benefit from evaluating whether there are opportunities to divert additional inmates to this program.

By assessing, iterating, and expanding the use of jail diversion programs and alternatives to incarceration, the County can direct persons experiencing homelessness from the criminal justice system toward case management and other support services. This will allow the Justice agencies to focus on individuals who pose the greatest public safety risk.

5.4	Increase range and quality of programs by increasing Provider competition through developing an incubator program for smaller Providers to increase competition and enhance service delivery
Benefit	Increasing the County's pool of Providers by providing opportunity to smaller organizations will increase competition, enhance range of programs and access to service, and incentivize greater service delivery

Presently, the County has a small pool of Providers. For example, based on a staff report on the homeless system of care in Sonoma County and highlighted in the graph below, 77% of funding related to PSH, RRH, Shelter, Homeless Prevention, Outreach and a number of other projects was distributed among five Providers with the remaining 23% allocated across a further 9 Providers.
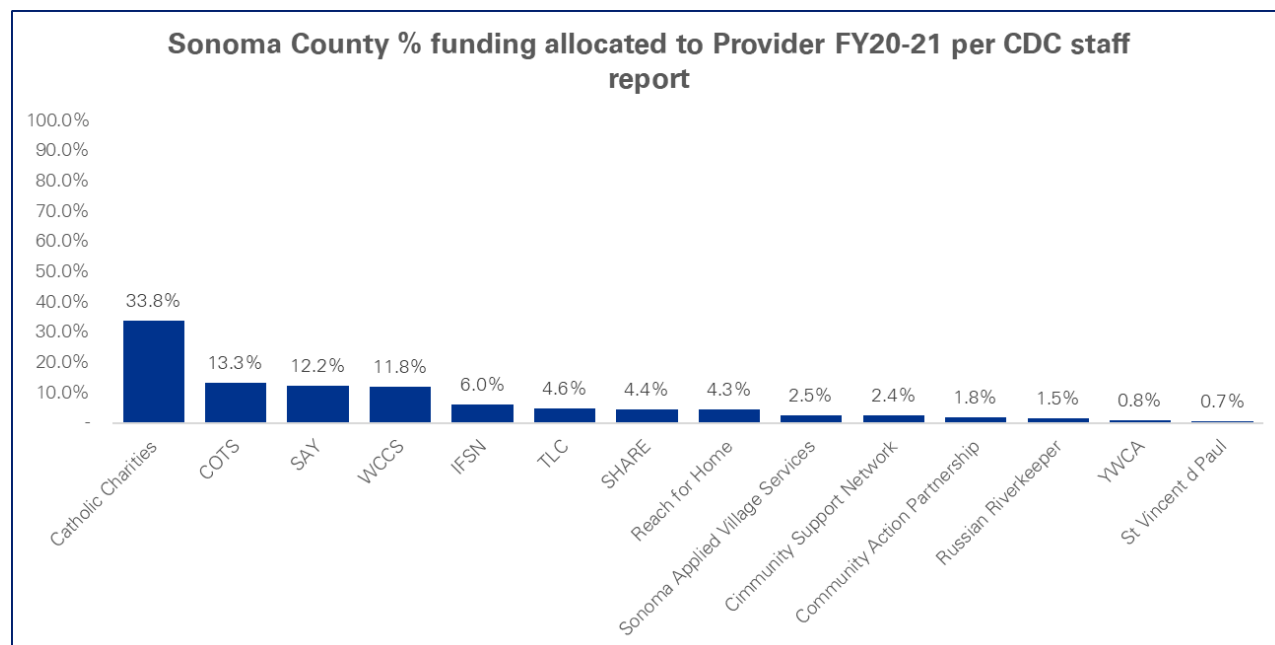
Figure 10: Source: KPMG

Across interviews, stakeholders expressed concern that the small Provider pool and a dearth of competition results in a lack of incentive among Providers to enhance performance and service delivery given the likelihood of continued funding and contract renewal.

Encouraging and supporting the growth of new and smaller organizations will not only enhance competition among current Providers and incentivize greater performance but will also allow the County to increase its range of programming and availability of service across the County. Alameda County, recognizing this benefit, developed a Homeless Provider Incubator Fund dedicated to addressing homelessness to target organizations who were "non-traditional" County partners. The program involved conducting outreach and reducing procurement barriers to new Providers under the RFP process. However, incubator programs often take a significant amount of time to implement and understanding that this may be a challenge in Sonoma, as it is across the State of California, the County should ensure that performance improvement and contract compliance remains an important lever in the near-term as recommended under initiative 5.2.

Actions

Action point 1: Conduct outreach with Community Based Organizations ("CBOs") who have not historically received County funding.

The County should analyze and target CBO's who do not currently receive public funding and have small operating budgets but play a role in providing services to persons experiencing homelessness in the County. Developing a survey for issuance to these CBOs should include questions surrounding type of services and programs offered, typical number of clients served annually as well as questions surrounding barriers to entry will assist the County in understanding the type of programs and services potentially available, ability to scale and areas within which barriers to entry could be reduced.

Action point 2: Reduce barriers to entry by amending and refining application requirements.

The County should undertake a review of the current application requirements and qualifiers, which based on CBO feedback act as barriers to entry, and consider how they can be amended to support greater competition. Such qualifiers may include years of experience or ability to validate past successes. The County should also consider encouraging collaboration between Providers under its RFP process, whether by supporting combined proposals or allowing for example, a larger Provider to subcontract a portion of service delivery to a smaller Provider.

Coordinated Entry

6.1	Develop a plan for the transition of Coordinated Entry from Catholic Charities to ensure a seamless transition of service
Benefit	Undertaking a SWOT analysis and comprehensive plan for the transition of Coordinated Entry from Catholic Charities will ensure that a strategic decision-making process is undertaken and an accompanying plan in-place to allow for a seamless transition which will not affect client service delivery

Coordinated Entry is a HUD-required system developed to efficiently match persons experiencing homelessness to housing, shelter and services. It uses an assessment tool to determine client vulnerabilities and prioritizes those most in need of assistance.

Coordinated Entry is currently operated by Catholic Charities under contract with the County. The current contract is set to expire in June 2021. Based on stakeholder interviews the Coordinated Entry system contract is not expected to be renewed with Catholic Charities. Though the County and CoC have not yet made a decision on the successor agency, speculated options include: a transition back to a County Department to be determined, the IMDT, or to a non-profit entity. Based on benchmark research, jurisdictions use a variety of approaches with regard to operation and management of Coordinated Entry. The table below identifies the benchmark counties which operate Coordinated Entry internally and those who engage a third-party Provider to operate the system, according to each county's respective website:

Benchmark County	County operated Coordinated Entry	Provider operated Coordinated Entry
Alameda	■	
Contra Costa	■	
Mendocino	■	
Monterey		■
Napa	■	
Sacramento		■
San Luis Obispo		■
San Mateo		■
Santa Cruz	■	
Solano		■
Fresno	■	
Denver		■
San Diego		■
Orange		■
Los Angeles		■

Figure 11: Source: KPMG

Actions

Action point 1: Conduct an analysis to assist in determining whether Coordinated Entry should return to the County or transition to a new Provider.

Coordinated Entry is the main point of access for those requiring service and in FY19 / 20 enrolled 1,482 people. As such, any transition will require time to implement and the CoC and County should make a decision on where Coordinated Entry should be housed, as a priority. The CoC as the body responsible for establishing and operating Coordinated Entry should conduct an analysis of strengths, weaknesses, opportunities and threats of each approach to strategically evaluate the best option for Sonoma.

Action point 2: Develop a detailed plan for transition based on the results of analysis.

A detailed plan and implementation roadmap should be developed for the transition of Coordinated Entry from Catholic Charities to the preferred successor operator.

The following planning points, at a minimum, should be taken into consideration if the analysis identifies that Coordinated Entry should transition to a non-profit:

— A set of specific capabilities required by any new Provider should be developed

— Available funding and level of investment required to effectively operate the system

— Available resources and Number of staff required to effectively operate the system

— Required operating standards and specifications

— If an RFP process is undertaken, a comprehensive RFP should be prepared outlining the distinct characteristics and capabilities required as well as requests for evidence of past successes

— Under an RFP process, an evaluation committee should be established and applicants scored based on responses to specific capabilities and track record of success

— Once a suitable Provider is identified and contract negotiations are underway, consideration should be given to the mechanics of transition from Catholic Charities to any new Provider in terms of Coordinated Entry location, hours of operation, HMIS access etc.

— Finally, consideration should be given to how persons experiencing homelessness will be advised of changes to Coordinated Entry

Where it is decided that Coordinated Entry will return to the County the plan should consider the following, at a minimum:

— Agency who will lead Coordinated Entry

— Available resources and Number of staff required to effectively operate the system

— Available funding and level of investment required to effectively operate the system

— Staff capabilities required and whether recruitment is necessary

— Other resources required such as computers, HMIS access, etc.

— Place and hours of operation

— Consider how persons experiencing homelessness will be advised of changes

6.2	Expand hours of service and number of locations and distribution for Coordinated Entry points across jurisdictions to align access points to need and enhance overall client experience
Benefit	Expanding hours of service and number of locations and distribution for Coordinated Entry points across jurisdictions based on data-driven information will align access points to demand and need; enhance the overall expanse of service delivery and client experience across the County

Based on information received from Catholic Charities, there are currently 21 access points to Coordinated Entry across the County. The table below outlines the number of Coordinated Entry access points and hours of operation per area.

Area	Number of Coordinated Entry points	Hours of operation
Santa Rosa	15	Weekdays 8-5pm
Petaluma	2	Weekdays 8-5pm
Cloverdale	1	Tuesdays 9-11am
Sonoma Valley	1	Tues and Thurs 10-1pm
Healdsburg	1	Weekdays 8-5pm
Sebastopol, Russian River	1	Weekdays 8-5pm
Town of Windsor	0	N/A
Cotati	0	N/A
Rohnert Park	0	N/A

Figure 12: Source: Catholic Charities

As can be discerned from this table, Santa Rosa accounts for the greatest number of Coordinated Entry points at 15 representing 73% of the total, however, based on the 2020 point in time count, 53% of the County's homeless population reside in Santa Rosa. Petaluma and Rohnert Park follow Santa Rosa with 11% and 9% of the County's homeless population residing in these respective locations, however, there are no Coordinated Entry access points in Rohnert Park.

It was clear from focus groups held with those with lived experience of homelessness and with the members of the Safety Net Collaborative that the lack of Coordinated Entry points and hours of operation outside of the City of Santa Rosa is a key challenge. A number of those interviewed indicated that a round trip journey to Santa Rosa from some areas of the County can take up to four hours utilizing public transport which often deters persons experiencing homelessness from accessing services. law enforcement reported that they often transport persons experiencing homelessness to Santa Rosa to receive service, due to insufficient service hours in other areas of the County, which takes a Police Officer and vehicle out of duty for a period of time. The lack of access to Coordinated Entry after 5pm and on weekends was also a concern identified by both law enforcement and those with lived experience as often there is a greater need for service outside of these time frames and law enforcement, for example, do not have any place to refer those in need of service during these times, and often have no option but to place them in custody. While the County offers 911 and 211 services 24/7, 365 days a year, the former relates to emergency incidents while the latter acts as more of an informative system for those in need of assistance. Homelessness is not a time-bounded issue and as such, Coordinated Entry should offer 24/7 services, 365 days a year, further promoting the County's "no wrong door" approach.

The County should work with any new Provider or work internally (where Coordinated Entry is transitioned back to the County) to assess opportunities to expand both the number of coordinated access points outside

of the City of Santa Rosa as well as the hours of operation across the County to greater address the needs of the County's homeless population and increase the number of persons experiencing homelessness successfully availing of services.

Actions

Action point 1: Utilize information to determine the County areas within which Coordinated Entry should be expanded.

The County should analyze available HMIS and ACCESS data as well as the results of the needs assessment recommended under initiative 2.1 to assess the locations within which Coordinated Entry points should be expanded. Implementing a data-driven evidence-based approach to Coordinated Entry point expansion will ensure that resources are aligned to need and provide a greater expanse of service.

Action point 2: Assess whether hours of operation can be staggered between Coordinated Entry points to increase overall coverage.

There are currently 15 Coordinated Entry points in Santa Rosa, all of which operate weekdays between 8am and 5pm, with no services provided at weekends or evenings and over-night. In order to increase overall hours of coverage across the City of Santa Rosa, the County should assess how hours of operation can be increased or staggered between Coordinated Entry points in the City to ensure 24/7, 365 coverage. This will require the County to enter discussions with the current Provider and any new Provider and may require the agreement of each.

Action point 3: Consider implementing a broader "Coordinated Access Model" of which Coordinated Entry is part.

A Coordinated Access Model is a hub-and-spoke with one all-encompassing hub and numerous spokes dispersed throughout the County that corresponds with funded behavioral health service Provider and homeless service Provider organizations in the County. The model would allow 24/7 access to behavioral health and homeless services via multiple access channels including a 1-800 phone number, online chat, text, and virtual consultations which can be accessed by both persons experiencing homelessness and their families. The model promotes a "no wrong door" approach is used to access services wherein consumers, families, caregivers, and Peer and family support navigators are given choice to either continue to access services through local behavioral health and homeless services Providers if desired but where all referrals and walk-ins are managed through standardized processes, protocols, tools and using an integrated information technology platform.

Under the model, the strategic responsibilities of the hub include:

— Data collection and performance management

— Standardization of access protocols and referral pathways for the County

— System planning and strategy development with other funders

At a high level, the strategic responsibilities of the spokes, include:

— Acting as a point of entry to the model for consumers, families and caregivers that "walk in" to the system

— Submitting consumer e-Referrals to the hub

— Providing support to consumers, family members, and care givers on waitlists

Pinellas County, Florida has adopted this strategy and is in process of establishing the data-driven backbone of Provider performance in terms of Access, Quality, Capacity and Outcomes to facilitate this coordinated model of access. While Riverside County have developed a 24/7, 365 hotline which assists and refers persons to suitable services across their Community Health and Behavioral Health Systems of Care. The hotline also conducts over the phone screening of callers to refer for behavioral health outpatient visits, for example.

Developing a Coordinated Access Model further enhances the County's "no wrong door" approach, offering 24/7 365 service and recognizes the interlinkage between behavioral health and homeless services. The below graphic offers an illustrative example from the behavioral health domain as to how the Coordinated Access Model may operate in practice.
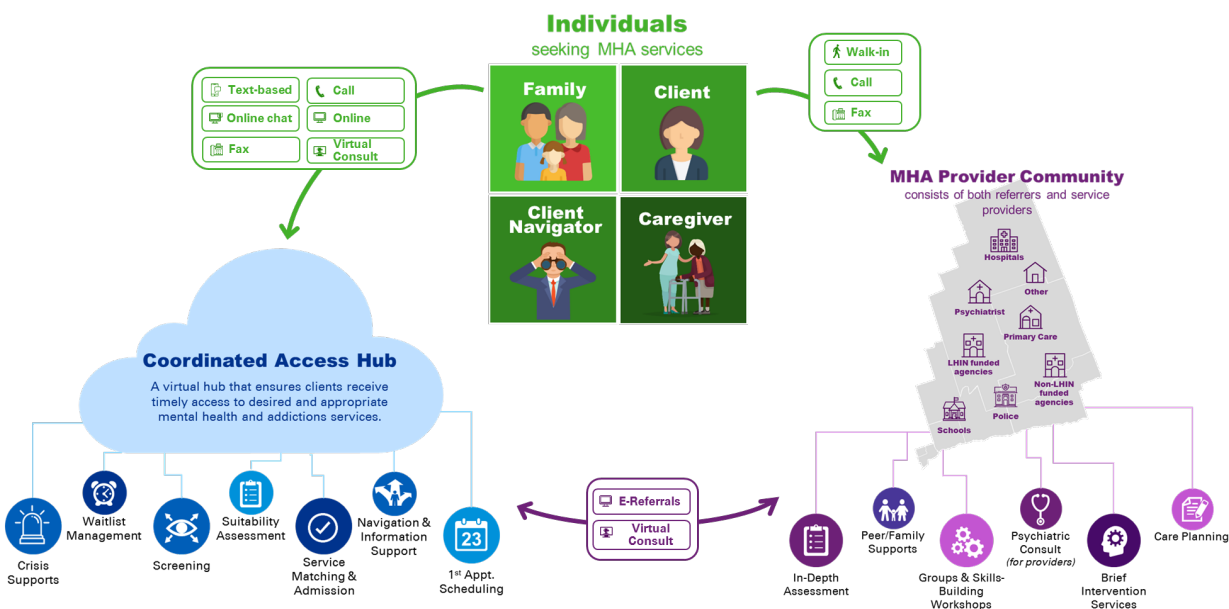
Figure 13: Source: KPMG

6.3	Develop an approach to incident command linking to IMDT to provide a structured approach to incident response
Benefit	Implementing an incident command system will ensure a streamlined, coordinated, and immediate response to community needs as they arise and relate to homelessness encampments and needs

Throughout interviews, it was noted that there is often a lack of a coordinated system to deal with incident response, particularly as it relates to homeless encampments throughout the County. Members of the public often call law enforcement or Elected Officials to report issues related to homeless encampments, who must then react to the particular issue. In the case of the Elected Officials, this involves spending significant time calling law enforcement and various County Departments to coordinate and obtain assistance.

Law enforcement are bound by *Martin v. Boise* and other local injunctions related to homelessness. *Martin v Boise*, for example, rules that homeless persons cannot be punished for sleeping outside on public property in the absence of alternatives. As such, they are often unable to resolve the issue and must initiate contact with the IMDT to assist in terms of providing alternative housing options to the residents of encampments.

Developing an incident command system would allow members of the public, County staff or indeed encampment residents themselves requiring urgent services, to make one call to reach a dedicated team who could arrange for the deployment of law enforcement, clinicians, social workers, case workers, housing navigators among others, as required. This system would result in a planned, coordinated response to needs, increase the efficiency of service provision and reduce the instance of illegal encampments.

The City of San Diego adapted an incident system to coordinate and assist those working for non-profits, the City and County to manage a large homeless shelter which was set up in San Diego's Convention Center in response to COVID-19. The system coordinated medical assistance, housing, and behavioral health services for those experiencing homelessness.

Actions

Action point 1: Establish a Countywide cross-jurisdictional task force to evaluate and plan an incident response system.

The County should establish a Countywide cross-jurisdictional task force to evaluate and plan the development of an incident command system. The task force should include representatives from the County's Safety Net Departments, City representatives as well as law enforcement representatives including the police chiefs within each jurisdiction. The task force would be responsible for identifying, evaluating, and implementing a suitable incident response system to meet the County's needs.

Action point 2: Identify the lead agency who would run the incident response system.

The initial step in developing an incident command system will be identifying a system commander and an agency who will implement and operate the system. Any successful incident command system will need to adopt a multi-departmental approach with the added assistance of Providers given the broad range of services that may be required. Given, the status of the IMDT as an established multi-disciplinary team, they may be best placed to lead the planning of this initiative with the IMDT Lead acting as the system commander. However, the County should consider whether the IMDT in its current structure has the capacity to plan and operate the incident command system. It is likely that IMDT staffing will need to be increased in order to operate this system, however, the County should conduct a staffing assessment to determine capacity.

Action point 3: Develop an implementation plan for the establishment of the incident command system.

Having identified a lead agency responsible for operating the incident command system, the task force in collaboration with the lead agency should develop a detailed implementation plan for the incident command system. The implementation plan should consider:

— Defining what is considered an "incident" which can be responded to by the incident command system

— Providing training for the incident command system

— Developing a joint incident communication protocol

— Designing the process to activate the incident

— Designing a process to assess each after-action incident response

— Designating an incident room or situation room within the County to be used for incident command

Action point 4: Pilot the incident command system for a defined period.

The County should pilot the system for a 6- to 9-month period in a number of select locations to allow the system to be adequately refined prior to any Countywide cross-jurisdictional roll out. During the pilot phase, data should also be collected and analyzed to identify the overall success and utilization of the system. Examples of data which should be analyzed include:

— Number of incidents responded to Countywide.

— Number of incidents responded per pilot location

— Type of services deploy

— Number of incidents which resulted in a successful outcome

Action point 5: Market the existence of the incident command system to ensure public awareness.

The development of an incident command system without public awareness will not serve the intended purpose. The County should proactively market the implementation and means of contact and benefit of any system by ensuring the website and social media forums are updated, issuing memos to County staff on the system, and advertising the system to the public in local newspapers and print materials. Any publication should provide clear guidance on what is defined as an "incident" under the incident command system to ensure that the system is being deployed in the correct circumstances.

Figure 14: Source: KPMG

6.4	Conduct an in-depth assessment of pre-screening tools (i.e. VI-SPDAT) to identify the optimal solution for the County in identifying client vulnerabilities
Benefit	Conducting an in-depth assessment of pre-screening tools will allow the County to identify the optimal solution for its homeless population, ensuring the best mechanism is in place to measure client vulnerabilities and prioritize those most vulnerable, which will achieve improved client outcomes

Under the HEARTH Act, communities are required to develop a mechanism to conduct common client assessments upon Coordinated Entry intake. For this purpose, the County's Coordinated Entry system uses the Vulnerability Index and Service Prioritization Decision Assistance Tool ("VI-SPDAT"). The VI-SPDAT is a screening tool which uses a point system to prioritize and triage individuals experiencing homelessness for housing and shelter programs.

The Canadian Observatory on Homelessness conducted a study of the VI-SDPAT in a Midwest County in the US and found the VI-SDPAT to have a number of limitations:

— **Reliability:** It did not produce consistent results when administered to the same individual a second time

— **Validity:** It did not fully measure the concept of "vulnerability" and the type of housing support a person had was a better predictor of returning to homelessness than their VI-SPDAT score

Based on interviews, stakeholders agree with the findings of The Canadian Observatory on Homelessness, noting that the current version of the VI-SPDAT does not accurately measure vulnerability, particularly as it relates to medical and behavioral acuity and high system utilizers which more accurately reflect acuity. While the County commendably, and in response to guidance issued by HUD as a result of COVID-19, adjusted the weight of the scoring within the VI-SPDAT in order to better identify the vulnerabilities of persons aged 65 and over and / or had underlying health conditions, stakeholders outlined that despite the updates, a new tool which more accurately identifies vulnerabilities across population cohorts may be required.

Actions

Action point 1: Task the IMDT to conduct an in-depth assessment of alternatives to the VI-SPDAT.

The IMDT recently analyzed VI-SPDAT scoring and weighting for updates, and as such, are best placed to conduct an in-depth analysis of the tools or methodologies which can be employed as an alternative to the VI-SPDAT. Examples of potential alternatives include but are not limited to:

— Arizona Self Sufficiency Matrix (ASSM)

— Silicon Valley Triage Tool

— Seattle DESC Vulnerability Tool

— Alliance Coordinated Assessment Tool

Please refer to Appendix G for detail on the above tools.

The assessment would involve conducting targeted research to understand capabilities and potential for success under each alternative as well as a cost benefit analysis to determine the optimal solution for the County.

Action point 2: Develop an implementation plan for the adoption of any new tool.

Based on stakeholder interviews, it is understood that the County would be required to rebuild the Coordinated Entry prioritization list and conduct a significant amount of new assessments (potentially thousands) for the individuals on this list, which will require a large amount of staff and community resources. In the event a new tool is identified for adoption, a detailed implementation plan and road map should be developed to outline the processes and steps which will need to be undertaken to effect successful implementation.

Action point 3: Pilot the tool and, subsequently, scale.

Once a tool has been identified and an implementation plan developed, the County should pilot the new tool with a select number of Providers for 6- to 9-months. The effectiveness and outcomes of the tool should be monitored regularly during the pilot period to allow the County to determine the feasibility of the tool for its distinct needs. It will also ensure that any risks or issues with the screening tool can be identified and rectified and more refined guidelines for use developed prior to full scale implementation.

Action point 4: Reassess tool effectiveness.

Following implementation, the County should continue to measure the effectiveness of the tool on a cadenced basis to ensure that it continues to meet the needs of the County's target population and its strategic cohorts. Methods of assessment can include but are not limited to:

— Obtaining user feedback

— Utilizing data analysis to monitor results and empirical fit of the tool

Coordinated Service Delivery

7.1	Develop cadenced touchpoints between homeless outreach teams to enhance outreach coordination, share knowledge, data, and best practices
Benefit	Developing cadenced touchpoints between outreach teams will allow for the sharing of both client knowledge and best practice which will enhance service delivery

A clear theme across many stakeholder interviews and focus groups was the success of the "boots on the ground" approach to tackling homelessness. The ability to build trust and develop relationships with persons experiencing homelessness was acknowledged as key to engaging often service resistant populations to achieve successful outcomes.

The County currently funds four street outreach programs utilizing HUD sources including: Catholic Charities who operate the Homeless Outreach Street Team ("HOST") in the Santa Rosa area, Reach for Home who offers outreach in the North County area of Healdsburg, Sonoma Applied Village Services who operates primarily in West County, and Social Advocates for Youth who conduct outreach for Transitional Age Youth ("TAY") across the County. In FY19-20 these teams served a combined 963 households and permanently housed 261 households. The HEART team which is part of the IMDT operated by Health Services offers an encampment focused outreach strategy, serving encampments of more than five individuals. The County also has a number of street outreach teams which do not receive HUD funding such as Project Hope and the Homeless Outreach Team ("HOT") as part of the Family Justice Center.

While there are numerous street outreach teams operating across the County whether County-funded or otherwise, there is no consistent coordination, collaboration or information sharing between them, although, they may often serve the same clients.

Actions

Action point 1: Task the IMDT with organizing monthly touchpoints with all homeless outreach teams operating throughout the County.

A consistent touchpoint attended by Countywide street outreach teams, whether virtual or otherwise, would act as a forum for sharing knowledge and data on clients, identifying gaps in service, successful best practices adopted while increasing collaboration and reducing potential duplication of service particularly between County and privately funded teams. The team could also be tasked with proposing future cohort strategies to the IMDT, based on their collective "on the ground experience".

Action point 2: Combine performance related data and monitor overall impact of outreach.

The increased collaboration between outreach teams will allow for the sharing and combining of performance related data which can be utilized to measure the overall impact of street outreach across the County. Examples of performances measures which could be utilized to measure the Countywide, cross-jurisdictional impact of street outreach include, but are not limited to:

— Number of clients engaged
— Number of clients who accepted services
— Number of clients with behavioral health issues served
— Number of clients with criminal justice issues served
— Number of clients referred to shelters or transitional housing
— Number of clients permanently housed

Measuring the overall impact of street outreach across the expanse of the system of care, regardless of whether programs are County funded or not will provide the County with a comprehensive understanding of street outreach outcomes to inform future funding decisions.

7.2	Enhance marketing and advocacy efforts across Departments and jurisdictions to increase transparency and awareness of service and program offerings
Benefit	Enhancing marketing and advocacy efforts across Departments, jurisdictions, Providers, and the community at large will increase transparency, resulting in overall service delivery enhancement given the increase in knowledge

Throughout focus groups and interviews, there was a reported lack of awareness of service offerings, pathways to receiving services, as well as County points of contact for various programming both cross-Departmentally by County staff and across the expanse of the continuum by Providers and persons experiencing homelessness.

