

Sonoma County Continuum of Care (CoC) Board Agenda for April 27, 2022 1:00pm-5:00pm Pacific Time

Public Zoom Link:

https://sonomacounty.zoom.us/j/99261791880?pwd=djc0b1ZsU1FpOU1kbnJ0UDNOcUhFQT09

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

	Agenda Item	Packet Item	Presenter	Time
	Welcome, Roll Call and Introductions		Board Chair	1:00pm
1.	Consent Calendar (ACTION ITEM): • Approve Agenda • Approve Minutes from 3/23/22	-4/27/22 Agenda -DRAFT 3/23/22 Minutes	Board Chair	1:05pm
2.	 Staff Report CoC Revenue and Expenses (preliminary, estimated) for Fiscal Year 2022-23 Non-Congregate Shelter Update Youth Homelessness Demonstration Program Update Update on ARPA Processes 	- Staff Report for CoC Revenue and Expenses for Fiscal Year 2022-23 - Exhibit A to CoC Revenue and Expenses for Fiscal Year 2022-23	CDC Staff	1:15pm
3.	Presentation on Draft HHAP 3 Local Action Plan Data Tables ACTION ITEM: Approve draft HHAP 3 Local Action Plan Data Tables to be sent to the Sonoma County Board of Supervisors for comment	-Homebase Racial Equity Analysis Data Presentation -Homebase HHAP 3 Presentation -Executive Summary with Link to HHAP 3 Data Tables	-Strategic Planning Committee Co-Chairs -Homebase Team	1:50pm
4.	Word from the Street		Chessy Etheridge	2:50pm
5.	10 min Break			3:00pm
6.	Continuum of Care Program Renewal Scoring (with recusals) ACTION ITEM: Approve the Fiscal Year 2022 CoC Renewal Scoring	-Executive Summary of Recommendation from the Committee	CDC Staff	3:10pm

7.	Committee Membership • Roles & Responsibilities • Funding & Evaluation Committee ACTION ITEM: Approve Funding & Evaluation Committee	- Descriptions of Committees - Proposal to Establish a Funding and Evaluation Committee	CDC Staff	3:40pm
8.	 Standing Committee Reports Coordinated Entry Advisory (CEA) Committee Strategic Plan Committee Homeless Management Information System (HMIS)/Data Committee CoC Competition Evaluation Committee Lived Experience Advisory & Planning Board (LEAP) Youth Action Board 	-Executive Summary for CE Transition	CDC Staff & Committee Representati ves	4:05pm
9.	Review Agenda for May CoC Board Meeting	-DRAFT 5/25/22	Board Chair	4:35pm
10.	Board Member Questions & Comments		Board Chair	4:45pm
11.	Public Comment on Non-Agendized Items		Board Chair	5:00pm

PUBLIC COMMENT:

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



Sonoma County Continuum of Care Board Meeting Meeting Minutes

March 23, 2022 1:00 – 4:00 p.m. Pacific Time – Meeting held by Zoom

Recording of Meeting

Welcome and Roll Call (00:06:34-00:16:14)

Ben Leroi, Continuum of Care (CoC) Board Chair, called the meeting to order at 1:00 p.m. Ben went over the agenda and clarified Zoom rules around public comment and Brown Act guidelines. CDC Interim Executive Director Dave Kiff welcomed new and returning CoC Board Members and introduced CDC staff. In lieu of a roll call, Alea Tantarelli introduced the CoC Board Members:

Ben Leroi, Santa Rosa Community Health Center; Jennielynn Holmes, Catholic Charities of the Diocese of Santa Rosa; Tom Schwedhelm, City of Santa Rosa; Dennis Pocekay, City of Petaluma; Chris Coursey, Sonoma County Supervisor; Margaret Sluyk, Reach for Home; Chris Keys, Redwood Gospel Mission; Kathleen Pozzi, community member; Sid McColley for Nora Mallonee-Brand, Sonoma County Behavioral Health; Chessy Etheridge, Lived Experience Advisory and Planning Board; Una Glass, City of Sebastopol; Don Schwartz, City of Rohnert Park; John Moore, City of Cotati; Madolyn Agrimonti, City of Sonoma; Lisa Fatu, Social Advocates for Youth

Stephen Sotomayor, City of Healdsburg; and Cheyenne McConnell, Youth Community Member, were absent

1. Agenda and Minutes Approval (00:16:14-00:18:36)

Public comment:

None at this time.

Madolyn Agrimonti motioned to approve the consent calendar and minutes from the 2/23/22 CoC Board Meeting; Dennis Pocekay seconded.

Ayes: Ben Leroi, Jennielynn Holmes, Tom Schwedhelm, Dennis Pocekay, Chris Coursey, Margaret Sluyk, Chris Keys, Kathleen Pozzi, Sid McColley, Chessy Etheridge, Una Glass, Don Schwartz, John Moore, Madolyn Agrimonti, Lisa Fatu

Noes: None Abstain: None

Absent: Stephen Sotomayor, Cheyenne McConnell

The motion passed.

2. CoC Board Chair and Vice Chair Election (00:18:37-00:29:24)

Interim Executive Director Dave Kiff explained it would be an open/public election. Ben Leroi gave a brief recap of the responsibilities of the Board Chair then opened nominations for the Chair of the Continuum of Care Board.

John Moore nominated Tom Schwedhelm as Chair; Madolyn Agrimonti seconded the nomination.

Madolyn Agrimonti moved to close the nominations for Chair; Dennis Pocekay seconded the motion. Unanimously approved.

Lisa Fatu moved to accept Tom Schwedhelm as the new Chair of the CoC Board; Madolyn Agrimonti seconded the motion.

Public comment:

Alice Linn

Unanimously approved.

Ben Leroi opened nominations for Vice Chair of the Continuum of Care Board.

Don Schwartz nominated Jennielynn Holmes as Vice Chair; Kathleen Pozzi seconded the nomination.

Madolyn Agrimonti moved to close the nominations for Vice Chair; John Moore seconded the motion. Unanimously approved.

Lisa Fatu moved to accept Jennielynn Homes as the new Vice Chair of the CoC Board; Dennis Pocekay seconded the motion.

Public comment:

Alice Linn

Unanimously approved.

Tom Schwedhelm took over as Chair and thanked Ben Leroi for his service.

3. Staff Reports (00:29:25-01:00:05)

Dave Kiff shared a spreadsheet showing the sources of funds that come into the CoC and a funding calendar showing how much money is allocated towards homelessness. It that was very well received by the Board.

Michael Gause provided a brief update on the Point of Time Count that was conducted on February 25. The new app was well received. Preliminary numbers will be provided to HUD at the beginning of May with the final report being ready in June or July.

Public Comment:

Gregory Fearon Ludmilla Bade Victoria Yanez

4. ESG-CV Funding Update (01:00:06-01:52:56)

The ESG-CV Ad Hoc Committee met on March 10, 2022, to make a final determination on the appropriate use of \$368,000 in re-allocated State ESG-CV funds. It was determined that staff would prioritize the funding to maximize permanent housing including voucher placement assistance and Rapid Rehousing for unsheltered individuals, including but not limited to those in NCS sites; any unspent funds would be allocated towards the West County Navigation Center; and staff should consider applying for any re-allocated State ESG-CV funds that could also be used for the West County Navigation Center.

Public Comment:

Ludmilla Bade Dannielle Danforth Victoria Yanez Alice Linn

Tom Schwedhelm said it was his intent to get all the appointed positions that are open and get them filled as soon as possible and ask the Ad Hoc Committee to meet, along with staff, to determine the next steps.

5. Word from the Street (01:52:57-02:01:41)

Chessy Etheridge asked if there would be any gap with the April 15 placements for those in the non-congregate shelters. She also spoke about the effect the recent sweeps have had on people who have been displaced. She asked if it would be possible to have portable restrooms or showers once a week at the encampments. Is there a six-month strategy for moving the encampments?

Tom Schwedhelm clarified the encampment clean-up strategy is not under the jurisdiction of the Continuum of Care but with each individual municipality or the County.

Michael Gause will consult with Tina Rivera, Joe Hegedus, and Will Gayowski at the Health Services Department to see if there is some flexibility on the April 15 deadline.

Public Comment:

Gregory Fearon Victoria Yanez Heather Jackson Alice Linn

6. 5 Minute Break (02:01:42-02:06:06)

7. Committee Structure and Membership (02:08:00-03:26:38)

Dave Kiff gave a brief overview of the CoC committees: Strategic Planning, Coordinated Entry Advisory, and Homeless Management Information Systems (HMIS). You do not need to be a Board member to be on a committee.

