

Draft Strategic Plan

Key Decision Points - Continued

Monday, November 28, 2022
10:00 a.m. - 1:00 p.m.

Sonoma County Continuum of Care
Strategic Planning Committee

Key Decision Points - UPDATED LIST

1. Select a population to emphasize? – **ADDRESSED 11-18**
2. Emphasize permanent housing versus interim housing? – **ADDRESSED 11-18**
3. Emphasize strengthening existing services before expanding services?
4. Evidenced-based proven services/programs versus new/ innovative/ not-yet-proven? – **ADDRESSED - 11-18**
5. Diversity on the CoC Board
6. Lived Experience seats on the CoC Board
7. How to use and share Performance Metrics
8. Allocation of program funds across Sonoma County (“geographic equity” or need-based allocations) – **ADDRESSED - 11-18**
9. Client referrals leading to equitable housing placement – **ADDRESSED - 11-18**
(but add language re: strength analysis)

Decision Point #1

Should the SP **emphasize a certain population** (and how would it do so)?

What it says today:

Page 25's High Priorities - I. Fund interventions that are most likely to reduce chronic homelessness, including evidenced-based Housing First projects, such as Permanent Supportive Housing.

Decision Point #1

Should the SP **emphasize a certain population** (and how would it do so)?

What it could say:

Page 25's High Priorities - I. Prioritize and fund interventions that are most likely to reduce chronic homelessness, including evidenced-based Housing First projects, such as Permanent Supportive Housing.

APPROVED BY SPC 11-18-2022

Decision Point #2

Should the SP emphasize **permanent housing** over **interim housing**?

What it says today:

Page 25's High Priorities - II. Fund new permanent housing solutions and new temporary housing solutions. While it would be ideal to send more resources to permanent housing (and that may become the of focus in the later years of this Plan), the number of individuals without places to safely reside in 2022-23 demand more temporary housing solutions early in the Plan's five-year horizon.

Decision Point #2

Should the SP emphasize **permanent housing** over **interim housing**?

What it could say:

Page 25's High Priorities - II. Fund new permanent housing solutions and new temporary housing solutions in a long-term goal ratio of up to 75% permanent housing units and 25% interim housing units. This ratio may be different (with more funds going to interim housing), in the early years of the Plan in order to increase solutions for ~~While it would be ideal to send more resources to permanent housing (and that may become the of focus in the later years of this Plan), the number of individuals without places to safely reside in 2023 and 2024. 2022-23 demand more temporary housing solutions early in the Plan's five-year horizon.~~

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Decision Point #2 (continued)

Should the SP emphasize **permanent housing** over **interim housing**?

What it says today:

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

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

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

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

What it could say:

Not recommending any changes.

Decision Point #3

Should the SP emphasize **strengthening existing services** (such as reducing caseloads and raising wages) over **expanding services**?

What it says today:

Generally, the “either or” is not directly referred to, but it does say:

- 2.1a: Establish minimum compensation (wages and benefits) for supportive services staff as based on the recommendations from the Sonoma County Service Providers’ Roundtable.
- 2.1b: Set case management/staffing caseload ratios in line with HUD[1] and SAMHSA[2] guidance, which considers the acuity of the population served, the intensity of case management provided, and the housing setting or project type (e.g., SAMHSA recommends an optimal PSH caseload as 12 to 15 people per staff member).

Decision Point #3

Should the SP emphasize **strengthening existing services (such as reducing caseloads and raising wages) over expanding services?**

What it could say:

- 2.1a: Establish minimum compensation (wages and benefits) for supportive services staff as based on the recommendations from the Sonoma County Service Providers' Roundtable.
- 2.1b: Set case management/staffing caseload ratios in line with HUD[1] and SAMHSA[2] guidance, which considers the acuity of the population served, the intensity of case management provided, and the housing setting or project type (e.g., SAMHSA recommends an optimal PSH caseload as 12 to 15 people per staff member).
- 2.1c (NEW and bump the rest to 2.1.d - 2.1f): The System of Care should prioritize 2.1a and 2.1b over expanding services to other or new programming until such time as 2.1a and 2.1b are accomplished.

Decision Point #4

Should the SP emphasize **existing, evidence-based** programs/projects over **new (“innovative” or “unproven”) ones?**

What it says today:

Page 25's High Priorities - V. Fund new and renewing programs that have demonstrated success in supporting people experiencing homelessness in achieving housing stability.

3.2a: Condition new and renewal funding to homeless services providers on adherence to Housing First, Housing Focused-Case Management, Trauma-Informed Care, and Participant Choice principles.

Decision Point #4

Should the SP emphasize **existing, evidence-based** programs/projects over **new (“innovative” or “unproven”)** ones?

What it could say:

Page 25’s High Priorities - V. Fund new and renewing programs that have demonstrated success in supporting people experiencing homelessness in achieving housing stability. The System of Care should strive for a funding ratio of up to 80% to existing, evidence-based or proven programs and 20% to innovative or “promising practice” program concepts.

+ Same 3.2a.