Service provision without related public awareness results in under-utilization. For example, the IMDT operates a phone service for referrals, however, many stakeholders were unaware of this resource and few referrals were made to the IMDT via this system. Many County staff were unaware of the existence of the annual housing inventory tool, while still others had little information on the exact function of ACCESS and the IMDT. Enhancing marketing and advocacy campaigns both cross-Departmentally, cross-jurisdictionally, across Providers and the community at large will increase understanding and transparency surrounding service offerings and can be used as a mechanism to communicate successes and wins to the larger community. Many County staff and Providers also cited a lack of awareness of program and service offerings cross-Departmentally and cross-jurisdictionally, which have been discussed under initiatives 10.1 and 10.2.

Actions

Action point 1: Develop visual aids to assist stakeholders in navigating service offerings.

Developing visual aids in the form of flow charts and other graphical depictions illustrating service offerings and the pathway to service provision will reduce complexity, particularly for those experiencing homelessness. The visuals should be made available on the County website and should be issued to clients during street outreach. Furthermore, developing a list of points of contact per program and making this available to Providers and County staff ensure stakeholders are aware of and can contact the correct County staff when necessary.

Action point 2: Develop a quarterly electronic newsletter for publication on the County' website and social media platforms.

To increase engagement with the community at large, the County should consider developing a bi-monthly or quarterly newsletter for publication on the County's website and social media platforms. The newsletter could outline, for example, efforts the County is undertaking to reduce homelessness, successes achieved by the County in the period, progress related to the development of affordable housing projects, features from persons with lived experience, outreach initiatives, and frequently asked questions. The newsletter would seek to increase transparency and market to the community the achievements of the County. .

7.3	Based on a comprehensive needs assessment and refreshed high utilizer analysis, expand current IMDT cohorts to serve a greater population
Benefit	The expansion of population cohorts based on underlying data will ensure that cohorts are strategic, with a greater expanse of the homeless population served achieving enhanced results

The IMDT is the multidisciplinary, care coordination and advisory team responsible for providing a range of coordinated services to high system utilizers and high needs homeless across the following four cohorts: Whole Person Care, HEART, Mental Health Diversion Cohort, and COVID-19 Cohort.

The IMDT is staffed with individuals from Departments across the Safety Net including: Health Services, Human Services, CDC, Probation, and Child Support Services. The development of the IMDT as part of the ACCESS initiative has been successful in permanently housing 177 individuals, providing shelter to 335 individuals, and enrolling 578 clients in case management since its inception in 2018. However, the team at 29 FTEs is relatively small and does not have the capacity to provide services across the expanse of incorporated Cities and unincorporated communities within the County, with services often being deployed in response to various incidents such as the formation of encampments. Throughout interviews, many stakeholders acknowledged the success of the IMDT, however, cited that obtaining services was not always possible, given the team is often at capacity.

Recognizing the success of direct outreach on service resistant populations, Contra Costa developed a regional approach to outreach via their CORE Team. The team acts as an entry point to Coordinated Entry and is available 18 hours per day. Contra Costa initially had 3 outreach teams; however, this has grown to 13 in recent times, with many of the Cities, having witnessed the success of the team, opting to fund their own dedicated CORE team. A number of the neighboring Cities in Contra Costa have combined their resources to fund a shared team, who serves their jurisdictions equally on a dedicated basis. The team engages closely with law enforcement to respond to incidents and provides case management services. The model has proved successful in both increasing City and County collaboration, enhancing direct service delivery, and achieving successful outcomes.

Actions

Action point 1: Establish a joint City and County Initiative to enhance IMDT outreach.

The County should consider negotiating with the Cities to develop a City and County initiative, giving Cities the option of funding their own dedicated IMDT outreach team or partnering with a neighboring City to fund a dedicated team across both jurisdictions. The team would respond to incidents and address jurisdictional needs under a "full coverage" IMDT model and the City would have the options of developing their own strategic cohort populations to meet the distinct needs of each City.

Action point 2: Develop a task group with cross-jurisdictional representation to develop the initiative.

In the event, that the Cities are interested in funding their own dedicated IMDT team, the County should set up a Countywide, cross-jurisdictional task group to plan the development and implementation of the initiative. The task group would work together to identify the steps involved in creating the City dedicated teams. It is important to note that any expansion of the IMDT should fully consider, at a minimum, the capacity, staffing, and case load coverage required to effectively and efficiently administer the required per jurisdiction service. The task groups should consider the following, which are not exhaustive:

— Will Cities employ IMDT staff directly or alternatively, reimburse the County (who would directly employ individuals) for the cost of the service?

— Likely hours of operation required per City?

— Will the team be based in the County offices or in a location provided by the City?

— Exact boundaries within which each jurisdiction that the team will provide service?

Action point 3: Pilot the initiative with one City, initially, and monitor results.

The task group should consider piloting the initiative with one interested City initially to assess the impact and success of the approach in achieving outcomes for the individual City. The results should be analyzed and reported to the task group for decision-making purposes. Likely performance measures would include:

— Number of clients engaged

— Number of clients who accepted services

— Number of clients who were referred to shelter and transitional housing

— Number of clients permanently housed

7.4	Enhance integration with service offerings for those released from custody to better meet the needs of homeless offenders via Housing Navigators
Benefit	Employing a Housing Navigator to engage with homeless offenders upon release from the custody will promote a coordinated, supportive re-entry reducing the risk of returning to homelessness and ultimately recidivating

Based on data received from the Sheriff, 38% of offenders in Sonoma County were homeless upon intake into jail in 2020 while 42% were homeless in 2019. However, there are limited housing navigation services provided to homeless offenders upon their release from custody. While Human Services administer a Housing Navigation Program, it is directed specifically toward transitional age youth clients. Catholic Charities under contract with CDC provide a level of housing navigation services, however, these services are not solely dedicated to offenders released from custody. Behavioral Health, under contract with WellPath employ a Discharge Planner in the County's main Adult Detention Facility, however, services are focused towards those with mental health issues. Furthermore, given the case load, the Discharge Planner does not have capacity to provide services to all offenders and as such, only the most severe cases are prioritized.

While offenders are regularly directed towards Coordinated Entry, due to the stigma associated with the population, they often find it more difficult to obtain housing than other members of the homeless community. Based on a publication by the Prison Policy Initiative, individuals who have been to prison just once experience homelessness at a rate nearly 7 times higher than the general public. An offender released from custody who returns to homelessness is more likely to recidivate for many reasons including lack of access to resources such as housing, food, support services which are available in jails and prisons. Furthermore, given the cost to house an offender in a jail at $188 a day almost 3 times the cost of administering a section 8 housing voucher (exclusive of any related supportive services) it is not cost effective for offenders to recidivate.

Actions

Action point 1: Conduct a jail utilization analysis to be led by the Sheriff's Office.

The County, led by the Sheriff's Office should conduct a jail utilization analysis in order to better understand the jail population, determine the appropriate resources and funding for discharge initiatives focused on homeless services, and ensure that the correct individuals are being identified for service. The utilization analysis should focus on the following areas at a minimum:

— Inmate category in terms of age, gender, race

— Reason for incarceration

— Average length of stay

— Inmate needs (behavioral health, substance use, public health, housing, for example)

Any analysis would involve review of the jail management information system and data including other data sources such as correctional health and behavioral health need, as well as community supervision data.

Charges / Booking	Average Daily Population	Average Length of Stay	Inmate Releases	Return to Jail	Jail Forecasting

Figure 15: Source: KPMG

Action point 2: Fund housing navigators to better link homeless offenders to service offerings upon release from custody based on the results of the jail utilization analysis.

Funding a dedicated Housing Navigator to engage with homeless offenders will allow for a coordinated, supportive re-entry. The Housing Navigator would liaise closely with the Discharge Planner, Probation, Human Services, Health Services and Coordinated Entry in order to coordinate both housing support and other supportive services and should form part of the weekly meetings which are currently undertaken by the IMDT with various County staff across the Safety Net as well as Providers.

Housing Coordination and Access

8.1	Automate the bed inventory tool and link to Coordinated Entry and Providers to allow for a dynamic, real-time view of available beds and or units where persons experiencing homelessness can be referred
Benefit	Automating the housing and shelter inventory tool and linking it to Coordinated Entry and ACCESS will ensure that housing inventory is dynamic and updated in real time so County staff and Providers have awareness of available units to house persons experiencing homelessness will improve service delivery and efficiency

Currently, the County does not have a real-time view of available beds and units Countywide where persons experiencing homelessness can be referred. The HMIS team reviews data and engages Providers to conduct an annual count of the number of beds and units available County-wide and upload this data to the HUD HDX platform which populates an excel document. However, the excel document is static in nature and relates to PIT only. During the clearing of the Joe Rodota Trail ("JRT"), the IMDT required Providers to call the County daily to confirm the number of available beds, which was subsequently documented and analyzed to allow for referrals. However, this practice no longer continues given that the JRT have been largely cleared. While HMIS has the functionality to provide a bed and unit count, it is not regularly (if ever) updated by Providers. As such, the County has recently developed a bed inventory tool within ACCESS in collaboration with IBM which is intended to provide data to the IMDT on available beds and units. The system is currently being piloted with COTS and has proved successful. However, the key challenge for any full-scale roll is to ensure that Providers are compelled to update the system daily or at a minimum bi-weekly.

Understanding the level of available bed and units in real-time is not only crucial for the IMDT but all homeless service stakeholders across Health Services, Human Services, and the CDC to effectively and efficiently refer clients to available housing. It is also key to making informed decisions surrounding the level of housing which the County requires versus the underlying need which is particularly important for Coordinated Entry or any Coordinated Access Model.

Actions

Action point 1: Grant County Providers with access to the bed Inventory tool.

Following the completion of the pilot program, the County should make any necessary refinements and grant all County Providers who provide shelter, PSH, RRH and TH services with access to the cloud-based tool. Providers as part of this process should be provided with system training and issued with any available tool manual to allow for accurate and effective system updates.

Action point 2: Negotiate with Providers and update Provider contracts to require daily or at a minimum weekly updates to bed or unit inventory.

Updating Provider contracts to require daily or at a minimum weekly reporting and linking this requirement to performance measures and outcomes will better incentivize Providers to update the data as required. Regular system monitoring to identify Providers who have not uploaded data will also encourage greater compliance.

Action step 3: Develop data quality requirements and prepare guidance documents.

Consistent data quality is fundamental to accurate data reporting. The County should consider and document minimum data quality requirements and prepare a guidance document surrounding these requirements for issuance to Providers and system utilizers. The guidance document will assist system utilizers in uploading data and will reduce the level of error in reported data.

8.2	Establish MOUs between the County and City Housing Authority to ensure voucher portability
Benefit	Establishing MOUs between the County and City Housing Authorities will enhance client experience and service delivery and ensure greater use of vouchers throughout the County

Currently, there are two Housing Authorities within Sonoma County: Sonoma County Housing Authority and the Santa Rosa Housing Authority. The Santa Rosa Housing Authority is responsible for the issuance of Section 8 vouchers within the confines of City of Santa Rosa, while the Sonoma County Housing Authority serves the remaining jurisdictions, in terms of both incorporated Cities and unincorporated communities.

Given the size of Sonoma County, clients often do not understand the difference between each Housing Authority in terms of jurisdiction served and are often referred from one Housing Authority to another, causing confusion and frustration and which effects service delivery and ultimately client experience. Furthermore, voucher recipients often move between the two jurisdictions, a process made more complicated as HUD guidelines often make voucher portability difficult and client are required to submit documentation often to both Housing Authorities. Finally, the Sonoma County Housing Authority often receives bills for administrative fees from the City of Santa Rosa Housing Authority, where a voucher recipient has transferred their voucher to the jurisdiction served by the City of Santa Rosa.

When considering alternative organization models, the County would be well-served to establish a mechanism (i.e., an MOU) for the express purpose of facilitating a process for voucher portability between the Housing Authorities to enhance client experience and service delivery and allow for more efficient use of vouchers throughout the County.

The Orange County Housing Authority has a Mobility Agreement MOU with the City of Anaheim Housing Authority and the City of Garden Grove Housing Authority which facilitates the moving of tenants between Housing Authorities to enhance client experience and reduce administrative costs.

Actions

Action point 1: Set up voucher coordinating body.

A coordinating body should be established with representatives from each Housing Authority as well as the Santa Rosa City Manager, City Attorney, County Executive Leadership, and County Counsel. This group will be responsible for negotiating and reaching agreement on any MOU and will develop an implementation plan outlining how the coordination will work in practice.

Action point 2: Develop MOU between jurisdictions.

The coordinating body should negotiate and manage the development of the MOU, with any MOU clearly outlining the roles and responsibilities of each jurisdiction, defining the scope of the agreement, the mechanisms and process which will be employed, and the purpose for which the agreement is made.

Action point 3: Publicize changes to portability terms to ensure recipients are aware of how and where they can use vouchers.

The City and the County should update their respective websites to note the existence of the MOU and should actively market the refinement to the process by providing a list of steps that a voucher recipient should take in order undertake portability. The County and City could also consider collaboratively developing an information sheet regarding steps involved in voucher portability for issuance to clients.

8.3	Based on the outcomes of the needs assessment, consider targeting the development and/or implementation of a range of specific housing types which align with the identified need
Benefit	Implementing an approach which seeks to target housing supply expansion with the needs of persons experiencing homelessness will achieve the most impactful outcomes in reducing homelessness

Throughout interviews, it was emphasized that persons experiencing homelessness have different needs, desires, and preferences when it comes to the spectrum of housing types in existence. While some individuals prefer the security of traditional housing types such as, permanent supportive housing, others are more comfortable living in a more natural setting, such as a sanctioned encampment. Furthermore, a number of stakeholders identified that the offer of housing and supportive services can at times be refused, as individuals have a preference to remain in certain locations which is often not possible due to housing shortages in that area.

It is important to note that while the County has faced challenges due to housing shortages, it has witnessed several successful recent housing efforts for those experiencing homelessness which can be viewed as non-traditional in nature. Los Gillicos Village ("LG Village"), for example, was initiated as a transitional housing solution to provide a temporary housing option for those experiencing homelessness. Despite challenges with transportation and access to services, there are indications that those experiencing homelessness are happy with the housing and services provided at LG Village and it has remained fully utilized since its development. Additionally, the County was successful in receiving funding from the State's Project Homekey program to purchase Hotel Azura in Santa Rosa as well as the Sebastopol Inn to house and provide wrap-around services to COVID-19 vulnerable individuals. The hotels offer a combined total of 75 beds and have been successful in providing shelter services to the County's most vulnerable.

During focus groups, those with lived experience attributed the success of these housing options to the dignity and privacy which they offer to participants by ensuring they can "close their door" at night and lauded similar offerings such as tiny homes and trailer parks. Many participants also cited a preference for Safe Parking and sanctioned encampment options with services such as, showers, toilets, and trash removal, given that they offer a greater degree of privacy over shelters, for example.

Sonoma County, like the rest of California, faces a severe shortage of affordable housing and permanent supportive housing units. Housing is largely constrained by land costs and availability, construction costs, lack of funding among others. However, the County should consider providing range of differentiated housing types outside of the traditional "bricks and mortar" to meet and align with the needs of persons experiencing homelessness, as identified in the needs assessment recommended under initiative 2.1. Aligning the provision of housing types with the needs and desires of the persons for whom they are attended will ensure maximum uptake and provide for more successful results in reducing homelessness.

The City of Seattle in response to housing shortage for example, developed a number of tiny home villages which have proven to be successful. The homes are set in self-managed villages, which include restrooms, showers, laundry, and a place to store belongings. The City has set aside funding to develop another three villages in 2021, given the successful results generated.

Actions

Action point 1: Develop specific questions surrounding housing within the needs assessment.

Housing Leadership should form part of the needs assessment committee discussed under initiative 2.1 and should ensure that housing related questions such as housing type preference and housing location preference are included in the needs assessment. Examples of such questions should include but are not limited to:

— What is your current housing situation?

— List in order of preference, the types of housing which would most suit your needs?

— List in order of preference, the area within which you would most like to live?

— Which housing options are not suitable for your needs and why?

— Have you ever refused an offer for shelter and/or supportive services and if so, why?

Action point 2: Assess and analyze the results of the needs assessment as they relate to housing.

Following data collection, Housing leadership should assess and analyze the data to obtain the required insights into housing preferences. Housing type preferences should subsequently be compared to housing types and units on-hand to determine any gaps in offerings. This analysis should also include an evaluation of barriers and opportunities for each housing type identified to allow the County to evaluate up-front any potential barriers which may complicate the development of any particular housing type, as well as identify those housing types where there are greater opportunities for expansion.

Action point 3: Develop a cross-jurisdictional housing pipeline including all housing types identified under the needs assessment

Based on the needs assessment and the evaluation of barriers and opportunities, empower County housing leadership to develop a pipeline of housing types across geographies including a range of models such as permanent supportive housing, transitional units, manufactured housing, affordable units, and safe parking among other. This will require close coordination with the Cities to ensure that the pipeline accounts for sites under local jurisdiction. Coordination with the Cities will also be critical to pooling housing funds for greater impact.

Action point 4: Develop an inventory of funding streams and a funding and financing options analysis.

County housing leadership in collaboration with the Cities should develop a funding and financing options analysis to address the needs and pipeline. The analysis should inventory and assess the available funding streams and work with the Funding's Collaborative recommended under initiative 4.1 to identify new potential sources of funding for the development of targeted housing types. Decisions made surrounding projects and initiatives to fund should be based on a comprehensive prioritization plan and allocation methodology as also recommended under initiative 4.1.

8.4	Incorporate housing and voucher applicant screening into Coordinated Entry evaluation to streamline the process and increase efficiency in administering affordable housing units
Benefit	Incorporating housing and voucher applicant screening into Coordinated Entry will streamline the process and align it with the VI-SPDAT and will also increase efficiency of administering affordable housing units

Housing applicant screening is a cumbersome process which involves conducing background checks, security checks, obtaining references, reviewing income. Currently, the process involves an applicant being added to a waitlist, reaching the top of the list and being referred to the Housing Provider. The Housing Provider subsequently undertakes the screening process which often takes a number of weeks to complete.

As a result of HUD guidance, the County currently refers one applicant at a time to the Housing Provider, however, given the significant screening process involved the first applicant rarely meets all the required conditions. This requires the Housing Provider to revert back to the County and request a second applicant and so on until there is a match. This iterative process significantly slows down the time take to place an applicant into affordable housing. One Housing Provider noted that a number of units remained vacant for a period of 4 months due to length of time it took to identify, screen, and confirm the applicant meet the conditions, given a significant amount of applicants failed to meet the requirements. With so many clients in need of housing, this delay is counterproductive to County aims.

Actions

Action point 1: Implement a pilot program to align housing applicant screening process with a Coordinated Entry point.

Conducting the screening process as part of Coordinated Entry along with the VI-SPDAT will streamline the service and will ensure that housing screening is conducted at the outset once a housing need has been identified. Before undertaking any full-scale transition, the County should implement a pilot program to monitor and evaluate the process on a smaller scale, to measure success, identify any potential issues or areas for refinement which can be rectified before a full transition.

Action point 2: Develop an action plan for full scale transition of the housing applicant screening process to Coordinated Entry.

In order for a full-scale transition to Coordinated Entry, an action plan should be developed to identify the steps involved in transition as well as the timeline involved. The following considerations should be taken into account at a minimum:

— Contracts for service with Coordinated Entry operator will likely need to be updated

— Provider training on the screening process will need to be undertaken

— Increased collaboration between Coordinated Entry and Housing Providers will be required

— Any Coordinated Entry system updates may need to be considered

— Capacity of Coordinated Entry staff to complete the process may need consideration

Systems Data and Usage

9.1	Evaluate individual system capabilities and opportunities for enhanced data integration and/or interoperability with ACCESS
Benefit	Enhancing opportunities for integration and interoperability both within ACCESS and separately outside of ACCESS will help in transforming service delivery. It will allow the County to further break down Department and system silos and will facilitate greater data sharing amongst Departments, ultimately, reducing costs and duplicative administration

The County currently utilizes multiple data systems with each Department having autonomy to purchase or design applications and data systems outside of those offered by Central IT Services. However, the County does not maintain an inventory of all systems utilized cross-Departmentally to provide information on system purpose, outputs, reporting capabilities, number of users, and system Provider, among others.

The County, commendably, in collaboration with IBM Watson developed the ACCESS system which consists of IBM Connect 360, IBM InfoSphere and IBM Watson Care Manager working together to combine data from different source systems to create a data hub and form a master person index. The master person index is utilized by the IMDT to provide a cross-Departmental view of a particular client. Currently, the ACCESS system pulls data from a range of systems utilized by Health Services, Human Services, CDC, Probation, and the Housing Authority.[8] However, developing and maintaining a data system inventory will allow the County to determine whether additional systems can be linked to ACCESS to provide an even more comprehensive master person index. It can also identify opportunities for further integration and interoperability Countywide, outside of the ACCESS system. For example, a number of Providers within Human Services utilize the Apricot System to update data while other Providers utilize the HMIS system. These systems are not integrated and as such, the collection and comparison of performance related data is burdensome requiring data to be pulled from multiple systems. Apricot data is currently not linked to the ACCESS system.

Furthermore, during interviews, a number of stakeholders advised that while data from their systems is fed to the ACCESS system, they do not receive any related reports which would assist in Departmental decision-making and are unclear of the overall capabilities of the ACCESS system as a result.

Actions

Action point 1: Develop an inventory of data systems and available data cross-departmentally.

Data is a key enabler in evaluating opportunities for enhanced integration and interoperability amongst systems. As a first step, the County should develop an inventory of data systems and underlying data available across Departments to identify the level of systems utilized and type and expanse of data available.

Action point 2: Review and analyze the data inventory.

Once compiled, the data inventory should be reviewed and analyzed to identify any data points which could be linked to ACCESS to provide an even more extensive such as, for example, the County's Emergency Management System ("EMS") data, which if integrated could give an even more expansive view of client characteristics'. The data inventory should also be analyzed to identify further opportunities for system integration outside of ACCESS to reduce potential duplication and streamline the provision of data such as the potential integration of the Apricot system with other systems

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[8] CALWIN, WCM, IJS, HA Occupancy, HA Waitlist, SWITS, AVATAR, and HMIS.

Action point 3: Enhance data reporting for issuance to members of the Safety Net.

The County continues to work with IBM to develop a more comprehensive reporting function within ACCESS including unique common clients across Departments which will provide more data on the characteristics, profiles and services offered to each client. Once developed, the County should begin submitting such reports to Safety Net leadership on a cadenced basis to increase transparency, accountability, knowledge, decision-making, and demonstrate system value. The County should consider reporting to stakeholders utilizing interactive dashboards with the capability to produce clear and engaging visuals, such as visuals available in Power BI.

Training and Capabilities

10.1	Conduct regular inter-agency training to educate County staff on homeless and housing services offered across departments as well as on-the-job tools
Benefit	Creating a cadenced cross-departmental training program will encourage enhanced collaboration and coordination across the Departments of the Safety Net as well as increasing program and service awareness which will increase efficiency and enhance client experience

Throughout interviews, it was noted that there is a lack of awareness of specific homeless programs and services offered cross-departmentally, and no common location under which program or housing detail is available. The lack of awareness results in staff spending unnecessary time making phone calls and reviewing the County website when advising clients or referring a client from one Department to another.

Establishing a cadenced training program across Safety Net Departments to share information on homeless services offered, HMIS, ACCESS, best practices undertaken, initiatives, success stories, issues faced, system updates, strategic goals, and results will increase awareness across Departments and enhance cross-departmental collaboration and coordination among front-line staff and leadership. It will also increase efficiency in the provision of client services as a result of increased knowledge and awareness of homeless and housing services across the Safety Net. The trainings can also be used as problem-solving workshops where cross-Department issues are discussed and shared solutions conceived in a collaborative environment.

Actions

Action point 1: Establish a task force with representation from each Safety Net Department to develop cadenced training.

The task force will act as the training lead and be responsible for:

— Deciding on the cadence of training (monthly, bi-monthly or quarterly)

— Developing an annual training calendar

— Engaging with Departments to obtain participation to present

— Coordinating calendar invites, attendance and training location (in-person or virtual)

— Uploading materials to the share folder discussed under Action 2

— Answering any training related queries

Action point 2: Create a shared folder to house training materials which can be accessed by all Safety Net Department staff.

Establishing a central location where training materials can be accessed will allow staff to refer to training materials at any time to refresh themselves on aspects of the training and can also be used as a resource for new employees to familiarize themselves with the operations and initiatives undertaken by each Department as it relates to housing and homelessness. While this action point is beneficial for overall Departmental awareness, the coordinated access model discussed under initiative 6.2 will truly enhance engagement with this information on an operational level.

10.2	Liaise with Providers to develop a collaborative cross functional approach to inter Provider-to-Department training to share knowledge and practices
Benefit	Developing a cadenced inter Provider-to-Department training sessions will allow a forum for the sharing of knowledge and expertise and will increase program and service awareness across the expanse of homeless and housing services which will enhance client experience

There is presently a lack of Provider--to-Department training. While the CDC provides HMIS training to Providers upon request and a level of technical assistance, there is no Provider-to-Department cadenced, structured approach to training. Providers cited the lack of awareness of County points of contact for specific programs and services as a challenge when advising persons experiencing homelessness. County staff outlined a need for greater technical assistance and leading practice training for Providers.

Creating regular training sessions between Departments administering homeless and housing programs and their Providers in which both Departments and Providers present on various topics including programs offered and related contacts, HMIS, technical requirements related to state or federal regulations, leading practices, initiatives, system updates, successes, and issues faced will encourage relationship building. Training will also allow for the sharing of knowledge and expertise, act as a forum for questions, and enhance Provider compliance with state or federal regulations reducing the possibility of a HUD audit.

LA County has established a Centralized Training Academy which provides Countywide training and acts as an education resource which provides training opportunities s to staff working in the homeless services industry and includes training around policy, program implementation, HMIS, technical assistance and best practice.

Actions

Action point 1: Identify a Department or agency to lead this initiative and develop a list of training topics.

This initiative should be led by a County Department who administers housing and homeless programs and has relationships with Providers. The Department or agency would be responsible for:

— Developing questionnaires for issuance to both County staff and Providers to determine a list of training topics

— Developing an annual training calendar

— Coordinating calendar invites, attendance and training location (in-person or virtual)

— Answering any training related queries

Action point 2: Develop training materials.

Having identified the training topics, the agency leading the initiative should coordinate with Providers and County staff to develop training materials and presentations. Any existing training materials suitable for utilization should be identified and leveraged before developing new materials. All training materials should be topic-specific with easily understandable presentation notes and supporting materials provided where relevant. Training presentations should also encourage active collaboration with the inclusion of discussion questions for example. Once developed, training presentations can also then be used for future on-boarding purposes for new staff and new Providers.

Action point 3: Deliver training.

The agency leading the training initiative should identify and designate a training room where training can take place or alternatively, ensure that all participants receive invites to the training where it is to be undertaken virtually. The training should be undertaken on a cadenced basis, ideally bi-monthly and County staff and Providers should be encouraged to attend.

Action point 4: Collect participant feedback.