Strategic Planning Committee has 1 open seat (11-member committee cap); 10 are confirmed to continue (6 are current CoC Board members).

HMIS Committee has 1 open seat (10-member committee cap); 9 are confirmed to continue (2 are current CoC Board members).

Coordinated Entry Advisory Committee has 1 potentially open seat (10-member committee cap); 9 are confirmed to continue (4 are current CoC Board members).

Staff recommends that the CoC Board expand the committee cap to 13 and a goal of including at least 1 person with lived experience. Interested persons should submit their request to CDC staff for Chair and Vice Chair approval.

Public Comment:

Alice Linn Ludmilla Bade Victoria Yanez

Chris Coursey moved to accept the staff recommendation; John Moore seconded.

Jennielynn Holmes made a friendly amendment to expand the cap from 13 to up to 15 for the Coordinated Entry Advisory Committee at the discretion of the Chair. Chris Coursey and John Moore accepted the amendment.

Ayes: Ben Leroi, Jennielynn Holmes, Tom Schwedhelm, Dennis Pocekay, Chris Coursey, Margaret Sluyk, Chris Keys, Kathleen Pozzi, Sid McColley, Chessy Etheridge, Una Glass, Don Schwartz, John Moore, Madolyn Agrimonti, Lisa Fatu

Noes: None Abstain: None

Absent: Stephen Sotomayor, Cheyenne McConnell

The motion passed.

Don Schwartz made a motion that the Board shall establish a Funding and Evaluation Committee that will:

- Develop funding recommendations for the CoC Board on use of CoC funds
- Develop recommendations for the CoC Board to comment on funding decisions by other parties
- Make funding decisions on behalf of the CoC Board if such authority is delegated by the Board
- Evaluate the performance of the system of care, programs, and service providers to inform funding decisions, support public communications, and improve the system of care
- Participate with the HMIS Committee in the evaluation of the HMIS Lead's performance

The Committee will exist until abolished or replaced by the Board.

All interested Board members or other parties may apply to be on this Committee by submitting an email of interest to Araceli Rivera at the CDC by April 15. The message should indicate if the applicant is interested in serving as Committee Chair or Vice Chair.

The Board Chair and Vice Chair will develop a recommended Committee roster, Chair, and Vice Chair for review and approval by the CoC Board as its April meeting.

The Committee will provide minutes and report to the Board consistent with practices of other Committees or as directed by the Board.

Motion seconded by John Moore.

Don Schwartz modified his motion: The Board shall establish a Funding and Evaluation Committee. The Committee will exist until abolished or replaced by the Board.

All interested Board members or other parties may apply to be on this Committee by submitting an email of interest to Araceli Rivera at the CDC by April 15. The message should indicate if the applicant is interested in serving as Committee Chair or Vice Chair.

The Board Chair and Vice Chair will develop a recommended Committee roster, Chair, and Vice Chair for review and approval by the CoC Board as its April meeting.

The Committee will provide minutes and report to the Board consistent with practices of other Committees or as directed by the Board.

John Moore withdrew his second of this motion; Madolyn Agrimonti seconded. Don Schwartz withdraw his motion with the understanding the Board is generally supportive of creating a Funding Evaluation Committee generally along the line of what is proposed.

Michael Gause gave a summary of the CoC Funding Competition, which is a national competition in which the local community is scored on its planning and performance towards ending homelessness. An Evaluation Committee needs to be formed to rate and rank projects that are renewing and then help to establish new projects. The timeframe is April through the end of September. Once HUD releases their Notice of Funding Opportunity, an extensive overall application, as well as reviewing up to 20 projects, must be submitted within 2 months.

Staff recommendation is for approval to form a CoC Competition Committee consisting of 9 members – 5 CoC Board members and 4 individuals as recommended by staff to the CoC Chair/Vice Chair with at least 1 of the 4 individuals with lived experience.

Public Comment:

Alice Linn Gregory Fearon Gerry La Londe-Berg Victoria Yanez Ludmilla Bade

John Moore moved to accept the staff recommendation; Madolyn Agrimonti seconded.

Ayes: Ben Leroi, Jennielynn Holmes, Tom Schwedhelm, Dennis Pocekay, Chris Coursey, Margaret Sluyk, Chris Keys, Kathleen Pozzi, Sid McColley, Chessy Etheridge, Una Glass, Don Schwartz, John

Moore, Madolyn Agrimonti, Lisa Fatu

Noes: None Abstain: None

Absent: Stephen Sotomayor, Cheyenne McConnell

The motion passed.

8. Standing Committee Reports (03:26:39-03:56:05)

a) Coordinated Entry Advisory Committee: That Hilton provided an update on the coordinated entry transition to HomeFirst as of April 1. There may be a gap in services while staff support them in their start-up efforts. Catholic Charities and staff are working with them to cover any service gaps. The CEA Committee approved the updated Rapid Rehousing Standards and recommends adoption by the CoC Board.

Public Comment:

Victoria Yanez Gerry La Londe-Berg Alice Linn Jessica

Madolyn Agrimonti moved to accept recommendation; Dennis Pockey seconded.

Ayes: Ben Leroi, Jennielynn Holmes, Tom Schwedhelm, Dennis Pocekay, Chris Coursey, Margaret Sluyk, Chris Keys, Kathleen Pozzi, Sid McColley, Chessy Etheridge, Una Glass, Don Schwartz, John Moore, Madolyn Agrimonti, Lisa Fatu

Noes: None Abstain: None

Absent: Stephen Sotomayor, Cheyenne McConnell

The motion passed.

- b) Strategic Planning Committee: Tom Schwedhelm reported they are working with Homebase on Phase 1 of strategic planning that centers around development of HHAP outcomes and strategies. The second phase will build upon efforts undertaken to develop the HHAP outcomes and strategies with robust engagement of stakeholders to identify strategic priorities and goals for the county's response to homelessness. Homebase would like to present these at the next CoC Board Meeting.
- c) Homeless Management Information System (HMIS)/Data Committee: Daniel Overbury reported the HMIS Committee did not meet in March due to bandwidth issues and the need for further research on ongoing topics. Next meeting April, 2nd Monday of the month and plan to revisit topics that have been tabled in the past.
- d) Lived Experience Advisory and Planning (LEAP) Board: Rebekah Sammet reported the Committee will operate under Rosenberg's Rules of Order and majority vote, and they have created a forum to openly discuss emergency items and "Word from the Street" topics. They are currently

discussing attendance requirements, defining priorities, drafting a charter, and their relationship with the CoC Board.

e) **Youth Action Board:** Thai Hilton reported they are currently setting up their planning body similar to the process the LEAP Committee used and have reached out to the TAY providers in the community to get interest from their clients with lived experience

Public Comment:

None at this time.

9. Review Agenda for April 21 CoC Membership Meeting (03:56:06–03:59:36)

Araceli Rivera reviewed the draft agenda for the Quarterly Membership Meeting scheduled for April 21, 2022. She proposed that this Membership Meeting be set as the CoC Board Member Orientation, which is required within 90 days of joining the CoC Board for the first time. A recording of the Orientation will be made available if a new Board member is not able to attend.

Public Comment:

None at this time.

Madolyn Agrimonti moved to accept the CoC Membership Meeting Agenda as presented; seconded by Dennis Pocekay.

Ayes: Ben Leroi, Jennielynn Holmes, Tom Schwedhelm, Dennis Pocekay, Chris Coursey, Margaret Sluyk, Chris Keys, Kathleen Pozzi, Sid McColley, Chessy Etheridge, Una Glass, Don Schwartz, John Moore, Madolyn Agrimonti, Lisa Fatu

Noes: None Abstain: None

Absent: Stephen Sotomayor, Cheyenne McConnell

The motion passed.

10. Review Agenda for April 27 CoC Board Meeting (03:59:37–04:08:20)

Tom Schwedhelm requested the Evaluation and Funding Committee item be added to the agenda. Don Schwartz would like a discussion on the ongoing supportive services for those with vouchers and would also like to learn more about the CalAIM Program. Dave Kiff will work with County Administrator Bratton and some of the city team members to frame this, and he will provide an update at the April Board Meeting. Ben Leroi has been really involved in implementing the enhanced care management medical benefit through CalAIM and offered to talk to Don Schwartz off line.

Public Comment:

Gerry La Londe-Berg

11. Board Member Questions & Comments (04:08:21-04:09:27)

Madolyn Agrimonti reported that Sonoma Safe Parking has been extended to June 30. Andrew Henning has been hired to assist them with the 90-day extension.