APPROVED BY SPC 11-18-2022 (7-4 VOTE)

Decision Point #5

How should a **lack of diversity on the CoC Board** be addressed?

What it says today:

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

What it could say:

Not recommending any changes (as 2023 CoC Board elections are pending with an opportunity to aggressively recruit and to increase BIPOC representatives), but we welcome SP Committee thoughts.

Decision Point #6

Should the SP advocate for more **Persons with Lived Experience** on the CoC Board and Committees?

What it says today:

3.7a: Add two seats to the CoC Board that require lived experience of homelessness.

What it could say:

3.7a. Ensure that at least two persons with Lived Experience in homelessness serve on the CoC Board. (Note: the current LE seat plus a TAY LE seat meets the goal, but the goal could also be exceeded w/other representatives).

Decision Point #7

Should the SP **describe and discuss performance metrics?**

What it says today:

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

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

3.5a: Develop a communication strategy that is:

- Public-facing to ensure Sonoma County residents are regularly informed of the progress made on the strategic plan, including successes and challenges. Use social media, a progress dashboard, and regular communications to show the community what we're doing – performance metrics, successes, and challenges.
- Client-facing to assist service providers in providing strong communications to and for client populations, and
- Provided via correct language and media approaches to meet Sonoma County residents' needs.

Decision Point #7

Should the SP **describe and discuss performance metrics?**

What it could say:

3.4a: Unchanged.

3.5a: Develop a communication strategy that is:

- Public-facing to ensure Sonoma County residents are regularly informed of the progress made on the strategic plan, including successes and challenges. Use social media, a progress dashboard, and regular communications to show the community what we're doing – performance metrics (including comparisons to State and National data, as well as trends over the previous 3 year period), successes, and challenges.
- Client-facing to assist service providers in providing strong communications to and for client populations, and
- Provided via correct language and media approaches to meet Sonoma County residents' needs.

Decision Point #8

How should the SP speak to ensuring that **all areas of Sonoma County** receive services commensurate with need? (aka “geographic equity”)?

What it says today:

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

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

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

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

Decision Point #8

How should the SP speak to ensuring that all areas of Sonoma County receive services commensurate with need? (aka “Geographic Equity”)?

What it could say:

2.2a and 2.5c - no change.

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

AND

Page 25’s High Priorities - **new VII**: The System of Care should allocate funds based on need and aspire to provide the same access to quality services no matter where an individual lives in Sonoma County.

APPROVED BY SPC 11-18-2022

Decision Point #9

Should the draft SP say something different about how the System of Care approaches client referrals in a manner that centers equity?

What it says today:

Page 25's High Priorities: VI: Develop a new vulnerability/needs assessment tool used for supportive housing prioritization and placement that is free from bias to race and ethnicity, justice system interactions, or immigration status.

Action Steps:

- 1.2c: Require all renewing and newly contracted interim housing and shelter providers to adhere to Housing First principles and provide Housing-Focused Case Management.
- 3.2a: Condition new and renewal funding to homeless services providers on adherence to Housing First, Housing Focused-Case Management, Trauma-Informed Care, and Participant Choice principles.
- 3.4g: Establish a working group to explore the expansion of the County's Accessing Coordinated Care and Empowering Self Sufficiency (ACCESS) Sonoma initiative to include additional County departments, local jurisdictions, and nonprofit providers to improve system wide coordination of care (using Allegheny County, Pennsylvania Department of Human Services' Data Warehouse as a model).
- 3.7a: Develop a new vulnerability assessment tool to replace VI-SPDAT that eliminates biases such as race/ethnicity, justice system interaction, or documentation status (part of accomplishing 3.7c and 3.7d).

Decision Point #9

Should the draft SP say something different about how the System of Care approaches client referrals in a manner that centers equity?

What it says today:

Page 25's High Priorities: VI: Develop a new vulnerability assessment, prioritization, and placement process that results in equitable housing placement. A year after use, examine (and revise if needed) to ensure that BIPOC individuals/families receive equitable placement free from bias to race and ethnicity, justice system interactions, or immigration status.

Action Steps:

- 1.2c: Require all renewing and newly contracted interim housing and shelter providers to adhere to Housing First principles and provide Housing-Focused Case Management.
- 3.2a: Condition new and renewal funding to homeless services providers on adherence to Housing First, Housing Focused-Case Management, Trauma-Informed Care, and Participant Choice principles.
- 3.4g: Establish a working group to explore the expansion of the County's Accessing Coordinated Care and Empowering Self Sufficiency (ACCESS) Sonoma initiative to include additional County departments, local jurisdictions, and nonprofit providers to improve system wide coordination of care (using Allegheny County, Pennsylvania Department of Human Services' Data Warehouse as a model).
- 3.7a: Develop a new vulnerability assessment, prioritization, and and placement process to replace the VI-SPDAT that includes an analysis of individuals' housing strengths and results in equitable housing placement. A year after use, examine (and revise if needed) to ensure that BIPOC individuals/families receive equitable placement ~~eliminates biases such as race/ethnicity, justice system interaction, or documentation status~~ (part of accomplishing 3.7c and 3.7d).