In order to measure the impact of the training program, the lead agency responsible for the initiative should develop a survey for issuance to participants. The survey should seek to understand participant satisfaction with training content and delivery. Examples of survey questions include but are not limited to:

— Did the training meet your expectations?

— How would you rate the program materials?

— Was allotted time sufficient for the training?

— Was the person delivering the training prepared?

— Please provide suggestion as to how training could be improved?

Training surveys should be analyzed and any suggestions or recommendations taken into consideration in future training courses.

Action point 5: Consider hosting an annual training session for staff, Providers and the Community at large.

As recognized under initiatives 7.2 and 10.1, the community at large, as well as County staff would also benefit from increased awareness and training surrounding the homeless and housing services offered across the expanse of the homeless system of care. Increasing marketing efforts and holding cross-departmental training sessions on a monthly or bi-monthly basis will assist in increasing knowledge. However, in recognition of the fact that County staff, service Providers, and the community at large all have a role to play in the topic of homelessness, the County should consider holding an annual training session under which County staff, Providers, and the community at large including persons experiencing homelessness would come together to offer cross-functional training and act as a forum for problem solving and sharing knowledge.

Appendices

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2	Appendix B: Interview Schedule
3	Appendix C: Survey Responses
4	Appendix D: Program Inventory
5	Appendix E: Benchmarking
6	Appendix F: Organizational Structure Model Options Analysis
7	Appendix G:Select Leading Practice

Appendix A: Glossary

Abbreviation	Description
ACCESS	Accessing Coordinated Care and Empowering Self Sufficiency
Apricot system	Apricot is a social services solution system utilized by Human Services in tracking and monitoring a number of its programs
APS	Adult Protective Services
CDBG	Community Development Block Grant
CBOs	Community Based Organizations
CDC	Community Development Commission
CDSS	California Department Social Services
Cities	Santa Rosa, Petaluma, Healdsburg, Cotati, Sonoma, Windsor, Cloverdale, and Rohnert Park, Sebastopol
CMHP	Criminal Mental Health Project
CoC	Continuum of Care
CoC Lead Agency	CDC acts as the HUD mandated CoC Lead Agency
Collaborative Applicant	CDC
Coordinated Entry	A HUD required process developed to ensure that persons experiencing homelessness have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs
COTS	Committee on the Shelterless
County	County of Sonoma
CPS	Child Protective Services
Departments	Human Services, Health Services and the CDC
Divisions	Adult & Aging, Family, Youth & Children, Employment & Training, Ending Homelessness, Housing & Neighborhood Investments, Rental Assistance, Behavioral Health, Public Health, and Health Policy, Planning & Evaluation
EMS	Emergency Management System
ES	Emergency Shelter
ESG	Emergency Solutions Grant
FEMA	Federal Emergency Management Agency
Funders Collaborative	A collaborative cross-jurisdictional body established to make recommendations on funding decisions
Gen H	Generation Housing
HEAP	Homeless Emergency Aid Program
HEART	Homeless Encampment Access & Resource Team
HMIS	Homeless Management Information System
HMIS Lead	CDC acts as the HUD mandated HMIS Lead
HOME	Home Investments Partnerships Program

Abbreviation	Description
HOST	Homeless Outreach Street Team
HOT	Homeless Outreach Team
Housing Navigator	A resource which provides support and assistance to persons experiencing homelessness to promote housing opportunities
HUD	Housing and Urban Development
HUD Entitlement Jurisdiction	Cities of Santa Rosa and Petaluma and the Urban County are all separate entitlement jurisdictions whom are awarded grants by HUD
IFSN	Interfaith Shelter Network
IMDT	Inter-Departmental Multi-Disciplinary Team
JPA	Joint Powers Authority
JRT	Joe Rodota Trail
LG Village	Los Guilicos Village
PIT	Point in Time Count
PSH	Permanent Supportive Housing
RBA	Results Based Accountability

Appendix B: Interview Schedule

Over the Course of 12 weeks, the KPMG Team conducted over 50 interviews with key stakeholders including: the Board of Supervisors, County Administrator's Office, Department leadership, current and former Department staff, Safety Net Collaborative members, Service Providers, City Managers, CoC representatives, RED leadership, and County Counsel representatives, among others to understand the current state ecosystem of County housing and homeless services. The below interview schedule provides detail on the specific stakeholders interviewed.

Interviewees	KPMG Attendees	Date
Angela Struckman, Director, Department of Human Services	Marc Bleyer, Cate Singer, Olivia Rabbitte, Bill Zizic	Thursday, January 14, 2021
Tina Rivera, Assistant Director, Department of Health Services	Marc Bleyer, Cate Singer, Olivia Rabbitte	Tuesday, January 19, 2021
Supervisor Rabbitt, District Supervisor 2	Marc Bleyer, Cate Singer, Olivia Rabbitte, Bill Zizic	Wednesday, January 20, 2021
Supervisor Coursey, District Supervisor 3	Marc Bleyer, Cate Singer, Olivia Rabbitte, Bill Zizic	Wednesday, January 20, 2021
Mark Essick, Sheriff	Marc Bleyer, Cate Singer, Olivia Rabbitte, Bill Zizic	Wednesday, January 20, 2021
Jill Ravitch, District Attorney	Marc Bleyer, Cate Singer, Olivia Rabbitte, Bill Zizic	Thursday, January 21, 2021
Kathleen Pozzi, Public Defender	Marc Bleyer, Cate Singer, Olivia Rabbitte, Bill Zizic	Thursday, January 21, 2021
David Koch, Chief Probation Officer	Marc Bleyer, Cate Singer, Olivia Rabbitte, Bill Zizic	Thursday, January 21, 2021
Travis Shenk and Nick Klein, Budget Analysts, County Administrators Office	Marc Bleyer, Olivia Rabbitte	Monday, January 25, 2021
Bradford DeMeo, Presiding Judge, Commissioner Wheeldin, Superior Court	Cate Singer, Olivia Rabbitte	Tuesday, January 26, 2021
Larry Florin, CEO, Burbank Housing	Marc Bleyer, Cate Singer, Olivia Rabbitte	Tuesday, January 26, 2021
Jen Klose, Executive Director, Generation Housing	Marc Bleyer, Cate Singer, Olivia Rabbitte	Wednesday, January 27, 2021
Pamela Wallace, Executive Director, Interfaith Shelter Network	Marc Bleyer, Cate Singer, Olivia Rabbitte	Wednesday, January 27, 2021
Barbie Robinson, Interim Executive Director of CDC and Director of Health Services	Marc Bleyer, Cate Singer, Olivia Rabbitte, Bill Zizic	Wednesday, January 27, 2021
Supervisor Hopkins, District Supervisor 5	Marc Bleyer, Cate Singer, Olivia Rabbitte, Bill Zizic	Wednesday, January 27, 2021
Karissa White, Community Development Associate, CDC	Marc Bleyer, Cate Singer, Olivia Rabbitte	Thursday, January 28, 2021
Leah Benz, Program Planning & Eval Analyst, Department of Health Services	Marc Bleyer, Cate Singer	Friday, January 29, 2021
Supervisor Gorin, District Supervisor 1	Marc Bleyer, Cate Singer, Bill Zizic	Friday, January 29, 2021
Nick Honey, Division Director and Regina De Meo Program Manager (Family, Youth & Children), Department of Human Services	Marc Bleyer, Olivia Rabbitte	Monday, February 1, 2021
Katie Greaves, Division Director and Michelle Bendyk, Program Manager (Employment & Training), Department of Human Services	Marc Bleyer, Olivia Rabbitte	Tuesday, February 2, 2021

Interviewees	KPMG Attendees	Date
Paul Dunaway, Division Director, Gary Fontenot, Section Manager, and Nadia Woodcock, Program Manager (Adult & Aging), Department of Human Services	Marc Bleyer, Olivia Rabbitte	Wednesday, February 3, 2021
Supervisor Gore, District Supervisor 4	Marc Bleyer, Cate Singer, Olivia Rabbitte, Bill Zizic	Thursday, February 4, 2021
Bill Carter, Behavioral Health Division Director, Department of Health Services	Marc Bleyer, Olivia Rabbitte	Monday, February 8, 2021
Daniel Overbury Howland, HMIS Lead, CDC	Marc Bleyer, Olivia Rabbitte	Wednesday, February 10, 2021
Gina Raith, Case Worker, Homeless Outreach Team	Marc Bleyer, Olivia Rabbitte	Wednesday, February 10, 2021
Joseph Hegedus and Will Gayowski, IMDT Managers, Department of Health Services	Marc Bleyer, Cate Singer, Olivia Rabbitte	Thursday, February 11, 2021
Tim Miller, Executive Director, West County Community Services	Marc Bleyer, Olivia Rabbitte	Thursday, February 11, 2021
Martha Cheever, Housing Authority Manager, CDC	Marc Bleyer, Olivia Rabbitte	Tuesday, February 16, 2021
Nora Mallonee Brand, HPPE Manager, CDC	Marc Bleyer, Olivia Rabbitte	Tuesday, February 16, 2021
Joni Thatcher and Kellie Noe, RBA Pilot Coordinators, Department of Human Services	Marc Bleyer, Olivia Rabbitte	Tuesday, February 16, 2021
BJ Bischoff, Consultant	Olivia Rabbitte	Wednesday, February 17, 2021
Felisa Pinson, Economic Assistance Division Director, Department of Human Services	Marc Bleyer, Olivia Rabbitte	Thursday, February 18, 2021
Michael Gause, Program Manager, CDC	Marc Bleyer, Cate Singer, Olivia Rabbitte	Thursday, February 18, 2021
Sheryl Bratton, CAO	Marc Bleyer, Cate Singer, Olivia Rabbitte, Bill Zizic	Thursday, February 18, 2021
Ben Leroi, Chairperson, COC	Marc Bleyer, Olivia Rabbitte	Friday, February 19, 2021
Jennie Lynn Holmes, Director, Catholic Charities and Vice Chair, CoC	Marc Bleyer, Cate Singer, Olivia Rabbitte	Tuesday, February 23, 2021
Lived Experience Focus Group 1	Cate Singer, Olivia Rabbitte	Tuesday, February 23, 2021
Lived Experience Focus Group 2	Marc Bleyer, Olivia Rabbitte	Tuesday, February 23, 2021
City Managers Focus Group 1 (Sonoma, Cotati, and Sebastopol	Marc Bleyer, Olivia Rabbitte	Tuesday, February 23, 2021
City Managers Focus Group 2 (Windsor, Rohnert Park, and Healdsburg)	Marc Bleyer, Olivia Rabbitte	Tuesday, February 23, 2021
Alice Linn, Lived Experience Representative	Olivia Rabbitte	Thursday, February 24, 2021
Tom Schwedhelm, Project Coordinator, Project Hope, Council Member, Santa Rosa City Council	Marc Bleyer, Olivia Rabbitte	Wednesday, February 24, 2021
Peggy Flynn, City Manager, City of Petaluma	Marc Bleyer, Cate Singer, Olivia Rabbitte, Bill Zizic	Wednesday, February 24, 2021
Supervisor Gore, District 4	Cate Singer, Olivia Rabbitte	Friday, February 26, 2021
ACCESS Demo with Barbie Robinson, Will Gayowski, Carolyn Staats, and Joe Hegedus, Department of Health Services	Marc Bleyer, Cate Singer, Olivia Rabbitte, Bill Zizic, Leah Garabedian	Friday, February 26, 2021
Sean McGlynn, City Manager, City of Santa Rosa	Marc Bleyer, Olivia Rabbitte, Bill Zizic	Monday, March 1, 2021
Sheryl Bratton, CAO, Yvonne Shu, CAO's Office	Marc Bleyer, Cate Singer, Olivia Rabbitte, Bill Zizic	Wednesday, March 3, 2021

Interviewees	KPMG Attendees	Date
Mark Essick, Sheriff	Marc Bleyer, Cate Singer, Olivia Rabbitte, Bill Zizic	Wednesday, March 3, 2021
Jenny Abrahamson, Former CDC Program Manager	Marc Bleyer, Cate Singer, Olivia Rabbitte	Thursday, March 4, 2021
Emilia Gabriele and Kelly Ritter, CFO and Accounting Manager, CDC and Department of Health Services	Marc Bleyer, Olivia Rabbitte	Thursday, March 4, 2021
Chuck Mottern, Homeless Services Funding Manager, CDC	Marc Bleyer, Olivia Rabbitte	Thursday, March 4, 2021
David Kelley, City Manager, Cloverdale	Marc Bleyer, Olivia Rabbitte	Wednesday, March 5, 2021
Alegria De La Cruz, Chief Equity Officer, Equity Office	Marc Bleyer, Cate Singer, Olivia Rabbitte	Monday, March 8, 2021
Michelle Whitman, RED Executive Director	Marc Bleyer, Cate Singer, Olivia Rabbitte	Monday, March 8, 2021
Angela Struckman, Director, Department of Human Services	Marc Bleyer, Cate Singer, Olivia Rabbitte, Bill Zizic	Tuesday, March 9, 2021
Chuck Mottern, Homeless Services Funding Manager, CDC	Olivia Rabbitte	Thursday, March 9, 2021
Daniel Overbury Howland, HMIS Lead, CDC	Olivia Rabbitte	Thursday, March 10, 2021
Barbie Robinson, Interim Executive Director, CDC	Marc Bleyer, Cate Singer, Olivia Rabbitte, Bill Zizic	Thursday, March 11, 2021
Matthew Liligren, County Counsel	Cate Singer, Olivia Rabbitte	Friday, March 19, 2021
Lavonna Martin, Director, Health Housing and Homeless Services and Jaime Jennet, Community Engagement Specialist, Contra Costa County	Cate Singer, Olivia Rabbitte	Tuesday, March 23, 2021
Lily Simmering, Deputy County Executive Officer, Orange County	Cate Singer, Olivia Rabbitte, Bill Zizic	Tuesday, March 23, 2021
Paul Osmundson Housing & Neighborhood Investments, CDC	Cate Singer, Olivia Rabbitte	Thursday, March 25, 2021
Megan Bassinger, City of Santa Rosa Housing Authority	Cate Singer, Olivia Rabbitte	Monday, April 5, 2021

Appendix C: Survey Responses

The KPMG Team developed a survey for issuance to various stakeholders across the expanse of the system of care, including Providers, non-profits, homeless advocates and activists, current and former County Departmental staff, affordable housing Providers, and discharge planners in the County's Jail. The survey was issued to fifteen stakeholders with eleven responses received. Survey responses are summarized in the table below.

Describe methods of collaboration between your agency and County Departments involved in the delivery of housing and homeless services?	Is their duplication in efforts to deliver housing and homeless services across the County?	What are the main challenges currently faced by the County in delivering housing and homeless services and in which areas do you think there are opportunities for improvement?	Are you aware of any housing and/or homelessness initiatives or best practices in other Californian Counties or elsewhere that you think could improve service offerings in Sonoma County?
— The non-profit works with the County to place persons experiencing homelessness in LG Village, where they have priority for a number of huts. The non-profit provides meals and navigation services to persons experiencing homelessness five days a week, however, are not funded by the County.	— There is no duplication; for example, there are no shelter services that are provided by the County in Sonoma Valley.	— None noted.	— None noted.
— Collaboration worked well until early 2019, when HEAP funding was made available and there was disagreement surrounding the use of funds.	— There is duplication which has been covered in previous studies and the new governance structure of the CoC was supposed to alleviate duplication and increase collaboration.	— Poor leadership with experts being driven out and the system is broken. — Lack of transparency. — There is too much focus on keeping DHS payroll whole, while not enough on the nuts and bolts of administering HUD funds well.	— Home Base. — CSH. — Community Solutions.
— Participation in IMDT meeting twice a week along with communication via email and phone with various Departments as needed. Areas for improvement: 1. Lack of flow chart with details of staff liaisons with position and Department. 2. Implementation of an IMDT system to encompass a larger population as opposed to just High Utilizers. 3. Lack of system accessibility as people don't have access to phones and / or ID. 4. Lack of support for inmates to help them apply for services and benefits. 5. Lack of a "one stop shop" for services for inmates upon release from jail. 6. Lack of support with substance abuse issues upon release from jail. 7. Increased community outreach for those who have suffered sexual abuse.	— The resources and the process of accessing the resources change so rapidly, that it is difficult to notice the duplication.	— Lack of housing and shelter designed with peers and expert input. — Lack of experienced staff to provide. support to jail and homeless persons. — Lack of access points for Coordinated Entry. — Lack of discharge planners in jails.	— No.

Describe methods of collaboration between your agency and County Departments involved in the delivery of housing and homeless services?	Is their duplication in efforts to deliver housing and homeless services across the County?	What are the main challenges currently faced by the County in delivering housing and homeless services and in which areas do you think there are opportunities for improvement?	Are you aware of any housing and/or homelessness initiatives or best practices in other Californian Counties or elsewhere that you think could improve service offerings in Sonoma County?
— Earliest collaboration strategies involved the development of community multi-human service non-profit in Petaluma, Russian River, Sonoma, and Healdsburg when certain Supervisors insisted that County Mental and Public Health staff, state-funded positions (CETA), and revenue sharing funds be placed in local non-profit throughout the County. (Petaluma People Services Center, Russian River Switchboard, Kairos, Alliance Medical, and La Luz). — County Departments started to contract directly with non-profit to support their facilities.	— Duplication becomes a problem when either excess or confusion is created and while there is not excess there is confusion. — The County claims that no door is the wrong door, however, Coordinated Entry have little coordinated navigation within, or exit from.	— The abandonment of the community's work long ago to bring together government and non-profit resources has resulted in chaos, confusion, and fragmentation. — There are two unconnected housing systems for low income residents. — The growing number of residents without incomes which are required to access public housing encounter a system which does not either prepare or coordinate their entry into permanent supportive or permanent housing. — The CoC could help resolve this dilemma if the Board of Supervisors and City Council placed the governance of all publicly supported housing under it. — Expecting the CoC strategic plan to incorporate the placement of chronic and vulnerable homeless into all vacant and subsidized housing would significantly increase the chances of achieving County homeless crisis goals.	— The most important initiatives being undertaken in California counties are those which develop housing alternatives which re-imagine housing designs. Homeless, by necessity, have chosen to occupy homes which government has not recognized as either legal or community accepted. They are living in tiny homes, cars, RVs, shacks, huts, garages, sheds, tents, cardboard boxes, and sleeping bags. — More support in Sonoma County for permitting of this reimagined housing needs to be developed.
— Non-profit provides daily meals for homeless persons and advocates for setting up Tiny Home Villages and Safe Parking Sites. — Non-profit have a contract with the CDC for outreach, however, it is fairly harmonious. — The lack of basic human rights for those living in encampments is a "horror". (lack of porta potties, trash pick-up and other basic services). — Non-profit is confused as to why the County cannot provide the same services it provides to Fire Refugees.	— There is lack of services and support rather than duplication. — There is a lack of collaboration between the Cities and the County and between agencies. There is no plan to protect and house people which everyone can buy into.	— Lack of money to build housing. — Time taken to build PSH. — Lack of legalized managed camps and safe parking. (County should offer large public property for these purposes). — Getting everyone off the street in some manner would require more case management, however, would cost less than what is being spent now on informal camps, emergency services, camp clean ups etc.	— The Low-Income Housing Institute in Seattle has a good model.
— A non-profit developer who mostly interacts with the CDC as a funder. — They interact with the Housing Authority as the Project Based Voucher Provider entity.	— There is not necessarily duplication of efforts, however, the City of Santa Rosa and the County could certainly work more collaboratively together to ensure best outcomes for housing and homeless services for both jurisdictions.	— Lack of CDC staffing is shocking. — The CDC needs to be restructured as its own Department that has a Director that reports to the CAO. — CDC should have lending functions and Housing Authority functions, as well as a dedicated attorney and accounting staff.	— San Mateo County Department of Housing.

Describe methods of collaboration between your agency and County Departments involved in the delivery of housing and homeless services?	Is their duplication in efforts to deliver housing and homeless services across the County?	What are the main challenges currently faced by the County in delivering housing and homeless services and in which areas do you think there are opportunities for improvement?	Are you aware of any housing and/or homelessness initiatives or best practices in other Californian Counties or elsewhere that you think could improve service offerings in Sonoma County?
		— In the current structure, where CDC ultimately reports to the BOS, it does not have enough autonomy or the ability to set and follow policy for the long term. — CDC should have clear metrics and goals, which should be shared between the CDC and Housing Authority. The goals and the funding around those goals need to be long term and predictable in order to have success. — Changing goals or duties of the Department in response to crisis is not productive. — Trying to work on homelessness separately from the COC is dysfunctional. The COC should be under Health Services, but not under the CDC. — County and Cities need to work together on focused strategies around housing policy. There is a disconnect between urbanized and rural areas. — There are real community-wide conversations around housing that are needed, but not any trust or leadership to convene or fund the facilitation of those conversations.	
— Non-profit, works in collaboration frequently with the above-mentioned Human Services, Health Services, and the CDC. The method of these collaborations occur through a variety of communications (meetings, etc.) as well as applications for grants to County Departments and partnering on grants with County Departments when appropriate. — Non-profits feels very positively about the relationships with County Departments.	— There is duplication of efforts at times, the County may not always be aware of all that the CBO's are actively doing or what significant gaps are in the community before implementing teams or programs.	— Sonoma County is severely lacking in Permanent Supportive Housing and ongoing wrap around Behavioral Health Services for most vulnerable populations. — Long-term Clinical Social Work and psychotherapeutic and psychiatric services needed to assist vulnerable populations with long-term stability are lacking. This issue leads CBO's to continue to see recidivism into homelessness in certain populations.	— San Francisco employed the use of comprehensive wrap around services through Case Management in combination with Shelter Plus Care vouchers, rental subsidies and other direct services (financial services, job training and a wellness center) for homeless families going through the Child Welfare System. — The United States Interagency Council on Homelessness has a list of communities across that United States that have achieved functional zero homelessness for Veterans and for Chronically Homeless.

Describe methods of collaboration between your agency and County Departments involved in the delivery of housing and homeless services?	Is their duplication in efforts to deliver housing and homeless services across the County?	What are the main challenges currently faced by the County in delivering housing and homeless services and in which areas do you think there are opportunities for improvement?	Are you aware of any housing and/or homelessness initiatives or best practices in other Californian Counties or elsewhere that you think could improve service offerings in Sonoma County?
— CDC assists in obtaining Department of finance-based housing grants. — Coordinated Entry will periodically make placements into open beds that can't otherwise be filled. — Prior to Covid-19, non-profit performed Coordinated Entry intakes at one of its offices.	— There are not enough services to meet the need in the community, so duplication of services does not appear to be a primary issue. — Homeless services agencies are often competing against one another for limited resources when they become available. Some agencies that have formed appear to lack professionalism and present as adversarial to County or City actions. — The Cities and County could coordinate services better. The borders that establish various jurisdictions are not relevant to combating this problem. Efforts do appear to push problems from location to location without solving the underlying issue.	— The cost and lack of housing locally appears to be the underlying long-term driver of this problem. The issue is complex and can't be solved quickly, but a long-term plan to build affordable housing has to be put into place. — The general public also appears to feel that the homeless population is not held accountable for poor behavior. Sonoma County residents are often focused on helping others in the community. — Large encampments moving from place to place around the County appears to be wearing people out. — Controlled safe parking with measures in place to protect the health of all appear to be a better approach than the encampments that are presently in place.	— None noted.
— Better communication among each County Department would greatly benefit the collaborative efforts. Methods of collaboration are meetings, emails, phone calls etc.	— There is not so much duplication of services but rather lack of communication.	— Continued repetitive referrals for the same individuals that take advantage of the services and continue to not follow any guidelines that coexist with some of these services. Some of these services continue to reward bad behavior and there is a very high presence of entitlement and demands made. — The County send a very poor message and place band aids on delivering housing and homeless services. A long-term goal and plan are needed that gives incentive to housing and homeless services that is successful and does not continue the same cycle currently.	— Consider managed care organizations that encompass an in-house holistic approach to each individual's needs and can efficiently and successfully provide all services within the organization that meets and exceeds just the basic needs. — This approach allows for better collaborative efforts and decreases the complexity of the communication efforts. This also can and has been proven to be a more cost-effective approach in other Counties and States.
— Worked closely with the CDC to secure grant funding to permanently fund certain programs.	— Do not see duplication and was happy to see the County partnering with Cities to leverage funding so projects could get built.	— Length of time it takes to get agreements finalized so that programs can be funded and implemented.	— San Mateo has a good model.
— Non-profits works closely with DHS Divisions of Public Health and Behavioral Health with	— The main issues are probably less about duplication and more about	— The lack of enough PSH in our County leads to large encampments that are	— Other Counties have real estate professionals to work on landlord

Describe methods of collaboration between your agency and County Departments involved in the delivery of housing and homeless services?	Is their duplication in efforts to deliver housing and homeless services across the County?	What are the main challenges currently faced by the County in delivering housing and homeless services and in which areas do you think there are opportunities for improvement?	Are you aware of any housing and/or homelessness initiatives or best practices in other Californian Counties or elsewhere that you think could improve service offerings in Sonoma County?
regard to homeless persons with ID, HIV, STIS and HCV.	collaboration, leveraging of resources, and prioritizing certain interventions over others, given finite funding and resources.	eventually legally cleared, only to inevitably pop-up in another location and the game of whack-a-mole continues with no positive outcomes for the campers or the community.	recruitment to expand the scattered site unit availability for PSH vouchers. — Some County govts fund risk mitigation funds for PSH that double security deposits to landlords willing to rent units to PSH voucher holders. — Counties should also support PSH bonus projects available through the CoC funding process from HUD. The grants require 25% match from the applicant, which disincentivizes service Providers as subsidized rents and specialized support services tend to have high budget costs. Counties can remove this disincentive by providing the 25% matching funds.

Appendix D: Program Inventory

The below table represents an excerpt from the detailed program inventory which was compiled and provided to the County in excel format. As discussed in initiative 5.1 the collection and compilation of the required data for this inventory proved to be a challenge with a significant amount of data remaining uncollected and unvalidated including eligibility requirements, number of clients services, FTEs, and ancillary services.