12. Public Comments on Non-Agendized Items (04:09:28-04:13:50)

Victoria Yanez Alice Linn

Meeting adjourned at 5:14 p.m.



Sonoma County Continuum of Care Staff Report

Item: Agenda Item 2: Staff Report: CoC Revenue and Expenses (preliminary, estimated)

for Fiscal Year 2022-23

Meeting Date: April 27, 2022

Staff Contact: Dave Kiff (dave.kiff@sonoma-county.org) and Michael Gause

(Michael.Gause@sonoma-county.org)

Agenda Item Overview

This item includes a table (Exhibit A) summarizing the anticipated Revenues and Expenses for the Sonoma County Continuum of Care in Fiscal Year 2022-23. This document shows estimated costs and expenses, and is contingent upon various funding streams coming in at levels anticipated as well as allocation processes following most past practices. Importantly, we do not expect to see the same amount of one type of funding – State Housing and Community Development (HCD) Emergency Solutions Grants, Coronavirus (ESG-CV) – at 2021's levels during FY 2022-23.

Recommended Action:

Receive and file the proposed Revenue and Expenditure Table for the Sonoma County Continuum of Care for Fiscal Year 2022-23.

Background:

The Sonoma County Continuum of Care (CoC) is created to coordinate the region's response to homelessness, including receiving and expending funds assigned to it from the State and Federal governments, as well as from other sources. In recent years, significant program revenue has come to the region to address homelessness—especially via funding programs like State HCD's ESG-CV and the State's Homeless Housing, Assistance, and Prevention (HHAP) program.

The Sonoma County Community Development Commission, as Collaborative Applicant and HMIS Lead for the CoC, presents the attached table of Revenues and Expenses for Fiscal Year 2022-23. In summary, the Table:

- Envisions an allocation of **about \$13 million in CoC- and some County-related funds** that are linked (such as support for Project Homekey-2 operational costs). Please note that not all funds may be specifically expended in FY 2022-23, as some funds, such as HHAP, have longer expenditure periods than one year. Others, such as federal funds, have different fiscal years than State and local funds;
- Shows that the major funding sources for the CoC in FY 2022-23 are expected to be State
 HHAP-3 funds and the US Department of Housing and Urban Development's (HUD's) Annual
 Renewal Demand (ARD) grant for CoCs;

- Shows that about \$10.4 million in funds (Federal, State, and Local) will support (via grants and other awards) non-profit service provider and County programs associated with the CoC (though not all involve direct CoC appropriations);
- Describes that County of Sonoma discretionary (mostly General Fund) support for the CoC is about \$2.4 million in FY 22-23, an amount which includes about \$920,000 in staff and related administrative support to the Community Development Commission as Lead Agency and another \$1.4 million in funds that, among other things, support non-profit service providers' administrative and related costs not covered by other grants. While we speak as representatives of the County, we want to note and acknowledge this support to the CoC and acknowledge that these General Fund dollars are in high and competitive demand across the County family.
- Additional County support includes allocations from the County's HHAP-3 funds (such as for Project Homekey-2 support, a gap needed for Coordinated Entry, and more) and from the Federal ESG-CV funds assigned to the County. This support, when combined with the bullet item above, brings the County's participation in the CoC to about 30% of the overall revenues affiliated with CoC-related operations;
- Lead agency staffing costs associated with the roughly 10.3 full-time equivalent (FTE) personnel (including both wages and benefits) who in some way support the activities of the CoC, from coordinating meetings, issuing contracts, monitoring compliance with the contracts, participating in HUD and HCD monitoring, staffing programs such as the Point in Time Count, preparing and executing Board items, and more.

We note that this summary of revenues and expenses has been challenging to develop and to show this information in a readable and understandable manner. As such, the table should be considered subject to amendment and correction in case we erred.

The challenge of developing this document is not a reflection on the CoC, CDC or any other entity, but it does help show the intricacies associated with funding for homelessness programs in our region and in many others. It also highlights the inter-connectedness of various agencies' homelessness activities – from the County to the CoC to service providers – in seeking funding and delivering services. And this document does not even acknowledge the contributions to shelter, street outreach, master leases, and similar programs made by our Sonoma County municipal partners.

Lead Agency staff at the CDC wish to thank our colleagues at the CDC finance team as well as the CAO and DHS finance experts in assisting to provide the information on this document.

Lead Agency staff welcomes the Board's questions and comments on Exhibit A.

Exhibit A: Sonoma County Continuum of Care: Expenses and Funding Sources - FY 2022-23 (Estimated, Preliminary) Notes Funding Sources Administered by the CoC **Funding Sources Administered by County** Expenses County **HUD CoC** City HUD CoC Distributed Fed ESG -Service Program County State ESG Contributi Discretion CoC Grants to **Fed ESG-CV** Charges to Lead **Annual Program Subtotal** HHAP-3 ary Funds HHAP-3 **Annual** Planning ons to PIT (est) ² Grant³ **Providers Expense Category** Agency Organizatio Grant Count ns/Provider Costs \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ S 1,298,011 300,000 2,340,213 4,416,736 228,054 220,000 4,162,516 119,898 82,000 16,000 **EH Team Personnel** Includes pro-rated wages \$ Ś \$ \$ Ś except for HMIS (6.6 and benefits for ten EH FTE) 1,103,398 275,184 365,540 309,172 17,104 16,500 119,898 positions. CoC's DHS Team 1.7 DHS FTEs assigned to 255,200 Support (1.7 FTE) 255,200 support CoCactivities EH HMIS Personnel (2 Separated from EH Team FTE) 268,973 268,973 to show funding HMIS Software and \$ \$ \$ Software costs only. Staff 82,000 Licensing 165,000 24,816 58,184 shown in line above **Professional Services** -- Coordinated Entry 505,000 155,009 349,991 HomeFirst is new provider -- Legal Assistance, County Counsel, RWG, Board Items, etc. 60,000 60,000 **Board Items** -- PIT Count (Jan \$ \$ Annual Point in Time Count 2023) 96,000 80,000 16,000 - January 2023 -- Strategic Planning (22-23)86,004 43,002 43,002 HomeBaseisvendor -- Additional Lead Ś Ś Agency Costs (other admin) 150,931 150,931 **Distributed Grants** \$1.418M in Co \$\$ goes and Agency Admin generally for CBOs' Dollars⁴ 10,482,714 1,100,000 1,418,334 4,064,562 210,950 3,485,368 203,500 program admin Known grants to date (April 2022) Catholic Charities of Part of the HUD CoC ARD Santa Rosa/PSH 641,961 awards Catholic Charities of Santa Rosa/PSH Expansion 143,000 Community-Based п п п PSH 292,843 Mill Street \$ п п п **Supportive Services** 97,842 87,931 $\Pi=\Pi=\Pi$ Reach for Home RRH Renewal Rental Assistance - Persons with HIV 655,414 Renewal Rental \$ Assistance - Disabled Youth 80,666 **Vulnerable Survivors** 260,040 of DV-RRH

Buckelew Program -		\$		I		ı			1		1	1	1
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St Vincent de Paul		\$											
PSH		303,360											" " "
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Commons		59,334											11 11 11
Total Grants													
Awarded to Date (4-		\$											
15-2022)		3,365,470											
						İ						†	Portion to be allocated in
Project Homekey-2		\$											the FY 2022-23 County
Supportive Housing		2,200,000											Budget
Grants yet to be		\$					_						
awarded		4,917,244											
Subtotal Expenses													
(less grants to be	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
	2,690,506	5,565,470	1,298,011	300,000	2,330,005		228,054	220,000	4,162,516	119,898	82,000	16,000	

Total CountyAdministered
Funds = 3,928,016

Total CoCAdministered \$ Count
Funds = 9,245,204 funds

County-Administered Funds = about 30% of all

Notes:

Acronyms:

CBO = Community-Based Organization

CDC = Community Development Commission/Lead Agency

CoC = Continuum of Care

DHS = Department of Health Services (County of Sonoma)

DV = Domestic Violence

EH = Ending Homelessness Division within the CDC

ESG = Emergency Solutions Grants

ESG-CV = Emergency Solutions Grants, Coronavirus

FTEs = Full Time Equivalent Positions

FY = Fiscal Year

HHAP = Homeless Housing, Assistance, and Prevention

HMIS = Homeless Management Information System

HUD CoC Program = US Housing and Urban Development's Annual Renewal funding Continuums of Care

PIT = Point in Time Count

PSH = Permanent Supportive Housing

RRH = Rapid Rehousing

RWG = Richards, Watson, and Gershon (law firm)

SAY = Social Advocates for Youth

¹ The County's discretionary funds assigned to the CoC can vary year to year and come from General Fund (including property taxes that once went to the redevelopment agency known as "R&R Funds"), Measure L, and more.