Department	Division	Program	Funding Source	Clients served	FY20-21 Budget
Human Services	Adult & Aging	Elder Shelter Program	- CalOES/VOCA KE	2019: 17 2020: 13	$306,424
Human Services	Employment and Training Division	Housing and Disability Advocacy Program	- California Department of Social Services (CDSS): HDAP	243	$1,197,456
Human Services	Adult & Aging	Home Safe Program	- CDSS	2019: 35 2020:31	$1,660,000
Human Services	Employment and Training Division	Housing Support Program	- CDSS: CalWORKs	105 families annually	$2,161,660
Human Services	Family, Youth and Children	Bringing Families Home, Housing Assistance Permanency Program	- CDSS: Bringing Families Home - Realignment	100 annually	$954,638
Human Services	Family, Youth and Children	Stepping Stone Program	- Realignment funds	Up to 8 youths at any time	$150,000
Human Services	Family, Youth and Children	Transitional Housing Plus	- Housing and Community Development - Realignment	13-15 youth at any time	$596,400
Human Services	Family, Youth and Children	Supervised Independent Living Program	- Realignment funds	10-15 youth annually	$15,000
Human Services	Family, Youth and Children	Housing Navigation Program	- Housing and Community Development	12-15 annually	$49,160
Human Services	Employment and Training Division	Homeless Assistance (THA / PHA)	- CDSS: CalWORKs	2019: 231 2020: 184	Data not provided
CDC	Housing Authority	Housing Choice Voucher	- HCV	- 2,835 Voucher available - 2,741 vouchers used	$52,829,097
CDC	Housing Authority	HUD-VASH	- VASH		
CDC	Housing Authority	Family Self Sufficiency (FSS)	- FSS		
CDC	Housing Authority	Family Unification Program	- FUP		
CDC	Housing Authority	Mainstream	- MS5	- 85 vouchers available - 40 vouchers used	$2,121,104

Department	Division	Program	Funding Source	Clients served	FY20-21 Budget
CDC	Housing Authority	Special Needs Assistance Program (SNAP 1)	- SNAP 1	544	$565,902
CDC	Housing Authority	Special Needs Assistance Program (SNAP 6)	- SNAP 6	121	$181,704
CDC	Housing Authority	Special Needs Assistance Program (SNAP 7)	- SNAP 7	104	$103,032
CDC	Housing Authority	Special Needs Assistance Program (SNAP 10)	- SNAP 10	74	$148,048
CDC	Housing Authority	Shelter Plus Care	- Shelter Plus Care Grant (HUD)	Data not provided	$1,177,438
CDC	Housing and Neighborhood Investments	County Fund for Housing	- County funds: CFH receives funds from multiple local sources	Data not provided	$5,120,000
CDC	Housing and Neighborhood Investments	Community Development Block Grant	- CBDG	Data not provided	$9,547,392
CDC	Housing and Neighborhood Investments	HOME Investment Partnership	- HOME	Data not provided	$1,105,007
CDC	Housing and Neighborhood Investments	Flood Elevation Mitigation Program	- FEMA Hazard Mitigation Assistance Programs	Data not provided	$2,866,230
CDC	Housing and Neighborhood Investments	Housing Rehabilitation Program	- Federal, Local and State	Data not provided	$150,000
CDC	Housing and Neighborhood Investments	Mobile Space Rent Ordinance	- General Fund	Data not provided	$82,218
CDC	Housing and Neighborhood Investments	Project HomeKey	- FEMA	Data not provided	$3,056,000
CDC	Housing and Neighborhood Investments	No Place Like Home	- MHSA	Data not provided	Estimated $7,000,000
CDC	Housing and Neighborhood Investments	USDA	- Data not provided	Data not provided	Data not provided
CDC	Ending Homelessness	Permanent Supportive Housing (PSH) – Catholic Charities Alternatives	- General Fund - HHAP ESP	5	$200,000
CDC	Ending Homelessness	PSH – Catholic Charities Palms Inn	- General Fund - HHAP ESP	40 Households 40 Adults	$100,000
CDC	Ending Homelessness	PSH - Community Support Network - Stony Point Commons	- General Fund - HHAP ESP	16	$111,104
CDC	Ending Homelessness	PSH - Reach for Home	- General Fund - HHAP ESP	9	$119,350
CDC	Ending Homelessness	PSH - West County Community Services - Meeting Their Needs	- General Fund - HHAP ESP	Data not provided	$37,000

Department	Division	Program	Funding Source	Clients served	FY20-21 Budget
CDC	Ending Homelessness	Rapid Rehousing (RRH) – IFSN	- HHAP - LMIHA	Data not provided	$93,923
CDC	Ending Homelessness	RRH – Catholic Charities	- State ESG - Federal ESG - LMIHAF - General Fund	Data not provided	$157618
CDC	Ending Homelessness	RRH – COTS	- State ESG - LMIHAF	Data not provided	$136,475
CDC	Ending Homelessness	RRH – Reach for Home	- HHAP	Data not provided	$43,555
CDC	Ending Homelessness	RRH – Social Advocates for Youth	- State ESG - LMIHAF - HEAP	Data not provided	$156,667
CDC	Ending Homelessness	RRH – TLC Family & Children	- HHAP	Data not provided	$212,921
CDC	Ending Homelessness	RRH – West County Community Services	- Measure L - HHAP	Data not provided	$207,956
CDC	Ending Homelessness	Emergency Shelter (ES) - Catholic Charities - Family Support Center	- General Fund - Federal ESG 20 - HHAP	137	$200,000
CDC	Ending Homelessness	ES- Catholic Charities - Sam Jones Hall	- General Fund - State ESG - City of Santa Rosa General Fund - HHAP	125	$543,000
CDC	Ending Homelessness	ES - Community Action Partnership - Sloan House	- General Fund - HHAP	24	$52,153
CDC	Ending Homelessness	ES - COTS - Mary Issak Center	- State ESG - HHAP	100	$344,745
CDC	Ending Homelessness	ES - West County Community Services - West County Winter Shelter	- General Fund - HHAP	40	$147,000
CDC	Ending Homelessness	ES - Social Advocates for Youth - Dream Center	- State ESG - General Fund - HHAP	12	$169,215
CDC	Ending Homelessness	ES - YWCA - Confidential Safe House	- General Fund - HHAP	32	$34,768
CDC	Ending Homelessness	ES - Social Advocates for Youth - Winter Shelter Expansion	- CSF	Data not provided	$65,972
CDC	Ending Homelessness	Catholic Charities - Homeless Outreach Street Team	- General Fund - HHAP	500	$325,651
CDC	Ending Homelessness	Catholic Charities - Homeless Services Center	- General Fund	Data not provided	$50,000

Department	Division	Program	Funding Source	Clients served	FY20-21 Budget
CDC	Ending Homelessness	Reach for Home - Street Outreach	- General Fund	Data not provided	$34,786
CDC	Ending Homelessness	Russian Riverkeeper - Clean Camp Education	- General Fund	Data not provided	$74,237
CDC	Ending Homelessness	Sonoma Applied Village Services - Street Outreach	- HHAP	Data not provided	$113,131
CDC	Ending Homelessness	Social Advocates for Youth - Street Outreach	- General Fund - HHAP	Data not provided	$211,542
CDC	Ending Homelessness	Catholic Charities - Homelessness Prevention	- General Fund - Federal ESG - HHAP	9 Households 9 Adults	$100,000
CDC	Ending Homelessness	COTS - Homelessness Prevention	- HEAP - General Fund - HHAP	Data not provided	$125,166
CDC	Ending Homelessness	Social Advocates for Youth - Homelessness Prevention	- LMIHAF - HHAP - Measure L	Data not provided	$151,971
CDC	Ending Homelessness	HCA Family Fund	- LMIHAF	Data not provided	$30,000
CDC	Ending Homelessness	SHARE Sonoma County	- General Fund - HHAP	170 Households 335 Adults 5 Children	$202,351
CDC	Ending Homelessness	Homeless Court	- General Fund	Data not provided	$30,000
CDC	Ending Homelessness	Coordinated Entry System	- General Fund HHAP	Data not provided	$130,000
			- General Fund HHAP	Data not provided	$48,676
CoC	CoC - CDC Lead Agency	PSH – Catholic Charities	- HUD Continuum of Care funding	Data not provided	$288,302
CoC	CoC - CDC Lead Agency	PSH – COTS	- HUD Continuum of Care funding	Data not provided	$271,381
CoC	CoC - CDC Lead Agency	PSH – Catholic Charities	- HUD Continuum of Care funding	Data not provided	$599,938
CoC	CoC - CDC Lead Agency	PSH – CDC	- HUD Continuum of Care funding	Data not provided	$108.993
CoC	CoC - CDC Lead Agency	PSH - Buckelew Programs	- HUD Continuum of Care funding	Data not provided	$101,166
CoC	CoC - CDC Lead Agency	PSH – Community Support Network	- HUD Continuum of Care funding	Data not provided	$55,981

Department	Division	Program	Funding Source	Clients served	FY20-21 Budget
CoC	CoC - CDC Lead Agency	PSH – CDC	- HUD Continuum of Care funding	Data not provided	$240,014
CoC	CoC - CDC Lead Agency	PSH – CDC	- HUD Continuum of Care funding	Data not provided	$74,186
CoC	CoC - CDC Lead Agency	PSH – Community Support Network	- HUD Continuum of Care funding	Data not provided	$61,557
CoC	CoC - CDC Lead Agency	PSH - Social Advocates for Youth	- HUD Continuum of Care funding	Data not provided	$236,552
CoC	CoC - CDC Lead Agency	PSH – CDC	- HUD Continuum of Care funding	Data not provided	$603,874
CoC	CoC - CDC Lead Agency	PSH - Buckelew Programs	- HUD Continuum of Care funding	Data not provided	$248,672
CoC	CoC - CDC Lead Agency	RRH – Catholic Charities	- HUD Continuum of Care funding	Data not provided	$311,636
CoC	CoC - CDC Lead Agency	RRH – YWCA	- HUD Continuum of Care funding	Data not provided	$143,656
Health Services	Public Health	Special Clinical Services - Juvenile Hall Services	- Title 22	Data not provided	$2,424,765
Health Services	Public Health	Special Clinical Services - Probation Camp Services	- MOU with Local Law Enforcement	Data not provided	$353,941
Health Services	Public Health	Special Clinical Services - Valley of the moon	- Data not provided	Data not provided	$225,188
Health Services	Behavioral Health	MST - Mobile Crisis Team	- Realignment - General Fund	Data not provided	$3,413,539
Health Services	Behavioral Health	In-custody Competency Placement	- Realignment - General Fund	Data not provided	$342,571
Health Services	Behavioral Health	Hospital Liaison & Utilization Review Team	- Realignment - Medicaid	Data not provided	$10,875
Health Services	Behavioral Health	DUI Court	- Realignment - General Fund	Data not provided	$144,923
Health Services	Behavioral Health	ATP - Adolescent Treatment Program	- SABG - General Fund	Data not provided	$435,208
Health Services	Behavioral Health	SonomaWorks	- CalWORKs	Data not provided	$950,614
Health Services	Behavioral Health	Sober Living Residences	- General Fund	Data not provided	$15,000
Health Services	Behavioral Health	Adult Mental Health Residential Services	- MHSA - Medicaid	Data not provided	$2,186,377

Department	Division	Program	Funding Source	Clients served	FY20-21 Budget
Health Services	Behavioral Health	Transitional Recovery Services - care management, oversight and discharge planning	- Realignment - Medicaid	Data not provided	$890,472
Health Services	Behavioral Health	Supported Housing Services	- Realignment - Medicaid	Data not provided	N/A
Health Services	Behavioral Health	Various Consumer Operated, peer and family support services	- MHSA - Realignment - SAMHSA	Data not provided	$1,756,487
Health Services	Behavioral Health	Telecare Assertive Community Treatment	- Realignment - Medicaid	Data not provided	$1,256,882
Health Services	Behavioral Health	TASC - Treatment Accountability for Safer Communities	- SABG	Data not provided	$2,037,823
Health Services	Behavioral Health	SUD Residential Treatment Services	- Realignment - General Fund	Data not provided	$1,777,588
Health Services	Behavioral Health	Narcotic Treatment Programs	- Medicaid	Data not provided	$2,839,000
Health Services	Behavioral Health	FASST - Family Advocacy Stabilization Support Treatment	- MHSA - Medicaid	Data not provided	$3,606,996
Health Services	Behavioral Health	Supported Housing Services	- MHSA - Medicaid - Realignment	Data not provided	N/A
Health Services	Behavioral Health	Turning Point Detox	- General Fund	Data not provided	$504,537
Health Services	Unknown	Healthcare for the Homeless	- Data not provided	Data not provided	Data not provided
Health Services	Unknown	Sonoma County Independent Living Program (SCIL)	- FPP - 2011 Realignment	Data not provided	$962,212
Health Services	Unknown	Forensic Assertive Community Treatment (FACT)	- Grant detail not provided	Data not provided	$1,250,329
Health Services	Behavioral Health	Transition Age Youth	- MHSA	Data not provided	$1,314,123
Health Services	Public Health	HSD, Adult & Aging Services: Multipurpose Senior Services Program	- Realignment	Data not provided	$2,678,878
Health Services	Public Health	Health Care Program for Children in Foster Care (HCPCFC)	- California Children's Services State - Federal Funds	Data not provided	$772,441
Health Services	Behavioral Health	Transportation Services	- Realignment	Data not provided	$621,449

Department	Division	Program	Funding Source	Clients served	FY20-21 Budget
Health Services	Behavioral Health	Crisis Residential Services	- Realignment - Medicaid	Data not provided	$2,440,261
Health Services	Behavioral Health	Psychiatric Inpatient Services	- Realignment - Medicaid	Data not provided	$1,508,768
Health Services	Behavioral Health	Integrated Recovery Team	- MHSA - Medicaid	Data not provided	$1,358,622
Health Services	Behavioral Health	Integrated Health Team	- MHSA - Medicaid	Data not provided	$1,971,640
Health Services	Behavioral Health	Access Team	- MHSA - Medicaid - Realignment	Data not provided	$2,203,266
Health Services	Behavioral Health	Prevention and Early Intervention Initiatives	- MHSA	Data not provided	$594,409
Health Services	Behavioral Health	CMHCs - Community Mental Health Clinics	- MHSA	Data not provided	$2,675,473
Health Services	Behavioral Health	SUD Intensive Outpatient Services	- FPP - 2011 Realignment	Data not provided	$813,595
Health Services	Behavioral Health	Foster Youth Coordination Services	- Realignment - Medicaid	Data not provided	$2,314,410
Health Services	Behavioral Health	Older Adult Services	- MHSA - Medicaid	Data not provided	$1,074,465
Health Services	IMDT	ACCESS - Homeless Encampment Access and Resource Team – HEART	- Grant detail not provided	- 304 clients enrolled since 2019 - 338 outreach episodes	$3,260,680
Health Services	IMDT	ACCESS - Whole Person Care (High Needs Homeless)	- Grant detail not provided	- 172 clients enrolled since 2018	$3,514,192
Health Services	IMDT	ACCESS - COVID 19 (CERH* Cohort)	- County Medical Services Program (State Realignment)	- 243 clients sheltered - 112 clients enrolled in ACCESS - 46 voucher applications submitted	$997,243
Health Services	IMDT	ACCESS - Mental Health Diversion Cohort (Diversion from Criminal Justice)	- Grant detail not provided	- 49 clients referred - 49 clients screened - 11 clients enrolled in diversion program - 27 clients enrolled in ACCESS	$610,581

Appendix E: Benchmarking

Over the past 12 weeks, the KPMG Team have conducted benchmarking research on the organizational structure of peer Counties across both the State of California and Counties outside of California. Eighteen Counties in total were reviewed with further detail on each County's organizational structure is included in the following pages.

| 1 | Alameda County |

Department or Agency responsible for Homeless Services

The Office of Homeless Care and Coordination under the Health Care Services Agency ("HCSA") works to build an integrated system for housing and homeless services by improving efficiency with other County Departments. The Office serves to implement expanded services and supports and leads the development of a strategic framework to address homelessness. It also serves as a triaging point of contact for addressing homelessness across the County.

Department or Agency responsible for Affordable Housing

Housing and Community Development Department manages community planning and funding for affordable housing development, low-income community infrastructure, efforts to end homelessness, and fair housing. The Department administers supportive services, shelter, housing operations, and rental assistance funding for programs serving homeless and at-risk individuals and families. It also administers the Measure A1 Affordable Housing General Obligation Bond program.

Department or Agency responsible for Housing Authority

The Housing Authority of the County of Alameda ("HACA") operates a number of HUD funded programs for low-income families, the elderly, people with disabilities, and others, in much of Alameda County. HACA's Governing Board is the Alameda County Board of Supervisors with the addition of two Section 8 Housing Choice Voucher tenants appointed by the Alameda County Board of Supervisors. HACA's Governing Board has delegated almost all of its duties to the Housing Commission which provides policy guidance for HACA's day-to-day operations.

CoC Lead Agency

EveryOne Home, fiscally sponsored by Tides Center, a non-profit organization is the CoC Lead Agency. Its leadership board has representatives from Community Development Agency, Health Care Services Agency, Social Services Agency, City of Berkeley, City of Oakland and Veterans Affairs.

County Population and Homeless Population

In Alameda County, the homeless population as a percentage of total population has been steadily rising since 2015, from a rate of 0.24 percent in 2015 to 0.47 percent in 2019.
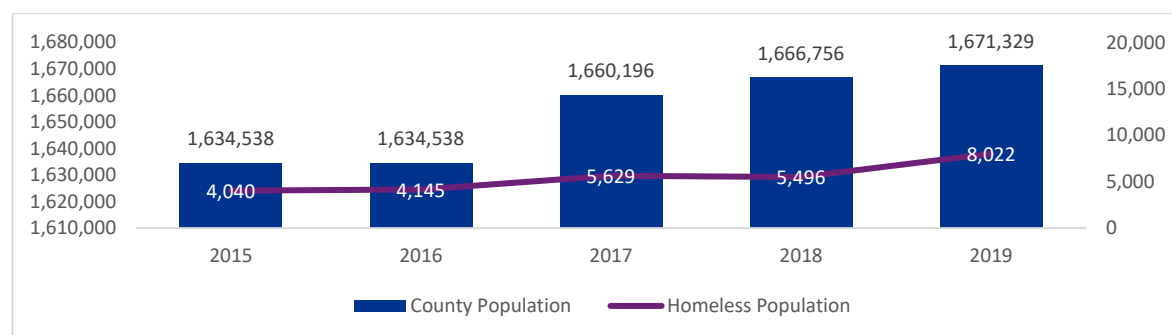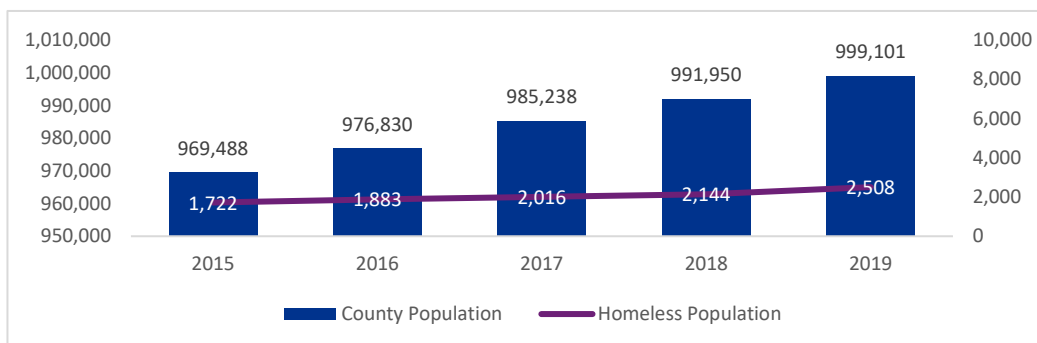

Figure 16: Sources: US Census, National Alliance to End Homelessness

Department or Agency responsible for Homeless Services

The Health, Housing and Homeless Services Division within Contra Costa Health Services ("CCHS") integrates housing and homeless services across the County's health system and County government. It also works with the Employment and Human Services Department, the Housing Authority, school districts, housing Providers, law enforcement and Cities to develop innovative strategies to address the community's health and social needs. This new Division was established to meet the requirements of the Medi-Cal 2020 Waiver.

Department or Agency responsible for Affordable Housing

Affordable housing programs are offered by the The Housing and Community Improvement ("HCI") Division of Department of Conservation and Development. The programs offered by the Division include: County's inclusionary housing ordinance, state grants and monitoring for affordable housing, multifamily bond issuances, mortgage credit certificates, Livable Communities Trust, Keller Canyon Mitigation Fund, CDBG, HOME, and Emergency Solutions Grant.

Department or Agency responsible for Housing Authority

Rental subsidies, such as the Section 8 Voucher Program are offered by the Housing Authority of Contra Costa. The Housing Authority is a public corporation separate and distinct from HUD, from County government, and from other County and state agencies.

CoC Lead Agency

The Council on Homelessness which is made up of County staff across Health and Housing, City representatives, Providers, Police Chief, Community representatives and those with lived experience acts as the CoC Lead Agency appointed by the Board of Supervisors.

County Population and Homeless Population

Contra Costa County has seen a slight rise in its homeless population as a percentage of total population, between 2017 and 2019, at a rate of 0.14 percent in 2017 to a rate of 0.19 percent in 2019.
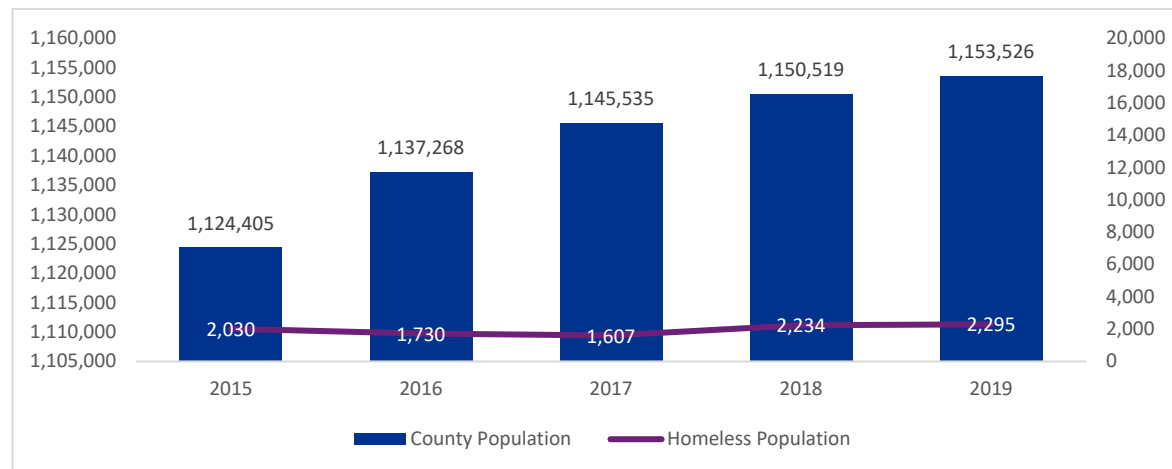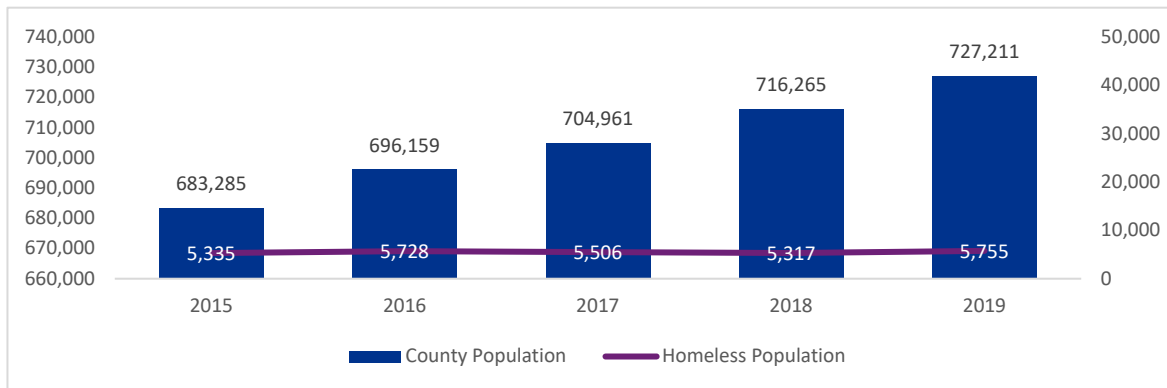

Figure 17: Sources: US Census, National Alliance to End Homelessness

Department or Agency responsible for Homeless Services

The Health and Human Services Agency ("HHSA") engages in a number of activities focused on issues related to homelessness in Mendocino County. In addition, HHSA continues to serve as the Administrative Entity and Collaborative Applicant for several large grants that provides funding for both capital development of housing as well as services for the homeless.

Department or Agency responsible for Affordable Housing

The Community Development Commission ("CDC") of Mendocino County houses the affordable housing programs. CDC assits affordable housing developers in development and rehabbing of affordable hoursing units. In addition, CDC manages 139 units of subsidized housing for its non-profit arm, Building Better Neighborhoods, Inc.. These units were formerly Public Housing. In 2010 CDC went through a HUD approval process to "dispose" of the Public Housing units, selling them to its non-profit, BBN, Inc. CDC's Development and Housing Assets Department helps in CDBG and HOME administration, including program and project conceptualization, application preparation, and activities implementation for small Cities and counties.

Department or Agency responsible for Housing Authority

The Mendocino County Housing Authority forms part of the CDC and is tasked with the responsibility to maintain the Public Housing Program and administers Housing Choice Voucher programs.

CoC Lead Agency

HHSA is the CoC Lead Agency. HHSA staff provide facilitation and support to the Mendocino County Homeless Services CoC in their work to complete a Countywide strategic plan to address homelessness in Mendocino County.

County Population and Homeless Population

In Mendocino County, homeless population as a percentage of total population has seen a steady decrease since 2017, from 1.4 percent in 2017 to 0.9 percent in 2019.
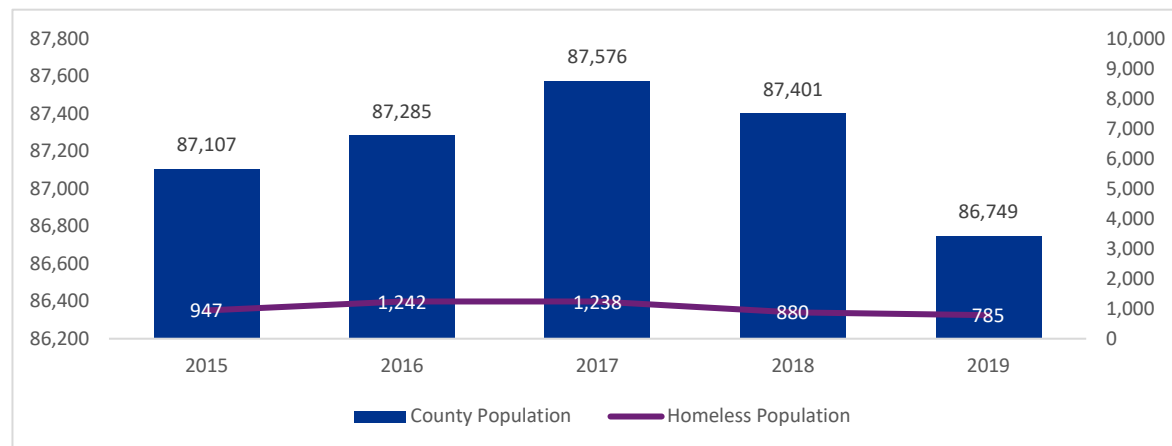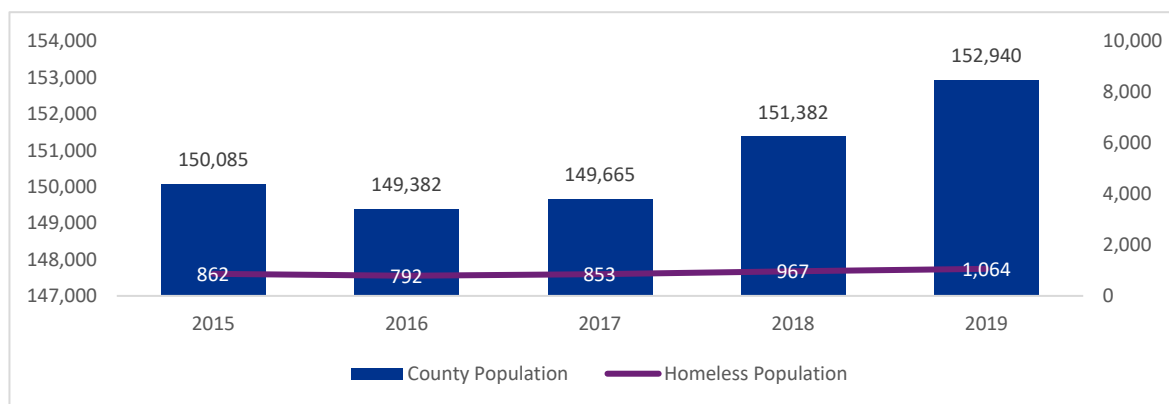

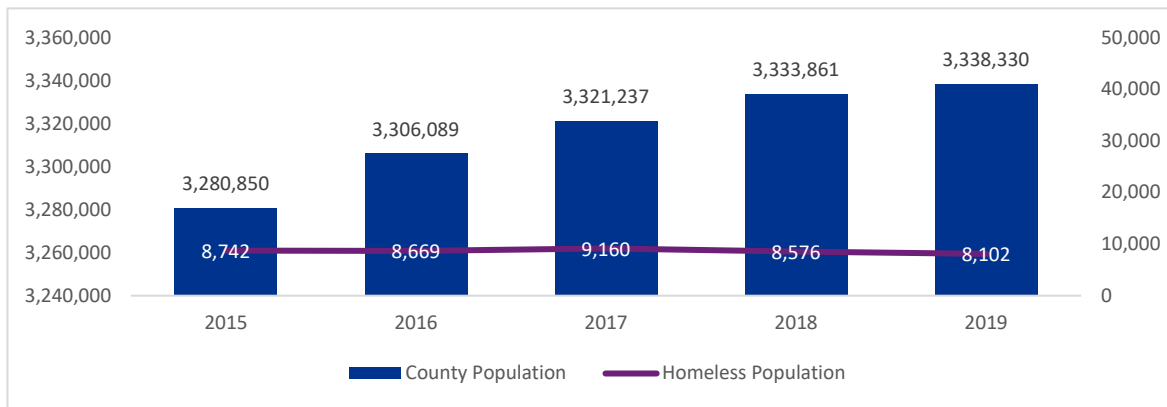*Figure 18: Sources: US Census, National Alliance to End Homelessness*

Department or Agency responsible for Homeless Services

Community Human Services ("CHS") is a JPA and Non-Profit which focuses on substance abuse, mental health and homeless programs. CHS is a member of the Coalition of Homeless Services Providers (CHSP) which is the designated Continuum of Care.

The Behvioral Health Department in collaboration with other service Providers also provides services to seriously mentally ill adults that are experiencing chronic homelessness or at risk of homelessness.

The Coalition of Homeless Services Providers ("CHSP") is the designated Continuum of Care which is a non-profit organization that acts as coordinator for Monterey and San Benito Counties' Continuum of Care.

Department or Agency responsible for Affordable Housing

Housing and Economic Development Division under County Administrative office operates affordable and inclusionary housing programs, community development, homelessness programs and economic development grants.

Department or Agency responsible for Housing Authority

The Housing Authority of the County of Monterey ("HACM"), provides rental assistance and manages affordable housing throughout Monterey County.

CoC Lead Agency

CHSP a local non-profit agency is designated as the HMIS Lead, Coordinated Entry System operator, CoC Administrative Entity, and the CoC Collaborative Applicant. The Leadership Council is the governing body of CHSP. The leadership council has members from HACM, County Mayor, Monterey County Board of Supervisors, San Benito County Board of Supervisors. Its members also include Director of the Monterey County Department of Social Services, Director of the Monterey County Health Department and Director of the San Benito County Health and Human Services Agency.

County Population and Homeless Population

Monterey County has experienced a year-on-year decrease in its homeless population as a percentage of total population between 2017 and 2019, falling from 0.77 percent in 2017 to 0.62 percent in 2019.
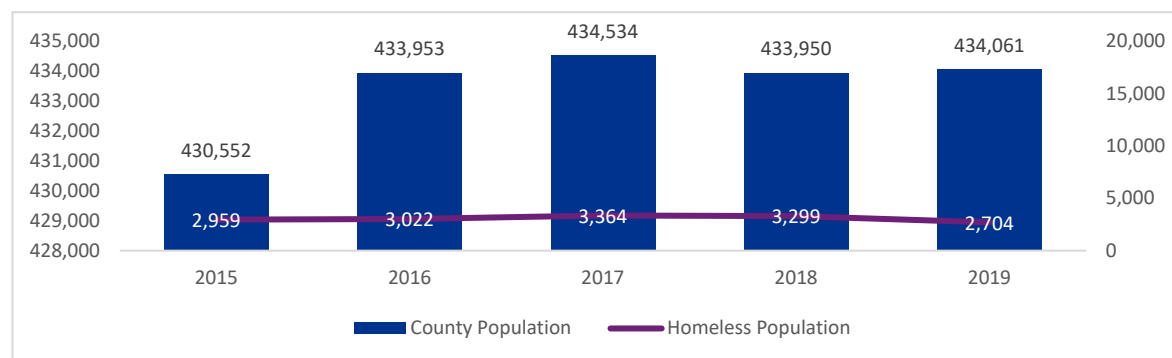
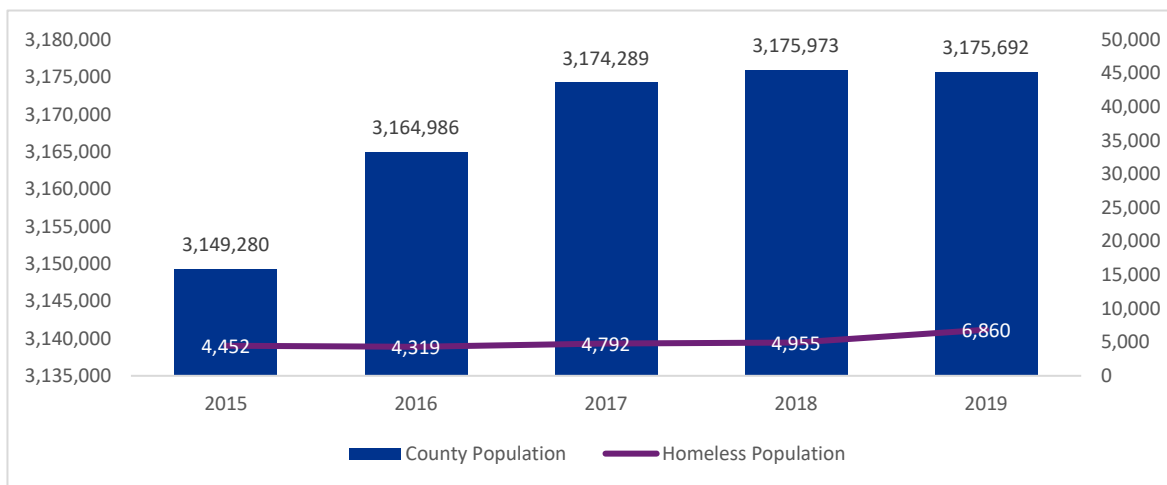*Figure 19: Sources: US Census, National Alliance to End Homelessness*

Department or Agency responsible for Homeless Services and affordable housing

In 2017, Napa County entered into a Cooperative Joint Powers Agreement with the City of Napa for the administration and operation of cooperative homeless outreach and housing systems. The agreement focuses on establishment of the Napa Funders' Collaborative to bring together key community stakeholders with the goal of aligning funding and policy to reduce homelessness in the region; development of an affordable and supportive housing funding mechanism called the Napa Flexible Housing Funding Pool (Flex Pool); redesign and funding of the homeless emergency shelter and homelessness crisis response system; creation and implementation of a Coordinated Entry System to standardize the matching of housing and service resources to people experiencing a housing crisis in order to maximize positive housing outcomes and ensure equity and transparency in the system and joint funding and County management and hiring of a Napa homeless services coordinator.

The Housing and Homeless Services Division within the Housing and Intergovernmental Affairs Department of the CEO brings together activities and staff previously located in the County Executive Office and Health and Human Services, to coordinate the County's efforts on housing and homelessness. The Division manages affordable housing programs, the Housing Authority, which implements the supportive housing-related programs for persons experiencing homelessness and provides administrative support to the CoC.

Department or Agency responsible for Housing Authority

The Housing & Homeless Services Division within the Housing and Intergovernmental Affairs also manages the Housing Authority.

CoC Lead Agency

The Housing & Homeless Services Division is the Lead Agency for the Napa Continuum of Care.

County Population and Homeless Population

In Napa County, homeless population as a percentage of total population has remained relatively steady between 2015 and 2019 at an average rate of 0.2 percent.
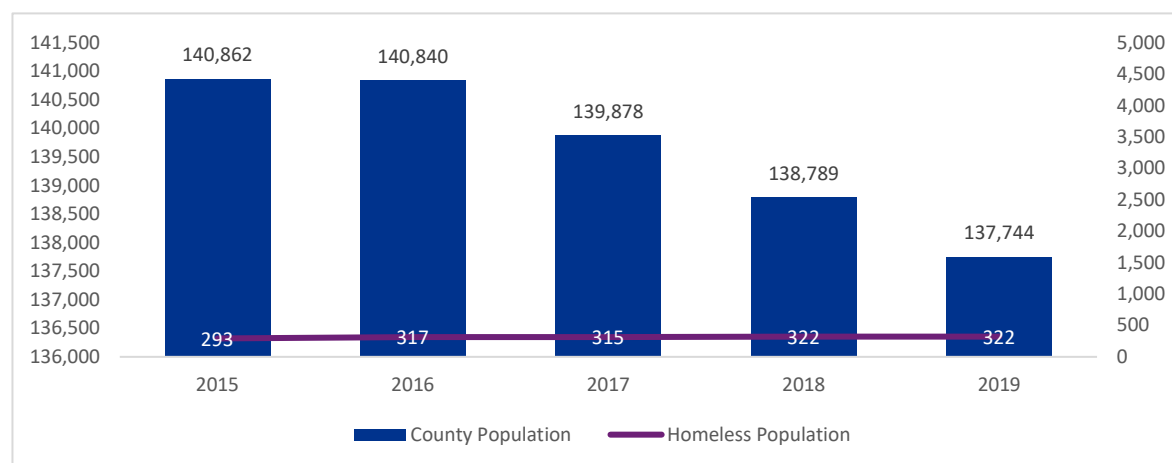
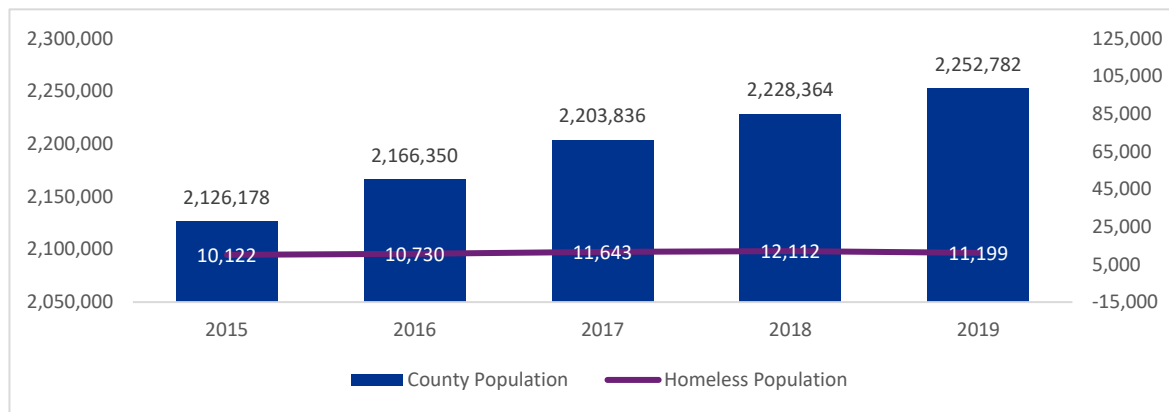*Figure 20: Sources: US Census, National Alliance to End Homelessness*

Department or Agency responsible for Homeless Services

Deputy County Executive for Social Services oversees the Department of Human Assistance, the Director of Homeless Initiatives and Health Services Department all of whom focus on a wide range of homeless and housing services.

Department or Agency responsible for Affordable Housing

The Sacramento Housing and Redevelopment Commission is the governing board for the Sacramento Housing and Redevelopment Agency which makes recommendations to the Board of Supervisors on matters related to community development, affordable housing, Housing Authority projects, programs and budgets.

Department or Agency responsible for Housing Authority

The Sacramento Housing Authority provides rental subsidies and operates the County's Section 8 Voucher Program.

JPA

Sacramento Housing and Redevelopment Agency (SHRA) is a JPA under the authority of the City of Sacramento, the City Housing Authority, the County of Sacramento, the County Housing Authority, and the Sacramento Housing and Redevelopment Commission. SHRA develops, preserves and finances a continuum of affordable housing opportunities, maintains agency-owned housing by providing tenant-based rental assistance programs, revitalizes lower income neighborhoods and promotes economic development through strategic infrastructure and public facility improvements.The Agency administers the Section 8 Voucher Program, CDBG and HOME grants among others.

CoC Lead Agency

Sacramento Steps Forward, a non-profit, acts as the Lead agency for the CoC.

County Population and Homeless Population

Homeless Population as a percentage of total population in Sacramento County has seen a steady rise since 2916, from a rate of 0.17 percent to 0.36 percent in 2019.
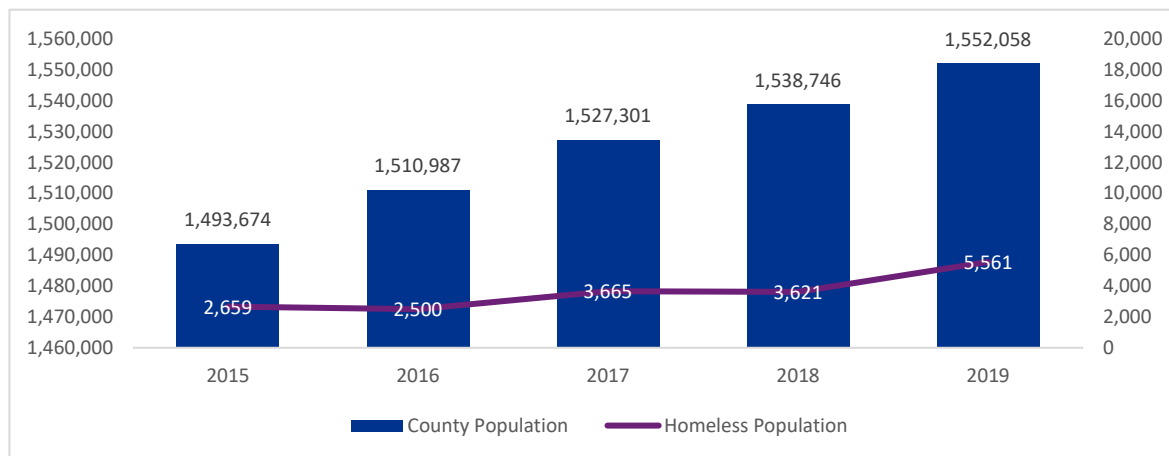
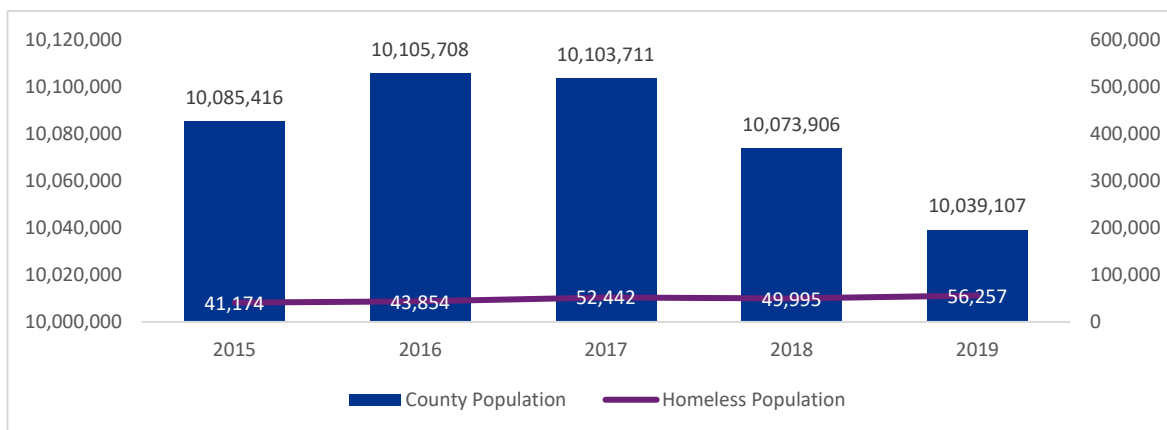*Figure 21: Sources: US Census, National Alliance to End Homelessness*

Department or Agency responsible for Homeless Services

Homeless services are provided by Health Agency and Department of Social Services under the Health and Human Services Department. Homeless services include the Continuum of Care Program, Homeless Emergency Aid Program, California Emergency Solutions and as well as Housing grants and programs.

Department or Agency responsible for Affordable Housing

The Planning & Building Department administers affordable housing funding such as CDBG, HOME and ESG grants.

Department or Agency responsible for Housing Authority

The Housing Authority of San Luis Obispo provides rental assistance as well as home ownership opportunities. It collaborates with other County Departments with regard to housing and services for the homeless, mental health clients, and persons recovering from substance abuse disorders.

CoC Lead Agency

Department of Social Services under Health and Human services Department is the lCoC Lead Agency.

County Population and Homeless Population

San Luis Obispo County experienced a steady decrease in its homeless population as a percentage of total population between from 0.5 percent in 2015 to 0.35 percent in 2018, however, this rate subsequently increased to 0.5 percent in 2019.
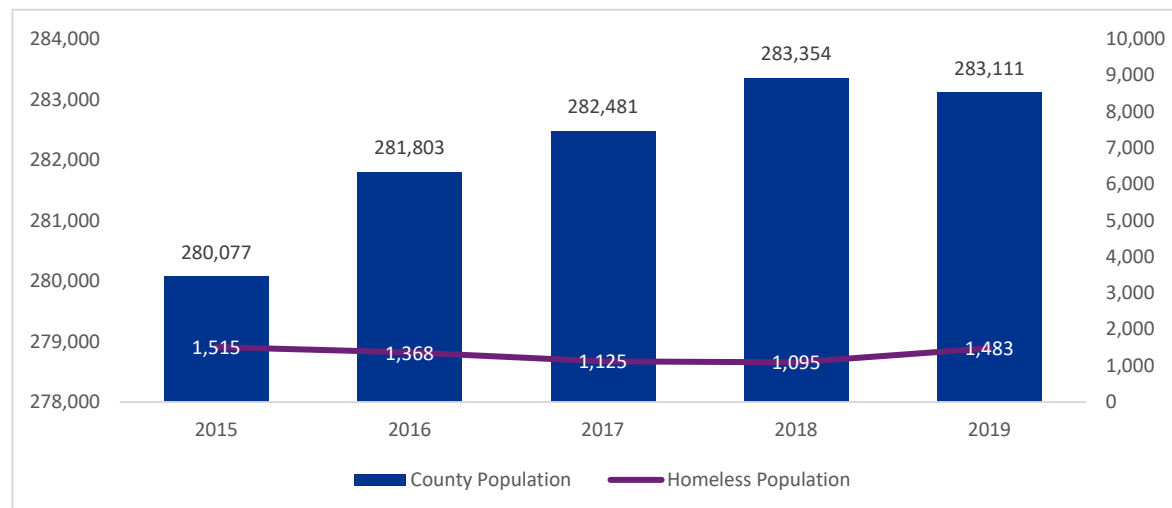
Figure 22: Sources: US Census, National Alliance to End Homelessness

Department or Agency responsible for Homeless Services

Homeless and safety net services are offered under the Center for Homelessness Division of the Human Services Agency. The center coordinates homeless services throughout San Mateo County. The center collaborates with core service agencies to provide safety net services to San Mateo County residents in need of food, emergency housing assistance, emergency utility assistance, shelter and other basic needs. The center also serves as CoC coordinating entity.

Department or Agency responsible for Affordable Housing

The Department of Housing manages the Housing Authority as well as the affordable finance unit, which manages federal, local, state and in-lieu funds,and policy functions. It also provides funding and support in preserving existing, and developing new, affordable housing units.

Department or Agency responsible for Housing Authority

The Housing Authority is operated within the Department of Housing. It administers Section 8 vouchers and provides rental subsidies to low income households. The Housing Authority is considered a Moving to Work agency. Moving to Work (MTW) is a demonstration program for public housing authorities that provides them the opportunity to design and test innovative, locally designed strategies that use federal funding more efficiently, help residents find employment and become self-sufficient, and increase housing choices for low-income families. MTW allows PHAs exemptions from many existing public housing and voucher rules and provides funding flexibility with how they use their federal funds.

JPA

Housing Endowment and Regional Trust (HEART of San Mateo County) is a JPA and public/private partnership among San Mateo County, the Cities, and business, non-profits, education and labor groups to create more opportunities for affordable housing in the County. HEART finances the construction, rehabilitation, and purchase of homes for middle- and low-income households.

CoC Lead Agency

The San Mateo County Human Services Agency, serves as the Lead Agency for the San Mateo County CoC.

County Population and Homeless Population

In San Mateo County, the homeless population as a percentage of total population has been steadily increasing since 2017 from a rate of 0.16 percent to 0.19 percent in 2019.
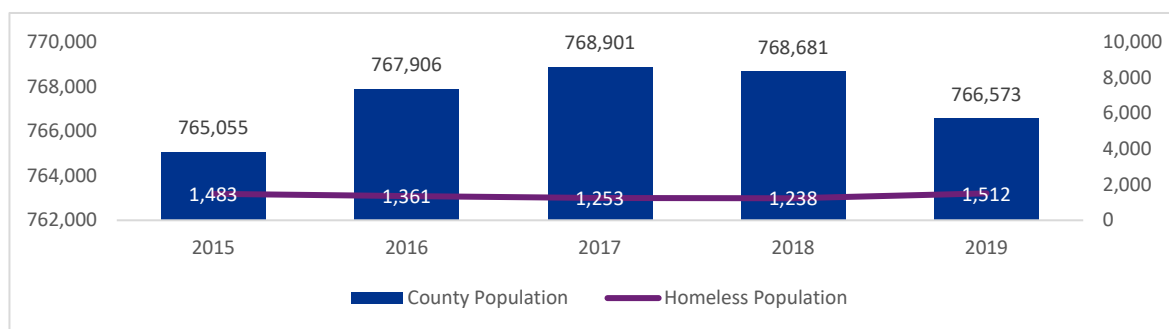
Figure 23: Sources: US Census, National Alliance to End Homelessness

Department or Agency responsible for Homeless Services

County Administrative Office, Human Services Department, and Health Services Agency all provide a variety of homeless related services to persons experiencing homelesness.

Department or Agency responsible for Affordable Housing

The Housing Division of the Planning Department administers affordable housing programs such as CDBG, HOME and others.

Department or Agency responsible for Housing Authority

Housing Authority of the County of Santa Cruz provides affordable housing to low-income individuals and families.The Housing Authority is an independent and distinct entity; however, cooperation and interaction occurs between the Housing Authority and local government. The Housing Authority also provides services under contract to the County and municipalities and administers programs for local goverments.

CoC Lead Agency

The Homeless Action Partnership (HAP) is a collaboration of the five jurisdictions in Santa Cruz County (the County and the Cities of Santa Cruz, Watsonville, Capitola and Scotts Valley) along with homeless housing and services Providers. HAP acts as the designated CoC for Santa Cruz County and helps allocate state and federal funding to address homelessness.

County Population and Homeless Population

In Santa Cruz County, homeless population as a percentage of total population experienced a steady rise between 2015 and 2018 from 0.7 percent to 0.84 percent, however, fell slightly to 0.79 percent in 2019.
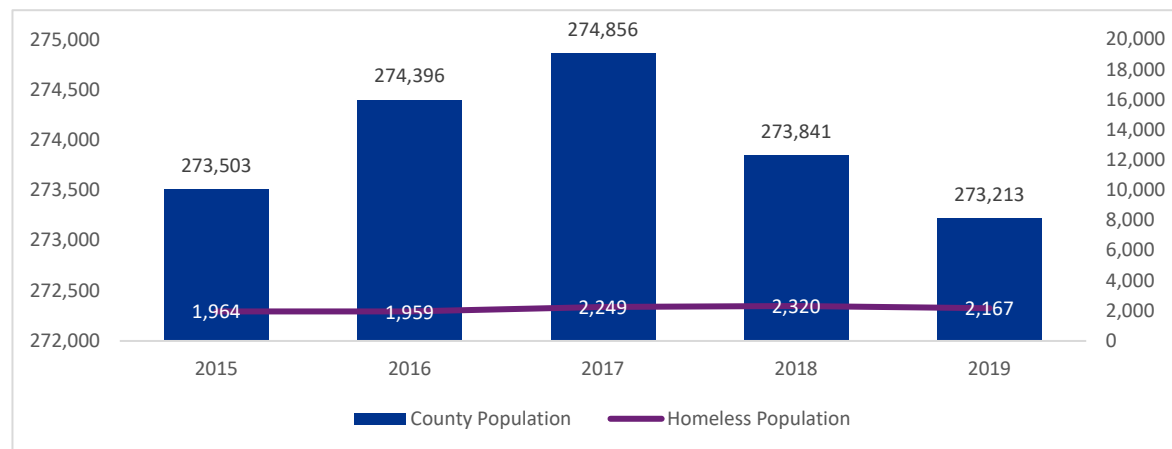
Figure 24: Sources: US Census, National Alliance to End Homelessness

Department or Agency responsible for Homeless Services

The Housing and Homelessness Division of Behavioral Health Services coordinates the homeless and housing initiatives focused on behavioral health needs, in coordination with other County Departments and Community Partners.

Housing First Solano is the Coalition of Service Providers who run the CoC.

Department or Agency responsible for Affordable Housing

The Planning Services Division under the Department of Resource Management manages housing programs. It manages the Neighborhood Stabilization Program to provide funding for projects that mitigate the impact of significant numbers of vacant, abandoned and foreclosed properties in residential neighborhoods. It is also responsible for addressing housing needs in the unincorporated area of Solano County, with a focus on meeting the housing needs of all economic segments of the community, including low and moderate income households and populations with special housing needs.

Department or Agency responsible for Housing Authority

The Solano County Housing Authority ("SCHA") provides housing assistance through the Section 8 Housing Assistance program for the unincorporated areas of Solano County and Cities of Dixon and Rio Vista. SCHA administration is contracted to the City of Vacaville Housing and Redevelopment Department.

CoC Lead Agency

Community Action Partnership of Solano, JPA serves as the CoC Lead Agency. The agreement is between 6 Cities: Benicia, Fairfield, Rio Vista, Suisun, Vacaville and Vallejo, and Solano County.