² Federal ESG annual award estimated at about \$200-220K, with small admin share, similar to that of State ESG.

³ The HUD CoC Grant is submitted by the CoC and Lead Agency staff on behalf of multiple CoC Grantees. HUD awards the funds directly to the grantees.

⁴ Organizations / Service Providers are not distributed funds by specific funding sources for this table.

Overview of Sonoma County Homelessness Data

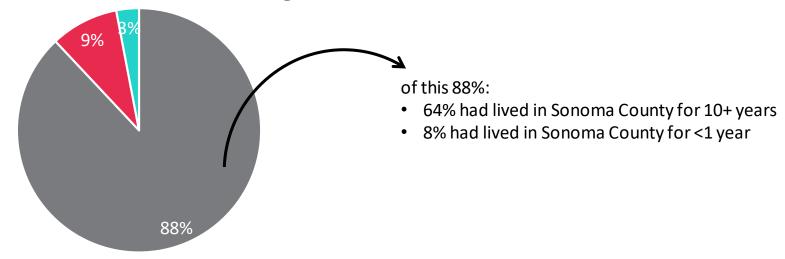
Outline

I. Overview of Sonoma County's Homeless Population

II. Racial and Ethnic Disparities in Homelessness

Almost all people who are homeless are from Sonoma County

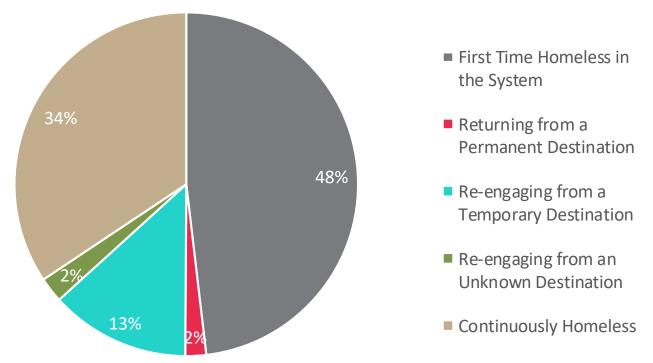
Place of Residence at Time of Housing Loss



■ Sonoma County ■ Other California County ■ Out of State

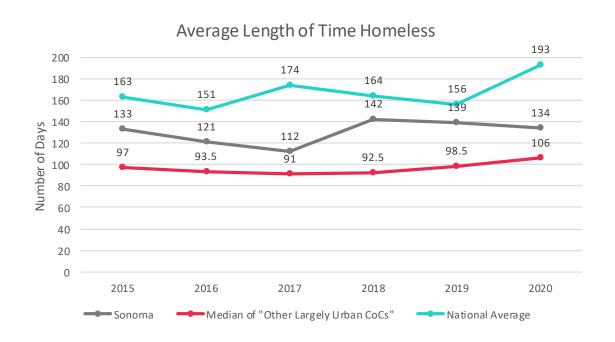


Where are people entering the system from?





How Long Do People Spend Homeless?





Source: HMIS

Homeless population overview





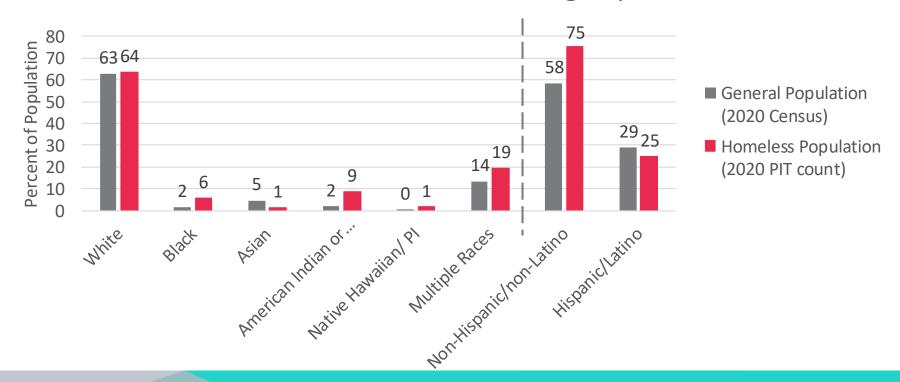
Source: PIT count

Outline

I. Overview of Sonoma County's Homeless Population

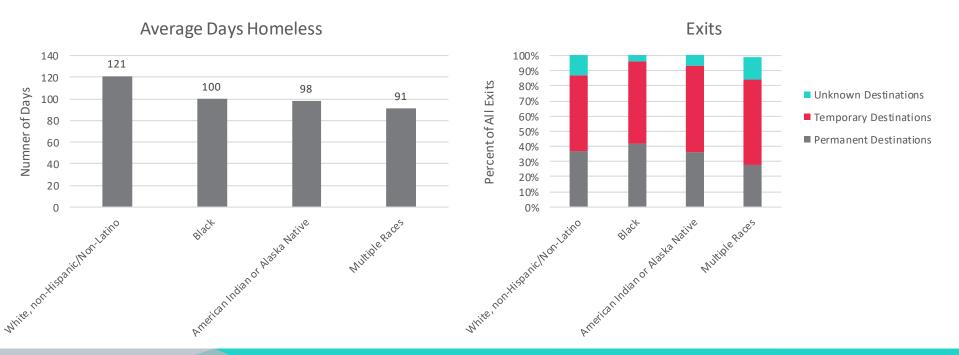
II. Racial and Ethnic Disparities in Homelessness

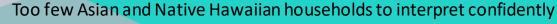
Racial and ethnic demographics





People of color spend less time homeless but have worse outcomes than white people

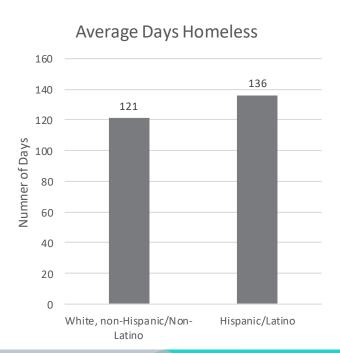


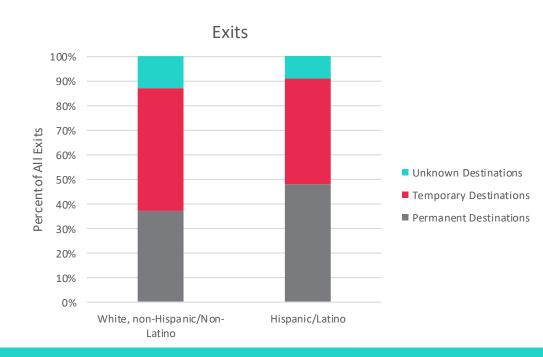


A Homebase

Source: Stella

Latinx households spend more time homeless but have better outcomes than white people

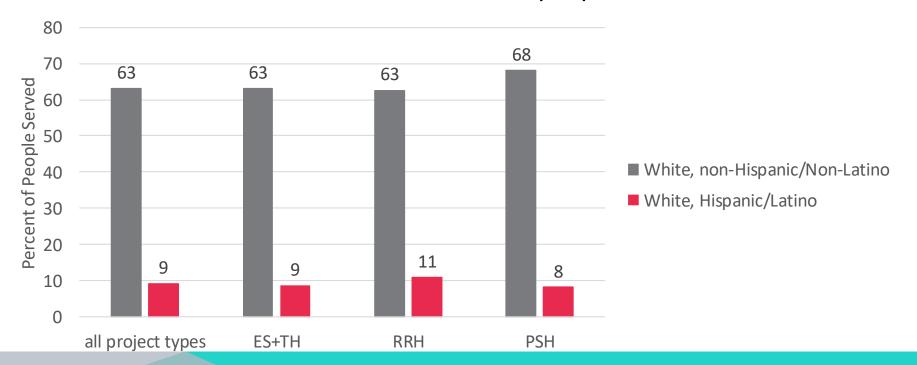






Source: Stella

Latinx households are served at a rate far below their share of the population





Source: HIC

General Takeaways

- I. Overview of Sonoma County's Homeless Population
 - Most people are from Sonoma
- III. Racial and Ethnic Disparities in Homelessness
 - Black and Native people are overrepresented in the homeless population
 - People of color spend less time homeless but have worse outcomes
 - Latinx households spend more time homeless but have better outcomes

Local Action Plan – HHAP 3

CoC Board Meeting April 27, 2022



Outline

- I. HHAP 3 Action Planning Requirements
- II. Draft HHAP 3 Action Plan summary
- III. Next Steps

HHAP 3 Action Planning Requirements

- Round 3 of State Of California block grant program: Homeless Housing, Assistance and Prevention (HHAP).
- The County of Sonoma and the Santa Rosa, Petaluma/Sonoma County Continuum of Care (CoC) are eligible to apply for a combined total of \$8,539,024.26
- Authorizing legislation requires communities to submit specific data points as a "Local Action Plan" as a starting point for community conversations
- Template table format ensures meeting all required data elements
- Required to be agendized at public meetings CoC Board Meeting (April); Board of Supervisors Meeting (May)
- Application to be submitted in June



Process Summary

- Conducted needs and gaps analysis including a review of local Point in Time Count (PIT), Housing Inventory Count (HIC), System Performance Measures (SPMs) and Homeless Management Information System (HMIS) data from 2018-present.
- Launched an ongoing stakeholder engagement process to collect community
 priorities for outcome goals. Includes the voices of people with lived experience,
 local experts in the field, members of government at the local and County levels,
 and citizens at large.
- Beginning in December 2021, the CoC Board's Strategic Planning Committee met monthly to guide the analysis, review findings, and identify outcome goals and strategies.
- Feeds into larger strategic planning effort



Template Overview – See Packet

- 1) Landscape Analysis summarizing the **needs and demographics** of people experiencing homelessness in Sonoma County (TBL 1, 2020 Point In Time (PIT) data);
- 2) A Landscape Analysis of **# people being served** by the Homeless System of Care, broken down by program type (e.g., Rapid Rehousing, Permanent Supportive Housing) (TBL 2, 2020 HMIS data);
- 3) A Landscape Analysis of **State, Federal, and Local funding** known to be awarded at this time (TBL 3, County Records);
- **4) Outcome Goals** for 7 categories of outcomes pre-defined by the application requirements (TBL 4, Cal-ICH provided baseline data and historical SPMs); and
- **5) Strategies** to Achieve Outcome Goals as identified by the community (TBL 5, Strategic Planning committee, Logistics workgroup, County Staff).



HHAP 3 Outcome Areas

Outcome Goal #1a: Increasing the number of persons served annually

Outcome Goal #1b: Reducing the number of persons experiencing homelessness on a daily basis (unsheltered)

Outcome Goal #2: Reducing the number of persons who become homeless for the first time.

Outcome Goal #3: Increasing the number of people exiting homelessness into permanent housing.

Outcome Goal #4: Reducing the length of time persons remain homeless.

Outcome Goal #5: Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.

Outcome Goal #6: Increasing successful placements from street outreach.



Identified Community Strategies

Strategy	Related Outcome Category
New jurisdictional outreach projects	Overall numbers served, Reduced numbers of people unsheltered, Reduced length of time homeless
Increases in transitional housing beds through Homekey funded projects. Increases in medical respite beds, family shelter capacity.	Overall numbers served, Reduced numbers of people unsheltered, Increased placements from outreach
Changes in CE referral processes.	Reduced length of time homeless, Reduced exits to homelessness, Increased placements from outreach
Short term increases RRH capacity through ESG-CV; Increases of approximately 130 PSH beds through Homekey efforts.	Overall numbers served, Increased exits to permanent housing
New investments in provider led diversion projects.	Overall numbers served, Reduced first time homelessness



Strategy level measurable targets – pt 1

Strategy	Targets
Increase crisis reponse outreach teams utilitizing a collaborative approach between public safety, mental and behavioral health services, and homeless system of care.	Increase the number and frequency of supportive engagements with those living in unsheltered environments by 5-10%
Increase the availability of safe parking locations across the county and provide housing focused case management and connections to coordinated entry.	Increate the number and frequency of supportive engagements with those staying in safe parking programs by 5-10% over current street outreach capacity.
Increase emergency shelter capacity including transitional housing, medical respite beds, and family shelter capacity.	Increase emergency shelter capacity in the homeless system of care by 10%

See HHAP3 Template Table 5



Strategy level measurable targets – pt 2

Strategy	Targets
Shift coordinated entry system from current focus on emergency shelter placements to supporting placements into housing.	Increase moves into permanent housing by 5%
Increase new PSH unit capacity through Project Homekey.	Increase new PSH unit capacity by approx. 130 additional units.
Increase prevention and diversion projects.	Increase numbers of households served by prevention and diversion services by 3%

See HHAP3 Template Table 5

HHAP 3 Outcome Areas and Goals

Outcome Area	Outcome Goal - % change from Baseline
#1a: Increasing the Number of People Served	15% increase
#1b: Reducing unsheltered homelessness	10% reduction
#2: Reducing first time homelessness	3% reduction
#3: Increasing moves into permanent housing	10% increase
#4: Reducing the length of time homeless	20% decrease
#5: Reducing returns to homelessness	1% decrease
#6: Increasing successful placements from street outreach.	5% increase

See HHAP3 Template Table 4



HHAP 3 Draft Uses

- Three main areas of use:
 - Support Project Homekey
 - Maintain continuity of funding for local projects funded by previous rounds
 - Youth Set-Aside (at least 10% required)

The HHAP 3 funds will support the Sonoma County Homeless Services System of Care by providing 23% of the total value of all contracts.



Next Steps

- Send to Board of Supervisors for feedback (May)
- Integrate feedback from CoC Board and Board of Supervisors meetings (May)
- Submit HHAP 3 application (June)
- Continue ongoing stakeholder engagement process to collect community priorities for outcome goals. Includes the voices of people with lived experience, local experts in the field, members of government at the local and County levels, and citizens at large.
- Develop full strategic plan for the community building off the Local Action Plan and other stakeholder engagement



Commonly Used Acronyms

Project types:

Emergency Shelter (ES), Transitional Housing (TH), Outreach, Prevention/Diversion, Rapid Re-Housing (RRH), Permanent Supportive Housing (PSH), Coordinated Entry (CE)

Data Sources:

Point In Time (PIT) Count, Housing Inventory Count (HIC), Homeless Management and Information System (HMIS), Homeless Data Integration System (HDIS)



Sonoma County Continuum of Care Board Executive Summary

Item: 3. Homebase Presentation on Draft HHAP 3 Local Action Plan Data Tables

Date: April 27, 2022

Staff Contact: Michael Gause, Ending Homelessness Manager, Michael.Gause@sonoma-county.org

Agenda Item Overview

The State of California Intragency Council on Homelessness (ICH) released a Notice of Funding Availability (NOFA) for State Homelessness Housing Assistance and Prevention (HHAP) Round 3 program funding in February 2022. The Sonoma County Continuum of Care (CoC) and County of Sonoma are eligible to receive a combined \$8,539,024.26 in funding. Of this, \$4,416,736.69 is available to the CoC and \$4,122,287.57 is available to the County of Sonoma. The CoC and County agreed to submit a joint application, due no later than June 30th, 2022 for HHAP-3 funds in order to collaboratively support the system of a care as a whole.

As part of the application, a Local Homeless Action Plan (HAP) is due with the application and must be approved by State ICH in order to receive funds. Homebase, a nationally recognized technical assistance provider for solutions to address and end homelessness, was in engaged in November 2021 to begin planning and completing the HAP as well as develop a broader Strategic Plan to address homelessness after completion of the HAP. The CoC's Strategic Planning Committee, comprised of jurisdictional and County stakeholders as well as homeless service providers, healthcare providers, and individuals with lived experience of homelessness, is currently working jointly with Homebase to complete the HAP by June 30, 2022.

The full HAP will be finalized in June 2022. The linked data tables and proposed outcomes are required to be publicly noticed and approved by the Continuum of Care Board as the primary applicant. The tables provide a broad overview of current system performance with baseline data from the California HDIS (Homeless Data Integration System) as well as proposed goals and outcomes from utilization of HHAP-3 funds. Approval of the data tables ensures a timely submission for the Homeless Action Plan and receipt of HHAP-3 funds for FY 2022-2023.

Find HHAP 3 data tables 1-5 here: https://share.sonoma-county.org/link/kC7iTDXI6Ac/

Recommendation

Approve draft HHAP 3 Local Action Plan Data Tables to be sent to the Sonoma County Board of Supervisors for comment.