County Population and Homeless Population

Homeless population as a percentage of total population has remained relatively steady in Solano County between 2015 and 2019 at a rate of approximately 0.25 percent.
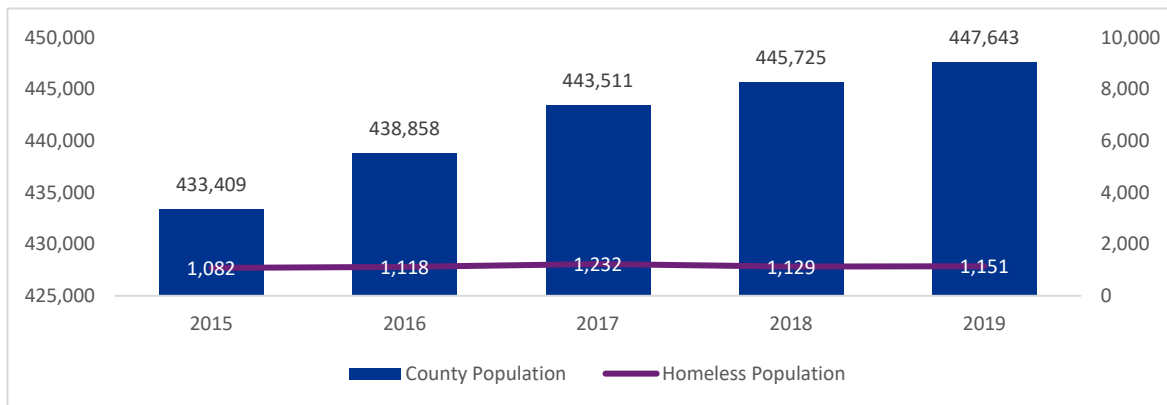
Figure 25: Sources: US Census, National Alliance to End Homelessness

Department or Agency responsible for Homeless Services

The Department of Social Services administers a number of housing assistance programs for persons experiencing homelessness including programs which provide CalWORKs eligible families with temporary hotel stays, permanent housing assistance or arrears payments, assist victims of domestic violence with obtaining housing, and provide temporary shelter and programs for adults and families.

Fresno Housing is a JPA between the Housing Authority of Fresno County and the City of Fresno Housing Authority and it partners with other organizations and agencies to provide supportive housing, resources and other assistance to help reduce homelessness.

In 2001 Fresno County and Madera County, formed the Fresno-Madera Continuum of Care ("FMCoC"), a community-based collaborative to address the issue of homelessness. FMCoC is responsible for the Fresno & Madera regional 10-year plans to end homelessnes.

Department or Agency responsible for Affordable Housing

Fresno Housing works with other organizations to provide affordable housing, resources, and support to veterans, individuals, youth, and families experiencing homelessness. It is both a developer of affordable housing and the administrator of the Section 8 Vocuher Program with the body's primary source of funding coming from HUD. Fresno Houing also receives funding from the US Department of Agriculture's Rural Development Program to provide farm labor housing in Fresno County.

The Fresno Department of Public Works and Planning also administers a number of affordable housing programs including Housing Assistance Rehabilitiation Program, Rental Rehabilitation Program, and Homebuyer Assistance Program among others. The Division is also responsible for the administration of a number of Community Development Programs including CDBG.

Department or Agency responsible for Housing Authority

Fresno Housing operates the Housing Authority of Fresno County and the City of Fresno Housing Authority and facilitating the Section 8 Voucher Program, manages and/or owns nearly 80 multi-family housing developments and encourages landlord engagement,

CoC Lead Agency

Fresno Housing acts as the HMIS Lead Agency and also assists the Fresno and Madera communities to apply to HUD.

County Population and Homeless Population

Fresno County has seen a steady year-on-year rise in its homeless population between 2015 and 2019 from a rate 0.18 percent to 0.21 percent.

Figure 26: Sources: US Census, National Alliance to End Homelessness

Department or Agency responsible for Homeless Services

The Department of Housing Stability ("HOST") was created through executive order in the fall of 2019 to develop and implement policies and oversee investments along the housing continuum, from persons experiencing homelessness to those seeking to find new housing opportunities, and to stabilize people in homes they already live in. The Department of Housing Stability serves as a convener of local and regional partners in the public, private, and non-profit sectors to promote long-term solutions along the housing continuum.

Department or Agency responsible for Affordable Housing

The Department of Housing Stability leads efforts to address housing stability, housing opportunity, and homelessness resolution throughout the City and County of Denver and through regional partnerships.

Department or Agency responsible for Housing Authority

The Denver Housing Authority ("DHA") is a quasi-municipal corporation with a portfolio of over 12,000 units and housing choice vouchers. The Authority is governed by a nine-member Board of Commissioners, one of whom is a DHA resident. The Board members are appointed by the Mayor of Denver, subject to confirmation by the Denver City Council.

CoC Lead Agency

The CoC Lead Agency transferred from Human Services to the Department of Housing Stability in 2020.

County Population and Homeless Population

Homeless population as a percentage of total population in Denver County has remained relatively steady between 2015 and 2019, with a slight increase between 2018 and 2019 from 0.74 percent to 0.79 percent. The structural change made to Denver's organization model is not reflected in these figures given this restructure took effect in late 2019.

Figure 27: Sources: US Census, National Alliance to End Homelessness

Department or Agency responsible for Homeless Services

The Kings County Homeless Collaborative ("KCHC") under the Department of Health is a homelessness-focused coalition that coordinates the overall response to homelessness in Kings County. It includes representatives from the major Cities, elected officials, County agencies, housing and service Providers, public transit, healthcare Providers, individuals with lived experience, and educational representatives.

Department or Agency responsible for Affordable Housing

The Community Development Agency is responsible for affordable housing programs. It administers the CDBG program and offers housing rehabilitation assistance and first time buyers programs.

Department or Agency responsible for Housing Authority

Kings County Housing Authority provides low income families with affordable rental housing throughout all areas of Kings County.

JPA

California Community Housing Agency ("CalCHA") is a political subDivision of the State of California established by Kings County and the Housing Authority of Kings County, California under the Joint Exercise of Powers Act. CalCHA issues governmental purpose bonds for the purpose of financing projects that provide, preserve and support affordable local housing for low-income, moderate-income and middle-income families and individuals.

CoC Lead Agency

The Kings/Tulare Homeless Alliance ("KTHA") is the lead agency for the CoC that covers Kings and Tulare Counties.

County Population and Homeless Population

In Kings County, homeless popuation as a percentage of total population has been steadily increasing since 2016 from a rate of 0.5 percent in 2016 to 0.6 percent in 2019.

Figure 28: Sources: US Census, National Alliance to End Homelessness

Department or Agency responsible for Homeless Services

Health and Human Services Agency provides homeless services through Housing and Community Development Services Department. These services include rental support to homeless veterans, ESG grants, CoC and Housing Opportunities for Persons with AIDS ("HOPWA").

Department or Agency responsible for Affordable Housing

The Housing and Community Development Services are responsible for assisting low-income persons in obtaining housing and increasing the amount of safe, affordable housing within the County.

Department or Agency responsible for Housing Authority

The Housing and Community Development Services under the Health and Human Services Agency serves as the Housing Authority for the County.

CoC Lead Agency

The Regional Task Force on the Homeless ("RTFH") is a non-profit organization that serves as the regional CoC Lead Agency.

County Population and Homeless Population

The homeless popualtion in San Diego County has remained relatively steady between 2015 and 2019 at an average rate of 0.26 percent.

Figure 29: Sources: US Census, National Alliance to End Homelessness

Department or Agency responsible for Homeless Services

Homeless Services Department coordinates the County's Continuum of Care System for persons experiencing homelessness. It provides CalWORKs programs, homeless and emergency assistance for funding shelters and / or transitional housing for adults, families, single parents with children and teenagers.

Department or Agency responsible for Affordable Housing

The Housing and Community Development administers the County's affordable housing development programs. It is involved in oversight for financing of multi-family affordable rental housing developments, first time home buyer programs, CDBG, HOME Investment Partnership Act and ESG.

Department or Agency responsible for Housing Authority

Orange County Housing Authority ("OCHHA") administers federally funded programs including the Section 8 Houcing Voucher Program to provide monthly rental assistance to qualified tenants in privately owned rental housing. OCHA also assists in port in or port out of section 8 vouchers within the Orange County Housing Authority's jurisdiction. To facilitate tenant moves between Housing Authority jurisdictions and to reduce administrative costs, the three Housing Authorities of Orange County, Anaheim, and the Garden Grove entered into a Mobility Agreement MOU related to voucher portability in 1994.

JPA

The Orange County Housing Finance Trust (OCHFT) was formed in 2019 as a JPA between the County of Orange and the Cities throughout the County. OCHFT was created for the purpose of funding housing specifically assisting the homeless population and persons and families of extremely low, very low, and low income within the County of Orange.

CoC Lead Agency

The Homeless Services Department acts as the CoC Lead agency.

County Population and Homeless Population

Orange County has seen a slight increase in its homeless population as of percentage of total population between 2015 and 2019 which has risen from 0.14% to 0.2%.

Figure 30: Sources: US Census, National Alliance to End Homelessness

Department or Agency responsible for Homeless Services

The Housing, Homelessness and Community Development Division under the Department of Community and Human Services provides assistance on homeless programs. The Division's Homeless Housing Program facilitates Human Services to support housing stability and individual safety. It also funds organizations that provide emergency shelter, transitional housing, and rapid rehousing through a competitive funding process.

Department or Agency responsible for Affordable Housing

The Housing, Homelessness and Community Development Division under the Department of Community and Human Services provides assistance on affordable housing programs. The Department's Housing Planning and Development Program works with the King County Department of Permitting and Environmental Review to implement affordable housing incentives and real estate services to acquire King County surplus land for affordable housing.

Department or Agency responsible for Housing Authority

The King County Housing Authority is an independent municipal corporation which operates the County's Section 8 Voucher Program.

CoC Lead Agency

All Home is a regional coalition which is managed by the King County Department of Community and Human Services and acts as the CoC Lead Agency.

County Population and Homeless Population

In King Couny, homeless population as well as overall County population has seen a steady increse between 2015 and 2019 with the homeless population repersenting 0.5 percent of total population in 2019.

Figure 31: Sources: US Census, National Alliance to End Homelessness

Department or Agency responsible for Homeless Services

Los Angeles Homeless Services Authority ("LAHSA") which is a JPA manages the provision of homeless services and homeless housing. It coordinates and manages over $800 million annually in federal, state, county, and city funds for programs that provide shelter, housing, and services to people experiencing homelessness and manages over 100 Providers.

Department or Agency responsible for Affordable Housing

The Los Angeles County Development Authority ("LACDA") is the agency responsible for managing affordable throughout Los Angeles County. LACDA administers among other programs, CDBG funded programs which include youth programs, graffiti removal, meals for seniors, minor home repair programs, and construction of new public facilities and commercial developments. LACDA also administers approximately $6.4 million in HOME funding annually.

Department or Agency responsible for Housing Authority

The Los Angeles County Development Authority is a Housing Authority that participates in the Section 8 Housing Choice Voucher and Moderate Rehabilitation programs.

JPA

In December of 1993, the Los Angeles County Board of Supervisors and the Los Angeles mayor and City Council created the Los Angeles Homeless Services Authority (LAHSA) as an independent JPA. LAHSA is a JPA which manages the provision of homeless services and homeless housing throughout LA County and acts as the Lead Agency for ithe Los Angeles Continuum of Care.

CoC Lead Agency

LAHSA acts as the lead agency for the CoC.

County Population and Homeless Population

In LA County, the homeless population has increased between 2015 and 2019 from a low of 0.4 percent in 2015 to a high of 0.5 percent in 2019.

Figure 32: Sources: US Census, National Alliance to End Homelessness

Department or Agency responsible for Homeless Services

The County of Ventura Human Services Agency operates the County's homeless services programs, which serve individuals and families experiencing or at risk of homelessness.

Department or Agency responsible for Affordable Housing

Community Development Divison under the County Executive Office delivers affordable and supportive housing programs. It provides rental assistance and is invovled in administration of CDBG, HOME, and ESG entitlement funds. It also provides Mortgage Credit Certificate (MCC) Program which entitles a buyer to take a federal income tax credit of twenty percent (20%) of the annual interest paid on their home mortgage for the life of the loan.

Department or Agency responsible for Housing Authority

The Area Housing Authority of the County of Ventura is an independent, non-profit agency which administers Housing Choice Voucher program. The Authority serves unincorporated areas of Ventura County and the Cities of Camarillo, Fillmore, Moorpark, Ojai, Simi Valley, and Thousand Oaks. The authority is governed by a 15-member Board of Commissioners. Each jurisdiction appoints two Commissioners to serve a 4-year term. In addition, one Resident Commissioner is appointed at-large.

JPA

The Area Housing Authority of the County of Ventura is a JPA between County of Ventura and the Cities of Camarillo, Fillmore, Moorpark, Ojai, Simi Valley, and Thousand Oaks.

CoC Lead Agency

The County of Ventura, Human Services Agency (HSA) is the CoC Lead agency

County Population and Homeless Population

In Ventura County, the homeless population has remained relatively flat between 2015 and 2019 at approximately 0.2 percent of total population, with a slight increase being experienced in 2019.
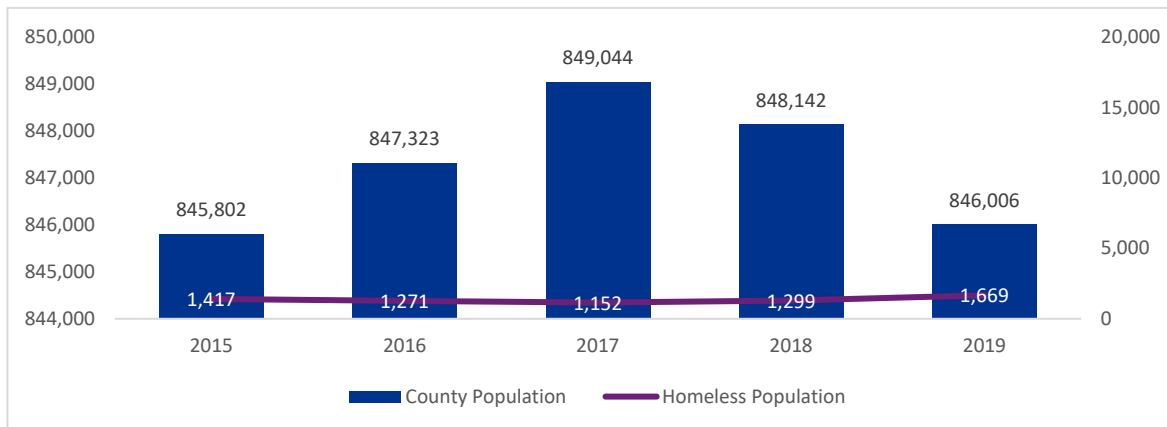
Figure 33: Sources: US Census, National Alliance to End Homelessness

Appendix F: Organization Structure Model Options Analysis

Range of organizational models evaluated

Organizational models were evaluated separately for each of the three service lines including: affordable housing, the Housing Authority and homeless services. In order to identify alternative organizational models, best practice research was undertaken and a spectrum of potential models developed for consideration by the County which have been illustrated in the graphics below. It is important to note that in evaluating the models identified for consideration, the County must engage with all key stakeholders including the Cities, RED, CoC, and City of Santa Rosa Housing Authority among others in order to obtain meaningful feedback, promote collaboration, and encourage buy-in which is key to achieving successful outcomes.

Affordable Housing:

The following five organization models were examined for provision of affordable housing services:

	Status Quo & Existing Structure Situation	Affordable Housing Joint Powers Authority ("JPA")	Transition affordable housing to the RED	Establish County-level Department of Housing or Narrow CDC	Include affordable housing as part of Superagency
Description	— Remain within the current structure of Health, Human and CDC offering various programs and services related to housing and homelessness	— Develop a JPA including both Cities and the County which will act as a vehicle to administer Affordable Housing Services and pool resources	— Transition housing from the CDC to the RED. Expand City involvement in RED. The RED would manage affordable housing while Human Services manages the Housing Authority	— Establish a separate Department of Housing that reports to the CAO	— Establish a superagency of Health, Human and CDC with housing services becoming a separate Division within the superagency
Pros	— Does not require significant investment outside of staffing	— Encourages shared vision — Creates platform for Cities and County to work together in a regional approach model — Allows for greater pooling of resources	— Encourages shared vision — Allows for increased City & County collaboration and greater pooling of resources — RED has housing expertise — Opportunity to enhance partnerships with private sector and leverage funding	— Streamlines funding pursuits — Unifies and streamlines housing services including financing, development, rental vouchers, compliance, reporting, and tracking	— Unifies service delivery — Reduces overhead costs through streamlined administration — Coordinate funding pursuits — May increase collaboration
Cons	— Does not encourage greater City and County cooperation — Stakeholders may be opposed — Does not streamline services	— Select Cities may be opposed — Requires investment and resources from the County — County will cede control	— City buy-in will be required — Requires investment and resources from the County — County will cede control	— Does not encourage greater City and County cooperation — Requires investment	— Staff opposition — Does not encourage greater City and County coordination
Risks	— Continued staff attrition — Difficulty with talent recruitment — Reduced City cooperation	— HUD funding eligibility of JPA must be clarified — Potential loss of accountability — CDC staff roles may need consideration — Will take time to implement	— CDC staff consideration — State and federal guidelines surrounding issuing funds to JPAs will need consideration — Will take time to implement	— Staff Attrition — Reduced City cooperation — Will take time to establish	— Likely to create more layers of decision-making — Staff attrition — Reduced City cooperation — Will take time to establish
Benchmark	— County of Mendocino	— * County of Napa — * County of Fresno — County of Sacramento	— * County of San Mateo	— County of Alameda	— County of San Diego

* Each of these benchmarks identified also have a County Department of Housing or Department of Planning

Housing Authority:

The following six organization models were examined for provision of affordable housing services:

	Status Quo & Existing Structure Situation	Include Housing Authority as part of an JPA or RED	Include Housing Authority to Human or Health Services	Transition Housing Authority to Department of Housing	Merge City and County Housing Authorities	Include Housing Authority as part of Superagency
Description	— Remain within the current structure with the Housing Authority forming part of the CDC	— Develop a JPA between Cities and Counties which including City and County Housing Authorities or transition both Housing Authorities to the RED with affordable housing	— Transition the Housing Authority to Human or Health Services	— Transfer responsibility for Housing Authority to a newly Developed Department of Housing or narrowed CDC	— Merge the Sonoma County Housing Authority with that of the City of Santa Rosa and create one Housing Authority	— Establish a superagency of Health, Human and CDC with the Housing Agency forming part
Pros	— No significant investment outside of staffing	— Creates platform for Cities and County collaborate — Allows for greater pooling of resources and streamlining of services — Reduced duplication in services	— Increases coordination between Health, IMDT and Housing Authority — Streamlines similar service offerings	— Streamlines service offerings within continuum — Increases coordination between Housing Authority and affordable housing	— Streamlines service offerings — Streamlines funding pursuits — Increases coordination and coordination	— Streamlines administration — Coordinates funding pursuits — Unifies service delivery
Cons	— Does not encourage greater City and County cooperation — Stakeholders may be opposed — Does not streamline service offering	— Cities may be opposed — Requires County investment — Reduced County control	— Staff will need consideration — Does not encourage City and County cooperation	— Does not encourage City and County cooperation — Does not increase collaboration between Housing Authority and Homeless Services	— Will require investment — City Housing Authority may be opposed — Reduced County control	— Staff will need consideration — Does not encourage greater City and County cooperation
Risks	— Increase in citizen dissatisfaction — Limited impact on homelessness — Reduced City collaboration	— State and federal guidelines surrounding issuing funds to JPAs will need consideration — CDC staff roles may need consideration	— Staff attrition — Reduced City cooperation	— May take time to implement — Will require investment	— Reduced City cooperation — Will take time to establish	— Staff attrition — Reduced City cooperation — Will take time to establish
Benchmark	— County of Mendocino	— County of Fresno — County of Sacramento	— County of San Diego superagency structure	— County of San Mateo	— County of Ventura	— County of San Diego

Homeless Services:

The following six organization models were examined for provision of affordable housing services:

	Status Quo & Existing Structure Situation	Homeless Services JPA	Include Homeless Services to Health Services	Transition Homeless Services to Not for Profit	Establish a separate Homeless Services Department	Include Homeless Services as part of Superagency
Description	— Remain within the current structure of Health, Human & CDC offering various programs related to homelessness	— Develop a JPA between Cities and Counties which will act as a vehicle to administer Homeless Services and pool resources	— Decouple Housing from Homeless Services and transition Homeless Services from the CDC to Health Services	— Transfer responsibility for Homeless Services to the CoC and transition the CoC to a Not-for-Profit	— Establish a separate Homeless Services Unit or Department of Homeless Services under the CAO	— Establish a superagency of Health, Human and CDC with Homeless Services becoming a separate Division
Pros	— No significant investment outside of staffing	— Encourages shared vision — Creates platform for Cities and County to work together — Allows for greater pooling of resources	— Streamlines service offerings — Increases coordination between Health, IMDT and Homeless Services	— Streamlines service offerings within system — Encourages shared vision & coordination of continuum — Increases jurisdictional collaboration	— Streamlines service offerings — Streamlines funding pursuits — Increases coordination and coordination	— Streamlines administration — Coordinates funding pursuits — Unifies service delivery
Cons	— Does not encourage greater City and County cooperation — Stakeholders may be opposed — Does not streamline service offering	— Cities may be opposed — Requires County investment — Reduced County control	— May consideration — Does not encourage City and County cooperation	— Requires investment — CoC does not currently have sufficient resources to manage — Reduced County control	— Will require investment — City Housing Authority may be opposed — Reduced County control	— Staff consideration — Does not encourage greater City and County cooperation
Risks	— Increase in citizen dissatisfaction — Limited impact on homelessness — Reduced City collaboration	— State and federal guidelines surrounding issuing funds to JPAs will need consideration — CDC staff roles may need consideration	— Staff attrition — Reduced City cooperation	— May take time to implement — CDC staff roles may need consideration — Less County input into homeless services	— Reduced City cooperation — Will take time to establish	— Likely to create more layers of decision-making — Reduced City cooperation — Will take time to establish
Benchmark	— County of Mendocino	— County of Los Angeles	— County of Contra Costa	— County of San Mateo	— County of Ventura	— County of San Diego

Future State Options Development Methodology

Model Options Methodology

The following graphic outlines the steps undertaken to develop and score the range of models identified.:
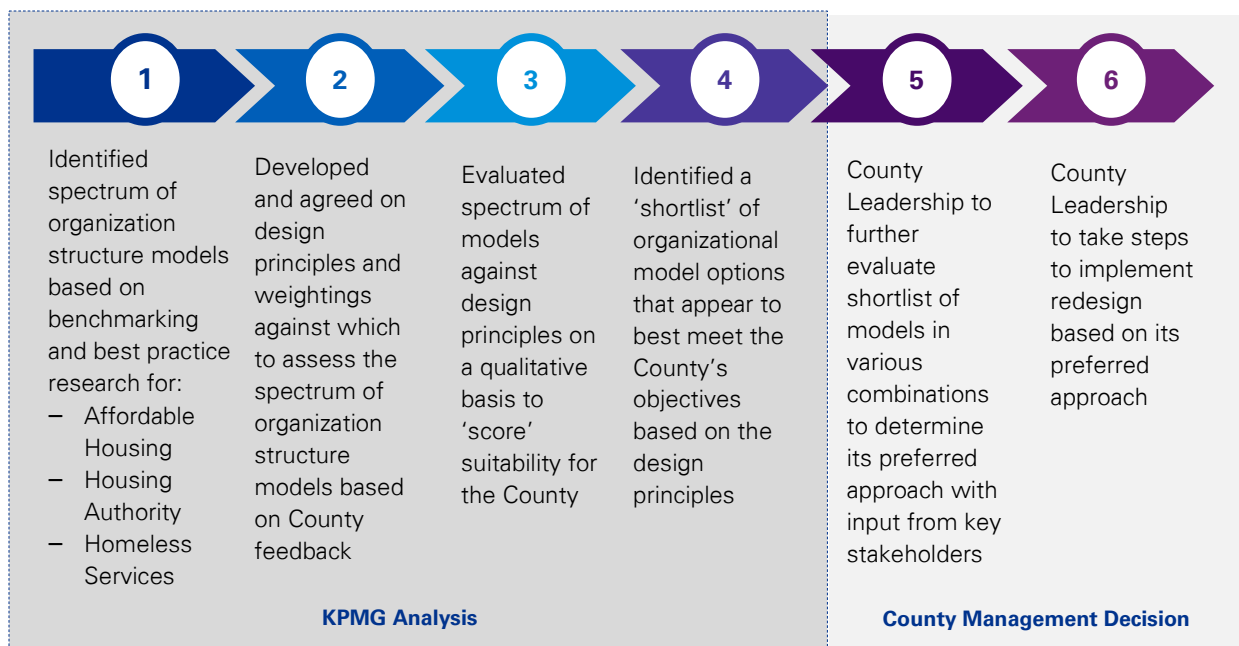
Figure 34: Source: KPMG

As outlined above, Steps 1 – 4 were undertaken as part of this review, while the remaining steps (Steps 5 -6) must be undertaken by the County in order to evaluate and decide upon the most suitable models for implementation.

Design principles

The advantages and disadvantages of each identified organizational model was evaluated to assess feasibility based on the criteria identified in the below graphic which were largely focused on the structural issues identified during stakeholder interviews. Criteria were subsequently weighted to consider its relative importance in any restructure.
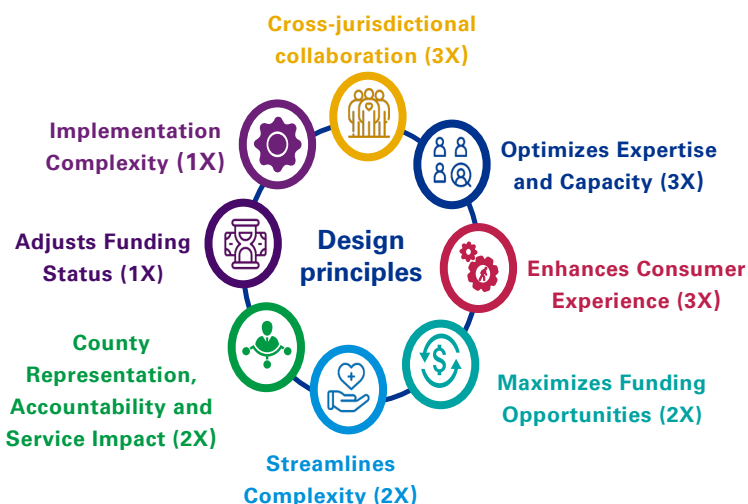
Figure 35: Source: KPMG

Scoring methodology:

The methodology deployed for the evaluation of feasibility criteria employs a scoring rubric of five levels each of which have been given a score across the range of 1 to 5 to measure the degree to which a particular model aligns to the chosen criterion. In the context of this analysis, scores or signals indicate the following:

- An empty level ○— indicates a model does not positively align with a criterion as compared to other models and as such receives a score of 1 point. (e.g. does not enhance cross-jurisdictional collaboration as compared to another model)
- A quarter level ◔ — indicates a model is slightly aligned with a criterion as compared to another model and receives a score of 2 points. (e.g. somewhat maximizes funding pursuits)
- A half level ◑ — indicates a model is moderately aligned with a criterion as compared to another model and receives a score of 3 points. (e.g. moderately optimizes expertise and capacity)
- A three-quarter level ◕ — indicates a model is closely (although not fully) aligned with a criterion as compared to another model and as such, receives a score of 4 points. (e.g. enhances direct consumer experience to a large degree)
- A full level ● — indicates a model is fully aligned with a criterion and receives a score of 5 points on the scale. (e.g. fully enhances cross jurisdictional collaboration)

Design principle weighting

Having implemented the scoring methodology described above, each score is subsequently weighted across a range of 1x to 3x in order to acknowledge the relevant impact and importance of each design principle within any new structure. The table below illustrates the weighting applied to each design principle with a weighting of 3x identifying those criteria which are considered to be most significant.