Sonoma County Community Development Commission

Sonoma County Continuum of Care (CoC) Board Committees 2022

1. Coordinated Entry Advisory Committee

This committee ensures CoC is compliant with federal and state requirements, and that a countywide Coordinated Entry System (CES) is in place that is effective and responsive to real-time community needs including:

- Advising CoC Board on strategies for ensuring service providers are implementing Housing First principles
- Make recommendations for providing training and technical assistance to help service providers become compliant with CE and Housing First system requirements and build capacity
- Consult with recipients of Emergency Solutions Grant program funds to inform CoC Board on developing policies to guide CES in accordance with HUD regulations
- Provides comprehensive assessment of the needs of individuals and families for housing and services

2. CoC Competition Evaluation Committee

This committee will meet as-needed relative to the CoC Program funding cycle. Composition of this committee will include up to five CoC Board members, four members from the public, with at least one representative with lived experience.

This committee will be responsible for reviewing agency applications, agency and project policies, and Annual Performance Reports for individual CoC Program funded projects. The committee will prioritize new and renewal projects for the CoC application, and identify projects with capacity concerns for corrective action and technical assistance.

3. Homeless Management Information System (HMIS) Data Committee

This committee is responsible for advising CoC Board on issues regarding Sonoma County's web-based Homeless Management Information System (HMIS) including:

- Developing and maintaining the dashboard of metrics to achieve the vision of zero functional homelessness
- Alerting CoC Board of providers whose data jeopardizes the overall system
- Advising on issues related to the Annual Homeless Assessment Report (AHAR) to Congress, regular Homeless Counts (required every two years—preferred annually), biannual estimate of housing needs or gaps analysis, and the annual inventory of homeless-dedicated housing (Housing Inventory Chart)
- Approves annual policies and procedures for HMIS
- Approves updates to existing HMIS documents per regulation changes, as well as oversight of monthly public-facing data dashboards.



Sonoma County Community Development Commission

- Approves aligned definitions for each program type funded in Sonoma County in terms of desired outcomes, to assist the CoC Board in developing appropriate measures for rewarding system providers that meet or exceed expectations and sanctioning system providers that do not adhere to requirements or meet expectations.
- Recommends training and technical assistance to build the capacity of service providers
- Performs an annual evaluation of the HMIS Lead

4. Strategic Planning Committee

This Committee will meet as needed relative to the oversight of periodic strategic planning activities of the Continuum of Care (CoC). The Strategic Planning Committee will promote planning activities that contribute to effective system design, oversight, and operations associated with achieving CoC system performance objectives. Performance objectives include reduced inflow into the homelessness system, reduced lengths of time persons experience homeless, high rates of successful exits from homelessness to permanent housing and decreasing rates of recidivism.

5. Governance Charter and Policy Review Committee

This Committee is responsible for making recommendations to the CoC Board for any revisions or updates to the Sonoma County Continuum of Care Governance Charter, bylaws, and policies. The Charter describes and establishes the structure of the Sonoma County Continuum of Care (CoC). The charter and bylaws provide an organizational structure that will govern operations of the Continuum of Care, whose responsibilities include reviewing and submitting annual collaborative applications for federal Continuum of Care funding. In addition, this group is responsible for reviewing and revising policy related documents for the Sonoma County Continuum of Care.

6. ESG-CV Ad Hoc Committee:

Committee to discuss and recommend funding decisions for Emergency Solutions Grant- CARES Act (ESG-CV). This is an Ad Hoc Committee, only CoC Board member applications accepted.



Sonoma County Continuum of Care Executive Summary

Item: Agenda Item 7: Proposal to Establish a Funding and Evaluation Committee

Meeting Date: April 27, 2022

Staff Contact: Andrew Akufo, (405) 213-9957, Andrew.Akufo@Sonoma-County.org

Agenda Item Overview

At its March 23, 2022 meeting, the CoC Board directed that the Board's Emergency Solutions Grants for Corona Virus (ESG-CV) Ad Hoc committee meet and return back to the CoC Board on April 27, 2022 with a proposal and recommendation about the formation of a new CoC Board standing committee to be called the **Funding and Evaluation Committee**.

Recommended Action:

- 1. Formally establish a Funding and Evaluation Committee as a fifth standing committee of the Sonoma County Continuum of Care Board, to be structured in accordance with Exhibit A.
- 2. Direct CoC Lead Agency staff to seek interest from CoC Board members, service providers, persons with lived experience, and individuals from the CoC General Membership to serve on the Committee and for staff to report back the names by May 9, 2022 to the Chair and Vice-Chair for appointment to the new Committee.
- 3. Sunset the ESG-CV Ad Hoc Committee at such time as the Funding and Evaluation Committee is formed with members appointed.
- 4. Make no changes to the current HUD CoC Competition Evaluation Committee, allowing this committee to complete its work for the current program evaluations for the FY 22 HUD CoC Competition for the Continuum of Care Program. However, following the completion of the 2022 work, this committee would sunset and have its duties shifted to the Funding and Evaluation Committee.
- 5. Clarify that the Funding and Evaluation Committee will have a role in Homeless Management Information System (HMIS) activities in regards to the collection and use of data to evaluate system, program, and provider performance; and
- 6. Ask CoC Board Member(s) to lead in the convening of a provider-driven roundtable for Service Providers interested in collaborating on general funding and program advice to the CoC Board.

Background:

The Sonoma County Continuum of Care has four standing committees per its charter — Strategic Planning, Governance, HMIS, and the Coordinated Entry Advisory (CEA) Committee. It has ad hoc and other standing committees as well — such as the (State) Emergency Solutions Grants for Corona Virus (ESG-CV) Ad Hoc committee and the HUD CoC Competition Evaluation Committee. The latter committee's work is underway now, and will complete its charge as it evaluates renewal and new projects for the FY22 Continuum of Care Competition. The ESG-CV ad hoc committee helped

advise the full CoC Board as to specific funding recommendations for the over \$5.7 million in State ESG-CV dollars that went to the CoC for distribution to providers and to the Lead Agency in 2021 and into 2022.

Board members have recently discussed whether to form a new standing committee that would absorb the duties of the ESG-CV and HUD CoC Competition Evaluation committees, as well as to provide a more robust program and service provider funding and evaluation process that includes program and system performance data. At the Board's March 23, 2022 meeting, the Board directed the ESG-CV Committee to explore this proposal.

The CoC's ESG-CV Ad Hoc Committee met on Tuesday April 19, 2022 at 2:00 p.m. at a public meeting. Committee members present were Don Schwartz, Stephen Sotomayor, Margaret Sluyk, and Ludmilla Bade.

After discussion and public comment, the committee recommended that the Funding and Evaluation Committee be formed, generally with these key goals:

- Become the main CoC Committee to make recommendations to the CoC Board on the expenditure of program funds (such as from HHAP, the HUD CoC Competition for the CoC Program, State ESG funds, and more).
- Following up on recent direction from the County Administrator and the Board of Supervisors to share more funding decisions between agencies with funding expenditure authority, be the main Committee to comment on funding decisions by other parties.
- Be the main Committee to participate in and discuss long-term funding strategies and plans to achieve the CoC's vision.
- Evaluating the performance of the system of care, programs, and service providers to inform funding decisions, support public communications (including a dashboard of metrics), and improve the system of care. With this activity done by the Funding and Evaluation Committee, the HMIS Committee would focus on complying with HUD and other requirements associated with HMIS rules.
- Participating with the HMIS Committee in the evaluation of the HMIS Lead's performance particularly related to the fourth bullet above.

In addition, the ESG-CV Committee discussed the role of **service providers** on the Standing Committee. Service providers are generally prohibited under the Board's Conflict of Interest policy from participating in any part of a specific funding decision that might affect funding awards to their agency. However, service providers expressed the value they bring as part of setting broad funding policy and approaches unrelated to specific funding streams – such as how an effective rapid rehousing program is operated and funded, how and when to share funding when one provider has more than they might be able to expend from a specific funding stream, or how to sustain Project Homekey sites' operational expenses for the long-term.

The ESG-CV Ad Hoc Committee believed that service providers should have a role on the Funding and Evaluation Committee as members, but within existing Conflicts of Interest policies. The Committee also encouraged the service provider group to meet on a regular basis via a roundtable or users group as a separate, non-CoC-affiliated users group that could advise (generally) the Funding and Evaluation Committee without conflict to any specific provider.

Should the full CoC Board adopt the recommended actions and form the new Funding and Evaluation standing committee, all interested Board members, persons with lived experience, service providers, or other members of the General Membership may apply to be on this Committee by submitting an e-mail of interest to Araceli.Rivera@sonoma-county.org of the CDC by 5:00 p.m. on Monday, May 9, 2022. The message should indicate if the applicant is also interested in serving as Committee Chair and Vice Chair.

Lead agency staff is happy to any questions about the Committee's direction and this staff report.

Exhibit A

Sonoma County Continuum of Care Funding and Evaluation Committee

Committee Type: Standing Committee

Committee Responsibilities:

- 1. Developing recommendations for the CoC Board on use of CoC funds
- 2. Developing recommendations for the CoC Board to comment on funding decisions by other parties.
- 3. Developing and/or reviewing long-term funding strategies and plans to achieve the CoC's vision.
- 4. Making funding decisions on behalf of the CoC Board if such authority is delegated by the Board.
- 5. Evaluating the performance of the system of care, programs, and service providers to inform funding decisions, support public communications (including a dashboard of metrics), and improve the system of care.
- 6. Participating with the HMIS Committee in the evaluation of the HMIS Lead's performance particularly related to #5 above.

Committee Term: The Committee will exist until abolished or replaced by the Board.

Reporting back to the CoC Board and public: The Committee will provide minutes and report to the Board consistent with practices of other Committees or as directed by the Board.

Committee Membership and Membership Assignments: The Committee may have up to 13 members, provided that not more than a quorum of CoC Board members serve on the Committee. The CoC shall endeavor to appoint one or more persons with lived experience to the Committee.

Per the CoC Governance Charter, the CoC Board Chair and Vice Chair will develop a recommended Committee roster, Chair, and Vice Chair for review and approval by the CoC Board (envisioned to be at the May 2022 CoC Board meeting)

Service providers and others (including government representatives) who serve on this Committee with a potential conflict of interest in funding decisions must follow the CoC's Conflict of Interest policy, a policy which excludes certain individuals' participation in decisions or discussions "of any matter which shall have a direct financial bearing on the organization that the member represents. This includes all decisions with respect to funding allocations, awarding contracts, and implementing corrective actions." (See pages 13-14 of Charter for the full Conflict of Interest Policy).



Sonoma County Continuum of Care Board Executive Summary

Item: Coordinated Entry Transition update

Date: April 21, 2022

Staff Contact: Thai Hilton Thai. Hilton@sonoma-county.org

Agenda Item Overview

Coordinated Entry (CE) operations transitioned from Catholic Charities to HomeFirst effective April 1st. Attached you will find a CE case conferencing proposal from HomeFirst.

There are some updates that staff feel are important to bring to this committee's attention. HomeFirst will not be providing any direct client service as part of their scope of work. This means that a lot of the work that was previously done by the old operator will now need to be done by access points and providers in the community. A summary of the changes is below.

- Access: HomeFirst will not operate a phone line that completes assessments. Previously, approximately 50% of the assessments were done through the phone line. Access points, outreach teams and service providers will need to provide clients access to the system. Currently some access points are turning clients away when they contact them looking to access the system. In some cases, referring clients back to CE. Under the recently approved shelter standards, emergency shelters are required to be CE access points. Shelters too have not fully understood their responsibility to assess and enroll their clients. This is concerning as there is very little access being provided in the community for those not currently engaged in a program. HomeFirst will implement a robust training program to help access sites get trained and understand their responsibilities.
- Client Screening: HomeFirst will not be doing as much initial screening of clients before making a match to a program. Previously, the operator would do initial chronic homelessness documentation screening before sending the referral. In the HomeFirst model, there will be initial eligibility screening based on assessment information but there will not be chronic homelessness documentation accompanying any referral. This will become an activity of case conferencing. HomeFirst and the CDC believe that this collaborative process will assist providers with completing eligibility documentation.
- Comprehensive Access Sites: HomeFirst proposes the elimination of comprehensive access sites.
 Comprehensive Access sites are agencies that have been allowed to enroll and refer clients to their specific programs. Under the current proposal ALL housing referrals would go through the CE case conferencing process. Comprehensive access sites will not be able to refer to themselves. The reason for this change is to ensure that individuals are referred to programs in an equitable manner that complies with regulations and this community's prioritization policies.
- Rapid Re-housing (RRH): HomeFirst proposes to change how RRH referrals are processed. Some RRH providers have not been accepting clients through the normal RRH process rather limiting access to



their programs to clients who have housing in hand. This is generally clients who have a voucher and need deposit assistance or clients who have located housing and have a large amount of income. In some cases, clients that are deemed too hard to serve because of limited income or other barriers are rejected by RRH providers. This does not align with CE or RRH regulations. The motivation to provide deposits to voucher holders is understandable given the lack of deposit resources in the community however, it does not align with program or CE regulations.

HomeFirst proposes to realign the RRH referral process by tapering off housing-in-hand referrals. Eventually, all RRH referrals will be made through the community's standardized prioritization ranking. In phase 1 of the realignment HomeFirst will allow 50% of referrals to be housing-in-hand. In phase 2 (October 2022) the housing-in-hand referrals will decline to 20%. After phase 2 all referrals will go through the normal CE case conferencing process. Part of the case conferencing meetings will be discussion of rejected referrals. Provider who reject clients will be expected to explain why they are rejecting the referrals and assistance will be offered to help the agencies serve these clients.

Many of these changes were contained in HomeFirst's original proposal. Since being selected as the new CE provider, HomeFirst and CDC have held several meetings to inform and prepare the community these changes. These meetings have consisted of 2 HomeFirst led listening sessions, one for housing providers and another for access sites. The CDC has also hosted 2 housing provider meetings. Some in the community have expressed concern about some of these changes. HomeFirst and CDC staff will be holding additional listening sessions to help prepare the community. It is important to note that there are some services that HomeFirst will be providing that were not provided by the previous operator. HomeFirst will be conducting robust training and technical assistance on all CE topics, they will be hosting a grievance process, and a performance evaluation plan which will support the system. Ultimately, HomeFirst and CDC staff believe that these changes will be beneficial for the community by bringing us into better alignment with regulations and best practices.

Recommendation

None. Information only

HomeFirst Sonoma CES Case Conferencing proposed structure

Schedule:

- Two meetings, one for TAY referrals, and one for Family/Individual referrals (this split needs further discussion with the TAY community).
- Each held over zoom weekly.

Attendees (goal):

- Representatives from all housing providers
- Representatives from outreach, access sites, and all assessment teams
- Representatives from non-assessor community providers who can support with CH
 documentation and helping housing providers get in touch with clients (hospitals, justice
 system, etc) based on targeted invite and CES ROI completion.

Pre-meeting:

- Operator will reach out to PoC at all housing providers ahead of meeting for openings
- Operator will prepare By-Name-List for easily viewable format and be prepared with likely matches based on openings, prioritized list, and known eligibility
- Operator will reach out to known access site, outreach, shelter, and community staff who have documented recent history in HMIS for likely matches to let them know their client may be matched to housing at the meeting and their presence would be helpful

Meeting structure:

- Program and system
- PSH: all referrals will go through case conferencing using established community prioritization procedure
- RRH: "housing in hand" RRH referrals will decrease over time systemwide to bring system in alignment with HUD CES principles.
 - "First phase": 50% of RRH referrals to each program in any given month will be "housing in hand," occurring outside case conferencing, and the rest will follow vulnerability prioritization procedures and be referred through case conferencing.
 - "Second phase:" In October, with approval from CoC board, only 20% of referrals will be "housing in hand," with the rest following vulnerability prioritization and occurring in case conferencing
 - "Third phase" ongoing assessments in CES Performance Evaluation Report of system impact toward functional zero may lead to further "housing in hand" reduction recommendations to CoC Board
- Agenda all facilitated by operator:
 - Make matches to housing providers with openings using By-Name-List (likely matches will have been pre-identified by operator).
 - If any matches don't work out based on community information gathered live during meeting (i.e. additional information from outreach about client's eligibility), operator will continue on down the list following procedure.