Design Principle	Weighting
Cross-jurisdictional Collaboration	3x
Optimize Expertise and Capacity	3x
Enhances Consumer Experience	3x
Maximizes Funding Opportunities	2x
Streamlines Complexity	2x
County representation, Accountability and Service Impact	2x
Adjusts Funding Status	1x
Implementation Complexity	1x

Figure 36: Source: KPMG

Based on a review of each model against the respective criteria, models are scored according to the scoring rubric and multiplied by the related weighting. The score for each model is then compared across the range of models to highlight relative scores against each other. Those models with a higher overall score indicate the models that will be viewed to be more suitable for the County with higher adoption potential than those with lower scores.

For each model, benchmarking research has also been performed to identify similar organization models adopted by other Californian Counties. Please refer to Appendix D for a detailed discussions of the scoring per model evaluated.

Design Principles Evaluation Overview

Below is a discussion of the various design principles identified for the scoring and weighting rubric, following which, a summary of results is provided.

Enhances cross-jurisdictional collaboration

Homelessness is a cross-border issue which requires a regional response. The development of a regional approach is a major factor in determining an effective model and will involve greater coordination and collaboration between the County and its nine Cities to develop a Countywide cross-jurisdictional vision and strategy, pool resources and share knowledge. Among the considerations that must be addressed in the development of a regional approach to homelessness *is the type and level of contribution(s)* that the County and City will be committed to make with the aim of achieving success (i.e., collaborative agency role/participation, staff resources, funding contributions, in-lieu payments, land/facilities for shelters, or other investment).

This criterion has been allocated a weighting of 3x given it is perceived to be a major consideration in choosing an effective model. The allocation of "5" ⬤ for this factor is positive, which combined with a weighting of 3x gives a maximum score of 15 points indicating that cross-jurisdictional collaboration will be fully enhanced with the selection of the related model.

Optimizes Expertise and Capacity:

While homeless services and affordable housing are related in that they both offer services to low income clients with the ultimate aim of a person experiencing homelessness to obtain affordable housing, the expertise required to deliver these services is intrinsically different. The delivery of homeless programs involves case managers, social workers, and clinicians who conduct street outreach, provide housing related assistance, support services and advocacy while affordable housing requires for financial, construction and project management skills related to permitting, financing and developing affordable housing units. Any new structure should recognize this difference by providing separate and expert leadership for each function. Furthermore, the County has suffered from significant staff attrition and loss of institutional knowledge in recent times, any new structure should afford a greater ability to attract, develop, and retain knowledgeable personnel who are often key to achieving desired outcomes.

This criterion has been allocated a weighting of 3x given it is perceived to be a fundamental consideration in choosing an effective model, as achieving success becomes challenging without the necessary expertise. The allocation of "5" ⬤ for this factor is positive and indicates that that the model recognizes and promotes the particular expertise required for the delivery of both homeless services and affordable housing. This criterion provides for a maximum score of 15 points based on the weighting of 3x.

Enhances Consumer Experience

Across interviews, it was clear that a direct service approach is the most successful in terms of achieving results. Ensuring that a model promotes easy, accessible, targeted and dedicated direct service delivery with the unique expertise required to do so will ensure more successful results. A structure which enhances and strengthening the "no wrong door" policy of Coordinated Entry and IMDT will enhance service delivery to the County's most vulnerable clients.

This criterion has been allocated a weighting of 3x given it is perceived to be a key consideration in choosing an effective model, as enhancing direct service and consumer experience will result in more successful outcomes for the County. The allocation of "5" ⬤ for this factor is positive and indicates that that the model comprehensively and completely enhances direct service delivery and when combined with a weighting of 3x gives a maximum score of 15 points.

Maximizes Funding Opportunities

A model which maximizes funding opportunities by increasing Departmental collaboration on funding application submission and encourages the development of a Countywide, cross-jurisdictional project

prioritization plan will result in more competitive funding applications as well as the more efficient and effective use of funding.

A weighting of 2x is allocated to this criterion, while it is an important factor, it is not considered to be as fundamental, as enhancing cross-jurisdictional collaboration, optimizing expertise and capacity, and enhancing consumer experience. Furthermore, the result of enhancing cross-jurisdictional collaboration and optimizing expertise and capacity will often result in the maximizing of funding opportunities. The allocation of "5" ⬤ for this factor is positive and indicates that the model will comprehensively result in a full maximization of funding opportunities which will both enhance the County's competitiveness and increase effectiveness of funding uses. The maximum score for this criterion is 10 points, given the weighting of 2x.

Reduces Program Complexity

A structure which reduces internal program complexity related to cross-jurisdictional awareness of program offerings and administration of such programs will allow for better triangulation of target populations with program offerings resulting in more successful outcomes.

A weighting of 2x is allocated to this criterion. The allocation "5" ⬤ for this factor is positive and indicates that the model will result in fully reducing program complexity, enhancing cross-jurisdictional awareness and streamlining administration. Given the weighting of 2x which has been allocated to this criterion, the maximum score is 10 points.

County Representation, Accountability, and Service Impact:

The County offers a wide range of federally mandated services such as social services and health services across the expanse of the community at large, a portion of which includes persons experiencing homelessness. The degree to which these mandated services become separated should be considered in the evaluation of each organizational model. Furthermore, the County is currently the accountable party in terms of ensuring guidelines are met for any state or federal audits and is the Collaborative Applicant for the seven of the County's Cities under the Urban County JPA. This criterion measures the degree to which the County's representation, accountability, and mandated services are affected as a result of the organizational model.

This criterion has been allocated a weighting of 2x given it is perceived to be an important factor in considering models, although not fundamental. The allocation of "5" ⬤ for this factor is positive and indicates that that the model will not significantly affect the County's representation, accountability, and provision of mandated services and gives a maximum score of 10 points when applying the weighting of 2x.

Adjusts Funding status

It is important to measure the degree to which any model chosen will alter the County's current federal or state funding status, as such, requiring that documentation and approval be obtained from the relevant state or federal Agencies for any change in organization structure. For example, with regard to HUD funding, the CoC Board will be required to approve any change in the CDC as its Lead agency and Collaborative Applicant, as a result of a number of organizational models considered. The documentation will need to be submitted to HUD outlining any proposed change and governance charters will subsequently require updates.

The criterion has been allocated a weighting of 1x, as it is assumed that the County or CoC will undertake the necessary steps to retain its funding status under any new organization structure. The allocation of "5" ⬤ for this factor is positive and indicates that that the model does not result in any adjustment to funding status, with no related steps to be undertaken and when combined with a weighting of 1x gives a maximum score of 5 points.

Implementation Complexity

Implementation complexity refers to the level of effort which would likely be required to implement each organizational model. Each of the models considered have varying degrees of complexity ranging from

remaining with the status quo to developing a superagency which would require significant investment and significant change within the organization, would be difficult to implement and may receive staff opposition.

The criterion has been allocated a weighting of 1x, as it is clear that regardless of complexity, the County is willing to committed to evaluating and subsequently implementing the model identified to be the most suitable for the needs of the County. The allocation of "5" ● for this factor is positive and indicates that that the model does not require a significant amount of complexity in implementation and when combined with a weighting of 1x gives a maximum score of 5 points.

Organization Model Options Analysis – Affordable Housing

The following five organization models were examined for provision of affordable housing services:

#	Organization Model Options Analysis – Affordable Housing
Model 1	**Status Quo of Existing Structure & Situation:** Continue to deliver affordable housing services and homeless services within the current CDC structure
Model 2	**Joint Powers Authority:** Establish an affordable housing JPA in collaboration with the Cities to manage funding and deliver affordable housing units cross-jurisdictionally
Model 3	**Renewal Enterprise District:** Transition affordable housing to the Renewal Enterprise District to manage funding and deliver affordable housing units cross-jurisdictionally
Model 4	**Department of Housing:** Establish a County level Department of Housing or narrow the CDC to include an affordable housing Division and the Housing Authority
Model 5	**Include affordable housing within as part of Superagency:** Establish a superagency of Health, Human and CDC with affordable housing and homeless services each becoming a separate Division within the superagency. The Housing Authority would also form part of the superagency

Summary Results – Affordable Housing

Each of the five affordable housing models identified at the outset are analyzed below using the methodology described above with the following summary chart identifying the results of this analysis

Design Principle Weighting	Design Principle	Model 1 Status Quo of Existing Structure & Situation	Model 2 Affordable Housing Joint Powers agreement (JPA) between County and Cities	Model 3 Transition Housing to the Renewal Enterprise District (RED)	Model 4 Establish County-level Department of Housing or Narrow the CDC	Model 5 Affordable Housing as part of Superagency
3	Cross-jurisdictional Collaboration	○	●	●	◐	◐
3	Optimize Expertise and Capacity	○	◕	●	◕	◔
3	Enhances Consumer Experience	◔	◐	◕	◐	◐
2	Maximizes Funding Opportunities	◔	●	●	◐	◐
2	Streamlines Complexity	○	◕	◕	◐	◔
2	County representation, Accountability and Service Impact	◐	◐	◐	◕	◕
1	Adjusts Funding Status	●	◐	◐	◕	◕
1	Implementation Complexity	◔	○	◕	◔	◔
	Score	**31**	**64**	**73**	**56**	**48**

Model Scoring Methodology

Affordable Housing - Model 1: Status Quo Existing Structure and Situation Scoring Summary:

Cross-jurisdictional Collaboration

— Model does not foster cross-jurisdictional coordination between the Cities and the County on resource sharing, funding pursuits, and prioritization of projects

Optimizes Expertise and Capacity

— Continues to suffer from a significant loss of expertise and institutional knowledge as a result of staff attrition; difficultly attracting, retaining, developing, and empowering staff
— Lacks leadership solely dedicated to affordable housing

Enhances Consumer Experience

— Status quo ecosystem is complicated; long wait times for approval are a source of frustration; lack of clarity on roles and responsibilities of functions for consumers and developers alike. Competition from Cities and for limited funding impairs transformative potential

Maximizes Funding Opportunities

— No shared strategy or vision, whether cross-jurisdictionally or cross-departmentally
— Model does not foster collaboration with the Cities in undertaking funding pursuits

Streamlines Complexity

— Model does not foster improvement on current state challenges related to cross-departmental and cross jurisdictional awareness of programs offered or funding pursuits

County representation, accountability and service impact

— County has representation, accountability, and service impact; however, results indicate lack of effectiveness as compared to stated goals

Adjusts Funding Status

— No adjustment to funding status, given there will be no organizational restructure

Implementation Complexity

— Model option does not envision structure changes however significant implementation complexity from the standpoint of improvement due to present-day low morale and difficulty attracting and recruiting staff with the relevant and required expertise

Affordable Housing - Model 2: Affordable Housing Joint Powers agreement (JPA) between County and Cities Scoring Summary:

Cross-jurisdictional Collaboration

— Promotes collaboration given County and Cities will each have a seat at the table and 'skin in the game'. Greater ability to collaborate toward shared strategy and vision

Optimizes Expertise and Capacity

— Model fosters integration of dedicated expertise in one organization; however, may take time to recruit and develop required expertise

Enhances Consumer Experience

— Combines City and County resources, however consumers and developers may continue to lack clarity on organizational remit given the existence of the RED, Housing Land Trust

Maximizes Funding Opportunities

— Supports cross-jurisdictional collaboration in funding pursuits which increases competitiveness. Greater ability to pool resources and have coherent allocation methodology

Streamlines Complexity

— Streamlining of cross-jurisdictional program affordable housing offerings, however, is separated from homeless and behavioral health related programs which will be offered by the County

County representation, accountability and service impact

— Direct County representation and accountability will be reduced, however through direct coordination and collaboration with Cities, impact will likely improve

Adjusts Funding Status

— JPA structure may require specific treatment to be eligible to apply for and receive certain state and federal funds. County should consider to options to ensure funding status is retained
— Precedent of HUD funding received through existing Urban County JPA

Implementation Complexity

— Significant complexity in implementation related to City and County negotiation, legal requirements in establishing a JPA and recruiting necessary expertise

Affordable Housing - Model 3: Transition Housing to the Renewal Enterprise District (RED) Scoring Summary:

Cross-jurisdictional Collaboration

— Promotes collaboration given County and Cities will all be members of the RED, each with a seat at the table and 'skin in the game'. Greater ability to collaborate toward shared strategy and vision

Optimizes Expertise and Capacity

— RED is already an established, credible agency with direct housing, development and financing expertise

Enhances Consumer Experience

— Combines City and County resources, however, consumers may continue to lack clarity on Organization or Agency to approach and may need to be directed to the RED by the County

Maximizes Funding Opportunities

— Supports cross-jurisdictional collaboration in funding pursuits which increases competitiveness. Greater ability to pool resources and have coherent allocation methodology

Streamlines Complexity

— Streamlining of cross-jurisdictional program affordable housing offerings, however, is separated from homeless and behavioral health related programs which will be offered by the County

County representation, accountability and service impact

— Direct County representation and accountability will be reduced will be reduced, however through direct coordination and collaboration with Cities, impact will likely improve

Adjusts Funding Status

— RED, due to its JPA structure may be ineligible to apply for and receive certain state and federal funds as they are programmed to go directly to either Cities or counties. County should consider to options to ensure funding status is retained
— Precedent of HUD funding received through existing Urban County JPA

Implementation Complexity

— Moderately complex to implement given bylaws and JPA agreement will need to be amended and Cities will need to agree to join. Roles, responsibilities and funding commitments will need to be considered

Affordable Housing - Model 4: Establish County-level Department of Housing or Narrow the CDC Scoring Summary:

Cross-jurisdictional Collaboration

— A new Department of Housing or narrowed and rebranded CDC may enhance trust between the Cities and the County, however, will not receive full cross-jurisdictional collaboration

Optimizes Expertise and Capacity

— Allow for distinct affordable housing leadership, separated from that of homeless services
— May take time to recruit and develop required expertise

Enhances Consumer Experience

— Will add to complexity of the ecosystem given the existence by adding another Department, but will clarify by have a distinct title and function (i.e., "Department of Housing")

Maximizes Funding Opportunities

— Does not encourage cross-jurisdictional collaboration to maximize funding opportunities, however, with a clear prioritization plan, the model will better maximize funding opportunities than that of the Status Quo

Streamlines Complexity

— Does not streamline programs cross-jurisdictionally, however, will reduce current complexity by housing all affordable housing programs in a distinct Department

County representation, accountability and service impact

— County will continue to hold representation, accountability and service impact; however, Cities will not be fully encouraged to coordinate

Adjusts Funding Status

— Funding status will not significantly change, however, in a new Department of Housing, there may be some change in name of applicant

Implementation Complexity

— Establishing a separate Department of Housing will be complex given the level of administrative effort involved in establishing a new Department
— Narrowing and rebranding the CDC will also be significantly complex, will require substantial marketing, and will require significant affordable housing expertise to be attracted and recruited

Affordable Housing - Model 5: Include affordable housing within a Superagency Scoring Summary:

Cross-jurisdictional Collaboration

— A new superagency will not receive cross-jurisdictional collaboration between Cities and the County

Optimizes Expertise and Capacity

— A superagency does not require for distinct affordable housing related leadership, and given many staff are opposed to this construct, it may result in further staff attrition

Enhances Consumer Experience

— Will simplify the ecosystem at an organization level but likely to complicate as a superagency may introduce additional layers of administrative 'red tape' and communication or resource impediments

Maximizes Funding Opportunities

— Does not encourage cross-jurisdictional collaboration to maximize funding opportunities, however, with a clear prioritization plan will allow for greater opportunities to maximize funding than that of the Status Quo

Streamlines Complexity

— Does not streamline programs cross-jurisdictionally and may create silos within the superagency which will not greatly streamline program complexity

County representation, accountability and service impact

— County will continue to hold representation, accountability and service impact; however, Cities will not be fully encouraged to collaborate

Adjusts Funding Status

— Funding status will not significantly change, however, the CoC may have to designate a new Lead agency and HMIS lead under this model

Implementation Complexity

— Significant complexity in implementing a superagency which would require significant administrative effort, staff buy-in and recruitment

Organization Model Options Analysis – Housing Authority

The following six organization models were examined for provision of Housing Authority services:

#	Organization Model Options Analysis –Housing Authority
Model 1	**Status Quo of Existing Structure & Situation:** Continue to operate the Housing Authority within the current CDC structure
Model 2	**Joint Powers Authority:** Establish an affordable housing JPA in collaboration with the Cities which would operate the Sonoma County Housing Authority and the Santa Rosa Housing Authority
Model 3	**Transition the Housing Authority to Health or Human Services:** Transition the Housing Authority from the CDC to Health Services or Human Services
Model 4	**Department of Housing:** Establish a County level Department of Housing or narrow the CDC to include the Housing Authority and affordable housing
Model 5	**Merge Sonoma County Housing Authority and City of Santa Rosa Housing Authority:** Merge the City of Santa Rosa Housing Authority into the County Housing Authority to create one Housing Authority responsible for serving the entire County
Model 6	**Include the Housing Authority as part of a Superagency:** Establish a superagency of Health, Human and CDC with affordable housing and homeless services each becoming a separate Division within the superagency. The Housing Authority would also form part of the superagency

Summary Results – Housing Authority

Each of the six Housing Authority models identified at the outset are analyzed below using the methodology described above with the following summary chart identifying the results of this analysis

Design Principle Weighting	Design Principles	Model 1 Status Quo of Existing Structure & Situation	Model 2 Include Housing Authority as part of any JPA between County and Cities or RED	Model 3 Transition Housing Authority to Health or Human Services	Model 4 Transition Housing Authority to Department of Housing or Narrow CDC	Model 5 Merge Sonoma County Housing Authority with Santa Rosa Housing Authority	Model 6 Housing Authority as part of Superagency
3	Cross-jurisdictional Collaboration	○	●	◕	◕	●	◕
3	Optimize Expertise and Capacity	◐	◔	◐	◐	●	◕
3	Enhances Consumer Experience	◕	◔	◐	◐	●	◐
2	Maximizes Funding Opportunities	◕	●	◐	◐	●	◐
2	Streamlines Complexity	○	◔	○	○	●	○
2	County representation, Accountability and Service Impact	◐	◐	◐	◐	◔	◐
1	Adjusts Funding Status	●	◐	●	●	◐	●
1	Implementation Complexity	●	○	◕	◕	◕	○
	Score	**40**	**67**	**45**	**45**	**78**	**41**

Housing Authority- Model 1: Status Quo Existing Structure and Situation Scoring Summary:

Cross-jurisdictional Collaboration

— Little cross-jurisdictional coordination and collaboration on resource sharing or streamlining direct service delivery particularly related to voucher portability

Optimizes Expertise and Capacity

— Status quo CDC broadly continues to suffer from a significant loss of expertise and institutional knowledge as a result of staff attrition however the Housing Authority has been able to provide service in its current state at the level required

Enhances Consumer Experience

— Clients encounter difficulties in obtaining services due to a lack of understanding of the jurisdictions served by each separate Housing Authority, with clients often being referred back and forth between Housing Authorities

Maximizes Funding Opportunities

— No shared strategy or vision, whether cross-jurisdictionally or cross-departmentally
— Model does not foster collaboration with the Cities in undertaking funding pursuits

Streamlines Complexity

— Significant current state program complexity as there are multiple Housing Authorities
— Voucher portability between jurisdictions increases administrative requirements of each Housing Authority

County representation, accountability and service impact

— County has representation, accountability and service impact; however, the Cities are not encouraged to come to the table and increase coordination

Adjusts Funding Status

— No adjustment to funding status required as status quo does not contemplate changes

Implementation Complexity

— Little complexity in implementation, given the organization structure will not change and less recruitment will be required than that which would be required for affordable housing, for example

Housing Authority- Model 2: Include Housing Authority as part of any JPA between County and Cities or include as part of the RED Scoring Summary:

Cross-jurisdictional Collaboration

— Promotes collaboration given County and Cities will each have a seat at the table and 'skin in the game'. Greater ability to collaborate toward shared strategy and vision

Optimizes Expertise and Capacity

— Model fosters integration of dedicated expertise in one organization; however, may take time to recruit and develop required expertise

Enhances Consumer Experience

— Combines City and County Housing Authority resources, however, consumers may continue to lack clarity on Organization or Agency to approach given the existence of the County, Housing Land Trust and others

Maximizes Funding Opportunities

— Supports cross-jurisdictional collaboration between Housing Authorities in undertaking funding pursuits which increases competitiveness

Streamlines Complexity

— Will support streamlining of programs including for voucher programs across jurisdictions

County representation, accountability and service impact

— Direct County representation and accountability will be reduced, however through direct coordination and collaboration with Cities, impact will likely improve

Adjusts Funding Status

— JPA structure may require specific treatment to be eligible to apply for and receive certain state and federal funds. County should consider to options to ensure funding status is retained
— Precedent of HUD funding received through existing Urban County JPA

Implementation Complexity

— Significant complexity in implementation related to City and County negotiation, legal requirements in establishing a JPA and recruiting necessary expertise

Housing Authority- Model 3: Transition Housing Authority to Health Services or Human Services Scoring Summary:

Cross-jurisdictional Collaboration

— Transitioning the Housing Authority to the Health or Human Services may enhance trust between the Cities and the County, however, will not receive full cross-jurisdictional collaboration

Optimizes Expertise and Capacity

— The ability of the Housing Authority to optimize expertise and capacity will likely remain the same as the status quo under this model, furthermore staff may be opposed this transition

Enhances Consumer Experience

— Clients continue to encounter difficulties in obtaining services due to a lack of understanding of the jurisdictions served by each separate Housing Authority, however, will be able to access Health Services and Human Services in the same place as the Housing Authority

Maximizes Funding Opportunities

— Does not encourage cross-jurisdictional collaboration to maximize funding opportunities, however, with a clear prioritization plan the model will improve maximization of funding opportunities over that of the Status Quo

Streamlines Complexity

— Significant current state program complexity as there are multiple Housing Authorities
— Voucher portability between jurisdictions increases administrative requirements of each Housing Authority

County representation, accountability and service impact

— County will continue to hold representation, accountability and service impact; however, City Housing Authorities will not be encouraged to coordinate

Adjusts Funding Status

— Funding status will not significantly change, however, the CoC may have to designate a new Lead agency and HMIS lead under this model

Implementation Complexity

— May be complex to transition the Housing Authority to Human or Health Services and will require legal and contractual obligations to be assessed and adhered to, particularly in relation to employment terms and conditions

Housing Authority- Model 4: Transition Housing Authority to Department of Housing or Narrow CDC Scoring Summary:

Cross-jurisdictional Collaboration

— A new Department of Housing or rebranded CDC may enhance trust between the Cities and the County, however, will not receive full cross-jurisdictional collaboration

Optimizes Expertise and Capacity

— The ability of the Housing Authority to optimize expertise and capacity will likely remain the same as the Status Quo under this model

Enhances Consumer Experience

— Clients continue to encounter difficulties in obtaining services due to a lack of understanding of the jurisdictions served by each separate Housing Authority, however, will be able to access other housing services (i.e., affordable) in the same place

Maximizes Funding Opportunities

— Does not encourage cross-jurisdictional collaboration to maximize funding opportunities, however, with a clear prioritization plan model will better maximize funding opportunities than that of the Status Quo

Streamlines Complexity

— Significant current state program complexity as there are multiple Housing Authorities
— Voucher portability between jurisdictions increases administrative requirements of each Housing Authority

County representation, accountability and service impact

— County has representation, accountability and service impact; however, the Cities are not encouraged to come to the table and increase coordination

Adjusts Funding Status

— Funding status will not significantly change, however, the CoC may have to designate a new Lead agency and HMIS Lead under this model

Implementation Complexity

— Establishing a separate Department of Housing will be complex given the level of administrative involved in establishing a new Department
— Narrowing the CDC may also be complex and will require significant affordable housing expertise to be attracted and recruited

Housing Authority- Model 5: Merge Sonoma County Housing Authority with Santa Rosa Housing Authority Scoring Summary

Cross-jurisdictional Collaboration ●

— Promotes collaboration between City and County Housing Authorities

Optimizes Expertise and Capacity ●

— Merges resources of each Housing Authority into one agency, which will effectively combine and enhance expertise

Enhances Consumer Experience ●

— Alleviates difficulties encountered by clients in obtaining services given that the combined Housing Authority will serve the entire County

Maximizes Funding Opportunities ●

— Supports cross-jurisdictional collaboration between Housing Authorities in undertaking funding pursuits which increases overall competitiveness

Streamlines Complexity ●

— Streamlines voucher programs across jurisdictions, which will be managed by a standalone Housing Authority with strong links to County

County representation, accountability and service impact ◕

— County will continue to have representation, accountability and service impact; however, the Cities will be encouraged to come to the table and increase coordination

Adjusts Funding Status ◑

— Will likely require updated documentation to be prepared and submitted to HUD

Implementation Complexity ◔

— Significant complexity in implementation related to City and County negotiation and agreement and City may be opposed

Housing Authority- Model 6: Include Housing Authority as part of Superagency Scoring Summary:

Cross-jurisdictional Collaboration

— A new superagency may enhance trust between the Cities and the County, however, will not increase collaboration between City and County Housing Authorities

Optimizes Expertise and Capacity

— The ability of the Housing Authority to optimize expertise and capacity may be potentially reduced under the model, due to staff opposition

Enhances Consumer Experience

— Clients continue to encounter difficulties in obtaining services due to a lack of understanding of the jurisdictions served by each separate Housing Authority, however, will be able to access other required services in the same place as the Housing Authority

Maximizes Funding Opportunities

— Does not encourage cross-jurisdictional collaboration to maximize funding opportunities, however, with a clear prioritization plan model will allow for greater opportunities to maximize funding than that of the Status Quo

Streamlines Complexity

— Significant program complexity due to multiple Housing Authorities across jurisdictions which will not be resolved under a superagency

County representation, accountability and service impact

— County will continue to hold representation, accountability and service impact; however, County and City Housing Authorities will not be fully encouraged to coordinate

Adjusts Funding Status

— Funding status will not significantly change, however, the CoC may have to designate a new Lead agency and HMIS Lead under this model

Implementation Complexity

— Significant complexity in implementing a superagency which would require significant administrative tasks, staff buy-in and recruitment

Organization Model Options Analysis – Homeless Services

The following six models were identified for the delivery of homeless services.