- Reprioritize clients using access site/enrollment provider completed SPDAT, recidivism, or other documentation that conflicts with self report on VI-SPDAT or proves that client will be more successful in a different intervention.
- Follow up on pending referrals: case conference chronic homelessness documentation challenges, getting ahold of referrals challenges, etc. Approve by community vote (all present at meeting) all denied referrals.
 - Denials can only be made because the client cannot be contacted, the program is no longer accepting intakes, or the program identified that the client does not meet eligibility requirements
- Problem solve housing provider exits that result in system inflow/recidivism.
 Progressively engage from RRH to PSH.
- "parking lot" issues for those who want to stay late

Post-Meeting:

- Operator will complete agreed-upon referrals in HMIS and send email to housing provider confirming
- Operator will complete email connections between housing provider and assessor/community staff with CES ROI completion who know referred client if that connection didn't happen at the meeting
- Operator will follow up with any community connections for specific cases that were problem solved or trainings identified as a need in the meeting

CES Operator Scope	Catholic Charities	HomeFirst	Notes
Staff Operated Call Line- individuals enrolled	х		HomeFirst will respond to voicemails and
can call to provide updated contact			will redirect to access sites, shelters, and
information, inform staff if situation has			211 as appropriate
changed, complete phone enrollments, ask			
questions about CE- access included, etc.			
Staff Operated email Communication	х	х	HomeFirst will respond to emails and will
			redirect to access sites, shelters, and 211
			as appropriate
Assessments into CES (including De-	х		
identifiable and Collection and uploads of			
CES ROI's, in person assessments and phone			
assessments, updating information).			
Approximately 50% of assessments done by			
СС			
Operation of Access site(s) for in person	х		
enrollments			
CES Quarterly Training (Program/Policies	х	х	
and Procedures Overview)			
Initial Access Point Provider Training	х	х	
Comprehensive Access Point Provider	х		
Training			
Referral Training (Send, Receive and Accept)	х	х	
Send Safe Parking referrals	х		
Send Homeless Prevention Referrals	х	х	In accordance with HUD Notice CPD-17-
			01, any HP programs funded through ESG
			will be referred through HomeFirst CES.
Referrals to CoC /ESG funded Programs	х	х	
(Agencies who are not Comp. Sites)			

CES Operator Scope	Catholic Charities	HomeFirst	Notes
Referral Screenings- contacting the clients	х		HomeFirst will complete this activity:
about referrals prior to sending electronic			"connecting with any service providers
referral to org. Confirming basic eligibility,			working with the client to try and find the
describing the project and getting			most vulnerable folks for placement who
confirmation the client is interested in			often don't have working phones or their
project (client preference). This includes			numbers change" This will happen in case
direct phone calls/emails to clients and also			conferencing and in email communication
connecting with any service providers			after case conferencing
working with the client to try and find the			
most vulnerable folks for placement who			
often dont have working phones or their			
numbers change			
Program Marketing and Outreach	х	х	
Management of Case Conferencing	х	х	HomeFirst will manage two weekly case
			conferencing meetings (TAY and
			Individuals/families) that include all
			system referrals, pending referral support
			(including CH documentation questions
			and provider connections), and
			progressive engagement. HomeFirst will
			facilitate follow-up email connection
			between assessors and housing providers
Chronic Homelessness Documentation	х	х	
Collection Training			
Initial/Basic Chronic Homelessness	х		HomeFirst will provide one-on-one
Documentation Collection- includes			technical assistance and targeted training
collection of initial documentation and			as needed, and will utilize case
uploading into HMIS as a PDF attachment			conferencing and post-case conferencing
			follow-up coordination to connect
			housing providers to community
			providers who can provide the CH

CES Operator Scope	Catholic Charities	HomeFirst	Notes
			documentation.
NU CODATT ::			
VI-SPDAT Training	Х	X	
HMIS Enrollment/Process Training (all	X	?	HomeFirst will propose to CEAC and CoC
touchpoints) includes basic enrollments			Board to have all referrals be made
training and trainings for comp. access sites			through central case conferencing, and
make their own referrals via BNL process,			CES training will include how to accept
how providers accept referrals, program			and document follow up to referrals
dismissals			made in that setting. Out of scope for CES
			operator to provide general HMIS
			training.
CES Data Management - including the review	х	х	
of entries by other orgs, checking for errors,			
fixing errors and following up with staff to			
ensure they are informed of errors and how			
to complete correctly			
BNL Management: including client check-ins	х		HomeFirst will work with providers
via phone calls, to see if they have found			(training, ongoing technical assistance,
housing or their situation has changed,			data quality review, and individual follow
accompained by an updated case note in			ups) to input updates and documentation
CES, updating assessments as needed,			on behalf of their clients. HomeFirst will
confirmation from client of dismissal and			propose a "sunsetting" policy to take
accompanied exit touchpoint with case note,			people off the list who have not had
uploading eligibility documentation, case			contact with the system within a certain
noting attempts to contact client			period of time, and will manage this
			process in HMIS.

CES Operator Scope	Catholic Charities	HomeFirst	Notes
Analysis of access point assessments		х	HomeFirst will compare referral success
			rates that came from assessments at each
			access site to ensure the same standards
			of assessments across the system. HF will
			provide technical assistance and ongoing
			training as identified as a need through
			this analysis.
Physical Office in Sonoma County	х	х	HomeFirst is identifying office space,
			committed to having physical office
Office where clients can come to sign	х		HomeFirst will redirect clients to their
releases, submit paperwork, drop in if they			main provider they are most comfortable
don't have a phone number in the system to			with to complete these tasks in the
provide an update to staff.			system.
Quarterly evaluation- public info meetings of		х	Evaluation will include equity, geographic
performance			parity, and system measures beyond
			those that are contractually required.
			Evaluation will include on a regular (likely
			not quarterly) basis participant feedback
			gathering. It will also include action steps
			(either that operator will take or
			recommendations for CoC Board) based
			on data.
Mobilize staff for specific enrollments into	х		
CES outside of call in line and access points			
Provide 25% in-kind match of the CoC Grant	х		
totaling \$87,498. Catholic Charities has			
agreed to provide this match for this year			
but another funding source will need to be			
identified			
Referrals conducted Mon-Fri business hours	х	bi-	Proposal is now weekly based on
		monthly	community feedback about timeliness of

CES Operator Scope	Catholic Charities	HomeFirst	Notes
			referrals, though this can be negotiated
Client grievance process- helping to facilitate	x		HomeFirst will educate clients about
discussion with providers and client, helping			provider grievance processes and if those
the client file the grievance, grievance			processes are not sufficient and the
response follow up			grievance is related to CES escalate to
			appeals body
Grievance Appeals body		х	*pending Coordinated Entry Advisory
			Committee discussion. HomeFirst will
			support with direct client assistance in
			any way the committee decides
Monthly additional training on CES-related		х	
supportive topics for housing providers and			
access points, including: a)Diversion/Rapid			
Exit for housing providers			
b) Mainstream benefits and resources			
c) Harm Reduction – focused on Access			
Points, to prevent barriers to entry			
d) Conflict mediation and de-escalation			
e) Serving survivors of domestic violence			
f) Safety Planning			
g) Trauma-informed care			
h) Housing Mediation			
i) Fair Housing Rights			
j) Strengths-based "Person Centered"			
approach to assessment			
Targeted additional trainings as identified by		х	
Evaluation Report and providers themselves			



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

Public Zoom Link:

https://sonomacounty.zoom.us/j/99261791880?pwd=djc0b1ZsU1FpOU1kbnJ0UDNOcUhFQT09

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

	Agenda Item	Packet Item	Presenter	Time
	Welcome, Roll Call and Introductions		Board Chair	1:00pm
1.	Consent Calendar (ACTION ITEM): • Approve Agenda • Approve Minutes from 4/27/22 • Approve CoC Letter of Support for Nation's Finest	-5/25/22 Agenda -DRAFT 4/27/22 Minutes	Board Chair	1:05pm
2.	Staff Report • Front End Assessment Update		CDC Staff	1:15pm
3.	CalAIM Presentation		Partnership Health	1:50pm
4.	Word from the Street		Chessy Etheridge	2:50pm
5.	10 min Break			3:00pm
6.	Sustainable Funding & Measure O		CDC Staff	3:10pm
7.	Homeless Action Planning		CDC Staff	3:30pm
8.	 Standing Committee Reports Coordinated Entry Advisory (CEA) Committee Strategic Plan Committee Homeless Management Information System (HMIS)/Data Committee CoC Competition Evaluation Committee Lived Experience Advisory & Planning Board (LEAP). Youth Action Board 		Committee Representatives	4:00pm

9.	Review Agenda for June CoC Board Meeting	-DRAFT 6/22/22	Board Chair	4:35pm
10.	Board Member Questions & Comments		Board Chair	4:45pm
11.	Public Comment on Non-Agendized Items		Board Chair	5:00pm

PUBLIC COMMENT:

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