#	Organization Model Options Analysis – Homeless Services
Model 1	**Status Quo of Existing Structure & Situation**: Continue to deliver affordable housing services and homeless services within the current CDC structure
Model 2	**Joint Powers Authority:** Establish a homeless services JPA in collaboration with the Cities to deliver and administrate homeless services cross jurisdictionally
Model 3	**Transition to Health Services**: Transition homeless services from the CDC to Health Services
Model 4	**Transition Homeless Services to a Not for Profit**: Transfer responsibility for homeless services to a Not-for-Profit who would administer homeless services cross-jurisdictionally
Model 5	**Department of Homeless Services:** Establish a County level Homeless Services Department which would administer all homeless related services
Model 6	**Include homeless services as part of a Superagency:** Establish a superagency of Health, Human and CDC with affordable housing and homeless services each becoming a separate Division within the superagency. The Housing Authority would also form part of the superagency

Summary Results – Homeless Services

Each of the six homeless services models identified at the outset are analyzed below using the methodology described above with the following summary chart identifying the results of this analysis

Design Principle Weighting	Design Principle	Model 1 — Status Quo of Exiting Structure and Situation	Model 2 — Homeless Services Joint Powers agreement (JPA) between County and Cities	Model 3 — Transition Homeless Services to Health	Model 4 — Transition Homeless Services to Non-Profit	Model 5 — Establish a separate Homeless Services Department	Model 6 — Include Homeless Services as part of Superagency
3	Cross-jurisdictional Collaboration	◑	●	◔	◔	◑	◑
3	Optimize expertise and capacity	◔	◑	◔	◔	●	◔
3	Enhances Consumer Experience	◑	◑	●	◑	◔	◔
2	Maximizes Funding Opportunities	◔	●	◔	◔	◑	◔
2	Streamlines Complexity	○	◑	◔	◑	◔	◔
2	County representation, accountability and service impact	◔	◑	◔	◕	◔	◔
1	Adjusts Funding Status	●	◑	◔	◑	◔	◔
1	Implementation complexity	◔	○	◔	◔	○	○
	Score	**45**	**59**	**69**	**56**	**63**	**56**

Cross-jurisdictional Collaboration

— Model does not foster cross-jurisdictional coordination with Cities on resource sharing, funding pursuits, and prioritization of projects
— However, the CoC has City representation which acts as a vehicle for collaboration

Optimizes Expertise and Capacity

— Continues to suffer from a significant loss of expertise and institutional knowledge as a result of staff attrition; difficultly attracting, retaining, developing and empowering staff
— Lacks resources

Enhances Consumer Experience

— IMDT have enhanced direct service delivery, however, are assigned to specific cohort populations and as such do not enhance service delivery for all clients

Maximizes Funding Opportunities

— No shared strategy or vision, whether cross-jurisdictionally or cross-departmentally
— Model does not foster collaboration with the Cities in undertaking funding pursuits

Streamlines Complexity

— Model does not foster improvement on current state challenges related to cross-departmental and cross jurisdictional awareness of programs offered or funding
— Lack of awareness of cross-departmental funding pursuits

County representation, accountability and service impact

— County has representation, accountability and service impact; however, results indicate lack of effectiveness as compared to stated goals
— Cities not encouraged to come to the table and share in investment and accountability

Adjusts Funding Status

— No adjustment to funding status required as Status Quo does not contemplate changes

Implementation Complexity

— Little complexity in implementation, given the organization structure will not change, however, additional recruitment will be required which may be difficult

Homeless Services- Model 2: Homeless Services Joint Powers agreement (JPA) between County and Cities Scoring Summary:

Cross-jurisdictional Collaboration

— Promotes collaboration given County and Cities will each have a seat at the table and 'skin in the game'. Greater ability to collaborate toward shared strategy and vision

Optimizes Expertise and Capacity

— Model fosters integration of dedicated expertise in one organization; however, may take time to recruit and develop required expertise and staff may be opposed

Enhances Consumer Experience

— All homeless services will be located in one organization, however, mandated County services related to social services and behavioral health will continue to be offered by the County which may be confusing for clients

Maximizes Funding Opportunities

— Supports cross-jurisdictional collaboration in funding pursuits which increases competitiveness. Greater ability to pool resources and have coherent allocation methodology

Streamlines Complexity

— Streamlining of cross-jurisdictional homeless services, however, is separated from homeless and behavioral health related programs which will be offered by the County

County representation, accountability and service impact

— Direct County representation and accountability will be reduced, however through direct coordination and collaboration with Cities, impact will likely improve, and accountability/investment will be shared

Adjusts Funding Status

— The CoC may have to designate a new Lead agency and HMIS lead under this model
— JPA structure may require specific treatment to be eligible to apply for and receive certain state and federal funds. County should consider to options to ensure funding status is retained
— Precedent of HUD funding received through existing Urban County JPA

Implementation Complexity

— Significant complexity in implementation related to City and County negotiation, legal requirements in establishing a JPA and recruiting necessary expertise. Will to time to implement

Homeless Services- Model 3: Transition Homeless Services to Health Scoring Summary:

Cross-jurisdictional Collaboration

— Transitioning the Homeless Services to the Health Services Department may enhance trust between the Cities and the County, however, will not receive full cross-jurisdictional collaboration

Optimizes Expertise and Capacity

— Transitioning homeless services to Health Services will allow for greater sharing of expertise between the IMDT, homeless service staff and behavioral health staff
— Staff may feel over-burdened

Enhances Consumer Experience

— Client experience will likely be enhanced as homeless services and health services will be available in one location. Model promotes greater inter-departmental transparency

Maximizes Funding Opportunities

— Does not encourage cross-jurisdictional collaboration to maximize funding opportunities, however, with a clear prioritization plan model will better maximize funding opportunities than that of the Status Quo

Streamlines Complexity

— Program complexity will be streamlined with homeless services, health service and IMDT all located under one Department; however, program complexity will not be streamlined cross -jurisdictionally with Cities in a regional format

County representation, accountability and service impact

— County will continue to hold representation, accountability and service impact; however, Cities will not be fully encouraged to coordinate

Adjusts Funding Status

— Funding status will not significantly change, however, the CoC may have to designate a new Lead agency and HMIS lead under this model

Implementation Complexity

— May be complex to transition homeless services to Health Services and will require legal and contractual obligations to be assessed and adhered to, particularly in relation to the employment terms and conditions

Cross-jurisdictional Collaboration

— The appointment of a non-profit may increase cross-jurisdictional collaboration, as a non-profit will be seen as an independent body running services, however, the County and Cities will not have a direct agreement to offer services collaboratively

Optimizes Expertise and Capacity

— The County should ensure upon contract, that the non-profit has the necessary expertise and resources to manage homeless services, however, will not have control of staffing

Enhances Consumer Experience

— Homeless service and homeless housing will be streamlined in one organization; however, clients will continue to be required to engage with the County for mandated service which may cause confusion for clients

Maximizes Funding Opportunities

— Will streamline all homeless services related funding pursuits within the non-profit, however, will be undertaken outside of funding pursuits undertaken by the County

Streamlines Complexity

— Will streamline program complexity to a degree, given that all homeless programs will be offered by the non-profit, however, the County will continue to offer other mandated services which may increase program complexity in some areas

County representation, accountability and service impact

— County will continue to have representation; however, it will be significantly reduced from the Status Quo and the County will continue be required to provide mandated services, separate from the service being provided by the non-profit. Public accountability will likely continue to reside with County

Adjusts Funding Status

— The County would likely have to complete much documentation to designate a non-profit as a Collaborative Applicant for example, and consideration should be given to any legal or regulatory requirements in this regard

Implementation Complexity

— Will be significantly complex to locate and contract with a suitable non-profit who has capacity, expertise, resources, and experience to manage the County's homeless services

Homeless Services- Model 5: Establish a separate Homeless Services Department Scoring Summary:

Cross-jurisdictional Collaboration

— A new Department of Homeless Services may enhance trust between the Cities and the County, however, will not receive full cross-jurisdictional collaboration

Optimizes Expertise and Capacity

— Will house all homeless service and homeless housing related expertise in one Department including the IMDT

Enhances Consumer Experience

— Client experience will likely be enhanced as all homeless services and homeless-housing services will be available under one Department

Maximizes Funding Opportunities

— Does not encourage cross-jurisdictional collaboration to maximize funding opportunities, however, with a clear prioritization plan model will better maximize funding opportunities than that of the Status Quo

Streamlines Complexity

— Does not streamline programs cross-jurisdictionally, however, will reduce current complexity by administering all homeless services and homeless housing in one Department

County representation, accountability and service impact

— County will continue to hold representation, accountability and service impact; however, Cities will not be fully encouraged to coordinate

Adjusts Funding Status

— Funding status will not significantly change, however, the CoC may have to designate a new Lead agency and HMIS Lead under this model

Implementation Complexity

— Establishing a separate Department of Homeless Services will be complex given the level of administrative effort involved in establishing a new Department

Homeless Services- Model 6: Include Homeless Services as part of a Superagency Scoring Summary:

Cross-jurisdictional Collaboration

— A new Superagency may enhance trust between the Cities and the County, however, will not receive full cross-jurisdictional collaboration

Optimizes Expertise and Capacity

— A superagency may result in further attrition and loss of institutional knowledge due to staff opposition

Enhances Consumer Experience

— Client experience will likely be enhanced as all homeless services, health services, and human services will be available in one location

Maximizes Funding Opportunities

— Does not encourage cross-jurisdictional collaboration to maximize funding opportunities, however, with a clear prioritization plan model will allow for greater opportunities to maximize funding than that of the Status Quo

Streamlines Complexity

— Does not streamline programs cross-jurisdictionally, and may create Department silos within the superagency which will not streamline program complexity

County representation, accountability and service impact

— County will continue to hold representation, accountability and service impact; however, Cities will not be fully encouraged to coordinate

Adjusts Funding Status

— Funding status will not significantly change, however, the CoC may have to designate a new Lead agency and HMIS lead under this model

Implementation Complexity

— Significant complexity in implementing a superagency which would require significant administrative effort, staff buy-in and recruitment

Summary Results

Based on analysis, the following models under each service function align to the greatest number of design principles and as such should be considered further:

Affordable Housing:

— **Model 3: Renewal Enterprise District (73 points):** Transition affordable housing to the Renewal Enterprise District to manage funding and deliver affordable housing units cross-jurisdictionally.

— **Model 2: Joint Powers Authority (64 points):** Establish an affordable housing JPA in collaboration with the Cities to manage funding and deliver affordable housing units cross-jurisdictionally.

Housing Authority:

— **Model 5: Merge Sonoma County Housing Authority and City of Santa Rosa Housing Authority (78 points):** Merge the City of Santa Rosa Housing Authority into the County Housing Authority to create one Housing Authority responsible for serving the entire County.

— **Model 2: Joint Powers Authority (67 points):** Establish an affordable housing JPA in collaboration with the Cities which would operate the Sonoma County Housing Authority and the Santa Rosa Housing Authority.

Homeless Services:

— **Model 3: Transition to Health Services (69 points)**: Transition homeless services from the CDC to Health Services.

— **Model 5: Department of Homeless Services (6 points):** Establish a County level Homeless Services Department which would administer all homeless related services.

Implementation consideration for long-term state

Once the preferred model combination has been selected, a detailed organizational and operational transition plan should be developed to identify and plan the immediate, medium, and long-term steps which must be undertaken to affect a successful organization restructure. The following are a sample of the likely implementation considerations for each of the six short listed models:

Affordable Housing

Affordable Housing - Implementation considerations	
Model 3: Renewal Enterprise District	— Conduct further research on a RED's ability to be act as a funding applicant for federal and state funding and consider how any issue can be overcome
	— Empower the RED to Initiate negotiations with the Cities who are currently not part of the RED
	— Update the JPA agreement for inclusion of the Cities that join
	— In collaboration with the Cities, consider how the RED would be further funded and staffed
	— Consider whether current CDC staff can transition to RED
	— Develop job descriptions, roles and responsibilities charter
	— Develop an updated RED budget

Model 2: Affordable Housing Joint Powers Authority	— Conduct further research on a JPA's ability to be act as a funding applicant for federal and state funding
	— Initiate negotiations with the Cities
	— In collaboration with the Cities, consider how the JPA would be funded and staffed
	— Work with legal counsel to issue notice of the JPA to the Secretary of State and develop a JPA agreement which should include detail on the roles and responsibilities of each member and should be agreed and signed by each member
	— Develop bylaws, Conflict of Interest Code and governance charter
	— Consider whether current CDC staff who are unionized can transition to JPA
	— Develop job descriptions, roles and responsibilities charter
	— Recruit an Executive Director with skill and expertise in the affordable housing market
	— Development vision, mission and strategy
	— Develop a JPA budget
	— Develop a website for the JPA

Housing Authority

Housing Authority - Implementation considerations	
Model 5: Merge County and City Housing Authorities	— Initiate negotiations with the Cities to discuss combining the Housing Authorities
	— Work with legal counsel to develop an agreement between the Housing Authorities
	— Work with Legal Counsel to undertake legal and administrative tasks required as a result of combining the Housing Authorities and advise HUD
	— Appoint an Executive Director
	— Develop a combined vision, mission and strategy
	— Develop a budget
	— Develop a website dedicated to the merged Housing Authorities
Model 2: Joint Powers Authority	— Conduct further research on a JPA's ability to be act as a funding applicant for federal and state funding
	— Initiate negotiations with the Cities to include City Housing Authority in the JPA
	— In collaboration with the Cities, consider how the JPA would be funded and staffed
	— Work with legal counsel to issue notice of the JPA to the Secretary of State and develop a JPA agreement which should include detail on the roles and responsibilities of each member and should be agreed and signed by each member
	— Develop bylaws, Conflict of Interest Code and governance charter
	— Consider whether current CDC staff can transition to JPA
	— Develop job descriptions, roles and responsibilities charter

	— Recruit an Executive Director with skill and expertise in the affordable housing market
	— Development vision, mission and strategy
	— Develop a JPA budget
	— Develop a website for the JPA

Homeless Services

Homeless Services - Implementation considerations	
Model 3: Transition Homeless Services to Health Services	— Conduct an assessment of staffing needs as a result of transitioning homeless services and homeless housing from the CDC to Health Services
	— Plan for staff transition
	— Develop an updated Department budget
	— Engage with the CoC in order to choose a suitable successor to the CDC as CoC Lead Agency and HMIS Lead Agency
	— Consider Homeless Services will be a separate Division within Health Services or will be combined with the IMDT
	— Update Department charter statement
	— Develop an update roles and responsibilities charter
	— Update the County website to identify Health Services as the Lead Department for services related to Homelessness
Model 5: Department of Homeless Services	— Consider how the Department would be funded
	— Conduct an assessment of staffing needs including skills and expertise required for the Department and consider whether IMDT will transition to the new Department
	— Develop job descriptions, roles and responsibilities charter
	— Recruit or Promote an Executive Director to lead the Department
	— Recruit required staff based on staffing assessment
	— Development Department vision, mission, and strategy
	— Develop a Department budget
	— Consider where the Department will be physically based
	— Update the County website for inclusion of the Department of Homeless Services and the relevant information in relation to the Department
	— Advertise the establishment of the Department of Homeless Services to ensure that the public as well as Providers are aware of its existence

Appendix G: Select Leading Practice

Through the course of the 12-week period, the review included select leading practice research in addition to the benchmarking research documented under Appendix E.

Focus area	City/ County	Theme	Best Practice
Strategy & Performance	**City of San Diego**	Performance Measures	The San Diego Regional Continuum of Care Council has a standing body, the Rating and Review Committee, which designs scoring tools, reviews applications, and recommends a ranked list of projects for CoC approval. During this preliminary ranking, projects are assigned a rating of high, medium, low and failing. Projects with a rating of "high" are automatically awarded funds in the next competition, while projects with a rating of "failing" are reallocated and those funds opened for applications from the community. Projects with a score of "medium" and "low" may receive calculated funding reductions or eliminations; these projects are informed of the reasons for their rating and are asked to submit a plan for improvement. This model allows the CoC to collaborate with low-performing projects to improve, and the year-round performance review model permits the CoC to address performance issues before system-wide performance is reported to HUD
	City of Seattle	Comprehensive needs assessment	The City of Seattle conducted a comprehensive needs assessment in order to better understand the needs of their respective homeless population and assist with strategic planning. The assessment involved surveying and interviewing persons experiencing homelessness, particularly those living outside and within public shelters to further understand their situations and needs, and to better inform the city's responses to homelessness with its community partners. The assessment revealed that affordable housing availability, substance abuse and mental health issues are key contributors to addressing homelessness.
	City of Fullerton	Comprehensive needs assessment	The City of Fullerton conducted a needs assessment in order to better understand the needs of their respective homeless population and assist with strategic planning. The needs assessment questionnaire was modeled after Costa Mesa's homeless needs assessment conducted in May of 2011, as well as inputs from the HMIS system. The survey consisted of 56 questions covering demographic information, housing status, health and wellness, employment and income, and a services and resources evaluation. In addition to the needs assessment, an online survey was also distributed to service Providers who specifically provide homeless services in.

Focus area	City/ County	Theme	Best Practice
Strategy & Performance	**Mendocino County**	Comprehensive needs assessment	Mendocino County conducted a comprehensive homeless needs assessment in order to assist with strategic planning. The assessment involved interviews with stakeholders, a series of site visits and tours of service providing agencies, interviews with individuals experiencing homelessness. The County also studied and inventoried homeless services throughout the County, examined prior Point-in-Time-Count reports, analyzed statistics and reports from local agencies, made street-level observations, developed and conducted a 40-question survey of individuals experiencing homelessness and consulted with local law enforcement agencies to develop recommendations
	Sacramento County	Strategic Plan	In 2015, Sacramento Steps Forward developed a 10-year strategic plan with the goal of aligning their system of affordable and accessible housing and services to maximize the number of individuals achieving housing stability. The plan included a number of targeted performance measures and indicators of success to assist in evaluating performance against plan.
Funding Optimization	**Napa County**	Funders' Collaborative	As part of its JPA with the City of Napa, Napa County developed the Napa Funders' Collaborative to bring together key community stakeholders with the goal of aligning funding and policy to reduce homelessness in the region. The JPA also developed of an affordable and supportive housing funding mechanism called the Napa Flexible Housing Funding Pool (Flex Pool) that incorporates resources from public and private sources to fund the creation and operations of housing and supportive services for households experiencing homelessness. The Funders' Collaborative provide advisory recommendations to the County and resources for the operation of the Flex Pool.
Program Enrichment	**Miami-Dade County**	Diversion Program	Miami-Dade County's Eleventh Judicial Circuit developed both pre- and post-booking jail diversion programs for people with psychiatric disabilities, most of whom were homeless before arrest or would be homeless once released. The array of programs and services is referred to collectively as the Criminal Mental Health Project (CMHP) and includes a communitywide pre-arrest diversion program based on the Crisis Intervention Team (CIT) model and a post-arrest diversion program at the Miami jail. The post-arrest program diverts people to one of the County's 10-plus Crisis Stabilization Units, which then facilitate connections to housing with services and treatment. The diversion programs are credited with making a sizeable reduction in misdemeanor recidivism among allowing Miami-Dade to close an entire jail wing.

Focus area	City/ County	Theme	Best Practice
Program Enrichment	**Harris County**	Diversion Program	The Harris County Mental Health Jail Diversion Program allows law enforcement to divert persons with mental illness who have been picked up for low-level, non-violent offenses, such as trespass, to a more appropriate mental health intervention before they are booked into the Harris County Jail. The program is a collaborative effort between Health Services, Commissioner's Court, Judge's Office, Sheriff's Office, Houston Police Department, and the District Attorney. The Diversion Center provides triage, assessment, 24 to 48 hour observation and short term respite beds as well as peer engagement, psychological rehabilitation, individual treatment plans, discharge planning, post-release case management and post-discharge access to expanded services.
	Alameda County	Incubator program for smaller Providers	Alameda County developed a homeless Provider incubator fund dedicated to addressing homelessness to target organizations who are "non-traditional" County partners. The intent of the program is both to provide operational funding to support small organizations that are already providing shelter, outreach, and/or other direct services to unsheltered homeless residents of Alameda County and to provide funding to build organizational infrastructure for future successful applications to mainstream resources.
Coordinated Entry	**A Midwest County**	Limitations of VI-SDPAT	The Canadian Observatory on Homelessness conducted a study of the VI-SDPAT in a Midwest County in the US and found the VI-SDPAT to have a number of limitations: - **Reliability**: It did not produce consistent results when administered to the same individual a second time - **Validity**: It did not fully measure the concept of "vulnerability" and the type of housing support a person had was a better predictor of returning to homelessness than their VI-SPDAT score These limitations might result from problems in the tool and person's tendency to not disclose sensitive information accurately. It is recommended to integrate VI-SPDAT with other more comprehensive assessments.

Focus area	City/ County	Theme	Best Practice
Coordinated Entry	**City of Seattle**	Alternatives to the VI-SPDAT	The Downtown Emergency Service Center ("DESC") in the City of Seattle developed the DESC Vulnerability Assessment Tool in 2003 to identify client vulnerabilities and serve those most in need. The tool has gone through rigorous study and several modifications and is comprised of a set of scales, each rating the individual's level of functioning, health, and other specific characteristics relevant to their personal health and safety. In March of 2010, the University of Washington conducted a research evaluation of DESC's Vulnerability Assessment Tool and concluded that it held strong properties of both reliability and validity. In 2015, the Canadian Observatory on Homelessness, determined DESC's Vulnerability Assessment Tool to be the best brief screening tool available to facilitate the screening and prioritization of homeless individuals into Housing First services. DESC's Vulnerability Assessment Tool has become widely recognized by other homeless service providers regionally and nationally, as a viable instrument for determining placement of chronically homeless people into supportive housing.
	Santa Clara County	Alternatives to the VI-SPDAT	The Self-Sufficiency Matrix (SSM) in used in Santa Clara County and is based on the Arizona Self-Sufficiency Matrix. The SSM includes 18 domains: income, employment, housing, food, childcare, children's education, adult education, legal, healthcare, life skills, mental health, substance abuse, family relations, mobility, community involvement, safety, parenting skills and credit history. Each domain is measured on a 5-point scale, with a score of 1 indicating the low self-sufficiency from public assistance and a score of 5 indicating high self-sufficiency from public assistance.

Focus area	City/ County	Theme	Best Practice
Coordinated Entry	**Santa Clara County**	Alternatives to the VI-SPDAT	Silicon Valley Triage Tool is capable of predicting the high cost users in the public safety net system and allows communities to then prioritize them for supportive housing thus leading to less resource spending while achieving better outcomes. Santa Clara County uses this tool. The Triage Tool relies on a database created by Santa Clara County with detailed service and cost records across County Departments for all of the 104,206 residents who experienced episodes of homelessness over a six-year period. This includes medical and psychiatric diagnoses, health care Provider visits, specific periods of incarceration and social services. The database allows for a comprehensive view of the resources used by homeless individuals, giving a complete picture of the needs of those individuals. Public expenses for each person may then be ranked to predict future outcomes and provide housing interventions. As a component of the County's coordinated network of supportive housing programs, the tool helps to identify "high need patients" for further engagement. "High need patients" are connected to an Intensive Case Manager and enrolled in a permanent supportive housing program. The case manager continues to monitor the individual's progress, so they can offer additional services if needed and determine when the added support results in improved outcomes.
	City of Charlotte	Alternatives to the VI-SPDAT	City of Charlotte uses the Alliance Coordinated Assessment Tool. The tool was developed by National Alliance to End Homelessness (U.S.A.) and has 3 prescreen questions to determine whether individual is homeless or at risk of homelessness and is a domestic violence survivor or currently experiencing domestic violence at home. Other questions include demographic questions, prevention and diversion questions, questions to determine housing prioritization, questions determining whether individual requires population-specific services and vulnerability index.
	Riverside County	Coordinated Entry	Riverside developed a phone line which is a 24/7, 365 hotline which assists and refers persons to suitable services. The hotline also conducts over the phone screening of callers to refer for behavioral health outpatient visits, for example.

Focus area	City/ County	Theme	Best Practice
Coordinated Service Delivery	**City of San Diego**	Coordinated Incident Response System	The City of San Diego adapted a coordinated incident response system to coordinate and assist those working for non-profits, the City and County to manage a large homeless shelter which was set up in San Diego's Convention Center in response to COVID-19. The system coordinated medical assistance, housing, and behavioral health services for those experiencing homelessness.
	Contra Costa County	Homeless Outreach	Contra Costa has developed a regional approach to outreach via their CORE Team. The Coordinated Outreach Referral Engagement (C.O.R.E.) program works to engage and stabilize homeless individuals living outside through consistent outreach to facilitate and/or deliver health and basic need services and secure permanent housing. C.O.R.E. is made up of 13 teams who serve as an entry point into Contra Costa's coordinated entry system for unsheltered persons across the County and Cities of Contra Costa with many Cities have their own dedicated C.O.R.E team which they fund. C.O.R.E works to locate, engage, stabilize and house chronically homeless individuals and families. The outreach teams identify individuals living on the streets, assess their housing and service needs, and facilitate connection to shelter and services.
Housing Coordination and Access	**Orange County**	MOU between Housing Authorities	The Orange County Housing Authority assists in port in or port out of section 8 vouchers within the Orange County Housing Authority's jurisdiction. To facilitate tenant moves between Housing Authority jurisdictions and to reduce administrative costs, the three Housing Authorities of Orange County, Anaheim, and the Garden Grove entered into a Mobility Agreement MOU. The formal agreement was executed on January 3, 1994. The major provisions of the agreement included the following: — No administration fees are transferred; — The receiving or host jurisdiction's policy pertaining to payment standards, utility allowances, rent reasonableness standards, and housing quality standards applies to mobility clients and their units; — Housing inspections or housing quality standards are handled by the receiving jurisdiction at a set cost to the issuing jurisdiction ($100 for the initial inspection of the unit and less for subsequent inspections); and — Formalized cooperation is set forth: "It is agreed that the Housing Authorities will cooperate with one another".

Focus area	City/ County	Theme	Best Practice
Housing Coordination and Access	**Allegheny County**	Housing Navigators	The Department of Human Services Housing Navigator Unit was established in 2018 to help homeless persons served by DHS find and maintain safe, affordable housing in the private market. The Housing Navigator Unit works toward this goal by recruiting and supporting landlords in the private market who rent to DHS tenants. The unit also works with the agencies charged with providing support services to the tenants. This public/private partnership aims to speed up access to private rental properties, improve communication and trust, resolve concerns and complaints, and increase accountability among all parties - the landlords, the service Providers and the tenants
Training and Capabilities	**Los Angeles County**	Centralized Training Academy	LA County has established a Centralized Training Academy which provides Countywide training and acts as an education resource which provides training opportunities to staff working in the homeless services industry and includes training around policy, program implementation, HMIS, technical assistance and best practice. The training academy is hosted via an online Learning Management System (LMS). The academy also uses a field-based approach for some trainings where the trainers travel to service planning areas in LA County to educate homeless services staff on topics, resources, evidence-based practices and care coordination relevant to the homeless residents of their communities.

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